2014 Transactions

155th Annual Session
San Antonio, Texas
October 10–14, 2014
# Table of Contents

**Minutes of the Board of Trustees**  
305 January 8, 2014  
307 March 16–17, 2014  
330 May 13, 2014  
331 June 8–10, 2014  
350 July 27–29, 2014  
373 September 18–20, 2014  
411 October 14, 2014  
419 December 8–9, 2014

**Minutes of the House of Delegates**  
439 October 10–14, 2014

**Continuing Education Program**  
533 Continuing Education Program

536 Directory of Officers, Trustees, Senior Staff, Councils, Commissions, Committee on Local Arrangements

**Appendix**  
547 Historical Record

551 Attendance Record of the House of Delegates

563 Index of Resolutions

570 Index
Minutes of the
Board of Trustees

January 8
March 16–17
May 13
June 8–10
July 27–29
September 18–20
October 14
December 8–9
Notes
Minutes of the Board of Trustees

January 8, 2014
Special Telephonic Meeting of the Board of Trustees

Call to Order: A special telephonic meeting of the ADA Board of Trustees was called to order by Dr. Charles H. Norman, president, on Wednesday, January 8, 2014, at 5:35 p.m. Central Standard Time. The meeting was called in accordance with the Organization and Rules of the Board of Trustees.


Following the roll call, the Speaker Hall announced the presence of a quorum.

Drs. Buckenheimer, Lemmo, and Jeffers all disclosed their affiliation with subsidiary boards within their states.

Staff: Mr. Jerome K. Bowman, chief of Governance and Strategy Management; Mr. Craig Busey, chief legal counsel; Ms. Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Ms. Kelly Abeles, director, Council on Members Insurance and Retirement Programs; Mr. Joseph Martin, director, Department of Dental Society Services; Mr. Michael Springer, senior vice president, Business and Publishing; Ms. Wendy Wils, senior associate general counsel; Mr. Thomas Elliott, deputy chief legal officer; Ms. Nancy Livingston, senior associate counsel; Ms. Linda Hastings, senior director, Administrative Services; and Ms. Tomisena Cole, senior manager, Board and House Matters.

Dr. Norman called the meeting to order and stated that the purpose of the special telephonic session of the Board of Trustees was to discuss the one item of business outlined below.

Report of the Council on Members Insurance and Retirement Programs: Private Health Insurance Exchange Web Portal Endorsement: It was reported that ADA membership is starting to experience the impact of the Affordable Care Act (ACA). The report provided the Council’s evaluation and recommendation that the ADA endorse an existing national Private Health Insurance Exchange web portal (JLBG Health, American Health Insurance Exchange) to help members succeed both individually and as owners of small businesses. This action, the Council reported, will provide ADA members with access to both state Public Exchange health insurance plans (the same plans that are available on healthcare.gov) and private, ACA compliant, health insurance plans on one website which would be co-branded by the ADA and JLBG Health. It was stressed that the endorsement would be of a web portal only, not of a health insurance company or plan.

The Board discussed at length the pros and cons of supporting the web portal. Discussions centered around the risks involved in endorsing the exchange portal; length and components of the contract; Tripartite relation concerns for states that may have a health insurance options for members and are receiving non-dues revenue; the ability for the exchange portal to include health plans provided by other states; and member service support of the web exchange portal.

Ms. Kelly Abeles, director of the Council, responded to the questions posed by the Board. She indicated that member service was a key consideration of the Council in their discussions regarding endorsing a web exchange portal and member service support for the web portal would be provided by licensed agents who would be contacted through an ADA dedicated toll-free number. She also advised that ADA Service Center staff will be trained to guide members to the appropriate resources for assistance. In addition, Ms. Abeles confirmed that Tripartite relations and collaboration were also key factors in the Council’s deliberations and
that the Executive Director survey provided feedback to help identify states that may have concerns with the ADA’s endorsement of a web exchange portal. She also indicated that the ADA will consider marketing efforts and web landing page designs that will help foster Tripartite relations.

Following discussion, the Board adopted the following resolution.

**B-1-2014. Resolved**, that ADA endorse JLBG Health, American Health Insurance Exchange, as recommended by the Council on Members Insurance and Retirement Programs for the year 2014, with possible renewal in subsequent years as recommended by the Council on Members’ Insurance and Retirement Programs to the Board of Trustees.

**Adjournment**

The special session adjourned *sine die* at 6:30 p.m.
Minutes of the Board of Trustees

March 16–17, 2014
Headquarters Building, Chicago

Call to Order: The third regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Charles H. Norman, president, on Sunday, March 16, 2014, 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 Summerhayes, Gary S. Yonemoto, James K. Zenk, and Mark R. Zust.

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

Dr. Israelson and Dr. Summerhayes were not in attendance at the meeting on Monday afternoon, March 17, 2014.

Guests in attendance for a portion or portions of the meeting included: a consultant to the Compensation Committee, Mr. Jim Wiggett, from The Jackson Hole Group; Dr. Thomas Kelly, chair, and Dr. Michael Durbin, vice chair, Council on Membership; and Dr. Brian Schwab, chair, Committee on the New Dentist.

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 Sholtz, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujicic, managing vice president, Health Policy Resources Center; James Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs and interim senior vice president, Membership, Tripartite Relations and Marketing (via telephone).

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Deborah Doherty, managing vice president, ADABEI; Thomas C. Elliott, Jr., Esq., deputy general counsel; Michael A. Glick, editor, The Journal of the American Dental Association (via telephone); 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; Michelle Kruse, senior manager, House of Delegates; Lalita Pittman, senior manager, Office of the Executive Director/Officer Services; Steve Rauchenecker, director, Council on Membership; 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 items were added to the agenda:
• Decision Lens (Dr. Hagenbruch)
• ASDA Liaison Report (Dr. Crowley)

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

B-2-2014. Resolved, that the agenda, as amended, be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

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

B-3-2014. 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

Minutes of the December 16-17, 2013, Meeting of the Board of Trustees. The following resolution was adopted (consent calendar item).

B-4-2014. Resolved, that the minutes of the December 16-17, 2013, meeting of the Board of Trustees be approved.

Minutes of the January 8, 2014, Special Meeting of the Board of Trustees. The following resolution was adopted (consent calendar item).

B-12-2014. Resolved, that the minutes of the January 8, 2014, special meeting of the Board of Trustees be approved.

Reports of Standing Committees of the Board of Trustees

Report of the Strategic Planning Steering Committee: Members First 2020: On behalf of the Committee, Dr. Hilton Israelson presented to the Board the document “Strategic Plan: Members First 2020” for approval. On vote, the Board of Trustees adopted the following resolution.

B-8-2014. Resolved, that the strategic plan, Members First 2020, as proposed by the Strategic Planning Steering Committee, be adopted as the next strategic plan of the Association, to take effect January 1, 2015.

The approved strategic plan, Members First 2020, is appended (see Appendix 1 on page 322).

Report of the Strategic Planning Steering Committee—Formation of Strategic Planning Committee:
The Committee’s report was presented by Dr. Israelson, Committee chair. The Committee recommended that the Board of Trustees create a Strategic Planning Committee as a standing committee of the Board and presented a committee charter for the Board’s consideration. During the meeting an updated charter was provided containing several editorial changes. During discussions, the third bullet under the section entitled “Powers” was further revised to reflect the proper reporting structure to the Board of Trustees. After discussing the proposal, the Board adopted the following resolution.

B-10-2014. Resolved, that the Board of Trustees create a Strategic Planning Committee as a standing committee of the Board, effective at the close of the 2014 House of Delegates, and be it further Resolved, that the members of committee be four trustees, one from each class, two House of Delegates members, the President, President-elect and Executive Director, and be it further
Resolved, that the proposed charter for the Strategic Planning Committee be approved and incorporated into the Board Rules.

The approved charter for the Strategic Planning Committee is appended (see Appendix 2 on page 323).

Report of the Audit Committee: Dr. Roger Kiesling, Committee chair, presented the report of the Committee’s March 15, 2014, meeting. The report identified the major topics discussed, reports received and actions taken. Dr. Kiesling also gave a brief update on ADA Business Enterprises, Inc. Board of Directors wanting to form its own Audit Committee, and reported that a Memorandum of Agreement has been initiated. No resolutions were presented for the Board’s consideration.

Report of the Budget and Finance Committee: The report of the Committee’s March 15, 2014, meeting was presented by its chair Dr. Steven Gounardes. The report identified the major topics discussed, reports received and actions taken. Additionally, the Committee made recommendations on supplemental appropriation requests and resolutions with financial implications, and presented several resolutions for consideration by the Board of Trustees.

Extension of Ad Council Children’s Dental Oral Health Campaign. The Committee recommended that the proposed Resolution B-14 be postponed definitely to the Administrative Review Committee meeting at the end of April.

The Board questioned the need to fund this activity annually from the reserves when the budgets for 2015 and 2016 have not yet been finalized (2015) or developed (2016). A motion was made to postpone Resolution B-14 to the June Board meeting, with consideration of the funding request by the Administrative Review Committee during the 2015 budget review process. On vote, Resolution B-14 was postponed definitely to the June Board meeting.

B-14. Resolved, that the Board of Trustees authorize the Executive Director to commit $350,000 per year for 2015 and 2016 to the Partnership for Healthy Mouths, Healthy Lives to extend the Ad Council Children’s Dental Oral Campaign, and be it further

Resolved, that each annual installment be paid from the reserves of the Association during each respective budget year upon receipt.

International Business Travel. The Committee received, reviewed and discussed changes to the Volunteer and Staff International Travel Policy and recommended that the proposed changes be adopted. Dr. Gary Roberts, a member of the Committee, moved Resolution B-6. The Board discussed the proposed 1/1/2015 effective date and considered an amendment to make the policy effective immediately for 2014 FDI travel, and effective for all other travel 1/1/2015. It was noted that the financial impact of this amendment is approximately $57,000, and funding would have to be either from the Contingent Fund or the Reserve Fund. Pro and con discussion on the amendment followed; on vote, the proposed amendment was defeated. On vote, Resolution B-6 was adopted. (Note. A proposed resolution amending the international travel policy was originally considered by the Board at its December 2013 session (Resolution B-165). At that time Resolution B-165 was postponed definitely to the March 2014 Board meeting with a workgroup to be established to consider the implications across the Association of this proposed policy change. The international travel policy reflected in Resolution 6 is slightly different than the original Resolution B-165.)

B-6-2014. Resolved, that the current International Business Travel section of the Association volunteer and staff travel policies be stricken in its entirety and replaced by the following, effective as of January 1, 2015:

International Business Travel: All international travel requires the approval of the Executive Director or, in his/her absence, the Chief Financial Officer. Approval requests should detail the purpose and anticipated benefits of the trip and the total estimated costs of the trip including the price of air, hotel, etc.
ADA defines international travel as any travel outside the 50 United States, Canada, Mexico and the Caribbean. All international travel of less than ten hours of total flight time (excludes layover time) to or from the required destination will be booked in economy/coach class. If the itinerary includes 10 or more hours of flight time to or from the destination, the itinerary is eligible for special restricted business class fares up to a maximum fare of $7,500*.

Travelers eligible for a special restricted business class fare may elect to travel in premium economy or economy plus (Examples: British Airways – World Traveler Plus; United – Economy Plus; Delta – Economy Comfort; American – Preferred Seating) for all or part of their itinerary if they so desire or if the restricted business class fare exceeds $7,500, or if they are traveling to an international destination, as defined above, that does not include 10 or more hours of flight time in either direction.

Special restricted business class fares are offered by most carriers and 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. International carriers such as Turkish Airlines, Asiana, Air Canada and Malaysia Airlines often offer lower restricted business class fares and will be considered for the traveler.

Approved international travel must be booked as far in advance of travel as possible, 60+ days minimum. All international travel booked 59 days or less in advance of travel will be booked in economy/coach unless the Executive Director has approved the exception. All international travel bookings will be reported twice per year to the Treasurer and the Budget and Finance Committee with any and all exceptions to the policy clearly noted and explained.

Advisory travel warnings from the U.S. State Department should be taken into consideration. ADA strongly recommends against, but does not prohibit, travel to countries where the U.S. Department of State has issued an official Travel Warning, or where there is other reliable information of significant health or safety risks. The final decision about making a trip to such a destination is up to the individual making the trip; however the ADA reserves the right to require the execution of an appropriate release or waiver before permitting such travel.

Visa and passport fees, and required immunizations or any other special items required for authorized international business travels 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.

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*The maximum amount of $7,500 is effective for 2015. Any future adjustments will be included in the annual budget process to be reviewed and approved by the Finance Committee, Board of Trustees and House of Delegates and remain in effect for that entire budget year.

**Networking Event at ADA Annual Session.** The Committee recommended that Resolution B-19 not be adopted. There was pro and con discussion on funding a delegate networking event. In discussing this supplemental funding request, it was suggested that the decision to hold and fund a networking event should be a decision of the House of Delegates since campaign receptions were discontinued through House action. On vote, the following resolution was not adopted.

**B-19. 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 appropriation requests.
Division of Administrative Services
(Cost Center 090-1050-000)

Networking Event at ADA Annual Meeting – $41,000

As a result of this action, a related resolution, B-5, was declared moot (see page 318).

Sustainability Strategies for Alaska Dental Society. The Committee recommended that Resolution B-20 be adopted. On vote, the Board of Trustees adopted the following resolution.

B-20-2014. 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 appropriation requests.

Division of Membership, Tripartite Relations & Marketing
(Cost Center 090-1300-000)

Sustainability Strategies for Alaska Dental Society – Up to $65,300

Membership Growth Plan. The Committee recommended that Resolution B-21, with an amendment suggested by the Committee, be adopted. On vote, the Board of Trustees adopted the following amended resolution.

B-21-2014. 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 appropriation requests.

Division of Membership, Tripartite Relations & Marketing
(Cost Center 090-1300-000)

Membership Growth Plan – $1,186,160 Up to $500,000

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

Executive Director—Evaluation. On vote, the Board of Trustees adopted the following resolution.

B-25-2014. The text of this resolution is currently embargoed.

2014 and 2015 Board Compensation. On vote, the Board of Trustees adopted the following resolution.

B-26-2014. Resolved, that the existing 2014 compensation rates for the Board Officers, Board Trustees and the Speaker of the House are reaffirmed, and be it further

Resolved, that compensation rates for 2015 shall afford such Board Officers, Board Trustees and the Speaker of the House a percentage increase in compensation equal to the percentage of increase afforded to ADA staff for 2015, and be it further

Resolved, that the Board adopt and implement a tier salary arrangement so that Trustees will receive $4,000 in addition to their stipend in the fiscal year corresponding to their fourth year as a trustee beginning with the stipend payment for budget year 2015.

Executive Director—2014 Goals and Success Measures. On vote, the Board of Trustees adopted the following resolution.

B-27-2014. Resolved, that the Board approves the following statement of the 2014 Executive Director Goals and Success Measures as an informational point.
<table>
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<th><strong>ED Goal 2014</strong></th>
<th><strong>Success Measures in Operating Plan</strong></th>
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| **GOAL 1:** 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. | Achieve 132,300 Active Licensed Members Increase Active Full Dues Pay Members by net 1200 – 1800 Market Share target of 66% (versus 65.5% December 2013) Membership attrition rate is 3.5% (versus 3.8% for December 2013) Ensure member engagement by maintaining or improving metrics from 2012 Member Value and Loyalty Survey by increasing member value ratings by 2% by December 2014:  
- Likelihood to recommend target 67%  
- Likelihood to maintain target 83% Develop ADA member product portfolio that reduces duplication of superior state and local products/services Increase product and service usage by members:  
- CPS website achieves 20% penetration among active members (each with one or more unique visits) by September 2014  
- 3600 content downloads from ADA online library by December 2014  
- 54,000 unique visitors to EBD website  
- 10% increase in number of total CE hours completed over 2013  
- 125 dentists register for an online course through the CPS by December 2014.  
- 750 members purchase their first CMIRP product. |
| **GOAL 2:** 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 experiences, products and services. | Define a specific comprehensive portfolio of ADA client services with success metrics to provide states and local dental societies with capacity and competency building critical to an improved member experience and resultant member growth, to complement the 16 state Aptify rollout by June 2014. Achieve progress towards improving the member service experience significantly by 2015 across the Tripartite:  
- Member Service University launch in Q 2 2014 with success measures established including number of participants/state society/quarter  
- Leadership Academy launched in Q3 2014 with success measures established including number of volunteers participants/state society per quarter. Develop ongoing evaluation method for client service effectiveness, and client satisfaction by Sept 2014 with implementation by end of Quarter 4, 2014. |
Increase alignment within the tripartite through 90% of key stakeholders (State Executives, State volunteer leadership, Large Staffed Component Executives) agreeing to the business case for alignment as described in the board document “Making the Case for the Power of Three”.

Collaborate, identify and launch 3-5 ADA-State or Local pilots that will simplify/enhance the member experience and or product offerings through “Power of 3 Partnerships”

Successfully implement 16 states on Aptify platform by December 2014.

**GOAL 3:** Manage resources and grow revenues to achieve operational and strategic initiatives.

**Manage approved budgets to within 5% variance**

**Manage Enterprise Risk:**
- achieve 100% legal, regulatory and audit compliance,
- maintain ADA reputation in a positive light,
- implement 85-95% of annual operating plan,
- complete 2011-14 ADA Strategic Plan goal achievement 80%,
- maintain a highly productive, results focused and engaged ADA employee base.

**Maintain reserves level as 50% of annual budgeted operating expense**

**Contribute $3M annually to a Capital Improvement Fund**

**Non-dues revenue is 55%-60% of Revenues**

Report of the Diversity and Inclusion Committee: Dr. Gounardes, Committee chair, presented the report of the Committee’s March 15, 2014, meeting. The report identified the major topics discussed, reports received and actions taken. Committee members also commented on the value of the expanded committee membership, which now include three alumni members from the Diversity Institute. No resolutions were presented for the Board’s consideration.

Report of the Governance Committee: Dr. Summerhays, Committee chair, presented the report of the Committee’s March 15, 2014, meeting. The report identified the major topics discussed, reports received and actions taken. In response to Resolution 1H-2013, the Committee approved a rotation schedule for self-assessments by councils, committees and commissions (see Appendix 3 on page 324 for self-assessment rotation schedule).

Dr. Summerhays also reported that the Committee reviewed the “Conflict of Interest” provisions of the Board *Rules* relating to the prohibition of a member of the Board simultaneously serving as an officer, director, agent or consultant of any insurance company offering dental coverage, any medical or dental service corporation or any third-party payer of dental benefits. The Committee recommended that no action be taken to amend this provision of the Board *Rules*.

On behalf of the Committee, Dr. Mark Zust, chair of the Board *Rules* Subcommittee, presented a resolution amending the travel expense reimbursement policy appearing in the Board *Rules*; on vote, the Board adopted the following resolution.
B-24-2014. Resolved, that the travel expense reimbursement policy contained in the *Organization and Rules of the Board of Trustees* be revised as shown in Appendix 2 of this report.

(See Appendix 4 on page 325 for the amended travel expense reimbursement policy.)

**Report of the Information Technology Committee**: Dr. Joseph Hagenbruch, chair, presented the Committee’s report of its March 14, 2014, meeting. The report identified the major topics discussed, reports received and actions taken.

*Information Technology Committee Charter*. On behalf of the Committee, Dr. Hagenbruch presented a new charter for the Information Technology Committee and moved Resolution B-28. An amendment to the first resolving clause of Resolution B-28 was proposed to add to the words “and be incorporated into the *Organization and Rules of the Board of Trustees*.” The amendment was accepted by general consent. On vote, the Board of Trustees adopted the following resolution.

B-28-2014. Resolved, that the Charter of the Information Technology Committee as submitted, be adopted and be incorporated into the *Organization and Rules of the Board of Trustees*.

**CHARTER OF THE STANDING COMMITTEE ON INFORMATION TECHNOLOGY**

**Composition**: The Information Technology Committee shall consist of four trustees, with expertise in the area of technology, representing each trustee class, the President-elect, President, and Executive Director with the senior trustee member serving as chair. The Committee shall invite guests to participate periodically for the purposes of collaborating on technology initiatives and innovations to best serve our membership.

**Term**: The term of office for the trustee members of the Committee shall be for one year and they shall be eligible for reappointment.

**Meetings**: The Committee will meet at least three times per year in person and will meet by conference call as needed.

The duties of the Committee shall be:

1. To ensure the development and maintenance of a three-year technology strategic plan that supports the mission, vision, and overall strategic plan of the ADA;
2. In collaboration with the Council on Dental Practice, determine the impact of technology, including governance and policies, on dental practice and the profession, and provide recommendations to the Board of Trustees. This collaboration will be formalized through regular participation from members of the Council on Dental Practice and their staff in the meetings of the Committee;
3. To periodically review Association technology projects, performance measures, governance, policies, and priorities, and provide recommendations to the Board of Trustees;
4. To maintain communication channels between the Board of Trustees, House of Delegates, and the members on technology programs, innovation, and trends;
5. To assess and manage risk related to Association technology programs, innovation, and trends (including reviewing progress of any technology Corrective Action Plans) and provide recommendations to the Board of Trustees.

**Report of the Pension Committee**: Dr. Ronald Lemmo, treasurer and Committee chair, reported on the March 14, 2014, meeting of the Pension Committee. The report identified the major topics discussed, reports received and actions taken. No resolutions were presented for the Board’s consideration.

**Communications and Marketing**
Report of the Chief Communications Officer: Ad Council Campaign Extension: This report summarized the success of the public service campaign, launched in August 2012, in raising awareness of caregivers and changing the brushing behavior of children, and through the appended Resolution B-14, proposed continued participation in the Partnership for Healthy Mouts, Healthy Lives for both 2015 and 2016. See the Report of the Budget and Finance Committee for the discussion on Resolution B-14 and the action taken (page 309).

Corporate Relations and Strategic Marketing Alliances

Report of the Give Kids A Smile National Advisory Committee: Operating Rules: Amendments to the operating rules for the Give Kids A Smile National Advisory Committee were proposed to allow for staggered terms to provide continuity among Committee members and to make clear the ADA’s conflict of interest policy. The following resolution was adopted by the Board of Trustees (consent calendar item).

B-9-2014. Resolved, that the amendments to the Give Kids A Smile National Advisory Committee Operating Rules proposed by the Advisory Committee be approved.

(See Appendix 5 on page 327 for the revised Operating Rules.)

Education/Professional Affairs

Report of the ADA Library and Archives Advisory Board: Dr. Hagenbruch, chair, ADA Library and Archives Advisory Board, presented the board’s report. The report outlined responsibilities of the advisory board and identified key issues considered during its January 25, 2014, inaugural meeting. He also announced that the advisory board selected an individual, who is a special librarian, to serve in the public member position on the advisory board.

Finance and Operations

Report on the Status of the 2014 Operating Contingency Fund and Approval of Supplemental Appropriation Request: A Contingent Fund of $1 million was authorized in the 2014 budget. Based on 2014 supplemental funding requests approved in December 2013, the Contingent Fund balance prior to the March Board meeting was $977,400.

On vote, and based on the recommendations of the Budget and Finance Committee regarding supplemental funding requests, the Board adopted Resolutions B-20 and B-21 and did not adopt Resolution B-19. (See the Report of the Budget and Finance Committee, page 310, for the text of these resolutions.)

Based on actions taken during this meeting, the remaining balance of the Contingent Fund is $412,144.

Government/Public Affairs

Report of the Senior Vice President, Government Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: The following key issues were identified in this report: tax reform, hearings on ACA RAC audits and their effect on dentists in various states; health care reform implementation; status of ERISA legislation; and a summary of dental issues in the states.

Report of the Senior Vice President, Government Affairs and Chief Communications Officer: Action for Dental Health Progress Report: This report gave an update on issues and initiatives such as reducing administrative burdens within Medicaid, Community Dental Health Coordinators, contracting between FQHCs and private practitioners, GKAS and MOM projects, long-term care initiative, fluoridation initiative and ER Referral. Additionally, information was provided on communications efforts to position the ADA and its members as leaders in the Action for Dental Health movement to address the dental crisis in America.
Mr. Graham supplemented the written report with comments on how the Action for Dental Health campaign has evolved into a signature program to improve access to care and, with participation from constituent and component societies, demonstrates The Power of 3.

Health Policy Resources Center

Report of the Health Policy Resources Center (HPRC): Early Impact of the Affordable Care Act: This informational report gave an update on ongoing policy research activities from the HPRC that relate to the Affordable Care Act. Findings from the following four areas were summarized.

- More than 8 Million Adults Could Gain Dental Benefits through Medicaid Expansion
- Affordable Care Act Expands Access to Dental Care for Young Adults
- Analysis of Dental Benefit Offerings in Health Insurance Marketplaces
- The Effect of Chairside Chronic Disease Screenings by Oral Health Professionals on Health Care Costs

Legal

Report of the Council on Ethics, Bylaws and Judicial Affairs: Editorial Revisions to Chapter VII, Section 100, Subsections A and B of the ADA Constitution and Bylaws: The Council reported on revisions to the ADA Constitution and Bylaws, specifically Chapter VII. BOARD OF TRUSTEES, Section 110. SESSIONS, Subsections A. REGULAR SESSIONS and B. SPECIAL SESSIONS. The Council approved amending the above mentioned Section and Subsections by replacing the word “sessions” with the word “meetings.” The revisions were made by the Council in accordance with its Bylaws duties and after consultation with the Speaker of the House of Delegates. The revision was included in the January 2014 edition of the ADA Constitution and Bylaws (consent calendar item).

Membership, Tripartite Relations and Marketing

Report of the Council on Members Insurance and Retirement Programs: Update on ADA Members Disability Income Protection Insurance Plan: This report provided an update on the Disability Income Protection Insurance Plan financials for third and fourth quarter 2013, and noted that the Council will be considering recommendations regarding the plan at its March 2014 meeting (consent calendar item).

Report of the Council on Members Insurance and Retirement Programs: Update on New ADA-Endorsed Health Insurance Exchange: This report gave an update on the implementation of the ADA-endorsed private health insurance exchange web portal approved by the Board of Trustees at the January 8, 2014, special conference call meeting (consent calendar item).

Dental School Outreach Strategy Update: This informational report described work underway on dental school outreach to improve member market share. A full report, with action plan and expected outcomes, is expected in time for the June meeting of the Board of Trustees (consent calendar item).

Membership Plan for Growth 2014-2016: After studying data and analytic evidence gathered, the Council on Membership developed the Membership Growth Plan with strategies and initiatives to improve membership growth and market share for the Association. Before consideration of this report and Resolution B-13, the Board heard a presentation from the Council Chair and Vice Chair (see page 320).

B-13. Resolved, that the Board of Trustees support the 2014-2016 Membership Growth Plan and allocate up to $1.2 million in 2014 and $1.15 million in 2015 to fund the Plan.

An amendment was offered to delete all references to funding the Plan in 2014 and 2015, leaving B-13 as a statement of support for the Membership Growth Plan. On vote, the proposed amendment was adopted.
In a closed session, the Board received information from the Executive Director regarding several components of the Membership Plan for Growth. On vote, the Board of Trustees adopted the following amended resolution.

**B-13-2014. Resolved**, that the Board of Trustees support the 2014-2016 Membership Growth Plan.

In a separate but related action, the Board approved a supplemental appropriation request in an amount of up to $500,000 for 2014 (see Resolution B-21-2014, page 311).


1. Nonmembers in the top five states with the greatest opportunity for growth and who are ineligible for existing reduced programs as set forth in the ADA *Bylaws*;
2. Nonmembers from the Colegio de Cirujanos Dentistas de Puerto Rico and who are ineligible for existing reduced dues programs set forth in the ADA *Bylaws*; and
3. Nonmembers that are 5-10 years out of dental school and who are ineligible for existing reduced dues programs as set forth in the ADA *Bylaws*.

**ADA Target Market Membership Campaign of 2015-2017—Top States With Greatest Opportunity for Growth.** The Board of Trustees discussed Resolution B-15, and, on vote, adopted the following resolution.

**B-15-2014. Resolved**, for the ADA target market membership campaign of 2015-2017, that any nonmember in the top five states (California, Texas, Florida, Pennsylvania and New York) with the greatest opportunity for growth as defined by the 2013 ADA year-end National Recruitment and Retention Report as the states with the greatest number of nonmembers, 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.

**ADA Target Market Membership Campaign of 2015-2017—Nonmembers 5-10 Years out of Dental School.** On vote, the Board of Trustees adopted the following resolution.

**B-16-2014. Resolved**, for the ADA target market membership campaign of 2015-2017, that any nonmember that is 5-10 years out of dental school and 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.

**ADA Target Market Membership Campaign of 2015-2017—Nonmembers from the Colegio de Cirujanos Dentistas de Puerto Rico.** On vote, the Board of Trustees adopted the following resolution.

**B-17-2014. Resolved**, for the ADA target market membership campaign of 2015-2017, any nonmember from the Colegio de Cirujanos Dentistas de Puerto Rico 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.

**Science/Professional Affairs**

**Report of the Council on Scientific Affairs: Recent Activities**: The Council provided information and updates on several activities, including:

- Publication in *JADA* of a new CSA recommendation for fluoride toothpaste use in children
- Status of draft definition of oral health
- Genetic testing
• Review of ADA Seal of Acceptance Program by the Council at its April 2014 meeting
• Update on ADA’s Center for Evidence-Based Dentistry accomplishments
• Update on the ADA Professional Product Review
• Science in the News article on new diagnostic criteria for Temporomandibular disorders (DC/TMD)

(consent calendar item)

Organizational/Other

Report of the Divisions of Administrative Services and Conferences and Continuing Education: ADA Sponsored Networking Event at the House of Delegates: A proposal was submitted to fund a networking event for delegates and alternate delegates during the 2014 annual meeting of the House of Delegates. Based on the Board’s action to not adopt the supplemental funding request for this activity, which was presented in Resolution B-19 (see page 310), the following resolution was declared moot.

B-5. Resolved, that an ADA funded networking event be sponsored at the 2014 House of Delegates on Sunday, October 12, from 5:30 to 7:00 p.m., in San Antonio, at a cost of $41,000.

It was requested by Dr. Buckenheimer that the date, time and meeting space identified for this event be held in case the districts decide to organize a networking opportunity similar to the one held in 2013.

Quarterly Report of the ADA Foundation: ADAF’s quarterly report provided information on administrative activities; grants awarded since December 2013; the Give Kids A Smile Gala, including 2013 financial results and 2014 plans; and development activities that include a review of gift acceptance policies and procedures. Activities to promote the ADA Foundation Dr. Anthony Volpe Research Center were also identified (consent calendar item).

Report of ADA Business Enterprises, Inc. (ADABEI): ADABEI provided a report summarizing 2013 activities, which included updated financial information; the results of a review of program endorsements; and selection of a new member of the ADABEI Board of Directors, Mr. John Maher.

Nominations to the Council on Scientific Affairs: The Board of Trustees considered multiple nominations for the four open positions on the Council on Scientific Affairs. Trustees who nominated an individual were given the opportunity to offer comments on their nominee’s qualifications. In accordance with the Organization and Rules of the Board of Trustees, the Board balloted on the nominations and selected four nominees to present to the 2014 House of Delegates. On vote, the Board adopted the following resolution.

B-22-2014. Resolved, that the names and qualifications of the following four individuals be transmitted to the 2014 House of Delegates as nominees for membership on the Council on Scientific Affairs for four year terms.

Dr. Anita Aminosharaie, Ohio (District 7)
Dr. Paul A. Moore, Pennsylvania (District 3)
Dr. Howard W. Roberts, Federal Dental Services (District 4)
Dr. Lawrence E. Wolinsky, Texas (District 15)

Report of the President: Dr. Norman gave an oral report on meetings attended and trips taken since the December 2013 meeting of the Board of Trustees.

Workgroup on Emergency Relief to States. Related to the Board’s strategic discussion on the ADA’s role in the tripartite, one of the next steps will be to define and develop criteria on how to help states, with a specific focus on how to address emergency relief. Dr. Norman indicated that, without objection from the Board, he would appoint a small Board workgroup to develop criteria. The following individuals were appointed to this workgroup: Dr. Kiesling, chair; Dr. Roberts, Dr. Fair, Dr. Stevens, Dr. Kwasny and Dr. Lemmo.
Report of the President-elect: Dr. Feinberg gave an oral report on meetings attended and trips taken since the December 2013 meeting of the Board of Trustees.

Report of the Executive Director: Dr. O'Loughlin reported that a first quarter 2014 management report will be provided to the Board in the next few weeks, which will serve as her report to the Board.

Liaison Reports

Report of Dr. Hal Fair, Liaison to ADEX: ADEX Response to ADA Policy on Establishing a National Licensure Examination Accepted by All State Boards of Dentistry: Dr. Fair presented an informational report on his attendance at the November 2013 ADEX annual meeting, and identified key issues relating to ADEX’s interest in convening a stakeholders meeting to discuss the potential acceptance of the ADEX clinical licensure exam in all U.S. licensing jurisdictions.

Report of Dr. Joseph Hagenbruch, Liaison to the Commission on Dental Accreditation: Dr. Hagenbruch reported on the Commission’s January 29-30, 2014, meeting, and summarized several of the actions taken by the Commission. Dr. Hagenbruch also reminded the Board that when identifying possible nominees to the Commission, to look for general dentists to ensure the practicing dentist’s perspective is represented on the Commission.

In anticipation of the appearance of the Chair of the Commission on Dental Accreditation, Dr. John Williams, at the June 2014 Board meeting, Board members were encouraged to develop questions they may have for Dr. Williams and submit them to Dr. Ziebert, who will compile them into one document and share with Dr. Williams.

Report of Dr. Joseph Hagenbruch, Liaison to the Standards Committee on Dental Informatics: Dr. Hagenbruch reported on the February 19, 2014, meeting of the Standards Committee on Dental Informatics and provided a summary of some of the Committee’s activities.

Report of Dr. Joseph Hagenbruch, Liaison to the Dental Quality Alliance (DQA): Dr. Hagenbruch reported on the December 6, 2013, meeting of the DQA, and the March 4, 2014, conference call meeting of the DQA Executive Committee. The report included a chart reflecting the current membership structure of the DQA.

Report of Dr. Joseph Hagenbruch, Liaison to the Electronic Health Record Workgroup: Dr. Hagenbruch reported on activities associated with the EHR Workgroup and identified agenda items considered during a March 12, 2014, conference call meeting of the Workgroup.

New Business

Report of Dr. Joseph Crowley, Liaison to the American Student Dental Association: Dr. Crowley commented on his attendance at the recent meeting of the ASDA Board of Directors and the ASDA annual meeting. He identified issues of importance to ASDA—student debt and licensure. He suggested that the Board needs to discuss at some future meeting the ADA’s relationship with ASDA.

Decision Lens: Dr. Hagenbruch commented on his experience with Decision Lens, a tool used in the budget process to evaluate programs. Dr. Fair also commented on the challenge using the Decision Lens tool and the process. Dr. Lemmo commented on the process, and suggested that the feedback provided is helpful in revising the process.
Special Orders of Business/Presentations

Appearance of Dr. Thomas Kelly, chair, and Dr. Michael Durbin, vice chair, Council on Membership:
Dr. Kelly and Dr. Durbin presented the Council’s Membership Plan for Growth (MPG), 2014-2016 (see page 316), and commented on risks to the long-term sustainability of the Association due to declining membership. They reviewed the strategies, key initiatives and tactics laid out over the next three years to grow membership. Key initiatives included dental school/tripartite collaboration; a member service university (a training opportunity for state and local societies); membership success factors, self assessments to identify state and local society strengths and weaknesses; state and local plan development; expanded student conversion initiatives; and expanded recruitment and retention activities. The benefits of the Growth Plan to the tripartite—financial and non-financial—were noted.

Dr. Durbin commented that Membership Plan for Growth very closely reflects the objectives of the new Strategic Plan. After the presentation, the Board members had an opportunity ask Dr. Kelly and Dr. Durbin questions about the plan. Questions were asked on the following components of the Growth Plan: the dental student conversion program; how large group practices will be addressed in the Plan; the potential return on investment; the member service university; and the role of the trustees in the Member Growth Plan.

Dr. Kelly also gave a brief overview on the Report of the Council on Membership: 2015-2017 One-Time Dues Reduction Incentives, and commented on the new approach for offering the one-time incentives over a three year time frame.

Appearance of Dr. Brian Schwab, chair, New Dentist Committee: Dr. Brian Schwab gave an oral report on the New Dentist Committee, reviewed the current responsibilities of the Committee, and commented on the Committee’s unique relationship with the Board of Trustees. Dr. Schwab asked the Board to consider the current level of engagement between the Board and Committee and how the new dentist’s voice and perspective could benefit the Board. He suggested that the Committee would appreciate more opportunities to interact with the Board through more assignments, or increased involvement/attendance at Board meetings by the New Dentist Committee Chair and/or Vice Chair. He also suggested the New Dentist Committee would like to work closer and reconnect with other ADA agencies (i.e., ADPAC, annual session, Center for Professional Success, etc.).

Dr. Schwab also commented on Committee activities including its self-assessment, establishment of goals to align its work more with the Strategic Plan, evaluation of ex officio liaison assignments to all councils, and re-evaluation of the New Dentist Conference.

Later in the meeting, Dr. Norman referred to the Governance Committee issues raised by Dr. Schwab regarding the role, structure and function of the New Dentist Committee and its relationship with the Board.

Presentation on the Relationship Between the ADA, ADAF and ADABEI: In this presentation, Mr. Busey reviewed the mission of the ADA, ADABEI and ADAF, and described the differences between each entity’s business classification (ADA is a 501(c)(6) organization; ADAF is a 501(c)(3) organization; ADABEI is a for-profit corporation) and purpose. He also commented on the ADA’s relationship as the sole shareholder of ADABEI and sole member of the ADA Foundation. Mr. Busey and Dr. O’Loughlin responded to questions regarding the presentation.

Closed Session
Closed sessions were held at various times during the March 16-17, 2014, meeting of the Board of Trustees. The detailed minutes of the closed sessions are separately recorded; however, non-confidential actions taken by the Board are reflected in the minutes of the open meeting.

The following reports were considered and topics discussed during the closed session.
Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Sunday, March 16, 2014, to allow the General Counsel to provide advice on pending litigation and legal matters of interest to the Association. The session began at 8:22 a.m., in the Board Room of the ADA Headquarters Building, Chicago, and adjourned at 8:51 a.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, and the Deputies General Counsel.

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

Adjournment

With the conclusion of all items of business and without objection, the Board of Trustees adjourned sine die on Monday, March 17, 2014 at 4:15 p.m.
Appendix 1. Members First 2020, Strategic Plan 2015-2019

ADA Mission Statement: Helping all members succeed.

Core Values:
- Commitment to Members
- Integrity
- Excellence
- Commitment to the Improvement of Oral Health
- Science/Evidence-Based

Membership Goal: The ADA will increase member value and engagement.

Objective 1: The public will recognize the ADA and its members as leaders and advocates in oral health
  1.1 Align public awareness efforts across the tripartite concerning oral health issues
  1.2 Position ADA membership as a positive differentiating factor for patients
  1.3 Promote oral health through advocacy and science

Objective 2: ADA’s member market share will equal at least 70% of active licensed dentists.
  2.1 Develop and implement collaborative programs with entities that have access to large pools of potential members
  2.2 Design unique member benefit programs targeting market segments

Objective 3: ADA will achieve a 10% increase in the assessment of member value from membership
  3.1 Pursue programs that members value and are “Best in class”

Finance Goal: The ADA will be financially sustainable.

Objective 4: Unrestricted liquid reserves will be targeted at no less than 50% of annual operating expenses.
  4.1 Budget for a surplus consistently year to year

Objective 5: Non-dues revenue will be at least 65% of total revenue
  5.1 Develop cooperative ways to increase non-dues revenue across the tripartite
  5.2 Increase member utilization of existing products and services and pursue new markets

Organizational Capacity Goal: All levels of the ADA will have sufficient organizational capacity necessary to meet member needs

Objective 6: The roles and responsibilities of each element of the tripartite will be clearly defined and agreed upon.
  6.1 Act in the best interest of the member, rather than the organization when designing processes, programs and services
Appendix 2. Charter of the Strategic Planning Committee

**Purpose:** The purpose of the Strategic Planning Committee is to monitor implementation of the ADA’s strategic plan and to report to the Board on progress under the plan.

**Powers:** The Board of Trustees has delegated to the Strategic Planning Committee the power and authority necessary to discharge its duties including the right to:

- Review and monitor the ADA’s implementation of the strategic plan and its progress under it.
- Report to the Board and to make recommendations to the Board on modifications to the plan.
- Provide a comprehensive report to the Board annually which will give an update on progress under the Strategic Plan.
- Oversee an annual update to the environmental scan completed as part of the plan development process.
- Be available to the Treasurer as a resource in the development of universal assessment criteria used in the budget process.
- Develop a process and oversee development of the next strategic plan of the Association.

**Composition and Selection:** The Committee shall be comprised of four trustees, one from each class; two members of the House of Delegates; the President, the President-elect, and the Executive Director. Committee members and the chair shall be selected by the President, and shall serve at the discretion of the President for one-year terms.

**Meetings:** The Committee will meet as needed to accomplish its purposes. When practical, the Committee shall meet by conference call. Committee members are expected to attend each meeting, in person or via telephone or video conference.

**Agendas:** Meeting agendas will be prepared for every meeting and provided to the Committee members along with the appropriate materials needed to make informed decision. The Committee shall act only on the affirmative vote of a majority of the members at a meeting. Minutes of these meetings are to be maintained in the Office of the Executive Director.

**Reports:** The Committee shall report to the Board of Trustees.
Appendix 3. Council and Committee Self-Assessment Schedule

**Board Standing Committees**—Three year rotating schedule. Reports due to the Board Governance Committee prior to June meeting.

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tbody>
<tr>
<td>Compensation</td>
<td>Audit</td>
<td>Information Technology</td>
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<tr>
<td>Governance</td>
<td>Budget &amp; Finance</td>
<td>Diversity &amp; Inclusion</td>
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<tr>
<td>Pension</td>
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**Councils, Commissions, New Dentist Committee and Committee on International Programs and Development**—Five year rotating schedule. Reports should be included in annual report to the House of Delegates.

<table>
<thead>
<tr>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
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<tbody>
<tr>
<td>Council on Members Insurance and Retirement Programs</td>
<td>Council on ADA Sessions</td>
<td>Council on Communications</td>
<td>Council on Dental Education and Licensure</td>
<td>Council on Government Affairs</td>
</tr>
<tr>
<td>Council on Scientific Affairs</td>
<td>Council on Access, Prevention, and Interprofessional Relations</td>
<td>Council on Dental Benefit Programs</td>
<td>Council on Dental Practice</td>
<td>Council on Membership</td>
</tr>
<tr>
<td>New Dentist Committee</td>
<td>Joint Commission on National Dental Examinations</td>
<td>Commission on Dental Accreditation</td>
<td>Council on Ethics, Bylaws and Judicial Affairs</td>
<td>Committee on International Programs and Development</td>
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</table>
Appendix 4. Travel Expense Reimbursement Policy, Organization and Rules of the Board of Trustees

REIMBURSEMENT OF TRAVEL EXPENSES

It is the general policy to provide reimbursement for travel and maintenance expense for all personnel carrying on official business for the Board of Trustees on the basis of (a) funds available in the budget; (b) the completion of appropriate reimbursement requests approved by a proper authorizing official; and (c) compliance with the following rules:

Contracts With the President and President-elect: The Association shall offer one-year contracts to the President and President-elect to be approved by the Board of Trustees at its first meeting following the annual session. These contracts address Association funded travel.

Basis of Reimbursement to Members of the 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.
2. 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.

Trustees, Vice Presidents, Treasurer and the Speaker are reimbursed for the following:

1. All meetings of the Board of Trustees
2. The annual meeting of the House of Delegates
3. Two ADA–sponsored conferences (i.e., Washington Leadership, New Dentist, etc.)
4. One national, regional or state conference of the volunteer’s choosing, if funded through the budget development process
5. Council and committee liaison assignments
6. Constituent society annual meetings (Trustees within their districts – Officers within their states)
7. Meetings of their district’s caucus
8. Other meetings as assigned by the President.

Reimbursement to Trustees for Travel Within Their Districts. Limited funding is provided for attendance at other meetings held within the trustee’s district. These meetings may include for example, component society meetings and meetings of a state’s board of directors.

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.
- Multiple-state districts encompassing an intermediately sized geographic area: Districts 1, 4 and 16.
- Multiple-state districts encompassing a smaller geographic area and single-state districts: Districts 2, 3, 7, 8, 9, 13, 15 and 17.

*For 2014 funding is as follows: Multiple state districts encompassing large geographic areas—Districts 5, 6, 10, 11, 12 and 14 ($3,000); intermediate sized geographic areas—Districts 1, 4 and 16 ($2,000); and smaller geographic areas—Districts 2, 3, 7, 8, 9, 13, 15 and 17 ($1,500).
Additional funding in excess of these “annually set amounts” may be provided for trustee in-district travel if requested by the trustee and approved by the Treasurer and reported to the Budget and Finance Committee at its next meeting.

Reimbursement of New Members of Board at Annual Session. Members elected to the Board of Trustees for the first time will be reimbursed for attendance at the first session of the new Board on the basis of one day’s maintenance. Round trip travel will be reimbursed if annual session travel expenses are not otherwise funded.

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:

Spouses of the President and President-elect to all official Association functions;

Spouses of the Trustees:

1. The ADA annual session
2. Three Board sessions of choice
3. District caucus meetings
4. In-district constituent society annual meetings and constituent society legislative bodies
5. Other meetings authorized by the President

Spouses of the Speaker, Vice Presidents and Treasurer:

1. The ADA annual session
2. Three Board sessions of choice
3. Constituent society’s annual meeting
4. Other meetings authorized by the President

Spouses of officers and trustees who are installed at the annual session will be reimbursed for round trip travel to the ADA annual session.

Reimbursement for Travel by Air, Train or Personal Auto: All volunteer travelers, traveling on ADA funded business, are required to make their airline reservations through the ADA Travel Desk. Tickets will automatically be charged to the ADA and will alleviate ticket reimbursement.

All officers, members of the Board of Trustees, councils or commissions, staff, consultants or advisors are requested to travel coach class rather than first class (air or train) whenever feasible. In addition, all travel vouchers must be submitted with the appropriate passenger coupons attached to the reimbursement request. Surface transportation to and from the airport or train station will be reimbursed by the Association.

When traveling on official business by personal automobile, the Association will reimburse at the rate consistent with the maximum amount allowed per mile by the Internal Revenue Service plus parking fees.
Appendix 5. Give Kids A Smile National Advisory Committee (NAC) Operating Rules

American Dental Association
Give Kids A Smile National Advisory Committee (NAC) 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:
      
      i. One (1) shall be a Trustee of the ADA Board of Trustees ("ADA Board"); one (1) Council on Access, Prevention and Interprofessional Relations (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:** The terms of Committee members shall be staggered in order to achieve continuity of committee membership, with committee members divided as equally as possible among three [3] classes. Terms following the initial staggering shall be between 1 and 3 years as established by the NAC. Thereafter, NAC members shall serve three (3) year terms and the tenure of a NAC member shall be (3) three terms except for those members serving in a liaison capacity from CAPIR, Council on Communications, ADA Foundation and ADA Board of Trustees. The liaison member terms shall be coterminous with their term on the body they represent. All 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.


8. **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 interest 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 disclose 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. While serving, the individual shall comply with the conflict of interest policy applicable to his or her office or position. If an individual believes that he or she may have a conflict of interest, the individual shall promptly and fully disclose the possible conflict and shall refrain from participating in any way in the matter to which the possible conflict relates until any such possible conflict has been satisfactorily resolved.

Members of the Committee, and its subcommittees, shall complete and file a conflict of interest statement annually.

The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

9. **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/Institute program).

c. **Marketing and Communications 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 Marketing and Communications Subcommittee. This subcommittee will identify 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 Subcommittee 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.

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.

5/8/2014
Minutes of the Board of Trustees

May 13, 2014
Special Telephonic Meeting of the Board of Trustees

Call to Order: A special telephonic meeting of the ADA Board of Trustees was called to order by Dr. Charles H. Norman, president, on Tuesday, May 13, 2014, at 6:00 p.m. Central Daylight Savings Time. The meeting was called in accordance with the Organization and Rules of the Board of Trustees.


Following the roll call, Speaker Hall announced the presence of a quorum.

Staff: Mr. Jerome K. Bowman, chief of Governance and Strategy Management; Mr. Craig Busey, general counsel; Mr. Michael Springer, senior vice president, Business and Publishing; Mr. Paul Sholty, chief financial officer; Ms. Sabrina King, chief of People Management, Human Resources and Organization Development; Ms. Wendy Wils, deputy general counsel, Mr. Thomas Elliott, deputy general counsel; Ms. Linda Hastings, senior director, Administrative Services; and Ms. Tomisena Cole, senior manager, Board and House Matters.

Dr. Norman referenced the ADA Disclosure Policy printed in the agenda and called for disclosures. None were made. Dr. Norman stated that the purpose of the special telephonic session of the Board of Trustees was to discuss the one item of business outlined below.

Confidential Report of the Publishing Division: At its March 2014 meeting, the Board received a proposal which recommended outsourcing the publication functions of the Journal of the American Dental Association (JADA). After extended discussion, the Board adopted a resolution which directed that additional information be provided and a summary of the final terms of the proposed agreement, including financial terms, be submitted prior to execution of the agreement. In response, Mr. Springer presented a report which provided additional information as requested by the Board and summarized the terms of the proposed agreement seeking Board approval. Mr. Springer responded to questions from Board members about the financial implications and the term and termination provision of the proposed agreement.

Following discussion, the Board adopted the following amended resolution.

Proposed Resolution

B-33-2014. Resolved, that the Board of Trustees approves the plan to outsource the publication of JADA and directs the Executive Director to execute the contract with Elsevier under the terms described in this report [Confidential Report of the Publishing Division], with the proviso that the language relating to an annual minimum guaranteed royalty in 2019 be modified to strike the words “and thereafter.”

Adjournment

The special session adjourned sine die at 6:23 p.m.
Minutes of the Board of Trustees

June 8–10, 2014
Headquarters Building, Chicago

Call to Order: The fourth regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Charles H. Norman, president, on Sunday, June 8, 2014, at 8:16 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.

Dr. Roberts was not in attendance on Tuesday, June 10, 2014.

Guests in attendance for a portion or portions of the meeting included: Dr. John Williams, chair, Commission on Dental Accreditation.

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; Karen Hart, interim senior vice president, Education/Professional 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 Sholtz, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujicic, managing vice president, Health Research Institute; James Willey, senior director, Practice Institute; and Anthony Ziebert, interim senior vice president, Member and Client Services.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Deborah Doherty, managing vice president, ADABEI; Thomas C. Elliott, Jr., Esq., deputy general counsel; 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; Lalita Pittman, senior manager, Office of the Executive Director/Officer Services; Wendy J. Wils, Esq., deputy general counsel; and Gene Wurth, executive director, ADA Foundation. Other ADA staff members were in attendance for special agenda items.

Also in attendance for a portion of the meeting on Monday, June 9, were legal externs from Northwestern University and Loyola University who were observing association governance.

Before consideration of business, Dr. Norman called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest; no conflicts were noted at this time.
Preliminary

Approval of Agenda and Consent Items

Approval of Agenda. Dr. Norman called for items of new business; the following items of New Business were added to the agenda with the consent of the Board:

- Report on Group Practices (Dr. Preble)
- Policy on Relationships with National Public Health Foundations (Dr. Shenkin)
- IOM Oral Health Literacy Task Force (Dr. Feinberg)

On vote, the agenda was adopted by the Board of Trustees.

B-29-2014. Resolved, that the agenda as amended be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar. Dr. Norman reviewed the proposed consent items; no items were added or removed from the consent calendar. By general consent, the following resolution was adopted.

B-30-2014. Resolved, that the resolutions contained on the Consent Calendar for Board of Trustees consideration be approved and reports be filed, and be it further Resolved, that the recommendations that appear on resolutions and reports to the House of Delegates be accepted.

Approval of Minutes of the May 2014 Special Session of the Board of Trustees: The Board of Trustees adopted the following resolution (consent calendar item).

B-35-2014. Resolved, that the minutes of the May 13, 2014, special session of the Board of Trustees be approved.

Report on Mail Ballot Actions: In accordance with the Organization and Rules of the Board of Trustees, the following mail ballot actions are reported in the minutes of the next regular meeting of the Board of Trustees. Both mail ballot resolutions were unanimously adopted.

Mail Ballot No. 1—Distinguished Service Award Nomination

B-31-2014. Resolved, that the 2014 Distinguished Service Award be presented to Dr. Carl Misch.

Mail Ballot No. 2—Minutes of the March 2014 Meeting of the Board of Trustees

B-34-2014. Resolved, that the minutes of the March 16-17, 2014, Board of Trustees meeting be approved.

Reports of Standing Committees of the Board of Trustees

Report of the Audit Committee: On behalf of the Committee, Dr. Roger Kiesling, chair, presented the report of the Committee’s June 7, 2014, meeting. The report identified the major topics discussed, reports received and actions taken. The following resolutions were presented for Board of Trustees’ consideration.

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

B-59-2014. Resolved, that the ADA Form 990 be approved and filed.

B-60-2014. Resolved, that the ADA Form 990-T be approved and filed.
Audited 2013 Consolidated Financial Statements of ADA and Subsidiaries. On vote, the Board of Trustees adopted the following resolution.

**B-61-2014. Resolved**, that the audited 2013 consolidated financial statements and supplemental schedules of the ADA and subsidiaries be approved and released for posting.

**Audited 2013 Financial Statements of ADPAC.** On vote, the Board of Trustees adopted the following resolution.

**B-62-2014. Resolved**, that the audited 2013 financial statements of the ADPAC [American Dental Political Action Committee] and supplemental schedules be approved and released for posting.

**Report of the Budget and Finance Committee:** Dr. Gounardes, Committee chair, presented the Committee’s report. The report identified the major topics discussed, reports received and actions taken. The following resolutions were presented for Board of Trustees’ consideration.

**Extension of Ad Council Children’s Oral Health Campaign.** At the March 2014 Board meeting, Resolution B-14 was postponed definitely to the June Board meeting. On behalf of the Committee, Dr. Gounardes moved to amend Resolution B-14 by substitution of the following resolution.

**B-14. Resolved**, that the ADA’s participation in the Ad Council Children’s Oral Health Campaign be extended for the years 2015 and 2016, with 2015 funding of up to $275,000 to be included in the proposed 2015 ADA Operating Budget, and be it further

**Resolved**, that the ADA’s 2016 installment of up to $350,000 of its extended participation in the Ad Council Children’s Oral Health Campaign be funded from the 2016 Reserves of the Association with payment made upon invoicing from the Dental Trade Alliance Foundation, or at the Board’s discretion, funding be included in the 2016 ADA Operating Budget.

The Committee’s amendment by substitution was accepted by general consent; on vote the Board adopted the following resolution.

**B-14-2014. Resolved**, that the ADA’s participation in the Ad Council Children’s Oral Health Campaign be extended for the years 2015 and 2016, with 2015 funding of up to $275,000 to be included in the proposed 2015 ADA Operating Budget, and be it further

**Resolved**, that the ADA’s 2016 installment of up to $350,000 of its extended participation in the Ad Council Children’s Oral Health Campaign be funded from the 2016 Reserves of the Association with payment made upon invoicing from the Dental Trade Alliance Foundation, or at the Board’s discretion, funding be included in the 2016 ADA Operating Budget.

**Increase in Affiliate Dues.** Dr. Gounardes reported on the Committee’s consideration of Resolution B-46 and its recommendation that the resolution be adopted as amended by the Committee. The Committee’s amendment urges the Board to study the pricing of Affiliate Member dues for 2016 and beyond. The amendment was accepted by the Board by general consent; on vote, the Board of Trustees adopted the following resolution.

**B-46-2014. Resolved**, that as of January 2015 Affiliate Membership dues be set at $100 for developed countries and $16 for least developed countries, and be it further

**Resolved**, that the Board study the pricing of Affiliate Member dues for 2016 and beyond.

**Approval and Release of Financial Reporting Package.** On behalf of the Committee, Dr. Gounardes moved the following resolution; on vote, Resolution B-49 was adopted by the Board of Trustees.

**B-49-2014. Resolved**, that the ADA quarterly financial statements as of December 31, 2013, and March 31, 2014, be filed and posted in the appropriate delegates section.
Appropriations From Capital Replacement Reserves. Dr. Gounardes reported that the Committee considered two requests for funding from the Capital Replacement Reserves and recommended adoption of both Resolution B-51 and B-52. On vote, the Board of Trustees adopted the following resolutions.

**B-51-2014.** Resolved, that an appropriation of up to $500,000 be made from the ADA Capital Replacement Reserve Account to fund a renovation project to inspect and re-caulk the windows and joints on the north and south elevations of the ADA’s Chicago Headquarters Building, and be it further Resolved, that the expenditure of these funds be tracked in a separate cost center as part of the ADA Capital Replacement Reserve Account with separate appropriate monthly reporting of activity and remaining Account balance.

**B-52-2014.** Resolved, that an appropriation of up to $355,000 be made from the ADA Capital Replacement Reserve Account to fund the tenant improvement costs in the ADA DC Building related to the expansion and extension of the Borger Management lease in accordance with the terms of the lease agreement, and be it further Resolved, that the expenditure of these funds be tracked in a separate cost center as part of the ADA Capital Replacement Reserve Account with separate appropriate monthly reporting of activity and remaining Account balance.

Alaska Initiative. The Committee considered several resolutions providing support to the Alaska Dental Society in 2014 and 2015. On behalf of the Committee, Dr. Gounardes moved the following resolutions with recommendations that they be adopted. On vote, the Board of Trustees adopted Resolutions B-53, B-54, B-55 and B-56.

**B-53-2014.** Resolved, that related to sustainability strategies for the Alaska Dental Society (ADS), $53,200 be appropriated from the 2014 Contingent Fund to cover: a) six months’ consulting to guide ADS implementation of its strategic plan; b) a self-assessment and resource guide created from the consultation with ADS in order to serve other state and local dental societies; and c) travel by the ADS executive director to the 2014 Management Conference.

**B-54-2014.** Resolved, that $35,100 be included in the 2015 budget to cover: a) six months’ consulting to guide ADS implementation of its strategic plan, and b) travel expense for the ADS president-elect to attend the 2015 President-Elect’s Conference and for the ADS executive director to attend the 2015 Management Conference.

**B-55-2014.** Resolved, that for sustainability strategies for the Alaska Dental Society (ADS), $60,000 be budgeted for 2015 for ADS to use for membership outreach.

**B-56-2014.** Resolved, that ADA will provide priority membership marketing support for the Alaska Dental Society for a period of 12 months, including guidance on marketing ADS, ADA and ADABEI member-benefit programs.

**ADA/FDI Delegation.** Dr. Gounardes reported that the Committee considered a request to add to the proposed 2015 budget funding for one additional delegate for the FDI; on behalf of the Committee, Dr. Gounardes moved the addition of $12,200 to the 2015 budget for the additional delegate.

Dr. Feinberg commented on the funding request and provided background on the reason in recent years for funding only ten delegates and not funding the two alternate delegates. During discussion, it was noted that the Board Rules identify the FDI delegation as being composed of ten delegates and two alternate delegates. Dr. Hall gave an opinion that the funding for the full delegation must be included in the 2015 budget since the Rules state: “The Board shall annually appropriate a sum to finance the delegation.” To do otherwise would require suspension of the Board Rules. Therefore, the original motion to add funding was declared out of order. Additionally, to be in compliance with the Board Rules, funding of $24,400 for the two ADA/FDI alternate delegate positions in 2015 was added to the proposed 2015 budget.
Board Travel Policy. The Committee recommended that the Board Rules Subcommittee consider amending the Board travel policy to provide a set dollar amount for trustee inter-district travel in lieu of funding a fixed number of meetings; and clarify what constitutes an ADA-affiliated meeting. Hearing no objection, Dr. Norman referred these issues to the Board Rules Subcommittee.

Dues Stabilization. The Committee recommended that the Board appoint a workgroup to develop a definition of “dues stabilization” and report back to the Board at its July 2014 meeting. Without objection, Dr. Norman referred the development of a definition to the Resolution 84H-2013 Workgroup, chaired by Dr. Lemmo.

Report of the Diversity and Inclusion Committee: Dr. Steven Gounardes, Committee chair, presented the Committee’s report. The report identified the major topics discussed, reports received and actions taken. The following resolutions were presented for Board of Trustees’ consideration.

ADA Institute for Diversity in Leadership—Approval of 2014-15 Class and Alternates. On behalf of the Committee, Dr. Gounardes presented the following resolutions; on vote, Resolutions B-57 and B-58 were adopted by the Board of Trustees.

B-57-2014. Resolved, that the following 12 candidates be approved to participate in the 2014-15 class of the ADA Institute for Diversity in Leadership:

Hsiao, Shih-Yen, California
Hemmer, Amanda, Pennsylvania
Abdulwaheed, Abdul, Massachusetts
Murphy, Shane, Alaska
Johnson, Malieka, California
Nguyen, Robin, Florida
Pham, Deryck, New Jersey
Anderton, Xochitl, Texas
Piskorska, Inna, Texas
Meiners, Christina, Texas
Quam, Zellisha, New Mexico
Short, Rico, Georgia

B-58-2014. Resolved, that the following four candidates be approved as alternates for the 2014-15 class of the ADA Institute for Diversity in Leadership:

Marcos, Carliza, California
Hayes, Darwin, New York
Limosani, Mark, Florida
Bolden, Kevin, Texas

Expansion of Institute Class Size. Dr. Gounardes noted that in developing the 2015 budget for the Diversity Institute the number of participants was increased from 12 to 16 at an additional expense of $17,200. In order to memorialize the expansion of the class size to 16 members, the Board considered and adopted the following resolution.

B-63-2014. Resolved, that the alternate candidates approved in Resolution B-58 be added to the list of participants for the 2014-2015 ADA Institute for Diversity in Leadership Class.

Dr. Gounardes commented on the value of the Diversity Institute program and noted that the Committee would appreciate feedback from the Board on its work, especially in relation to the Institute. Comments were made about the impact of this program in increasing diversity in both membership and in leadership positions, if this program is fulfilling its original goal, and if this is the best program to address diversity. Several Board members indicated that it would be beneficial if they could receive a list of former Diversity Institute participants so they could share the information within their states.
Report of the Information Technology Committee: Dr. Joseph Hagenbruch, Committee chair, presented the Committee’s report. The report identified the major topics discussed, reports received and actions taken/recommendations made.

Communications and Marketing

Report of the Council on Communications: ADA Issues Management Plan: The Council reported on recommended updates to the ADA Issues Management Plan, first approved by the Board of Trustees in September 2012. The Board of Trustees adopted the following resolution (consent calendar item).


Note. The revised ADA Issues Management Plan is appended (see page 345).

Report of the Council on Communications: Establishment of Subcommittees: The Council reported on the subcommittees it had established for 2014, and identified each subcommittee’s purpose and members (consent calendar item).

Report of the Chief Communications Officer: Ad Council Campaign Extension: This report was postponed definitely from the March 2014 Board meeting. The Budget and Finance Committee reviewed Resolution B-14 and proposed amending it by substitution. On vote the Board adopted the substitute Resolution B-14 (see page 333).

Report of the Senior Vice President, Government and Public Affairs, and Chief Communications Officer: Action for Dental Health (ADH) Progress Report: This report gave an update on ADH initiatives; reported on top tier media coverage metrics and the results of a baseline quantitative survey of key opinion leaders’ conducted in the first quarter 2014; and reviewed work with FleishmanHillard on outreach timed to coincide with the ADA’s Washington Leadership Conference. A Report to Congress was created which detailed the progress of Action for Dental Health through stories of dentists helping underserved people in communities across the country.

Mr. Ohr gave a demonstration of the action initiative map on ADA.org that displays activities by state. Dr. Norman asked the trustees to encourage their states to self-report data on their activities to ensure the map information is kept current.

Report of the Council on Communications: Social Media Posting Protocol for ADA Officers and Trustees: Mr. Ohr presented this report and guidelines to address the use of social media by Board members. A motion was made by Dr. Kwasny to refer the Social Media Protocol for ADA Trustees back to the Council on Communications to: (1) develop a comprehensive policy on use of social media by all ADA volunteers; (2) provide more explicit guidance to volunteers on specific conduct which is prohibited and allowed; and (3) seek comment on a new draft of a comprehensive social media policy from the Governance Committee prior to submitting it to the Board of Trustees.

A motion was made to amend the referral by deleting the words “all ADA volunteers” and replacing with “ADA Board of Trustees”; there was no objection to the amendment. Mr. Ohr commented that to expedite addressing the items in the referral, rather than refer this back to the Council a staff group could work with Dr. Kwasny and bring something back to the next meeting.

A motion was made to postpone definitely the motion to refer until the July Board meeting. On vote, the Board postponed definitely the referral of the Social Media Protocol to the Council. As a result of this action, consideration of Resolution B-50 was also postponed until the July Board meeting.

B-50. Resolved, that the proposed Social Media Protocol for ADA Officers and Trustees be adopted.
Dr. Hagenbruch, as chair of the IT Committee, requested that the IT Committee be involved in the discussion of the social media protocol.

Conferences and Continuing Education

Report of the Council on ADA Sessions: Nomination of the 2016 Council on ADA Sessions Chair: The Board of Trustees adopted the following resolution (consent calendar item).

B-39-2014. Resolved, that Dr. James H. Van Sicklen, Jr. is appointed chair-designate of the Council on ADA Sessions for the year 2016 to serve immediately upon appointment.

Report of the Council on ADA Sessions: Nomination of the General Chair of the 2016 Committee on Local Arrangements: The Board of Trustees adopted the following resolution (consent calendar item).

B-40-2014. Resolved, that the nomination of Dr. Rhett Murray to serve as general chair for the 2016 Committee on Local Arrangements made by the Colorado Dental Association in conjunction with the Metro Denver Dental Society be approved.

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

B-41-2014. Resolved, that the following nominations of the chairpersons to serve on the 2015 Committee on Local Arrangements made by Dr. Sally Cram, General Chair of the 2015 Committee on Local Arrangements, with the concurrence of the District of Columbia Dental Society, be approved.

Dr. Eugene Giannini—CLA Vice Chair
Dr. Michael Blicher—CLA Programs Co-Chair
Dr. Christos Loukaitis—CLA Programs Co-Chair
Dr. James Ryan—CLA Operations Co-Chair
Dr. Paula Russo—CLA Operations Co-Chair

Education/Professional Affairs

Consideration of CODA Public Member Nominee Recommended by the Council on Dental Education and Licensure: The Board of Trustees adopted the following resolution.

B-38-2014. Resolved, that the nomination of Dr. Stephen S. Feit to serve as a public member on the Commission on Dental Accreditation Board of Directors be transmitted to Dr. John Williams, chair, Commission on Dental Accreditation.

Report of the Joint Commission on National Dental Examinations: Research and Development Activities: The Board of Trustees adopted the following resolution (consent calendar item).

B-45-2014. 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 appendices of the Joint Commission on National Dental Examinations’ report to the Board of Trustees.

Finance and Operations

Report on the Status of the 2014 Operating Contingent Fund and Approval of Supplemental Appropriation Requests: A Contingent Fund of $1 million was authorized in the 2014 budget. The Board of
Trustees through the March 2014 meeting approved total supplemental requests in the amount of $587,900 leaving a balance of $412,100.

The Budget and Finance Committee considered a request for funding from the Contingent Fund (Res. B-53) for the Alaska Dental Society in the amount of $53,200. That request was approved by the Board of Trustees (see page 334).

Capital Reserve Spending Approval Request to Fund Major Renovation of the North and South Elevations of the ADA Headquarters Building: The Budget and Finance Committee recommended the approval Resolution B-51; on vote, Resolution B-51 was adopted by the Board of Trustees (see page 334).

Report on Existing Tenant Lease Space Expansion and Term Extension With Related Capital Reserve Spending Approval Request: The Budget and Finance Committee recommended the approval of Resolution B-52; on vote, Resolution B-52 was adopted by the Board of Trustees (see page 334).

Global Affairs

Report of the ADA/FDI Advisory Committee: The Board of Trustees adopted the following resolution (consent calendar item).

B-43-2014. Resolved, that Dr. Kathryn Kell, Iowa, be approved for a second term as the 2014 ADA candidate for FDI Treasurer, and that appropriate materials be developed for her candidacy.

Report of the Divisions of Global Affairs and Member and Client Services: Proposed Increase to Affiliate Membership Dues: The Budget and Finance Committee recommended approval of an amended Resolution B-46; on vote, the Board of Trustees adopted B-46 as amended (see page 333).

Government/Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs: Mr. Graham gave an update on federal issues including: student loan debt (Federal Student Loan Refinancing Act, S. 1066 and Student Loan Interest Deduction Act of 2013); medical device tax and Senate Finance Committee passage of a two year tax extenders bill; the Recovery Audit Contractor (RAC) program; implementation of the Affordable Care Act; and the Washington Leadership Conference. The following state issues were also addressed: non-covered services, assignment of benefits, silent PPOs, and related bills; Medicaid benefits; and alternative dental workforce plans. A brief upon on the ADA State Public Affairs (SPA) program was included in the report.

Report of the Council on Access, Prevention and Interprofessional Relations: Community Dental Health Coordinator Update: The Council reported on the transition phase of the CDHC program and the increased interest in the program by states and organizations (consent calendar item).


Report of the Council on Access, Prevention and Interprofessional Relations: Choosing Wisely Dental Campaign Update: This report provided information on the invitation extended to the ADA, through the Council, to develop the Choosing Wisely Dental website. This project is a collaborative effort between CAPIR the American Board of Internal Medicine and the Robert Wood Johnson Foundation (consent calendar item).
Health Policy Institute (Formerly Health Policy Research Center)

Annual Report of the Health Policy Institute: This report provided a summary of activities of the Health Policy Institute during the period August 2013 to May 2014. Activities in the following areas were listed: research briefs, journal publications, speaking engagements, and media reference/contributions. The Health Policy Institute, formerly the Health Policy Resource Center, was launched in May 2014.

Legal Affairs

Report of the Council on Ethics, Bylaws and Judicial Affairs: Report on Subcommittees: The Council reported on the subcommittees it had established for 2013-2014, and identified each subcommittee’s purpose and members (consent calendar item).

Report of the General Counsel Regarding Repurposing of the ADAF Relief Fund: Mr. Busey presented information on the fund status of the ADA Foundation Relief Grant program and a proposal (Resolution B-37) to repurpose a portion of the amounts in the Relief Fund to permit its use for other charitable endeavors, while maintaining a sufficient amount in the Relief Grant program to continue to fulfill its purpose. During discussion of this issue, Drs. Gounardes, Yonemoto, Buckenheimer, and Jeffers disclosed that they were also members of the ADAF Board of Directors. Mr. Gene Wurth, ADAF executive director, was in attendance for the discussion and confirmed that the repurposed funds would be used only in support of the other missions (charitable, access to care, research and education) of the Foundation and not for administrative costs. A motion was made to postpone definitely this issue for the purpose of asking the Foundation to look at expanding the definition of relief to look at other aspects of charitable giving and possibly come back with a revised proposal for the September Board meeting. On vote, the motion to postpone definitely was not adopted.

During discussion a motion was made to amend Resolution B-37 by addition of the words and punctuation “”, within the charitable mission of the Foundation” between the words “unrestricted” and “, except”. The proposed amendment was accepted by general consent. On vote Resolution B-37 as amended was adopted.

B-37-2014. Resolved, that the ADA Board of Trustees, acting for the American Dental Association as the donor of a restricted gift to the ADA Foundation known as the “Relief Fund,” consents to permit all monies held by the ADA Foundation in said Relief Fund to become unrestricted, within the charitable mission of the Foundation, except that such amount as is necessary to continue relief grant activities, as calculated under accepted actuarial standards and approved by the Illinois Attorney General and the Circuit Court of Cook County, but in no event less than $1 million, shall continue to be restricted to the original purpose of relief grant activities.

Report of the Council on Ethics, Bylaws and Judicial Affairs: One-Time Permissions for Constituent Societies to Reprint Ethical Moment Articles Authored by Their Members: The Board of Trustees adopted Resolution B-42 (consent calendar item).

B-42-2014. Resolved, that, pursuant to 48H-2008 and B-105-2009, the form for granting permission to constituent societies allowing constituent societies to, on a one-time basis, republish Ethical Moment articles written by their members is approved as a template to be issued by the chair of the Council on Ethics, Bylaws and Judicial Affairs upon receipt of such a request.

Member and Client Services (Formerly Membership, Tripartite Relations and Marketing)

Report of the Council on Members Insurance and Retirement Programs: Establishment of Subcommittees: The Council reported on the subcommittees it had established for 2013-2014, and identified each subcommittee’s role, function and justification of need (consent calendar item).

Report of the Council on Members Insurance and Retirement Programs: New Insurance Product: The Board of Trustees adopted the following resolution (consent calendar item).

B-44-2014. Resolved, that the Great-West Financial proposal to expand the ADA Members Insurance Plans portfolio to include a level premium term life insurance guaranteed rate product, as recommended by the Council on Members Insurance and Retirement Programs, and validated by Milliman, be approved.

Status Report of the Task Force on Emergency Assistance to States: Dr. Kiesling and Dr. Ziebert gave an oral report on the work of the task force in researching and reviewing current Board policies relative to emergency assistance to states. The Task Force is continuing its work and anticipates a report and resolution for either the July or September 2014 Board meeting.

Report of the Interim Senior Vice President: Update on Alaska Initiative: This confidential report gave an update on the actions taken by the Board at its March meeting. This report also contained several resolutions (B-53, B-54, B-55 and B-56), which the Board acted on during the Report of the Budget and Finance Committee (see page 334).

Practice Institute

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

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

Science/Professional Affairs

Report of the Council on Scientific Affairs: Recent Activities: This report highlighted major actions taken by the Council at its April 2014 meeting, noting that the draft definition of oral health has been finalized, and provided updates on the ADA Seal of Acceptance Program, the Professional Product Review and the Center for Evidence-Based Dentistry (consent calendar item).

Report of the Council on Scientific Affairs: Establishment of Subcommittees: The Council reported on the subcommittees it established, and identified each subcommittee’s role, function and justification of need (consent calendar item).

Organizational/Other

Quarterly Report of the ADA Foundation: The quarterly report included information on the ADAF draft strategic plan; the 2014 Give Kids A Smile Gala; financial matters; grant activity; development opportunities; and the Dr. Anthony Volpe Research Center (consent calendar action).

Report on Nominations to the Council on Scientific Affairs: At its March 2014 meeting the Board selected four nominees to submit to the 2014 House of Delegates for election as a member of the Council on Scientific Affairs. Following the March Board meeting, Dr. Lawrence Wolinsky withdrew his name from consideration. Therefore, at this meeting the Board reviewed the original list of nominees and by ballot selected Dr. Paul D. Eleazer, Alabama, as its nominee to the Council. On vote, the Board adopted the following resolution.
B-32-2014. Resolved, that the name and qualifications of the following individual be transmitted to the 2014 House of Delegates as one of four nominees for membership on the Council on Scientific Affairs for four year terms.

Dr. Paul D. Eleazer, Alabama

Report of ADA Business Enterprise, Inc. (ADABEI): This report provided a summary of 2014 first quarter activities (consent calendar item).

Report on Nominations for ADA Honorary Membership: In accordance with the ADA Bylaws and the Organization and Rules of the Board of Trustees, the Board adopted the following resolution (consent calendar item).

B-36-2014. 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.

Orlando Monteiro da Silva, D.M.D.
Alice Horowitz, Ph.D., M.A., B.A., R.D.H.
Professor Poul Erik Petersen
Mr. James J. Williamson

Report of the President: Dr. Norman commented on activities since the March 2014 Board meeting. These activities included attending and participating in state dental meetings and conferences, giving testimony in Washington, D.C., and presenting the commencement address at the University of North Carolina Dental School.

Report of the President-elect: Dr. Feinberg commented on the meetings she attended since the March 2014 Board meeting, including state dental meetings and conferences.

Report of the Executive Director: Dr. O'Loughlin encouraged the Board to give feedback on the new format for the First Quarter Management Report, commented on the status of non-renewals and efforts being done on the local, state and national levels, and reported on travels completed to date.

Liaison Reports

Report of Dr. Joseph Hagenbruch, Liaison to the Commission on Dental Accreditation: CODA Site Visit (Nova): Dr. Hagenbruch gave an oral report on his participation in a CODA site visit to Nova.

Report of Dr. Terry Buckenheimer, Liaison to the Committee on the New Dentist: Dr. Buckenheimer gave an oral report as the liaison to the New Dentist Committee and provided his observations on the Committee's relationship with the Board of Trustees, and the importance of engaging this group of volunteers through meaningful activities.

Report of Dr. Joseph Crowley, Liaison to the American Student Dental Association: Dr. Crowley submitted a written report on multiple ASDA meetings he attended as the Board liaison, commenting specifically on the ASDA annual meeting and Board of Directors meetings (consent calendar item).

Reports to the 2014 ADA House of Delegates

Report 3 of the Board of Trustees to the House of Delegates: Equality of Trustee Districts: This report was prepared in response to Resolution 97H-2013 that called for the Board to examine the equality of the trustee districts in view of the passage of Resolution 2 (Delegate Allocation) and report to the 2014 House of Delegates. The Board voted to transmit Report 3 to the House of Delegates (Board of Trustees consent calendar item—no Board discussion). (Vote: Unanimous)
Report 4 of the Board of Trustees to the House of Delegates: Strategic Planning Annual Report: This report presents Members First 2020, the next strategic plan for the Association and provides a summary of the development of the plan and its key elements. The Board voted to transmit Report 4 to the House of Delegates (Board of Trustees consent calendar item—no Board discussion). (Vote: Unanimous)

New Business

Report of the Practice Institute: Upcoming Association of Dental Support Organizations (ADSO) Meeting: Dr. Preble reported to the Board about ongoing ADA efforts to work with the Association of Dental Support Organizations, formerly the Dental Group Practice Association, on potential strategies to increase membership, including a revision and communication of a joint statement on ethics.

Policy With the National Public Health Foundation: Dr. Shenkin expressed concerns with misstatements and inaccuracies reflected in research and position papers that are used in support of legislative lobbying and promotion of public health initiatives issued by foundations and other health organizations. Referencing Resolution 87H-2013, Dr. Shenkin requested review of workforce literature issued by Pew and other foundations/organizations by an outside expert, and that the expert submit a report on the accuracy or inaccuracies of these organizations’ literature to the Board of Trustees. Mr. Ohr commented that Resolution 87H provided funding of $50,000 to review and respond to any issued reports by foundations, and to date, these funds have not yet been expended since no new reports have been issued. Without objection, Dr. Norman requested staff to determine cost estimates for doing such a review and identify outside experts and report back to the Board at its July meeting.

Leadership Institute: Dr. Summerhays requested that a report on the vision for the Leadership Institute be provided to the Board in July.

Special Orders of Business/Special Appearances

Special Order of Business—Consideration of the 2015 ADA Budget: The Board received a draft of Report 2 of the Board of Trustees to the House of Delegates on the 2015 ADA Budget. The report identified enhancements to the report format, provided a budget process overview, acknowledged the contributions of a Council Budget Group in reviewing all programs using Decision Lens against new universal assessment criteria, and reviewed the deliberations of the Administrative Review Committee.

Dr. Ronald Lemmo, treasurer, facilitated the Board’s discussion of specific programs and activities and their funding during a closed session. Upon conclusion of the closed session and in the regular meeting, Dr. Lemmo reported on the status of the preliminary budget and noted that the Board will have the opportunity to finalize the budget during its July 2014 meeting.

As a result of the budget discussion the following actions were taken:

- Dr. Willey and Mr. Ohr were requested to develop cost estimates for a communications piece regarding dental benefit programs that could be used by member dentists with patients; review current materials on dental benefits; and provide the information for the July 2014 meeting of the Board of Trustees.
- The Board Rules Subcommittee was assigned the task to look at the Rules in light of the management and budget changes made during the June meeting and bring back to the July Board meeting edits to the Rules that reflect these management changes.
- Dr. O’Loughlin indicated that an updated proforma for the Center for Professional Success will be provided to the Board in July; a follow up suggestion was made to provide the Board with proformas for all major initiatives.
- The Board restored funding in the amount of $5,790 for three staff trips to dental auxiliary annual meetings and funding in the amount of $11,310 for the dental team focus group.
Without objection to the ADA participating in the IOM Health Literacy Task Force, staff was asked to investigate the actual costs for this activity and report to the Board in July.

A request was made to provide the Board with revenue break out across all divisions of where Corporate Relations has raised money for the Association and the Foundation.

Dr. Norman assigned to the Strategic Planning Committee the task of developing a definitive plan for evaluating projects and initiatives within the Association and providing a recommendation to the Board in time for the next budget cycle.

The Board defeated a proposal to reduce by one meeting the number of Board meetings held annually, beginning in 2015 and in future years.

The Governance Committee will look at the governance of the New Dentist Committee in relation to the structure of the Board of Trustees and will report back to the Board possibly at the July Board meeting.

**Board of Trustees Strategic Discussion—The Growing Medicaid Market: Helping Members Succeed:**

This discussion was held in a closed session. The objective of this strategic discussion was to get the Board’s input on strategic actions that enhance member success and access to care in the growing Medicaid sector. The session was conducted by Dr. Vujicic, Dr. Preble and Dr. Grover. In addition to ADA Senior Staff, guests in attendance included: Dr. Charles S. Czerepak, attending pediatric dentist at the Ann & Robert H. Lurie Children's Hospital of Chicago and the Feinberg School of Medicine of Northwestern University, and Dr. Thomas J. Veryser, chief executive officer of Michigan Community Dental Clinics, Inc. Following the discussion, Dr. Norman appointed the following Board members to work with staff to develop a strategy on next steps: Drs. Shenkin, Dow, Fair and Zenk.

**Presentation by Dr. John Williams, chair, Commission on Dental Accreditation (CODA):**

Dr. Williams, on behalf of the Commission, gave an overview of the mission and work of the Commission, commented on issues of concern to CODA and responded to questions from the Board. Dr. Williams commented on the relationship between CODA and the ADA and the shared common values of quality education and protection of the public; the ADA Bylaws related to CODA; the financial relationship between the ADA and CODA; and implementation of recommendations from an earlier ADA Task Force on CODA.

Dr. Williams indicated he would welcome a dialogue with ADA to explore areas of common ground and areas of concern. Dr. Norman indicated that addressing some of the questions about the governance structure of CODA could be a discussion between ADA and CODA leaders. A suggestion was made that in any discussions the percentage of shared services for CODA also be looked at. Without objection, Dr. Norman indicated he would ask staff to identify how to best facilitate communications between ADA and CODA.

**Closed Session**

Closed sessions were held at various times during the June 8-10, 2014, meeting of the Board of Trustees. The detailed minutes of the closed sessions are separately recorded; however, any non-confidential actions taken by the Board are reflected in the minutes of the open meeting.

The following reports and topics were discussed during the closed sessions.

- Consideration of the 2015 Budget
- Board of Trustees Strategic Discussion: The Growing Medicaid Market—Helping Members Succeed
- Video Production Studio Presentation
- Report of the Compensation Committee (closed session)

**Attorney-Client Session**

An attorney-client session of the Board of Trustees was held on Sunday, June 8, 2014, to allow the General Counsel to provide advice on pending litigation and legal matters of interest to the Association. The session
began at 4:18 p.m. in the Board Room of the ADA Headquarter Building, Chicago, and adjourned at 5:10 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, and the Deputies General Counsel.

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

Adjournment

With the conclusion of all items of business and without objection, the Board of Trustees adjourned sine die on Tuesday, June 10, 2014, at 10:16 a.m.
Appendix 1. The ADA Issues Management Plan (As Amended 6/2014)

THE ADA ISSUES MANAGEMENT PLAN

Reputation Management is the protection, preservation and promotion of the perception and understanding of the Association across a diverse audience of stakeholders. These include members, leadership, dental societies, the dental industry, legislators, regulators and the public.

The positive reputation of the Association is perhaps the most important member benefit that can be provided. Within the broader definition of reputation management is the management of known, emerging and potential issues that can have an impact on that reputation. This is especially the case in those situations that pose a direct threat to both member and public wellbeing.

The Council recognizes that the Board of Trustees as the managing body of the American Dental Association is responsible for the overall management of the ADA’s reputation. The Board views the benefits and risks associated with various issues through a number of different “lenses” including legal, financial, strategic, operational, regulatory, organizational and reputational.

The Council on Communications is the primary agency responsible for advising on reputation management, providing strategic oversight and advising the Association on the image and brand implications of Association plans, programs, services and activities. The Reputation Management Advisory Subcommittee aids the Council in these efforts.

The task of managing the reputation of the Association—of viewing the risks and benefits associated with safeguarding and promoting the reputation of the Association—crosses all divisions, and the strategic management of issues requires collaboration with every functional area.

When considering the multitude of issues that the ADA is currently involved in, the Council believes issues should be categorized as core, emerging, breaking or crisis.

**Core Issues** are long term issues such as dental amalgam and water fluoridation. The ADA has developed a store of institutional knowledge about the issue, and the ADA can consider this history as well as changes in the environment surrounding the issue to create a proactive strategy for the future.

** Emerging Issues** are recent issues that the ADA should have on its radar screen in order to engage in anticipatory planning. Cone beam CT is an example of an emerging issue. It has captured national media attention (New York Times) with allegations that the technology is used indiscriminately by some practitioners without regulatory guidelines in place to guide health professional use of the technology in order to protect patients from excessive radiation.

**Breaking Issues** are issues generally outside the control of the ADA and necessitate an immediate response. Some examples of triggers that may create breaking issues include litigation, regulation, legislation, new research or a human interest story that captures national attention.

**A Crisis** is extremely rare for the ADA. True crises affect a large number of people in both the short and long term, can devastate an organization’s reputation, and require immediate and ongoing communications to rebuild public trust and an organization’s reputation. The ADA’s crisis communication plan and “ADA Cares” public service campaign were developed with a national public relations firm to rebuild public trust in and the reputation of the ADA and the profession after the Kimberly Bergalis/HIV transmission case which occurred while the nation was gripped with fear over the epidemic of HIV and AIDS.

The Council believes that an ADA Issues Management Plan should be both proactive and reactive in order to best protect and promote the reputation of the ADA and the profession.
Proactive Elements of an ADA Issues Management Plan: Proactive outreach to both members and the public is critically important to deliver credible information, deliver key messages and establish ADA as the leading resource on oral health to a wide variety of stakeholders.

The Council believes a proactive issues management strategy involves:

- issues monitoring
- SWOT analysis (strengths, weaknesses, opportunities, threats) and/or scenario planning
- strategy development
- readiness core messaging developed in support of the strategy and/or
- proactive messaging and outreach to key stakeholders to help ensure ADA is perceived as the leading national oral health organization offering recommendations and solutions to improve the public’s oral health.

Once a strategy is approved by the Board of Trustees, ADA Communications staff can develop the tactical communications needed to implement the strategy. The tactical elements of a proactive strategy can either be:

- released immediately on a proactive basis to promote the ADA’s reputation by leading and shaping stakeholder opinions and actions on an issue or
- held in readiness in anticipation of a threat to the ADA’s reputation.

For example, in 2009 when the Food and Drug Administration was considering reclassifying dental amalgam, ADA Communications created a scenario and action plan involving both member and public communications for each possible outcome. An interdivisional team of staff from Communications, Science, Legal, Practice and Publishing were assembled to review the plan and provide input. The Executive Director and the Board of Trustees reviewed the plan prior to implementation.

Key messages were developed and two press statements were prepared—one for each of the most likely outcomes. ADA media spokespersons were briefed in advance—spokespersons who were already very familiar with the dental amalgam issue, so they simply needed to learn the key messages on the specific FDA outcome.

When the FDA released the news, the ADA merely “pulled the trigger” on the strategy developed around that particular scenario and immediately deployed the tactical communications (i.e., ADA press statement, interviews with media spokespersons, an “issues alert” to all ADA members, an ADA News article, information on ADA.org, etc. Due to proactive planning and the development of readiness communications, the ADA was able to respond quickly and effectively to this national news story.

The Council believes the ADA should use this model to implement the proactive portion of an ADA Issues Management plan.

As a strategic body, the Council’s Reputation Management Advisory Subcommittee will be primarily involved in the proactive portion of the issues management plan. This will help feed the responsive portion of the issues management plan because the ADA will have looked ahead, planned how an issue might develop over time and developed readiness messages that can be used if it suddenly becomes a “breaking issue”.

The Subcommittee and staff can develop strategy recommendations for the Council’s consideration and the Council can provide an advisory report to the Board of Trustees.
The Council’s Reputation Management Advisory Subcommittee will be involved in proactive issues monitoring by:

- Reviewing CC liaison reports that categorize issues from ADA host councils into 3 categories—image/reputation; access/barriers to optimal oral health; and oral health outreach to the public—to determine if something should be included on an issues management report
- Monitoring developments such as legislation, regulation, litigation, national media and social media coverage to determine if an issue is gaining in urgency (this can be either a reputational threat necessitating a response or a positive opportunity that can be seized to drive proactive messaging).

Staff will aid the Subcommittee by:

- Creating an interdivisional staff team whose charge is to share information and monitor developments related to issues across the ADA.
- Monitoring the major actions and minutes of the various councils and committees.
- Developing issues management reports for the Subcommittee’s consideration based on the outcomes of the staff meetings and the proactive monitoring conducted by the Advisory Subcommittee on Reputation Management so the Subcommittee can advise the Council regarding strategic next steps.
- Creating issues management toolkits for use by dental societies to provide the most current, credible scientific information and promote consistent messaging among dental societies on key issues identified in the ADA Issues Management Plan.
- Assisting the Council in preparing advisory reports to the Board of Trustees related to issues management.

**Responsive Elements of an ADA Issues Management Plan:** Responsive outreach to both members and the public is essential to deliver ADA messages and to respond quickly and appropriately to emerging reputational threats.

The Council believes that the responsive element of an ADA Issues Management Plan requires a nimble process in order to respond to what has become a 24/7 news and social media cycle. Responsive tactics are generally needed when something is triggered outside the ADA’s control and the ADA does not have readiness communications prepared on the issue. Some examples of triggers that may necessitate responsive communications include litigation, regulation, legislation, new research or a human interest story that captures national attention.

Because this process needs to be extremely nimble and fast, it will generally involve a few communications staff who work with internal experts from the Division(s) most relevant to the issue (e.g., for Triclosan, Science staff would be involved) to draft communications materials such as a press statement and/or talking points based on available ADA information. The President, President Elect and Executive Director review the draft communications materials and a Board-appointed ADA media spokesperson is looped in who can be briefed by ADA staff and interviewed by media once the communications materials are approved.

The Council proposes that two issues already listed in the plan (anesthesia and infection control) should now be designated as “higher priority” from a reputation management standpoint due to trends in national media coverage. Higher priority issues are designated below with a single asterisk. The Council designated with a double asterisk priority issues that the Council’s Advocacy Communications Subcommittee is currently working on in collaboration with other agencies. The Council also proposes the addition of “Licensure” as an emerging issue due to regulatory and legislative developments.
Health and Environmental Safety
   Amalgam separators/EPA (core)*
   Mercury in dental materials (amalgam) (core)*
   Radiation safety (core)*
   Fluoride and Community Water Fluoridation (EPA/FDA/HHS) (core)*
   Anesthesia (core)*
   Infection control (core)*
   Oral Cancer/HPV (core)*
   Oral Piercing (core)
   Green dentistry/Carbon footprint (emerging)
   Bisphenol A/sealants and composites (emerging)*
   Lead in dental materials (emerging)
   Arsenic in dental materials (emerging)
   Cadmium in dental materials (emerging)
   Triclosan in OTC dental products (emerging)
   CBCT use/exposure (emerging)*
   Workforce issues (core)**
   Access to oral care (core)**
   Emergency Room Use (arising from tattered public health safety net) (core)**
   Medicaid**

Economic
   Corporate Relations (core)
   ADA Seal of Acceptance (core)*
   Auxiliary dental procedures (Botox, facelifts) (core)
   Economy's effect on dental practices (core)
   Insurance (core)
   Medicaid**
   ADA Business Resources (ADABEI) endorsements (emerging)*
   Dental tourism (emerging)
   Foreign dental materials/labs (emerging)

Emerging Science/Technology
   Salivary Diagnostics (emerging)
   Evidence Based Dentistry (emerging)
   Electronic Health Record (emerging)

Legislation, Regulation and Litigation
   Health Care Reform Act (core)
   EPA Amalgam separators (core)
   UN Global mercury treaty (core)
   Licensure (emerging)
   Medicaid**

Education
   Standards (core)
   Cheating (emerging)
   Student indebtedness (emerging)
   Licensure (emerging)

Philanthropy
   MOM projects (core)
   Give Kids a Smile (core)
   Haiti/Katrina/Japan/Joplin, MO (core)
   ADA Foundation (core)
Ethics
   Corporate Relations (core)
   Inappropriate behavior to patients/staff (core)
   Membership Diversity and Changing Demographics (emerging)
   Cheating (emerging)

Crisis
   Pandemic (emerging)
Minutes of the Board of Trustees

July 27–29, 2014
Headquarters Building, Chicago

Call to Order: The fifth regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Charles H. Norman, president, on Sunday, July 27, 2014, 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, 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.

Dr. Hal Fair was absent from the entire meeting. Dr. Jeffrey Dow and Dr. Maxine Feinberg were not in attendance on Tuesday, July 29, 2014.

Guests in attendance for a portion or portions of the meeting included the following members of the American Student Dental Association Board of Trustees: Dr. Kris Mendonza, president, Stephanie Mazariegos, Chris Thorbum, Jeremy Jordan, Christian Piers, Robert Greenland, Niveditha Rajagopalan, and Nancy Honeycutt, executive director.

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; Karen Hart, interim senior vice president, Education/Professional 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 Sholtz, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujicic, managing vice president, Health Research Institute; James Willey, senior director, Practice Institute; and Anthony Ziebert, interim senior vice president, Member and Client Services.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Deborah Doherty, managing vice president, ADABEI; Thomas C. Elliott, Jr., Esq., deputy general counsel; 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; Lalita Pittman, senior manager, Office of the Executive Director/Officer 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.

Camille A. Olson and Annette Tyman of Seyfarth Shaw LLP attended the attorney-client session of the meeting.

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

Approval of Agenda and Consent Items

Approval of Agenda. Dr. Norman announced the addition of a new discussion item to the agenda regarding Voting Privilege of the Chair of the Board of Trustees and called for any other items of new business; there were none.

On vote, the agenda was adopted by the Board of Trustees.

B-73-2014. Resolved, that the agenda as amended be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

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

B-74-2014. Resolved, that the resolutions contained on the amended Consent Calendar for Board of Trustees consideration be approved and reports be filed, and be it further Resolved, that the recommendations that appear on resolutions and reports to the House of Delegates be accepted.

Approval of Minutes of the June 2014 Meeting of the Board of Trustees: The Board of Trustees adopted the following resolution (consent calendar item).

B-83-2014. Resolved, that the minutes of June 8-10, 2014, meeting of the Board of Trustees be approved.

Reports of Standing Committees of the Board of Trustees

Report of the Audit Committee: On behalf of the Audit Committee, Dr. Roger Kiesling, chair, presented the report of the Committee’s July 26, 2014, meeting. The report identified the major topics discussed, reports received and actions taken.

A series of resolutions, amending the Committee’s charter, were presented to the Board for approval as consent calendar items. Resolutions B-88, B-89 and B-90 were removed from the consent calendar. The remaining resolutions, B-91, B-92, B-93 and B-94 were adopted en bloc without discussion.

B-91-2014. Resolved, that paragraph no. 9 of the duties of Audit Committee be amended as follows (additions underlined):

9. To review the Association’s risk management policies for the enterprise and discuss with management periodically the guidelines and policies that govern the processes by which risk assessment and risk management is undertaken.

B-92-2014. Resolved, that paragraph no. 11 of the duties of Audit Committee be amended as follows (additions underlined):

11. Meet with ADA’s General Counsel and others as deemed necessary to discuss risk management matters, including significant legal, compliance or regulatory matters or other enterprise risks that may emerge that could impact the Association.

B-93-2014. Resolved, that paragraph no. 14 of the duties of Audit Committee be amended as follows (additions underlined and deletions struck through):
14. To report directly to the Board of Trustees the findings of the Committee and/or the Auditors-directly to the Boards of Trustees.

B-94-2014. Resolved, that paragraph no. 18 of the duties of Audit Committee be amended as follows (additions underlined):

18. To complete an annual self-assessment of the Committee to ensure compliance with the Committee’s charter and report its results to the Board of Trustees.

Resolution B-88—Independent Business Advisor to Audit Committee. The Audit Committee proposed a change to its charter to identify a financial consultant as a member of the Committee, without the right to vote. A question was raised regarding how the independent business advisor is compensated and if compensation is customary practice. Dr. Kiesling and Mr. Elliott provided information on the engagement arrangements for the previous independent business advisor and on the current process for selecting the next advisor.

The President noted that the Audit Committee had the authority to make changes to its charter in accordance with the Board Rules; however, since the Committee submitted the changes in resolution form for Board action, the resolutions were in order and would be considered by the Board.

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

B-88-2014. Resolved, that the independent business advisor engaged to assist the Audit Committee of the Board of Trustees be made a member of the Audit Committee without the right to vote, and be it further

Resolved, that the third sentence of the paragraph of the Audit Committee charter entitled Committee Membership, Structure and Meetings be amended as follows (additions underlined and deletions stricken through):

The Committee shall consist of the President, without the right to vote; the President-elect, without the right to vote; two House of Delegates members; and four trustees, one from each class not also serving on either the Budget and Finance Committee or Compensation Committee; and an independent financial consultant, as described in paragraph 10, without the right to vote. The members of the Committee shall elect their own chair. The Committee chair shall not vote except in the case of a tie vote. In making appointments to the Committee, the President should recognize the importance of including members who have the knowledge and the experience in dealing with financial and audit matters, if such experience is available among the trustees and members of the House of Delegates available to serve on the Committee. The Committee shall retain on file the qualifications (e.g., resume, CV) of each Committee member.

Resolutions B-89 and B-90—Amendments to the Audit Committee Charter. After extensive discussion, a motion was made refer Resolutions B-89 and B-90 to the Audit Committee for clarification and report to the Board in September.

B-89. Resolved, that paragraph no. 4 of the duties of Audit Committee be amended as follows (additions underlined and deletions stricken through):

4. Review with the external auditors and the CFO the audit scope and plans of the external and internal auditors and coordinate audit efforts to avoid redundancies, while still maintaining completeness of coverage.

B-90. Resolved, that paragraph no. 6 of the duties of Audit Committee be amended as follows (deletions stricken through):

6. Review with management and the external auditors the ADA’s annual financial statements and related footnotes, the auditors’ reports, Form 990s, other regulatory reports and judgment of the external auditors with regards to the accounting principles as applied to the ADA’s financial reporting.
Report of the Budget and Finance Committee: Dr. Steven Gounardes, Committee chair, presented the report of the Committee’s July 26, 2014, meeting. The report identified the major topics discussed, reports received and actions taken. The following resolutions were presented for the Board of Trustees’ consideration.

Recommendation for Additional Funding to ASDA and NDC Sponsorships in 2015 Budget. Dr. Gounardes presented a recommendation to amend the 2015 budget to include an additional $25,000 in funding for American Student Dental Association (ASDA) sponsorship and $25,000 for New Dentist Committee (NDC) sponsorship at their annual meeting. It was suggested this funding request was proposed to replace sponsorship funds that will no longer be provided by ADPAC. Dr. O’Loughlin commented on the amount of funds currently spent on sponsorship opportunities; however, going forward there needs to be better coordination of sponsorship funds to maximize the ADA’s presence at these meetings. After discussing the recommendation and considering several amendments to clarify the intent of the recommendation, the Board adopted the following resolution.

B-87-2014. Resolved, that an additional $25,000 for American Student Dental Association sponsorship at their national meetings and $25,000 for New Dentist Committee sponsorship at their annual meeting at the ADA Annual Meeting be added to the 2015 Membership budget.

Appropriation From Capital Replacement Reserves—Sidewalk Replacement. Dr. Gounardes reported that the Committee recommended the adoption of Resolution B-80; on vote, the Board of Trustees adopted the following resolution.

B-80-2014. Resolved, that an appropriation of up to $530,000 be made from the ADA Capital Replacement Reserve Account to fund replacement and renovation of the sidewalk located in front of the main entrance of the ADA’s Chicago Headquarters Building, 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.

Approval and Release of Quarterly Financial Statements. On behalf of the Committee, Dr. Gounardes moved Resolution B-82 with a recommendation that it be adopted; on vote, the Board of Trustees adopted the following resolution.

B-82-2014. Resolved, that the ADA quarterly financial statements as of June 30, 2014, be filed and posted in the appropriate delegates section.

Contingent Fund Request—New Bank Configuration. Dr. Gounardes reported that the Committee recommended adoption of Resolution B-84; on vote, the Board of Trustees adopted the following resolution.

B-84-2014. Resolved, that the following appropriation be made from the 2014 Contingent 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.

Divisions of Information Technology & Finance and Operations
(Cost Center 090-1450-000)
New Bank Configuration – Up to $200,000

Contingent Fund Request—Aptify Online Commerce Configurations to Support Non-Dues Revenue Growth. Dr. Gounardes reported that the Committee recommended adoption of Resolution B-85; on vote, the Board of Trustees adopted the following resolution.

B-85-2014. Resolved, that the following appropriation be made from the 2014 Contingent 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.
Report of the Compensation Committee: Dr. Carol Summerhays, Committee chair, presented the report of the Committee’s July 26, 2014, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Diversity and Inclusion Committee: Dr. Steven Gounardes, Committee chair, presented the report of the Committee’s July 25, 2014, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Governance Committee: Dr. Carol Summerhays, Committee chair, presented the report of the Committee’s July 26, 2014, meeting. The report identified the major topics discussed, reports received and actions taken. In addition, Dr. Summerhays also reported on an ad hoc committee meeting to discuss the direction and future of the New Dentist Committee, which was held during the New Dentist Conference.

Amendment to the Guidelines for Selecting an Executive Director. On behalf of the Committee, Dr. Summerhays presented Resolution B-86; on vote, the Board of Trustees adopted the following resolution.

B-86-2014. Resolved, that the last paragraph of the Guidelines for Selecting an Executive Director recited in the Organization and Rules of the Board of Trustees be amended as follows (additions underscored and deletions stricken through):

Annual Review of “Guidelines for Absence of an Executive Director or Vacancy in the Executive Director Position”: At a minimum, 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.

Report of the Information Technology Committee: Dr. Joseph Hagenbruch, Committee chair, presented the report of the Committee’s July 25, 2014, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Pension Committee: Dr. Ronald Lemmo, Committee chair, presented the report of the Committee’s July 25, 2014, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of Dr. Joseph Hagenbruch, chair, Library Archives Advisory Board: Dr. Hagenbruch gave a preliminary report on the Advisory Board’s July 25, 2014, meeting. Additionally, Mr. Jeff Gartman, director, ADA Library and Archives, gave a presentation on the Library and Archives site on ADA.org, demonstrating the features of the updated site.

Reports and Resolutions to the Board of Trustees

Communications and Marketing

Report of the Chief Communications Officer: National Foundation’s Research Evaluation Progress Report: At the June 2014 Board meeting a request was made for a review by an outside expert of workforce literature issued by Pew and other foundations/organizations. President Norman requested staff to determine cost estimates for doing such a review and identify outside experts, and report back to the Board at its July meeting. This report was submitted in response to that request. It was reported that with the assistance of other ADA agencies, a list of potential consultants is in the process of being developed, but no consultant has yet been selected. It was also confirmed that Resolution 87H-2013, which served as the basis for the original
request made in June, provides for up to $50,000 in funding to secure an external consultant (consent calendar item).

**Report on Social Media Posting Protocol for ADA Officers and Trustees:** The Board of Trustees at its June meeting initially considered the proposal for a Social Media Protocol but the matter was referred to a staff work group to develop additional collateral materials to complement the protocol. This updated report contained additional information on the development of a social media toolkit for ADA Officers and Trustees. Several Board members commented on the benefits of the toolkit and how it could be utilized to enhance communications within their district.

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

**B-50-2014. Resolved**, that the proposed Social Media Protocol for ADA Officers and Trustees be adopted.

*The Social Media Protocol for ADA Officers and Trustees appears as Appendix 1.*

**Report of the Chief Communications Officer: Progress of MouthHealthy.org:** An informational report was provided on the annual expenses and revenues supporting MouthHealthy.org (consent calendar item).

**Report of the Council on Communications: MouthHealthy.org Content Licensing Proposal:** ADA Business Resources partner PBHS, Inc. presented a proposal to incorporate MouthHealthy content in their dentist e-newsletter offerings. To support this service ADA would commit to provide 200 plus short articles of MouthHealthy content to PBHS for their clients to select for their e-newsletters. The Board of Trustees approved the following resolution (consent calendar action).

**B-68-2014. Resolved**, that the licensing of ADA MouthHealthy content to Protective Business and Health Systems (PBHS, Inc.) for a monthly royalty of $25 per month per e-newsletter client through the duration of ADABEI’s existing three year contract with PBHS be approved.

**Corporate Relations and Strategic Marketing Alliances**

**Report of the Managing Vice President, Corporate Relations and Executive Director, ADA Foundation:** Sponsorship Overview: This report gave an overview of respective fundraising roles of the ADA’s Division of Corporate Relations and Strategic Marketing Alliances and the ADA Foundation, and provided a list of 2013 corporate sponsors.

**Education/Professional Affairs**

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

**B-67-2014. Resolved**, that the consultants to the Council on Dental Education and Licensure be approved for terms ending at the adjournment of the 2015 ADA House of Delegates meeting.

*Note. The list of approved CDEL consultants appears in Appendix 2.*

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

**B-66-2014. Resolved**, that the consultants to the Joint Commission on National Dental Examinations be approved for terms ending at the adjournment of the 2015 ADA House of Delegates.

*Note. The list of approved JCNDE consultants appears in Appendix 2.*
Report of the Council on Dental Education and Licensure: Establishment of Subcommittees: The Council reported on the subcommittees it had established for 2014-2015, and identified each subcommittee’s purpose (consent calendar item).

Report of the Joint Commission on National Dental Examinations: Establishment of Subcommittees: The Joint Commission reported on the subcommittees, ad hoc committee and test construction committees it had established for 2014-2015, and identified each subcommittee’s purpose (consent calendar item).

Report of the Commission on Dental Accreditation: Establishment of Subcommittees: The Commission reported on the committees it had established for 2014-2015, and identified each committee’s purpose (consent calendar item).

Progress Report on Resolutions Considered by the 2013 House of Delegates: Response to Board Report 13 and the Report of the ADA Task Force on Dental Education Economics and Student Debt: This report presented a compilation of responses to resolutions from the 2013 House of Delegates with a focus on dental education, dental students and recent graduates, and student debt, that were referred to various Association agencies for follow up action.

Finance and Operations

Capital Reserve Request: Fund Major Replacement and Renovation of the Front Sidewalk of the ADA Headquarters Building: The Budget and Finance Committee recommended the approval of Resolution B-80; on vote, Resolution B-80 was adopted by the Board of Trustees (see page 353).

Report on the Status of the 2014 Operating Contingent Fund and Supplemental Appropriation Requests: A Contingent Fund of $1 million was authorized in the 2014 budget. The Board of Trustees through the June 2014 meeting approved total supplemental requests in the amount of $641,100, leaving a balance of $358.00.

The Budget and Finance Committee considered two requests for funding from the Contingent Fund (B-85 and B-86) for New Bank Configuration (up to $200,000) and Aptify Online Commerce Configurations to Support Non-Dues Revenue Growth (up to $175,000). These requests were adopted by the Board of Trustees (see pages 353-354).

Government/Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: Mr. Graham gave an overview of federal and state issues, ADPAC and the Washington Leadership Conference, and the ADA’s State Public Affairs (SPA) program. Mr. Graham also responded to questions about the re-emerging issue of changing the cash vs. accrual method of accounting and the effect of any legislative change on small businesses, especially dentists.

Member and Client Services

Report of the Office of Student Affairs: American Student Dental Association Consultant Program—Approval of Consultants: This program offers the opportunity to provide the student perspective on council discussions and enhances the relationship between ASDA and the ADA. The Board of Trustees adopted the following resolution (consent calendar item).

B-69-2014. Resolved, that the following nominations for the 2014-2015 ASDA Consultant Program be approved:
• Council on Access, Prevention and Interprofessional Relations – Ms. Stephanie Zastrow, University of Minnesota 2015
• Council on ADA Sessions – Mr. Christian Ortiz, Meharry Medical College 2015
• Council on Communications – Mr. Christian Piers, University of Colorado 2016
• Council on Dental Benefit Programs – Ms. Emily Hobart, Midwestern University 2015
• Council on Dental Education and Licensure – Mr. Andrew Welles, Marquette University 2015
• Council on Dental Practice – Ms. Erinne Kennedy, Nova Southeastern University 2015
• Council on Ethics, Bylaws and Judicial Affairs – Ms. Niveditha Rajagopalan, Midwestern University-Illinois 2016
• Council on Government Affairs – Ms. Alena Reich, Georgia 2015, attended CGA as Guest consultant August 2013
• Council on Membership – Mr. Daryn Lu, Oklahoma 2015, also Council on Membership consultant in 2014
• Council on Members Insurance and Retirement Programs – Mr. Kyle Kirk, University of Kentucky 2016
• New Dentist Committee – Mr. Jason Watts, Nova Southeastern University 2015
• Council on Scientific Affairs – Ms. Helen Yang, Harvard University 2016
• American Dental Political Action Committee – Ms. Jordan Janis, Arizona School of Dentistry & Oral Health 2016
• Commission on Dental Accreditation – Ms. Alexandra Hebert, University of the Pacific, 2017
• Joint Commission on National Dental Examinations – Mr. Gregory Sank, Stony Brook University 2016

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

**B-70-2014. Resolved, that the following Federal Dental Service consultants be approved for the New Dentist Committee:**

- Seglem, Jillian D., D.D.S., Red Oak, TX, U.S. Army
- Williams-Treesh, Mary N., D.M.D., Fort Meyers Beach, FL, U.S. Navy

Report of the New Dentist Committee: Self-Assessment: The New Dentist Committee (NDC) reported on the self-assessment it completed in accordance with Resolution 1H-2013. As a result of this self-assessment the Committee submitted the following resolutions.

*Resolution B-77—Invitation to NDC Representative at Meetings of the Board of Trustees.*

**B-77. Resolved, that the ADA Board of Trustees invite at least one New Dentist Committee representative to every Board meeting and be given the opportunity to fully participate, in an effort to more fully satisfy its bylaws duties, and be it further**

**Resolved, that the ADA Board of Trustees consider engaging the New Dentist Committee in the Board’s committees and other work.**

*Resolution B-78—Assignment of NDC Ex Officio Members to ADA Councils and Agencies.*

**B-78. Resolved, that the ADA Board of Trustees assign New Dentist Committee ex officio members to each of the following agencies:**

- Council on ADA Sessions (CAS)
- Council on Communications (CC)
- Council on Dental Benefits Programs (CDBP)
- Council on Dental Education and Licensure (CDEL)
- Council on Dental Practice (CDP)
Council on Ethics, Bylaws and Judicial Affairs (CEBJA)
Council on Government Affairs (CGA)
Council on Membership (CM)
Council on Membership Insurance and Retirement Programs (CMIRP)
ADPAC Board

and be it further
Resolved, that the New Dentist Committee submit to the September 2014 Board meeting proposed Bylaws changes to provide New Dentist ex officio members of councils the right to vote.

Resolution B-79—Approval of NDC Goals and Success Measures.

B-79. Resolved, that the ADA Board of Trustees approve the New Dentist Committee’s goals and success measures for 2015-2019.

A motion was made and adopted to refer Resolutions B-77, B-78 and B-79 to the Governance Committee of the Board of Trustees for report to the Board at its September 2014 meeting.

Report of the Interim Senior Vice President, Member and Client Services: Update on Dental School Strategy: This report was presented as background for the presentation on the Dental School Strategy and provided information regarding ADA sponsorship at ASDA national meetings; student dues processing and onboarding; and state and local funding of dental school initiatives.

Practice Institute

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

B-72-2014. Resolved, that the consultants to the Council on Dental Practice be approved for terms ending with the ADA 2015 annual meeting.

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
Claytor, Jr., J. William, D.D.S., M.A.G.D., Shelby, NC
Colvard, Michael, D.D.S., M.T.S., M.S., M.O. Med RCSE.d, Cary, IL
Creamer, Sandra, St. Charles, MO
Dawley, Joanne, D.D.S., Southfield, MI
Dufurrena, Quinn, D.D.S., J.D., Parker, CO
Durley, Cynthia, C., M.Ed., M.B.A., Chicago
Flug, Karen, M.B.A., Mondovi, WI
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
Kessler, Brett H., D.D.S., Denver
Knapp, Jonathan B., D.M.D., Bethel, CT
McElhiney, J. Wayne, D.D.S., Franklin, TN
Meehan Hegarty, Virginia, S.P.H.R., Downingtown, PA
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
Shisler, Adam, D.D.S., Houston
Simon, William, D.D.S., Chicago
Report of the Council on Dental Practice: Center for Professional Success (CPS): Budget Analysis: This report presented an update on the financial performance of CPS to date versus the proforma budget projections contained within the original CPS business plan of April 25, 2012. Dr. Preble also gave a brief update on CPS activities, with additional information regarding the Center provided by Dr. Willey. The Board had an opportunity to question Dr. Preble and Dr. Willey about the program’s evolution and changing pro forma, plans for promoting the Center to new dentists and dental students, and how metrics on the program are determined.

Report of the Council on Dental Practice: Group Practice—Update on Association Activities: This report provided information on employment status of dentists from 1990 to 2010, which reflects the migration of dentists from the sole proprietor model of dental care delivery to other delivery settings (consent calendar item).

Annual Report of the Department of Dental Informatics: The Department of Dental Informatics submits annually to the Board of Trustees a report on its involvement with activities related to the areas of: electronic data exchange; electronic health records and vocabulary standards; the use of technology in dentistry; and federal and state administrative simplification activities (consent calendar item).

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

B-71-2014. Resolved, that the consultants to the Council on Dental Benefit Programs be approved for terms ending with the 2015 ADA annual meeting.

Futrell, Harry C., D.M.D., Panama City, FL
Jurkovich, Mark W., D.D.S., Chisago City, MN
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
Vorrasi, Andrew G., D.D.S., Rochester, NY

Action for Dental Health Medicaid Initiative: Building Upon the Power of Three: Mr. Graham and Dr. Preble commented on the progress of the Medicaid initiative and its over-arching goal to assist dentists to successfully participate in the Medicaid program, while meeting the emerging demand for care from the Medicaid population. To achieve this goal, the ADA initiative will assist state dental societies in seeking or promoting Medicaid improvements that will attract dentists to enroll as providers.

Organizational/Other

Report of the Chief of Governance and Strategy Management: Shifting International Humanitarian Relief Work to the ADA Foundation: The Board of Trustees adopted the following resolution (consent calendar action).

B-75-2014. Resolved, that the ADA Board of Trustees formally requests the ADA Foundation to assume governance responsibility for international humanitarian outreach from the ADA, and be it further
Resolved, that the President appoint an ADA Board member to present this request to the ADA Foundation Board at the Foundation’s September Board meeting.

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

B-76-2014. Resolved, that the following nominees to the American Dental Political Action Committee Board of Directors be approved:

Dr. James R. Dumas, Jr., Mississippi (District 5)
Dr. Patrick V. Hagerty, Oregon (District 11)
Dr. Brittany McCarthy, Ohio (District 7)
Dr. Bryan J. Shanahan, Arizona (District 14)

Report of the President: Dr. Norman commented on activities since the June 2014 Board meeting. These activities included attending the American Dental Society of Europe annual meeting in Amsterdam; state dental meetings; the New Dentist Conference; and a MOMs project in Virginia. He commented on how the Power of Three appears to be resonating with some state societies, especially smaller states, and they are looking to the ADA for the expertise and resources ADA can provide them.

Report of the President-Elect: Dr. Feinberg commented on activities since the June 2014 Board meeting, including attending state dental meetings, conferences and dental school graduation ceremonies.

Report of the Executive Director: Some of the issues Dr. O’Loughlin commented on included: status of 2014 membership, noting an increase in non-renewal rates; Aptify; success of the Member Service University launch; and development of the Leadership Academy. At Dr. O’Loughlin’s request, Mr. Goodman gave an oral update on the ADA video studio.

Liaison Reports

Report of Dr. Joseph Hagenbruch, Liaison to the Dental Quality Alliance: Dr. Hagenbruch reported on the Dental Quality Alliance meeting held on July 11, 2014, and the Executive Committee meeting held on July 10, 2014.

Report of Dr. Joseph Hagenbruch, CODA/ADA Relationship: Dr. Hagenbruch, Board liaison to the Commission on Dental Accreditation, gave an oral report identifying several issues that would be addressed during a meeting between members of the Board and CODA.

Accreditation Standards for Dental Therapy. Unrelated to Dr. Hagenbruch’s report, Dr. Summerhays questioned how the ADA will respond to the CODA accreditation standards for dental therapy, which eliminates supervision by dentists. Ms. Karen Hart, interim vice president, Education and Professional Affairs, commented that the Council on Dental Education and Licensure (CDEL) will be providing testimony on the standards at the CODA Open Hearing during the annual session, and will be developing a position at its November 2014 meeting for submission to CODA by December 2014. Without objection, Dr. Norman established a Board work group to develop suggested talking points on the standards to present to CDEL. Appointed to this work group were Drs. Hagenbruch, Kiesling, Buckenheimer and Summerhays.

New Business

Voting Duties of the Chair of the Board of Trustees in the ADA Bylaws: Dr. Hall, Speaker of the House of Delegates and Parliamentarian for the Board of Trustees, shared with the President his opinion of an ambiguity in the ADA Bylaws pertaining to the voting duties of the Chair of the Board of Trustees. He suggested that the Board review the appropriate sections of the Bylaws regarding the voting privileges of the
President, and others, when acting as Chair of the Board of Trustees. Possible options for revising the Bylaws could be:

- Allow the President to vote on all matters.
- Allow the President to vote on all matters in which his/her vote would make a difference in the outcome.
- Not allow the President to vote on any matter.
- Not allow the President to vote on any matter except that the President shall be allowed to vote on those matters involving the selection, nomination, or election of one person, and only when there is a tie vote for that one person. “Allow” would be the operative word here and would not compel the President to vote, only allow him or her to do so if he/she desires.
- Not allow the President to vote on any matter except that the President shall be required to vote on those matters involving the selection, nomination, or election of one person, and only when there is a tie vote for that one person. “Require” the President to vote in such cases means the President must vote at those times.

Without objection, the issue of the voting privileges of the President as Chair of the Board of Trustees was referred to the Governance Committee for consideration and report to the Board of Trustees at its September meeting.

**Special Appearances and Presentations**

**Appearance of President and Executive Director of the American Student Dental Association:** Dr. Kris Mendoza, president, and Ms. Nancy Honeycutt, executive director, American Student Dental Association, presented to the Board of Trustees. On behalf of the ASDA Board, Dr. Mendoza thanked the officers and trustees for hosting them the previous evening and commented on the benefits of meeting together in a social environment. Dr. Mendoza commented on ASDA successes experienced during the past year, including the second annual ASDA Leadership Conference. He commented on the following topics: ASDA membership initiatives, which includes expanding efforts to reach out to pre-dental students; student debt; increasing focus on the health and wellness of student members; and the ASDA strategic planning process. Board members had an opportunity to ask questions regarding Dr. Mendoza’s comments and asked about areas that the ADA can be of assistance. Dr. Mendoza stressed that student debt and the cost of dental education are the most important issues to ASDA.

**Board of Trustees Strategic Discussion: Millennials—What Do We Know? What Do We Need Board in Advance to Know?** Several members of the ASDA Board of Trustees were in attendance and participated with the members of the ADA Board of Trustees in this session. The session began with a presentation by Mr. Michael Springer, who presented results of the ADA Product Portfolio Survey. He commented on several key results which demonstrated awareness, value and satisfaction with various ADA products with a focus on the opinions of younger dentists and dental students.

The second part of the presentation was given by Dr. Marko Vujicic, who provided data on practice patterns; dental school enrollment by gender; dentists in general practice by gender and practice category (solo dentist, partner, employee); and information on millennials as consumers of dental care.

As a follow up to the presentations, a discussion was facilitated by Mr. Springer, which provided an opportunity for the Board to learn what is important (in general) to millennials; what does the ADA Board need to know about millennials; and how to build a relationship with millennials. ASDA members discussed the influence of social media (Facebook) as a communications tool vs. email; the importance of community service opportunities to many dental students; and the need for a greater ADA (national, state, local) presence at dental schools to enhance relevance of the organization to students.

**Dental School Strategy Presentation:** Mr. Robert Quashie, project management consultant, and Isabella Horning, manager, Dental School Outreach and Office of Student Affairs, presented the Board with an overview of the Dental School Strategy for 2014 through 2016. The goal of the effort is to retain a 90%
membership market share among dental school graduates and to achieve a 70% market share among new
dentists two to five years post-graduation. In order to accomplish this goal, a coordinated effort among the
national, state, and local dental societies in collaboration with dental schools and other prominent
stakeholders is necessary, in order to:

- Provide current dental students a clear and compelling reason and means to join and participate
- Simplify and improve the efficiency of the conversion process at the national, state and local levels
- Develop a specific portfolio of products, benefits and services that encourage membership among
dental students and new dentists in the early years of practice life
- Redirect some efforts at all three levels from process and administration to student member
  engagement
- Work closely with partners and other stakeholders that influence the students’ decision to join and
  participate in organized dentistry through the ADA.

The dental school strategy consists of three phases that support the above goals and objectives. Comletion of these phases is concurrent with the Power of Three, the ADA initiative designed to foster collaboration between local, state and national societies on behalf of the ADA member. Both the dental school strategy and the Power of Three aim to position the ADA societies to deliver against the Members First 2020 Strategic Plan by December 31, 2016.

Choosing Wisely® Campaign Presentation: This presentation was scheduled to provide the Board more information regarding the ADA’s collaboration in the development of the Choosing Wisely® Dental Website. Choosing Wisely® is an initiative of the American Board of Internal Medicine Foundation and funded by the Robert Wood Johnson Foundation. Dr. David Krol, senior program officer at the Robert Wood Johnson Foundation, gave a presentation on the Choosing Wisely® initiative, noting the initiative’s aim is to promote conversations between providers and patients by helping patients make smart and effective care choices. He described the website content (including sample dental recommendations under consideration) and how the content is developed. Board members had an opportunity to question Dr. Krol about the initiative.

Strategic Plan Update: Dr. Israelson gave a presentation on the implementation of the Members First 2020 Strategic Plan 2015-2019. The next steps will include working with councils to help them evaluate their programs (tactics) and projects to determine their relevancy to the Strategic Plan. Board members questioned Dr. Israelson regarding the presentation and provided comments regarding the “next steps” process. Additionally, a request was made for talking points regarding the process for working with the councils that trustees can use at their caucuses.

Reports and Resolutions to the House of Delegates

Note: With Dr. Fair not in attendance for the entire July Board meeting, a “Unanimous” recorded vote reflects the members of the Board of Trustees who were present and voting during the meeting.

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

Report of the Board of Trustees’ Ad Hoc Committee in Response to Resolution 84H-2013: The Ad Hoc Committee was directed to study and evaluate approaches to manage on-going royalty revenue from the ADA Members Insurance Plans. Dr. Lemmo, Ad Hoc Committee chair, presented the Committee’s findings and recommendations to the Board of Trustees along with the following resolution.

B-81. Resolved, that guidelines be developed for a separate reserve for the royalties received from the ADA members Insurance Plans generally consistent with the recommendations of the Board workgroup convened in response to Resolution 84H-2013.
A substitute resolution was proposed that accepts the guidelines suggested by the Committee with a modification to the vote required that would allow the Board to utilize funds in the royalty reserve account. On vote, the Board substituted and subsequently adopted the following resolution.

**B-81-2014. Resolved,** that the Board accepts the following guidelines to establish a separate reserve for the royalties received from the ADA Members Insurance Plans:

- That the royalty revenue generated from the ADA Members Insurance Plans shall, as received by ADA, be set aside in a separate reserve account known as the “royalty reserve.”
- That the royalty reserve is intended to provide a source of additional long-term financial stability to the ADA.
- That the funds in the royalty reserve should, as a primary objective, be allowed to accumulate and grow to a level that will permit the generation of dividends and interest in an amount sufficient to provide the Association with a substantial stream of income.
- That the Board should set a target minimum of $100 million for the accumulation of funds in the royalty reserve to ensure an adequate stream of income.
- That the Board, while acting with a primary intent to maximize the royalty reserve account, shall not be unduly constrained in its ability to utilize some portion of those funds when the use of those funds is necessary or appropriate, in the Board’s judgment as evidence by a vote of the ADA Board of Trustees, to implement essential programs or to limit the need for increases in the dues of the membership.
- That the Board, in deciding to utilize some portion of the royalty amounts received in any given year, should be guided by the objective of ensuring the stability of Association programs, stabilizing dues, and growing the membership market share of the Association.
- That the royalty reserve is not intended to replace a permanent loss of funds or to eliminate an ongoing budget gap.

Dr. Lemmo further commented that a new definition of “dues stabilization” will be developed.

Through Board Report 8 (Study of a Potential Approach to On-Going Royalty Revenue from the ADA Members Insurance Plan) the Board reported to the House on the implementation of Resolution 84H-2013.

**Report 2 of the Board of Trustees to the House of Delegates—2015 Budget** (Worksheet:2000): Dr. Lemmo reviewed the changes made to the budget and Board Report 2, and discussed how surpluses from the previous year’s budget will be managed in the 2015 budget and reported to the House of Delegates. The Board of Trustees reviewed and approved Report 2 and transmitted the following appended resolutions to the House of Delegates.

*Resolution 21—Approval of 2015 Budget* (Worksheet:2036). The Board voted to transmit Resolution 21 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

*Resolution 22—Establishment of 2015 Dues* (Worksheet:2037). The Board voted to transmit Resolution 22 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

**Report 5 of the Board of Trustees to the House of Delegates: Compensation and Contract Relating to the Executive Director** (Worksheet:2043): The Board of Trustees voted to transmit Report 5 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 6 of the Board of Trustees to the House of Delegates: Information Technology Initiatives, Expenditures and Estimated Costs and Anticipated Future Projects** (Worksheet:2045): The Board of Trustees voted to transmit Report 6 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)
Report 7 of the Board of Trustees to the House of Delegates: ADA Pension Plans (Worksheet:2057): The Board of Trustees voted to transmit Report 7 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Report 8 of the Board of Trustees to the House of Delegates: Study of a Potential Approach to On-Going Royalty Revenue (Worksheet:2064): The Board of Trustees voted to transmit Report 8 to the House of Delegates. (Vote: Unanimous)

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

Council on Dental Benefit Programs: Amendment of Policy, Closed Panel Dental Benefit Plans (Worksheet:3000): After extensive discussion the Board voted to postponed definitely consideration of Resolution 4 until the September Board meeting.

Council on Dental Benefit Programs: Amendment of Policy, Medically Necessary Care (Worksheet:3002): The Board of Trustees voted to transmit 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 Practice: Amendment of the ADA Bylaws Regarding the Duties of the Council on Dental Practice (Worksheet:3004): The Board of Trustees voted to transmit Resolution 14 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous).

Eighth Trustee District Resolution 28—Chairside Medical Screenings (Worksheet: 3006): The Board of Trustees voted to transmit Resolution 28 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous).

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

Commission on Dental Accreditation Resolution 1: Revision to the Rules of the Commission on Dental Accreditation to Replace the Name “American Association of Hospital Dentists” With “Special Care Dentistry Association” (Worksheet:4000): The Board of Trustees voted to transmit Resolution 1 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Commission on Dental Accreditation Resolution 2: Amendment of the ADA Bylaws Regarding the Duties of the Commission on Dental Accreditation (Worksheet:4007): The Board of Trustees voted to transmit Resolution 2 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Commission on Dental Accreditation Resolution 3: Amendment of the ADA Bylaws to Give the Commission on Dental Accreditation Authority to Make Editorial Corrections to Its Rules (Worksheet:4009): The Board of Trustees voted to transmit Resolution 3 to the House of Delegates with a recommendation to vote yes. (Vote: 17 Yes: Buckenheimer, Cole, Crowley, Dow, Feinberg, Gounardes, Hagenbruch, Israelson, Jeffers, Kiesling, Kwasny, Scott, Shenkin, Summerhays, Yonemoto, Zenk, Zust; 2 No: Roberts, Stevens; 1 Absent: Fair)

Council on Dental Education and Licensure Resolution 6: Amendment of the Bylaws to Establish the Commission for Continuing Education Provider Recognition and Approval of the Rules of the ADA Commission for Continuing Education Provider Recognition (Worksheet:4011): The Board of Trustees voted to transmit Resolution 6 to the House of Delegates with the following comment and recommendation to vote yes on substitute Resolution 6B. (Vote: 15 Yes: Buckenheimer, Crowley, Dow, Gounardes, Hagenbruch,
The Board believes that provisions should be put in place to review the effectiveness of this new ADA agency to ensure that the Commission for Continuing Education Provider Recognition is periodically assessed, like all ADA councils and commissions per Resolution 1H-2013. The Board recommends that the first assessment of the Commission for Continuing Education Provider Recognition be conducted in five years and that the results of that assessment be provided to the 2019 House of Delegates. Accordingly, the Board urges adoption of the following substitute resolution.

6B. Resolved, that ADA Bylaws be amended as shown in Appendix 1 of the Council on Dental Education and Licensure’s 2014 annual report (Reports:114 and Worksheet:4015) establishing the Commission for Continuing Education Provider Recognition, and be it further
Resolved, that the Rules of the Commission for Continuing Education Provider Recognition as shown in Appendix 2 of the Council on Dental Education and Licensure’s 2014 annual report (Reports:119 and Worksheet:4020) be approved, and be it further
Resolved, that the Board of Trustees conduct a review of the ADA Commission for Continuing Education Provider Recognition in 2019 assessing its effectiveness and report finds to the 2019 House of Delegates, and be it further
Resolved, that Resolution 82H-1996 and Resolution 5H-2007 be rescinded (Worksheet:4014).

Council on Dental Education and Licensure Resolution 7: Amendment of the Bylaws, Duties of the Council on Dental Education and Licensure (Worksheet:4022): The Board of Trustees voted to transmit Resolution 7 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 8: Amendment of the Policy, Development of Alternate Pathways for Dental Hygiene Training (Worksheet:4024): The Board of Trustees voted to transmit 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 Education and Licensure Resolution 9: Amendment of the Criteria for Recognition of a Certification Board for Dental Assistants (Worksheet:4025): The Board of Trustees voted to transmit 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 Education and Licensure Resolution 10: Amendment of the Policy, National Board Certification of Dental Laboratory Technician’s Continued Recognition (Worksheet:4026): The Board of Trustees voted to transmit 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 Education and Licensure Resolution 11: Amendment of the Policy, Recognition of a Certification Board for Dental Assistants (Worksheet: 4027): The Board of Trustees voted to transmit 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 Education and Licensure Resolution 12: Amendment of the Criteria for Approval of a Certification Board for Dental Laboratory Technicians (Worksheet:4030): The Board of Trustees voted to transmit 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 Education and Licensure Resolution 13: Amendment of the Policy, Titles and Descriptions of Dental Hygiene Continuing Education Courses (Worksheet:4032): The Board of Trustees voted to transmit Resolution 13 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)
Joint Commission on National Dental Examinations Resolution 20: Revisions to Standing Rules of the Joint Commission on National Dental Examinations (Worksheet:4034): The Board of Trustees voted to transmit Resolution 20 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

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

Council on Ethics, Bylaws and Judicial Affairs Resolution 15: Amendment of the Guidelines Governing the Conduct of Campaigns for All ADA Offices (Worksheet:5000): The Board of Trustees voted to transmit 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 Ethics, Bylaws and Judicial Affairs Resolution 16: Amendment of the Policy, The Dentist’s Pledge (Worksheet:5003): The Board of Trustees voted to transmit 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 Ethics, Bylaws and Judicial Affairs Resolution 17: Amendment of Chapters XII and XIII of the ADA Bylaws: Procedures for Member Disciplinary Hearing and Appeals (Worksheet:5005): The Board of Trustees voted to transmit 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 Government Affairs Resolution 18: Amendment of the ADA Bylaws Regarding the Duties of the Council on Government Affairs (Worksheet:5028): The Board of Trustees voted to transmit 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 Ethics, Bylaws and Judicial Affairs Supplemental Report 1 to the House of Delegates: Recent Council Activities (Worksheet:5030): The Board received the Council’s Supplemental Report and transmitted the appended resolutions and recommendations to the House of Delegates.

Resolution 23—Amendment of ADA Bylaws Striking “Ex-Officio” (Worksheet:5037). The Board of Trustees voted to transmit Resolution 23 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 24—Amendment to Resolution 88H-2012 to Revise the Composition of the Election Commission (Worksheet:5040). The Board of Trustees voted to transmit Resolution 24 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolutions 25 and 26—Amendment of Chapter XII and XIII of the ADA Bylaws to Add the Option of Non-Disciplinary Sanction (Worksheet:5041; 5042). The Board of Trustees voted to transmit Resolutions 25 and 26 to the House of Delegates with recommendations to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 27—Amendment of Paragraph 5 of the Guidelines Governing the Conduct of Campaigns for All ADA Offices (Worksheet:5043). The Board of Trustees voted to transmit Resolution 27 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Eighth Trustee District Resolution 29: ACA Dentist Exemption From Pediatric Mandate (Worksheet:5044): The Board of Trustees voted to transmit the following comment and substitute resolution to the House of Delegates with a recommendation to vote yes on the substitute. (Vote: Unanimous)
The Board is sympathetic to the dilemma caused by many ACA requirements and supports the intent of the resolution. According to ADA’s Government Affairs staff, while there may be no “net” additional financial implications, some current resources (estimated at about $50,000) will have to be redirected from other ADA legislative initiatives. The Board believes that policy will be a more effective advocacy tool. Accordingly, the Board proposed the following Board substitute.

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

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

Council on Membership Resolution 19: Amendment of Policy on Tripartite Membership Application Procedures (Worksheet:6000): The Board of Trustees voted to transmit Resolution 19 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Miscellaneous House Matters

Report on Nominations to Councils, Commissions and the New Dentist Committee: The Board of Trustees annually submits to the House of Delegates nominations of members of ADA councils, commissions and the Committee on the New Dentist. The Board received a list of nominees to these agencies along with their respective qualifications.

During consideration of the list of nominees, the Board of Trustees was asked to determine if a conflict of interest exists for a nominee to the Council on Members Insurance and Retirement Programs. After considering all information regarding the nominee’s current involvement with insurance related activities at the state level, the Board determined that no conflict exists and by vote supported the nomination.

The Board then considered the nominees for the open position on the Commission on Dental Accreditation. After brief comments regarding the nominees by the nominating trustee, the Board balloted on nominees for the Commission position to begin at the close of the 2015 ADA House of Delegates. The Board selected Dr. Loren Feldner as the nominee for the Commission on Dental Accreditation. Without objection, the Board accepted the slate of nominees and vote to transmit the following resolution to the House of Delegates (Worksheet:1022). (Vote: Unanimous)

30. 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 100H) 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 the New Dentist Committee. Board Report 1 also acknowledges the selection of the recipient of the 2014 Distinguished Service Award; the election of 2014 Honorary Members; recognition of retiring officers and members of the Board of Trustees and retiring ADA council, commission and New Dentist Committee members; and recognition of ADA staff employment anniversaries. An informational update on the ADA Institute for Diversity in Leadership was provided, as well as a response to Resolution 5H-2013 (Trans.2013:332), regarding expanding research efforts in the area of dental education financing provided by the Health Policy Institute. (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous.)
Annual Reports

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

- Council on Access, Prevention and Interprofessional Relations
- Council on ADA Sessions
- Council on Communications
- Commission on Dental Accreditation
- Council on Dental Benefit Programs
- Council on Dental Education and Licensure
- Council on Dental Practice
- Council on 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.

Attorney-Client Sessions

Monday, July 28, 2014: An attorney-client session of the Board of Trustees was held on Monday, July 28, 2014, to allow the General Counsel to provide advice on pending litigation and legal matters of interest to the Association. The session began at 2:10 p.m. in the Board Room of the ADA Headquarters Building, Chicago, and adjourned at 4:53 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 and the Deputies General Counsel, Cathryn Albrecht, ADA Senior Associate General Counsel, and outside legal counsel Camille A. Olson and Annette Tyman of Seyfarth Shaw LLP. Dr. Hal Fair was not in attendance.

Report of the Division of Legal Affairs: Summary of Litigation and Other Matters: The General Counsel presented this report during the July 28 Attorney-Client session.

Tuesday, July 29, 2014: An attorney-client session of the Board of Trustees was held on Tuesday, July 29, 2014, with the officers and members of the Board of Trustees, the Speaker of the House of Delegates, the Executive Director, the General Counsel, and the Deputies General Counsel in attendance. The session began at 10:52 a.m. in the Board Room of the ADA Headquarters Building, Chicago, and adjourned at 11:10 a.m. Dr. Maxine Feinberg, Dr. Jeffrey Dow and Dr. Hal Fair were not in attendance.

Adjournment

Without objection, the fifth regular meeting of the Board of Trustees adjourned sine die at 11:00 a.m. on Tuesday, July 29, 2014.
Appendix 1. Social Media Protocol for ADA Officers and Trustees

ADA Volunteer Leaders should be mindful that even when posting on personal social media properties, whether public or private, their comments may be perceived as representing the ADA. That’s because whether elected or appointed, ADA volunteer leaders have a fiduciary duty to the ADA. The Council on Communications is willing and able to provide additional information to the Board.

As an Officer or Trustee you should give careful consideration to what you post on your social media properties, especially because it’s likely to be public and findable via online searches -- unless you specifically set the privacy settings to be otherwise, and even then you can’t necessarily rely on the privacy settings to assure such limited distribution. Assume that anything you post will receive wider distribution than you intended. In any event, if you post on social media publicly or privately, your posts, “likes,” “re-tweets” or comments may be perceived as representative of the ADA. We ask that all volunteer leaders abide by the protocol outlined in this document, as well as that they honor their fiduciary obligations to the ADA. Note, these obligations may determine what an ADA leader can or cannot share or respond to via a social network. When in doubt, please contact the ADA’s Department of Public and Professional Communications at 312-440-2701 or the ADA Division of Legal Affairs for guidance on how/if to post.

Whose page is it?

If you chose to open a Facebook page or another kind of social channel, you should clearly identify it as your individual page, and not the ADA’s. You are welcome to identify yourself as an Officer or Trustee, and to share content posted by the ADA, but it should be clear that the page is your own and not an ADA social media property.

Officer and Trustee Fiduciary Duty and Social Media

While all your fiduciary duties to the ADA (see Appendix 1) apply with respect to your Facebook page or other social media properties, a few of these duties merit special attention:

- **Loyalty/Confidentiality.** You must maintain in confidence whatever information the ADA regards and treats as confidential. If you have any doubt whatsoever as to whether an intended post will (directly or even indirectly) reveal ADA confidential information, you should (before posting) inquire of ADA Communications or Legal Affairs.

- **Obedience.** An Officer’s or Trustee’s duty of obedience requires that you support any duly reached decision (e.g. conclusion on an issue) of the Board of Trustees. The Board’s decision becomes the decision of the group as a whole and Officers and Trustees should refrain from any action (e.g. posting of a disparaging comment on the Board’s decision) which may be perceived to undermine the decisions of the Board as a whole.

- **Care.** Your duty to act in the best interest of the ADA requires that statements you post concerning matters of ADA concern be made with the care that a prudent person would exercise and in a manner reasonably believed to be in the best interests of the association. Thus, a statement appearing to support a potential violation of antitrust laws would likely not meet this standard. Once again, if you have any doubt whatsoever as to whether an intended post might violate this duty, you should (before posting) inquire of ADA Communications or Legal Affairs.

Social Media Posting Protocol

Our Professional Conduct Policy requires all volunteers to conduct themselves with courtesy, consideration and professionalism in their business dealings.

1. **Be positive and engaging.** It is important that social media 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. Additionally, Officers or Trustees must always act in the
ADA’s best interest when posting or commenting over the interests of any single ADA member or district.

2. **Be Mindful.** Avoid using unprofessional, disagreeable or offensive online personas. Be sensitive to topics that may be considered objectionable or inflammatory—and 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 or post confidential or proprietary information about the ADA or its members, employees, vendors, and other health organizations, including private information about individuals. All volunteer leaders must maintain in confidence whatever information the ADA regards and treats as confidential and be mindful not to disclose business information of the Association that might put the Association at a commercial, competitive or financial disadvantage.

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 ADA Officer or Trustee it is imperative that you make every effort possible to not only confirm that your posts are accurate and not misleading, but that they do not violate your fiduciary responsibility to the ADA in any way. If there is a question, please contact the ADA’s Department of Public and Professional Communications at 312-440-2701 for guidance on how/if to post/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 that as long as you are an Officer or Trustee it may be publicly perceived that you are speaking on behalf of the ADA when you post about anything dentistry related. With this in mind, 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. **Always disclose your affiliation with the ADA.** It’s important to be transparent and open about your affiliation with the ADA when you post or comment on anything industry related.

10. **Avoid conflicts of interest.** It is essential that you recognize and avoid posts and social media conversations that present an actual or potential conflict of interest, or a situation that might give the appearance of being a conflict of interest.

*Adopted July 2014 by ADA Board of Trustees*
Appendix 2. List of Approved Consultants by Agency

Council on Dental Education and Licensure

Ackley, Eva F., D.M.D., New Port Richie, FL (CERP)
Becker, Daniel E., D.D.S., Dayton, OH (Anesthesiology)
Beitel, Brian A., D. D.S., Huntsville, AL (CERP)
Brown, David T., D.D.S., Indianapolis (CERP)
Carter, Laurie C., D.D.S., Richmond, VA (CERP)
Chehal, Hardeep K., B.D.S., Omaha, NE (CERP)
Crowley, Karen E., D.D.S., Londonderry, NH (Anesthesiology)
Cuddy, Michael, D.M.D., Pittsburgh (Anesthesiology)
Dingeldey, Carol J., C.A.E., Southington, CT (CERP)
Dixon, Debra, D.M.D., M.S.D., Alton, IL (CERP)
Edwards, Michael, D.M.D., Wedowee, AL (Anesthesiology)
Ellis, Michael L., D.D.S., Dallas (Anesthesiology)
Felsenfeld, Alan L., D.D.S., Los Angeles (CERP)
Filer, Steven J., D.D.S., Birmingham, AL (Dental Admission Test)
Fiorellini, Joseph P., D.M.D., Philadelphia, PA (CERP)
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)
Herlich, Andrew, D.M.D., M.D., Pittsburgh (Anesthesiology)
Howell, Ralph, Jr., D.D.S., Suffolk, VA (CERP)
Hutten, Mark, D.D.S., M.S., Chicago (CERP)
Kirkpatrick, Timothy C., D.D.S., Helotes, TX (CERP)
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)
Leary, Paul R., D.M.D., Smithtown, NY (CERP)
McCants, Jennifer B., D.D.S., M.S.D., Louisville, KY (Dental Admission Test)
Merin, Robert L., D.D.S., Woodland Hills, CA (Anesthesiology)
Miller, Jade A., D.D.S., Reno, NV (Education and Licensure)
Palmer, Lawrence, D.D.S., Rochester Hills, MI (Anesthesiology)
Perry, Stephanie, M. Ed., Augusta, GA (Dental Admission Test)
Peskin, Robert M., D.D.S., Garden City, NY (Anesthesiology)
Phero, James C., D.M.D., Cincinnati, OH (Anesthesiology)
Ramos, Mario E., D.M.D., Midland Park, NJ (CERP)
Rayner, Clive B., D.M.D., Orange Park, FL (Anesthesiology)
Reed, Kenneth L., D.M.D., Tuscon, AZ (Anesthesiology)
Reich, Lewis, O.D., Ph.D., Memphis, TN (Dental Admission Test Committee)
Rosenberg, Morton B., D.M.D., Boston (Anesthesiology)
Rowan, Sean Z., M.A., Pomona, CA (Dental Admission Test)
Sameroff, Jeffrey, D.M.D., Pottstown, PA (Online Editorial Board)
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)
Stevens, Roy L., D.D.S., Oklahoma City (Anesthesiology)
Steiner, Ann, D.D.S., Loma Linda, CA (CERP)
Stenberg, Donna J., D.D.S., Stillwater, MN (Education and Licensure)
Stewart, Jeffrey, D.D.S., M.S., Portland, OR (Recognition/Specialties and Interest Areas in General Dentistry)
Stillwell, K. David, D.D.S., Birmingham, AL (Anesthesiology)
Swan, Euan, D.D.S., D.D.P.H., Ottawa, Canada (Dental Admission Test)
Tan, Peter M., D.D.S., Frederick, MD (Anesthesiology)
Tavares, Mary, D.M.D., M.P.H., Boston (CERP)
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)
Treadway, Antwan L., D.M.D., Austell, GA (Anesthesiology)
Venezie, Ronald D., D.D.S., Apex, NC (Education/Licensure)
Weaver, Joel, D.D.S., Ph.D., Westerville, OH (Anesthesiology)
Wheeler, Timothy T., D.M.D., Gainesville, FL (CERP)

Joint Commission on National Dental Examinations

Cizek, Gregory J., Ph.D., Chapel Hill, NC
Downing, Steven M., Ph.D., Chicago
Gerrow, Jack, D.D.S., M.S., MEd, Cert Pros, Ottawa, Canada
Gierl, Mark J., Ph.D., Alberta, Canada
Haladyna, Thomas, Ph.D., Phoenix, AZ
Kane, Michael T., Ph.D., Princeton, NJ
Littlefield, John H., Ph.D., Austin, TX
Minutes of the Board of Trustees

September 18–20, 2014
Headquarters Building, Chicago

Call to Order: The sixth regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Charles H. Norman, president, on Thursday, September 18, 2014, at 8:02 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.

Dr. Jeff Dow was absent from the meeting after mid-morning, September 18.

Guests in attendance for a portion or portions of the meeting included: Dr. Michael Glick, editor, The Journal of the American Dental Association; Dr. David Schirmer, member, Council on Access, Prevention and Interprofessional Relations; Mr. Lendy Pridgen, director, American Optometric Association Third Party Center; and Mr. Rodney Peele, associate director, Regulatory Policy and Outreach, American Optometric Association.

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, 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; Kenneth Ohr, chief communications officer; David Preble, vice president, Practice Institute; Bill Robinson, vice president, Member and Client Services; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujicic, managing vice president, Health Research Institute; 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: Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; 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; Lalita Pittman, senior manager, Office of the Executive Director/Officer Services; and Wendy J. Wils, Esq., deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

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

Preliminary

Approval of Agenda and Consent Items

Approval of Agenda. Dr. Norman asked if there were any items of new business. Dr. Roberts noted the addition of an oral report on the NASCAR and GKAS event he attended and Dr. Hagenbruch requested an
oral update on Testing Services from Dr. Ziebert. In addition, Dr. Norman announced that, without objection, two discussion items will be removed from the agenda—Choosing Wisely Website and Role of Trustee Liaisons. On vote, the agenda, as amended, was adopted by the Board of Trustees.

**B-95-2014.** Resolved, that the agenda, as amended, be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

**Approval of Consent Calendar.** Dr. Norman reviewed the list of proposed consent items; several items were removed from the consent calendar. The consent agenda, as amended, was approved.

**B-96-2014.** Resolved, that the resolutions contained on the amended Consent Calendar for Board of Trustees consideration be approved and reports be filed, and be it further

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

**Approval of Minutes of the July 2014 Meeting of the Board of Trustees:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-97-2014.** Resolved, that the minutes of the July 27-29, 2014, meeting of the Board of Trustees be approved.

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

**Report of the Audit Committee:** On behalf of the Audit Committee, Dr. Roger Kiesling, chair, presented the report of the Committee’s September 17, 2014, meeting. The report identified the major topics discussed, reports received and actions taken.

Referral of Resolutions B-89 and B-90. The Audit Committee reported on its consideration of Resolutions B-89 and B-90 which were referred to the Committee by the Board during the July Board meeting. In accordance with the authority given to the Committee by the Board of Trustees, the Committee unanimously adopted the following amendments to its charter which will be reflected in the *Organization and Rules of the Board of Trustees*.

Resolved, that the duties of the Audit Committee enumerated in the Committee’s charter be revised as shown below, with the remaining duties being renumbered accordingly (additions underscored; deletions stricken through):

4. Provide oversight of the conduct of activities of the internal and external auditors and retained tax advisors.

5. Provide oversight of the assistance provided to the auditors and tax advisors by the management and staff of the Association during the audit and tax preparation processes.

5.6. Review all material written communications between auditors and management such as management letters or schedule of unadjusted differences.

4.7. Review with the external auditors, the internal auditors and the CFO the audit scope and plans of the respective internal auditors and coordinate audit efforts to avoid redundancies, while still maintaining completeness of coverage.

4.8. Receive reports from the respective auditors and tax advisors on Review with management and the external auditors the ADA’s annual financial statements and related footnotes, the auditors’ reports, Form 990s, other regulatory reports and judgment of the external auditor with regards to the
accounting principles as applied to the ADA’s financial reporting and to review that information with management.

ADA Employee Retirement Trust. Dr. Kiesling moved Resolution B-128 on behalf of the Committee; on vote, the Board of Trustees adopted the following resolution.

**B-128-2014. Resolved,** that the audited consolidated financial statement and supplemental schedule of the ADA Employee Retirement Trust dated December 31, 2013, are approved and released for posting.

ADA Employee Savings and Thrift Pension Plan. Dr. Kiesling moved Resolution B-129 on behalf of the Committee; on vote, the Board of Trustees adopted the following resolution.

**B-129-2014. Resolved,** that the audited consolidated financial statement and supplemental schedule of the ADA Employee Savings and Thrift Pension Plan dated December 31, 2013, are approved and released for posting.

Report of the Budget and Finance Committee: Dr. Steven Gounardes, Committee chair, presented the report of the Committee’s September 17, 2014 meeting. The report identified the major topics discussed, reports received and actions taken.

Power of 3 Data Management Process Improvement Project. The Committee reviewed Resolution B-112 presented by the Division of Member and Client Services (see page 383). On behalf of the Committee, Dr. Gounardes moved to amend Resolution B-112; the amendments were adopted and on vote, the Board of Trustees adopted Resolution B-112 as amended (additional are underscored; deletions struck through).

**B-112-2014. Resolved,** that up to $150,000 be appropriated from the ADA Reserve Fund to cover a consulting project to identify and establish consistent business processes and data definitions for accurate membership in the database across the national, state and local dental associations, with $70,000 to be appropriated from the 2014 Contingent Fund and up to $80,000 to be appropriated from the ADA Reserve Fund in 2015.

Dues Stabilization. On behalf of the Committee, Dr. Gounardes moved Resolution B-121. Dr. Lemmo provided comments on the development of this Board policy. A motion was made to amend Resolution B-122 by addition of a final resolving clause that reads:

**Resolved,** that the Board Rules Subcommittee is encouraged to study the background statements relating to dues stabilization and make recommendations to amend the rule by adding background that it deems appropriate.

On vote, the proposed amendment was adopted. On vote, Resolution B-121 as amended was adopted by the Board of Trustees.

**B-121-2014. Resolved,** that the paragraphs on “Long Term Financial Strategies” of the Organization and Rules of the Board of Trustees (page 23), be amended to read as follows (new language underscored and deleted language stricken):

**LONG-TERM FINANCIAL STRATEGY**

The ADA Board shall plan and manage the Association finances with the following guiding principles in a manner that:

- Ensures the long term sustainability of the Association.
- Improves the value that members receive per dollar of membership dues they pay.
- Minimizes volatility in membership dues (to support dues stabilization).
The ADA’s financial decisions should be based on an integrated approach that balances all of these goals over multi-year timeframes.

**Dues Stabilization:** The Board shall develop annual budgets and manage the Association’s finances and reserves in accordance with the goal of long-term financial and operational stability for the Association, taking into account guiding principles as outlined above and the ADA’s current strategic plan objectives. The delivery of member value focused on critical market segments that support full dues paying members should increase ADA membership. This focus on satisfying member needs, combined with the efficient use of resources, including the generation of non-dues revenue, should generate positive financial results to support more stable and less volatile dues rates. This overall long term financial strategy should ensure a sustainable association business model for future generations of dentists. 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.

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.

and be it further

**Resolved,** that the Board Rules Subcommittee is encouraged to study the background statements relating to dues stabilization and make recommendations to amend the rule by adding background that it deems appropriate.

**Royalty Reserve.** On behalf of the Committee, Dr. Gounardes moved Resolution B-122; on vote, the following resolution was adopted by the Board of Trustees.

**B-122-2014. Resolved,** that $6,269,860, the actual amount of Term Life Plan 2012 unallocated surplus received as a royalty in 2013, be transferred from ADA Long Term Reserves to the new Royalty Reserve Account.

**Report of the Compensation Committee:** Dr. Carol Summerhays, Committee chair, presented the report of the Committee’s September 17, 2014 meeting. The report identified the major topics discussed, reports received and actions taken.

**Report of the Diversity and Inclusion Committee:** Dr. Steven Gounardes, Committee chair, presented the report of the Committee’s September 17, 2014 meeting. The report identified the major topics discussed, reports received and actions taken.

**Diversity and Inclusion Committee, Composition and Term.** On behalf of the Committee, Dr. Gounardes moved Resolution B-130, which presents a recommendation to include an ADA vice president on the committee. On vote, the Board of Trustees adopted the following resolution.

**B-130-2014. Resolved,** that the paragraphs on “Composition” and “Term” of the Committee on Diversity and Inclusion as set forth in the **Organization and Rules of the Board of Trustees** be amended as follows (new language underscored):

**Composition.** The Committee on Diversity and Inclusion shall consist of four trustees, one from each class, with the senior member of the Committee serving as the chair, a vice president, and three alumni of the Institute for Diversity in Leadership nominated by the Diversity and Inclusion Committee, and appointment by the President.
Term. To ensure continuity, the term of service for the trustee members shall be four years. The term of service of the vice president shall be one year unless otherwise determined. The term of service for the three alumni of the Institute for Diversity in Leadership shall be staggered three year terms.

Report of the Governance Committee: Dr. Carol Summerhayes, Committee chair, presented the report of the Committee’s September 17, 2014 meeting. The report identified the major topics discussed, reports received and actions taken.

Travel by President and President-elect Spouses. Dr. Summerhayes moved, on behalf of the Committee, Resolution B-123; on vote, the Board of Trustees adopted the following resolution.

B-123-2014. Resolved, that travel for spouses of the President and President-elect be funded for all functions for which the ADA provides funding for the officer, and be it further Resolved, that this provision relating to spouse travel for the President and President-elect be included in the officer contracts not in the Board Rules, and be it further Resolved, that the Governance Committee is authorized to make conforming amendments to the Board Rules.

Terms of House Members on Board Committees. Dr. Summerhayes moved on behalf of the Committee Resolution B-124; on vote, the Board of Trustees adopted the following resolution.

B-124-2014. Resolved, that House of Delegates members on Board Committees be appointed for one-year terms with the possibility of reappointment for up to four terms on a committee, and be it further Resolved, that the Governance Committee is authorized to make conforming amendments to the Board Rules.

Disposition of Referred Resolutions. At the July Board meeting, the Board referred to the Governance Committee the following resolutions submitted by the New Dentist Committee (July Board Minutes, page 358):

Resolution B-77—Invitation to New Dentist Committee (NDC) Representative at Meetings of the Board of Trustees
Resolution B-78—Appointment of NDC Ex Officio Members to ADA Councils and Agencies
Resolution B-79—Approval of NDC Goals and Success Measures

On behalf of the Committee, Dr. Summerhayes moved Resolution B-78 with a recommendation that it not be adopted. On vote, Resolution B-78 was not adopted.

On behalf of the Committee, Dr. Summerhayes moved Resolution B-79 with a recommendation that it not be adopted. On vote, Resolution B-79 was not adopted.

On behalf of the Committee, Dr. Summerhayes moved Resolution B-125 as a substitute for Resolution B-77. On vote, the Board of Trustees approved substitution and adopted the following resolution.

B-125-2014. Resolved, that the draft Charter of the New Dentist Committee as attached to the Report of the Governance Committee submitted to the September 2014 Board of Trustees be approved and placed in the Organization and Rules of the Board of Trustees.

Note. The Charter of the New Dentist Committee appears in Appendix 1.

Annual Board Committee Training. Dr. Summerhayes moved Resolution B-126 on behalf of the Committee; on vote, the following resolution was adopted.

B-126-2014. Resolved, that the annual training provided by any Board Committee for its members be open to all Board members.
Reports on Council Subcommittees. Dr. Summerhays moved Resolution B-127 on behalf of the Committee; on vote, the Board of Trustees adopted the following resolution.

**B-127-2014. Resolved**, that the *Standing Rules for Councils and Commissions*, page 7, last paragraph referencing Subcommittees be amended as follows (additions underscored, and deletions stricken-through):

> When a structural change is made to a council or commission, an informational report containing a list of subcommittees accompanied by a justification of need together with a definition of the subcommittee’s role and function must be submitted annually to the Executive Director of the Association for periodic review by the Board of Trustees. While subcommittees are structured to include council/commission members, they also may include approved consultants to assist the subcommittee in developing a recommendation for full council/commission action. Only those consultants who are subject matter experts, not organizational representatives, shall be permitted to vote on subcommittee matters.

and be it further **Resolved**, that this change be incorporated in the next update to the *Standing Rules for Councils and Commissions* publication and distributed to the appropriate volunteers and staff.

Voting Privileges of the Chair of the Board of Trustees. The Committee proposed for the Board’s consideration and possible transmittal to the House of Delegates a resolution to amend the ADA Bylaws regarding the voting privileges of the Chair of the Board of Trustees (see Resolution 102 on page 397).

Report of the Information Technology Committee: Dr. Joseph Hagenbruch, Committee chair, presented the report of the Committee’s September 16, 2014, meeting. The report identified the major topics discussed, reports received and actions taken.

Reports and Resolutions to the Board of Trustees

Communications and Marketing

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

**B-99-2014. Resolved**, that the following ADA member dentists be approved as national ADA spokespersons from the conclusion of the 2014 annual meeting to the conclusion of the 2015 annual meeting.

**Consumer Advisors**
- Alice G. Boghosian, D.D.S., Niles, IL
- Ada S. Cooper, D.D.S., New York, NY
- Sally Cram, D.D.S., Washington, DC
- Ana Ferraz-Dougherty, D.M.D., San Antonio, TX (Bilingual)
- Kimberly A. Harms, D.D.S., Bloomington, MN
- Edmond R. Hewlett, D.D.S., Los Angeles, CA (Action for Dental Health, safety net)
- Maria Lopez Howell, D.D.S., New Braunfels, TX
- Matthew Messina, D.D.S., Fairview Park, OH
- Richard Price, D.M.D., Waban, MA
- 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)
- Gregory N. Connolly, D.M.D., Boston, MA (Tobacco)
Terry Dickinson, D.D.S., Richmond, VA (Access, Action for Dental Health, Missions of Mercy)
Terence E. Donovan, D.D.S., Chapel Hill, NC (Dental Materials)
E. Jane Gillette, D.D.S., Bozeman, MT (Science/EBD)
Mary J. Hayes, D.D.S., Chicago, IL (Pediatric Dentistry)
Monica Hebl, D.D.S., Milwaukee, WI (Action for Dental Health)
Anthony Iacopino, D.M.D., Winnipeg, Manitoba, Canada (Geriatric Oral Health, Fluoridation)
Marjorie K. Jeffcoat, D.M.D., Philadelphia, PA (Periodontics)
J. David Johnson, Jr., D.D.S., Oak Ridge, TN (Oral & Maxillofacial Surgery)
Judith Ann Jones, D.D.S., Billerica, MA (Action for Dental Health, Eldercare)
J. Robert Kelly, D.D.S., M.S., DMedSc, Farmington, CT (Dental Materials)
J. Rodway Mackert, D.M.D., Ph.D., Augusta, GA (Dental Amalgam)
John A. Molinari, Ph.D., Northville, MI (Infection Control/Dental Unit Water Lines)
Jeff Morley, D.D.S., Fairfax, CA (Cosmetic Dentistry)
Robert M. Pick, D.D.S., Chicago, IL (Lasers/Dental Implants)
Howard F. Pollick, D.D.S., M.P.H., San Francisco, CA (Action for Dental Health, Fluoridation)
Lindsey A. Robinson, D.D.S., Grass Valley, CA (Access)
Brian Schmidt, D.D.S., New York, NY (Oral Cancer)
Steven E. Schonfeld, D.D.S., Eureka, CA, (Fluoridation)
Guy Shampaine, D.D.S., Pompano Beach, FL, (Anesthesia)
Sol Silverman, Jr., D.D.S., San Francisco, CA (Oral Cancer/HIV)
Heber Simmons, Jr., D.D.S., Jackson, MS (Pediatric Dentistry)
Susan Tiede, D.D.S., Missoula, MT (Fluoridation)
Joel Weaver, D.D.S., Ph.D., Columbus, OH (Anesthesia)

Report of the Council on Communications: Social Media Posting Protocol for ADA Spokespersons:
The Board of Trustees adopted the following resolution (consent calendar item).

B-98-2014. Resolved, that the proposed ADA Social Media Protocol for ADA spokespersons be adopted, and be it further
Resolved, that the existing Guidelines for National Spokespersons be amended to include the ADA Social Media Protocol for ADA spokespersons.

Note. The ADA Social Media Protocol for ADA Spokespersons appears in Appendix 2; the amended Guidelines for National Spokespersons appear in Appendix 3.

Conferences and Continuing Education

Report of the Divisions of Conferences and Continuing Education, Communications and Marketing, and Business and Publishing: ADA Video Studio Progress Update: This report provided a brief progress update on the implementation of the ADA’s in-house video studio (consent calendar item).


Education/Professional Affairs

Report of the Workgroup on ADA/CODA Relationship: The Workgroup reported on the July 30 meeting between ADA and CODA representatives. This meeting provided an opportunity for an open dialogue on issues, with no specific charge or expected outcome. Dr. Kiesling, co-chair of the Workgroup, presented the report. In order to continue the communication process between ADA and CODA, the following resolution was proposed and on vote, was adopted by the Board of Trustees.
B-131-2014. Resolved, that the Board of Trustees recommends that the President appoint a joint ADA/CODA Workgroup for the purpose of continuing open discussions on financial and governance issues and other matters, as needed.

Additionally, it was suggested that the timing of the meeting continue to follow the June Board meeting, since the CODA Chair traditionally makes a presentation to the full Board at that time.

Report of the Commission on Dental Accreditation (CODA) and the Joint Commission on National Dental Examinations (JCNDE) on the Utilization of Research and Development Funds: CODA and JCNDE presented a joint request to grant the agencies authority to expend research and development (R&D) funds without Board review and approval. Additionally, the agencies requested that the cap on R&D funds be eliminated. The report provided the reasons for these requests and described how excess research and development fund balances could be channeled towards reducing existing fees. The Budget and Finance Committee in its report recommended an amendment to Resolution B-109 that adds the following as a new third resolving clause.

and be it further

Resolved, that the Commission on Dental Accreditation and Joint Commission on National Dental Examinations annually report all receipts and disbursements from the R&D Fund to the Board of Trustees.

Hearing no objections, the amendment proposed by the Budget and Finance Committee was accepted.

A motion was made to further amend Resolution B-109 after the third resolving clause, by the addition of the following:

and be it further

Resolved, that this reporting should include a summary for each liability account as follows:

a. Beginning balance
b. Additions to the liability account (new fees collected during the period)
c. Detail of authorized projects, including resolution #
d. Spending against those projects
e. Ending balance, plus
f. Estimates for long-term needs (based on annual estimates to justify funding and address concerns of the Board, about the size and use of major capital reserve account)

and be it further

Resolved, that full disclosure of CODA and Joint Commission on National Dental Examinations reserves held as liability by the ADA is intended to provide proper oversight of these funds.

The Treasurer noted that in letter "f" the reference to a "major capital reserve account" was not correct; the maker of the amendment approved striking the words "about the size and use of major capital reserve account." Hearing no objections, the amendment was accepted. On vote, the Board of Trustees adopted Resolution B-109 as amended.

Following adoption of Resolution B-109, a motion was made to reconsider Resolution B-109 to allow each request to be considered separately; on vote, the motion to reconsider B-109 as amended was adopted.

A motion was made to divide Resolution B-109 for the purpose of having individual resolutions for the Commission on Dental Accreditation and the Joint Commission on National Dental Examinations. A change was suggested in the wording of letter "c" (striking the words "including resolution #"); the change was accepted by the maker of the original amendment. On vote, the Board of Trustees adopted Resolution B-109a pertaining to the Commission on Dental Accreditation.
B-109a-2014. Resolved, that the cap on Research and Development funds of the Commission on Dental Accreditation be eliminated, and be it further

Resolved, that the Commission on Dental Accreditation be granted the authority to expend Research and Development funds without the need to submit Commission-planned R&D Fund expenditures to the ADA Board of Trustees for its review and approval, and be it further

Resolved, that the Commission on Dental Accreditation annually report all receipts and disbursements from the R&D Fund to the Board of Trustees, and be it further

Resolved, that this reporting should include a summary for each liability account as follows:

a. Beginning Balance
b. Additions to the liability account (new fees collected during the period)
c. Detail of authorized projects
d. Spending against those projects
e. Ending Balance, plus
f. Estimates for long-term needs (based on annual estimates to justify funding and address concerns of the Board)

and be it further

Resolved, that full disclosure of Commission on Dental Accreditation reserves held as liabilities by the ADA is intended to provide proper oversight of these funds.

On vote, the Board of Trustees adopted Resolution B-109b pertaining to the Joint Commission on National Dental Examinations.

B-109b-2014. Resolved, that the cap on Research and Development funds of the Joint Commission on National Dental Examinations be eliminated, and it further

Resolved, that the Joint Commission on National Dental Examinations be granted the authority to expend Research and Development funds without the need to submit Commission-planned R&D Fund expenditures to the ADA Board of Trustees for its review and approval, and be it further

Resolved, that the Joint Commission on National Dental Examinations annually report all receipts and disbursements from the R&D Fund to the Board of Trustees, and be it further

Resolved, that this reporting should include a summary for each liability account as follows:

a. Beginning Balance
b. Additions to the liability account (new fees collected during the period)
c. Detail of authorized projects
d. Spending against those projects,
e. Ending Balance, plus
f. Estimates for long-term needs (based on annual estimates to justify funding and address concerns of the Board)

and be it further

Resolved, that full disclosure of Joint Commission on National Dental Accreditation reserves held as liabilities by the ADA is intended to provide proper oversight of these funds.

Report of the Council on Dental Education and Licensure: Recommendations Related to Dental Education and the Future of Dentistry: Following the presentation made by Dr. Dolan, chair, Council on Dental Education and Licensure, the Board of Trustees considered the Council’s report and resolution. On vote, the Board adopted the following resolution.

B-110-2014. Resolved, that ADA Board of Trustees explore with appropriate ADA agencies, the need for a “Future of Dentistry” study by 2020 to analyze dentistry’s role in the future health system, including implications for the role of dentists and allied dental personnel, dental practice models, and dental education models.
Report of the Library and Archives Advisory Board: Dr. Hagenbruch presented the report of the Advisory Board and presented the following resolutions:

Review of Affiliate Membership Category. Dr. Hagenbruch moved Resolution B-113; on vote the Board of Trustees adopted the following resolution:

**B-113-2014. Resolved,** that the Council on Membership and the ADA Division of Global Affairs review the ADA affiliate membership category to more accurately reflect the value of services and products available to affiliate members and the appropriate annual dues.

Request for Materials for Archives. Dr. Hagenbruch moved Resolution B-114; on vote the Board of Trustees adopted the following resolution:

**B-114-2014. Resolved,** that ADA Publishing and all ADA agencies and departments submit two (2) copies of each publication in all available formats, including but not exclusive of: books, brochures, forms, kits (compliance, training, communications), manuals (compliance, training, conference), pamphlets, practical guides, reports, surveys, etc., to the Library and Archives Department on an annual basis.

2014 Annual Report of the Library and Archives Board. Dr. Hagenbruch moved Resolution B-115 was adopted by the Board of Trustees.


Report of the Task Force on Dental Therapy Education Accreditation Standards: Dr. Hagenbruch presented the report of Board Task Force. This group was charged with reviewing the proposed accreditation standards for dental therapy education programs, and providing talking points and recommendations to the Board for communication to the Council on Dental Education and Licensure at its November 2014 meeting and transmission to CODA during the open comment period. Changes to the proposed accreditation standards recommended by the Task Force were reviewed by the Board.

Following discussion, a request was made to include the ADA policy in the key issues section of the Appendix 3 document. Additionally, a motion was made and adopted to amend both Resolution B-116 and B-117 by addition of the phrase “while the American Dental Association policy does not support the dental therapist model of care”. On vote, Resolution B-116, as amended, was adopted.

**B-116-2014. Resolved,** that, while the American Dental Association policy does not support the dental therapist model of care, the recommended revisions to the Accreditation Standards for Dental Therapy Education Programs set forth in Appendix 2 (of the Report of the Task Force on Dental Therapy Education Accreditation Standards) be forwarded to the Commission on Dental Accreditation and the Council on Dental Education and Licensure.

On vote, Resolution B-117, as amended, was adopted.

**B-117-2014. Resolved,** that, while the American Dental Association policy does not support the dental therapist model of care, the background and context for the revisions to the Accreditation Standards for Dental Therapy Education Programs as set forth in Appendix 3 (of the Report of the Task Force on Dental Therapy Education Accreditation Standards) be disseminated to the members of CDEL prior to its open hearing at the ADA 2014, America’s Dental Meeting.

Finance and Operations

**Informational Report on the Status of the 2014 Operating Contingent Fund:** A Contingent Fund of $1 million was authorized in the 2014 budget. Through the July 2014 Board meeting, total supplemental requests were approved totaling $1,016,000; leaving a deficit balance of ($16,100) (consent calendar item).
Government and Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: Mr. Graham gave a general overview of activities occurring at the state and federal level and the division’s activities addressing issues such as: student loan refinancing and interest deduction legislation; the sunshine provision of the Affordable Care Act (also known as Open Payments); Medicaid Part D rule; and Children’s Health Insurance Program (CHIP) reauthorization.

National Advisory Committee on Health Literacy in Dentistry (NACHILD) Meeting: Dr. Roy Thompson, chair of the Council on Access, Prevention and Interprofessional Relations, through a letter to Dr. Norman, requested funding of $10,000 to help cover costs of the meeting that CAPIR will be convening October 28, 2014. It was noted that the Board of Trustees has established a $20,000 minimum for Contingent Fund requests and that any funds requested below that amount should be managed internally by the applicable division (Res. B-22-2013; Trans.2013:158).

Member and Client Services

Council on Members Insurance and Retirement Programs: ADA Members Insurance Plans 2015 Premium Credit and Royalty Revenue Recommendations: The Budget and Finance Committee reviewed Resolutions B-101 through B-108 and recommended their adoption. Dr. Summerhays, liaison to the Council, presented the resolutions; each resolution was adopted without discussion.

B-101-2014. Resolved, that a 55% premium credit effective January 1, 2015, for participants in the Life Insurance Plans as proposed by Great-West Financial, validated by Milliman Inc. and recommended by the Council on Members Insurance and Retirement Programs, is hereby approved.

B-102-2014. Resolved, that a 35% premium credit effective November 1, 2014, for participants in the Disability 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, be approved.

B-103-2014. Resolved, that a 47% premium credit effective February 1, 2015, 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, be approved.

B-104-2014. Resolved, that a 45% premium credit effective October 1, 2014, 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, is hereby approved.

B-105-2014. Resolved, that a royalty distribution of $5.9 million to ADA in 2015 from the Life Insurance Plans, as proposed by Great-West Financial, validated by Milliman Inc. and recommended by the Council on Members Insurance and Retirement Programs, is hereby approved, said distribution to be paid to the American Dental Association as soon as practicable after January 1, 2015.

B-106-2014. Resolved, that no royalty distribution be made to ADA in 2015 from the Disability 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.

B-107-2014. Resolved, that a royalty distribution of $1.2 million to ADA in 2015 from 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, is hereby approved, said distribution to be paid to the American Dental Association as soon as practicable after January 1, 2015.

B-108-2014. Resolved, that a royalty distribution of $140,000 to ADA in 2015 from 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, is hereby approved, said distribution to be paid to the American Dental Association as soon as practicable after January 1, 2015.

Report of the Task Force on Emergency Assistance to States: A Board Task Force was established by the President to consider issues relating to the ADA providing emergency assistance to constituent societies. The Task Force was charged with developing a protocol, guidelines and criteria that could be used by the Board of Trustees to evaluate requests from state and local dental societies, and making a recommendation on the most appropriate funding mechanism for emergency financial and administrative assistance to state and local dental societies. Dr. Kiesling, Task Force chair, presented the following resolutions.

*Criteria and Guidelines for ADA Financial Assistance to State and Local Dental Societies*. Without objection, the Board adopted Resolution B-118.

**B-118-2014. Resolved**, that the “Criteria and Guidelines for ADA Financial Assistance to State and Local Dental Societies” as presented in Appendix 1 of the Task Force Report be approved and added to the Organization and Rules of the Board of Trustees.

*Note: The Guidelines and Criteria for ADA Financial Assistance to State and Local Dental Societies appear in Appendix 4 of these minutes.*

*Application Form for Emergency Financial Assistance to State and Local Dental Societies*. Without objection, the Board adopted Resolution B-119.

**B-119-2014. Resolved**, that the application form for emergency financial assistance to state and local dental societies as presented in Appendix 2 of the Task Force Report be approved.

*Amendment of the Organization and Rules of the Board of Trustees, Section on Contingent Fund*. On vote, the Board of Trustees adopted Resolution B-120.

**B-120-2014. Resolved**, that the paragraph on the Contingent Fund in "Policies on Annual Budget" of the Organization and Rules of the Board of Trustees (pp. 21-22), be amended by addition of a new third sentence which states: “Emergency purposes shall include preliminary emergency assistance to state and local dental societies”, so the amended paragraph reads as follows (new language underscored):

**Contingent Fund**: There shall be placed in each annual budget a sum designated as the Contingent Fund. The amount placed in the annual budget shall be approved and administered by the Board of Trustees. With the prior approval of the ADA President, President-elect and Executive Director an amount not to exceed $100,000 per emergency issue may be expended from the Contingent Fund for emergency purposes. Emergency purposes shall include preliminary emergency assistance to state and local dental societies. Following such expenditure, a full and complete report will be made within fourteen (14) days to the Budget and Finance Committee and then presented at the next regular meeting of the Board of Trustees. On an annual basis, the Board shall report to the House of Delegates all expenditures out of the Contingent Fund. The Budget and Finance Committee of the Board of Trustees will review this policy on an annual basis.

*Status Report on ADA Leadership Institute*: The Leadership Institute is a collaboration by multiple ADA divisions and state and local societies to make available high-quality leadership education for leaders and emerging leaders of local and state dental societies, ADA and the American Student Dental Association. This report gave an update on both the short and long-term plan for the Institute (consent calendar item).

*Report of the Division of Member and Client Services: Power of 3 Data Management Process Improvement Project*: This report included a resolution (B-112) requesting funding in the amount of $150,000 from ADA Reserves to cover a consulting project to identify and establish consistent business processes and data definitions for accurate membership in the database across the national, state and local dental associations. The resolution was reviewed by the Budget and Finance Committee and the Committee...
proposed several amendments that were adopted; on vote the Board adopted the amended Resolution B-112 (see page 375 for the adopted Resolution B-112-2014).

Practice Institute

Report of the Councils on Dental Practice, Membership, and Ethics, Bylaws and Judicial Affairs: Joint ADA/ADSO Statement on Ethics: The Board of Trustees adopted the following resolution (consent calendar item).

B-100-2014. Resolved, that the ADA/ADSO Joint Statement on the ADA Principles of Ethics and Code of Professional Conduct, be approved, and be it further
Resolved, that the adoption of the Joint Statement be publicized and used as appropriate to identify the ADA Principles of Ethics and Code of Professional Conduct as a differentiating factor of ADA membership and to acknowledge and support the commitment of the Association of Dental Support Organizations to the ADA Principles of Ethics and Code of Professional Conduct.


Science/Professional Affairs

Report of the Council on Scientific Affairs: Recent Activities: This report provided an update on the ADA Seal of Acceptance Program, the ADA Professional Product Review, the ADA Center for Evidence-Based Dentistry, and ANSI Standards and Standards development (consent calendar item).

Organizational/Other

Report of ADA Business Enterprises (ADABEI): This report provided a summary of 2014 activities through the second quarter (consent calendar item).

Report on Appointment of ADA Council Chairs, 2014-2015: The Board of Trustees adopted the following resolution (consent calendar item).

B-111-2014. Resolved, that the following individuals be appointed to serve as chairs for the 2014-15 term.

Dr. E. Jane Gillette, Montana, Council on Access, Prevention and Interprofessional Relations
Dr. George R. Shepley, Maryland, Council on Communications
Dr. Charles W. Hoffman, Florida, Council on Dental Benefit Programs
Dr. James M. Boyle, Ill, Pennsylvania, Council on Dental Education and Licensure
Dr. Joseph G. Unger, Illinois, Council on Dental Practice
Dr. Linda K. Himmelberger, Pennsylvania, Council on Ethics, Bylaws and Judicial Affairs
Dr. Richard C. Black, Texas, Council on Government Affairs
Dr. Michael G. Durbin, Illinois, Council on Membership
Dr. Frank C. Barnashuk, New York, Council on Members Insurance and Retirement Programs
Dr. Thomas C. Hart, Illinois, Council on Scientific Affairs
Dr. Michael A. LeBlanc, Kansas, New Dentist Committee

Liaison Reports

Report of Dr. Joseph Hagenbruch, Liaison to the Commission on Dental Accreditation: Dr. Hagenbruch submitted his final report as liaison to the Commission on Dental Accreditation.
Report of Dr. Joseph Hagenbruch, Liaison, Standards Committee on Dental Informatics: Dr. Hagenbruch reported that the Standards Committee on Dental Informatics will be holding its second meeting of 2014 in San Antonio, just prior to ADA 2014.

Report of Dr. Joseph Hagenbruch, Liaison, Dental Content Committee: Dr. Hagenbruch reported on the telephonic meeting the Dental Content Committee held on August 5, 2014.

Report of Joseph Hagenbruch, Liaison, Dental Quality Alliance: Dr. Hagenbruch reported on the ongoing activities of the Dental Quality Alliance (DQA) and noted the next meeting of the DQA is scheduled for October 30, 2014, in Chicago.


Special Appearances/Special Order of Business

Presentation by Dr. Michael Glick, editor, The Journal of the American Dental Association: Dr. Glick reported to the Board of Trustees on The Journal’s ranking among other professional publications and noted that articles from The Journal are downloaded more often than any other journal in the world. Dr. Glick commented on the process for selecting articles that will be featured on the publication’s cover. He also responded to questions and concerns regarding a recent selection of a cover article on implant dentistry.

Board of Trustees Strategic Discussion: The Evolving Role of Dentistry in Healthcare: The Board of Trustees received several presentations on the role of dentistry in health care. Dr. David Schirmer, New York, and a member of the Council on Access, Prevention and Interprofessional Relations, commented on how the benefits of collaboration between dentistry and pediatric medicine in the treatment of young patients had a positive economic impact on his own dental practice. He suggested that his experience could be developed into a program and through member education this practice concept could also apply to the elderly in nursing homes. Two representatives from the American Optometric Association (AOA), Lendy Pridgen, director, ADA Third Party Center, and Mr. Rodney Peele, AAO Associate Director of Regulatory Policy and Outreach, discussed how the optometrists positioned themselves in this changing health care environment.

The Board discussed how future dental care delivery models may evolve and how there are many new opportunities for dentists in the changing health care environment. The needs of tomorrow’s dentists (or the dentist in the coming decades) will be different than the needs of dentists today. How the Association will lead on this issue so that younger dentists and future members thrive in the new environment will need to be addressed. As a follow up to this strategic discussion, staff will synthesize the recent strategic discussions and report to the Board of Trustees in December on next steps, with an emphasis on possible actions needed.

Presentation by Dr. Teresa Dolan, chair, Council on Dental Education and Licensure: Dr. Dolan reported to the Board on the Council’s consideration of Resolution 56H-2013 and commented on the Council’s report and resolution (Resolution 35) to the 2014 House of Delegates in response to Resolution 56H-2013. Dr. Dolan also presented comments and recommendations related to dental education and the future of dentistry. Board members questioned Dr. Dolan on how the study of the current dental education models proposed in Resolution 35 would be conducted (internally by ADA agencies or by external organizations) and funded.

New Business

Testing Update: Dr. Ziebert gave an update on testing issues being experienced by the Joint Commission on National Dental Examinations.
Report of Dr. Gary Roberts, on the Give Kids A Smile NASCAR Event: Dr. Roberts gave an oral report on the GKAS/NASCAR event held in Chicago, September 12-14, 2014.

Reports and Resolutions to the House of Delegates

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

American Dental Political Action Committee Resolution 100: Development of a Mechanism to Allow AADA Members Access to the Members Only Area of the ADA Web Site (Worksheet:2073): The Board of Trustees transmitted Resolution 100 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 1 Yes—Scott; 19 No—Buckenheimer, Cole, Crowley, Dow, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Jeffers, Kiesling, Kwasny, Roberts, Shenkin, Stevens, Summerhays, Yonemoto, Zenk, Zust)

The Board of Trustees appreciates ADPAC’s call for a simplified and more direct mechanism for making ADPAC contributions, registration for WLC and other conferences, and the like, and further acknowledges that this need was expressed with particular reference to the Alliance. At this time, the technical challenges inherent in building a user profile for the purposes identified by ADPAC, while at the same time maintaining the security of the “members only” content on ada.org, would require a very significant expenditure of money and would place additional pressures on staff resources. The Board asks ADPAC to find alternative solutions until such time as the ADA is appropriately prepared to address this type of request.

Report 11 of the Board of Trustees to the House of Delegates: Annual Report on the Operating Plan Results of the Current ADA Strategic Plan (Worksheet:2066): The Board of Trustees transmitted Report 11 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

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

Council on Dental Benefit Programs Substitute Resolution 4S-1: Amendment of Policy, Closed Panel Dental Benefits (Worksheet:3001a): The Board of Trustees voted to transmit Resolution 4S-1 to the House of Delegates with the recommendation to vote yes on the substitute. (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 4: Amendment of Policy, Closed Panel Dental Benefits (Worksheet:3000): See Board of Trustees recommendation on the Council’s Substitute Resolution 4S-1.

Council on Dental Practice Supplemental Report 1 to the House of Delegates: ADA Policy for Dental Schools to Provide Education to Dental Students on Drug and Alcohol Use and Misuse (Worksheet:3007): The Board transmitted the Council’s report and appended Resolution 34 to the House of Delegates with the 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: Development of Ethically Based, Voluntary Practice Management Guidelines (Worksheet:3010): The Board of Trustees transmitted the Council’s report and appended Resolution 62 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

Fourteenth Trustee District Resolution 63: CDT Guidelines for the Affordable Care Act (Worksheet:3020): The Board of Trustees voted to transmit Resolution 63 to the House of Delegates with the following comment and recommendation to vote yes on the substitute Resolution 63B. (Vote: 18 Yes—
The Board of Trustees recognizes the issues identified in the report’s background, and appreciates the Fourteenth District’s resolution. As noted by the Fourteenth District, advent of “embedded products” wherein the dental benefit is embedded within a medical plan poses new administrative demands such as claim submission, and coordination of benefits. This is a fresh path to tread for most dentists.

The Board of Trustees agrees that ADA guidance on addressing these issues arising from the Affordable Care Act would be a service to members. We question, however, the wisdom of limiting dissemination of any such guidance to a single publication, the CDT Companion as specified in the second resolving clause. The Board notes successful use of ADA News and CPS to disseminate information about the ACA in late 2013 and 2014.

Further, the Board believes that there would be a significant financial implication for such a project which is yet to be determined. The Board submits the following substitute resolution.

63B. Resolved, that the appropriate ADA agencies determine feasibility of developing and disseminating guidance on new administrative demands such as claims submission and coordination of benefits arising from pediatric benefits embedded in medical plans sold through the Federal and State Marketplaces mandated by the Affordance Care Act, and be it further

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

Fourteenth Trustee District Resolution 99: Development of ADA Policies for Dental Discount Plans
(Worksheet:3022): The Board of Trustees transmitted Resolution 99 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 2 Yes—Hagenbruch, Yonemoto; 17 No—Buckenheimer, Cole, Crowley, Fair, Feinberg, Gounardes, Israelson, Jeffers, Kiesling, Kwasny, Roberts, Shenkin, Scotts, Summerhays, Yonemoto, Zenk, Zust; 1 Absent—Stevens; 1 Absent—Dow)

The Board of Trustees recognizes the issues identified in the report’s background, and appreciates the Fourteenth District’s resolution. As noted by the Fourteenth District, "affiliated carrier clauses" that allow a carrier to "sell" the network to an affiliate are becoming commonplace. This clause is often embedded in the participating provider agreements signed by dentists. The ADA’s Contract Analysis Service specifically offers assistance to members to help identify such issues prior to signing the contract.

The ADA currently has several policies relating to both contracted and non-contracted dentists regarding this issue. These policies have either been recently reviewed or are schedule to be reviewed per the House resolution titled “Regular Comprehensive Policy Review” (Trans.2010:603; 2012:370). Given this, the Board suggests that the Fourteenth District utilize the established policy review cycles to provide specific input on existing policies, at the time of review.

Sixth Trustee District Resolution 103: Standardized Explanation of Benefits Form (Worksheet:3024): The Board of Trustees transmitted Resolution 103 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

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

Commission on Dental Accreditation Supplemental Report 1 to the House of Delegates: Revision of Accreditation Standards (Worksheet:4076): This informational report to the House of Delegates was developed as a response to Resolution 57H-2013, which urged the Commission “to revise the Accreditation Standards for Dental Education Programs related to practice management to include instruction on personal debt management and financial planning.”

The Board believes the questions raised in each domain are important to the membership and there was a lengthy discussion on whether the ADA can gain cooperation from the relevant entities should it pursue the questions contained within each domain, as outlined in Resolution 35. The Board understands that a cooperative effort in obtaining information from dental schools is a key to completely and accurately answering the questions in domains 1, 2 and 4. Further, the Board is aware that financial information is highly sensitive and may be difficult to acquire. The Board believes it is vitally important to build coalitions with other relevant groups in order to conduct future studies. Finally, the Board noted the financial implications for each domain are as follows:

- Domain 1: Long-Term Sustainability of Dental Schools; Financial Implication: $100,000
- Domain 2: Efficiency of the Current Dental School Curricula and Delivery Methods; Financial Implication: $100,000
- Domain 3: Impact of Student Debt on Dentistry as a Career Choice and Subsequent Practice Choices; Financial Implication: $50,000
- Domain 4: Appropriate Level of Scholarship to Ensure that Dentistry Continues to Be a Learned Profession; Financial Implication: $30,000

Accordingly, the Board urges adoption of the following substitute resolution:

35B. Resolved, that the ADA conduct a focused study relative to the following:

Domain 3: Impact of Student Debt on Dentistry as a Career Choice and Subsequent Practice Choices

1. How does the cost of dental education and/or level of student borrowing influence students’ decisions to enter dental education and their future career choices?
2. Do higher levels of educational debt have a greater impact on career choices?
3. What is the critical point at which the perceived return on investment means that dentistry is no longer seen as a desired profession?
4. Are there differences in the perceived return on investment for specific subsets of dental careers?
5. At what income/debt ratio are specific labor force choices impacted (disaggregating the data to determine impact on generalist, specialist, public health, Medicaid providers, etc.)?
6. How long does it actually take for dentists to pay off their educational debt?
7. What is the impact of new loan repayment programs/options on student debt?
8. Are there other strategies we can use to reduce the cost to students and/or students’ educational debt (e.g., subsidizing loans, level of clinical production while in school, alternative investment pools, philanthropy, and planned giving)?
9. What is the impact of educational debt on graduates’ decisions to enter subsets of practice such as solo practice, small group practice and large group practice, and to be a practice owner or an employed dentist?
10. Does educational debt primarily have a short-term impact on practice choices (i.e., decisions upon graduation or in the first few years of practice) or does it impact longer-term practice choices?

and be it further

Resolved, that the ADA pursue a focused study relative to the following:

Domain 1: Long-Term Sustainability of Dental Schools
1. What are the major revenue and expense drivers for dental education, and how do these differ across schools?

2. What opportunities exist to increase revenue for dental schools other than increases in tuition and fees (for example, increased reimbursement for clinical care, increased net clinical income, private philanthropy, intellectual property and technology transfer, and increased federal and state funding)?

3. What opportunities exist to reduce the cost of dental education (for example, sharing of faculty and educational resources, increasing the productivity of clinical faculty, use of technology, addressing the financial impact of accreditation standards and state regulations)?

Domain 2: Efficiency of the Current Dental School Curricula and Delivery Methods

1. Which dental schools are utilizing each of the curricular models and what is the financial model that supports each approach?

Domain 4: Appropriate Level of Scholarship to Ensure that Dentistry Continues to Be a Learned Profession

1. Is the profession attracting and retaining the highest quality faculty who can lead the research enterprise?

2. How can the dental community provide more effective advocacy for research support?

and be it further

Resolved, that the study results be reported to the 2016 House of Delegates.  

Council on Scientific Affairs Supplemental Report 1 to the House of Delegates: Definition of Oral Health (Worksheet:4068): The Board of Trustees voted to transmit the Council’s Supplemental Report with the appended Resolution 97 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Fourteenth Trustee District Resolution 67: Educating Children and Parents About the Dangers of Oral Piercings (Worksheet:4062): The Board of Trustees voted to transmit Resolution 67 to the House of Delegates with the following comment and recommendation to vote yes on the substitute Resolution 67B. (Vote: 19 Yes—Buckenheimer, Cole, Crowley, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Jeffers, Kiesling, Kwasny, Roberts, Scott, Shenkin, Stevens, Summerhays, Yonemoto, Zenk, Zust; 1 Absent—Dow)

The Board supports the concern regarding piercing and intraoral tattoos. While the ADA has an existing policy statement on intraoral piercing, inadequate info on the safety of oral tattoos is available. Furthermore, adolescents and young adults are the demographic population that typically engages in these activities. Accordingly, the Board recommends the following substitute resolution.

67B. Resolved, that the appropriate agency investigate the safety of intraoral tattoos, and be it further Resolved, that the ADA expand its educational program and prepare material on the dangers of oral piercing and intraoral tattoos, that target younger children, young-adults, adolescents and their parents, and be it further Resolved, that a report on this activity be presented to the 2015 House of Delegates.

Fourteenth Trustee District Resolution 68: Promotion of Evidence Regarding Premedication for Patients with Prosthesis (Worksheet:4064): The Board of Trustees transmitted Resolution 68 to the House of Delegates with the following comment and recommendation to vote yes on the substitute Resolution 68B (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

The Board was informed that ADA’s Council on Scientific Affairs (CSA), in collaboration with the ADA’s Center for Evidence-Based Dentistry, has updated the 2012 systematic review and guidelines to provide more clear recommendations for dentists and orthopedic surgeons on the appropriate use of prophylactic antibiotics
for presenting prosthetic joint infections. The guideline was approved by the CSA and has been submitted to JADA. With this in mind, the following substitute resolution is proposed.

68B. Resolved, that the ADA actively promote to appropriate medical organizations and practitioners the results of the 2014 systematic review regarding the efficacy of premedication prior to dental procedures performed on patients with prosthetic joint replacements, and be it further
Resolved, that a report on this activity be presented to the 2015 House of Delegates.

Fourteenth Trustee District Resolution 69: Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment (Worksheet:4066): The Board of Trustees voted to transmit Resolution 69 to the House of Delegates with the following comment and recommendation to vote yes on the substitute Resolution 69B. (Vote: 19 Yes—Buckenheimer, Cole, Crowley, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Jeffers, Kiesling, Kwasny, Roberts, Scott, Shenkin, Stevens, Summerhays, Yonemoto, Zenk, Zust; 1 Absent—Dow)

The Board agrees that there is a need to provide a cohesive policy statement and additional research guidelines and/or critical summaries concerning the establishment of oral health prior to invasive medical procedures. The Board also agrees that obtaining a dental examination and consultation should be routine prior to initiation of surgical and complex medical treatment in patients with very serious and potentially fatal systemic disease. However, the financial and resource impacts of this resolution to develop evidence-based clinical practice guidelines would be considerable at over $189K, including over $20K in volunteer travel expenses for 15 individuals to attend a three-day expert panel meeting as well as 1 FTE position estimated at $118K. For this reason, the Board is proposing the following substitute resolution calling on the appropriate agencies to investigate what can be done and at what cost.

69B. Resolved, that the ADA, through appropriate agencies, investigate the fiscal implication of the development of a policy statement and evidence-based guidelines for physicians and surgeons to eliminate the impact of untreated dental disease prior to complex medical or surgical procedures, and be it further
Resolved, that the same agencies investigate other approaches to address this issue that may accomplish the intent at lower cost, and be it further
Resolved, that a progress report be presented to the 2015 House of Delegates

Report 12 of the Board of Trustees to the House of Delegates: Annual Report of the ADA Library and Archives Advisory Board (Worksheet:4070): The Board of Trustees voted to transmit the annual report to the House of Delegates. (Vote: 19 Yes—Buckenheimer, Cole, Crowley, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Jeffers, Kiesling, Kwasny, Roberts, Scott, Shenkin, Stevens, Summerhays, Yonemoto, Zenk, Zust; 1 Absent—Dow)

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

Council on Government Affairs Supplemental Report 1 to the House of Delegates: Recent Council Activities (Worksheet:5054): The Board of Trustees reviewed the Council's Supplemental Report and transmitted the following resolutions and recommendations to the House of Delegates.

Resolution 37—Amendment of Policy on Advocate for Adequate Funding Under Medicaid Block Grants (Worksheet:5064): The Board of Trustees 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)

Resolution 38—Amendment of Policy on Medicaid and Indigent Care Funding (Worksheet:5065): The Board of Trustees transmitted Resolution 38 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)
Resolution 39—Amendment of Policy on Federal Tax Credit/Voucher for Medicaid Dentist Providers (Worksheet:5066): The Board of Trustees transmitted Resolution 39 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 40—Amendment of Policy on Support of Current Medicaid Law and Regulations Regarding Dental Services (Worksheet:5067): The Board of Trustees transmitted Resolution 40 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 41—Amendment of Policy on Maldistribution of the Dental Workforce (Worksheet:5068): The Board of Trustees transmitted Resolution 41 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 42—Amendment of Policy on Advocating for ERISA Reform (Worksheet:5070): The Board of Trustees transmitted Resolution 42 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 43—Rescission of Policy on Clarification of Support for Federal Legislation to Facilitate Formation of Association Health Plans (Worksheet:5071): The Board of Trustees transmitted Resolution 43 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 44—Rescission of Policy on Medicaid Co-Payment (Worksheet:5073): The Board of Trustees transmitted Resolution 44 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 45—Rescission of Policy on Dentists Right to Opt Out of the Medicare Program (Worksheet:5075): The Board of Trustees transmitted Resolution 45 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 46—Rescission of Policy on Guaranteed Dental Care for Medicaid Participants Under Health System Reform (Worksheet:5077): The Board of Trustees transmitted Resolution 46 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 47—Rescission of Policy on Improvements in Medicaid Program (Worksheet:5079): The Board of Trustees transmitted Resolution 47 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 48—Rescission of Policy on Medicaid Block Grants (Worksheet:5081): The Board of Trustees transmitted Resolution 48 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 49—Rescission of Policy on Safeguards for Medicare’s Health Maintenance Organizations (Worksheet:5083): The Board of Trustees transmitted Resolution 49 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 50—Rescission of Policy on Payment of Medicaid Benefits to Dental Schools (Worksheet:5085): The Board of Trustees transmitted Resolution 50 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)
Resolution 51—Rescission of Policy on Deduction of Student Loan Interest (Worksheet:5087): The Board of Trustees transmitted Resolution 51 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 52—Rescission of Policy on Federal Educational Loans (Worksheet:5089): The Board of Trustees transmitted Resolution 52 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 53—Rescission of Policy on Federal Assistance for Dental Students (Worksheet:5091): The Board of Trustees transmitted Resolution 53 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 54—Rescission of Policy on Federal Lobbying Efforts that Support Dental Education (Worksheet:5093): The Board of Trustees transmitted Resolution 54 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 55—Rescission of Policy on Increased Support for Postgraduate Training Programs (Worksheet:5095): The Board of Trustees transmitted Resolution 55 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 56—Rescission of Policy on Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs (Worksheet:5097): The Board of Trustees transmitted Resolution 56 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 57—Rescission of Policy on Advocacy for Dental Education Funding (Worksheet:5099): The Board of Trustees transmitted Resolution 57 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 58—Rescission of Policy on State Funding for Dental Education (Worksheet:5101): The Board of Trustees transmitted Resolution 58 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 59—Advocacy for Dental Education Infrastructure (Worksheet:5103): The Board of Trustees transmitted Resolution 59 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 60—Advocacy for Graduate Student Loan Programs (Worksheet:5104): The Board of Trustees transmitted Resolution 60 to the House of Delegates with the following comment and recommendation to vote yes on the substitute Resolution 60B. (Vote: 19 Yes—Buckenheimer, Cole, Crowley, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Jeffers, Kiesling, Kwasny, Roberts, Scott, Shenkin, Stevens, Summerhays, Yonemoto, Zenk, Zust; 1 Absent—Dow)

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

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

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

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

Resolution 61—Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs (Worksheet:5106): The Board of Trustees transmitted Resolution 61 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Communications Supplemental Report 1 to the House of Delegates: Action for Dental Health Progress Report (Worksheet:5172): The Board reviewed the Council’s Supplemental Report to the House, which provides more detailed metrics related to the ADA’s public relations initiative (Resolution 75H-2012).

Report 10 of the Board of Trustees to the House of Delegates: Annual Report of the State Public Affairs Program Oversight Committee (Worksheet:5179): The Board of Trustees transmitted an informational report detailing the financial aspects of the State Public Affairs program, along with activity details on state issues (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)


Resolution 70—Amendment of Policy on Manufacturer Sponsorship of Dental Programs and Promotional Activities (Worksheet:5119): The Board of Trustees transmitted Resolution 70 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 71—Amendment of Policy on Health Planning Guidelines (Worksheet:5120): The Board of Trustees transmitted Resolution 71 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 72—Amendment of Policy on Vision Statement on Access for the Underserved and Promotional Activities (Worksheet:5121): The Board of Trustees transmitted Resolution 72 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 73—Amendment of Policy on Inclusion of Basic Oral Health Education in Non-dental Health Care Training Programs (Worksheet:5122): The Board of Trustees transmitted Resolution 73 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 74—Amendment of Policy on Women’s Oral Health: Patient Education (Worksheet:5123): The Board of Trustees transmitted Resolution 74 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 75—Amendment of Policy on Patient Safety (Worksheet:5124): The Board of Trustees transmitted Resolution 75 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)
Resolution 76—Amendment of Policy on Tobacco and Harm Reduction (Worksheet:5125): The Board of Trustees transmitted Resolution 76 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 77—Amendment of Policy on Tobacco Free Schools (Worksheet:5126): The Board of Trustees transmitted Resolution 77 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 78—Amendment of Policy on Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children (Worksheet:5127): The Board of Trustees transmitted Resolution 78 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 79—Amendment of Policy on Non-Dental Providers Completing Educational Program on Oral Health (Worksheet:5128): The Board of Trustees transmitted Resolution 79 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 80—Amendment of Definition of Dental Home (Worksheet:5129): The Board of Trustees transmitted Resolution 80 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 81—Amendment of Definition of Primary Dental Care (Worksheet:5130): The Board of Trustees transmitted Resolution 81 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 82—Amendment of the Principles for Developing Children’s Oral Health Programs (Worksheet:5131): The Board of Trustees transmitted Resolution 82 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 83—Hospital Privileges for Dentists (Worksheet:5132): The Board of Trustees transmitted Resolution 83 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 84—Development of Association Dental Health Education Materials (Worksheet:5134): The Board of Trustees transmitted Resolution 84 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 85—Early Detection and Prevention of Oral Cancer (Worksheet:5136): The Board of Trustees transmitted Resolution 85 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 86—Child Identification Programs (Worksheet:5138): The Board of Trustees transmitted Resolution 86 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 87—Oral Health Education in Schools (Worksheet:5140): The Board of Trustees transmitted Resolution 87 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 88—Community-Based Topical Fluoride Programs (Worksheet:5143): The Board of Trustees transmitted Resolution 88 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)
Resolution 89—Educating Dental Professionals in Recognizing and Reporting Abuse (Worksheet:5145): The Board of Trustees transmitted Resolution 89 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 90—Prevention and Control of Early Childhood Caries (Worksheet:5147): The Board of Trustees transmitted Resolution 90 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 2 to the House of Delegates: CAIR Update and Action for Dental Health Overview (Worksheet:5151): The Board of Trustees reviewed the Council’s Supplemental Report and transmitted the following resolutions and recommendations to the House of Delegates.

Resolution 91—Assistance to Dentists Working within Health Centers (Worksheet:5158). The Board of Trustees transmitted Resolution 91 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 92—Dental Practitioners and Health Center Directors Sharing Clinical and Managerial Experience (Worksheet:5159): The Board of Trustees transmitted Resolution 92 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 93—Relationships Between Private Dental Practitioners and Federal Qualified Health Centers (FQHCs) (Worksheet:5160): The Board of Trustees transmitted Resolution 93 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 94—Dental Examinations for Pregnant Women and Women of Child-Bearing Age (Worksheet:5161): The Board of Trustees transmitted Resolution 94 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 95—Dental Treatment During Pregnancy (Worksheet:5162): The Board of Trustees transmitted Resolution 95 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 96—Designation of Individuals with Intellectual Disabilities as a Medically Underserved Population (Worksheet:5163): The Board of Trustees transmitted Resolution 96 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Fourteenth Trustee District Resolution 65—Ethics and Standards for Internet Advertising in the Dental Profession (Worksheet:5107): The Board of Trustees transmitted Resolution 65 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Fourteenth Trustee District Resolution 66—Enforcing Regulations Concerning Online Marketplaces and the Sale of Dental Supplies/Materials (Worksheet:5108): The Board of Trustees transmitted Resolution 66 to the House of Delegates with the following comment and recommendation to Vote No. (Vote: 19 No—Buckenheimer, Cole, Crowley, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Jeffers, Kiesling, Kwasny, Roberts, Scott, Shenkin, Stevens, Summerhays, Yonemoto, Zenk, Zust; 1 Absent—Dow)

The Board is sympathetic with the intent of this resolution but believes it is not necessary as the ADA’s current policy, Sale of Dental Equipment to Illegal Practitioners (Trans.2013:4071) already states that the ADA should develop an advocacy strategy on the restriction of the sale of dental equipment for illegal dental purposes and the Food and Drug Administration (FDA) has already issued guidance to implement federal
laws limiting the sale of dental equipment to licensed practitioners. As reported in the Council on Government Affairs’ Supplemental Report to the 2014 House of Delegates, the Council looked into what potential equipment suppliers may be doing to restrict purchase to legally authorized individuals. According to the FDA, most dental devices are restricted to prescription use and any manufacturer that wants to have an Rx device sold as an over-the-counter (OTC) item would have to submit to FDA a new application as this is considered a change indication. FDA labeling guidance of prescription devices requires either the statement “Caution: Federal law restricts this device to sale by or on the order of a (licensed healthcare practitioner)” or the symbol statement “Rx only.” This guidance implements federal laws that limits the possession of prescription devices to practitioners licensed to use or order the devices and would therefore act to limit sales to legitimate purchasers. Reputable companies, such as eBay and Henry Schein, In., currently have policies warning against unauthorized purchasing. Sellers listing medical devices that require government authorization to distribute to third parties must include the following text: “The sale of this item may be subject to regulation by the U.S. Food and Drug Administration and state and local regulatory agencies. If so, do not bid on this item unless you are an authorized purchaser. If the item is subject to FDA regulation, I will verify your status as an authorized purchaser. If the item is subject to FDA regulation, I will verify your status as an authorized purchaser of this item before shipping of this item.”

First Trustee District Resolution 101—ADA Social Media Campaign on Water Fluoridation
(Vote: 14 Yes—Buckenheimer, Cole, Dow, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Jeffers, Kwasny, Roberts, Stevens, Summerhays, Yonemoto, 6 No—Crowley, Kiesling, Scott, Shenkin, Zenk, Zust)

The ADA currently offers extensive resources and support for community water fluoridation communication and education efforts, including public information, social media postings, ADA spokespeople trained to interact with the media, special sections on ADA.org and a comprehensive toolkit for state and local society use. The Board supports the intent of the resolution to proactively expand these communication and education efforts in public, social and digital media. However, the Board believes the significant expenditure and staff support required should be further examined and vetted by the appropriate ADA agency. Further, specific outcome metrics should be developed for on-going program monitoring.

The financial implication identified accommodates expansion of social and digital communication through key work search and social media marketing, both of which require direct funding, as will provision of local campaign websites. Additional content creation and management of the on-going effort will also be required. It is also anticipated that further coordination of messaging and training for state and local dental societies must be implemented since fluoridation decisions, approvals and organized opposition are community based, requiring additional staff support and engagement as part of the campaign at the state and local level.

Board of Trustees Resolution 102: Voting Privileges of Chair of the Board of Trustees
(Vote: Unanimous)

102. Resolved, that CHAPTER VII. BOARD OF TRUSTEES, Section 130. OFFICERS, Subsection B. DUTIES, Paragraph a. CHAIR of the ADA Bylaws shall be amended as follows (additions underscored, deletions stricken through):

B. DUTIES.

a. CHAIR. The Chair shall preside at all meetings of the Board of Trustees. The Chair shall cast a vote only in instances where there is a tie vote and the tie does not by itself determine the outcome of the vote, cast the deciding vote in deciding vote in case of a tie.

Fifth Trustee District Resolution 105: Development of Resource Materials for Members Concerning Dental Insurance and RAC Audits
(Vote: 19 Yes—Buckenheimer, Cole, Crowley, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Jeffers, Kiesling, Kwasny, Roberts, Scott, Shenkin, Stevens, Summerhays, Yonemoto, Zenk, Zust; 1 Absent—Dow)
Reports and Resolutions Relating to Reference Committee E
(Membership and Related Matters)

Second Trustee District Resolution 36—Amendment of ADA Bylaws Regarding American Dental Association Dues Assessments Exemption for Active Life Members (Worksheet:6001): The Board of Trustees transmitted Resolution 36 to the House of Delegates with the following comment and recommendation to vote yes on referral. (Vote: 18 Yes—Buckenheimer, Cole, Crowley, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Jeffers, Kiesling, Kwasny, Roberts, Scott, Stevens, Summerhays, Yonemoto, Zenk, Zust; 1 No—Shenkin; 1 Absent—Dow)

The Board appreciates the thoughtful work of the New York State Dental Association and values those members who have been long-time members of the American Dental Association. In considering all factors of the proposed Bylaws change, including the financial impact, the further fragmentation of membership categories, and the complexity of administration this additional dues category will cause, the Board believes the best course of action is to refer the proposed Bylaws change to the appropriate ADA agencies for consideration and request a report of the findings be made to the 2015 House of Delegates.

Fourteenth Trustee District Resolution 64—Student Loan Membership Benefit (Worksheet:6003): The Board of Trustees transmitted Resolution 64 to the House of Delegates with the following comment and recommendation to vote yes on referral. (Vote: 15 Yes—Buckenheimer, Cole, Fair, Gounardes, Hagenbruch, Israelson, Jeffers, Kwasny, Roberts, Scott, Stevens, Summerhays, Yonemoto, Zenk, Zust; 4 No—Crowley, Feinberg, Kiesling, Shenkin; 1 Absent—Dow)

Earlier this year, ADA staff, at the direction of the ADA Board of Trustees, began exploring the possibility of partnering with a financial institution to help new dentists refinance their student loans at lower interest rates than the current market. Initial research with several stakeholders in the student loan market revealed that this is a much more complex problem with many underlying issues that must be thoroughly investigated to understand the current borrowing environment and identify potential opportunities to provide member benefits.

As a result, the ADA has issued an RFP to identify a qualified consultant to educate the ADA on the graduate student loan marketplace, and to report on the current conditions in the market for student loans from the perspective of dental students, recent dental school graduates, as well as financial institutions and to understand the needs of these borrowers and to make recommendations to the ADA on potential opportunities to partner with specific entities capable of entering into an agreement with the ADA to provide member benefit programs. Those member benefits may include but are not limited to dental student debt management services, student loan programs including gap loans and/or student debt refinancing options. It is expected that this due diligence will enable the Membership Council and the ADA Board of Trustees to select appropriate courses of action to help new dentists in the area of debt management in the near term. The Board will report on the results of this work to the 2015 House.

Report 9 of the Board of Trustees to the House of Delegates: Annual Report of the New Dentist Committee (Worksheet:6008): The Board of Trustees transmitted Report 9 to the House of Delegates, which details the activities of the Committee in support of new dentists (Board of Trustees consent calendar action—no Board comment). (Vote: Unanimous)

Dr. Barbara Mousel, delegate, Illinois State Dental Society, Resolution 104: Continuation of the Standalone Annual New Dentist Conference as a Visible Member Benefit for New Dentist ADA Members (Worksheet:6005): The Board of Trustees transmitted Resolution 104 to the House of Delegates with the following comment and recommendation to vote yes on the substitute Resolution 104B. (Vote: 19 Yes—Buckenheimer, Cole, Crowley, Fair, Feinberg, Gounardes, Hagenbruch, Jeffers, Kiesling, Kwasny, Roberts, Scott, Shenkin, Stevens, Summerhays, Yonemoto, Zenk, Zust; 1 Absent—Dr. Dow)

The Board appreciates the sentiment and concern of the delegate and others regarding the ADA New Dentist Conference. New dentists are a key member segment and critical to the future of the ADA; the Board is very focused on meeting the needs and exceeding the expectations of new dentists. The Board carefully
weighed the options for the New Dentist Conference prior to deciding to move the event to America’s Dental Meeting, beginning in 2015, with a focus on preserving the unique value and intimacy of the standalone conference. Engaging significantly more new dentists and exposing new dentist members to ADA’s premier dental meeting were also critical decision criteria.

In the past five years, the New Dentist Conference engaged 220 new dentists on average per year. The annual meeting touched more than 1,300 new dentists on average per year during the same period.

The New Dentist Committee has Bylaws responsibility to provide the Board of Trustees with expertise on issues affecting new dentists. The budget for the 2015 New Dentist Conference was retained and enhanced so that additional programming could be developed. Historically, the New Dentist Committee has one ex officio member appointed to the Council on ADA Sessions (CAS). Two additional NDC representatives to CAS were recently approved by the Board of Trustees, to ensure that the new dentist perspective is being considered in the Council’s work.

The Board will review the success of the integrated model at the ADA 2015 and ADA 2016 and is committed to reviewing the best course of action going forward from there, based on those findings. Accordingly, the Board is proposing the following substitute resolution:

104B. Resolved, that the Board of Trustees monitor and evaluate the New Dentist Conference, as a meeting within a meeting, during ADA 2015 and ADA 2016 and report to the 2017 House with an evaluation of whether the New Dentist Conference should remain a meeting within a meeting, during the annual meeting, or should be reinstated as a standalone conference or some other option, to be determined, based on findings at the time.

Miscellaneous House Matters

Addendum to Report 1 of the Board of Trustees to the House of Delegates: Association Affairs and Resolutions (Worksheet:1021a): Since the transmission of Report 1 to the House which includes the list of nominees to ADA councils and commissions, the President made an appointment to fill a vacancy on the Council on Members Insurance and Retirement Programs, in accordance with the provisions of the Bylaws regarding vacancies on councils. Information regarding this ad interim appointment is provided for the information of the House.

Closed Session

A closed session of the Board of Trustees was held on Friday, September 19, 2014. The detailed minutes of the closed session are separately recorded; however, any non-confidential actions taken by the Board are reflected in the minutes of the open meeting.

The following reports and topics were presented or discussed during the closed session.

- Report of the Division of Legal Affairs: Summary of Litigation and Other Matters
- Development of a Cost Effectiveness Ratings System by Cigna
- North Carolina Dental
- Oracle communications
- EEOC Communications
- Report on “super majority” voting requirements
- Member/nonmember pricing differential for products
Adjournment

Without objection, the sixth meeting of the Board of Trustees adjourned *sine die* at 10:22 a.m. on Saturday, September 20, 2014.

10/3/14
Appendix 1. New Dentist Committee Charter

Purpose. As a committee of the Board, the primary purpose of the New Dentist Committee is to advise the Board of Trustees on matters relating to new dentists.

Powers. The Board of Trustees has delegated to the New Dentist Committee the power and authority necessary to discharge its duties, including creation of subcommittees needed to carry out its responsibilities.

Composition and Selection. As set forth in the Bylaws.

Chair and Vice Chair. The New Dentist Committee shall nominate a chair and submit the name of that member to the Board of Trustees for consideration. One member of the New Dentist Committee may be elected annually by the affirmative vote of a majority of members present and voting to serve as vice chair.

There shall be a Board of Trustees liaison to the New Dentist Committee. This Board of Trustees' liaison shall be assigned by the President to serve as an observer and provider of information, consistent with the guidelines for Council Liaison set forth in these Rules.

Electronic Recordings. The New Dentist Committee may cause to be made an electronic record of its proceedings to assist in the preparation of accurate meeting minutes. No other recording is permitted unless authorized by the Board of Trustees. If an electronic recording is made, the time required to retain the recording before it is destroyed or erased shall be until the conclusion of the meeting of the House of Delegates or for a period of one year, whichever is longer.

Subcommittees. The New Dentist Committee shall have subcommittees as appropriate.

Budget. The New Dentist Committee chair and director shall submit, in writing, a proposed itemized budget of anticipated expenditures for the ensuing fiscal year through the Executive Director.

Meetings. The New Dentist Committee will meet a minimum of twice a year, with the expectation that additional meetings by conference call may be required to adequately fulfill all the obligations and duties outlined in the charter. All committee members are expected to attend each meeting, in person or electronically. In addition, subcommittees may meet in person or by conference call. Additional in-person meetings are subject to funds being available. The Committee shall utilize ADA Connect to the extent practical to carry out its work.

Meeting agendas will be prepared for every meeting and provided to the New Dentist Committee members at least five days in advance of the scheduled meeting, along with the appropriate materials needed to make informed decisions. The New Dentist Committee shall act only on the affirmative vote of a majority of the members present and voting at a meeting or by unanimous consent. Minutes of these meetings are to be maintained on ADA Connect.

The Committee shall work to manage its schedule to allow one meeting to be scheduled in conjunction with a meeting of the Board so as to allow for interaction between the Board and the Committee. As appropriate, as determined by the President, a contingent of Committee members may be invited to participate in discussions at this Board meeting. In addition, at the discretion of the President, one or more Committee members will be given the opportunity to participate in other Board meetings based on action proposed by the Committee in reports to the Board or the presence on the Board agenda of items relevant to new dentists. Additionally, Committee members may attend meetings of other Board committees at the invitation of the chair of such committee.

Areas of Responsibility: The Committee shall:

- Review and advise the Board on member benefits and the member experience from a new dentist perspective.
- Review and advise the Board on policy affecting new dentists.
- Promote the role of new dentists and foster leadership development in national, state and local societies.
- Provide a new dentist perspective to councils through a liaison relationship or as designated consultants.
- Work with the Council on ADA Sessions on the successful implementation of a new dentist program at the ADA Annual Meeting.
- Advise on and assist in implementation of the ADA dental school strategy.
- Address other matters as assigned by the Board of Trustees.

Each Committee member shall be expected to communicate with state and local societies within his or her district and to seek to work with those societies, to promote the role of new dentists within them.

Reports. The New Dentist Committee shall provide written reports to the Board of Trustees on its work as necessary to keep the Board informed of conclusions or recommendations of the Committee. The Committee may also propose to the Board reports to be forwarded to the House of Delegates. The Committee may request to present a report to the Board of Trustees through one or more of its members, in addition to in writing, as necessary to communicate with the Board. The Committee may also propose amendments to this charter. For the December Board meeting, the Committee shall submit a written report to the Board outlining its anticipated areas of emphasis within its areas of responsibilities for the year.
Appendix 2. Social Media Posting Protocol for ADA Spokespersons

ADA Volunteer Leaders and spokespeople should be mindful that even when posting on personal social media properties, whether public or private, their comments may be perceived as representing the ADA.

As a spokesperson you should give careful consideration to what you post on your social media properties, especially because it's likely to be public and findable via online searches -- unless you specifically set the privacy settings to be otherwise, and even then you can’t necessarily rely on the privacy settings to assure such limited distribution. Assume that anything you post will receive wider distribution than you intended. In any event, if you post on social media publicly or privately, your posts, “likes,” “re-tweets” or comments may be perceived as representative of the ADA. We ask that all spokespeople abide by the protocol outlined in this document. Note, your role as a spokesperson may determine what you can or cannot share or respond to via a social network. When in doubt, please contact the ADA’s Department of Public and Professional Communications at 312-440-2701 or the ADA Division of Legal Affairs for guidance on how/if to post.

Whose page is it?
If you chose to open a Facebook page or another kind of social channel, you should clearly identify it as your individual page, and not the ADA’s. You are welcome to share content posted by the ADA but it should be clear that the page is your own and not an ADA social media property.

Responding via social media on behalf of the ADA

As an ADA Spokesperson, you also may be called upon to participate in social media in an official capacity on the ADA’s behalf to promote and protect the reputation of the ADA brand and to leverage social media as an issues management tool. As the need arises, you will be asked to coordinate with ADA staff to respond to/participate in select online conversations about issues of importance to the ADA, including topics like fluoride/fluoridation, dental amalgam, infection control, action for dental health and use of anesthesia in the dental office.

All spokespeople asked to participate in social media on the ADA’s behalf will first participate in an educational webinar, followed by one-on-one social media guidance for specific online interactions.

Social Media Posting Protocol

Our Professional Conduct Policy requires all volunteers to conduct themselves with courtesy, consideration and professionalism in their business dealings.

1. **Be positive and engaging.** It is important that social media 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. Additionally, spokespeople must always act in the ADA’s best interest when posting or commenting.

2. **Be Mindful.** Avoid using unprofessional, disagreeable or offensive online personas. Be sensitive to topics that may be considered objectionable or inflammatory— and 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 or post confidential or proprietary information about the ADA or its members, employees, vendors, and other health organizations, including private information about individuals. All volunteer leaders must maintain in confidence whatever information the ADA regards and treats as confidential and be mindful not to disclose business information of the Association that might put the Association at a commercial, competitive or financial disadvantage.

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 ADA spokesperson it is imperative that you make every effort possible to confirm that your posts are accurate and not misleading. If there is a question, please contact the ADA’s Department of Public and Professional Communications at 312-440-2701 for guidance on how/if to post/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 that as long as you are an ADA Spokesperson it may be publicly perceived that you are speaking on behalf of the ADA when you post about anything dentistry related. With this in mind, 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. **Always disclose your affiliation with the ADA.** It’s important to be transparent and open about your affiliation with the ADA when you post or comment on anything industry related.

10. **Avoid conflicts of interest.** It is essential that you recognize and avoid posts and social media conversations that present an actual or potential conflict of interest, or a situation that might give the appearance of being a conflict of interest.
Appendix 3. Guidelines for National Spokespersons

1. The Division of Communications and Marketing and the Council on Communications will accept, screen and evaluate spokesperson candidates based on qualifications including media skills, experience and credentials.

2. All spokesperson candidates must be member dentists of the ADA, except where special expertise or qualifications are needed or appropriate to the specific media issues (i.e., a Ph.D. or other expertise).

3. Eligibility extends to all officers and members of the Board of Trustees.

4. Prior to final approval of a spokesperson candidate, the appropriate trustee and constituent and component dental societies will be consulted.

5. Recommended spokespersons shall be reviewed and approved by the President, President-elect and Executive Director and submitted to the Board of Trustees for final approval.

6. The term of any spokesperson agreement shall be for one year. However, the ADA reserves the right to terminate any spokesperson for any reason whatsoever, including if the spokesperson violates these Guidelines, or for unacceptable performance. In such cases, the President, President-elect and Executive Director may elect to terminate the spokesperson’s appointment after notification of the appropriate trustee.

7. All spokespersons must agree to:

   • refrain from any actions or statements that conflict with or appear to violate ADA policy, the ADA Principles of Ethics and Code of Professional Conduct or its Constitution or Bylaws, or otherwise adversely affect the reputation of the ADA;
   • participate in ADA briefings and training sessions, as deemed appropriate by the ADA;
   • reference or permit others to acknowledge their position of ADA spokesperson only with ADA’s permission;
   • notify ADA of requests they receive from media to speak publicly on dental issues, both in their capacity as ADA spokesperson and otherwise;
   • identify their appearances as practicing dentists or dental experts solely representing the ADA rather than as professional communicators;
   • avoid any actions or statements that would suggest or imply ADA ties to or endorsements of any products;
   • complete a conflict of interest statement annually and promptly notify ADA of any subsequently identified potential conflict;
   • abide by the Social Media Posting Protocol for ADA Spokespeople that details how to handle online interactions;
   • clearly identify any social media channel they have as their own, and not the ADA’s;
   • if asked to participate in social media on the ADA’s behalf, first participate in an educational webinar, followed by one-on-one social media guidance for specific online interactions.

8. Spokespersons shall be evaluated at least annually by the Division of Communications and Marketing in consultation with the Council on Communications, the President, President-elect and the Executive Director based on performance, availability and continued interest.

9. Spokespersons will be notified of unacceptable performance if the President, President-elect and Executive Director determine that such action is appropriate. The appropriate trustee shall be advised of the reasons for such notification, and the spokesperson will be monitored for improvement.
Appendix 4. Guidelines and Criteria for ADA Financial Assistance to State and Local Dental Societies

The federated governance system of the Association makes it imperative that the national association, and each of the state and local societies are administratively competent and financially viable, both in the long-term and the short-term. Circumstances may arise when the resources of the national association are required in order to maintain this viability. The following guidelines and criteria are used by the Board of Trustees to evaluate a request for financial assistance by state and local dental societies. A request for financial assistance must be submitted using the application form (Appendix 1). Submitting an application does not confer on the applicant a right to financial assistance. Final decisions regarding the provision of such assistance rest with the Board of Trustees.

In applying these guidelines and making decisions concerning approval of requests for financial assistance, the Board also carefully considers the budgetary impact of granting such requests. In most cases, since the timing of such requests very rarely coincides with the annual budget cycle, the funding of such requests must come from either the Contingency Fund in the annual operating budget or from Reserves. The Board carefully weighs the intrinsic strategic value of the issue being addressed in justifying the use of either of these funding sources. The provision for preliminary funding at the discretion of the president, president-elect, and the executive director is subject to other policy within the Organization and Rules of the Board of Trustees.

The following outlines four broad circumstances under which financial assistance may be considered, along with guidelines and criteria for each:

**Pro-active or re-active legal actions having national significance.**

- The request, along with the application, must originate with the officers of the state society, through its ADA Trustee to the President of the Association. Local societies and individual ADA members must make the request with the support of, and through, the state society.
- The request must clearly outline the circumstances that have led to the request; documentation that alternative resources have been considered; and documentation that alternate resources are inadequate to solve the problem.
- The request must be timely with respect to the course of action chosen; the course of action for which support is requested must be the best method of accomplishing the desired result for the association; and there must be a reasonable chance for success on the merits in the matter. The request must indicate if the request is one-time in nature, of limited term, or ongoing. The requesting party must outline a timeline for use of funds.
- The ADA must have authority to participate in and direct the project for which the funds are requested, to the extent it considers appropriate and necessary (e.g., selection of outside counsel in legal matters; participation in the development of strategies; and participation in decision making on issues that may affect the outcome of the matter). The requesting party must demonstrate a significant commitment to the matter, in almost all cases of a financial nature, and must make a commitment that the funds will be used only for the specific purpose stated in the request.
- The ADA may request additional supporting documentation on a case-by-case basis to substantiate the request, including but not limited to a projected budget, copies of correspondence, court documents and related materials, etc.
- Before a grant is approved by the ADA Board of Trustees, the ADA Legal Division shall reserve the right to investigate the facts of a matter to determine if the awarding of a grant will create any possible legal liability to the ADA.
- The requesting party must agree to provide the ADA with periodic reports and a final report, upon request, with documentation of how the funding has been used, including permission to allow the ADA to examine financial books and records regarding the matter.
- The matter must be of national significance to the dental profession and must be supportive of the programs, policies and mission of the Association.
- The requesting party must demonstrate that a contingent fee legal arrangement was explored and that it cannot be used in connection with the proposed lawsuit. Alternatively, the requesting party
must demonstrate why a contingent fee legal arrangement would not adequately accomplish the desired result for the profession.

- For pro-active legal actions, the request to the ADA must be at least 30 days prior to the selection of counsel, prior to the filing of the lawsuit and prior to determining the precise nature of the legal claim.

**Natural disaster or catastrophic event affecting the financial viability of the state or local society.**

A disaster is defined as a “sudden occurrence which inflicts widespread catastrophic damage to a large geographic area and/or which generally affects a large number of individuals.” Disasters can be both natural and caused by human conduct. Examples include, but are not necessarily limited to: civil disorders (excluding acts of war), explosions, fires, tornadoes, earthquakes, floods, tidal waves, wildfires, hurricanes, ice storms, and similar natural disasters.

- The request, along with the application, must originate with the officers of the state society, through its ADA Trustee to the President of the Association. Local societies must make the request with the support of, and through, the state society. Individual ADA members may qualify for financial assistance through the ADA Foundation.
- The request must clearly outline the circumstances that have led to the request; documentation that alternative resources have been considered; and documentation that alternate resources are inadequate to solve the problem.
- The request must be timely with respect to the course of action chosen; the course of action for which support is requested must be the best method of accomplishing the desired result for the association; and there must be a reasonable chance for success on the merits in the matter. The request must indicate if the request is one-time in nature, of limited term, or ongoing. The requesting party must outline a timeline for use of funds.
- The ADA must have authority to participate in and direct the project for which the funds are requested, to the extent it considers appropriate and necessary (e.g., selection of outside counsel in legal matters; participation in the development of strategies; and participation in decision making on issues that may affect the outcome of the matter). The requesting party must demonstrate a significant commitment to the matter, in almost all cases of a financial nature, and must make a commitment that the funds will be used only for the specific purpose stated in the request.
- The ADA may request additional supporting documentation on a case-by-case basis to substantiate the request, including but not limited to a projected budget, copies of correspondence, court documents and related materials, etc.
- Before a grant is approved by the ADA Board of Trustees, the ADA Legal Division shall reserve the right to investigate the facts of a matter to determine if the awarding of a grant will create any possible legal liability to the ADA.
- The requesting party must agree to provide the ADA with periodic reports and a final report, upon request, with documentation of how the funding has been used, including permission to allow the ADA to examine financial books and records regarding the matter.

**State or local society is confronting a financial crisis threatening its viability, due to (but not limited to): lawsuit; lack of financial reserves; lack of operating funds; embezzlement; dues-paying membership falling below a critical threshold; a dearth of volunteer leaders; a legislative or regulatory decision that threatens the charter of the non-profit association; or a combination of any of the above-mentioned.**

- The request, along with the application, must originate with the officers of the state society, through its ADA Trustee to the President of the Association. Local societies must make the request with the support of, and through, the state society.
- The request must clearly outline the circumstances that have led to the request; documentation that alternative resources have been considered; and documentation that alternate resources are inadequate to solve the problem.
- The request must be timely with respect to the course of action chosen; the course of action for which support is requested must be the best method of accomplishing the desired result for the association;
and there must be a reasonable chance for success on the merits in the matter. The request must indicate if the request is one-time in nature, of limited term, or ongoing. The requesting party must outline a timeline for use of funds.

- The ADA must have authority to participate in and direct the project for which the funds are requested, to the extent it considers appropriate and necessary (e.g., selection of outside counsel in legal matters; participation in the development of strategies; the selection of an interim management and administrative third-party that is mutually agreed upon and may be familiar with the operation of the requesting state or local society; and participation in decision-making on issues that may affect the outcome of the matter). The requesting party must demonstrate a significant commitment to the matter, in almost all cases of a financial nature, and must make a commitment that the funds will be used only for the specific purpose stated in the request.

- The ADA may request additional supporting documentation on a case-by-case basis to substantiate the request, including, but not limited to, a projected budget, copies of correspondence, court documents and related materials, etc.

- Before a grant is approved by the ADA Board of Trustees, the ADA Legal Division shall reserve the right to investigate the facts of a matter to determine if the awarding of a grant will create any possible legal liability to the ADA.

- The requesting party must agree to provide the ADA with periodic reports and a final report, upon request, with documentation of how the funding has been used, including permission to allow the ADA to examine financial books and records regarding the matter.

- In order to be considered for financial assistance, the requesting state or local society must have provided information to the ADA as described in the “Membership Success Factors” tool available through the ADA Division of Member and Client Services.

**New programs or initiatives that have national significance.**

- The request, along with the application, must originate with the officers of the state society, through its ADA Trustee to the Executive Director of the Association. Local societies and individual ADA members must make the request with the support of, and through, the state society.

- Only requests for new programs or initiatives that are consistent with the ADA Strategic Plan and ADA policies will be considered.

- The request must detail the exact uses of the requested funds and the strategic value of such uses, as well as why the requesting organization cannot provide the requested funding themselves, including documentation that alternative resources have been considered and documentation that alternate resources are inadequate to implement the initiative or program.

- The request must indicate if the request is one-time in nature, of limited term, or ongoing. The requesting party must outline a timeline for use of funds.

- Such requests will only be considered in conjunction with the next annual budget cycle of the ADA, which typically begins in February each year. The ADA annual budget process depends on an intra-divisional evaluation of those programs that provide the most value to members and are sound investments in the future. This process requires prioritization based on the ADA Strategic Plan. To determine how the requested financial assistance fits within the context of ADA’s overall budget package, such request would need to go through the same rigorous review. Ultimately the Administrative Review Committee of the ADA Board will make the recommendation as to whether the requested financial assistance is included in the operating budget presented to the ADA Board for consideration and approval.

- The ADA must have authority to participate in and direct the project for which the funds are requested, to the extent it considers appropriate and necessary (e.g., selection of outside counsel in legal matters; participation in the development of strategies; and participation in decision making on issues that may affect the outcome of the matter). The requesting party must demonstrate a significant commitment to the matter, in almost all cases of a financial nature, and must make a commitment that the funds will be used only for the specific purpose stated in the request.

- The ADA may request additional supporting documentation on a case-by-case basis to substantiate the request, including but not limited to a projected budget, copies of correspondence, court
documents and related materials, etc. Before a grant is approved by the ADA Board of Trustees, the ADA Legal Division shall reserve the right to investigate the facts of a matter to determine if the awarding of a grant will create any possible legal liability to the ADA.

- The requesting party must agree to provide the ADA with periodic reports and a final report, upon request, with documentation of how the funding has been used, including permission to allow the ADA to examine financial books and records regarding the matter.
Appendix 5. American Dental Association and Association of Dental Support Organizations
Joint Statement on the ADA Principles of Ethics and Code of Professional Conduct

The Association of Dental Support Organizations (ADSO) supports membership in the American Dental Association (ADA). To this end, the ADSO today affirmed its commitment to the ADA Principles of Ethics and Code of Professional Conduct (ADA Code). Continued public trust in the dental profession depends on the shared commitment of all in the dental community to these high ethical standards. The ADA welcomes the ADSO’s endorsement of ADA membership and is pleased to join in and support ADSO’s public pledge to honor the ADA Code, a copy of which can be accessed here.

The ADA Code is a cornerstone of the ADA. ADA members agree to abide by the Code as a condition of membership in the Association. The Principles of Ethics that form the foundation of the ADA Code are patient autonomy (“self-governance”), nonmaleficence (“do no harm”), beneficence (“do good”), justice (“fairness”) and veracity (“truthfulness”). The ADSO affirms its support of these principles and commits to fully supporting environments conducive to the ethical practice of dentistry.

Members of the ADSO believe in a simple goal: to provide non-clinical business support services to dentists. These services allow dentists to devote their time and attention to delivering high-quality care to patients in accordance with their best professional judgment and without outside influence or incentives. Preserving the sanctity of the dentist-patient relationship is of utmost importance to both the ADA and the ADSO. The ADSO agrees with the ADA Code and is committed to supporting all dentists in meeting their ethical obligations to patients and the communities they serve.

The ADA’s Member First 2020 Strategic Plan emphasizes that the ADA is committed to its member dentists with the Mission: Helping all members succeed. The ADSO’s commitment to the ADA Code and ADA membership for DSO supported dentists aligns with the ADA’s Mission and is of particular significance given the growing number of dentists who utilize dental support organizations to deliver nonclinical business support services.
Minutes of the Board of Trustees

October 14, 2014
San Antonio, Texas

Call to Order: The first session of the new Board of Trustees was called to order by President Maxine Feinberg on Tuesday, October 14, at 10:00 a.m., at the Henry B. Gonzalez Convention Center, Room 214 CD in San Antonio, Texas.


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, chief science officer; Kenneth Ohr, chief communications officer; Dave Preble, vice president, Practice Institute; Bill Robinson, vice president, Member and Client Services; Paul S. Sholtz, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujicic, chief economist and vice president, Health Policy Institute; James L. Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Also in attendance were: Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., deputy general counsel; Linda Hastings, senior director, Administrative Services; Michelle Kruse, manager, House of Delegates; Mona Martinez, coordinator, Board and House Matters; Lalita Pittman, senior manager, Office of the Executive Director/Officer Services; and Wendy Wils, deputy general counsel.

Before consideration of business, Dr. Feinberg called attention to the ADA Disclosure Policy and the requirement to disclose any conflicts; no conflicts were disclosed.

Approval of Agenda: Prior to approving the agenda, the following item was accepted as new business and added to the agenda: New Dentist Committee transitional annual meeting. On vote, the Board of Trustees adopted the following resolution.

B-132-2014. 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 2014-15 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 September 2014 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 Feinberg made the following liaison assignments to ADA councils and commissions.
Delegation to the FDI World Dental Congress: The following individuals were appointed by President Feinberg to serve as the delegation to the 2015 World Dental Congress to be held in Bangkok, Thailand.

Delegates
Dr. D. Gregory Chadwick, chair
Dr. Maxine Feinberg
Dr. Carol Gomez Summerhays
Dr. Charles Norman
Dr. Robert Faiella
Dr. Gary Yonemoto
Dr. James Zenk
Dr. Red Stevens
Dr. Chad Gehani
Dr. Gary Jeffers

Alternate Delegates
Dr. Mark Zust
Dr. Kathleen O’Loughlin

Appointment to the FDI Advisory Committee:
Dr. Maxine Feinberg, president
Dr. Charles Norman, immediate past president
Dr. James Zenk, member of the Board and ADA/FDI Delegation
Dr. Kathryn Kell, ADA/FDI Council Member
Dr. D. Gregory Chadwick, USA National Liaison Officer
Dr. Carol Gomez Summerhays, president-elect
Dr. Kathleen O’Loughlin, executive director
**Appointment of Standing Committees:** The Board of Trustees has the following standing committees: Audit, Budget and Finance, Compensation, Diversity and Inclusion, Governance, Information Technology, New Dentist, Pension, and Strategic Planning. New Dentist members are selected by the Board of Trustees and confirmed by the House of Delegates.

Accordingly, President Feinberg made the following appointments to the standing committees of the Board of Trustees for 2014-15.

**Audit Committee**
- Dr. Hilton Israelson, chair
- Dr. Joseph Crowley
- Dr. Gary Jeffers
- Dr. Rickland Asai
- Dr. Steven Kend, member, House of Delegates
- Dr. Robert Plage, member, House of Delegates
- Dr. Maxine Feinberg
- Dr. Carol Gomez Summerhays
- Independent Consultant

**Budget and Finance**
- Dr. Gary Roberts, chair
- Dr. Ron Lemmo
- Dr. Jonathan Shenkin
- Dr. James Zenk
- Dr. Jeffrey Cole
- Dr. Lindsey Robinson
- Dr. Billie Sue Kyger, member, House of Delegates
- Dr. Cesar Sabates, member, House of Delegates

**Compensation**
- Dr. Jeffrey Dow, chair
- Dr. Hal Fair
- Dr. Red Stevens
- Dr. Robert Bitter
- Dr. Ron Lemmo
- Dr. Maxine Feinberg
- Dr. Carol Summerhays

**Diversity and Inclusion**
- Dr. Gary Yonemoto, chair
- Dr. Terry Buckenheimer
- Dr. Andrew Kwasny
- Dr. Chad Gehani
- Dr. Thomas Gambre
- Dr. Maria Maranga, alumni member
- Dr. Keith Beasley, alumni member
- Dr. Maurice Edwards, alumni member

**Governance**
- Dr. Jeffrey Dow, chair
- Dr. Mark Zust
- Dr. Red Stevens
- Dr. Lindsey Robinson
- Dr. Thomas Gamba
- Dr. Maxine Feinberg
- Dr. Carol Gomez Summerhays
- Dr. Kathleen O'Loughlin

**Information Technology**
- Dr. Hilton Israelson, chair
- Dr. Joseph Crowley
- Dr. Andrew Kwasny
- Dr. Robert Bitter
- Dr. Maxine Feinberg
- Dr. Carol Gomez Summerhays
- Dr. Kathleen O'Loughlin
- Dr. Glen Hall, consultant

**Pension**
- Dr. Ronald Lemmo, chair
- Dr. Maxine Feinberg
- Dr. Carol Gomez Summerhays
- Dr. Kathleen O'Loughlin
- Mr. Paul Sholty
- Ms. Sabrina King
- Mr. J. Craig Busey, legal counsel
- Dr. James Zenk
- Dr. Robert Bitter
- Dr. Wendy Brown, member, House of Delegates
- Dr. Larry Browder, member, House of Delegates

**Strategic Planning**
- Dr. Hilton Israelson, chair
- Dr. Mark Zust
- Dr. Jeffrey Cole
- Dr. Rickland Asai
- Dr. Maxine Feinberg
- Dr. Carol Gomez Summerhays
- Dr. Kathleen O'Loughlin
- Dr. Craig S. Armstrong, member, House of Delegates
- Dr. Barbara Rich, member, House of Delegates
Without objection the following resolution was adopted.

**B-133-2014. 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 140, the duties of the Committee include serving as members, without the power to vote, on councils and commissions of the Association for 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.

A motion was made to amend the slate of appointments as presented regarding the nominee to the Council on Government Affairs to allow the Board of Trustees to further consult with the New Dentist Committee and determine an appointee at a later date. The amendment was approved. Resolution B-134, as amended, was adopted.

**B-134-2014. 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. Rachel Hymes
- **Council on ADA Sessions**
  Dr. Chris Hasty
- **Council on Communications**
  Dr. Eric Childs
- **Council on Dental Benefit Programs**
  Dr. Kendra Zappia
- **Council on Dental Education and Licensure**
  Dr. Ryan Ritchie
- **Council on Dental Practice**
  Dr. Irene Marron
- **Council on Ethics, Bylaws and Judicial Affairs**
  Dr. Emily Ishkanian
- **Council on Government Affairs**
  TBD
- **Council on Membership**
  Dr. Heath Maupin
- **American Dental Political Action Committee**
  Dr. Justin Norbo

**Appointment of Representatives to Other Organizations and Activities:** The following appointments of representatives and members of other committees were also made by President Feinberg.

- **Official Observer to the American Medical Association House of Delegates**
  Dr. Don Seago
- **Official Observer to the American Hospital Association House of Delegates**
  Dr. John Fisher
- **Liaison to the American Student Dental Association**
  Dr. Jeffrey Cole
Appointments of Representatives to Other Organizations and Activities (Continued):

Liaison to the Alliance of the American Dental Association
Dr. Thomas Gamba

Dental Lifeline Network Board of Directors
Dr. Terry Buckenheimer
Dr. Joseph Crowley

American Board of Dental Examiners, Inc. (ADEX)
Dr. Ron Lemmo

ADEA Commission on Change and Innovation on Dental Education
Dr. Hal Fair

Other Committees or Task Forces:

American Dental Political Action Committee Board of Directors
Dr. Joseph Crowley

Presenter of Board Reports to the House of Delegates
Dr. Jeffrey Dow

Liaison to Standards Committee on Dental Informatics
Dr. Hal Fair

Give Kids A Smile National Advisory Committee
Dr. Gary Roberts

Gold Medal Award for Excellence in Dental Research Selection Committee
Dr. Red Stevens

Norton Ross Selection Committee
Dr. Gary Jeffers

Publishing Liaison
Dr. Red Stevens

Corporate Relations
Dr. James Zenk
Dr. Andrew Kwasny
Dr. Carol Gomez Summerhays

Joint Advisory Committee on International Accreditation
Dr. Chad Gehani, chair
Dr. Gary Herman, at-large member
Dr. Steven Tonelli, at-large member
Dr. Denise Kassebaum, CODA representative
Dr. Karen West, CODA representative
Dr. Maxine Feinberg, ex officio
Dr. Perry Tuneberg, ex officio

SPA Oversight Workgroup
Dr. Richard Black, CGA member, chair
Dr. Gary Yonemoto
Dr. Jeffrey Cole
Dr. J. Barry Howell, CGA member
Dr. Ralph Howell, CC member

Dental Quality Alliance Committee
Dr. Joseph Crowley
Dr. Robert Mazolla, CDBP member
Dr. Miranda Childs, CDP member
Dr. Michael Breault, CGA member
Dr. David Schirmer, CAPIR member
Other Committees or Task Forces (Continued):

Dental Content Committee
- Dr. Gary Yonemoto, chair
- Dr. Gary Jeffers, vice chair
- Dr. David Hamel, CDBP representative
- Dr. Gavin Harrell, CDBP representative
- Dr. Jonathan Knapp, CDP representative
- Dr. David Larson, CDBP representative
- Dr. Terry O’Toole, CDP representative

Alternates:
- Dr. Craig Ratner, CDP representative
- Dr. C. Rieger Wood, III, CDBP representative

ADA Library and Archives Advisory Board
- Dr. Hal Fair, chair
- Dr. Rickland Asai
- Dr. Steven J. Holm, CDEL member
- Dr. David C. Sarrett, CDEL member
- Dr. Elliot Abt, CSA member
- Dr. Thomas Hart, CSA member
- Dr. Ruchi Sahota, at-large member
- Dr. Harvey Mahler, at-large member
- Ms. H. Austin Booth, public member – special librarian

Workgroup on ADA/CODA Relationship
- Dr. Jeffrey Dow, co-chair
- Dr. Perry Tuneberg, co-chair
- Dr. Gary Jeffers
- Dr. Gary Roberts
- Dr. James Zenk
- Dr. Red Stevens
- TBD, CODA
- TBD, CODA
- TBD, CODA

Boards of ADA For-Profit and Not-For-Profit Subsidiaries

ADA Foundation
- Dr. Gary Yonemoto
- Dr. Terry Buckenheimer
- Dr. Gary Jeffers
- Dr. Rickland Asai

ADA Business Enterprises, Inc.
- Dr. Jeffrey Cole
Sessios of the Board of Trustees, 2014-15: The Bylaws (Chapter VII, Section 110A) requires that “The Board of Trustees shall hold a minimum of three regular sessions each year. The number of actual regular meetings to be held in excess of three for the ensuing year shall be determined in advance by the Board of Trustees.” Without objection, Resolution B-135 was adopted:

**B-135-2014. Resolved,** that the sessions of the 2014-15 Board of Trustees are as follows:

- December 7-9, 2014 (Sunday – Tuesday)
- February 14-16, 2015 (Board Retreat, Key Largo, Florida) (Saturday – Monday)
- March 15-17, 2015 (Sunday – Tuesday)
- June 7-9, 2015 (Sunday – Tuesday)
- August 16-18, 2015 (Sunday – Tuesday)
- September 18-20, 2014 (Thursday – Saturday)
- October 4-6, 2015 (Sunday – Tuesday)
- November 10, 2015 (New Board of Trustees Meeting, Washington, D.C.)

**Motion to Limit Debate:** Dr. Hall provided a brief explanation on the motion to limit debate.

**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 Resolutions B-136 and B-137 were adopted.

**B-136-2014. Resolved,** that the 2014-15 President Corporate Officer Agreement be approved and adopted.

**B-137-2014. Resolved,** that the 2014-15 President-elect Corporate Officer Agreement be approved and adopted.

**Report on Change in ADA Reserve Investments:** The ADA was notified by its investment advisor, Ellwood Associates, of the departure of PIMCO’s founder. This departure was the second major departure in a year and indicated management instability that caused Ellwood to withdraw its recommendation of all PIMCO funds. As a result, the following two resolutions were presented to the Board for approval to make the change in investments from PIMCO funds to the new investment funds recommended by Ellwood Associates. Without objection Resolutions B-138 and B-139 were adopted.

**B-138-2014. Resolved,** that the portion of ADA Reserves invested in the PIMCO Short-Term Fund be transferred to the Dimensional Fund Advisors (DFA) One Year Fixed Income Portfolio Fund as recommended by Ellwood Associates.

**B-139-2014. Resolved,** that the portion of ADA Reserves invested in the PIMCO Moderate Duration Fund be transferred to the TCW MetWest Intermediate Fund as recommended by Ellwood Associates.

**New Business**

**New Dentist Committee Leadership Component:** Based on feedback from new dentist leaders, Dr. Buckenheimer reported the concern from some new dentist members on how the New Dentist Committee will be moved into the ADA annual meeting. In particular, new dentist members conveyed how important it was to them that the leadership components of the New Dentist Conference carry on. In light of this concern Dr. Buckenheimer moved that the Board discuss and determine the feasibility of having a leadership development conference that would coincide with the Board’s 2015 summer session.
Resolved, that the Board discuss and determine a feasibility study and report back to the December Board on the development of a leadership development program for the summer of 2015.

Upon further discussion, it was noted that steps have already been taken to develop a strong leadership component. The New Dentist Committee has three members serving as consultants on the Council on ADA Sessions. This collaboration will ensure the meeting exceeds every expectation.

In addition, the February Board Retreat will feature Sarah Sladeck, author of The New Recruit, to talk about Millennials. Three members of the New Dentist Committee and three representatives from ASDA have been invited to attend. This dialog will provide a real opportunity for the Board to talk to new dentists about what the ADA should be doing and help plan for the future.

On vote, the motion for the Board to discuss and determine the feasibility of having a leadership development conference that would coincide with the Board’s 2015 summer session, failed.

**Invitation to World Congress 2015 – Dental Care and Oral Health for Healthy Longevity in an Aging Society:** Dr. Feinberg provided an update on the Japanese Dental Association’s invitation to participate at the World Congress 2015 meeting in Tokyo, March 13-15. The Tokyo meeting dates conflict with the Board of Trustees March 2015 meeting dates. It was determined that the ADA immediate and previous immediate past presidents, Dr. Charles Norman and Dr. Robert Faiella, respectively, would be asked to attend the March 13-15 Japanese Dental Association meeting on behalf of the Association.

**Internet Technology Update:** Ms. Mark reported that a hacker instigated the “Zero Day Virus” targeting Windows operating system. The ADA will communicate the implications of this virus to members.

**Legal Update:** Mr. Busey provided an update on oral argument before the U.S. Supreme Court in North Carolina Board of Dental Examiners and the Federal Trade Commission.

**President’s Gala:** Dr. Jeffrey Cole asked the Board to discuss the transition of the President’s Gala to the ADA Foundation event and his concern that this provides no opportunity to say goodbye to the outgoing ADA President. Dr. Feinberg indicated that this item would be added to the December Board agenda.

**Adjournment**

The Board adjourned sine die at 11:26 a.m.
Minutes of the Board of Trustees

December 8–9, 2014
Headquarters Building, Chicago

Call to Order: The second regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Maxine Feinberg, president, on Monday, December 8, 2014, at 8:04 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: Maxine Feinberg, Carol Gomez Summerhays, Jonathan D. Shenkin, Thomas W. Gamba, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O’Loughlin, Rickland G. Asai, Robert N. Bitter, Terry L. Buckenheimer, Jeffrey M. Cole, Joseph P. Crowley, Jeffrey Dow, Hal Fair, Chad P. Gehani, Hilton Israelson, Gary E. Jeffers, Andrew J. Kwasny, Gary L. Roberts, Lindsey A. Robinson, Red Stevens, 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. Gregory Chadwick, chair, ADA/FDI Delegation; Dr. Michael Glick, editor, The Journal of the American Dental Association; Dr. Albert Guay, chief policy advisor emeritus; Drs. Michael LeBlanc, chair and Christopher Hasty, vice chair, New Dentist Committee; Mr. Mark Weadick, managing director, Student Loan Capital Strategies LLC; and participants of the Institute for Diversity in Leadership.

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, 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, chief science officer; Kenneth Ohr, chief communications officer; David Preble, vice president, Practice Institute; Bill Robinson, vice president, Member and Client Services; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujicic, chief economist and vice president, Health Research Institute; James Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs and interim senior vice president, Science/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; Karen Hart, director, Council on Dental Education and Licensure; Linda Hastings, senior director, Administrative Services; Judith Jakush, editor, ADA News; Alynna Johnson, coordinator, Publications and Programs, Administrative Services; Michelle Kruse, senior manager, House of Delegates; and Wendy J. Wils, Esq., deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

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

Preliminary

Approval of Agenda and Consent Items

Approval of Agenda. Before requesting approval of the agenda, Dr. Feinberg asked if there were any items of new business. Dr. Buckenheimer requested on opportunity to comment on a debate on mid-level providers that will be conducted by ASDA in Florida.
Without objection the new item of business was added to the agenda and the amended agenda was adopted by general consent.

**B-155-2014. Resolved**, that the agenda as amended be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

**Consent Calendar.** Dr. Feinberg reviewed the list of proposed consent reports and resolutions; no reports or resolutions were removed from consent. Without objection the following reports of the Board standing committees were added to the consent calendar: Report of the Governance Committee; Report of the Information Technology Committee; Report of the Pension Committee; Report of the Strategic Planning Committee. By general consent the amended consent calendar was adopted.

**B-158-2014. 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 Meetings of the Board of Trustees**

*Minutes of the September 18-20, 2014, Meeting of the Board of Trustees.* The following resolution was adopted by the Board of Trustees (consent calendar action).

**B-159-2014. Resolved**, that the minutes of the September 18-20, 2014, meeting of the Board of Trustees be approved.

*Minutes of the October 14, 2014, Meeting of the Board of Trustees.* The following resolution was adopted by the Board of Trustees (consent calendar action).

**B-160-2014. Resolved**, that the minutes of the October 14, 2014, New Board of Trustees meeting be approved.

**Report on Mail Ballot Actions:** In accordance with the *Organization and Rules of the Board of Trustees*, the following mail ballot actions are reported in the minutes of the next regular meeting of the Board of Trustees. Each mail ballot resolution was unanimously approved (consent calendar item).

*Mail Ballot No. 3—Approval of Consultants to the Council on Scientific Affairs.*

**B-140-2014. Resolved**, that the consultants to the Council on Scientific Affairs be approved for terms ending with the 2015 ADA annual meeting.

*Note. The list of approved CSA consultants appears in Appendix 1.*

*Mail Ballot No. 4—New Dentist Committee Ex Officio Appointments*

**B-142-2014. Resolved**, that the following New Dentist Committee ex officio appointments be approved.

- Council on Members Insurance and Retirement Programs—Dr. Jill McMahon, 8th District
- Council on Government Affairs—Dr. Martin Smallidge, 4th District

*Mail Ballot No. 5—Minutes of the Special Session of the Board of Trustees*

**B-143-2014. Resolved**, that the minutes of the October 29, 2014, special session of the Board of Trustees be approved. (Confidential)
Reports of Standing Committees of the Board of Trustees

Report of the Audit Committee: On behalf of the Audit Committee, Dr. Hilton Israelson, chair, presented the report of the Committee’s December 6, 2014, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Budget and Finance Committee: On behalf of the Budget and Finance Committee, Dr. Gary Roberts presented the report of the Committee’s December 6, 2014, meeting. The report identified the major topics discussed, reports received and actions taken. The following resolutions were presented for the Board of Trustees’ consideration.

Replacement of Large Cap Manager. On behalf of the Committee, Dr. Roberts moved the following resolution with the recommendation it be adopted; the resolution was adopted by general consent.

**B-164-2014. Resolved,** that with respect to ADA’s investment of Restricted Reserves, ADA (1) replace INTECH U.S. Growth Fund (“INTECH”) with the T. Rowe Price Institutional Large Cap Growth Strategy and (2) add the Vanguard 500 Index as a passively managed core strategy using proceeds from INTECH and a portion of the Dodge & Cox Stock Fund, as recommended by Ellwood Associates.

Contingent Fund Request (2015)—Advanced Dental Admission Test Development. On behalf of the Committee, Dr. Roberts moved the following resolution with the recommendation it be adopted. The Board adopted the following resolution by general consent.

**B-157-2014. Resolved,** that the following appropriation be made from the 2015 Contingent 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 Education and Professional Affairs**
  - Cost Center 090-1600-000
    - Development of Advanced Dental Admission Test – Up to $350,000

Universal Assessment Criteria. On behalf of the Committee, Dr. Roberts moved Resolution B-165, calling for approval of the Universal Assessment Criteria for 2016 (Appendix 2), with the recommendation it be adopted. The Board discussed the universal assessment criteria proposed by the Committee. Based on concerns that the criteria were not fully developed, a motion was made to refer the criteria back to the Budget and Finance Committee for revision with a report at the Board’s March 2015 meeting. Following extensive discussion and on vote, the motion to refer Resolution B-165 was adopted.

Later in the meeting a motion was made to recall from committee Resolution B-165. Without objection the motion to recall from committee was approved. It was reported that a Board work group reviewed the criteria for the purpose of addressing the concerns raised by the Board. Dr. Lemmo presented the revised criteria and noted that the number of criteria increased from three to four, which resulted in each Strategic Plan objective being assigned a criteria. A motion was made to amend Resolution B-165 as follows:

**Resolved,** that the Universal Assessment Criteria for 2015 be approved in substantially the form attached to the December 2014 Report of the Budget and Finance Committee agreed to by the criteria work group, which is based on the first four objectives of Members First 2020.

Following discussion, the motion to amend B-165 was adopted. On vote, Resolution B-165, as amended, was adopted.

**B-165-2014. Resolved,** that the Universal Assessment Criteria for 2015 be approved in substantially the form agreed to by the criteria work group, which is based on the first four objectives of Members First 2020.
Release of Financial Reporting Package. On behalf of the Committee, Dr. Roberts moved the following resolution with the recommendation it be adopted. The Board of Trustees adopted the following resolution by general consent.

B-149-2014. Resolved, that the ADA quarterly financial statements as of September 30, 2014, be filed and posted in the appropriate delegates section.

Capital Replacement Reserves Appropriation—ADA Washington Office Building. On behalf of the Committee, Dr. Roberts moved the following resolution with the recommendation it be adopted. The Board of Trustees adopted the following resolution by general consent.

B-163-2014. Resolved, that an appropriation of up to $330,000 be made from the ADA’s Capital Replacement Reserve Account to fund the following costs related to the exterior of the ADA’s DC building: (1) repair of failing connections of a pre-cast panel and (2) replacement of the failed and open sealant joints of the entire building exterior, and be it further
Resolved, that the expenditure of these funds be tracked in a separate cost center as part of the ADA Capital Replacement Reserve Account with separate appropriate monthly reporting of activity and remaining Account balance.

Contingent Fund Request (2015)—Power of Three Branded Logos and Website Templates for State and Local Societies. On behalf of the Committee, Dr. Roberts moved the following resolution with the recommendation it be adopted. The Board of Trustees adopted the following resolution by general consent.

B-162-2014. Resolved, that the following appropriation be made from the 2015 Contingent 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 request.

Division of Communications and Marketing
(Cost Center 090-1240-000)
Power of Three Branded Logos and Website Templates for State and Local Societies – Up to $208,400

Capital Replacement Reserve Appropriation—Tenant Improvement Costs for New Lease. The Board of Trustees adopted by general consent Resolution B-166, which authorized an appropriation of up to $866,688 for tenant improvement costs for a new lease. At the present time, the text of Resolution B-166-2014 is embargoed.

Report of the Diversity and Inclusion Committee: On behalf of the Committee, Dr. Gary Yonemoto, chair, presented the report of the Diversity and Inclusion Committee’s December 5, 2014, meeting. The report identified major topics discussed or reports received and actions taken.

Report of the Governance Committee: The Governance Committee report and resolution was added to the consent calendar. The Governance Committee submitted a report on its December 6, 2014, meeting. The report identified major topics discussed or reports received and actions taken (consent calendar item).

Executive Director Succession Plan. The Committee reported that the current Executive Director Succession Plan was reviewed and no changes recommended.

Standing Committee Meeting Schedule. The Committee commented on the overlapping schedule of standing committee meetings held before each meeting of the Board of Trustees. The Governance Committee noted that the President has the authority to expand the committee schedule from one to two full days and suggested that the committee schedule be expanded to two full days. A revised committee schedule will also allow Board members to observe committee meetings.

Attributes and Requirements for the Office of Treasurer. The Committee presented the following resolution, which was adopted by the Board of Trustees (consent calendar action).
**B-167-2014. Resolved**, that the Board publish in *ADA News* prior to the House at which an election for Treasurer will be held, the following set of desirable attributes for those seeking the office of Treasurer and set of requirements for those seeking that office and a standard curriculum vitae form designed to elicit information from candidates about these attributes and requirements for the office of Treasurer:

- **Desirable attributes to help inform the House’s consideration of candidates for the office of Treasurer:**
  1. Excellent communication skills so as to be able to assist in interpreting Association finances and effectively share financial information with the House of Delegates and the membership;
  2. High integrity; and
  3. Experience with the ADA budget process and finances such as may be obtained from serving as a delegate, trustee, council member or similar service.

- **Requirements for the office of Treasurer to inform the House:**
  1. Be an active, life or retired member, in good standing;
  2. Not be a trustee or elective officer [other than the sitting Treasurer] of the Association; and
  3. Possess a strong background in finance as evidenced by service in roles such as: treasurer of a constituent society or specialty organization; member for two or more years of a finance committee or audit committee of a constituent society or specialty organization; member of a board of directors of a for-profit corporation or for-profit subsidiary of a constituent society or specialty organization; or any other position(s) providing comparable experience.

**Comments of the Speaker of the House of Delegates Regarding Observers at Standing Committee Meetings:** At the request of Dr. Feinberg, Dr. Hall provided information on the purpose and function of standing committees. He advised that Board members attending standing committee meetings as observers are guests and, in order to allow the committee to conduct its business in an efficient manner within its allotted time frame, they should not participate in the meeting or offer testimony unless invited. If non-committee Board members wish an opportunity to address the committee, they may request an opportunity to address the committee or convey concerns regarding any matter before the committee by emailing the committee chair. Or, any concerns or comments about an issue before a standing committee could be raised during the regular Board meeting.

**Report of the Compensation Committee:** The report of the Compensation Committee was presented in a closed session by Dr. Jeffrey Dow, Committee chair.

*Compensation of Executive Director.* In open session, the Board of Trustees adopted the following resolution.

**B-172-2014. Resolved,** that the Board of Trustees expresses its general agreement with the base salary range provided by Arthur J. Gallagher and Co., and therefore authorizes the Compensation Committee to negotiate an employment agreement consistent with the range suggested in the Arthur J. Gallagher report for subsequent approval by this Board.

*Executive Director’s Goals.* In open session, Dr. Dow moved on behalf of the Committee a motion to accept the goals for the Executive Director’s performance in 2015 developed by the Committee. Hearing no questions or comments on the proposed goals, the motion was approved by general consent.

**Report of the Information Technology Committee:** The Information Technology Committee submitted a report on its December 5, 2014, meeting. The report identified major topics discussed, reports received and actions taken (consent calendar item).

**Report of the Pension Committee:** The Pension Committee submitted a report on its December 5, 2014, meeting. The report identified major topics discussed, reports received and actions taken (consent calendar item).
Report of the Strategic Planning Committee: The Strategic Planning Committee submitted a report on its December 6, 2014, meeting. The report identified major topics discussed, reports received and actions taken (consent calendar item).

Communications and Marketing

Report of the Chief Communications Officer: ADA Spokesperson Candidate: The Council requested approval of an additional Spanish speaking spokesperson to represent the ADA in the media. The Board adopted the following resolution (consent calendar action).

B-154-2014. Resolved, that the following ADA national spokesperson candidate be invited to serve as a consumer advisor dental spokesperson through the 2015 annual meeting.

Consumer Advisor
Genaro Romo, Jr., D.D.S., Oak Lawn, IL (Spanish speaking)

Report of the Council on Communications: ADA Strategic Communications Plan: In accordance with its Bylaws duty to identify, recommend and maintain a strategic communications plan for the Association, the Council presented the strategic communications plan for the Board’s approval (consent calendar action).

B-150-2014. Resolved, that the 2015-2019 ADA Strategic Communications Plan developed by the Council on Communications be adopted.

Note. The 2015-2019 ADA Strategic Communications Plan appears in Appendix 3.

Report of the Senior Vice President, Government Affairs, and Chief Communications Officer: Action for Dental Health Progress Report: The Board received an update on issues and initiatives such as offering technical assistance for key states to utilize as Medicaid expansion occurs, Medical-Dental collaboration, Community Dental Health Coordinators, contracting between FQHCs and private practitioners, GKAS and MOM projects, long-term care initiative, fluoridation initiatives and ER referral. The report also gave an update on recent media outreach, coverage and metrics (consent calendar item).

Education/Professional Affairs

Report of the Division of Education and Professional Affairs: Consideration of the Future of Dentistry Study: At its September 2014 Board meeting, the Board of Trustees considered a report and recommendation for a Future of Dentistry Study by 2020. Also in September, the Board adopted a resolution to explore with appropriate agencies the need for a “Future of Dentistry” study by 2020 to analyze dentistry’s role in the future health system, including implications for the role of dentists and allied dental personnel, dental practice models, and dental education models.

The Division presented a resolution seeking approval for a work group to determine a plan, parameters and estimated costs for a study and present a recommendation whether or not to move forward with the study. Prior to taking action, the resolution was editorially corrected to change the word “December” in the third resolving clause to “October”; on vote, the Board adopted the following resolution.

B-156-2014. Resolved, that a work group be appointed by the President composed of representatives of the Board of Trustees, Council on Dental Education and Licensure, Council on Dental Practice and Council on Scientific Affairs, and be it further

Resolved, that the work group be charged with (1) making a recommendation to the Board on whether to move forward with the [Future of Dentistry] study, (2) suggesting parameters for the study, (3) developing a plan for conducting the study, and (4) estimating the financial impact, and be it further

Resolved, that the work group report back to the Board in October 2015.
Report of the Council on Dental Education and Licensure: Funding Request to Develop the Advance Dental Admission Test (ADAT): This report provided background for the funding request in the amount up to $350,000 to develop an advanced dental admission test. The Budget and Finance Committee recommended approval of Resolution B-157 and the Board adopted the funding request (See page 421).

Finance and Operations

Report on the Status of the 2015 Operating Contingent Fund and Approval of Supplemental Appropriation Requests: A Contingent Fund of $1 million was authorized in the 2015 budget. The Board of Trustees received for consideration at this session one request for 2015 supplemental funding.

   Power of Three Branded Logos and Website Templates for State and Local Societies. Based on the favorable recommendation of the Budget and Finance Committee, the Board adopted the funding request presented in Resolution B-162 (see page 422).

Informational Report on the Final Status of the 2014 Operating Contingent Fund: A $1 million Contingent Fund was authorized in the 2014 budget. To date, the Board of Trustees approved total supplemental requests in the amount of $1,016,100, leaving a deficit balance of ($16,100). An update on each approved 2014 approved contingent fund request was provided. It was noted that at the time this report was prepared, approximately one-third of the 2014 approved contingent funds had been spent (consent calendar item).

Global Affairs

Report of the 2015 Humanitarian Award Nominating Committee: This report presented background on the nominee for the ADA Humanitarian Award, and presented resolutions for approval of the 2015 Humanitarian Award recipient, a change in the monetary award for the recipient, and a change in the composition of the ADA Humanitarian Award Committee. The Board of Trustees adopted the following resolutions (consent calendar actions).

   2015 ADA Humanitarian Award Recipient

   B-146-2014. Resolved, that Dr. Francis Serio, North Carolina, be approved as the 2015 recipient of the ADA Humanitarian Award.

   Humanitarian Award Recipient—Monetary Award

   B-147-2014. Resolved, that the monetary award for the recipient to donate to a charity of choice be increased from $5,000 to $10,000 and the budget for the video production be reduced accordingly so that there is no negative affect to the overall budget of this program.

   Committee Composition

   B-148-2014. Resolved, that the composition of the ADA Humanitarian Award Committee be revised to include the following: the ADA president-elect, the executive director as chair, the CAPIR director, one member of CAPIR, two members of what is currently the International Development Subcommittee, and the manager, International Development and Outreach.

Report on the 2014 FDI Annual World Dental Congress: This report provided a summary of the 2014 FDI Annual World Dental Congress in New Delhi, India, September 11-14. Included in the report were personal comments from several 2014 ADA/FDI delegation members and ADA members holding positions on the FDI Council and Committees.
Government/Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: This report provided information on continuing work in support of student loan refinancing and interest deduction legislation in the U.S. House of Representatives and Senate. Other topics reported on included implementation of the Affordable Care Act and areas of focus by the ADA; support for the Action for Dental Health Act (H.R. 4395); lobbying activities; and state issues.

Mr. Graham also gave an oral report and some of the initiatives covered included the results of the 2014 elections; congressional budget reconciliation activities; the mid-level provider issue; tax and cash accrual issues; dental student debt discussions; ER referrals; new staff in the Washington Office; the 2014 Lobbyist Conference; and an upcoming CDHC Webinar.

Relative to Adult Medicaid issues, Dr. Feinberg appointed a Board work group of Drs. Dow (chair), Fair, Shenkin and Zenk to provide guidance on ADA efforts on this front. Dr. O'Loughlin also indicated that a staff work group from key councils would be formed to develop Medicaid reform models and materials for the Board work group.

Washington, D.C. Office Location. Mr. Graham also discussed new opportunities to improve the visibility of the ADA in D.C. by relocating the ADA Washington Office to a more favorable location on Capitol Hill. He presented a concept for the Board’s consideration. The Board postponed definitely consideration of the proposal until later in the meeting. Later in the meeting the Board continued its discussion of a proposed resolution. In response to a question about the current ADA Washington building, the disposition of the building would be addressed in the business plan. An editorial change was made to the resolution to reflect the precise actions to be taken. Subsequently, on vote, the Board of Trustees adopted the following resolution.

B-171-2014. Resolved, that staff evaluate the feasibility of the proposal and develop a business plan with detailed scenarios estimating benefits, risks and costs of purchasing a building in Washington, D.C. on Capitol Hill or in the vicinity of Capitol Hill and report back to the Board at the March 2015 meeting.

Health Policy Institute

Report of the Health Policy Institute (HPI): Annual Update on the State of the Dental Market: This update serves as an ongoing “environmental scan” for the ADA on key trends in the dental care sector. The report summarized some of the main conclusions related to the shifting dental care environment based on selected research from the HPI (consent calendar item).

Using PowerPoint slides, Dr. Vujicic presented highlights from the report and responded to questions from Board members.

Report of the Health Policy Institute: Invitation to Sit on Advisory Board of Report Wood Johnson Funded Research Project to Evaluate Innovative Oral Health Workforce Interventions: The Board of Trustees was informed of an opportunity for Marko Vujicic, ADA chief economist and vice president, Health Policy Institute, to serve on an Evaluation Advisory Committee for a project to evaluate a set of promising innovative workforce models for their effectiveness in promoting prevention activities. The Board was provided general information regarding the project, including several factors to consider relating to Dr. Vujicic’s participation. While no Board action was required, no objections were expressed regarding Dr. Vujicic’s participation.

Legal Affairs

outreach activities undertaken by the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) and provided information concerning future ethics outreach plans (consent calendar item).

**Member and Client Services**

**Report of the Vice President, Member and Client Services: Update on Development of Business Strategies for Student Loans:** This report provided information on a project to identify current market conditions for dental students and recent graduates for obtaining federal and private student loans, via primary origination and refinancing or consolidation loans. A preliminary presentation on this project was given at this meeting, with the final report completed by February 1, 2015.

**Report of the ADA’s 2015-2019 Diversity and Inclusion Plan and Framework:** The Board of Trustees was presented with a 2015-2019 Diversity and Inclusion Plan as a framework for elevating ADA’s diversity and inclusion efforts, as well as opportunities for measuring progress and results. The proposed plan is aligned with key goals and objectives in the Member First 2020 Strategic Plan and leverages collective efforts from key agencies within the ADA. Dr. Yonemoto, chair, Diversity and Inclusion Committee, gave an overview of previous diversity activities by the ADA, and commented on the plan’s objectives, strategies and metrics.

On behalf of the Committee, Dr. Yonemoto moved Resolution B-151; the Board of Trustees adopted the following resolution by general consent.

**B-151-2014. Resolved,** that the attached 2015-2019 Diversity and Inclusion Plan be adopted.

*Note. The 2015-2019 Diversity and Inclusion Plan is located in the Board of Trustees Resource Folder on ADA Connect.*

**Membership Growth Plan Update:** Mr. Robinson gave an oral report on the status of this initiative, commenting on the status of the plan’s goals and metrics. He also gave an update on the market share at the end of November 2014, commented on the status of key market categories, and gave an update on the funding provided for this initiative. An update was also provided on the Membership Plan for Growth (grant program).

**Report of the New Dentist Committee: Areas of Emphasis for 2015:** This report identified four areas of responsibility that the Committee will focus on during 2015.

**Report of the New Dentist Committee: Conference at ADA 2015:** The Committee presented a format for the New Dentist Conference that will coincide with the ADA annual meeting (ADA 2015). The Committee outlined the various activities that are being planned, and specifically identified activities where Board of Trustees participation is desired during the Conference.

**Practice Institute**

**ADA Standards Program Volunteer Award:** The Board of Trustees reviewed and adopted recommendations for the 2014 Standard Committee on Dental Products Volunteer Award and the 2014 Standards Committee on Dental Informatics Volunteer Award. The resolutions approving the recipients of these awards (Resolutions, B-152-2014 and B-153-2014), are embargoed until the awards are presented in March 2015 (consent calendar actions).

**Publishing**

**Report of the Senior Vice President, Business and Publishing: Transfer of Give Kids A Smile From Corporate Relations to the ADA Foundation:** The Board of Trustees adopted the following resolution (consent calendar action).
B-145-2014. Resolved, that the ADA Board of Trustees formally request that the ADA Foundation assume governance responsibility for the Give Kids A Smile program from ADA, and be it further Resolved, that the President appoint an ADA Board member to present this request to the ADA Foundation Board at the Foundation’s December board meeting, and be it further Resolved, that the transaction be revenue/expense neutral to the parties with details to be worked out internally between the ADA and the ADA Foundation, and be it further Resolved, that Resolution B-6-2013 (Trans:2013:164) be rescinded.

Science/Professional Affairs

Report of the Council on Scientific Affairs: Recent Activities: The Council’s report included information on staffing changes in the Division of Science, identified three programs as areas of emphasis for 2015; provided information on clinical guidelines either completed or under development; and other initiatives. The Council also reported on development of Clinical Practice Guidelines for Pit-and-Fissure Sealants and proposed the following resolution, which was adopted by the Board of Trustees (consent calendar action).

B-144-2014. Resolved, that the Board of Trustees approves the pursuit of joint copyright between the ADA and the American Academy of Pediatric Dentistry for the updated pit-and-fissure sealant clinical practice guideline, which is currently under development by both agencies in collaboration with the ADA Center for Evidence-Based Dentistry.

Organizational/Other

Quarterly Report of the ADA Foundation: This report identified the new members of the Foundation’s Board of Directors; acknowledged that it had assumed responsibility for the governance of the ADA Humanitarian Program; and reported on 2014 audit activities, Foundation grants and development activities. Information was also provided on the Dr. Anthony Volpe Research Center, including promotional and research activities, and collaborations with industry/private foundations (consent calendar item).

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 adopted the following resolution (consent calendar action).

B-161-2014. Resolved, that the Guidelines for Nominations to Councils, Commissions and the New Dentist Committee be approved.

Note. The approved Guidelines for Nominations to Councils, Commissions and the New Dental Committee are located in the Board of Trustees Resource folder on ADA Connect.

Report of ADA Business Enterprises: The Board received an informational report that summarized ADABEL’s activities through the third quarter 2014.

Report of the President: Dr. Maxine Feinberg provided an oral report on activities since her installation as President in San Antonio.

Report of the President-elect: Dr. Carol Summerhays presented a report that summarized her activities since her installation as President-elect in San Antonio.

Report of the Executive Director: Dr. Kathy O’Loughlin informed the Board of the availability of the third quarter management report and noted that enhancements to the report format will be made in 2015.

Dr. O’Loughlin also acknowledged retirements of Ken Ohr, Helen Cherrett, and Lalita Pittman and commended them on their service to the American Dental Association.
Presidential/Give Kids A Smile Gala: The Board of Trustees discussed the Presidential/Give Kids A Smile Gala held during the 2014 ADA meeting. The Board was informed that based on the success of the ADAF reception also held during the 2014 annual meeting, the Foundation will host a reception in 2015 instead of a Gala. The Board discussed options for a new event format that could celebrate the President, the Board, House members, and successes and accomplishments of the Power of Three. Based on the feedback given by the Board members, Dr. Summerhays and Mr. Goodman will develop options, including pricing and funding models for a new event format that will be held on Monday evening during the annual meeting, and report to the Board at its March 2015 meeting.

Liaison Reports

Report of Dr. Mark Zust, Liaison to the Council on Dental Benefit Programs: Dr. Zust reported on his attendance at the Council on Dental Benefit Programs November meeting, and also commented that as a member of the Strategic Planning Committee he presented the new plan to the Council.

Report of Dr. Gary Yonemoto, Liaison to the Council on Dental Practice: Dr. Yonemoto reported on his attendance at the Council of Dental Practice’s November meeting (consent calendar item).

Report of Dr. Jeffrey M. Cole, Liaison to the American Student Dental Association: Dr. Cole reported on the ASDA National Leaders Conference, commenting on the improved ADA presence at the Conference, which included officers, trustees, Council on Membership chair, and ADA membership staff. He also commented, however, that additional opportunities exist to improve ADA visibility and engagement with ASDA leaders and meeting attendees.

Report of Dr. Joseph Crowley, Liaison to the New Dentist Committee: In an oral report, Dr. Crowley commented on the Report of the New Dentist Committee. Dr. Crowley suggested giving the New Dentist Committee an opportunity for an additional meeting that would coincide with a summer meeting of the Board of Trustees in order to provide an opportunity for the Committee to interact with the leadership, and to convene a strategic session with the Committee and the Board. The expense for this additional meeting was estimated to be $25,000. Dr. Crowley proposed the following resolution for the Board’s consideration.

Resolved, that funding be approved for a second meeting of the New Dentist Committee to be held at one of the ADA Board summer sessions and that a strategic session be held during the Board meeting.

After discussing how to fund the additional meeting, it was decided that rather than fund the meeting through a contingent fund request or from reserves, the expense be absorbed through the Committee’s existing budget. The Board subsequently approved by general consent several amendments to the proposed resolution to indicate how the expense for the meeting will be managed and also added the year “2015” to specify when the additional meeting will be held.

The Board of Trustees adopted by general consent the following amended resolution.

B-170-2014. Resolved, that a second meeting of the New Dentist Committee be held at one of the ADA Board summer 2015 meetings and that a strategic session be held during the Board meeting, and be it further

Resolved, that any financial implication be absorbed in the 2015 budget.

Report of Dr. Joseph Crowley, Update on Dental Quality Alliance (DQA) Activities: Dr. Crowley reported on recent developments within the Dental Quality Alliance, including new organizational and associate members, and commented on the ADA’s role in the leadership of the DQA.

Report of Dr. Lindsey Robinson Regarding the Institute of Medicine (IOM), Health Literacy Roundtable: Dr. Robinson was assigned the new liaison position to the IOM Health Literacy Roundtable. Dr. Robinson gave an oral report on the background of the IOM and one of its standing committees—Health
Literacy Roundtable. She noted that the Roundtable does not develop policy but convenes workshops relative to health literacy and publishes the proceedings of these workshops.

**Special Orders of Business/Presentations**

**ADA Business Enterprises, Inc. Shareholder Meeting:** On Monday, December 8, the Board of Trustees convened a meeting of the Shareholder of ADA Business Enterprises, Inc.

**Appearance of Dr. Michael LeBlanc, chair, and Dr. Christopher Hasty, vice chair, New Dentist Committee:** Dr. LeBlanc and Dr. Hasty expressed their appreciation for the opportunity to meet with the Board of Trustees to ensure that the activities and focus of the Committee meets the Board’s expectations. Dr. LeBlanc and Dr. Hasty discussed plans and expectations for the New Dentist Conference, which will be held in conjunction with the 2015 ADA annual meeting in Washington, D.C., and the Committee’s collaboration with the Council on ADA Sessions to plan a successful Conference. Other activities the Committee will be focusing on include improving the Success Program; investigating and evaluating programs to enhance the value of ADA membership for new dentists; and enhancing its relationship with the American Student Dental Association.

**Appearance of Dr. Gregory Chadwick, chair, ADA/FDI Delegation:** Dr. Chadwick presented an overview of the ADA’s role within the FDI, noting that the ADA, as the largest national association in the FDI, has an important role within the FDI. Dr. Chadwick provided a brief history of the FDI, its organizational structure, its mission and vision, and responsibilities of the ADA Delegation during the FDI Dental Congress.

**Board of Trustees Diversity and Inclusion Program:** The members of the Diversity Institute along with Professor Keith Murnighan of the Kellogg School of Management met with the Board for its annual diversity and inclusion program. Members of the Institute for Diversity in Leadership in attendance at this session included: Dr. Abe Adulwaheed, Massachusetts; Dr. Xochitl Anderton, Texas; Dr. Kevin Bolden, Texas; Dr. Darwin Hayes, New York; Dr. Amanda Hemmer, Pennsylvania; Dr. Paul Hsiao, California; Dr. Mark Limosani, Florida; Dr. Caliza Marcos, California; Dr. Christina Meiners, Texas; Dr. Shane Murphy, Alaska; Dr. Robert Nguyen, Florida; Dr. Deryck Pham, New Jersey; Dr. Inna Piskorska, Texas; Dr. Zellisha Quam, New Mexico; and Dr. Rico Short, Georgia.

Professor Murnighan facilitated the program, with Institute members commenting on the following statements and questions:

- There is a percentage gap between the overall numbers of racially and ethnically diverse dentists and their membership in the ADA—what are your thoughts on why nonwhite dentists join the ADA at a slower rate than white dentists.
- How can the ADA and state and local dental societies increase value for members and prospective members in the area of products and services.
- Are you a member of a dental group or organization that is centered on your respective racial, ethnic or gender background? If yes, does that membership meet your needs in ways that the ADA does not? If no, why do you choose not to belong to a gender, racially or ethically centered dental group or organization?
- Do you think all dentists feel welcomed, included and valued by the ADA and the state and local dental societies? What specific actions can the ADA and state and local dental societies take to ensure that all dentists feel welcomed, included and valued?
- How important is it for the leadership of the ADA and state and local dental societies to be representative of their respective membership pools? Why? What steps can be taken by ADA and state and local dental societies to engage more women and diverse dentists in leadership roles at the state and local level?
- In what ways can the ADA and state and local dental societies maximize marketing, communications, and personal outreach efforts so that women, and/or dentists of racially, ethnically or diverse backgrounds feel a personal connection with the Association?
• How can the ADA and state and local dental societies demonstrate a stronger overall commitment to diversity and inclusion?
• What value is there in the ADA and state and local dental societies developing collaborative relationships with organizations representing women dentists or dentists from racially or ethnically diverse backgrounds?

The Board members had an opportunity to question the Institute participants regarding their comments and suggestions. The Board expressed their appreciation to the Institute members and Dr. Murnighan for their participation and openly sharing their perspectives on diversity.

Presentation on Student Debt Market: In conjunction with the Update on Development of Business Strategies for Student Loans, Mr. Mark Weadick, managing director, Student Loan Capital Strategies, gave an overview of the education loan market, explaining how various loan programs work and what financing is available to students, current market conditions, and options available to the ADA to help student address student debt. Mr. Robinson commented that the purpose of this presentation is to identify what additional information is needed in order to make a decision on the student debt issue.

Based on the information contained in the presentation, Dr. Feinberg indicated that she will appoint a work group to review the options presented and report back at the March 2015 Board meeting.

Tour of Video Studios: Mr. Jim Goodman arranged several group tours for Board members to preview the recently completed video studios.

New Business

Debate on Mid-Level Providers: Dr. Buckenheimer provided information on an upcoming debate on dental therapists that will take place at the University of Florida, described how this debate came about, and next steps after the debate.

Closed Session

Closed sessions were held at various times during the December 8-9, 2014, meeting of the Board of Trustees. The minutes of the closed sessions are separately recorded; however, non-confidential actions taken by the Board are reflected in the minutes of the open session.

Attorney-Client Sessions

Attorney-client sessions of the Board of Trustees were held on December 8, 2014, from 4:46 p.m. to 5:26 p.m., and December 9, 2014, from 8:03 a.m. to 8:45 a.m., to provide advice on pending litigation and legal matters of interest to the Association. Those in attendance included the officers and members of the ADA Board of Trustees, the General Counsel, and the Deputies General Counsel.

Report of the Division of Legal Affairs. The General Counsel gave this report during the attorney-client session.

Adjournment

The second regular session of the Board of Trustees was adjourned sine die at 11:49 a.m. on Tuesday, December 9, 2014.
Appendix 1. 2014–2015 Council on Scientific Affairs Consultants

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., M.S., Iowa City, IA
Bayne, Stephen C., Ph.D., Ann Arbor, MI
Bradford, Peter, Ph.D., Buffalo, NY
Browning, William D., D.D.S., M.S., Carsonville, MI
Brunette, Donald Maxwell, Ph.D., Vancouver, BC, Canada
Byrne, B. Ellen, D.D.S., Ph.D., Richmond, VA
Carey, Clifton, Ph.D., Aurora, CO
Cochran, David L., D.D.S., M.S., Ph.D., San Antonio, TX
Crews, Karen M., D.M.D., Gulfport, MS
Dawes, Colin, B.Sc., B.D.S., Ph.D., Winnipeg, MB, Canada
Drake, David R., M.S., Ph.D., Iowa City, IA
Dunn, William J., D.D.S., Helotes, TX
Fischman, Stuart L., D.D.S., Buffalo, NY
Fontana, Margherita, D.D.S., Ph.D., Ann Arbor, MI
Foulds, Jonathan, Ph.D., Hershey, PA
Fung, Eric, Ph.D., Lincoln, NE
Garcia, Raul I., D.M.D., M.Med.Sc., Wellesley, MA
Genco, Robert J., D.D.S., Ph.D., Amherst, NY
Gettleman, Lawrence M., B.A., D.M.D., M.S.D., Louisville, KY
Giddon, Donald, D.M.D., Ph.D., Wellesley, MA
Giovannitti, Joseph A., Jr., D.D.S., M.S., Pittsburgh, PA
Gotcher, Jack, D.M.D., Ph.D., Knoxville, TN
Gunsolley, John (Jack), D.D.S., M.S., Midlothian, VA
Hall, Andrew F., B.Ch.D., Ph.D., Dundee, Scotland, United Kingdom
Hatsukami, Dorothy K., Ph.D., Minneapolis, MN
Hayes, Catherine, D.M.D., Dr.Med.Sc., Newton, MA
Haywood, Van B., D.M.D., Augusta, GA
Heymann, Harald O., D.D.S., Apex, NC
Hilton, Thomas, D.M.D., M.S., Lake Oswego, OR
Hutter, Jeffrey, D.M.D., Boston, MA
Ismail, Amid, Dr.Ph, M.P.H., M.B.A., B.D.S., Orelan, 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.
Kohn, William, D.D.S., M.P.H., Oak Brook, IL
Kumamoto, David P., B.S.D., D.D.S., M.S., Chicago, IL
Leung, Kai P., Ph.D., San Antonio, TX
Levy, Steven M., D.D.S., M.P.H., Iowa City, IA
Li, Yiming, D.D.S., Ph.D., Loma Linda, CA
Lingen, Mark, D.D.S., Ph.D., Oak Park, IL
Lynch, Edward, Ph.D., Coventry, United Kingdom
Malamed, Stanley F., D.D.S., Canoga Park, CA
Mariotti, Angelo, D.D.S., Ph.D., Columbus, OH
Marshall, Milton V., Ph.D., Houston, TX
McGuire, Michael K., D.D.S., Houston, TX
Mealey, Brian, D.D.S., San Antonio, TX
Melloni, 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.M.D., Los Angeles, CA
Niederman, Richard, D.D.S., New York, NY
O’Brien, William J., Ph.D., Ann Arbor, MI
Olson, John W., D.M.D., Pewee Valley, 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., Cincinnati, OH
Plemons, Jacqueline M., D.D.S., M.S., Dallas, TX
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.D., Dallas, TX
Robinson, Peter J., D.D.S., Winnetka, IL
Rose, Louis F., D.D.S., M.D., Philadelphia, PA
Rossmann, Jeffrey A., D.D.S., M.S., Dallas, TX
Schallhorn, Robert G., D.D.S., M.S., Aurora, CO
Schenkein, Harvey A., D.D.S., Ph.D., Richmond, VA
Schifferle, Robert E., D.D.S., Ph.D., Buffalo, NY
Stamm, John W., D.D.S., Ph.D., Chapel Hill, NC
Stookey, George K., Ph.D., Noblesville, 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.PH, Gainesville, FL
Voipe, Anthony R., D.D.S., Somerset, NJ
Watson, Gene E., II, D.D.S., M.S., Ph.D., Rochester, NY
Weyant, Robert J., M.S., D.M.D., Dr.PH, Wexford, 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, BC, Canada
Zero, Domenick, D.D.S., M.S., Indianapolis, IN

**Strategic Plan Objectives**

- The public will recognize the ADA and its members as leaders and advocates in oral health.
- ADA’s member market share will equal at least 70% of active licensed dentists.
- ADA will achieve a 10% increase in the assessment of member value from membership.
- The roles and responsibilities of each element of the tripartite will be clearly defined and agreed upon.

**Program Assessment Criteria**

- Program causes public to recognize the ADA or its members as leaders in oral health.
- Program causes members to join the ADA.
- Program is strongly valued by members.
- States and Local organizations agree that the program is a responsibility of the national organization.

Unrestricted liquid reserves will be targeted at no less than 50% of annual operating expenses.

Non dues revenue will be at least 65% of total revenue.

Program financial results are presented separately and are therefore not reflected in Program Assessment Criteria.
Appendix 3. ADA Strategic Communications Plan to Support Members First 2020

Background

The Council on Communication’s bylaws call for it to recommend a strategic communications plan to the Association. This strategic communications plan supports Members First 2020, the ADA’s strategic plan for 2015-2019. Because the strategic plan lasts five years, this plan is designed to be flexible enough to add new programs and tactics as the ADA moves toward its goals.

Key Audiences

- Members and potential members
- Opinion leaders and other influencers
- Public audiences: current and potential dental patients and their caregivers

Strategic Plan Alignment

The central focus for the strategic communications plan falls directly under two of the Members First 2020 goals:

- the Membership Goal to increase member value and engagement, under Objective 1: The public will recognize the ADA and its members as leaders and advocates in oral health and the three strategies supporting this goal:
  - Align public awareness about oral health efforts across the three levels of organization.
  - Position ADA membership as a positive differentiating factor for patients.
  - Promote oral health through advocacy and science.

- the Organizational Capacity Goal under Objective 6 The roles and responsibilities of each element of the tripartite will be clearly defined and agreed upon:
  - Develop tools and resources for state and local society use which more closely integrate the branding and communications across the three levels of the organization.

Communications Goals

- Execute a comprehensive and flexible strategic communications plan to cover the five-year Members First 2020 plan, with detailed program elements and metrics for each year.
- Create and drive messaging strategy that demonstrates member value and supports Members First 2020 across to internal and external audiences.
- Share content and resources with state and local societies, as well as help identify best practices from other sources to share.
- Build ADA brand and reputation through vehicles that support programs like Action for Dental Health, evidence-based dentistry, oral health literacy and other initiatives that deliver on Objective one.
- Leverage channels that resonate with younger dentists to further demonstrate member value, including social, mobile and video.
- Collaborate across ADA agencies, as well as state and local societies, to identify and advance best practices to share across all levels of the organization.

Strategies

Program plans will be created for each year of Members First 2020, building on the successes of prior years, and considering any new developments. Elements of each year’s plan may include efforts to:

- Reinforce reputation of the ADA by showcasing the Code of Ethics as a differentiating factor of ADA membership.
• Create and execute public-facing initiatives that educate people about oral health and improve oral health literacy.
  o Tactics may include media outreach, satellite media tours, editorial packages shared with dental societies.
  o Topics may include consumer topics such as the oral systemic relationship, facial protection, diabetes, childcare, eldercare, oral cancer and tobacco usage.

• Provide online education resources to increase oral health literacy.
  o Continue to refresh MouthHealthy.org, the ADA's online resource to educate public audiences.
  o Create video content to capitalize on evolving media and preference of younger audiences: public, patients and dentists.
  o Tactics include adding more educational video and updating content and design as appropriate.

• Broaden reach and awareness by sharing ADA content with state and local dental societies.
  o Elements include for the strategic use of digital assets - MouthHealthy.org and ADA.org, social channels Facebook, Twitter, etc.
  o Expand the social sharing subscription service for dental societies and member dentists.

• Demonstrate ADA leadership and inform members and other professionals by providing professional resources about ethics, science and evidence-based dentistry, advocacy and government affairs and other topics pertaining to the profession.
  o Include ADA.org, e-publications, print pieces and other vehicles.

• Inform and educate opinion leader and stakeholder audiences about how ADA strives to address the dental health access by driving awareness for Action for Dental Health programs.
  o Elements include public relations, media outreach, social content, dental society outreach, toolkits.

• Conduct media relations on advocacy, regulatory and legislative activity and support member communications on federal advocacy initiatives and the State Public Affairs (SPA) program.

• Ensure consistency in messaging, branding, design and outreach as a shared service resource that supports other ADA agencies.
  o Programs include design, web and brand template implementation for dental societies, common editorial and media outreach calendars.

**Success Measures: Outcomes That Support Members First 2020**

Metrics will be identified at the outset of each program year to determine success. Some measurements will include:

• Growth in website traffic, page views and revenue, as well as utilization by state and local associations.
• Survey data on behavior changes in defined target audiences.
• Top tier media coverage: volume and sentiment.
• E-publication open and click-through rates.
• Leader/member feedback via ADA-conducted research.
• Adoption of integrated branding and website design templates
Minutes of the
House of Delegates

October 10–14
Minutes of the 155th Annual Session of the
American Dental Association House of Delegates

October 10–14, 2014
San Antonio, Texas

Friday, October 10, 2014

First Meeting of the House of Delegates

Call to Order: The First Meeting of the 155th 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, October 10, 2014, in the Henry B. Gonzalez Convention Center, Grand Ballroom C, Level 3.

Invocation: An invocation was offered by Dr. Edward Segal, Illinois, and was followed by a moment of silence.

Pledge of Allegiance: Rear Admiral Stephen M. Pachuta, US Navy, 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, and availability of district representatives who will assist the Speaker as sergeants-at-arm. The Speaker mentioned that the General Counsel advised that a closed session of the House, originally anticipated on the agenda at the end of the first meeting, was not needed. General Counsel’s comments would be presented in open session.

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: On behalf of the Texas Dental Association, the San Antonio District Dental Society, the Council on ADA Sessions, and the Local Arrangements Committee, Dr. Rise L. Martin, Texas, welcomed the members of the House of Delegates, staff and guests to San Antonio.


Report of the Standing Committee on Credentials, Rules and Order: Dr. Larry W. Osborne, Committee chair, presented the Committee’s report. The following requests relating to the credentialing of new delegates, alternate delegates, acting secretaries and acting executive directors were presented:

Delegate
Dr. David Bradberry, Georgia

Alternate Delegates
Dr. James Maragos, Illinois
Dr. John Fisher, Massachusetts
Dr. Frederick Sterritt, New Jersey
Dr. Paul Markowitz, New York
Dr. Lawrence Volland, New York
Dr. Laji James, Texas  
Dr. Todd Irwin, Washington  
Dr. Sammy B. Pak, Washington  

Secretaries  
Dr. Jonathan Woller, Alaska  
Mr. Bracken Killpack, Washington  

Dr. Osborne reported that the Committee considered the requests to be the result of extenuating circumstances and recommended the individuals be credentialed. Hearing no objections, the Speaker declared the credentials granted.

Dr. Osborne reported the presence of a quorum, and he reminded everyone of the provisions of the ADA Disclosure Policy in effect during the meetings of the House and during the reference committee hearings. The Speaker asked that such disclosures be made prior to speaking to any resolution where such relationship would be applicable.

Minutes of the 2013 Session of the House of Delegates. On behalf of the Committee, Dr. Osborne moved Resolution 31 (Supplement:1032). The Speaker asked if there were any corrections to the minutes; there were none. Without objection, the Speaker announced the minutes were approved.

31H-2014. Resolved, that the minutes of the 2013 session of the House of Delegates, as published in Transactions, 2013 (pages 277-375), be approved.

Adoption of Agenda and Order of Agenda Items. On behalf of the Committee, Dr. Osborne moved Resolution 32 (Supplement:1033). The Speaker asked if there was any discussion regarding the resolution; there was none. On vote, Resolution 32 was adopted.

32H-2014. Resolved, that the agenda as presented in the 2014 Manual of the House of Delegates and Supplemental Information be adopted as the official order of business for this session, and be it further Resolved, the Speaker is authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.

Referral of Reports and Resolutions. On behalf of the Committee, Dr. Osborne moved Resolution 33 (Supplement:1034). The Speaker announced that the Seventh District submitted Resolution 106 that proposes an amendment to the ADA Constitution and Bylaws regarding the office of first and second vice president. Resolution 106 will lay over to the 2015 House of Delegates in accordance with Article VIII of the Constitution.

The Speaker asked if there were any requests to withdraw a resolution; there were none.

The Speaker announced the following newly received resolutions and their reference committee referrals.

Committee A—Budget, Business and Administrative Matters  
Fifth Trustee District Resolution 112—Amendment of the Bylaws to Include the ADA Strategic Plan and the Powers of the Board of Trustees and Editorial Content of The Journal

Committee B—Dental Benefits, Practice and Related Matters  
Fourteenth Trustee District Resolution 110—Policy on Dentists’ Rating by Third Parties

Committee C—Dental Education, Science and Related Matters  
Ninth Trustee District Resolution 111—Titles and Descriptions of Dental Hygiene Continuing Education Courses

Committee E—Membership and Related Matters  
Fourteenth Trustee District Resolution 109—New Dentist Conference Alternatives
The Speaker asked if there was any discussion on Resolution 33; there was none. On vote, Resolution 33 was adopted.

**33H-2014. Resolved,** that the list of referrals recommended by the Speaker of the House of Delegates be approved.

Dr. Osborne noted that the balance of the Committee’s report was informational, but highlighted information regarding the process of substituting delegates and alternates during meetings of the House; the schedule of reference committee hearings; 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. Charles H. Norman, III, addressed the House of Delegates, commenting on his journey that has taken him to this moment as he concludes his service as ADA President. He spoke of opportunities to influence the next generation of dentists and “…the unique opportunity to shape the future of our profession.” He noted that during his term of office he “emphasized the importance of growing our membership market share by addressing today’s challenges and by delivering real value and solutions to our members.” Dr. Norman commented on accomplishments made during the year, including the roll out of the Action for Dental Health, the development of the new ADA Strategic Plan, and new collaborations through the Power of Three. He concluded his address by acknowledging all the support he received from family, friends, ADA staff and ADA members. The Report of the President (*Supplement:*6018) was referred to Reference Committee E (Membership and Related Matters) and was posted on ADA Connect. (A video recording of Dr. Norman's address to the House will be available on ADA.org until October 2015.)

**Presentation of the Distinguished Service Award:** Dr. Charles Norman presented the Distinguished Service Award, the highest award given by the ADA Board of Trustees, to Dr. Carl E. Misch. Dr. Norman highlighted Dr. Misch’s accomplishments as an educator, researcher, clinician and scholar. Because Dr. Misch was unable to be in attendance at the meeting, Dr. Norman presented the award to Dr. Misch in August.

**Presentation of Reports of the Board of Trustees:** On behalf of the Board of Trustees, Dr. Roger Kiesling, Eleventh District Trustee, presented the reports of the Board of Trustees to the House of Delegates. The Board expressed its appreciation to the members of the Council on ADA Sessions and the Committee on Local Arrangements, and their volunteers, for their dedicated work.

**Nominations to ADA Councils, Commissions and Committees.** Dr. Kiesling moved Resolution 30 (*Supplement*:1023) on behalf of the Board of Trustees. The Speaker asked if there were any additional nominations; hearing none, the Speaker declared the nominees duly elected.

**30H-2014. 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 also 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. Kiesling reported that the names of members retiring from ADA councils, commissions and committees are identified in Board Report 1. The Speaker asked the House to recognize the retiring members for their invaluable services to the profession.

Dr. Kiesling 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.
Nominations of Officers and Members of the Board of Trustees

President-elect: The Speaker called for nominations for the office of president-elect. Dr. John Liang, New York, nominated Dr. Steven Gounardes, New York, for the office of president-elect; Dr. James D. Stephens, California, nominated Dr. Carol G. Summerhayes, California, 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, October 13.

Second Vice President: The Speaker called for nominations for the office of Second Vice President. Dr. Nipa Thakker, Pennsylvania, nominated Dr. Thomas Gamba, Pennsylvania, for the office of second vice president. The Speaker asked if there were any additional nominations; there were none. In accordance with the ADA Bylaws, the Speaker declared Dr. Gamba duly elected. Dr. Gamba spoke briefly to the House, thanking the members of the House for the opportunity to serve as vice president.

District Trustees: The Speaker called for nominations for district trustee. Dr. Rekha C. Gehani, New York, nominated Dr. Chad P. Gehani, New York, as trustee for District 2; Dr. Edward H. Segal, Illinois, nominated Dr. Robert N. Bitter, Illinois, as trustee for District 8; Dr. David J. Dowsett, Oregon, nominated Dr. Rickland G. Asai, Oregon, as trustee for District 11; and Dr. Daniel Davidson, California, nominated Dr. Lindsey A. Robinson, California, as trustee for District 13. The Speaker asked if there were any additional nominations; there were none. In accordance with the ADA Bylaws, the Speaker declared Dr. Gehani, Dr. Bitter, Dr. Asai, and Dr. Robinson 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 9, 2014.

Special Orders of Business

Remarks by the Chair of the American Dental Political Action Committee (ADPAC): Dr. Kenneth D. McDougall, ADPAC chair, was accompanied to the podium by Dr. Paul Gosar, U.S. House Representative from Arizona, and Dr. Brian Babin, candidate for the U.S. House of Representatives from Texas. Brief remarks were given by Dr. McDougall on the value of contributions to ADPAC and how the House of Delegates is an integral part of advocacy for the American Dental Association.

Remarks by ADA General Counsel, Mr. Craig Busey: Mr. Busey commented on legal, strategic and operational risks to the Association and how the Board of Trustees, with the support of the legal staff, work to minimize these risks.

Adjournment

A motion was made to adjourn the First Meeting of the ADA House of Delegates by Dr. Thomas E. Kielma, Wisconsin. With no other business before the House, the Speaker declared the First Meeting of the ADA House of Delegates adjourned at 5:07 p.m., Friday, October 10, 2014.
Monday, October 13, 2014

Second Meeting of the ADA House of Delegates

Call to Order: The Second Meeting of the 155th Annual Session of the ADA House of Delegates was called to order at 8:00 a.m., Monday, October 13, 2014, 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 Norman for the presentation of Honorary Membership to the following individuals:

- Dr. Orlando Monteiro da Silva
- Dr. Alice Horowitz
- Professor Poul Erik Petersen
- Mr. James Williamson

Following the presentations, Dr. da Silva, Dr. Horowitz, Professor Petersen and Mr. Williamson gave brief remarks.

Report of the Committee on Credentials, Rules and Order: Dr. Larry Osborne, Committee chair, announced that the Committee had received requests relating to the credentialing of a new delegate and new constituent executive director. The Committee considered these requests to be the result of extenuating circumstances and recommended that the following individuals be credentialed.

Delegate
Dr. Stuart Wechter, Virgin Islands

Executive Director
Mr. Richard Whitehouse, Kentucky

Hearing no objections, the Speaker announced that the credentials were granted.

Dr. Osborne 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. Carol Gomez Summerhays, California, had been elected to the office of president-elect. Dr. Steven Gounardes and Dr. Carol Summerhays both spoke briefly before 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:
• Approval of 2015 Budget—Board of Trustees Resolution 21 (Reference Committee A)
• Changing Voting Requirements for Bylaws Changes—Eleventh Trustee District Resolution 108 and Reference Committee Substitute Resolution 108RC (Reference Committee D)
• Review of the ADA Constitution and Bylaws—Reference Committee D Resolution 118

The first priority agenda item was presented by Dr. Thomas M. Paumier, Ohio, chair, Reference Committee A.

Approval of 2015 Budget (Board of Trustees Resolution 21): The Reference Committee reported as follows:

The Reference Committee heard no testimony on Resolution 21 (Supplement:2036). The Reference Committee supports adoption of Resolution 21.

21. Resolved, that the 2015 Annual Budget of revenues and expenses, including net capital requirements be approved.

Dr. Paumier moved the adoption of Resolution 21 with the Committee Recommendation to Vote Yes.

The Speaker informed the House that it will be approving the preliminary budget at this time.

On vote, the preliminary budget was adopted. See page 528 for the adoption of the final budget (Resolution 21).

The second priority agenda item was presented by Dr. Sally J. Cram, District of Columbia, chair, Reference Committee D.

Changing Voting Requirements for Bylaws Changes (Eleventh Trustee District Resolution 108 and Reference Committee D Substitute Resolution 108RC): The Reference Committee reported as follows:

The Reference Committee heard extensive testimony both in support of and opposed to Resolution 108.

The Committee was conflicted by this resolution but was unanimous in agreeing this issue is a matter of such great importance that it should be debated by this House of Delegates and not referred.

Testimony indicated the entirety of the Bylaws should be reviewed and overhauled, since the last comprehensive rewrite of the Bylaws occurred in the late 1940s. With thorough consideration, it is the opinion of the Reference Committee that there is a growing will to modernize our Bylaws to keep the Association relevant. The recent expenditure of effort and money in the Governance Study and its subsequent rejection may have created fear of failure and an unwillingness to begin this task. It is also the belief of the Reference Committee that reducing the threshold for amending the Bylaws may remove this obstruction and allow us to create a more nimble and responsive organization.

Finally, the Reference Committee was also of the opinion that the resulting Bylaws amendment should not take effect until the close of the 2014 House of Delegates sine die and therefore offers 108RC.

The wording of Resolution 108RC has been approved by the Speaker of the House of Delegates and the Chair of the Council on Ethics, Bylaws and Judicial Affairs.

108RC. Resolved, that CHAPTER XXII. AMENDMENTS, Section 10. PROCEDURE, of the ADA Bylaws be amended as follows (additions underscored; deletions stricken through):

Section 10. PROCEDURE: These Bylaws may be amended at any session of the House of Delegates by a two-thirds (2/3) sixty percent (60%) affirmative vote of the delegates present and voting, provided the proposed amendments shall have been presented in writing at a previous session or previous meeting of the same session,
and be it further

Resolved, that this Bylaws amendment take effect at the close of the 2014 House of Delegates sine die.

Dr. Cram moved that Resolution 108RC be adopted in lieu of Resolution 108 (Supplement:5190) with the Committee Recommendation to Vote Yes.

Pro and con discussion ensued. Individuals speaking in support of adopting Resolution 108RC commented that adoption would give the organization an opportunity to make needed changes, and suggested that the House is large enough that it doesn’t need the added protection of a two-thirds super majority. Individuals speaking against adoption commented that the current voting requirement ensures the rights of the minority and provides stability in the Bylaws.

A motion was made to vote immediately, which the Speaker noted requires a two-thirds vote. On vote, the motion to vote immediately was adopted.

The motion to adopt Resolution 108RC in lieu of Resolution 108 was not adopted since it failed to receive the required two-thirds affirmative vote. Resolution 108 was not moved for consideration; the Speaker declared Resolution 108 moot.

Review of the ADA Constitution and Bylaws (Reference Committee D Resolution 118): The Reference Committee reported as follows:

During the Reference Committee hearing, the Committee received testimony that the last comprehensive rewrite of the Bylaws occurred in the late 1940s. There was considerable sentiment expressed at the hearing that a comprehensive review and rewrite of the Bylaws should be undertaken. The Committee is in agreement with that sentiment and is of the view that the Council on Ethics, Bylaws and Judicial Affairs is in the best position to propose the manner in which such a project should be accomplished and to estimate the financial implications of such an endeavor.

Consequently the Reference Committee proposes the following resolution:

118. Resolved, that the Council on Ethics, Bylaws and Judicial Affairs, in consultation with other appropriate ADA agencies, develop a plan and timetable for performing a complete review and rewrite of the ADA Constitution and Bylaws, including an estimate of the financial implications for performing that review, and be it further

Resolved, that the Council on Ethics, Bylaws and Judicial Affairs provide a report on its proposed plan and timetable to the 2015 House of Delegates.

Dr. Cram moved Resolution 118 with the Committee Recommendation to Vote Yes.

A motion to amend Resolution 118 was made by Dr. Henry Fields, Ohio. Resolution 118, as amended, would read:

Resolved, that the Council on Ethics, Bylaws and Judicial Affairs, in consultation with other appropriate ADA agencies, develop a plan and timetable for performing a complete review and rewrite of the ADA Constitution and Bylaws, including an estimate of the financial implications for performing that review, and be it further

Resolved, that the Council on Ethics, Bylaws and Judicial Affairs provide a report on its proposed plan and timetable progress to the 2015 House of Delegates.

Dr. Fields stated, “The Seventh District senses urgency to update the Constitution and Bylaws to a contemporary template that’s less complex and may include a policy manual and will serve the Association in these times. Although we applaud the ongoing work of CEBJA, we believe that small patches to sustain the current document are inadequate.”

Pro and con discussion ensued on the proposed amendments.
In response to a request for information regarding the time requirements for a complete rewrite of the Constitution and Bylaws, Dr. Richard Rosato, chair, Council on Ethics, Bylaws and Judicial Affairs, commented that the process would take between two and half to three years.

A motion was made to vote immediately, which requires a two-thirds vote; on vote, the motion to vote immediately was adopted. On vote, the proposed amendments to Resolution 118 were adopted.

On vote, Resolution 118 as amended was adopted.

118H-2014. Resolved, that the Council on Ethics, Bylaws and Judicial Affairs, in consultation with other appropriate ADA agencies, develop a plan and timetable for performing a complete review and rewrite of the ADA Constitution and Bylaws, including an estimate of the financial implications for performing that review, and be it further

Resolved, that the Council on Ethics, Bylaws and Judicial Affairs provide a report on its proposed plan and timetable progress to the 2015 House of Delegates.

Report of Reference Committee A (Budget, Business and Administrative Matters)

The Report of Reference Committee A was presented by Dr. Thomas M. Paumier, Ohio, chair. The other members of the Committee were: Dr. D. Michael Buehler, Washington; Dr. Dennis C. De Tomasi, California; Dr. James F. Dolin, New York; Dr. Krista M. Jones, Oklahoma; Dr. G. Lewis Mitchell, Jr., Alabama; Dr. Rodrigo Romano, Florida; Dr. Travis A. Schmitt, Minnesota; and Dr. Michele Tulak-Gorecki, Michigan.

Consent Calendar (Reference Committee A Resolution 113): The Reference Committee reported as follows:

The appended Resolution 113 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 113, the recommendations of the Reference Committee on the consent calendar resolutions will become the actions of the House of Delegates. It should be noted that if a resolution on the consent calendar is to “adopt in lieu of” with a Committee Recommendation to Vote No and the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

113. Resolved, that the recommendations of Reference Committee A on the following resolutions be accepted by the House of Delegates.

Resolution 100RC—(Adopt Resolution 100RC in lieu of Resolution 100)—Development of a Mechanism to Allow Members of the Alliance to the American Dental Association to Access the Members Only Area of the ADA Web Site (Supplement:2073) $: None; FTE: 0; Strategic Plan Objective: None

COMMITTEE RECOMMENDATION: Vote Yes

Dr. Paumier moved Resolution 113 with the Committee Recommendation to Vote Yes.

With no requests to remove a resolution from the consent calendar and without objection, Resolution 113 was declared adopted.

113H-2014. Resolved, that the recommendations of Reference Committee A on the following resolutions be accepted by the House of Delegates.
Resolution 100RC—(Adopt Resolution 100RC in lieu of Resolution 100)—Development of a Mechanism to Allow Members of the Alliance to the American Dental Association to Access the Members Only Area of the ADA Web Site (Supplement:2073) $: None; FTE: 0; Strategic Plan Objective: None

COMMITTEE RECOMMENDATION: VOTE YES

Note. For the purpose of a fully documented record, the text of the resolution presented in Resolution 113H follows.

Consent Calendar Resolutions—Adopted/Adopted in Lieu of

Development of a Mechanism to Allow Members of the Alliance to the American Dental Association to Access the Members Only Area of the ADA Web Site

100H-2014. Resolved, that the Board of Trustees be urged to direct the appropriate agency to work to implement technology to enable members of the Alliance of the ADA access to appropriate members’ areas of the ADA web site in as timely a manner as resources allow, and be it further

Resolved, that progress be reported back to the 2015 House of Delegates.

Non-Consent Resolutions

Establishment of Dues Effective January 1, 2015 (Board of Trustees Resolution 22): Dr. Paumier noted that Resolution 22 will be considered at the last meeting of the House (see page 528).

Amendment of ADA Bylaws to Include the ADA Strategic Plan in the Powers of the Board of Trustees and Editorial Content of the Journal (Fifth Trustee District Resolution 112): The Reference Committee reported as follows:

The Reference Committee heard limited testimony both in support and against Resolution 112 (Supplement:2074). Two years ago the House updated the Bylaws to make them consistent with best practices supported by the World Association of Medical Editors (WAME), among others, to support editorial autonomy for the Editor of The Journal of The American Dental Association (JADA). The proposed resolution would be a serious reversal of those principles and presents a reputational risk to JADA and to the ADA, as was pointed out in testimony. In addition, the ADA’s standing as a member of WAME would be jeopardized.

One of the core values of the ADA strategic plan is that the organization be science/evidence based. Goal 1.3 is "to promote oral health through advocacy and science." JADA supports the ADA strategy by providing a platform and a forum for open scientific discourse and debate and provides scientific credibility to the ADA. The proposed resolution would subordinate JADA’s entire editorial policy and purpose to advocacy efforts and legislative agendas. The proposed Resolution would additionally provide a legal risk by violating the terms of the editor’s contract and the agreement with the ADA’s new publishing partner, Elsevier.

The wording of Resolution 112 has been approved by the Speaker of the House of Delegates and the Chair of the Council on Ethics, Bylaws and Judicial Affairs.

112. Resolved, that the ADA Bylaws, Chapter VII, BOARD OF TRUSTEES, Section 90, POWERS, subsection D., be amended as set forth below (additions underscored):

D. Cause to be published in, or to be omitted from, any official publication of the Association any article in whole or in part relating to the ADA Strategic Plan, ADA policies, advocacy efforts and legislative agendas.
and be it further Resolved, that ADA Bylaws, Chapter XVII, PUBLICATIONS, Section 10, OFFICIAL JOURNAL, be amended as set forth below:

D. EDITOR OF THE JOURNAL. Except as other provided in the powers of the Board of Trustees under these Bylaws, as provided in Chapter VII, Section 90D, the editor of The Journal of the American Dental Association shall have the authority to determine the editorial content of The Journal, including scientific-based content, and shall, with the assistance of an editorial board nominated by the editor and appointed by the Board of Trustees, establish and maintain a written editorial policy for The Journal as long as the editorial policies adhere to the ADA Strategic Plan, ADA policies and support ADA advocacy efforts and legislative agendas.

Dr. Paumier moved Resolution 112 (Supplement:2074) with the Committee Recommendation to Vote No.

The General Counsel, Mr. Craig Busey, in response to a question about the risk referenced in the Committee’s comment, explained the type of risk that could occur if Resolution 112 is adopted.

Following pro and con discussion and on vote, Resolution 112 was not adopted.

Report of Reference Committee B (Dental Benefits, Practice and Related Matters)

The Report of Reference Committee B was presented by Dr. Craig S. Armstrong, Texas, chair. The other members of the Reference Committee were: Dr. Susan Bordenave Bishop, Illinois; Dr. Wendy A. Brown, Maryland; Dr. David L. Clemens, Wisconsin; Dr. Fady F. Faddoul, Ohio; Dr. Raymond K. Martin, Massachusetts; Dr. David K. Okano, Wyoming; Dr. Sharine V. Thenard, California; and Dr. Gus C. Vlahos, Virginia.

Consent Calendar (Reference Committee B Resolution 114): The Reference Committee reported as follows:

The appended Resolution 114 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 114, the recommendations of the Reference Committee on the consent calendar resolutions will become the action of the House of Delegates.

Note: When a resolution on the consent calendar is to “adopt in lieu of” with a Committee Recommendation to Vote No and the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

114. Resolved, that the recommendation of the Reference Committee on Dental Benefits, Practice and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 4RC—(Adopt Resolution 4RC in lieu of Resolutions 4 and 4S-1)—Amendment of Policy, Closed Panel Dental Benefit Plans (Supplement:3000) $: None; FTE: 0; Strategic Plan Objective: Leaders and Advocates in Oral Health

COMMITTEE RECOMMENDATION: Vote Yes
Resolution 5RC—(Adopt Resolution 5RC in lieu of Resolution 5)—Amendment of Policy on Medically Necessary Care (Supplement:3003) $: None; FTE: 0; Strategic Plan Objective: Leaders and Advocates in Oral Health

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 14—(Adopt)—Amendment of the ADA Bylaws Regarding the Duties of the Council on Dental Practice (Supplement:3004) $: None; FTE: 0; Strategic Plan Objective: Leaders and Advocates in Oral Health

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 28RC—(Adopt Resolution 28RC in lieu of Resolution 28)—Chairside Medical Screenings (Worksheet:3006) $: None; FTE: 0; Strategic Plan Objective: Leaders and Advocates in Oral Health

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 34RC—(Adopt Resolution 34RC in lieu of Resolution 34)—ADA Policy for Dental Schools to Provide Education to Dental Students on Drug and Alcohol Use and Misuse (Supplement:3008) $: None; FTE: 0; Strategic Plan Objective: Market share will equal 70%

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 62—(Adopt)—Development of Ethically Based, Voluntary Practice Management Guidelines (Supplement:3013) $: $84,200.00; FTE: 0.6; Strategic Plan Objective: 10% increase in assessment of member value

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 63RC—(Adopt Resolution 63RC in lieu of Resolution 63 and 63B)—Coordination of Medical and Dental Benefits Under the Affordable Care Act (Supplement:3020) $: 125,600; FTE: 0.10; Strategic Plan Objective: Leaders and Advocates in Oral Health

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 99—(Not Adopt)—Development of ADA Policies for Dental Discount Plans (Supplement:3022) $: None; FTE: 0; Strategic Plan Objective: Leaders and Advocates in Oral Health

COMMITTEE RECOMMENDATION: Vote No

Resolution 103—(Adopt)—Standardized Explanation of Benefits Form (Supplement:3024) $: None; FTE: 0; Strategic Plan Objective: 10% increase in assessment of member value

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 110—(Adopt)—Policy on Dentist Rating by Third Parties (Supplement:3025) $: None; FTE: 0.2; Strategic Plan Objective: Leaders and Advocates in Oral Health

COMMITTEE RECOMMENDATION: Vote Yes

Dr. Armstrong moved Resolution 114 with the Committee Recommendation to Vote Yes.

Requests were made to remove the following resolutions from the Consent Calendar:

Resolution 34RC removed by Dr. Gerald Middleton, California
Resolution 63RC removed by Dr. John Nase, Pennsylvania
Resolution 110 removed by Dr. Michael Stuart, Texas

Hearing no objection, the amended Resolution 114 was adopted by general consent.

114H-2014. Resolved, that the recommendation of the Reference Committee on Dental Benefits, Practice and Related Matters on the following resolutions be accepted by the House of Delegates.
Resolution 4RC—(Adopt Resolution 4RC in lieu of Resolutions 4 and 4S-1)—Amendment of Policy, Closed Panel Dental Benefit Plans (Supplement:3000) $: None; FTE: 0; Strategic Plan Objective: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 5RC—(Adopt Resolution 5RC in lieu of Resolution 5)—Amendment of Policy on Medically Necessary Care (Supplement:3003) $: None; FTE: 0; Strategic Plan Objective: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 14—(Adopt)—Amendment of the ADA Bylaws Regarding the Duties of the Council on Dental Practice (Supplement:3004) $: None; FTE: 0; Strategic Plan Objective: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 28RC—(Adopt Resolution 28RC in lieu of Resolution 28)—Chairside Medical Screenings (Supplement:3006) $: None; FTE: 0; Strategic Plan Objective: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 34RC—(Adopt Resolution 34RC in lieu of Resolution 34)—ADA Policy for Dental Schools to Provide Education to Dental Students on Drug and Alcohol Use and Misuse (Supplement:3008) $: None; FTE: 0; Strategic Plan Objective: Market share will equal 70%
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 62—(Adopt)—Development of Ethically Based, Voluntary Practice Management Guidelines (Supplement:3013) $: $84,200.00; FTE: 0.6; Strategic Plan Objective: 10% increase in assessment of member value
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 63RC—(Adopt Resolution 63RC in lieu of Resolution 63 and 63B)—Coordination of Medical and Dental Benefits Under the Affordable Care Act (Supplement:3020) $: $125,600; FTE: 0.10; Strategic Plan Objective: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 99—(Not Adopt)—Development of ADA Policies for Dental Discount Plans (Supplement:3022) $: None; FTE: 0; Strategic Plan Objective: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote No

Resolution 103—(Adopt)—Standardized Explanation of Benefits Form (Supplement:3024) $: None; FTE: 0; Strategic Plan Objective: 10% increase in assessment of member value
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 110—(Adopt)—Policy on Dentist Rating by Third Parties (Supplement:3025) $: None; FTE: 0.2; Strategic Plan Objective: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Note. For the purpose of a fully documented record, the text of the resolutions presented in Resolution 114H follows.
Consent Calendar Resolutions—Adopted/Adopted in Lieu of

Amendment of the Policy, Closed Panel Dental Benefit Plans

4H-2014. Resolved, that the ADA policy on Closed Panel Dental Benefit Plans (Trans.1989:545) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

A closed panel dental benefit plan exists when patients eligible to receive benefits can receive them only if services are provided by dentists who have signed an agreement with the benefit plan to provide treatment to eligible patients. As a result of the dentist reimbursement methods characteristic of a closed panel plan, only a small percentage of practicing dentists in a given geographical area are typically contracted by the plan to provide dental services.

While the Association recognizes this concept as one way of providing benefits for financing dental services, closed panel plans have not demonstrated themselves to be more economical, efficient or otherwise better than other forms of benefit plans in effectively providing dental benefits to patients. Further, due to the overwhelming economic incentive for patients to choose a personal dentist from a limited number of available contracted dentists, this benefit concept has the potential to reduce the patient's access to comprehensive dental care.

In view of these concerns, the Association opposes this approach as the only dental benefit plan available to subscribers. To protect the patient's freedom to receive benefits for dental services provided by any legally qualified dentist of his or her choice, the Association suggests the following guidelines for dental benefit plan sponsors who choose to offer a closed panel dental benefit plan:

1. Benefit programs that offer dental benefits through a closed panel should also offer a plan with equal or comparable benefits that permits free choice of dentist under a fee-for-service arrangement.

2. Equal premium dollars should be allocated between the freedom of choice plan and the closed panel plan. There should be equal premium dollars per subscriber available for all dental plans being offered.

3. 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 and updated semi-annually.

4. 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.

5. Subscribers should have periodic options to change plans.

6. When requested by the patient, the closed panel plan should provide benefits for a second opinion provided by a dentist who does not participate in the closed panel plan.

Amendment of Policy on Medically Necessary Care

5H-2014. 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 advocate on behalf of patients to see that ensure the language specifying treatment coverage in health insurance plans is 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 only make benefit determinations based on medical necessity if they have the complete information required for a definitive diagnosis. 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 third-party payer.

Amendment of the ADA Bylaws Regarding the Duties of the Council on Dental Practice

14H-2014. Resolved, that CHAPTER X. COUNCILS, Section 120. DUTIES, Subsection F. COUNCIL ON DENTAL PRACTICE, Paragraphs d and e of the ADA Bylaws, be amended as follows (additions are underscored; deletions are stricken):

d. Encourage and develop satisfactory relations with the various organizations representing the dental laboratory industry and craft by aiding in the formation and support of educational programs and appropriate collaborative efforts that help establish and maintain,

e. to formulate programs for establishing and maintaining the greatest efficiency, and quality and of service by of the dental laboratory industry and craft in their relation to the dental profession.

and be it further

Resolved, that subsequent paragraphs f through j of CHAPTER X. COUNCILS, Section 120. DUTIES, Subsection F. COUNCIL ON DENTAL PRACTICE, be re-lettered e through i.

Chairside Medical Screenings

28H-2014. Resolved, the appropriate ADA agencies research the implications of incorporating appropriate medical screening methods into patient evaluations, and report back to the 2015 House of Delegates.

Development of Ethically Based, Voluntary Practice Management Guidelines

62H-2014. Resolved, that $84,200 be allocated in the 2015 budget to fund the first year of the development of practice management guidelines in two subject areas, patients and financial matters, by the Council on Dental Practice (CDP).

Standardized Explanation of Benefits Form

103H-2014. Resolved, that the Council on Dental Benefits develop a standardized Explanation of Benefits form (EOB) for the reporting of dental claim adjudication that could become the industry standard, and be it further

Resolved, that the Council on Dental Benefits report on its progress to the 2015 House of Delegates.

Consent Calendar Resolutions—Not Adopted

Development of ADA Policies for Dental Discount Plans

99. Resolved, that the appropriate ADA agencies research the practice of contract provider plans that utilize their networks as non-reimbursing discount dental plans or include contracted dentists in other plan networks, which were originally unintended by that dentist, and be it further
Resolved, that based on that research, the appropriate ADA agencies review existing policy, and suggest definitions or recommend appropriate policy revisions related to discount dental plans and contract provisions allowing network reassignment, and be it further
Resolved, that a report on these activities be presented to the 2015 House of Delegates.

Non-Consent Resolutions

ADA Policy for Dental Schools to Provide Education to Dental Students on Drug and Alcohol Use and Misuse (Council on Dental Practice Resolution 34 and Reference Committee B Resolution 34RC): The Reference Committee reported as follows:

Overall support for the resolution was expressed during testimony, which included a representative of ASDA. However, testimony revealed that some states do not currently have Dentist Health and Wellness programs and may not be able to easily comply with the second resolved clause as submitted. Therefore, the Reference Committee recommends the adoption of Resolution 34RC in lieu of Resolution 34.

34RC. Resolved, that U.S. dental schools are urged to incorporate the American Dental Association Dentist Health and Wellness Program’s complimentary resources on emotional health and drug and alcohol abuse into the dental education curriculum to help minimize risks to dental students’ health, professional status and patient safety, and be it further
Resolved, that state dental societies be urged to support this effort through existing state-sponsored well-being programs.

Dr. Armstrong moved that Resolution 34RC be adopted in lieu of Resolution 34 (Supplement:3008) with the Committee Recommendation to Vote Yes.

Dr. Brian Shue, California, moved to amend Resolution 34RC, in the second resolving clause by deleting the words “existing state-sponsored” and replacing them with the words “their current or future” so the second resolving clause reads:

Resolved, that state dental societies be urged to support this effort through existing state-sponsored their current or future well-being programs.

Following pro and con discussion on the amendment, and on vote, the proposed amendment was adopted.

Dr. Monica Hebl, Wisconsin, moved to further amend Resolution 34RC, in the second resolving clause, by changing the word “state” before the words “dental societies” to “constituent.”

Dr. Tara Haid, Ohio, moved to amend the proposed amendment by adding the words “state and/or” before the word “constituent.”

On vote, the proposed addition of the words “state and/or” was adopted.

On vote, the proposed amendment “state and/or constituent” for the word “state” was adopted.

On vote, Resolution 34RC as amended was adopted in lieu of Resolution 34.

34H-2014. Resolved, that U.S. dental schools are urged to incorporate the American Dental Association Dentist Health and Wellness Program’s complimentary resources on emotional health and drug and alcohol abuse into the dental education curriculum to help minimize risks to dental students’ health, professional status and patient safety, and be it further
Resolved, that state and/or constituent dental societies be urged to support this effort through existing state-sponsored their current or future well-being programs.
Coordination of Medical and Dental Benefits Under the Affordable Care Act (Council on Dental Benefit Programs Resolution 63; Board of Trustees Resolution 63B; and Reference Committee B Resolution 63RC): The Reference Committee reported as follows:

The Reference Committee heard testimony in support of both 63 and 63B. While Resolution 63 calls for creation of guidelines and dissemination through the CDT Companion, 63B calls for determining feasibility of this endeavor. The Reference Committee recognized the need for guidance but also recognized the need to first determine feasibility through initial research given that these are new administrative demands that arise from the Affordable Care Act. The Reference Committee changed the title of the resolution to more accurately reflect the revised content and recommends the adoption of Resolution 63RC in lieu of Resolution 63 and Resolution 63B.

63RC. Resolved, that the appropriate ADA agencies conduct research to determine the feasibility of developing guidance on new administrative demands relating to claims submission and coordination of benefits arising from dental benefits embedded in medical plans sold through the Federal and State Marketplaces mandated by the Affordable Care Act, and be it further
Resolved, should the study confirm feasibility, that the appropriate ADA agencies will develop guidance as it pertains to the coordination of medical and dental benefits under the Affordable Care Act, and be it further
Resolved, that a report on these activities be presented to the 2015 House of Delegates.

Dr. Armstrong moved that Resolution 63RC be adopted in lieu of Resolution 63 (Supplement:3020) and 63B (Supplement:3021) with the Committee Recommendation to Vote Yes.

Dr. John Nase, Pennsylvania, moved to substitute Resolution 63RCS-1 for Resolution 63RC.

63RCS-1. Resolved, that a concise advisory based on the best current information regarding guidelines for dentists that pertain to the coordination of medical and dental benefits under the Affordable Care Act be developed by the appropriate ADA agencies and disseminated as a member benefit, and be it further
Resolved, that the appropriate ADA agencies conduct further research to determine the feasibility of developing a more comprehensive guidance on new administrative demands relating to claims submission and coordination of benefits arising from dental benefits embedded in medical plans sold through the Federal and State Marketplaces mandated by the Affordable Care Act, and be it further
Resolved, should the study confirm feasibility, that the appropriate ADA agencies will (i) develop guidance as it pertains to the coordination of medical and dental benefits under the Affordable Care Act, and (ii) use appropriate avenues of communication of these guidelines as a member benefit, and be it further
Resolved, that a report on these activities be presented to the 2015 House of Delegates.

Dr. Nase said, “The two background resolutions that came from this had two ideas; one to enact an advisory on the coordination of benefits from the Fourteenth District, and then also from the Board the idea that it would need to be studied comprehensively to put out more comprehensive information. What the Third District has done is just combined those two to take the best of the two ideas and put them together.”

Dr. David Clemens, Wisconsin, a member of the Reference Committee, said, “I believe that this substitution would go against the intent of what we have in our background statement from the Reference Committee… and in the process of creating the Reference Committee resolution, we put it in the order we intended it to be in, and that’s to have a study done first to see if it’s feasible and then create guidelines.”

Discussion ensued both in support and against substitution. On vote, the motion to substitute Resolution 63RCS-1 for Resolution 63RC was not adopted.

On vote, Resolution 63RC was adopted in lieu of Resolutions 63 and 63B.

63H-2014. Resolved, that the appropriate ADA agencies conduct research to determine the feasibility of developing guidance on new administrative demands relating to claims submission and coordination of
benefits arising from dental benefits embedded in medical plans sold through the Federal and State Marketplaces mandated by the Affordable Care Act, and be it further
Resolved, should the study confirm feasibility, that the appropriate ADA agencies will develop guidance as it pertains to the coordination of medical and dental benefits under the Affordable Care Act, and be it further
Resolved, that a report on these activities be presented to the 2015 House of Delegates.

Policy on Dentist Rating by Third Parties (Fourteenth Trustee District Resolution 110): The Reference Committee reported as follows:

The Reference Committee concurs with the Fourteenth Trustee District and supports adoption of the following resolution.

110. Resolved, that the ADA believes third-party dentist ratings systems based on cost or non-validated utilization patterns are inherently flawed, unreliable, and potentially misleading to the public, and be it further
Resolved, that the appropriate agencies of the Association will advise third parties, particularly those that publish ratings or rankings of dentists or dental practices based on selective and limited criteria, about ADA policies relating to ratings systems and encourage them not to include such ratings in their communications to the public, and be it further
Resolved, that the ADA pursue appropriate legal, administrative and other actions to discourage and prevent third parties from developing and using such inherently flawed, unreliable, and potentially misleading dentist ratings and ranking systems, and be it further
Resolved, that the ADA draft model legislation to discourage such objectionable dentist rating and ranking systems in federally-regulated dental benefits plans and support states in advocacy efforts to discourage such systems in state-regulated plans.

Dr. Armstrong moved Resolution 110 (Supplement:3025) with the Committee Recommendation to Vote Yes.

Dr. Michael Stuart, Texas, moved to amend Resolution 110 by replacing the word “discourage” with the word “opposed” in the third and fourth resolving clauses. Dr. Stuart said, “The word ‘discouraged’ can be used in many, many ways. …but if we ‘oppose’ and take action, then we have done something substantive to make the difference on behalf of our members.”

On vote, the proposed amendment was adopted.

In response to a request for a legal opinion on the proposed amendment, Mr. Busey, General Counsel, commented that from a legal standpoint there is no issue with using the word “opposed.”

On vote, Resolution 110 as amended was adopted.

110H-2014. Resolved, that the ADA believes third-party dentist ratings systems based on cost or non-validated utilization patterns are inherently flawed, unreliable, and potentially misleading to the public, and be it further
Resolved, that the appropriate agencies of the Association will advise third parties, particularly those that publish ratings or rankings of dentists or dental practices based on selective and limited criteria, about ADA policies relating to ratings systems and encourage them not to include such ratings in their communications to the public, and be it further
Resolved, that the ADA pursue appropriate legal, administrative and other actions to discourage and prevent third parties from developing and using such inherently flawed, unreliable, and potentially misleading dentist ratings and ranking systems, and be it further
Resolved, that the ADA draft model legislation to discourage such objectionable dentist rating and ranking systems in federally-regulated dental benefits plans and support states in advocacy efforts to discourage such systems in state-regulated plans.
Report of Reference Committee C (Dental Education, Science and Related Matters)

The Report of Reference Committee C was presented by Dr. Keith W. Dickey, Illinois, chair. The other members of the Committee were: Dr. Robert E. Barsley, Louisiana; Dr. Bruce R. Cochrane, Iowa; Dr. David E. McNeeley, Jr., Tennessee; Dr. Wade I. Newman, Pennsylvania; Dr. W. Craig Noblett, California; Dr. Paul A. Patella, New York; Dr. Jacqueline M. Plemons, Texas; and Dr. Barbara A. Rich, New Jersey.

Consent Calendar (Reference Committee C Resolution 115): The Reference Committee reported as follows:

The appended Resolution 115 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 115, the recommendations of the Reference Committee on the consent calendar resolutions will become the action of the House of Delegates. It should be noted that if a resolution on the consent calendar is to “adopt in lieu of” with a Committee Recommendation to Vote No and the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

Dr. Dickey moved Resolution 115 with the Committee Recommendation to Vote Yes.

There were no requests to remove any resolutions from the consent calendar. Without objection, Resolution 115 was adopted by general consent.

115H-2014. Resolved, that the recommendations of Reference Committee C on the following resolutions be accepted by the House of Delegates.

Resolution 1—(Adopt)—Revision of the Rules of the Commission on Dental Accreditation to Replace the Name “American Association of Hospital Dentists” with “Special Care Dentistry Association” (Supplement:4000) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 2—(Adopt)—Amendment of the Bylaws Regarding the Duties of the Commission on Dental Accreditation (Supplement:4008) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 3—(Adopt)—Amendment of the ADA Bylaws to Give the Commission on Dental Accreditation Authority to Make Editorial Corrections to its Rules (Supplement:4010) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 7—(Adopt)—Amendment of the Bylaws Duties of the Council on Dental Education and Licensure (Supplement:4023) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes
Resolution 8—(Adopt)—Amendment of the Policy, Development of Alternate Pathways for Dental Hygiene Training (Supplement:4024) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 9—(Adopt)—Amendment of the Policy, Recognition of Certification Board for Dental Assistants (Supplement:4025) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 10—(Adopt)—Amendment of the Policy, National Board for Certification of Dental Laboratory Technicians’ Continued Recognition (Supplement:4026) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 11—(Adopt)—Amendment of the Criteria for Recognition of a Certification Board for Dental Assistants (Supplement:4027) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 12—(Adopt)—Amendment of the Criteria for Approval of a Certification Board For Dental Laboratory Technicians (Supplement:4030) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 111—(Adopt Resolution 111 in lieu of Resolution 13)—Titles and Descriptions of Continuing Education Courses (Supplement:4078) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 20—(Adopt)—Revisions to Standing Rules of the Joint Commission on National Dental Examinations (Supplement:4035) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 35B—(Adopt Resolution 35B in lieu of Resolution 35)—A Comprehensive Study of the Current Dental Education Models (Supplement:4059) $:280,000; FTE: .75; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 67B—(Adopt Resolution 67B in lieu of Resolution 67)—Educating Children and Parents about the Dangers of Oral Piercings (Supplement:4062) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 68B—(Adopt Resolution 68B in lieu of Resolution 68)—Promotion of the Evidence Regarding Premedication for Patients with Prosthesis (Supplement:4065) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 69RC—(Adopt Resolution 69RC in lieu of Resolutions 69 and 69B)—Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment (Supplement:4067) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 97—(Adopt)—Definition of Oral Health (Supplement:4069) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

COMMITTEE RECOMMENDATION: Vote Yes

Note. For the purpose of a fully documented record, the text of the resolutions presented in Resolution 115H follows.

Consent Calendar Resolutions—Adopted/Adopted in Lieu of

Revision of the Rules of CODA to Replace the Name “American Association of Hospital Dentists” With “Special Care Dentistry Association”

1H-2014. Resolved, that the Rules of the Commission on Dental Accreditation be revised to replace the name “American Association of Hospital Dentists” with “Special Care Dentistry Association” as shown in Appendix 1 of the Commission’s 2014 annual report.

Amendment of the ADA Bylaws Regarding the Duties of the Commission on Dental Accreditation

2H-2014. Resolved, that Chapter XV. COMMISSIONS, Section 130. DUTIES, Subsection A. COMMISSION ON DENTAL ACCREDITATION, of the ADA Bylaws, be amended as follows (additions are underscored; deletions are stricken):

Section 130. DUTIES:

A. COMMISSION ON DENTAL ACCREDITATION. The duties of the Commission on Dental Accreditation shall be to:

   a. Formulate and adopt requirements and guidelines for the accreditation of dental, advanced dental educational and dental auxiliary allied dental educational programs.
   b. Accredit dental, advanced dental, educational and dental auxiliary allied dental educational programs.
   c. Provide a means for appeal from an adverse decision of the accrediting body of the Commission to a separate and distinct body of the Commission whose membership shall be totally different from that of the accrediting body of the Commission.
   d. Submit an annual report to the House of Delegates of this Association and interim reports, on request, and the Commission’s annual budget to the Board of Trustees of the Association.
   e. Submit the Commission’s articles of incorporation and rules and amendments thereto to this Association’s House of Delegates for approval by majority vote either through or in cooperation with the Council on Dental Education and Licensure.

Amendment of the ADA Bylaws to Give the Commission on Dental Accreditation Authority to Make Editorial Corrections to its Rules

3H-2014. Resolved, that Chapter XV. COMMISSIONS, Section 120. POWER TO ADOPT RULES, of the ADA Bylaws, be amended as follows (additions are underscored):

Section 120.

POWER TO ADOPT RULES: Any commission of this Association shall have the power to adopt rules for such commission and amendments thereto, provided such rules and amendments thereto do not conflict with or limit the Constitution and Bylaws of this Association. Rules and amendments thereto, adopted by any commission of this Association, shall not be effective until submitted in writing to and approved by majority vote of the House of Delegates of this Association, except the Joint Commission on National Dental Examinations shall have such bylaws and amendments thereto as the House of Delegates of this Association may adopt by majority vote for the conduct of the purposes and
management of the Joint Commission on National Dental Examinations. The Commission on Dental Accreditation shall have the authority to make corrections in punctuation, grammar, spelling, name changes, gender references, and similar editorial corrections to the Rules of the Commission on Dental Accreditation which do not alter its context or meaning without the need to submit such editorial corrections to the House of Delegates. Such corrections shall be made only by a unanimous vote of the Commission on Dental Accreditation members present and voting.

Amendment of the Bylaws Duties of the Council on Dental Education and Licensure

7H-2014. Resolved, that CHAPTER X, COUNCILS; Section 120. DUTIES, Subsection E. COUNCIL ON DENTAL EDUCATION AND LICENSURE of the ADA Bylaws be amended as follows (proposed additions are underlined):

The duties of the Council shall be to:

a. Act as the agency of the Association in matters related to the evaluation and accreditation of all dental educational, allied dental educational and associated subjects.
b. Study and make recommendations including the formulation and recommendation of policy on:

1) Dental education, continuing dental education and allied dental education.
2) The recognition of dental specialties.
3) The recognition of interest areas in general dentistry, excluding ADA recognized specialties.
4) The recognition of categories of allied dental personnel.
5) The approval or disapproval of national certifying boards for dental specialties and for allied dental personnel.
6) The educational and administrative standards of the certifying boards for dental specialties and for allied dental personnel.
7) Associated subjects that affect all dental, allied dental and related education.
8) Dental licensure and allied dental personnel credentialing.
9) Dental anesthesiology, sedation and related matters.
c. Act on behalf of this Association in maintaining effective liaison with certifying boards and related agencies for dental specialties and for allied dental personnel.
d. Monitor and disseminate information on continuing dental education and to encourage the provision of and participation in continuing dental education.
e. Monitor and disseminate information on careers in dentistry.
f. Act on behalf of this Association in matters related to dental admission testing.

Amendment of the Policy, Development of Alternate Pathways for Dental Hygiene Training

8H-2014. Resolved, that the ADA policy on Development of Alternate Pathways for Dental Hygiene Training (Trans.1998:714) be amended by deletion of the phrase, "as an educational opportunity that satisfies the criteria of 42H-1997, and that constituent dental societies be notified of this support", so that the amended policy reads as follows (deletions are strikethroughs):

Development of Alternate Pathways for Dental Hygiene Training

Resolved, the American Dental Association supports the alternate pathway model of the Dental Hygiene Education as used in Alabama as an educational opportunity that satisfies the criteria of 42H-1997, and that constituent dental societies be notified of this support.
Amendment of the Policy, Recognition of Certification Board for Dental Assistants

9H-2014. Resolved, that the ADA policy, Recognition of Certification Board for Dental Assistants (Trans.1990:551) be amended as follows (additions are underscored; deletions are strikethroughs):

**Recognition of Certification Certifying Board for in Dental Assistants Assisting**

Resolved, that the American Dental Association approves the Dental Assisting National Board, Inc.'s request for recognition as the certification board for dental assistants as the national certifying board for dental assisting.

Amendment of the Policy, National Board for Certification of Dental Laboratory Technicians’ Continued Recognition

10H-2014. Resolved, that the ADA policy National Board for Certification of Dental Laboratory Technicians’ Continued Recognition (Trans.2002:440) be amended as follows (additions are underscored; deletions are strikethroughs):

**National Board for Certification of Certifying Board in Dental Laboratory Technicians’ Continued Recognition Technology**

Resolved, that the American Dental Association approves the National Board for Certification of in Dental Laboratory Technicians’ request for continued recognition as the certification board for dental laboratory technicians as approved Technology as the national certifying board for dental laboratory technology.

Amendment of the Criteria for Recognition of a Certification Board for Dental Assistants

11H-2014. Resolved, that the policy Criteria for Recognition of a Certification Board for Dental Assistants (Trans.1989:520) be amended as follows (additions are underscored; deletions are strikethroughs):

**Criteria for Recognition of a Certification Board for Dental Assistants**

**Introduction: Duties** A duty of the Council on Dental Education and Licensure as indicated in the Bylaws of the American Dental Association include acting as the agency of the Association in matters related to the evaluation and accreditation of all dental and dental auxiliary education programs and to approve or disapprove is to study and make recommendations on policy related to the approval or disapproval of national certifying boards for special areas of dental practice and for dental auxiliaries allied dental personnel.

It is the opinion of the Council on Dental Education and Licensure that a mechanism should be made available for providing evidence that a dental assistant has acquired the knowledge and ability that is expected of an individual employed as a dental assistant through a program of certification. Such a certification program should be based on the educational requirements for dental assistants approved by the Commission on Dental Accreditation.

The Association has already indicated its approval of certification programs for the eight recognized dental specialties and for dental laboratory technicians; the House of Delegates has approved basic requirements under which these certification programs are conducted. Such a program of certification that has been approved as meeting these basic requirements has therefore earned the approval of the dental profession even though the program itself is not conducted or operated by the American Dental Association.

The dental profession is committed to assuring appropriate education and training of all personnel who participate in the provision of oral health care to the public. The following basic requirements are prescribed by the Council on Dental Education and Licensure for the evaluation of an agency which
seeks approval of the American Dental Association for a program to certify dental assistants on the basis of educational standards approved by the dental profession.

I. Organization

1. The Board shall have no less than five nor more than nine voting members designated on a rotation basis in accordance with a method approved by the Council on Dental Education and Licensure. The following organizations/interests shall be represented on the Board:

   a. American Dental Assistants Association
   b. American Dental Association
   c. American Dental Education Association
   d. American Association of Dental Examiners
   e. Public
   f. The at-large population of Board Certificants

All dental assistant members shall be currently certified by the Board.

2. The Board shall submit to the Council on Dental Education and Licensure evidence of adequate financial support to conduct its program of certification.

3. The Board may select suitable consultants or agencies to assist in its operations, such as the preparation and administration of examinations and the evaluation of records and examinations of candidates. Dental assistant consultants should be certified by the Board.

4. The 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 for dental assistants. This statement should include evidence that the Board has the support of the American Dental Assistants Association, the organization representative of dental assistants, as well as other groups within the communities of interests represented by the Board.

II. Operation of Board

1. The Board shall issue certificates grant certification to individuals who have provided evidence of competence in dental assisting.

2. The Board shall submit in writing to the Council on Dental Education and Licensure a plan for renewal of certificate currently held by certified persons.

3. The Board shall submit annually to the Council on Dental Education and Licensure data relative to its financial operations, applicant eligibility criteria, examination procedures and results of its certifying examination.

4. The Board shall conduct at least two administer the certification examinations at least twice each calendar year which shall be with administrations publicized at least six months prior to the examination.

5. The Board shall maintain and make available a current list of all persons certified.

6. The Board shall have authority to conduct the certification program; i.e., the Board shall be responsible for evaluating qualifications and competencies of persons certified and for maintaining adequate standards for the annual renewal of certificates. However, proposals for important changes in the examination eligibility criteria or the Board procedures and policies must be circulated reasonably well in advance of consideration to affected communities of interest for review and
comment. Proposed changes must have the approval of the Council on Dental Education and Licensure.

7. The Board shall maintain close liaison with the organizations represented on the Board. The Board shall report on its program annually to the organizations represented on the Board.

III. Granting Certificates

1. In the evaluation of its candidates for certification, the Board shall use standards of education and clinical experience approved by the Commission on Dental Accreditation. The Board shall require for eligibility for certification the successful completion of a dental assisting education program accredited by the Commission on Dental Accreditation, and satisfactory performance on an examination prescribed by the Board.

2. The Board shall issue certificates grant certification or recertification annually to those who qualify for certification.

The Board may require an annual certificate renewal fee to enable it to carry on its program.

IV. Waivers

It is a basic view of the Council that all persons seeking certification shall qualify for certification by completing satisfactorily a minimum period of approved training and experience and by passing an examination. However, the Council realizes that there may be need for a provision to recognize candidates who do not meet the established eligibility criteria on educational training. Therefore, the Board may make formal requests to the Council on Dental Education and Licensure regarding specific types of waivers which it believes essential for certification and/or certificate renewal. Such requests shall be substantiated and justified to and supported by the organizations represented on the Board; only waivers approved by the Council on Dental Education and Licensure may be used.

*Amendment of the Criteria for Approval of a Certification Board for Dental Laboratory Technicians*

**12H-2014. Resolved,** that the policy “Criteria for Approval of a Certification Board for Dental Laboratory Technicians (Trans.1998:92, 713) be amended as follows (additions are underscored; deletions are strikethroughs):

Criteria for Approval Recognition of a Certification Board for Dental Laboratory Technicians

One of the duties A duty of the Council on Dental Education and Licensure as indicated in the Bylaws of the American Dental Association is to study and make recommendations including the formulation and recommendation of on policy on: (4) The related to the approval or disapproval of national certifying boards for allied dental personnel, special areas of dental practice and for dental auxiliaries. (5) The educational and administrative standards of the certifying boards for special areas of dental practice and for dental auxiliaries. The Council on Dental Education and Licensure believes that A mechanism for the examination and certification of dental laboratory technicians is necessary to provide the dental profession with an indication of those persons who have demonstrated their ability to fulfill the dental laboratory work authorization. Such a certification program should be based on the educational requirements for dental laboratory technicians approved by the Commission on Dental Accreditation.

The following basic requirements are prescribed by the Council on Dental Education and Licensure for the evaluation of an agency which seeks approval of the American Dental Association for a program to certify dental laboratory technicians on the basis of educational standards approved by the dental profession.
I. Organization: An agency that seeks approval as a Certification Board for Dental Laboratory Technicians should be representative of or affiliated with a national organization of the dental laboratory industry and have authority to speak officially for that organization. It is required that each dental laboratory technician member of the Certification Board hold a certificate in one of the areas of the dental laboratory technology.

II. Authority and Purpose: The rules and regulations established by the Certification Board of Dental Laboratory Technicians will be considered for approval by the Council on Dental Education and Licensure on the basis of these requirements. Changes that are planned in the rules and regulations of the Certification Board should be reported to the Council before they are put into effect. The Board shall submit data annually to the Council on Dental Education and Licensure relative to its financial operations, applicant admission and examination procedures, and results thereof.

The principal functions of the Certification Board shall be:

a. to determine the levels of education and experience of candidates applying for certification examination within the requirements for education established by the Commission on Dental Accreditation;
b. to prepare and administer comprehensive examinations to determine the qualifications of those persons who apply for certification; and
c. to issue certificates to those persons who qualify for certification and to prepare and maintain a roster of certificants.

III. Qualifications of Candidates: It will be expected that the minimum requirements established by the Certification Board for the issuance of a certificate will include the following:

a. satisfactory legal and ethical standing in the dental laboratory industry;
b. graduation from high school or an equivalent acceptable to the Certification Board;
c. a period of study and training as outlined in the Accreditation Standards for Dental Laboratory Technology Education Programs, plus an additional period of at least two years of working experience as a dental laboratory technician; or, five years of education and/or experience in dental technology; and
d. satisfactory performance on examination(s) prescribed by the Certification Board.

Titles and Descriptions of Continuing Education Courses

111H-2014. Resolved, that the policy entitled Titles and Descriptions of Continuing Education Courses be as follows:

Resolved, that continuing education course titles and descriptions should be structured such that the titles and descriptions do not explicitly or implicitly infer that attendees can perform procedures beyond their legal scope of practice, and be it further

Resolved, that the policy, Titles and Descriptions of Dental Hygiene Continuing Education Courses (Trans.1992:618) be rescinded.

Revisions to Standing Rules of the Joint Commission on National Dental Examinations

20H-2014. Resolved, that the Standing Rules of the Joint Commission on National Dental Examinations be approved as revised in the Joint Commission’s 2014 annual report.

A Comprehensive Study of the Current Dental Education Models

35H-2014. Resolved, that the ADA conduct a focused study relative to the following:
Domain 3: Impact of Student Debt on Dentistry as a Career Choice and Subsequent Practice Choices

1. How does the cost of dental education and/or level of student borrowing influence students’ decisions to enter dental education and their future career choices?
2. Do higher levels of educational debt have a greater impact on career choices?
3. What is the critical point at which the perceived return on investment means that dentistry is no longer seen as a desired profession?
4. Are there differences in the perceived return on investment for specific subsets of dental careers?
5. At what income/debt ratio are specific labor force choices impacted (disaggregating the data to determine impact on generalist, specialist, public health, Medicaid providers, etc.)?
6. How long does it actually take for dentists to pay off their educational debt?
7. What is the impact of new loan repayment programs/options on student debt?
8. Are there other strategies we can use to reduce the cost to students and/or students’ educational debt (e.g., subsidizing loans, level of clinical production while in school, alternative investment pools, philanthropy, and planned giving)?
9. What is the impact of educational debt on graduates’ decisions to enter subsets of practice such as solo practice, small group practice and large group practice, and to be a practice owner or an employed dentist?
10. Does educational debt primarily have a short-term impact on practice choices (i.e., decisions upon graduation or in the first few years of practice) or does it impact longer-term practice choices?

and be it further

Resolved, that the ADA pursue a focused study relative to the following:

Domain 1: Long-Term Sustainability of Dental Schools

1. What are the major revenue and expense drivers for dental education, and how do these differ across schools?
2. What opportunities exist to increase revenue for dental schools other than increases in tuition and fees (for example, increased reimbursement for clinical care, increased net clinical income, private philanthropy, intellectual property and technology transfer, and increased federal and state funding)?
3. What opportunities exist to reduce the cost of dental education (for example, sharing of faculty and educational resources, increasing the productivity of clinical faculty, use of technology, addressing the financial impact of accreditation standards and state regulations)?

Domain 2: Efficiency of the Current Dental School Curricula and Delivery Methods

1. Which dental schools are utilizing each of the curricular models and what is the financial model that supports each approach?

Domain 4: Appropriate Level of Scholarship to Ensure that Dentistry Continues to Be a Learned Profession

1. Is the profession attracting and retaining the highest quality faculty who can lead the research enterprise?
2. How can the dental community provide more effective advocacy for research support?

and be it further

Resolved, that the study results be reported to the 2016 House of Delegates.

Educating the Children and Parents About the Dangers of Oral Piercings

67H-2014. Resolved, that the appropriate agency investigate the safety of intraoral tattoos, and be it further
Resolved, that the ADA expand its educational program and prepare material on the dangers of oral piercing and intraoral tattoos, that target younger children, young-adults, adolescents and their parents, and be it further
Resolved, that a report on this activity be presented to the 2015 House of Delegates.

Promotion of the Evidence Regarding Premedication for Patients With Prosthesis

68H-2014. Resolved, that the ADA actively promote to appropriate medical organizations and practitioners the results of the 2014 systematic review regarding the efficacy of premedication prior to dental procedures performed on patients with prosthetic joint replacements, and be it further
Resolved, that a report on this activity be presented to the 2015 House of Delegates.

Optimizing Dental Health Prior to and Concurrent With Surgical/Medical Procedures and Treatment

69H-2014. Resolved, that the ADA, through appropriate agencies, investigate the fiscal implication of the development of a policy statement and evidence-based guidelines for physicians and surgeons to eliminate the impact of untreated dental disease prior to and concurrent with complex medical or surgical procedures, and be it further
Resolved, that the same agencies investigate other approaches to address this issue that may accomplish the intent at lower cost, and be it further
Resolved, that a progress report be presented to the 2015 House of Delegates.

Definition of Oral Health

97H-2014. Resolved, that the following definition of oral health be adopted.

Oral health is a functional, structural, aesthetic, physiologic and psycho-social state of well-being and is essential to an individual’s general health and quality of life.

Non-Consent Resolutions

Amendment of the Bylaws to Establish the Commission for Continuing Education Provider Recognition and Approval of the Rules of the ADA Commission for Continuing Education Provider Recognition (Council on Dental Education and Licensure Resolution 6 and Board of Trustees Substitute Resolution 6B): The Reference Committee reported as follows:

The Reference Committee heard considerable testimony both in support of and in opposition to Resolutions 6 and 6B. After discussion, the Reference Committee concluded that the proposal to establish the Commission for Continuing Education Provider Recognition represents a simple governance change with no financial impact. The Reference Committee believes that a review of the new commission by the Board of Trustees is appropriate in five years, therefore the Reference Committee supports Resolution 6B in lieu of Resolution 6. The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 6 and 6B as submitted.

6B. Resolved, that ADA Bylaws be amended as shown in Appendix 1 of the Council on Dental Education and Licensure’s 2014 annual report (Reports:114 and Supplement:4015) establishing the Commission for Continuing Education Provider Recognition, and be it further
Resolved, that the Rules of the ADA Commission for Continuing Education Provider Recognition as shown in Appendix 2 of the Council on Dental Education and Licensure’s 2014 annual report (Reports:119 and Supplement:4020) be approved, and be it further
Resolved, that the Board of Trustees conduct a review of the ADA Commission for Continuing Education Provider Recognition in 2019 assessing its effectiveness and report findings to the 2019 House of Delegates, and be it further
Resolved, that Resolution 82H-1996 and Resolution 5H-2007 be rescinded (Supplement:4014).
Dr. Dickey moved Resolution 6B in lieu of Resolution 6 with the Committee Recommendation to Vote Yes.

Dr. Marshall H. Mann, Georgia, moved that “Resolution 6B be referred to a presidential task force on the CERP Commission, with members to be named by the ADA President, for further study of the CERP Commission proposal with a report of its recommendations and findings to the 2015 House of Delegates.”

Pro and con discussion ensued on the motion to refer. A motion was made to vote immediately, which requires a two-thirds affirmative vote. On vote, the motion to vote immediately was adopted.

On vote, the motion to refer Resolution 6B to a presidential task force was not adopted.

Pro and con discussion continued on the motion to adopt Resolution 6B. A motion was made to vote immediately, which requires a two-thirds vote. On vote the motion to vote immediately was adopted.

The Speaker noted that adoption of Resolution 6B also required a two-thirds affirmative vote; on vote, Resolution 6B was adopted.

6H-2014. Resolved, that ADA Bylaws be amended as shown in Appendix 1 of the Council on Dental Education and Licensure’s 2014 annual report (Reports:114 and Supplement:4015) establishing the Commission for Continuing Education Provider Recognition, and be it further

Resolved, that the Rules of the ADA Commission for Continuing Education Provider Recognition as shown in Appendix 2 of the Council on Dental Education and Licensure’s 2014 annual report (Reports:119 and Supplement:4020) be approved, and be it further

Resolved, that the Board of Trustees conduct a review of the ADA Commission for Continuing Education Provider Recognition in 2019 assessing its effectiveness and report findings to the 2019 House of Delegates, and be it further

Resolved, that Resolution 82H-1996 and Resolution 5H-2007 be rescinded (Supplement:4014).

Announcement: The Speaker announced the receipt of the following item of new business:

Second Trustee District Resolution 119—Participation of Reference Committee Members in District Deliberations (Supplement:7000)

Adjournment

Dr. John Boss, Massachusetts, moved to adjourn the Second Meeting of the House of Delegates. On vote, the motion to adjourn was adopted and the Second Meeting of the House of Delegates adjourned at 11:54 a.m., Monday, October 13, 2014.
Monday, October 13, 2014

Third Meeting of the House of Delegates

Call to Order: The Third Meeting of the 155th Annual Session of the ADA House of Delegates was called to order at 1:00 p.m., Monday, October 13, 2014, by the Speaker of the House of Delegates, Dr. Glen D. Hall.

Report of the Standing Committee on Credentials, Rules and Order: Dr. Larry Osborne, Illinois, chair of the Standing Committee on Credentials, Rules and Order, reported that the Committee had received no requests relating to the credentialing of new delegates, alternate delegates, secretaries or executive directors, and reported the presence of a quorum. Dr. Osborne also read the ADA Disclosure Policy regarding disclosure of conflicts of interests.

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

The Report of Reference Committee D was presented by Dr. Sally J. Cram, District of Columbia, chair. The other members of the Reference Committee were: Dr. Gregory J. Bengtson, Idaho; David A. Duncan, Texas; Karen D. Foster, Colorado; Michelle L. Mazur-Kary, Maine; Matthew J. Messina, Ohio; Cynthia E. Sherwood, Kansas; J. Jackson Teague, III, North Carolina; and Kevin S. Wall, Kentucky.

Consent Calendar (Reference Committee D Resolution 116): The Reference Committee reported as follows:

The appended Resolution 116 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 116, the recommendations of the Reference Committee on the consent calendar resolutions will become the action of the House of Delegates. It should be noted that if a resolution on the consent calendar is to “adopt in lieu of” with a Committee Recommendation to Vote No and the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

116. Resolved, that the recommendations of Reference Committee D on the following resolutions be accepted by the House of Delegates.

Resolution 15—(Adopt)—Amendment of the Guidelines Governing the Conduct of Campaigns for All ADA Offices (Supplement:5000) $: None; FTE: 0; Strategic Plan Objective: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 16—(Adopt)—Amendment of the Policy, The Dentist’s Pledge (Supplement:5003) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 17—(Adopt)—Amendment of Chapters XII and XIII of the ADA Bylaws: Procedures for Member Disciplinary Hearings and Appeals (Supplement:5006) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 18—(Adopt)—Amendment of the ADA Bylaws Regarding the Duties of the Council on Government Affairs (Supplement:5028) $: None; FTE: 0; Strategic Plan Objective: Organizational

COMMITTEE RECOMMENDATION: Vote Yes
Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 23—(Adopt)—Amendment of the ADA Bylaws Striking “Ex Officio” (Supplement:5037) $: None; FTE: 0; Strategic Plan Objective: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 24—(Adopt)—Composition of The Election Commission (Supplement:5040) $1,113 Ongoing; FTE: 0; Strategic Plan Objective: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 26—(Adopt)—Amendment of Chapter XIII of the ADA Bylaws to Add the Option of a Non-Disciplinary Action (Supplement:5042) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 27—(Adopt)—Amendment of Paragraph 5 of the Guidelines Governing the Conduct of Campaigns for All ADA Offices (Supplement:5043) $: None; FTE: 0; Strategic Plan Objective: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 37—(Adopt)—Amendment of Policy on Advocate for Adequate Funding Under Medicaid Block Grants (Supplement:5064) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 38—(Adopt)—Amendment of Policy on Medicaid and Indigent Care Funding (Supplement:5065) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 39—(Adopt)—Amendment of Policy on Federal Tax Credit/Voucher for Medicaid Dentist Providers (Supplement:5066) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 40—(Adopt)—Amendment of Policy on Support of Current Medicaid Law and Regulations Regarding Dental Services (Supplement:5067) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 41—(Adopt)—Amendment of Policy on Maldistribution of the Dental Workforce (Supplement:5068) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 42—(Adopt)—Amendment of Policy on Advocating for ERISA Reform (Supplement:5070) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 44—(Adopt)—Rescission of Policy on Medicaid Co-Payment (Supplement:5073) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 45—(Adopt)—Recession of Policy on Dentists Right to Opt Out of the Medicare Program
(Supplement:5075) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 46—(Adopt)—Rescission of Policy on Guaranteed Dental Care for Medicaid Participants Under Health System Reform (Supplement:5077) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 47—(Adopt)—Rescission of Policy on Improvements in Medicaid Program (Supplement:5079) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 48—(Adopt)—Rescission of Policy on Medicaid Block Grants (Supplement:5081) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 49—(Adopt)—Rescission of Policy on Safeguards for Medicare’s Health Maintenance Organizations (Supplement:5083) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 50—(Adopt)—Rescission of Policy on Payment of Medicaid Benefits to Dental Schools (Supplement:5085) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 51—(Adopt)—Rescission of Policy on Deduction of Student Loan Interest (Supplement:5087) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 52—(Adopt)—Rescission of Policy on Federal Educational Loans (Supplement:5089) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 53—(Adopt)—Rescission of Policy on Federal Assistance for Dental Students (Supplement:5091) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 54—(Adopt)—Rescission of Policy on Federal Lobbying Efforts That Support Dental Education (Supplement:5093) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 55—(Adopt)—Rescission of Policy on Increased Support for Postgraduate Training Programs (Supplement:5095) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 56—(Adopt)—Rescission of Policy on Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs (Supplement:5097) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 57—(Adopt)—Rescission of Policy on Advocacy for Dental Education Funding (Supplement:5099) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 58—(Adopt)—Rescission of Policy on State Funding for Dental Education (Supplement:5101) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 59—(Adopt)—Advocacy for Dental Education Infrastructure (Supplement:5103) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 61—(Adopt)—Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs (Supplement:5106) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 65—(Adopt)—Ethics and Standards for Internet Advertising in the Dental Profession (Supplement:5107) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 70—(Adopt)—Amendment of Policy on Manufacturer Sponsorship of Dental Programs and Promotional Activities (Supplement:5119) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 71—(Adopt)—Amendment of Policy on Health Planning Guidelines (Supplement:5120) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 72—(Adopt)—Amendment of Policy on Vision Statement on Access for the Underserved and Promotional Activities (Supplement:5121) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 73—(Adopt)—Amendment of Policy on Inclusion of Basic Oral Health Education in Nondental Health Care Training Programs (Supplement:5122) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 74—(Adopt)—Amendment of Policy on Women's Oral Health: Patient Education (Supplement:5123) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 75—(Adopt)—Amendment of Policy on Patient Safety (Supplement:5124) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 76—(Adopt)—Amendment of Policy on Tobacco and Harm Reduction (Supplement:5125) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 77—(Adopt)—Amendment of Policy on Tobacco Free Schools (Supplement:5126) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 78—(Adopt)—Amendment of Policy on Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children (Supplement:5127) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 79—(Adopt)—Amendment of Policy on Non-Dental Providers Completing Educational Program on Oral Health (Supplement:5128) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 80—(Adopt)—Amendment of Definition of Dental Home (Supplement:5129) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 81—(Adopt)—Amendment of Definition of Primary Dental Care (Supplement:5130) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 82—(Adopt)—Amendment of the Principles for Developing Children’s Oral Health Programs (Supplement:5131) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 85—(Adopt)—Early Detection and Prevention of Oral Cancer (Supplement:5136) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 86—(Adopt)—Child Identification Programs (Supplement:5138) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 87—(Adopt)—Oral Health Education in Schools (Supplement:5140) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 88—(Adopt)—Community-Based Topical Fluoride Programs (Supplement:5143) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 89—(Adopt)—Educating Dental Professionals in Recognizing and Reporting Abuse (Supplement:5145) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 90—(Adopt)—Prevention and Control of Early Childhood Caries (Supplement:5147) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 91—(Adopt)—Assistance to Dentists Working Within Health Centers (Supplement:5158) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 92—(Adopt)—Dental Practitioners and Health Center Directors Sharing Clinical and Managerial Experience (Supplement:5159) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 93—(Adopt)—Relationships Between Private Dental Practitioners and FQHCs (Supplement:5160) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 94—(Adopt)—Dental Examinations for Pregnant Women and Women of Child-Bearing Age (Supplement:5161) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 95—(Adopt)—Dental Treatment During Pregnancy (Supplement:5162) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 96—(Adopt)—Designation of Individuals with Intellectual Disabilities as a Medically Underserved Population (Supplement:5163) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Dr. Cram moved Resolution 116 with the Committee Recommendation to Vote Yes.

Requests were made to remove the following resolutions from the consent calendar:

Resolution 23 removed by Dr. Robert Peskin, New York
Resolution 26 removed by Dr. Stephen Glenn, Oklahoma

Hearing no other requests and without any objection, Resolution 116 as amended was adopted by general consent.

116H-2014. Resolved, that the recommendations of Reference Committee D on the following resolutions be accepted by the House of Delegates.
Resolution 15—(Adopt)—Amendment of the Guidelines Governing the Conduct of Campaigns for All ADA Offices (Supplement:5000) $: None; FTE: 0; Strategic Plan Objective: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 16—(Adopt)—Amendment of the Policy, The Dentist’s Pledge (Supplement:5003) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 17—(Adopt)—Amendment of Chapters XII and XIII of the ADA Bylaws: Procedures for Member Disciplinary Hearings and Appeals (Supplement:5006) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 18—(Adopt)—Amendment of the ADA Bylaws Regarding the Duties of the Council on Government Affairs (Supplement:5028) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 23—(Adopt)—Amendment of the ADA Bylaws Striking “Ex Officio” (Supplement:5037) $: None; FTE: 0; Strategic Plan Objective: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 24—(Adopt)—Composition of The Election Commission (Supplement:5040) $1,113 Ongoing; FTE: 0; Strategic Plan Objective: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 26—(Adopt)—Amendment of Chapter XIII of the ADA Bylaws to Add the Option of a Non-Disciplinary Action (Supplement:5042) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 27—(Adopt)—Amendment of Paragraph 5 of the Guidelines Governing the Conduct of Campaigns for All ADA Offices (Supplement:5043) $: None; FTE: 0; Strategic Plan Objective: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 37—(Adopt)—Amendment of Policy on Advocate for Adequate Funding Under Medicaid Block Grants (Supplement:5064) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 38—(Adopt)—Amendment of Policy on Medicaid and Indigent Care Funding (Supplement:5065) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 39—(Adopt)—Amendment of Policy on Federal Tax Credit/Voucher for Medicaid Dentist Providers (Supplement:5066) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 40—(Adopt)—Amendment of Policy on Support of Current Medicaid Law and Regulations Regarding Dental Services (Supplement:5067) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 41—(Adopt)—Amendment of Policy on Maldistribution of the Dental Workforce (Supplement:5068) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 42—(Adopt)—Amendment of Policy on Advocating for ERISA Reform (Supplement:5070) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 44—(Adopt)—Rescission of Policy on Medicaid Co-Payment (Supplement:5073) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 45—(Adopt)—Rescission of Policy on Dentists Right to Opt Out of the Medicare Program (Supplement:5075) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 46—(Adopt)—Rescission of Policy on Guaranteed Dental Care for Medicaid Participants Under Health System Reform (Supplement:5077) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 47—(Adopt)—Rescission of Policy on Improvements in Medicaid Program (Supplement:5079) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 48—(Adopt)—Rescission of Policy on Medicaid Block Grants (Supplement:5081) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 49—(Adopt)—Rescission of Policy on Safeguards for Medicare’s Health Maintenance Organizations (Supplement:5083) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 50—(Adopt)—Rescission of Policy on Payment of Medicaid Benefits to Dental Schools (Supplement:5085) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 51—(Adopt)—Rescission of Policy on Deduction of Student Loan Interest (Supplement:5087) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 52—(Adopt)—Rescission of Policy on Federal Educational Loans (Supplement:5089) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 53—(Adopt)—Rescission of Policy on Federal Assistance for Dental Students (Supplement:5091) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 54—(Adopt)—Rescission of Policy on Federal Lobbying Efforts That Support Dental Education (Supplement:5093) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 55—(Adopt)—Rescission of Policy on Increased Support for Postgraduate Training Programs (Supplement:5095) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 56—(Adopt)—Rescission of Policy on Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs (Supplement:5097) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 57—(Adopt)—Rescission of Policy on Advocacy for Dental Education Funding (Supplement:5099) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 58—(Adopt)—Rescission of Policy on State Funding for Dental Education (Supplement:5101) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 59—(Adopt)—Advocacy for Dental Education Infrastructure (Supplement:5103) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 61—(Adopt)—Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs (Supplement:5106) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 65—(Adopt)—Ethics and Standards for Internet Advertising in the Dental Profession (Supplement:5107) $: None; FTE: 0; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 70—(Adopt)—Amendment of Policy on Manufacturer Sponsorship of Dental Programs and Promotional Activities (Supplement:5119) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 71—(Adopt)—Amendment of Policy on Health Planning Guidelines (Supplement:5120) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 72—(Adopt)—Amendment of Policy on Vision Statement on Access for the Underserved and Promotional Activities (Supplement:5121) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 73—(Adopt)—Amendment of Policy on Inclusion of Basic Oral Health Education in Nondental Health Care Training Programs (Supplement:5122) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 74—(Adopt)—Amendment of Policy on Women's Oral Health: Patient Education (Supplement:5123) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 75—(Adopt)—Amendment of Policy on Patient Safety (Supplement:5124) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 76—(Adopt)—Amendment of Policy on Tobacco and Harm Reduction (Supplement:5125) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 77—(Adopt)—Amendment of Policy on Tobacco Free Schools (Supplement:5126) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 78—(Adopt)—Amendment of Policy on Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children (Supplement:5127) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 79—(Adopt)—Amendment of Policy on Non-Dental Providers Completing Educational Program on Oral Health (Supplement:5128) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 80—(Adopt)—Amendment of Definition of Dental Home (Supplement:5129) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 81—(Adopt)—Amendment of Definition of Primary Dental Care (Supplement:5130) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 82—(Adopt)—Amendment of the Principles for Developing Children’s Oral Health Programs (Supplement:5131) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

COMMITTEE RECOMMENDATION: Vote Yes
Resolution 85—(Adopt)—Early Detection and Prevention of Oral Cancer (Supplement:5136) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 86—(Adopt)—Child Identification Programs (Supplement:5138) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 87—(Adopt)—Oral Health Education in Schools (Supplement:5140) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 88—(Adopt)—Community-Based Topical Fluoride Programs (Supplement:5143) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 89—(Adopt)—Educating Dental Professionals in Recognizing and Reporting Abuse (Supplement:5145) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 90—(Adopt)—Prevention and Control of Early Childhood Caries (Supplement:5147) $: None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 91—(Adopt)—Assistance to Dentists Working Within Health Centers (Supplement:5158) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 92—(Adopt)—Dental Practitioners and Health Center Directors Sharing Clinical and Managerial Experience (Supplement:5159) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 93—(Adopt)—Relationships Between Private Dental Practitioners and FQHCs (Supplement:5160) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 94—(Adopt)—Dental Examinations for Pregnant Women and Women of Child-Bearing Age (Supplement:5161) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 95—(Adopt)—Dental Treatment During Pregnancy (Supplement:5162) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 96—(Adopt)—Designation of Individuals with Intellectual Disabilities as a Medically Underserved Population (Supplement:5163) $: None; FTE: 8; Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

COMMITTEE RECOMMENDATION: Vote Yes

Note. For the purpose of a fully documented record, the text of the resolutions presented in Resolution 116H follows.

Consent Calendar Resolutions—Adopted/Adopted in Lieu of

Amendment of the Guidelines Governing the Conduct of Campaigns for All ADA Offices

15H-2014. Resolved, that paragraph number 3 of the policy entitled “Guidelines Governing the Conduct of Campaigns for All ADA Offices” (Trans.2012:417) be amended as indicated (addition underscored):

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

Guidelines Governing the Conduct of Campaigns for All ADA Offices

1. Candidates shall not formally announce their intent to run for office until the final day of the annual session immediately preceding their candidacy. Prior to this formal announcement, candidates may freely campaign within their own trustee districts. Campaign activities outside a candidate’s own trustee district shall begin only after the official announcement at the annual session. The Election Commission shall meet with all candidates to negotiate cost effective agreements on campaign issues such as promotional activities and gifts (which are limited to campaign pins), campaign literature, travel, and electronic communications.

2. Candidates for the office of President-elect shall limit their campaign travel to attending state and/or district annual meetings and/or leadership conferences and annual session district caucus meetings only. Candidates for the office of Second Vice President and Speaker of the House of Delegates shall limit campaign travel to attending the district caucus meetings held during the ADA annual session.

3. District caucuses shall issue timely invitations to the President-elect candidates through the Office of the Executive Director. Caucuses are requested to provide an appropriate opportunity for the candidates to meet with their members. It is recommended that such forum be structured:

   a. to allow all candidates to make presentations;
   b. to allow caucuses freedom to assess candidates; and
   c. to allow each candidate to respond to questions.

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

4. Candidates shall not use campaign-sponsored social functions or hospitality suite/meetings rooms on behalf of their candidacy at any regional, national or annual meeting. (This is not intended, however, to limit candidates from holding campaign meetings for the purpose of strategizing.) Campaign receptions are not to be held at the ADA Annual Session. Additionally, a district that annually hosts a reception during the ADA annual session and is sponsoring a candidate in a contested election should not host a reception prior to the officer elections; a reception may be held after the election.
5. News articles on and interviews of a Candidate are permissible if published by a state dental journal within the candidate’s district, providing that the distribution of the journal is kept within the district, with no intentional outside distribution.

6. All candidates’ campaign statements and profiles which appear in the ADA News will be posted on the Association’s website, ADA.org, in an area dedicated to candidates for ADA elective offices, and on ADA Connect.

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

8. The election process for the office of Treasurer may be preceded by a campaign strictly limited to visiting the district caucus meetings during the annual session. Candidates shall not be permitted to distribute any tangible election material, including but not limited to printed matters, CD-ROMs, audiovisual materials, pens, pins, stickers or other accessory items. Candidates shall not use signs, posters or any electronic means of communication including but not limited to telephones, television, radio, electronic and surface mail or the Internet. Candidates shall not attempt to raise funds to support a campaign, or to conduct any social functions, hospitality suites or other electioneering activities. The candidates’ names and curriculum vitae, when applicable, will be submitted to the House in the first mailing/posting of the year of the election.

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

10. No candidate will knowingly accept campaign contributions which create the appearance of conflict of interest as reflected in Chapter VI of the ADA Bylaws.

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

12. Any questions regarding the Guidelines should be directed to the chair of the Election Commission for clarification.

Amendment of the Policy, The Dentist’s Pledge

16H-2014. Resolved, that the policy entitled The Dentist’s Pledge (Trans.1991:598) be amended as shown below (additions underscored, deletions stricken through):

Resolved, that the following “Dentist’s Pledge” be approved:

The Dentist’s Pledge

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

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

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

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

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

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

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

Amendment of Chapters XII and XIII of the ADA Bylaws: Procedures for Member Disciplinary Hearings and Appeals

17H-2014. Resolved, that the procedures for disciplinary actions from Chapters XII and XIII be deleted from the Bylaws in the manner as follows, with revision of the remaining words for clarity as shown below (additions underscored, deletions struck through):

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

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

Section 20. DISCIPLINE OF MEMBERS:

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

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

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

b. SUSPENSION. Suspension, subject to Chapter I, Section 30 of these Bylaws, means all membership privileges except continued entitlement to coverages under insurance programs are lost during the suspension period. Suspension shall be unconditional and for a specified period at the termination of which full membership privileges are automatically restored. A subsequent violation shall require a new disciplinary procedure before additional discipline may be imposed.
c. EXPULSION. Expulsion is an absolute discipline and may not be imposed conditionally except as otherwise provided herein.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

e. RECORD OF DISCIPLINARY PROCEEDINGS. Upon notice of an appeal the agency which preferred charges shall furnish to the appellate agency which has received the appeal and to the accused member a transcript of, or an officially certified copy of the minutes of the hearing accorded the accused member. The transcript or minutes shall be accompanied by certified copies of any affidavits or other documents submitted as evidence to support the charges against the accused member or submitted by the accused member as part of the accused’s defense.

Where the agency preferring the charges does not provide for transcription of the hearing, the accused member, at the accused’s own expense, shall be entitled to arrange for the services of a court reporter to transcribe the hearing.

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

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

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

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

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

CHAPTER XIII • PROCEDURES AND HEARINGS RELATING TO MEMBER CONDUCT POLICY

Section 10. CONDUCT SUBJECT TO REVIEW: Each member of this Association shall be subject to the provisions of the Association’s Member Conduct Policy.
Section 20. DISCIPLINARY PROCEDURES AND HEARINGS:

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

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

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

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

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

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

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

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

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

a. CHARGES. Any member of the Association or the Association’s staff shall be entitled to prefer charges alleging a violation of the Association’s Member Conduct Policy. Charges shall be directed to the Chair of the Council on Ethics, Bylaws and Judicial Affairs and shall be in writing. Such written charges shall include a specification of the provision(s) of the Association’s Member Conduct Policy alleged to have been violated, and a description of the conduct alleged to constitute the violation.
b. PRELIMINARY INVESTIGATION. A panel of three (3) sitting members of the Council on Ethics, Bylaws and Judicial Affairs selected by the Council’s chair, which shall not include the Council member from the accused’s trustee district, shall conduct a preliminary investigation into the charges and shall determine whether the allegations made in the charge sufficiently state a violation of the Member Conduct Policy.

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

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

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

DE, APPEALS TO FULL COUNCIL. Before any penalty enumerated in Chapter XIII, Section 20C, set forth in a decision following the hearing called for by Chapter XIII, Section 20D and conducted pursuant to the ADA Procedures for Member Disciplinary Hearings and Appeals shall be final, the accused member has a right to appeal that decision, including any disciplinary sentence specified therein. Any such appeal shall be conducted within the timeframes and in accordance with the appeal procedures set forth in the ADA Procedures for Member Disciplinary Hearings and Appeals. The accused member under sentence or recommended sentence of censure, suspension, expulsion, probation and/or removal from office shall have the right to appeal from a hearing panel decision to the full Council on Ethics, Bylaws and Judicial Affairs by filing an appeal in affidavit form with the chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association. Members of the investigatory and hearing panels, and the Council representative from the accused’s trustee district, shall be recused from the appeal.

An appeal from any decision shall not be valid unless notice of appeal is filed within thirty (30) days and the supporting brief, if one is to be presented, is filed within sixty (60) days after such decision has been rendered. A reply brief, if one is to be presented, shall be filed by the Association member or Association staff member within ninety (90) days after such decision is rendered. A rejoinder brief, if one is to be presented, shall be filed within one hundred five (105) days after such decision is rendered. After all briefs have been filed, a minimum of forty-five (45) days shall elapse before the
No decision shall become final while an appeal therefrom is pending or until the thirty (30) day period for filing notice of appeal has elapsed. In the event of a sentence of expulsion and no notice of appeal is received within the thirty (30) day period, the Council on Ethics, Bylaws and Judicial Affairs shall notify all parties of the failure of the accused member to file an appeal. The following procedure shall be used in processing appeals to the full Council on Ethics, Bylaws and Judicial Affairs:

1. **Hearings on Appeal to Full Council.** The accused member shall be entitled to a hearing on an appeal, provided that such appeal is taken in accordance with, and satisfies the requirements of, this Section. The Council on Ethics, Bylaws and Judicial Affairs shall permit the accused member to be represented by legal counsel. A party need not appear for the appeal to be heard by the Council on Ethics, Bylaws and Judicial Affairs.

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

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

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

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

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

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

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

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

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

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

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

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

and be it further

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

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

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

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

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

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

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

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

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

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

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

C. **DECISION.**

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

   (a) Contain a statement of the charge(s) made against the member;
   (b) State the facts that support the charge(s) and the verdict arrived at by the hearing body;
   (c) State the penalty imposed and, if the penalty is to be suspended during a period of probation, the length of the probationary period and any other conditions included in the probation; and
   (d) Be sent to the accused member by certified mail, return receipt requested, and addressed to the accused member’s last known address.
   (e) Be sent to by certified mail, return receipt requested, to the last known address of each of the following:
      (i) The secretary of the accused member’s component society, if any;
      (ii) The secretary of the accused member’s constituent society, if applicable;
      (iii) The Chair of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs; and
      (iv) The Executive Director of the American Dental Association.

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

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

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

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

A. RIGHT TO APPEAL.

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

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

3. Disciplinary Decision Adverse to a Direct Member. A direct member of this Association shall have the right to appeal a disciplinary decision of a hearing panel of the Council on Ethics, Bylaws and Judicial Affairs that imposes a penalty of censure, suspension, expulsion, or probation. That appeal shall be made to the Council on Ethics, Bylaws and Judicial Affairs of this Association by filing a notice of appeal in affidavit form with the Chair of the Council on Ethics, Bylaws and Judicial Affairs. Members of the hearing panel that issued the decision being appealed shall have no right to vote on the Council’s decision in such an appeal.

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

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

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

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

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

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

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

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

* As defined in the second explanatory note to Chapter I, MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, sub-section A. ACTIVE MEMBERS, paragraph a QUALIFICATIONS of the ADA BYLAWS.
2. **Parties to an Appeal.** The parties to an appeal are the accused member and the society or body that brought the charges against the accused member. In appeals to the Council on Ethics, Bylaws and Judicial Affairs of this Association, the society which heard the first appeal, if any, may, at its option, participate in the appeal.

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

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

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

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

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

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

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

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

11. **Appeals Jurisdiction.** The body to which a decision has been appealed shall be required to review the decision appealed from to determine whether the evidence before the society or body which brought the charges against the accused member supports that decision or warrants the penalty imposed. The body hearing the appeal shall not be required to consider additional
12. **Decisions on Appeals.** Every decision on appeal shall be in writing and must clearly state the conclusion of the hearing body and the reasons for that conclusion. The body hearing the appeal shall have the discretion to:

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

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

**III. MEMBER CONDUCT HEARINGS**

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

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

1. be in writing.
2. be sent to the Chair of the Council on Ethics, Bylaws and Judicial Affairs.
3. include an identification of the provision(s) of the Association’s Member Conduct Policy alleged to have been violated and a detailed description of the conduct alleged to constitute the violation.

B. **PRELIMINARY INVESTIGATION.**

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

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

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

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

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

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

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

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

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

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

E. DECISION.

1. **Requirement of Written Decision.** Every decision of a member conduct hearing panel will be in writing. The written decision will:
   
   (a) Contain a statement of the charges made against the member;
   (b) State the relevant facts;
   (c) State the verdict arrived at by the hearing body; and
   (d) State the penalty imposed or recommended and, if the penalty is to be suspended during a period of probation, the length of the probationary period and any other conditions included in the probation.

2. **Mailing of Decision.** Every hearing panel decision must be sent, by certified mail, return receipt requested, within ten (10) days of the written decision being approved by the hearing panel, to the last known address of each of the following:
(a) The accused member;
(b) The Association member or staff member who brought the charges;
(c) The secretary of the accused member’s component society, if any;
(d) The secretary of the accused member’s constituent society, if applicable;
(e) The Chair of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs;
(f) The Executive Director of the American Dental Association; and, if applicable
(g) The Election Commission of the Association.

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

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

1. Non-Appeal of Decision Containing Sentence of Expulsion. If a decision includes a sentence of
expulsion and no notice of appeal is received within the thirty (30) day period within which to
appeal, the Council on Ethics, Bylaws and Judicial Affairs shall notify all parties of the failure of
the accused member to file an appeal. The sentence of expulsion will take effect on the date the
parties receive such notice. The disciplined member’s component and constituent societies shall
each determine what portion of their current dues and special assessments, if any, shall be
returned to the expelled member. Dues and special assessments paid to this Association will not
be refunded to an expelled member.

IV. MEMBER CONDUCT APPEALS

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

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

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

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

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

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

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

D. TIME FOR APPEAL HEARING. No hearing on an appeal will be held within one hundred fifty (150)
days of the date the decision appealed from was issued or forty-five (45) days after the last brief in
the appeal was filed, whichever is later. Omission of briefs will not alter the hearing date unless
otherwise agreed to by the parties and the chair of the body hearing the appeal.
E. CONDUCT OF THE APPEAL HEARING. The accused member shall be entitled to a hearing on an appeal, provided that such appeal meets the requirements of this Article.

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

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

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

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

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

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

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

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

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

10. Record of Hearing. Upon receiving a notice of an appeal, the hearing panel of the Council on Ethics, Bylaws and Judicial Affairs that presided over the initial hearing shall furnish a transcript or an officially certified copy of the minutes of the hearing being appealed to the Council on Ethics, Bylaws and Judicial Affairs and the parties to the appeal. The transcript or minutes shall be accompanied by certified copies of any affidavits or other documents submitted as evidence to support the charges against the accused member or submitted by the accused as part of the accused’s defense. If the hearing panel did not provide for transcription of the hearing, any party shall be entitled to arrange for the services of a court reporter to transcribe the hearing.
11. **Appeals Jurisdiction.** The Council on Ethics, Bylaws and Judicial Affairs is required to review the decision appealed from to determine whether the evidence before the hearing panel supports that decision or warrants the penalty(ies) imposed. The Council on Ethics, Bylaws and Judicial Affairs shall not be required to consider additional evidence unless there is a clear showing that a party to the appeal will be unreasonably harmed by failure to consider the additional evidence.

**F. DECISION ON APPEALS**

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

   (a) **Written Decision.** In any appeal that does not involve the recommended probation, suspension, expulsion and/or removal from office of a trustee or elective officer, the decision of the Council on Ethics, Bylaws and Judicial Affairs shall be reduced to writing. The decision must clearly state the conclusion of the Council and the reasons for reaching that conclusion.

   (b) **Permissible Penalties.** The Council shall have the discretion to:

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

   (c) **Final Decision.** The decision of the Council on Ethics, Bylaws and Judicial Affairs in an appeal not involving a recommended probation, suspension, expulsion and/or removal of a trustee or elective officer shall be final and non-appealable.

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

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

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

   (b) **Permissible Penalties.** The Council shall have the discretion to:

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

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

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

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

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

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

Amendment of the ADA Bylaws Regarding the Duties of the Council on Government Affairs

18H-2014. Resolved, that CHAPTER X. COUNCILS, Section 120. DUTIES, Subsection H. COUNCIL ON GOVERNMENT AFFAIRS, of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

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

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

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

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

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

Composition of the Election Commission

24H-2014. Resolved, that Resolution 88H-2012 (Trans.2012:413) be amended as follows (additions underscored, deletions stricken through):

Resolved, that the Election Commission will be composed of three members: the President-Elect, Immediate Past President, and the chair of the Council on Ethics, Bylaws and Judicial Affairs and the vice-chair of the Council on Ethics, Bylaws and Judicial Affairs. In the event that one of the members is unavailable, a replacement member will be selected by the Council on Ethics, Bylaws and Judicial Affairs from among its members. The chair of the Council on Ethics, Bylaws and Judicial Affairs.
Affairs shall serve as chair. The Speaker will serve as a consultant to the Election Commission, without the right to vote.

Amendment of Paragraph 5 of the Guidelines Governing the Conduct of Campaigns for All ADA Offices

27H-2014. Resolved, that Paragraph 5 of the Guidelines Governing the Conduct of Campaigns for All ADA Offices (Trans.2012:417) be amended as follows (additions underscored):

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

Amendment of Policy on Advocate for Adequate Funding Under Medicaid Block Grants

37H-2014. Resolved, that the ADA policy, Advocate for Adequate Funding Under Medicaid Block Grants be amended to read as follows (additions underscored; deletions are stricken):

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

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

Amendment of Policy on Medicaid and Indigent Care

38H-2014. Resolved, that the ADA policy on Medicaid and Indigent Care Funding (Trans.2006:338) be amended to read as follows (additions underscored; deletions are stricken):

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

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

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

Amendment of Policy on Federal Tax Credit/Voucher for Medicaid Dentist Providers

39H-2014. Resolved, that the ADA policy on Federal Tax Credit/Voucher for Medicaid Dentist Providers (Trans.2003:383) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that the American Dental Association seek to enact an annual federal tax credit/voucher to apply to the first $4,000 $10,000 of Medicaid dental services provided by a licensed dentist, and be it further
Resolved, that these credits be based upon the most recent CDT codes and credited at a rate consistent with the most recent ADA Survey of Dental Fees for that region or state.

Amendment of Policy on Support of Current Medicaid Law and Regulations Regarding Dental Services

40H-2014. Resolved, that the ADA policy on Support of Current Medicaid Law and Regulations Regarding Dental Services (Trans.2010:603) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that the Association oppose attempts to alter federal statutes or regulations regarding the definition of "dental services" under the Medicaid program if such alterations would permit such services to be delivered in a manner other than by a dentist or under the supervision of a dentist, so they continue to require dental care services be delivered by a dentist or under the appropriate supervision of a dentist, and be it further
Resolved, that Association constituent societies encourage their members to enroll in Medicaid programs and provide dental services helping to ensure that EPSDT guidelines are met.

Amendment of Policy on Maldistribution of the Dental Workforce

41H-2014. Resolved, that the ADA policy on Maldistribution of the Dental Workforce (Trans.2001:442) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that appropriate agencies of the ADA develop a framework to help those states with a maldistribution of the dental workforce, and be it further
Resolved, that the framework may include, but is not limited to:

- Model legislation to help attract dentists to underserved areas of states. The legislation may include, but is not limited to:
  a. Tax deductions for dentists practicing in underserved areas.
  b. Tax rebates for dentists practicing in underserved areas.
  c. Payback of in-state tuition waivered if the new dentist practices in underserved areas. Payback of all or a portion of dental school tuition if the new dentist practices in an underserved area.
  d. Scholarships for dental students and post-doctoral residents and students who practice in underserved areas after graduation.
  e. Loan forgiveness for dental students and post-doctoral residents and students who practice in underserved areas after graduation.
- Establishing a list of opportunities that are available from rural communities who are willing to provide financial support to dentists moving to their area.
- A survey of the constituents on how each state is approaching regional workforce maldistribution. The ideas will be consolidated and made available to all constituents.

Amendment of Policy on Advocating for ERISA Reform

42H-2014. Resolved, that the ADA policy, Advocating for ERISA Reform (Trans.2009:474) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that the appropriate agencies of the ADA identify those features of ERISA that exempt some plans from state regulation to protect consumers, and be it further
Resolved, that the ADA aggressively seek legislation to change the Act to create these consumer safeguards under federal law or allow regulation of these plans by the states, and be it further
Resolved, that the Board provide a report to the 2010 House of Delegates on progress.
Rescission of Policy on Medicaid Co-Payment

44H-2014. Resolved, that the ADA policy, Medicaid Co-Payment (Trans.2003:379) be rescinded.

Rescission of Policy on Dentists Right to Opt Out of the Medicare Program


Rescission of Policy on Guaranteed Dental Care for Medicaid Participants Under Health System Reform

46H-2014. Resolved, that the ADA policy, Guaranteed Dental Care for Medicaid Participants under Health System Reform (Trans.1995:648) be rescinded.

Rescission of Policy on Improvements in Medicaid Program

47H-2014. Resolved, that the ADA policy, Improvements in Medicaid Program (Trans.1995:648) be rescinded.

Rescission of Policy on Medicaid Block Grants


Rescission of Policy on Safeguards for Medicare’s Health Maintenance Organizations

49H-2014. Resolved, that the ADA policy, Safeguards for Medicare’s Health Maintenance Organizations (Trans.1991:638) be rescinded.

Rescission of Policy on Payment of Medicaid Benefits to Dental Schools

50H-2014. Resolved, that the ADA policy, Payment of Medicaid Benefits to Dental Schools (Trans.1977:902) be rescinded.

Rescission of Policy on Deduction of Student Loan Interest

51H-2014. Resolved, that the ADA policy, Deduction of Student Loan Interest (Trans.2009:480) be rescinded.

Rescission of Policy on Federal Educational Loans


Rescission of Policy on Federal Assistance for Dental Students

53H-2014. Resolved, that the ADA policy, Federal Assistance for Dental Students (Trans.1982:539) be rescinded.

Rescission of Policy on Federal Lobbying Efforts That Support Dental Education


Rescission of Policy on Increased Support for Postgraduate Training Programs

55H-2014. Resolved, that the ADA policy, Increased Support for Postgraduate Training Programs (Trans.2005:337) be rescinded.
Rescission of Policy on Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs

56H-2014. Resolved, that the ADA policy, Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs (Trans.2008:499) be rescinded.

Rescission of Policy on Advocacy for Dental Education Funding

57H-2014. Resolved, that the ADA policy, Advocacy for Dental Education Funding (Trans.2002:400) be rescinded.

Rescission of Policy on State Funding for Dental Education

58H-2014. Resolved, that the ADA policy, State Funding for Dental Education (Trans.2001:471) be rescinded.

Advocacy for Dental Education Infrastructure

59H-2014. Resolved, that the ADA policy, Advocacy for Dental Education Infrastructure, be adopted.

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

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

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

Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs

61H-2014. Resolved, that the ADA policy, Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs, be adopted.

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

Ethics and Standards for Internet Advertising in the Dental Profession

65H-2014. Resolved, that the appropriate ADA agency review section 5.f of Principles of Ethics and Code of Professional Conduct as it applies to the use of the internet in marketing, and be it further

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

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

Amendment of Policy on Manufacturer Sponsorship of Dental Programs and Promotional Activities

70H-2014. Resolved, that the ADA policy on Manufacturer Sponsorship of Dental Programs and Promotional Activities (Trans.1989:571) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that the ADA Board of Trustees, through appropriate agencies, communicate current policies on dental health care to the dental industry, and be it further
Resolved, that both the ADA and the dental industry coordinate programs promoting dental health in the best interests of the American public.

Amendment of Policy on Health Planning Guidelines

71H-2014. Resolved, that the ADA policy on Health Planning Guidelines (Trans.1983:545) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that the following health planning guidelines be adopted:

1. The Association supports a voluntary system of cooperative health planning at the state and local level.
2. Health planning should be directed at locally determined efforts to improve access to health care and avoid unnecessary duplication of effort to maximize limited institutional health care resources.
3. Dental offices not receiving public subsidies should be exempt from certificate of need type of review.
4. Health planning should function primarily as an informational and educational resource of the community, without federally mandated regulatory authority.
5. Dentists should have equal input along with other health care providers.
6. Public and private sector financing for health planning should not be accompanied by federally mandated requirements or conditions which determine the objectives or scope of activities of health planning bodies; have adequate appropriations designated to accomplish the stated objectives.

Amendment of Policy on Vision Statement on Access for the Underserved and Promotional Activities

72H-2014. Resolved, that the ADA policy on Vision Statement on Access for the Underserved and Promotional Activities (Trans.2004:321) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that the American Dental Association and its members will continue working with policymakers to establish programs and services that improve access to oral health care, while maintaining a single standard of oral health care.

The Association thereby:

- Rejecting programs and policies that marginalize oral health, and instead supporting those that recognize oral health is integral to overall health and can affect a person’s self-esteem, ability to learn and employability.
- Acknowledging that the degree of oral health disparities and the extent and severity of untreated dental disease—especially among underserved children—is unacceptable.
- Committing, through both advocacy and direct action, to identify and implement common sense, market-based solutions that capitalize on the inherent strengths of the American dental care system.

Amendment of Policy on Inclusion of Basic Oral Health Education in Nondental Health Care Training Programs

73H-2014. Resolved, that the ADA policy on Inclusion of Basic Oral Health Education in Nondental Health Care Training Programs (Trans.1995:609) be amended to read as follows (additions underscored):

Resolved, that the Association encourage the inclusion of basic oral health education, such as the Smiles for Life curriculum, in the curricula of nondental health care professional training programs.
Amendment of Policy on Women’s Oral Health: Patient Education

74H-2014.Resolved, that the ADA policy on Women’s Oral Health: Patient Education (Trans.2001:428) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that the ADA work with federal and state agencies, constituent and component dental societies and other appropriate organizations to incorporate oral health education information into health care educational outreach efforts directed at low-income mothers and their children, and be it further
Resolved, the ADA work with the obstetric community to ensure that low-income pregnant women are provided relevant oral health care information during the perinatal period.

Amendment of Policy on Patient Safety

75H-2014.Resolved, that the ADA policy on Patient Safety (Trans.2001:429) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that the American Dental Association communicate its commitment to improve patient safety to health care organizations that have or are developing patient safety initiatives, and be it further
Resolved, the Association work in cooperation with constituent and component dental societies and other major health care organizations including but not limited to the Joint Commission on Accreditation of Healthcare Organizations, American Medical Association and American Hospital Association, to develop encourage the development of collaborative projects regarding patient safety, and be it further
Resolved, that appropriate Association agencies disseminate information on patient safety to the membership.

Amendment of Policy on Tobacco and Harm Reduction

76H-2014.Resolved, that the ADA policy on Tobacco and Harm Reduction (Trans.2003:358) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that the American Dental Association supports legislation that authorizes the Food and Drug Administration's regulation of all tobacco products, including tobacco products with risk reduction or exposure reduction claims, explicit or implicit, and any other products offered to the public to promote reduction in or cessation of tobacco use, and be it further
Resolved, that the Association supports regulation of all tobacco products in order to ensure meaningful access to a science base for evaluation of the effects of all tobacco products, and be it further
Resolved, that the Association supports regulation of all tobacco products in order to ensure that assessment, including extensive premarket testing, and surveillance are completed, to secure data to serve as a basis for developing and implementing appropriate public health measures, and be it further
Resolved, that if legislation is passed to authorize the FDA to regulate all tobacco products, the Association urges supports the FDA to authorize the use of harm reduction strategies only as a component of a comprehensive national tobacco control program that emphasizes abstinence-oriented prevention and treatment.

Amendment of Policy on Tobacco Free Schools

77H-2014.Resolved, that the ADA policy on Tobacco Free Schools (Trans.2009:419) be amended to read as follows (additions underscored; deletions are stricken):
**Resolved**, that the American Dental Association recognizes that a tobacco-free school environment is the cornerstone of a comprehensive policy intended to prevent and reduce tobacco addiction in young people, and be it further

**Resolved**, that the ADA support the adoption of tobacco free school laws or policies that incorporate the guidelines developed by the Centers for Disease Control and Prevention for school-based health programs to prevent tobacco use and addiction, and be it further

**Resolved**, that the ADA provide a link on its website of existing resources to assist those at the state and local levels who are interested in pursuing tobacco free school environments, and be it further

**Resolved**, that the ADA urge supports collaboration by its members and dental societies to collaborate with students, parents, school officials and members of the community to establish tobacco free schools.

Amendment of Policy on Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children

**78H-2014. Resolved**, that the ADA policy on Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children (**Trans.**2004:303) be amended to read as follows (additions underscored; deletions are stricken):

**Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children**

Resolved, that prior to any preventive dental treatment, of an infant or young child a dental disease risk assessment should be performed by a dentist or appropriately trained physician, and be it further

Resolved, that risk assessments, screenings or oral evaluations of infants and young children patients by non-dentists are not to be considered comprehensive dental exams, and be it further

Resolved, that it is essential that non-dentists who provide preventive dental services to an infant or young child notify a dentist of the custodial parent/legal guardians choosing as to what services were rendered and refer the patient to a dentist for a comprehensive examination and to establish a dental home.

Amendment of Policy on Non-Dental Providers Completing Educational Program on Oral Health

**79H-2014. Resolved**, that the ADA policy on Non-Dental Providers Completing Educational Program on Oral Health (**Trans.**2004:301) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that only dentists, physicians, and their properly supervised and trained designees, be allowed to provide dental services to infants and young children patients of all ages, and be it further

Resolved, that anyone that provides preventive dental services to infants and young children should have completed an appropriate educational program on oral health, common oral pathology, dental disease risk assessment, dental caries and dental preventive techniques appropriate for this the age groups under their care, and be it further

Resolved, that the ADA urge constituent societies to support this policy.

Amendment of Definition of Dental Home

**80H-2014. Resolved**, that the definition of “dental home” (**Trans.**2005:322; **Trans.**2010:548) be amended to read as follows (additions underscored; deletions are stricken):

**Dental Home.** The ongoing relationship between the dentist who is the Primary Dental Care Provider and the patient, which includes comprehensive oral health care, beginning no later than before age one, and continuing throughout the patient’s lifetime, with appropriate referral as necessary.
Amendment of Definition of Primary Dental Care

81H-2014. Resolved, that the definition of Primary Dental Care (Trans.1994:668; Trans.2010:562; Trans.2012:441) be amended to read as follows (additions underscored; deletions are stricken):

Primary Dental Care. The dental care provided by a licensed dentist to patients beginning no later than before age one and throughout their lifetime. Primary dental care is directed to evaluation, diagnosis, patient education, prevention, treatment planning and treatment of oral disease and injury, the maintenance of oral health, and the coordination of referral to specialists for care when indicated. Primary dental care includes services provided by allied personnel under the dentist’s supervision.

Amendment of the Principles for Developing Children’s Oral Health Programs

82H-2014. Resolved, that Principle 6 of the Principles for Developing Children’s Oral Health Programs (Trans.2012:444) be amended to read as follows (additions underscored; deletions are stricken):

6. Parents and caregivers should establish a dental home with a dentist by the child’s first birthday before age one to determine appropriate preventive and restorative treatment.

Early Detection and Prevention of Oral Cancer

85H-2014. Resolved, that the American Dental Association recognizes that early oral cancer diagnosis has the potential to have a significant impact on treatment decisions and outcomes, and supports routine visual and tactile examinations, particularly for patients who are at risk including those who use tobacco or who are heavy consumers of alcohol, and be it further

Resolved, that the Association supports state and local Association sponsored education activities to promote the prevention and early detection of oral cancer to those who use tobacco, alcohol or both, and be it further

Resolved, that the ADA policy on Prevention and Early Oral Cancer Detection (Trans.1996:681) be rescinded.

Child Identification Programs

86H-2014. Resolved, that the ADA supports child identification programs that include scientifically demonstrated valid dental related components, including the documentation of the child’s dental home, and be it further

Resolved, that the ADA supports constituent and component dental societies promoting partnerships with sponsoring organizations of these child identification programs, and be it further

Resolved, that the ADA policy, Child Identification Program Partnerships (Trans.2003:360) be rescinded.

Oral Health Education in Schools

87H-2014. Resolved, that the Council on Access, Prevention and Interprofessional Relations work with the Council on Government Affairs and other appropriate ADA agencies to develop and implement an advocacy strategy, based on the 2012 School Health Policies and Practices Study (SHPPS) data, to increase the number of school districts requiring oral health education for K-12 students, and be it further

Resolved, that the ADA supports the inclusion of the 2006 National Health Education Standards in the accreditation requirements for all public and private elementary and secondary schools, and be it further

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

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

Resolved, that the appropriate ADA agencies communicate this position to the proper internal and external educational agencies, organizations, and institutions, and be it further

Resolved, that the ADA’s policy on Advocacy Strategy for Oral Health Education (Trans.2006:316) be rescinded.

Community-Based Topical Fluoride Programs

88H-2014. Resolved, the American Dental Association recognizes that community-based topical fluoride programs are safe and efficacious in reducing dental caries, and be it further

Resolved, that Topical Fluoride Programs (Trans.1963:42,287) and School Fluoride Mouthrinse Program (Trans.1983:544) be rescinded.

Educating Dental Professionals in Recognizing and Reporting Abuse

89H-2014. Resolved, that the ADA supports educating dental professionals to recognize abuse and neglect across all age groups and reporting such incidences to the proper authorities as required by state law, and be it further

Resolved, that the ADA Efforts to Educate Dental Professionals in Recognizing and Reporting Abuse and Neglect (Trans.1996:683) and Child Abuse (Trans.1993:707) be rescinded.

Prevention and Control of Early Childhood Caries

90H-2014. Resolved, that the following policy on Prevention and Control of Early Childhood Caries be adopted:

Prevention and Control of Early Childhood Caries

1. The American Dental Association recognizes Early Childhood Caries (ECC) as the presence of one or more decayed, noncavitated or cavitated lesions, missing due to caries, or filled tooth surfaces in any primary tooth in a child under the age of six. In children younger than three years of age, any sign of smooth-surface caries is indicative of severe early childhood caries (S-ECC). From ages three through five, one or more cavitated, missing (due to caries) or filled smooth surfaces in primary maxillary anterior teeth or a decayed, missing, or filled score of greater than or equal to four at age 3, greater than or equal to five at age 4, or greater than or equal to six at age 5 surfaces also constitutes S-ECC.

2. The Association recognizes that oral health is an important part of overall health. ECC is a health problem throughout the population that poses a significant health burden in specific at-risk communities.

3. The Association recommends health professionals and the public recognize that a child’s teeth are susceptible to decay as soon as they begin to erupt and that ECC is a multifactorial, transmissible disease that is reversible in its early stages and its progression is affected by many different risk and protective factors.

4. The Association recommends parents and guardians, as a child’s first tooth erupts, to:

   • Schedule the child’s first dental visit. Children should have a Dental Home before age one.
   • Begin brushing twice daily with no more than a smear (rice-sized amount) of fluoride toothpaste for children younger than 3 years old and a pea-sized amount of fluoride toothpaste for children 3 to 6 years old. This recommendation is taken from the ADA Council on Scientific Affairs Fluoride Toothpaste Use for Young Children, JADA, February 2014.
5. The Association recommends its members educate parents, including expectant parents, and caregivers about establishing a Dental Home before age one, provide them with oral health education based on the child's developmental needs and explain methods for reducing the risk for ECC, including specific details of how to reduce risk factors and promote protective factors.

6. The Association recommends state and local dental societies act as a resource for the medical community and public health programs (e.g., Women, Infants and Children [WIC] and Head Start). Dentistry can be instrumental in educating other health professionals and the public about risk factors for ECC and the importance of the establishment of a Dental Home before age one.

7. The Association recognizes that the unique characteristics of ECC should be considered in selecting treatment protocols that are based on a child's individual risk.

8. The Association, recognizing that the science surrounding ECC continues to evolve, encourages research activities to study risk factors, preventive practices, disease management strategies and new technologies to address the challenges posed by this multifactorial disease.

and be it further

Resolved, that the Statement on Early Childhood Caries (Trans.2000:454) be rescinded.

Assistance to Dentists Working Within Health Centers

91H-2014. Resolved, that the ADA assist with local outreach to dentists working within health centers to actively participate in component society activities, in order to meet colleagues, participate in continuing education, and increase their networking opportunities, and be it further

Resolved, that component and constituent dental societies encourage dentists working within health centers to aspire to and assume leadership positions within organized dentistry.

Dental Practitioners and Health Center Directors Sharing Clinical and Managerial Experience

92H-2014. Resolved, that the ADA encourage private dental practitioners and health center dental directors to share their clinical and management expertise.

Relationships Between Private Dental Practitioners and FQHCs

93H-2014. Resolved, that the ADA reach out to the National Association of Community Health Centers (NACHC) and the National Network for Oral Health Access (NNOHA) to collaborate to educate their members about the benefits of contracting and encourage such relationships between private dental practitioners and Federally Qualified Health Centers.

Dental Examinations for Pregnant Women and Women of Child-Bearing Age

94H-2014. Resolved, that the ADA urge all pregnant women and women of child-bearing age to have a regular dental examination.

Dental Treatment During Pregnancy

95H-2014. Resolved, that the ADA acknowledges that preventive, diagnostic and restorative dental treatment to promote health and eliminate disease is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and her child.

Designation of Individuals With Intellectual Disabilities as a Medically Underserved Population

96H-2014. Resolved, that the American Dental Association support a simplified process across appropriate governmental agencies to designate individuals with intellectual disabilities as a medically underserved population, and be it further
Resolved, that the ADA seek to collaborate with the American Medical Association and the American Academy of Developmental Medicine and Dentistry to promote this process to appropriate governmental agencies.

Non-Consent Resolutions

Amendment of Chapter XII of the ADA Bylaws to Add the Option of a Non-Disciplinary Action (Council on Ethics, Bylaws and Judicial Affairs Resolution 25): The Reference Committee reported as follows:

The Reference Committee concurred with testimony given to the Committee suggesting referral of Resolution 25 (Supplement:5041) back to the Council on Ethics, Bylaws and Judicial Affairs to consider whether the proposed letter of counsel should be appealable and to clarify the private nature of the letter of counsel.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 25 as submitted.

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

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

and be it further

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

Dr. Cram moved that Resolution 25 be referred to the Council on Ethics, Bylaws and Judicial Affairs with the Committee Recommendation to Vote Yes on Referral.

Dr. Michael Maihofer, Michigan, spoke against the motion to refer. He said, “I argue against referral and for passage of Resolution 25 as a long overdue, non-disciplinary administrative option that will be welcomed by all peer review committees through the tripartite.”

Dr. Richard A. Weinman, Georgia, spoke in support of the motion to refer Resolution 25 back to the Council. He said, “...The basis of this is good, but the last line, where there is no right for appeal, means that you could receive this letter and have no way to respond in any way. There may have been an error committed by the people investigating this or the person who reported your conduct.”

Dr. John B. Nase, Pennsylvania, as a point of information, asked if the “letter of counsel” would be discoverable in any future disciplinary actions or legal actions against the member.

ADA General Counsel, Mr. Busey, responded, “…There’s nothing that would preclude that from being discoverable.”
Pro and con discussion ensued on the motion to refer Resolution 25 to the Council on Ethics, Bylaws and Judicial Affairs.

Dr. Linda Himmelberger, incoming chair of the Council on Ethics, Bylaws and Judicial Affairs, spoke in support of referring Resolution 25 to the Council, allowing it an opportunity to address issues raised during the Reference Committee hearing.

After additional discussion, a motion was made to vote immediately, which requires a two-thirds vote; on vote the motion to vote immediately was adopted.

On vote, the motion to refer Resolution 25 to the Council on Ethics, Bylaws and Judicial Affairs was adopted.

**Amendment of Chapter XIII of the ADA Bylaws to Add the Option of a Non-Disciplinary Action** (Council on Ethics, Bylaws and Judicial Affairs Resolution 26): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees and supports adoption of the following resolution. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 26 as submitted.

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

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

and be it further

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

Dr. Cram moved Resolution 26 (Supplement:5042) with the Committee Recommendation to Vote Yes.

Dr. Stephen O. Glenn, Oklahoma, moved to refer Resolution 26 to the Council on Ethics, Bylaws and Judicial Affairs. Dr. Glenn said, “Resolution 26 is substantially the same resolution as 25. It covers Chapter XIII rather than Chapter XII.”

On vote, the motion to refer Resolution 26 to the Council on Ethics, Bylaws and Judicial Affairs was adopted.

**ACA Dentist Exemption From Pediatric Mandate** (Eighth Trustee District Resolution 29 and Board of Trustees Substitute Resolution 29B): The Reference Committee reported as follows:

The Reference Committee heard testimony on how this provision causes unnecessary burdens to practicing dentists. Therefore, the Committee recommends the adoption of Resolution 29B (Supplement:5045).

**29B. Resolved**, that the American Dental Association supports efforts to eliminate the requirement for dentists to purchase pediatric dental coverage for their dependents 18 years of age or younger.
Dr. Cram moved that Resolution 29B be adopted in lieu of Resolution 29 (Supplement:5044) with the Committee Recommendation to Vote Yes.

Dr. Ariane R. Terlet, California, moved to amend Resolution 29B, by deleting the words “supports efforts” and replace with the word “pursue” and adding at the end of the resolution the words “and ensure that dental benefits are based on the dental procedure and not who the dentist provider is.”

As an editorial correction, the first part of the amendment that replaced the words “supports efforts” with the word “pursue” was changed to delete the words “supports efforts to eliminate” with the words “pursue eliminating.”

As a point of information, a question was asked if there is current policy regarding the reimbursement of benefits for family members and also if there is a financial implication associated with the amendments.

It was confirmed by the Senior Vice President, Government and Public Affairs, Mr. Michael Graham, that there is an estimated $50,000 financial implication, although resources would be shifted to accomplish this within the existing budget.

The Speaker ruled that the second part of the proposed amendment was out of order since it is existing policy.

Pro and con discussion ensued on the resolution and the proposed amendment deleting the words “supports efforts to eliminate” and replacing them with the words “pursue eliminating.”

A motion was made to vote immediately, which requires a two-thirds vote; on vote the motion was adopted.

On vote, the proposed amendment was adopted.

Dr. Ariane R. Terlet, California, moved to refer Resolution 29B as amended to the appropriate ADA agency. Dr. Terlet said, “This is a big issue with respect to the conversations today, whether it’s political capital or how to move with this. It’s not just about us as dentists but also those of us that don’t have children that are paying for pediatric benefit.”

Pro and con discussion ensued on the motion to refer the amended Resolution 29B.

On vote, the motion to refer Resolution 29B as amended to the appropriate ADA agency was adopted; since Resolution 29 was not disposed of, it was also referred.

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

Rescission of Policy on Clarification of Support for Federal Legislation to Facilitate Formation of Association Health Plans (Council on Government Affairs Resolution 43): The Reference Committee reported as follows:

The Reference Committee understands current law has effectively eliminated Association Health Plans and therefore, recommends the rescission of existing policy. However, the Reference Committee understands the Association continues to support the concept of Association Health Plans and states are free to pursue them.

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

Dr. Cram moved Resolution 43 (Supplement:5071) with the Committee Recommendation to Vote Yes.
On vote, Resolution 43 was adopted.


Advocacy for Graduate Student Loan Programs (Council on Government Affairs Resolution 60; Board of Trustees Substitute Resolution 60B; and Reference Committee D Substitute Resolution 60RC): The Reference Committee reported as follows:

The Reference Committee heard considerable testimony in support of Resolution 60B and several ideas to strengthen it. With student debt being a primary concern for dental students and young dentists, the Reference Committee believes it is essential to provide stability and protection for student borrowers and therefore, offers Resolution 60RC.

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

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

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

and be it further

Resolved, that the American Dental Association support strengthening federal regulations for the protection of private student loan borrowers.

Dr. Cram moved that Resolution 60RC be adopted in lieu of Resolutions 60 (Supplement:5104) and 60B (Supplement:5105) with the Committee Recommendation to Vote Yes.

On vote, Resolution 60RC was adopted in lieu of Resolutions 60 and 60B.

60H-2014. Resolved, that the ADA policy, Advocacy for Graduate Student Loan Programs, be adopted.

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

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

and be it further

Resolved, that the American Dental Association support strengthening federal regulations for the protection of private student loan borrowers.

Enforcing Regulations Concerning Online Marketplaces and the Sale of Dental Supplies/Materials
(Fourteenth Trustee District Resolution 66): The Reference Committee reported as follows:

The Reference Committee heard testimony expressing concern that the Association’s current policy referenced in the comment of the Board of Trustees does not embrace the sale of regulated supplies and materials. The Reference Committee reviewed the Association policy entitled Sale of Dental Equipment to Illegal Practitioners (Trans.2013:4071) and agrees with the concerns expressed in the testimony.

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

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

Dr. Cram moved Resolution 66 (Supplement:5108) with the Committee Recommendation to Vote Yes.

On vote, Resolution 66 was adopted.

66H-2014. Resolved, that the ADA petition the appropriate federal agencies to enforce the rules and regulations governing the sale of regulated dental supplies and materials, and be it further

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

Hospital Privileges for Dentists
(Council on Access, Prevention and Interprofessional Relations Resolution 83 and Reference Committee D Substitute Resolution 83RC): The Reference Committee reported as follows:

The Reference Committee considered testimony which reflected the contemporary status of dentists with hospital practices. The importance of full hospital privilege status as a general understanding is preferred over a laundry list of activities which may be location specific and subject to change.

83RC. Resolved, the American Dental Association believes that all dentists who practice in hospitals should be eligible for full hospital privileges. These privileges include performance of history and physical examinations, diagnosis, treatment and admission in accordance with their education, training and current competence, and be it further

Resolved, that Guidelines for Hospital Dental Services (Trans.1991:618) be rescinded.

Dr. Cram moved that Resolution 83RC be adopted in lieu of Resolution 83 with the Committee Recommendation to Vote Yes.

Dr. William R. Thompson, Tennessee, moved to amend Resolution 83RC in the first resolving clause by adding the words “in accordance with their education, training and current competence” after the words “hospital privileges.”

The Speaker noted that the stricken words in 83RC were added in error and are part of the original Resolution 83. They are not relevant to the substitute resolution.

On vote, the amendment proposed by Dr. Thompson was adopted.

Dr. Ned L. Nix, California, moved to delete the word “full” before the words “hospital privileges.”

Pro and con discussion ensured on the proposed amendment to delete the word “full.”
The Speaker ruled that without the word “full” the resolution did not make sense and therefore the amendment to delete the word was not in order.

Discussion continued on Resolution 83RC as amended.

Dr. Thompson moved that Resolution 83RC be referred back to the Council on Access, Prevention and Interprofessional Relations for further work.

On vote, the motion to refer Resolution 83RC, as amended, to the Council on Access, Prevention and Interprofessional Relations was adopted; since Resolution 83 was not disposed of, it also was referred.

83RC. Resolved, the American Dental Association believes that all dentists who practice in hospitals should be eligible for full hospital privileges in accordance with their education, training and current competence, and be it further Resolved, that Guidelines for Hospital Dental Services (Trans.1991:618) be rescinded.

Development of Association Dental Health Education Materials (Council on Access, Prevention and Interprofessional Relations Resolution 84 and Reference Committee D Substitute Resolution 84RC): The Reference Committee reported as follows:

The Reference Committee heard testimony from a pediatric dentist who works with the Institute of Medicine on health literacy guidelines. The Reference Committee believes that the Association currently supports the value of health literacy in patient education materials and concurs that this concept be reflected.

84RC. Resolved, that the ADA Council on Access, Prevention, and Interprofessional Relations be consulted, along with the Council on Dental Practice, Council on Scientific Affairs, and Council on Government Affairs, along with all other appropriate ADA agencies in the ongoing development of Association dental health education materials and professional aids written in accordance with health literacy principles for use by members, constituent and component dental societies, and the public at-large, and be it further Resolved, that the ADA policy on Promotion of Dental Health Education (Trans.1963:288) be rescinded.

Dr. Cram moved that Resolution 84RC be adopted in lieu of Resolution 84 (Supplement:5134) with the Committee Recommendation to Vote Yes.

On vote, Resolution 84RC was adopted in lieu of Resolution 84.

84H-2014. Resolved, that the ADA Council on Access, Prevention, and Interprofessional Relations be consulted, along with the Council on Dental Practice, Council on Scientific Affairs, and Council on Government Affairs, along with all other appropriate ADA agencies in the ongoing development of Association dental health education materials and professional aids written in accordance with health literacy principles for use by members, constituent and component dental societies, and the public at-large, and be it further Resolved, that the ADA policy on Promotion of Dental Health Education (Trans.1963:288) be rescinded.

Communication of State Advocacy Efforts (Fourteenth Trustee District Resolution 98 and Board of Trustees Substitute Resolution 98B): The Reference Committee reported as follows:

The Reference Committee reviewed both the Board Recommendation in support of Resolution 98B (Supplement:5164) and limited testimony in support of Resolution 98 (Supplement:5164). The Reference Committee considered that the original resolution was submitted prior to the daily launch of the ADA Morning Huddle, and as the Board notes, many other sources already exist where members received this information. Additionally, to implement the measures of Resolution 98, the Association would need to reallocate either financial resources or staff resources.
98B. **Resolved**, that the ADA publish updates on state legislative and regulatory issues via ADA.org and other platforms as appropriate, not less than quarterly to provide members with timely information on policy trends with the potential to impact each constituent.

Dr. Cram moved that Resolution 98B be adopted in lieu of Resolution 98 with the Committee Recommendation to Vote Yes.

On vote, Resolution 98B was adopted in lieu of Resolution 98.

98H-2014. **Resolved**, that the ADA publish updates on state legislative and regulatory issues via ADA.org and other platforms as appropriate, not less than quarterly to provide members with timely information on policy trends with the potential to impact each constituent.

**ADA Social Media Campaign on Water Fluoridation** (First Trustee District Resolution 101): The Reference Committee reported as follows:

The Reference Committee heard substantial testimony that the action requested by the resolution is needed now, rather than it being delayed by referral. Consequently, with all due respect to the Board of Trustees, the Reference Committee believes that it is in the best interest of the Association and the oral health of the public to implement the actions of the Resolution now. Therefore, the Reference Committee recommends a yes vote on Resolution 101 (Supplement:5166).

101. **Resolved**, that the American Dental Association implement a proactive social media campaign and websites to promote to the public, the safe, positive effects of optimal water fluoridation to decrease the incidence of dental decay in communities.

Dr. Cram moved Resolution 101 with the Committee Recommendation to Vote Yes.

Dr. Robert Tremblay, Michigan, as a point of information asked for a breakdown of the $500,000 budget associated with Resolution 101 and asked about recurring costs of the resolution if adopted.

Mr. Ken Ohr, chief communications officer, gave a breakdown of how the $500,000 would be utilized and confirmed that the $500,000 would be an ongoing expense subject to the annual administrative review and budget development process in future years. Additionally, in response to another question, Mr. Ohr indicated that a similar campaign related to amalgam does not exist.

Following discussion, a motion was made to vote immediately, which requires a two-thirds vote. On vote, the motion to vote immediately was adopted.

On vote, Resolution 101 was adopted.

101H-2014. **Resolved**, that the American Dental Association implement a proactive social media campaign and websites to promote to the public, the safe, positive effects of optimal water fluoridation to decrease the incidence of dental decay in communities.

**Voting Privileges of Chair of the Board of Trustees** (Board of Trustees Resolution 102 and Reference Committee D Substitute Resolution 102RC): The Reference Committee reported as follows:

The Reference Committee heard considerable testimony on Resolution 102 (Worksheet:5168); in several instances, the testimony indicated confusion concerning the intent of the proposed amendment. Other testimony questioned the need for the proposed amendment to the Bylaws. After considerable discussion and reflection, the Reference Committee decided that the best course of action was to amend the Bylaws to allow the Board of Trustees to operate in the same fashion as the House of Delegates, where the presiding officer never casts a vote. This is also consistent with CHAPTER VII BOARD OF TRUSTEES, Section 10. COMPOSITION of the Bylaws, which states that the President does not have the right to vote. The Reference Committee therefore proposed the following substitute resolution:
The wording of Resolution 102RC has been approved by the Speaker of the House of Delegates and the Chair of the Council on Ethics, Bylaws and Judicial Affairs.

**102RC. Resolved, that** CHAPTER VII. BOARD OF TRUSTEES, Section 130. OFFICERS, Subsection B. DUTIES, Paragraph a. CHAIR of the ADA Bylaws be amended as follows (deletions stricken through):

B. DUTIES.

a. CHAIR. The Chair shall preside at all meetings of the Board of Trustees. The Chair may cast the deciding vote in case of a tie.

Dr. Cram moved that Resolution 102RC be adopted in lieu of Resolution 102 with the Committee Recommendation to Vote Yes.

Dr. Bruce R. Hutchinson, Virginia, moved to amend Resolution 102RC, by substituting the following language:

a. CHAIR. The Chair shall preside at all meetings of the Board of Trustees. The Chair may cast a vote in case of a tie.

Dr. Hutchinson said, "As it is currently written with the word “shall," this forces the president to make a vote in case of a tie, and, as all of us know here, there is always the ability to abstain. So this takes that right away from the president. By changing it to “may,” it allows the president to break a tie if there is one, but it doesn’t force him to.”

Dr. Robert Peskin, New York, moved to amend the proposed amendment by deleting the words “may cast a vote in case of a tie” and replacing them with the words “may only exercise the right to vote when the vote is by ballot or when one more vote could alter the outcome.”

Dr. Peskin said, “I’m proposing this secondary amendment which would align the rights of the Chair of the Board of Trustees to express an opinion while simultaneously allowing him or her to preside with an aura of impartiality where that vote would not alter the outcome. In essence, that would only call for a vote either to break a tie or to make a tie and would not require it.”

Due to the complexity of the secondary amendment, without objection the Speaker suggested that the House dispose of the primary amendment first and then consider the secondary amendment.

Following extensive discussion on the interpretation of the proposed amendment, Dr. Douglas S. Hadnot, Montana, moved to refer Resolution 102 to the appropriate ADA agencies for further study.

Pro and con discussion ensued on the motion to refer.

A motion was made to vote immediately, which requires a two-third majority; on vote, the motion to vote immediately was adopted.

On vote, the motion to refer was not adopted.

Discussion continued on the proposed amendment, which reads: “The Chair may cast a vote in case of a tie.”

A motion was made to vote immediately; on vote, the motion to vote immediately was adopted.

On vote, the proposed amendment was not adopted.

Discussion continued on Resolution 102RC.
A motion was made to vote immediately; on vote, the motion to vote immediately was adopted.

On vote, the motion to adopt Resolution 102RC in lieu of Resolution 102 failed since it did not receive the required two-thirds affirmative vote required to amend the Bylaws.

Dr. John B. Nase, Pennsylvania, moved Resolution 102.

102. Resolved, that CHAPTER VII. BOARD OF TRUSTEES, Section 130. OFFICERS, Subsection B. DUTIES, Paragraph a. CHAIR of the ADA Bylaws shall be amended as follows (additions underscored, deletions stricken through):

B. DUTIES.

a. CHAIR. The Chair shall preside at all meetings of the Board of Trustees. The Chair may cast a vote only in instances where there is a tie vote and the tie does not by itself determine the outcome of the vote. cast the deciding vote in case of a tie.

A motion was made to vote immediately on Resolution 102; on vote, the motion to vote immediately was adopted.

The Speaker stated that Resolution 102 requires a two-thirds affirmative vote for adoption. On vote, Resolution 102 was adopted.

102H-2014. Resolved, that CHAPTER VII. BOARD OF TRUSTEES, Section 130. OFFICERS, Subsection B. DUTIES, Paragraph a. CHAIR of the ADA Bylaws shall be amended as follows (additions underscored, deletions stricken through):

B. DUTIES.

a. CHAIR. The Chair shall preside at all meetings of the Board of Trustees. The Chair may cast a vote only in instances where there is a tie vote and the tie does not by itself determine the outcome of the vote. cast the deciding vote in deciding vote in case of a tie.

Development of Resource Materials for Members Concerning Dental Insurance and RAC Audits (Fifth Trustee District Resolution 105 and Reference Committee D Substitute Resolution 105RC): The Reference Committee reported as follows:

The Reference Committee fully agrees with the proponents of Resolution 105 that Association guidance concerning what members can do to reduce the burdens and risks they face in connection with private insurance audits or public insurance audits, such as RAC Audits, would be a valuable and well-received member benefit. With Resolution 105RC, the Committee has added language to clarify the scope of the guidance desired. The Committee has also determined that both 105RC and the original Resolution 105 carry an implication of one additional FTE, even though the original Worksheet: 5170 indicated that the original resolution had no such implication.

105RC. Resolved, that the ADA Legal Division or the appropriate ADA agency expeditiously develop information/guidelines/next steps materials as a resource for members concerning public or private dental insurance and or RAC audits by Third Party Payers, such as RAC Audits, and be it further Resolved, that the appropriate ADA agency expedite development the information/guidelines/next steps materials, so that they can be made available to members as quickly as possible.

Dr. Cram moved that Resolution 105RC be adopted in lieu of Resolution 105 with the Committee Recommendation to Vote Yes.

On vote, Resolution 105RC was adopted in lieu of Resolution 105.
105H-2014. **Resolved**, that the ADA Legal Division or the appropriate ADA agency *expeditiously* develop information/guidelines/next steps materials as a resource for members concerning public or private dental insurance and/or RAC audits by Third Party Payers, such as RAC Audits. and be it further

Resolved, that the appropriate ADA agency expedite development the information/guidelines/next steps materials, so that they can be made available to members as quickly as possible.

**Amendment of the ADA Bylaws Striking “Ex Officio”** (Council on Ethics, Bylaws and Judicial Affairs Resolution 23): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees and supports adoption of the following resolution. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 23 as submitted.

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

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

and be it further

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

   * * *
   Section 10. COMPOSITION:
   * * *
   B. EX OFFICIO NON-VOTING MEMBERS. The elective and appointive officers and trustees of this Association shall be *ex officio* members of the House of Delegates without the power to vote. They shall not serve as delegates. Past presidents of this Association shall be *ex officio* members of the House of Delegates without the power to vote unless designated as delegates.

and be it further

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

   * * *
   Section 140. COMMITTEES:
   * * *
   e. Serve as *ex officio* non-voting members, without the power to vote, of councils and commissions of this Association on issues affecting new dentists; these appointments will be recommended by the Committee and assigned by the Board of Trustees.

and be it further

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

   * * *
   Section 90. DUTIES:
   A. PRESIDENT. It shall be the duty of the President to:
   * * *
   b. Serve as Chair and, except as otherwise provided in these *Bylaws*, ex officio non-voting member of the Board of Trustees and to perform such duties as are provided in Chapters V and VII of these *Bylaws*. 
B. PRESIDENT-ELECT. It shall be the duty of the President-elect to:

* * *

b. Serve as an ex officio non-voting member of the House of Delegates without the right to vote.
c. Serve as an ex officio member of the Board of Trustees.

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

* * *

b. Serve as an ex officio non-voting member of the House of Delegates without the right to vote.
c. Serve as an ex officio member of the Board of Trustees.

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

* * *

b. Serve as an ex officio non-voting member of the House of Delegates without the right to vote.
c. Serve as an ex officio member of the Board of Trustees.

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

* * *

h. Serve as an ex officio non-voting member of the House of Delegates without the right to vote.
i. Serve as an ex officio non-voting member of the Board of Trustees without the right to vote.

and be it further

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

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

Council on ADA Sessions shall be composed of nineteen (19) members, one (1) member from each trustee district whose terms of office shall be staggered in such a manner that four (4) members will complete their terms each year except every fourth year when five (5) members shall complete their terms. In addition, the General Chair of the Local Arrangements Committee for the current year and the General Chair-elect for the succeeding year shall serve as ex officio members with the right to vote and shall not be eligible to serve as Council Chair.

* * *

Council on Government Affairs shall be composed of eighteen (18) members, one (1) member from each trustee district whose terms of office shall be staggered in such a manner that four (4) members will complete their terms each year except every fourth year when five (5) members shall complete their terms. In addition, the chair of the political action committee shall be an ex officio non-voting member of the Council without the power to vote. Consideration shall be given to a candidate’s experience in the military or other federal dental services. Members of the Council shall not be in the full-time employ of the federal government. Individuals called to active duty from the military reserves or National Guard forces, providing such active duty has not been requested by the individual, shall not be considered to be in the full-time employ of the federal government.

Dr. Cram moved Resolution 23 (Supplement:5037) with the Committee Recommendation to Vote Yes.

Dr. Robert Peskin, New York, moved to refer Resolution 23 to the Council on Ethics, Bylaws and Judicial Affairs for review to ensure all references to “ex officio” are not eliminated but only appropriate references.
On vote, the motion to refer Resolution 23 to the Council on Ethics, Bylaws and Judicial Affairs was adopted.

Report of Reference Committee E (Membership and Related Matters)

The Report of Reference Committee E was presented by Dr. Bradley W. Barnes, Illinois, chair. Other members of the Reference Committee were Dr. Evis Babo, Georgia; Dr. Maurice L. Edwards, New York; Dr. Jeannette P. Hall, Florida; Dr. Cary J. Limberakis, Pennsylvania; Dr. Vincent U. Rapini, Jr., Missouri; Dr. Danielle R. Ruskin, Michigan; Dr. Heather A. Willis, Alaska; and Dr. Michael Zakula, Minnesota.

Consent Calendar (Reference Committee E Resolution 117): The Reference Committee reported as follows:

The appended Resolution 117 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 117, the recommendation of the Reference Committee on the consent calendar resolutions will become the action of the House of Delegates. It should be noted that if a resolution on the consent calendar is to “adopt in lieu of” with a Committee Recommendation to Vote No and the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

117. Resolved, that the recommendations of Reference Committee E on the following resolutions be accepted by the House of Delegates.

Resolution 19—(Adopt)—Amendment of Policy on Tripartite Membership Application Procedures (Supplement:6000) $ None; FTE: 0; Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and Responsibility of each element of the tripartite clearly defined and agreed upon.

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 36—(Refer)—Amendment of ADA Bylaws Regarding American Dental Association Dues Assessments Exemption for Active Life Members (Supplement:6001) $(361,530) reduction in dues revenue; FTE: 0; Strategic Plan Objective: 2.2 Design unique member benefit programs targeting market segments.

COMMITTEE RECOMMENDATION: Vote Yes on Referral to the appropriate ADA agencies with a report to the 2015 House of Delegates

Resolution 64—(Refer)—Student Loan Membership Benefit (Supplement:6003) $ 50K to 80K; Net Dues Impact: $0.45 to $0.72; FTE: 0.10; Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value.

COMMITTEE RECOMMENDATION: Vote Yes on Referral to the Council on Membership and ADA Board of Trustees with a report to the 2015 House of Delegates

Dr. Barnes moved Resolution 117 with the Committee Recommendation to Vote Yes.

A request was made to remove Resolution 19 from the consent calendar by Dr. William V. Dougherty, Virginia.

Hearing no other requests and without objection, Resolution 117 as amended was adopted by general consent.
117H-2014. Resolved, that the recommendations of Reference Committee E on the following resolutions be accepted by the House of Delegates.

Resolution 19—(Adopt)—Amendment of Policy on Tripartite Membership Application Procedures (Supplement:6000) $ None; FTE: 0; Strategic Plan Objective: Organizational Capacity Obj. 6: Role and Responsibility of each element of the tripartite clearly defined and agreed upon.

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 36—(Refer)—Amendment of ADA Bylaws Regarding American Dental Association Dues Assessments Exemption for Active Life Members (Supplement:6001) $(361,530) reduction in dues revenue; FTE: 0; Strategic Plan Objective: 2.2 Design unique member benefit programs targeting market segments.

COMMITTEE RECOMMENDATION: Vote Yes on Referral to the appropriate ADA agencies with a report to the 2015 House of Delegates

Resolution 64—(Refer)—Student Loan Membership Benefit (Supplement:6003) $ 50K to 80K; Net Dues Impact: $0.45 to $0.72; FTE: 0.10; Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value.

COMMITTEE RECOMMENDATION: Vote Yes on Referral to the Council on Membership and ADA Board of Trustees with a report to the 2015 House of Delegates

Note. For the purpose of a fully documented record, the text of the resolutions presented through Resolution 117H follows.

Consent Calendar—Resolutions Referred

Amendment of ADA Bylaws Regarding American Dental Association Dues Assessments Exemption for Active Life Members (Referred to the appropriate ADA agencies with a report to the 2015 House of Delegates)

36. Resolved, that Chapter I, Section 20Bc(1) of the Bylaws of the American Dental Association be amended as follows (new language underscored; deletions stricken through):

(1) ACTIVE LIFE MEMBERS. The dues of life members who have not fulfilled the qualifications of retired membership pursuant to Chapter I, Section 20C of these Bylaws with regard to income related to dentistry shall be seventy-five percent (75%) of the dues of active members, due January 1 of each year. In addition to their annual dues, active life members shall pay seventy-five percent (75%) of any active member special assessment, due January 1 of each year. An active life member who has been an active and/or life member in good standing for a total of fifty (50) years, and has attained the age of eighty (80) years in the previous calendar year shall be exempt from the payment of dues and assessments.

and be it further

Resolved, that constituent and component societies of the American Dental Association be urged to adopt similar amendments to their bylaws.

Reference Committee Comment. The Reference Committee received limited testimony regarding Resolution 36 (Supplement:6001) and concurs with the Board of Trustees to refer the resolution to the appropriate ADA agencies with a report to the 2015 House of Delegates. The Standing Committee on Constitution and Bylaws approves the wording of Resolution as submitted.
Student Loan Membership Benefit (Referred to the Council on Membership and ADA Board of Trustees with a report to the 2015 House of Delegates)

64. Resolved, that the ADA attempt to negotiate a long-term agreement with a reputable national lender to establish a member benefit that would provide dental students a lower interest rate educational loan as long as ADA membership is maintained.

Reference Committee Comment. The Reference Committee received limited testimony regarding Resolution 64 and concurs with the Board of Trustees to refer the resolution to the Council on Membership and the ADA Board of Trustees with a report to the 2015 House of Delegates.

Non-Consent Resolutions

Continuation of the Stand Alone Annual New Dentist Conference as a Visible Member Benefit for New Dentist ADA Members (Dr. Barbara Mousel, delegate, Illinois, Resolution 104; Board of Trustees Substitute Resolution 104B; Fourteenth Trustee District Resolution 109; and Reference Committee E Substitute Resolution 104RC): The Reference Committee reported as follows:

The Reference Committee reviewed the original mission of the conference, which is to serve as a forum to provide leadership skills, continuing education, network opportunities, camaraderie and updates on current issues while striving for a good value for new dentists. It is the understanding of the Reference Committee that concrete steps have been taken to strengthen the collaboration between the New Dentist Committee and the Board of Trustees. The testimony heard clearly indicated the importance of the availability and interactivity with the ADA leadership as well as opportunities for leadership development. The Committees’ intent is to ensure the continued success and quality of the New Dentist Conference.

104RC. Resolved, that the Board of Trustees monitor and evaluate the New Dentist Conference, as a meeting coinciding with America’s Dental Meeting 2015 and 2016, ensuring that it will foster inclusiveness, leadership development, and provide opportunities for interaction and engagement with ADA Board of Trustees and other leadership, and be it further

Resolved, that the Board of Trustees report to the 2016 and 2017 House of Delegates on whether the ideals and atmosphere of the previous stand-alone New Dentist Conferences have been maintained, and be it further

Resolved, based on the findings of these reports, the Board of Trustees is urged to take timely and appropriate actions to ensure the New Dentist Conference be maintained as a meeting coinciding with America’s Dental Meeting, be reinstated as a stand-alone conference, or some other option in 2017.

Dr. Barnes moved that Resolution 104RC be adopted in lieu of Resolutions 104 (Supplement:6006), 104B (Supplement:6007) and 109 (Supplement:6025) with the Committee Recommendation to Vote Yes.

Dr. Danette C. McNew, Texas, moved to amend Resolution 104RC by deletion and addition. The amended resolution would read (additions are underscored; deletions are stricken):

Resolved, that the Board of Trustees monitor and evaluate the New Dentist Conference, as a meeting coinciding with America’s Dental Meeting 2015 and 2016 and 2017, ensuring that it will foster inclusiveness, leadership development, and provide opportunities for interaction and engagement with ADA Board of Trustees and other leadership, and be it further

Resolved, that the Board of Trustees report to the 2016 and 2017 House of Delegates on whether the ideals and atmosphere of the previous stand-alone New Dentist Conferences have been maintained, and be it further

Resolved, based on the findings of these reports, the Board of Trustees is urged to take timely and appropriate actions to ensure the New Dentist Conference be maintained as a meeting coinciding with America’s Dental Meeting or, be reinstated as a stand-alone conference, or some other option in 2017 2018.
After discussion of the proposed amendments, a motion was made to vote immediately, which requires a two-thirds vote. On vote, the motion to vote immediately was adopted.

On vote, the proposed amendments were adopted.

Dr. Jennifer J. Jerome, Ohio, moved to further amend Resolution 104RC by adding in the second resolving clause, between the words “the” and “ideals”, the following: “combined meeting meets a set of metrics developed by the New Dentist Committee that determines if the”. The amended second resolving clause would read:

Resolved, that the Board of Trustees report to the 2016 and 2017 House of Delegates on whether the combined meeting meets a set of metrics developed by the New Dentist Committee that determines if the ideals and atmosphere of the previous stand-alone New Dentist Conferences have been maintained, and be it further

Pro and con discussion ensued regarding the proposed amendment.

The Speaker asked the maker of the motion if the intent of the amendment is for the New Dentist Committee to both develop and report on the metrics. If the intent is to have the Committee develop the metrics, the amendment would need to be reworded to “urge” the Board to have the Committee develop the metrics, since the Committee is a standing committee of the Board of Trustees.

As the result of this clarification, and additional editorial amendments, the amended resolving clause reads as follows:

Resolved, that the Board of Trustees be urged to develop a set of metrics in collaboration with the New Dentist Committee to be reported to the 2016 and 2017 House of Delegates on whether the combined meeting meets the ideals and atmosphere of the previous stand-alone New Dentist Conferences have been maintained.

On vote, the proposed amendment was not adopted.

A motion was made to vote immediately, which requires as two-thirds vote; on vote, the motion was adopted.

On vote, Resolution 104RC as amended was adopted in lieu of Resolutions 104, 104B and 109.

104H-2014. Resolved, that the Board of Trustees monitor and evaluate the New Dentist Conference, as a meeting coinciding with America’s Dental Meeting 2015, and 2016 and 2017, ensuring that it will foster inclusiveness, leadership development, and provide opportunities for interaction and engagement with ADA Board of Trustees and other leadership, and be it further

Resolved, that the Board of Trustees report to the 2016 and 2017 House of Delegates on whether the ideals and atmosphere of the previous stand-alone New Dentist Conferences have been maintained, and be it further

Resolved, based on the findings of these reports, the Board of Trustees is urged to take timely and appropriate actions to ensure the New Dentist Conference be maintained as a meeting coinciding with America’s Dental Meeting or, be reinstated as a stand-alone conference, or some other option in 2017 or 2018.

Amendment of ADA Bylaws to Permit the Optional Delegation by State Societies of Dues Collection to the ADA (Sixteenth Trustee District Resolution 107): The Reference Committee reported as follows:

The Reference Committee heard testimony both for this resolution and for referral to appropriate council. The Reference Committee believes this proposed change in the bylaws is premature due to the complex technology upgrades that are required and that are currently unavailable to fully implement the program. Furthermore, the Reference Committee understands that the Council on Membership is currently
engaged in a pilot study on membership applications and dues collection processes. The Council on Membership will report to the 2015 House of Delegates on the progress and outcomes of this study.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 107 as submitted.

107. **Resolved**, that Chapter II Constituent Societies, Section 30 Powers and Duties, Subsection E of the ADA Bylaws be amended as follows (new language underscored):

E. It shall be its duty to collect membership dues and any special assessment for this Association in conformity with Chapter 1, Section 20, of these Bylaws. At its option, any constituent dental society may delegate to the ADA the collection of membership dues pursuant to this provision.

Dr. Barnes moved that Resolution 107 (Supplement:6017) be referred to the Council on Membership with the Committee Recommendation to Vote Yes on Referral.

On vote, Resolution 107 was referred to the Council on Membership.

**Amendment of Policy on Tripartite Membership Application Process** (Council on Membership Resolution 19): The Reference Committee reported as follows:

The Reference Committee received no testimony regarding Resolution 19 and concurs with the Board of Trustees in support of the following resolution.

19. **Resolved**, that the ADA Policy on Tripartite Membership Application Procedures (Trans.1998:685) be amended so that the policy reads as follows (additions are underscored; deletions are stricken):

    **Resolved**, that the ADA urges constituent state dental societies to review their own membership application procedures to ensure there are no barriers to membership that they support a consistent application process that minimizes membership barriers and presents a positive member experience, and be it further
    **Resolved**, that the ADA urges the use of its Tripartite Membership Application and its related software.

Dr. Barnes moved Resolution 19 (Supplement:6000) with the Committee Recommendation to Vote Yes.

A motion was made to amend the policy by adding the words “and/or constituent” between the words “state” and “dental.”

On vote, the proposed amended was adopted.

On vote, Resolution 19 as amended was adopted.

19H-2014. **Resolved**, that the ADA Policy on Tripartite Membership Application Procedures (Trans.1998:685) be amended so that the policy reads as follows (additions are underscored; deletions are stricken):

    **Resolved**, that the ADA urges constituent and/or constituent dental societies to review their own membership application procedures to ensure there are no barriers to membership that they support a consistent application process that minimizes membership barriers and presents a positive member experience, and be it further
    **Resolved**, that the ADA urges the use of its Tripartite Membership Application and its related software.
Report of the President: The Reference Committee reported as follows:

On behalf of the House of Delegates and membership of the American Dental Association, the Reference Committee expresses enduring gratitude to Dr. Charles H. Norman, III for his exemplary contributions as the President of the American Dental Association, and for his steadfast commitment of time and talent over the years to serving the profession at the local, state and national levels.

Quoting O. Henry, another of Greensboro’s very own, Dr. Norman noted that “weather is thrust upon us.” From his vantage point as a seasoned leader, Dr. Norman then encourages us, with total credibility borne from experience, in saying, “By working together, we can protect our members and our profession, we can help members thrive and prosper in this challenging new climate, and we can build a stronger and more dynamic ADA for the next generation.” He inspires us to see that together through ADA we not only can solve today’s problems, but at the same time make ADA even stronger for the next generations.

With the humility that is one characteristic of great leaders, Dr. Norman notes that being President is not a solo job. He underscores Members First 2020, ADA’s new strategic plan, as the “compass” for future volunteer leaders to keep ADA on course no matter the weather, and the Power of Three – cohesive local, state and national efforts – as the keys to all dentists’ seeing that ADA can indeed help them succeed. He reminds us of our responsibility to help our organizations become more inclusive to represent the growing diversity in dentistry. Dr. Norman notes with justifiable pride in all levels of ADA that concrete progress is already happening, tackling real problems though such initiatives as Action for Dental Health, new outreach to dental schools and dental students, a single technology platform, reinforcing the public’s preference for ADA member dentists, and stronger focus on issues facing young dentists, including employment and student debt.

With the optimism that is also characteristic of great leaders, Dr. Norman urges all dentists to encourage young patients who have the passion to become dentists. There could be no stronger sign of his confidence in the future of the profession.

Dr. Norman reflected on how his journey to serving as the 150th President has been extraordinary. On behalf of the ADA House of Delegates and membership, the Reference Committee wishes Dr. Norman and his family much to look forward to on the continuing journey ahead.

New Business

Participation of Reference Committee Members in District Deliberations (Second Trustee District Resolution 119): Dr. Robert Peskin, New York, moved Resolution 119 (Supplement:7000).

119. Resolved, that the House of Delegates adopt policy that would not restrict a member of a trustee district’s caucus appointed to serve on one of the reference committees, from offering commentary during the trustee district caucus’ deliberation, and be it further

Resolved, that the Manual of the House of Delegates be appropriately amended to reflect this policy.

Speaking on the resolution, Dr. Peskin said, “What this resolution calls for is just to add clarity to amend the Manual of the House of Delegates appropriately so that there would be no ambiguity and that members of a caucus appointed to a reference committee could engage in debate and deliberations only within the caucus prior to the meeting of the reference committee at the annual session.”

Pro and con discussion on Resolution 119 followed.

The Speaker provided the following information regarding the background of Resolution 119. He said, “Staff got a call from a reference committee member and asked if that person could participate in debate in the caucus prior to the meeting here in the reference committee. We have no policy on that, and it was my advice that in order to maintain the objectivity of the members of the reference committee, that those who come to testify would believe that the reference committee was hearing their testimony impartially, that their
personal opinions in debate prior to the meeting of the House would be better kept to themselves until after
the reference committee met. I based that on the fact that, in my understanding, that no reference committee
member has special information different from any other delegate until after the reference committee meets in
closed session. So it was to maintain the objectivity, just as I try to maintain my objectivity up here. That was
the outgrowth of this."

A motion was made to vote immediately, which requires a two-thirds vote. On vote, the motion to vote
immediately was adopted.

On vote, Resolution 119 was adopted.

119H-2014. Resolved, that the House of Delegates adopt policy that would not restrict a member of a
trustee district’s caucus appointed to serve on one of the reference committees, from offering
commentary during the trustee district caucus’ deliberation, and be it further
Resolved, that the Manual of the House of Delegates be appropriately amended to reflect this policy.

Adjournment

Dr. Binod K. Verma, New York, moved to adjourn the Third Meeting of the House of Delegates. On vote, the
motion to adjourn was adopted and the Third Meeting of the House of Delegates adjourned at 4:24 p.m.,
Monday, October 13, 2014.
Tuesday, October 14, 2014

Fourth Meeting of the ADA House of Delegates

Call to Order: The Fourth Meeting of the 155th Annual Session of the ADA House of Delegates was called to order at 8:00 a.m., Tuesday, October 14, 2014, by the Speaker of the House of Delegates, Dr. Glen D. Hall.

Report of the Committee on Credentials, Rules and Order: Dr. Larry Osborne, Committee chair, reported that no requests relating to credentialing had been received, and announced the presence of a quorum. Dr. Osborne 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. Brian E. Scott, first vice president
- Dr. Steven Gounardes, trustee, Second District
- Dr. Joseph F. Hagenbruch, trustee, Eighth District
- Dr. Roger L. Kiesling, trustee, Eleventh District

The Speaker also introduced the continuing members of the Board of Trustees and thanked them for their service on behalf of the profession.

- Dr. Jeffrey D. Dow, trustee, First District
- Dr. Andrew J. Kwasny, trustee, Third District
- Dr. Jeffrey M. Cole, trustee, Fourth District
- Dr. Alvin W. Stevens, Jr., trustee, Fifth District
- Dr. Mark R. Zust, trustee, Sixth District
- Dr. Joseph P. Crowley, trustee, Seventh District
- Dr. Gary E. Jeffers, trustee, Ninth District
- Dr. James K. Zenk, trustee, Tenth District
- Dr. Gary L. Roberts, trustee, Twelfth District
- Dr. Gary S. Yonemoto, trustee, Fourteenth District
- Dr. Hilton Israelson, trustee, Fifteenth District
- Dr. Julian Hal Fair, III, trustee, Sixteenth District
- Dr. Terry L. Buckenheimer, trustee, Seventeenth District
- Dr. Johnathan D. Shenkin, first vice president
- Dr. Ronald P. Lemmo, treasurer
- Dr. Kathleen T. O’Loughlin, executive director

Dr. Norman acknowledged Dr. Glen Hall for his service as Speaker of the House of Delegates.

The following new officers and trustees were introduced:

- Dr. Chad P. Gehani, trustee, Second District
- Dr. Robert N. Bitter, trustee, Eighth District
- Dr. Rickland G. Asai, trustee, Eleventh District
- Dr. Lindsey A. Robinson, trustee, Thirteenth District
- Dr. Thomas W. Gamba, second vice president

Installation of Officers and Trustees. Dr. Norman installed Dr. Carol Gomez Summerhays, California, as ADA President-elect; Dr. Maxine Feinberg, New Jersey, as ADA President; Dr. Thomas Gamba,
Pennsylvania, as second vice president; and Drs. Chad Gehani, Robert Bitter, Rickland Asai and Lindsey Robinson as trustees. Dr. Norman extended congratulations to the new officers and trustees.

Additionally, Dr. Norman asked the members of the House of Delegates, and they collectively agreed, to pledge their support by accepting assignments when called upon, by bringing forward the opinions and concerns of the members in their districts and by engaging in open and honest debate on issues.

Presentation to Dr. Norman: Dr. Feinberg, as the newly installed ADA President, presented Dr. Norman with the insignie of past president and a certificate of appreciation recognizing his dedication to the Association and the dental profession.

Presentation of Dr. Maxine Feinberg: Dr. Feinberg addressed the members of the House of Delegates. She conveyed several messages including the need to take a hard look at ADA programs and services in order to “...prune out programs that have become dead wood”; and the need for the ADA to be seen as a primary advocate for dental students seeking real world practical value for their tuition investment. She also commented on the ADA working to maintain the integrity of the dental team to ensure that everyone has care that is coordinated and supervised by a dentist. Dr. Feinberg concluded by acknowledging and thanking the members of the Fourth Trustee District, the New Jersey Dental Association and her family for their support.

The installation ceremony concluded following Dr. Feinberg’s remarks.

Remarks of the Chair of the American Dental Political Action Committee (ADPAC): Dr. Kenneth D. McDougall reported that donations to ADPAC from the trustee districts and the Board of Trustees had exceeded expectations. He also asked that members of the House encourage their colleagues in their state to support both ADPAC and their own state’s PAC.

Unfinished Business

Report of Reference Committee A (Continued)

Presentation of the Final 2015 Budget: The Treasurer, Dr. Ronald Lemmo, reported that the preliminary budget presented a surplus budget of $6,149,000. The House had been informed of the receipt of additional royalty income and a decrease in the pension liability that then resulted in a budget surplus of $9 million. After the transfer of $7.2 million to the appropriate account, and with the financial implications of the House adopted resolutions, the 2015 budget resulted with a surplus of $606,000.

The Speaker announced that Resolution 21 (Approval of the 2015 Budget) was before the House for consideration.

Dr. Thomas M. Paumier, chair of Reference Committee A, moved Resolution 21 (Supplement:2036) with the Reference Committee recommendation to Vote Yes.

On vote, Resolution 21 was adopted.

21H-2014. Resolved, that the 2015 Annual Budget of revenues and expenses, including net capital requirements be approved.

Establishment of Dues Effective January 1, 2015 (Board of Trustees Resolution 22): The Reference Committee reported as follows:

The Reference Committee heard no testimony on Resolution 22. The Reference Committee supports adoption of Resolution 22.

22. Resolved, that the dues of ADA active members shall be five hundred twenty-two dollars ($522.00), effective January 1, 2015.
Dr. Paumier moved Resolution 22 (Supplement:2037) with the Committee Recommendation to Vote Yes.

The Speaker noted that Resolution 22 requires a sixty percent vote for adoption. On vote, Resolution 22 was adopted.

22H-2014. Resolved, that the dues of ADA active members shall be five hundred twenty-two dollars ($522.00), effective January 1, 2015.

Recognition of Retiring Delegates and Alternate Delegates: The Speaker requested that all retiring delegates and alternate delegates stand; the House applauded the retiring members in recognition of their service at the House of Delegates.

Concluding Remarks of the Speaker: The Speaker stated:

The actions of this House are no longer the opinions, wishes, suggestions or recommendations of any individual committee or officer, but are now the actions of this entire House of Delegates. And as this House of Delegates is authorized under the Association’s Bylaws to act for the entire association, they are the actions of the entire Association. It is now incumbent on every member of this Association to accept these actions of the House of Delegates as the actions of the American Dental Association.

Adjournment

Dr. Shelly F. Jones, Michigan, moved to adjourn the 155th Annual Session of the ADA House of Delegates. Without objection, the Speaker declared the 155th Annual Session of the ADA House of Delegates adjourned sine die at 8:55 a.m. on Tuesday, October 14, 2014.
Continuing Education Program
Continuing Education Program

Henry B. Gonzalez Convention Center, San Antonio, Texas
October 9 – 14, 2014

The 2014 Annual Continuing Education Program was held October 9 – 14, 2014, at the Henry B. Gonzalez Convention Center.

The continuing education program was under the direction of the Council on ADA Sessions and composed of the following members:


The following were presenters for the 2014 Continuing Education Program:

- Marco Abanto
- Artemiz Adkins
- David Ahearn
- Edward Allen
- John Alonge
- Christos Angelopoulos
- Sarita Arteaga
- Kenneth Aschheim
- Payam Ataii
- George Bambara
- Lois Banta
- Diego Barreto Andrade
- Jim Baum
- Kirk Behrendt
- Diane Bienek
- Paul Benjamin
- Scott Benjamin
- Kathleen Bennett
- Habib Benzian
- Jana Berghoff
- Douglas Berkey
- Carl Bhend
- Neil Binkley
- Charles Blair
- Jen Blake
- Issac Bose
- Joel Borskin
- Mary Borysewicz
- Lee Ann Brady
- James Braun
- Lizabeth Brott
- Kimberly Brozovich
- Jeff Brucia
- Alan Budenz
- Ryan Carl
- Doug Carlsten
- Tim Carlson
- Steve Carstensen
- Timothy Caruso
- Mario Catalano
- Bryan Chambers
- Raymond Choi
- Gordon Christensen
- Bruce Christopher
- Tom Clark
- Fiona Collins
- Robert Convissar
- John Cranham
- Bob Creamer
- Hal Crossley
- Carlos Cruz
- Sergio Curiel-Torres
- Karen Davis
- Nancy Dewhirst (Andrews)
- Gary DeWood
- Calbert M.B. Lum
- Risé L. Martin
- Steven E. Parker
- Onika R. Patel
- John P. Pietrasik
- Gary L. Roberts
- Robert E. Roesch
- S. Shane Samy
- Neil E. Torgerson
- James H. Van Sicklen, Jr.
- Douglas A. Wyckoff
- Catherine H. Milis
- Marco Abanto
- Artemiz Adkins
- David Ahearn
- Edward Allen
- John Alonge
- Christos Angelopoulos
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Directory

Officers, Trustees, Senior Staff, Councils, Commissions, Committee on Local Arrangements

Officers
Norman, Charles H., president, Greensboro, North Carolina
Feinberg, Maxine, president-elect, Cranford, New Jersey
Scott, Brian E., first vice president, Palo Alto, California
Shenkin, Jonathan D., second vice president, Augusta, Maine
Hall, Glen D., speaker, House of Delegates, Abilene, Texas
Lemmo, Ronald P., treasurer, Wickliffe, Ohio
O’Loughlin, Kathleen T., executive director and secretary, Chicago, Illinois

Trustees
Buckenheimer, Terry L., 2016, Seventeenth District, Tampa, Florida
Cole, Jeffrey M., 2017, Fourth District, Wilmington, Delaware
Crowley, Joseph P., 2016, Seventh District, Cincinnati, Ohio
Dow, Jeffrey D., 2015, First District, Newport, Maine
Fair, Julian Hal, III, 2016, Sixteenth District, Wagener, South Carolina
Gounardes, Steven, 2014, Second District, Brooklyn, New York
Israelson, Hilton, 2015, Fifteenth District, Frisco, Texas
Jeffers, Gary E., 2017, Ninth District, Northville, Michigan
Kiesling, Roger L., 2014, Eleventh District, Helena, Montana
Kwasny, Andrew J., 2017, Third District, Erie, Pennsylvania
Roberts, Gary L., 2015, Twelfth District, Shreveport, Louisiana
Stevens, Alvin W., Jr., 2017, Fifth District, Birmingham, Alabama
Summerhays, Carol Gomez, 2014, Thirteenth District, San Diego, California
Yonemoto, Gary S., 2015, Fourteenth District, Honolulu, Hawaii
Zen, 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
Preble, David M., vice president, Practice Institute
Robinson, Bill, vice president, Member and Client Services
Sholtz, Paul, chief financial officer
Springer, Michael D., senior vice president, Business and Publishing
Vujicic, Marko, chief economist and vice president, Health Policy Institute
Willey, James L., senior director, Practice Institute
Ziebert, Anthony J., senior vice president, Education/Professional Affairs

Counsels
Access, Prevention and Interprofessional Relations
Thompson, W. Roy, 2014, chair, Murfreesboro, Tennessee
Gillette, Jane, 2015, vice chair, Bozeman, Montana
Chase, Timothy D., 2014, Monticello, Arkansas
Crystal, Yasmi O., 2016, Bound Brook, New Jersey
Fisher, John P., 2015, Salem, Massachusetts
Jones, Shelly F., 2017, Midland, Michigan
Lang, Melanie, 2014 (AHA), Veradale, Washington
Logan, Bernadette A., 2015, Paoli, Pennsylvania
Mitchell, G. Lewis, Jr., 2016, Gadsden, Alabama
Napier, Rocky L., 2014, Aiken, South Carolina
Nunokawa, Neil C., 2017, Wailuku, Hawaii
Pankratz, Todd A., 2014 (AMA), Hastings, Nebraska
Peckosh, Valerie B., 2017, Dubuque, Iowa
Roberts, Matthew B., 2014, Crockett, Texas
Sabates, Cesar R., 2016, Coral Gables, Florida
Schirmer, David C., 2015, Elkin, North Carolina
Soderstrom, Andrew P., 2017, Waukegan, Illinois
Watson, Soderstrom, Andrew P., 2017, Weil, New York

Communications
Hewett, Sally J., 2014, chair, Bainbridge, Washington
Austin, Joshua A., 2016, San Antonio, Texas
Boghosian, Alice G., 2015, Illinois
Campbell, Jeffrey A., 2014, Chagrin Falls, Ohio
Childs, Eric T., ex officio, Coldwater, Michigan
Herre, Craig W., 2017, Leawood, Kansas
Hight, James R., Jr., 2017, Jackson, Tennessee
Howell, Ralph L., Jr., 2016, Suffolk, Virginia
Jenkins, James F., 2014, Lincoln, Nebraska
Maihofer, Michael G., 2015, Roseville, Michigan
Manzanares, Robert J., 2016, Espanola, New Mexico
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
Tauber, James A.H., 2017, Pittsburgh, Pennsylvania
MacLachlan, Janine, director, Chicago, Illinois

ADAMTORS
Galati, James E., 2014, chair, Clifton Park, New York
Roesch, Robert E., 2015, 2015 chair designate, Fremont, Nebraska
Martin, Rise L., 2014 general chair, Committee on Local Arrangements, Lakehills, Texas
Cohen, Barry L., 2015, Drexel Hill, Pennsylvania
Curcuru, Grace A., 2016, Chesterfield, Michigan
Foster, James R., 2014, Weslaco, Texas
Foy, Charles B., Jr., 2017, Madisonville, Louisiana
Fulton, David J., Jr., 2017, Waukegan, Illinois
Hasty, Christopher M., ex officio, Tifton, Georgia
LaMorte, Gregory, 2017, South Orange, New Jersey
Lancaster, T. Harold, 2016, Kinston, North Carolina
Lum, Calbert M. B., 2016, Honolulu, Hawaii

Parker, Steven E., 2015, Massillon, Ohio
Pietrasik, John P., 2014, Chelmsford, Massachusetts
Samy, S. Shane, 2014, Eugene, Oregon
Torgerson, Neil E., 2015, Tallahassee, Florida
Tourial, Sidney R., 2016, Sandy Springs, Georgia
Van Sicklen, Thomas H., 2016, Stockton, California
Wyckoff, Douglas A., 2017, Cameron, Missouri
Mills, Catherine H., director, Chicago, Illinois

Dental Benefit Programs
Jurkovich, Mark W., 2014, vice chair, Chisago City, Minnesota
Blaisdell, Mark H., 2015, Bountiful, Utah
Brady, Thomas V., 2016, Westbrook, Connecticut
Bruce, Daniel S., ex officio, Boise, Idaho
Eder, B. Scott, 2017, South Charleston, West Virginia
Gordon, Douglas J., 2017, El Sobrante, California
Harrell, Gavin G., 2014, Elkin, North Carolina
Hill, Steven J., 2017, Lubbock, Texas
Hoffman, Charles W., 2015, Jupiter, Florida
Krantz, Daniel B., 2016, Somerset, New Jersey
Larson, David R., 2016, Hummelstown, Pennsylvania
Masak, John G., 2015, Appleton, Wisconsin
Mazzola, Robert L., 2015, Miamisburg, Ohio
Pak, Sammy B., 2016, Puyallup, Washington
Rives, Robert W., 2016, Jackson, Mississippi
Riggins, Ronald D., 2017, Moline, Illinois
Aravamudhan, Krishna, director, Chicago, Illinois

Dental Education and Licensure
Dolan, Teresa, 2014 (ADEA), chair, York, Pennsylvania
Boyle, James M., III, 2015 (ADA), vice chair, York, Pennsylvania
Brysh, L. Stanley, 2016 (ADA), Madison, Wisconsin

2014 DIRECTORY 537
Feldman, Cecile A., 2016 (ADEA), Newark, New Jersey
Gesek, Daniel J., 2017 (AADB), Jacksonville, Florida
Hoelscher, Diane C., 2015 (ADEA), Detroit, Michigan
Holm, Steven J., 2016 (ADA), Indiana
Manning, Dennis E., 2016 (AADB), Libertyville, Illinois
Miller, Jade A., 2014 (AADB), Reno, Nevada
Price, Jill M., 2017 (ADA), Portland, Oregon
Raman, Prabu, 2017 (ADA), Kansas City, Missouri
Ritchie, Ryan L., ex officio, Hutchinson, Minnesota
Sarrett, David C., 2017 (ADEA), Richmond, Virginia
Simonian, Roger B., 2015 (ADA), Fresno, California
Stenberg, Donna J., 2014 (ADA), Stillwater, Minnesota
Strathearn, Jeanne P., 2015 (AADB), West Hartford, Connecticut
Venezie, Ronald D., 2014 (ADA), Apex, North Carolina
Hart, Karen, director, Chicago, Illinois

Dental Practice
Sessa, Kevin D., 2014, chair, Boulder, Colorado
Unger, Joseph G., 2015, vice chair, Chicago, Illinois
Bengtson, Gregory J., 2016, Lewiston, Idaho
Brown, Andrew B., 2016, Orange Park, Florida
Cammarata, Rita M., 2017, Houston, Texas
Childs, Miranda M., 2015, Arkadelphia, Arkansas
Creasey, Jean L., 2016, Nevada City, California
Dawley, Joanne, 2014, Southfield, Michigan
Dowd, Brendan, 2014, Niagara Falls, New York
Landes, Christine M., 2017, Newtown, Pennsylvania
Marshall, Todd W., 2016, Brooklyn Center, Minnesota
Maxwell, Charles B., 2015, Johnsonville, South Carolina
Mazur-Kary, Michelle L., 2017, Auburn, Maine
O’Toole, Terry G., 2017, Carlsbad, California
Radjabli, Edgar M., ex officio, Abingdon, Maryland
Smith, J. Christopher, 2016, Charleston, West Virginia
Thomas, J. Mark, 2015, Seymour, Indiana
Torbush, Douglas B., 2014, Conyers, Georgia
Porembski, Pamela M., director, Chicago, Illinois

Ethics, Bylaws and Judicial Affairs
Himmelberger, Linda K., 2015, vice chair, Devon, Pennsylvania
Auld, Douglas A., 2016, McAlester, Oklahoma
Beard, Darryll L., 2015, Waterloo, Illinois
Curry, Barry D., 2015, Owensboro, Kentucky
Halasz, Michael H., 2017, Kettering, Ohio
Maupin, Heather A., ex officio, Plainfield, Indiana
Merritt, Ken W., 2017, Clovis, New Mexico
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
Scarborough, A. Roddy, 2016, Richton, Mississippi
Senseny, Charlotte L., 2014, Torrance, California
Shekitka, Robert A., 2017, Newark, New Jersey
Walton, William M., 2016, Clyde, Texas
Williams, Laura, 2015, East Wenatchee, Washington
Elliott, Thomas C., Jr., director, Chicago, Illinois

Government Affairs
LoMonaco, Carmine J., 2014, chair, Newark, New Jersey
Black, Richard C., 2015, vice chair, El Paso, Texas
Breault, Michael R., 2015, Schenectady, New York
Bronson, Mark E., 2017, Cincinnati, Ohio
Cobb, Regina E., 2017, Kingman, Arizona
Hall, William M., Jr., 2014, Shreveport, Louisiana
Harrington, John F., Jr., 2016, Middletown, Georgia
Howard, H. Fred, 2014, Harlan, Kentucky
Howell, J. Barry, 2016, Urbana, Illinois
Huot, Richard A., 2016, Vero Beach, Florida
Incalcaterra, Charles J., 2017, Bethlehem, Pennsylvania
Jaeger, Frederick J., 2016, Madison, Wisconsin
Jennings, Mary S., 2014, Puyallup, Washington
Lebovics, Irving S., 2015, Los Angeles, California
Marron-Tarruzzi, Irene, ex officio, Miami, Florida
Martin, Raymond K., 2016, Mansfield, Massachusetts
Morrison, Scott L., 2017, Omaha, Nebraska
Vlahos, Gus C., 2015, Dublin, Virginia
Spangler, Thomas J., Jr., director, Washington, D.C.
Members Insurance and Retirement Programs
Coleman, Robert A., 2014, chair, Livonia, Michigan
Barnashuk, Frank C., 2016, Orchard Park, New York
Chaney, Mark S., 2015, New Orleans, Louisiana
Coleman, J. Preston, 2017, San Antonio, Texas
Ellison, Naomi L., 2015 ad interim, Los Angeles, California
Ferguson, Larry J., 2017, Charleston, South Carolina
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
Hymes, Rachel Dasher, ex officio, Mountain City, Tennessee
Kincheloe, Bradley B., 2017, Cheyenne, Wyoming
McLean, David E., 2017, South Burlington, Vermont
Miller, Paul R., 2016, New Port Richey, Florida
Paumier, Thomas M., 2014, Canton, Ohio
Schwartz, Timmothy J., 2015, Pekin, Illinois
Shirley, Eric L., 2016 ad interim, Harrisburg, Pennsylvania
Yarbrough, L. Wayne, 2014, Montgomery, Alabama
Abeles, Kelly, director, Chicago, Illinois

Membership
Kelly, Thomas S., 2014, chair, Beachwood, Ohio
Aguirre, Alejandro M., 2016, ad interim, Plymouth, Minnesota
Cassidy, Kevin M., 2014, Topeka, Kansas
Ingram, William L., 2016, Huntsville, Alabama
Johnson, Nicole Stachelwicz, 2016, Erie, Pennsylvania
Jones, Gary O., 2017, Mesa, Arizona
LeBlanc, Michael A., 2015, ex officio, Olathe, Kansas
Lee, Natasha A., 2015, San Francisco, California
Maranga, Maria C., 2017, Aquebogue, New York
Olson, Shelley Barker, 2015, Oxford, North Carolina
Pohl, Gregory J., 2016, Cincinnati, Ohio
Shoemaker, Gene, 2015, Waukesha, Wisconsin
Smith, Carmen P., 2017, Dallas, Texas
del Valle-Sepúlveda, Edwin A., 2015, San Juan, Puerto Rico
Wilson, K. Drew, 2016, Milford, New Hampshire
Zuknick, Stephen J., 2014, Brandon, Florida
Abeles, Kelly, acting director, Chicago, Illinois

Scientific Affairs
Hart, Thomas C., 2015, vice chair, Chicago, Illinois
Abt, Elliot, 2016, Skokie, Illinois
Dmytryk, John J., 2017, Oklahoma City, Oklahoma
Hale, Robert G., 2016, Fort Sam Houston, Texas
Janik, Andrea K., ex officio, San Antonio, Texas
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, Westbrook, Massachusetts

Commissions
Dental Accreditation
Williams, John N., 2014 (ADEA), chair, Indianapolis, Indiana
Schonfeld, Steven E., 2014 (ADA), vice chair, Eureka, California
Benson, Byron, 2015 (AAOMR), Dallas, Texas
Burr, Kristi, 2014 (Public Member), Burton, Ohio
Campbell, Stephen, 2017 (ACP), Hinsdale, Illinois
Cangialosi, Thomas, 2015 (AAO), Newark, New Jersey
Dodge, William, 2015 (ADEA), San Antonio, Texas
Donley, Kevin, 2015 (AAPD), San Antonio, Texas
Gagliardi, Lorraine, 2016 (ADAA), Pasadena, California
Giasolli, Robert, 2014 (Public Member), Orange County, California
Glicksman, Milton A., 2016 (AADB), Dartmouth, Massachusetts
Greenwell, Henry, 2014 (AAP), Louisville, Kentucky
Kahn, Richard B., 2016 (ADA), New Brunswick, New Jersey
Kassebaum, Denise, 2017 (ADEA), Denver, Colorado

Platt, Jeffrey A., 2017, Indianapolis, Indiana
Slayton, Rebecca L., 2017, Seattle, Washington
Sollecito, Thomas P., 2015, Philadelphia, Pennsylvania
Weyant, Robert J., 2017, Pittsburgh, Pennsylvania
Williams, Ray C., 2015, Stony Brook, New York
Wilson, Thomas G., Jr., 2015, ad interim, Dallas, Texas
Young, Douglas A., 2016, San Francisco, California
Beltran, Eugenio, senior director, Chicago, Illinois
Kolstad, James, 2015 (ASDA), Milwaukee, Wisconsin
Lanier, Dennis, 2017 (NADL), Columbus, Georgia
Leffler, William, 2014 (AADB), Massillon, Ohio
Livingston, Harold, 2017 (AAHD/ADEA), Jackson, Mississippi
Mascarenhas, Ana Karina, 2016 (AAPHD), Fort Lauderdale, Florida
Neville, Brad W., 2014 (AAOMP), Charleston, South Carolina
Royeen, Charlotte, 2015 (Public Member), St. Louis, Missouri
Schindler, William Gordon, 2016 (AAE), San Antonio, Texas
Shepherd, Kathi, 2015 (ADHA), Detroit, Michigan
Sherman, Robert, 2017 (AADB), Honolulu, Hawaii
Sherrard, James, 2015 (Public), Norwich, Connecticut
Surabian, Stanley R., 2017 (ADA), Fresno, California
Tiner, B. D., 2017 (AAOMS), San Antonio, Texas
Torres-Nazario, Ivan, 2017 (AADB), Mayaguez, Puerto Rico
Sherrard, James, 2015 (Public), Norwich, Connecticut
Tuneberg, Perry K., 2015 (ADA), Rockford, Illinois
West, Karen, 2016 (ADEA), Las Vegas, Nevada
Tooks, Sherin, director, Chicago, Illinois

National Dental Examinations
Podruch, LeeAnn G., 2014 (AADB), chair, Hatley, Wisconsin
Fujimoto, Luis J., 2017 (AADB), New York, New York
Gerosky, Mary Lou, 2014 (ADHA), Cleveland, Ohio
Hersh, Robert A., 2015 (ADA), Freehold, New Jersey
Levitan, Marc E., 2016 (AADB), Charleston, South Carolina
Licari, Frank W., 2017 (ADEA), South Jordan, Utah
McVea, Conrad, III, 2016 (AADB), Franklinton, Louisiana
Murray, Rhett L., 2017 (ADA), Aurora, Colorado
Parker, Patricia Anne, 2017 (AADB), Hillsboro, Oregon
Perkins, David W., 2017 (AADB), Bristol, Connecticut
Peterson, Lorin D., 2014 (ADA), Cle Elum, Washington
Shannon, Kelley, 2014 (Public), Washington, D.C.
VanderVeen, Michael Reggie, 2015 (AABD), Grand Rapids, Michigan
Waldschmidt, David, director and secretary, Chicago, Illinois

Standing Committee
New Dentist Committee
Schwab, Brian M., 2014, chair, Fleetwood, Pennsylvania
Bruce, Daniel S., 2014, Boise, Idaho
Childs, Eric T., 2016, Coldwater, Michigan
Hasty, Christopher M., 2016, Tifton, Georgia
Hymes, Rachel Dasher, 2016, Mountain City, Tennessee
Ishkanian, Emily R., 2017, Henderson, Nevada
Janik, Andrea K., 2016, San Antonio, Texas
LeBlanc, Michael A., 2015, Olathe, Kansas
Marron-Tarrazi, Irene, 2015, Miami, Florida
Maupin, Heather A., 2015, Plainfield, Indiana
McMahon, Jill C., 2017, River Forest, Illinois
Norbo, Justin R., 2017, Purcellville, Virginia
Oh, Timothy W., 2015, Ellsworth, Maine
Radjabli, Edgar M., 2014, Abingdon, Maryland
Ritchie, Ryan L., 2016, Hutchinson, Minnesota
Yanase, Rex R., 2014, Torrance, California
Lavick, Tera, director, Chicago, Illinois

Committee on Local Arrangements
Martin, Rise L., general chair
Ferro, Joseph A., operations co-chair
Lopez-Howell, Maria, program co-chair
Macias, Charles Roger, Jr., operations co-chair
Masters, Lisa B., vice chair
Troendle, Karen K., program co-chair

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Mitchell, Raven
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Mora, Ruben
Morales, Gabriela
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Moreno, Lisa
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Nguyen Phuc, Hap
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Spackman, Gregory

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Steinberg, Matthew
Stinson, Laura
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Suri, Komal
Sweet, Mary Jane
Tabar, April
Talamantes, Sara
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Taylor, Elaine
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Tertel, Nanette
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Thompson, Stella
Thrift, Lynn
Timlin, Katherine
Tom, Franson
Tom, Jian Pin
Toh, Ashley
Tran, Duyen
Treadaway, Judy
Treviso, Oscar
Troendle, Karen
Truong, Haizu
Tysinger, Amy
Usherenko, Svetlana
Usherenko, Vladimir
Vahei, Isabel
Valdes, Pratt
Valdez-Jimenez, Stephanie
Valent, Jacqueline
Valentinc, Bree
VanCurra, Patrick
Varela, Monica
Vargas, Susan
Vargas, Ulysses
Vela, Yvonne
Vergara, George
Viator, Misty
Vickers, Vicki
Vidaaurri, Rebecca
Villarreal, Terrie
<table>
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<th>Name</th>
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<td>Vipulanand, Geethanjali</td>
<td>Vo, Kathryn</td>
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<td>Vu, Jaclyn</td>
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Appendix
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

<table>
<thead>
<tr>
<th>Term</th>
<th>President</th>
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<th>Place of Meeting</th>
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Reorganized July 10, 1913

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### American Dental Association

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Living Former Presidents, American Dental Association

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**Delegates 9**
- Asdel, Jay, South Bend
- Frith, Daniel W., La Porte
- Holm, Steven J., Portage
- Holwager, David R., Cambridge City
- Leighty, Chad R., Marion
- Platt, Jeffrey A., Indianapolis
- Roberts, John R., Connersville
- Schechner, Terry G., Valparaiso
- Shupe, James A., Jr., Fort Wayne

**Alternates**
- Briscoe, Todd P., Fort Wayne
- Burns, Jill M., Richmond
- Catey-Williams, Mara, Gas City
- Dimond, Desiree S., Indianapolis
- Maupin, Heather A., Plainfield
- Phillips, Gregory E., Columbus
- Szakaly, Martin R., South Bend
- Thomas, J. Mark, Seymour
- Wolf, David H., Indianapolis

### Iowa

**Delegates 5**
- Cochrane, Bruce R., Fort Dodge
- Ludwig, Thomas L., Harlan
- Peckosh, Valerie Budar, Dubuque
- Peek, Thomas L., Cedar Rapids
- Tjarks, Heyo H., Dubuque

**Alternate**
- Johnsen, David C., Iowa City

### Kentucky

**Delegates 5**
- Elliott, O. Andy, II, Martin
- Hill, J. D., Irvine
- Howard, H. Fred, Harlan
- Johnson, J. Michael, Owensboro
- Lee, William E., Lexington

**Alternates**
- Bobrowski, Garth D., Greensburg
- Curry, Barry D., Owensboro
- Price, Dennis R., Louisville
- Wall, Kevin S., Bellevue

### Louisiana

**Delegates 6**
- Barsley, Robert E., Ponchatoula
- Chaney, Mark S., New Orleans
- Garrett, Marty B., Baton Rouge
- Hooton, Jeff, Monroe
- Savoie, Lance N., Abbeville
- Zeringue, Curtis J., Mathews

**Alternates**
- Daly, Nelson P., Baton Rouge
- Foy, Charles B., Jr., Madisonville
- Ortego, L. Stephen, Ball
- Scott, L. King, West Monroe
- Soileau, Kristi M., New Orleans
- Weaver, Stephanie B., Lake Charles

### Maine

**Delegates 2**
- Berube, R. Robert, Augusta
- Zimmerman, Paul S., Winthrop

**Alternates**
- Mazur-Kary, Michelle L., Auburn
- Oh, Timothy W., Ellsworth

### Maryland

**Delegates 8**
- A’Becket, Thomas R., Laurel
- Brown, Wendy A., Columbia
- Doring, Charles A., Rockville
- Liang, Christopher G., Potomac
- Martin, William F., Ill, Towson
- Nuger, Marc G., Glen Burnie

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<td>Wood, C. Rieger, Ill, Tulsa</td>
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* Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.
### Pennsylvania

**Delegates 17**
- Boyle, James M., III, York
- Dishler, Bernie P., Elkins Park
- Gamba, Thomas W., Philadelphia
- Heier, Ronald K., Malvern
- Himmelberger, Linda K., Devon
- Iseman, Cynthia A., Salisbury
- Johnson, Frederick S., Cleona
- Newman, Wade I., Bellefonte
- Petraitis, Thomas C., Du Bois
- Quezada, Nicole M., Wellsboro
- Radack, Stephen T., III, Erie
- Rao, Anand V., Philadelphia
- Ray, Herbert L., Jr., Leechburg
- Ross, Joseph E., New Castle
- Schwab, Brian M., Blandon
- Selcher, Samuel E., Middletown
- Stavisky, Eli, Clarks Summit
- Anderson, David, Pittsburgh
- Chorazy, Chester J., Pittsburgh
- Freedman, Isaac J., Roslyn
- Gans, Michael J., Pittsburgh
- Hamm, George L., III, Dover
- Incalcaterra, Charles J., Bethlehem
- Limberakis, Cary J., Jenkintown
- Logan, Bernadette A., Paoli
- Midla, Leslie P., Beallsville
- Nase, John B., Harleysville
- Reitz, John V., Wyomissing
- Rosenthal, Nancy R., Jenkintown
- Tauberg, James A. H., Pittsburgh
- Thakkar, Nipa R., Wilkes Barre
- Weber, Charles R., West Chester
- Wells, Jay R., III, Bethel Park
- Zale, Matthew A., Dickson City

**Alternate**

### Puerto Rico

**Delegates 1**
- Del Valle-Sepulveda, Edwin A., San Juan

**Alternate**
- Gonzalez, Eugenio, San Juan

### Rhode Island

**Delegates 2**
- Calitri, Paul F., Jr., West Greenwich
- Verbeyst, John W., North Kingstown

**Alternate**
- Beagan, Bryan F., Cranston

### South Carolina

**Delegates 6**
- Chadwell, Rainey F., Spartanburg
- Gardner, H. Lee, Jr., Hartsville
- Maxwell, Charles B., Johnsonville
- Mercer, James E., West Columbia
- Watson, David F., Jr., Greenville
- Wise, Edward M., Sr., Beaufort

**Alternate**
- Brown, Joseph E., III, Hardeeville
- Edmonds, Thomas R., West Columbia
- Griffin, Christopher T., Greenwood
- Moss, J. David, Florence
- Pipkin, Gloria B., Moncks Corner
- Sanders, John J., Charleston

### South Dakota

**Delegates 2**
- Determan, Amber A., Mitchell
- Hajek, Thomas J., Huron

**Alternate**
- Horner, Kevin D., Sioux Falls
- Titze, Grant S., Watertown

### Tennessee

**Delegates 7**
- Avery, James G., Memphis
- Cullum, Paul E., Columbia
- McNeely, David E., Jr., Elizabethton
- Moore, R. Chris, Martin
- Orwick-Barnes, Susan M., Knoxville

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*Delegates or alternates attended a meeting; + delegate or alternate attended a portion of the meeting.*
### Texas

**Delegates 27**

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**Alternates**

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### Veterans Affairs

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* Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.
### Virginia
#### Delegates 11
- Anderson, David C
- Bell, Alonzo M., Alexandria
- Crabtree, Mark A., Martinsville
- Howell, Ralph L., Jr., Suffolk
- Hutchison, Bruce R., Centreville
- Link, Michael J., Newport News
- Norbo, Kirk, Waterford
- Reynolds, Elizabeth C., Richmond
- Sherwin, Ted, Orange
- Vlahos, Gus C., Dublin
- Wood, Roger E., Midlothian

#### Alternates
- Certosimo, Alfred J., Mechanicsville
- Dougherty, William V., III, Falls Church
- Galstan, Samuel W., Chester
- Iuorno, Frank P., Jr., Glen Allen
- Klima, Rodney J., Burke
- Olenyn, Paul T., Burke
- Phelps, Maynard P., Newport News
- Ryan, Danielle H., Fairfax
- Sarrett, David C., Richmond
- Southern, Cynthia, Pulaski
- Taliaferro, Richard L., Stephens City

### Wisconsin
#### Delegates 9
- Braden, Ryan, Lake Geneva
- Brysh, L. Stanley, Madison
- Hebl, Monica, Milwaukee
- Kenyon, David J., Altoona
- Kraig, Jeffrey J., Fond Du Lac
- Levine, Paul S., Milwaukee
- Moser, John R., Milwaukee
- Murphy, Ned J., Racine
- Rodriguez, Julio H., Brodhead

#### Alternates
- Brennan, Robert J., Neenah
- Chiera, Edward J., Beloit
- Clemens, David L., Wisconsin Dells
- Crum, Paula S., Green Bay
- Kaske, H. Michael, Twin Lakes
- Kielma, Thomas E., Delafield
- Lobb, William K., Mukwonago
- Raimann, Thomas E., Hales Corners
- Tepe, Patrick J., Verona

### Washington
#### Delegates 12
- Buehler, D. Michael, Yakima
- Dean, Brittany T., Mill Creek
- Edgar, Bryan C., Federal Way
- Edgar, Linda J., Federal Way
- Lo, John C., Lakewood
- Minahan, David M., Kenmore
- Ogata, Gregory Y., Sammamish
- Ogata, Randall H., Seattle
- Ribary, James L., Gig Harbor
- Walsh, Douglas P., Seattle
- Warner, Danny G., Vancouver
- Williams, Laura, East Wenatchee

#### Alternates
- Baer, Theodore M., Tacoma
- Dahl, Ronald D., Ferndale

#### Delegates 11
- De Jesus, Joseph Y., Tumwater
- Irwin, Todd, Port Angeles
- Jennings, Mary S., Puyallup
- Pak, Sammy B., Puyallup
- Peterson, Lorin D., Cle Elum
- Winston, Amy M., Seattle

#### Alternates
- Nibert, Dallas L., Huntington

#### Delegates 2
- Leslie, Thomas W., Berkeley Springs
- Smith, J. Christopher, Charleston

#### Alternates
- Alonzo, Michael, Cleveland
- Brittan, Danielle, Columbus
- Catherine, Matthew, Huber Heights
- Gourley, James, Youngstown
- Huntington, Brian, Miami

#### Delegates 3
- Beal, Joseph, Butler
- Bolinger, John, New Castle
- Brown, Ryan, Muncie
- Carter, Scott, Syracuse
- Charbonneau, Michael, Seoul, South Korea
- Dix, Matthew, Uniontown
- Fullmer, Joseph, New Castle
- Harwood, Daniel, New Castle
- Khoury, Patrick, Wallingford
- Koons, Jared, New Castle
- Kozlowski, Matthew, Muncie
- Leach, Benjamin, New Castle
- Mahaffey, John, New Castle
- Meehan, Jordan, New Castle
- Melcher, Jared, New Castle
- McMillan, Andrew, New Castle
- Mower, Robert, New Castle
- Pavao, Joseph, New Castle
- Porter, Austin, New Castle
- Rauh, Adam, New Castle
- Reif, Andrew, New Castle
- Reiner, Brian, New Castle
- Savage, Connor, New Castle
- Seibert, Christopher, New Castle
- Seck, Matthew, New Castle
- Stumpf, Frederick, New Castle
- Walter, Joseph, New Castle
- Waltz, Bethesda,

#### Alternates
- Jeffries, Carl, Worland
- Shane, Michael G., Lander

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<thead>
<tr>
<th>Res. 1</th>
<th>Commission on Dental Accreditation</th>
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<tbody>
<tr>
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<td>Revision of the Rules of the Commission on Dental Accreditation to Replace the Name “American Association of Hospital Dentists” with “Special Care Dentistry Association,” 38; 4000; 458</td>
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<td>Amendment of Policy on Medically Necessary Care, 85; 3002; 451</td>
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<th>Council on Dental Education and Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amendment of the Bylaws to Establish the Commission for Continuing Education Provider Recognition and Approval of the Rules of the ADA Commission for Continuing Education Provider Recognition, 103; 4011; 466</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 6B</th>
<th>Board of Trustees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Substitute Resolution, 4013; 466</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 7</th>
<th>Council on Dental Education and Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amendment of the Bylaws Duties of the Council on Dental Education and Licensure, 107; 4022; 459</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 8</th>
<th>Council on Dental Education and Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amendment of the Policy, Development of Alternate Pathways for Dental Hygiene Training, 109; 4024; 459</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 9</th>
<th>Council on Dental Education and Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 7</td>
<td>Amendment of the Policy, Recognition of Certification Board for Dental Assistants, 109; 4025; 460</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 10</th>
<th>Council on Dental Education and Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amendment of the Policy, National Board for Certification of Dental Laboratory Technicians’ Continued Recognition, 109; 4026; 460</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 11</th>
<th>Council on Dental Education and Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amendment of the Criteria for Recognition of a Certification Board for Dental Assistants, 109; 4027; 460</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 12</th>
<th>Council on Dental Education and Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amendment of the Criteria for Approval of a Certification Board for Dental Laboratory Technicians, 111; 4030; 462</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 13</th>
<th>Council on Dental Education and Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amendment of the Policy, Titles and Descriptions of Dental Hygiene Continuing Education Courses, 113; 4032; 457</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 14</th>
<th>Council on Dental Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amendment of the ADA Bylaws Regarding the Duties of the Council on Dental Practice, 132; 3004; 452</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 15</th>
<th>Council on Ethics, Bylaws and Judicial Affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amendment of the Guidelines Governing the Conduct of Campaigns for All ADA Offices, 146; 5000; 478</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 16</th>
<th>Council on Ethics, Bylaws and Judicial Affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amendment of the Policy, The Dentist’s Pledge, 148; 5003; 479</td>
</tr>
</tbody>
</table>
Index of Resolutions

Res. 17  Council on Ethics, Bylaws and Judicial Affairs
Amendment of Chapters XII and XIII of the ADA Bylaws: Procedures for Member Disciplinary Hearings and Appeals, 150; 5005; 480

Res. 18  Council on Government Affairs
Amendment of the ADA Bylaws Regarding the Duties of the Council on Government Affairs, 181; 5028; 497

Res. 19  Council on Membership
Amendment of Policy on Tripartite Membership Application Procedures, 202; 6000; 524

Res. 20  Joint Commission on National Dental Examinations
Revisions to Standing Rules of the Joint Commission on National Dental Examinations, 213; 4034; 463

Res. 21  Board of Trustees
Approval of 2015 Budget, 2036; 528

Res. 22  Board of Trustees
Establishment of Dues Effective January 1, 2015, 2037; 529

Res. 23  Council on Ethics, Bylaws and Judicial Affairs
Amendment of the ADA Bylaws Striking "Ex Officio," 5037; 518

Res. 24  Council on Ethics, Bylaws and Judicial Affairs
Composition of the Election Commission, 5040; 498

Res. 25  Council on Ethics, Bylaws and Judicial Affairs
Amendment of Chapter XII of the ADA Bylaws to Add the Option of a Non-Disciplinary Action, 5041; 509

Res. 26  Council on Ethics, Bylaws and Judicial Affairs
Amendment of Chapter XIII of the ADA Bylaws to Add the Option of a Non-Disciplinary Action, 5042; 510

Res. 27  Council on Ethics, Bylaws and Judicial Affairs
Amendment of Paragraph 5 of the Guidelines Governing the Conduct of Campaigns for All ADA Offices, 5043; 499

Res. 28  Eighth Trustee District
Chairside Medical Screenings, 3006; 452

Res. 29  Eighth Trustee District
ACA Dentist Exemption From Pediatric Mandate, 5044; 510

Res. 29B  Board of Trustees
Substitute Resolution, 5045; 510

Res. 30  Board of Trustees
Nominations to ADA Councils, Commissions and the New Dentist Committee, 1022; 441

Res. 31  Standing Committee on Credentials, Rules and Order
Approval of Minutes of the 2013 House of Delegates, 1032; 440

Res. 32  Standing Committee on Credentials, Rules and Order
Adoption of Agenda and Order of Agenda Items, 1033; 440

Res. 33  Standing Committee on Credentials, Rules and Order
Referral of Reports and Resolutions, 1034; 441

Res. 34  Council on Dental Practice
ADA Policy for Dental Schools to Provide Education to Dental Students on Drug and Alcohol Use and Misuse, 3007; 453

Res. 35  Council on Dental Education and Licensure
A Comprehensive Study of the Current Dental Education Models, 4053; 463
Res. 35B Board of Trustees
Substitute Resolution, 4060; 463

Res. 36 Second Trustee District
Amendment of ADA Bylaws Regarding American Dental Association Dues Assessments Exemption for Active Life Members, 6001; 521

Res. 37 Council on Government Affairs
Amendment of Policy on Advocate for Adequate Funding Under Medicaid Block Grants, 5064; 499

Res. 38 Council on Government Affairs
Amendment of Policy on Medicaid and Indigent Care Funding, 5065; 499

Res. 39 Council on Government Affairs
Amendment of Policy on Federal Tax Credit/Voucher for Medicaid Dentist Providers, 5066; 499

Res. 40 Council on Government Affairs
Amendment of Policy on Support of Current Medicaid Law and Regulations Regarding Dental Services, 5067; 500

Res. 41 Council on Government Affairs
Amendment of Policy on Maldistribution of the Dental Workforce, 5068; 500

Res. 42 Council on Government Affairs
Amendment of Policy on Advocating for ERISA Reform, 5070; 500

Res. 43 Council on Government Affairs
Rescission of Policy on Clarification of Support for Federal Legislation to Facilitate Formation of Association Health Plans, 5071; 512

Res. 44 Council on Government Affairs
Rescission of Policy on Medicaid Co-Payment, 5073; 501

Res. 45 Council on Government Affairs
Rescission of Policy on Dentists Right to Opt Out of the Medicare Program, 5075; 501

Res. 46 Council on Government Affairs
Rescission of Policy on Guaranteed Dental Care for Medicaid Participants Under Health System Reform, 5077; 501

Res. 47 Council on Government Affairs
Rescission of Policy on Improvements in Medicaid Program, 5079; 501

Res. 48 Council on Government Affairs
Rescission of Policy on Medicaid Block Grants, 5081; 501

Res. 49 Council on Government Affairs
Rescission of Policy on Safeguards for Medicare’s Health Maintenance Organizations, 5083; 501

Res. 50 Council on Government Affairs
Rescission of Policy on Payment of Medicaid Benefits to Dental Schools, 5085; 501

Res. 51 Council on Government Affairs
Rescission of Policy on Deduction of Student Loan Interest, 5087; 501

Res. 52 Council on Government Affairs
Rescission of Policy on Federal Educational Loans, 5089; 501

Res. 53 Council on Government Affairs
Rescission of Policy on Federal Assistance for Dental Students, 5091; 501

Res. 54 Council on Government Affairs
Rescission of Policy on Federal Lobbying Efforts That Support Dental Education, 5093; 501
Res. 55  Council on Government Affairs
Recission of Policy on Increased Support for Postgraduate Training Programs, 5095; 501

Res. 56  Council on Government Affairs
Recission of Policy on Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs, 5097; 502

Res. 57  Council on Government Affairs
Recission of Policy on Advocacy for Dental Education Funding, 5099; 502

Res. 58  Council on Government Affairs
Recission of Policy on State Funding for Dental Education, 5101; 502

Res. 59  Council on Government Affairs
Advocacy for Dental Education Infrastructure, 5103; 502

Res. 60  Council on Government Affairs
Advocacy for Graduate Student Loan Programs, 5104; 512

Res. 60B  Board of Trustees
Substitute Resolution, 5105; 512

Res. 61  Council on Government Affairs
Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs, 5106; 502

Res. 62  Council on Dental Practice
Development of Ethically Based, Voluntary Practice Management Guidelines, 3010; 452

Res. 63  Fourteenth Trustee District
CDT Guidelines for the Affordable Care Act, 3020; 454

Res. 63B  Board of Trustees
Substitute Resolution, 3021; 454

Res. 63RCS-1  Third District Caucus
Substitute Resolution, 3032a; 454

Res. 64  Fourteenth Trustee District
Student Loan Membership Benefit, 6003; 522

Res. 65  Fourteenth Trustee District
Ethics and Standards for Internet Advertising in the Dental Profession, 5107; 502

Res. 66  Fourteenth Trustee District
Enforcing Regulations Concerning Online Marketplaces and the Sale of Dental Supplies/Materials, 5108; 513

Res. 67  Fourteenth Trustee District
Educating Children and Parents About the Dangers of Oral Piercings, 4062; 464

Res. 67B  Board of Trustees
Substitute Resolution, 4062; 464

Res. 68  Fourteenth Trustee District
Promotion of the Evidence Regarding Premedication for Patients With Prosthesis, 4064; 465

Res. 68B  Board of Trustees
Substitute Resolution, 4065; 465

Res. 69  Fourteenth Trustee District
Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment, 4066; 465

Res. 69B  Board of Trustees
Substitute Resolution, 4067; 465
<table>
<thead>
<tr>
<th>Res.</th>
<th>Council on Access, Prevention and Interprofessional Relations</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Amendment of Policy on Manufacturer Sponsorship of Dental Programs and Promotional Activities, 5119; 502</td>
</tr>
<tr>
<td>71</td>
<td>Amendment of Policy on Health Planning Guidelines, 5120; 503</td>
</tr>
<tr>
<td>72</td>
<td>Amendment of Policy on Vision Statement on Access for the Underserved and Promotional Activities, 5121; 503</td>
</tr>
<tr>
<td>73</td>
<td>Amendment of Policy on Inclusion of Basic Oral Health Education in Nondental Health Care Training Programs, 5122; 503</td>
</tr>
<tr>
<td>74</td>
<td>Amendment of Policy on Women's Oral Health: Patient Education, 5123; 504</td>
</tr>
<tr>
<td>75</td>
<td>Amendment of Policy on Patient Safety, 5124; 504</td>
</tr>
<tr>
<td>76</td>
<td>Amendment of Policy on Tobacco and Harm Reduction, 5125; 504</td>
</tr>
<tr>
<td>77</td>
<td>Amendment of Policy on Tobacco Free Schools, 5126; 504</td>
</tr>
<tr>
<td>78</td>
<td>Amendment of Policy on Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children, 5127; 505</td>
</tr>
<tr>
<td>79</td>
<td>Amendment of Policy on Non-Dental Providers Completing Educational Program on Oral Health, 5128; 505</td>
</tr>
<tr>
<td>80</td>
<td>Amendment of Definition of Dental Home, 5129; 505</td>
</tr>
<tr>
<td>81</td>
<td>Amendment of Definition of Primary Dental Care, 5130; 506</td>
</tr>
<tr>
<td>82</td>
<td>Amendment of the Principles for Developing Children's Oral Health Programs, 5131; 506</td>
</tr>
<tr>
<td>83</td>
<td>Hospital Privileges for Dentists, 5132; 513</td>
</tr>
<tr>
<td>84</td>
<td>Development of Association Dental Health Education Materials, 5134; 514</td>
</tr>
<tr>
<td>85</td>
<td>Early Detection and Prevention of Oral Cancer, 5136; 506</td>
</tr>
<tr>
<td>86</td>
<td>Child Identification Programs, 5138; 506</td>
</tr>
<tr>
<td>87</td>
<td>Oral Health Education in Schools, 5140; 506</td>
</tr>
<tr>
<td>88</td>
<td>Community-Based Topical Fluoride Programs, 5143; 507</td>
</tr>
<tr>
<td>89</td>
<td>Educating Dental Professionals in Recognizing and Reporting Abuse, 5145; 507</td>
</tr>
</tbody>
</table>
Res. 90  Council on Access, Prevention and Interprofessional Relations
Prevention and Control of Early Childhood Caries, 5147; 507

Res. 91  Council on Access, Prevention and Interprofessional Relations
Assistance to Dentists Working Within Health Centers, 5158; 508

Res. 92  Council on Access, Prevention and Interprofessional Relations
Dental Practitioners and Health Center Directors Sharing Clinical and Managerial Experience, 5159; 508

Res. 93  Council on Access, Prevention and Interprofessional Relations
Relationships Between Private Dental Practitioners and FQHCs, 5160; 508

Res. 94  Council on Access, Prevention and Interprofessional Relations
Dental Examinations for Pregnant Women and Women of Child-Bearing Age, 5161; 508

Res. 95  Council on Access, Prevention and Interprofessional Relations
Dental Treatment During Pregnancy, 5162; 508

Res. 96  Council on Access, Prevention and Interprofessional Relations
Designation of Individuals With Intellectual Disabilities as a Medically Underserved Population, 5163; 508

Res. 97  Council on Scientific Affairs
Definition of Oral Health, 4068; 465

Res. 98  Fourteenth Trustee District
Communication of State Advocacy Efforts, 5164; 515

Res. 98B  Board of Trustees
Substitute Resolution, 5164; 515

Res. 99  Fourteenth Trustee District
Development of ADA Policies for Dental Discount Plans, 3022; 452

Res. 100  American Dental Political Action Committee
Development of a Mechanism to Allow Members of the Alliance to the American Dental Association to Access the Members Only Area of the ADA Web Site, 2073; 447

Res. 101  First Trustee District
ADA Social Media Campaign on Water Fluoridation, 5166; 515

Res. 102  Board of Trustees
Voting Privileges of Chair of the Board of Trustees, 5168; 517

Res. 103  Sixth Trustee District
Standardized Explanation of Benefits Form, 3024; 452

Res. 104  Dr. Barbara Mousel, Delegate, Illinois
Continuation of the Stand Alone Annual New Dentist Conference as a Visible Member Benefit for New Dentist ADA Members, 6005; 523

Res. 104B  Board of Trustees
Substitute Resolution, 6007; 523

Res. 105  Fifth Trustee District
Development of Resource Materials for Members Concerning Dental Insurance and RAC Audits, 5170; 518

Res. 106  Seventh Trustee District
Amendment of the ADA Constitution and Bylaws Regarding the Offices of First and Second Vice Presidents, 1035; 440

Res. 107  Sixteenth Trustee District
Amendment of ADA Bylaws to Permit the Optional Delegation by State Societies of Dues Collection to the ADA, 6017; 524
<table>
<thead>
<tr>
<th>Res. 108</th>
<th>Eleventh Trustee District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Changing Voting Requirements for Bylaws Changes, 5189; 444</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 109</th>
<th>Fourteenth Trustee District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New Dentist Conference Alternatives, 6025; 523</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 110</th>
<th>Fourteenth Trustee District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Policy on Dentist Rating by Third Parties, 3025; 455</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 111</th>
<th>Ninth Trustee District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Titles and Descriptions of Continuing Education Courses, 4078; 463</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 112</th>
<th>Fifth Trustee District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amendment of ADA Bylaws to Include the ADA Strategic Plan in the Powers of the Board of Trustees and Editorial Content of the Journal, 2074; 447</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 113</th>
<th>Reference Committee A (Budget, Business and Administrative Matters)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consent Calendar, 446</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 114</th>
<th>Reference Committee B (Dental Benefits, Practice and Related Matters)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consent Calendar, 449</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 115</th>
<th>Reference Committee C (Dental Education, Science and Related Matters)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consent Calendar, 456</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 116</th>
<th>Reference Committee D (Legislative, Health, Governance and Related Matters)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consent Calendar, 472</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 117</th>
<th>Reference Committee E (Membership and Related Matters)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consent Calendar, 521</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 118</th>
<th>Reference Committee D (Legislative, Health, Governance and Related Matters)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review of the ADA Constitution and Bylaws, 446</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res. 119</th>
<th>Second Trustee District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participation of Reference Committee Members in District Deliberations, 526</td>
</tr>
</tbody>
</table>
2014 Index

This index references Annual Reports and Resolutions (pages 1–300); Supplement to Annual Reports and Resolutions, Volumes 1 and 2 (pages 1000–7000); and Transactions (pages 301–587).

Note: The Index to Resolutions beginning on page 563 charts the progress of the resolutions through the legislative process.

Abuse

- Recognition/reporting, education, Res. 89, 5116, 5145
- Res. 77, Tobacco Free Schools, amended, 5113, 5126; Board, 395, 5126; House, 504
- Res. 78, Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children, amended, 5113, 5127; Board, 395, 5127; House, 505
- Res. 79, Non-Dental Providers Completing Educational Program on Oral Health, amended, 5114, 5128; Board 395, 5128; House, 505
- Res. 80, Definition of “Dental Home,” amended, 5114, 5129; Board, 395, 5129; House, 505
- Res. 81, Primary Dental Care, amended, 5114, 5130; Board, 395, 5130; House, 506
- Res. 82, Principles for Developing Children’s Oral Health Programs, amended, 5114, 5131; Board, 395, 5131; House, 506
- Res. 83, Hospital Privileges for Dentists, adopted, 5115, 5132; Board, 395, 5132; substitution, Res. 83RC, 513; referred, 513
- Res. 84, Development of Dental Health Education, adopted, 5115, 5134; Board, 395, 5134; substitution, Res. 84RC, 514; House, 514
- Res. 85, Early Detection and Prevention of Oral Cancer, adopted, 5115, 5136; Board, 395, 5136; House, 506
- Res. 86, Child Identification Programs, adopted, 5115, 5138; Board, 395, 5138; House, 506
- Res. 87, Oral Health Education in Schools, adopted, 5116, 5140; Board, 395, 5140; House, 506
- Res. 88, Community-Based Topical Fluoride Programs, adopted, 5116, 5143; Board, 395, 5143; House, 507
- Res. 89, Education for Dental Professionals in Recognizing and Reporting Abuse, adopted, 5116, 5145; Board, 396, 5145; House, 507
- Res. 90, Prevention and Control of Early Childhood Caries, adopted, 5117, 5147; Board, 395, 5147; House, 507
- Res. 91, Assistance to Dentists Working Within Health Centers, 5154, 5158; Board, 396, 5158; House, 508
- Res. 92, Dental Practitioners/Health Center Directors Sharing Clinical/Managerial Experience, 5154, 5159; Board, 396, 5159; House, 508
- Res. 93, Relationships Between Private Dental Practitioners and FQHCs, 5154, 5160; Board, 396, 5160; House, 508
- Res. 94, Dental Examinations for Pregnant Women/or Child-Bearing Age, 5156, 5161; Board, 396, 5161; House, 508
- Res. 95, Dental Treatment During Pregnancy, 5156, 5162; Board, 396, 5162; House, 508
- Res. 96, Designation of Individuals With Intellectual Disabilities as a Medically Underserved Population, 5157, 5163; Board, 396, 5163; House, 508
- Self-Assessment, 7
- Strategic plan of ADA, 2

Supplemental Report 1: ADA Policy Review, 5110
Supplemental Report 2: CAPIR Update and Action for Dental Health Overview, 5151

Accreditation

- Actions, summary, CDA report, 34
- CDEL report, 97
- Fees, CDA report, 38
- International, joint advisory committee, report, 39
- Standards, proposed, revised, CDA report, 35
- Standards, revision, CDA report, 4076
Standards, revisions, adopted, CDA report, 35
Action for Dental Health
CAPIR report, 2
Report to Board, 336
Ad Council
Children’s Dental Oral Health campaign, extension, Res. B-14-2014, 309, 333
ADA Business Enterprises, Inc.
Financials, 291
Marketing, 293
Mission, 291
Products, 292
Renewed contracts, 292
Report to Board, 318, 341, 385, 428
Royalties, 292
Shareholder meeting, 430
ADA Efforts to Educate Dental Professionals in Recognizing and Reporting Abuse and Neglect
Policy rescission, Res. B-145-2014, 428
Advocacy Strategy for Oral Health Education
Policy rescission, Res. 87, 5062, 5106
Advocate for Adequate Funding Under Medicaid Block Grants
Policy amendment, Res. 37, 5057, 5064
Advocating for ERISA Reform
Policy amendment, Res. 42, 5059, 5070
Affordable Care Act
CDT guidelines, medical/dental benefits, Res. 63, 3020
Dentist exemption from pediatric mandate, Res. 29, 5044
Impact, report to Board, 316
Alaska Dental Society
Financial help, Res. 53-2014, 334
Marketing support, Res. B-56-2014, 334
Membership outreach, Res. B-55-2014, 334
Sustainability strategies, 311
Alliance of the American Dental Association
Access to members only content on ADA.org, Res. 100, 2073
American Dental Association
Audit, auditors report, 302
Finances, auditors report, 302
Image, CC report, 20
American Dental Political Action Committee
Audited financial statements, Res. B-62-2014, 333
Board, nominations, Res. B-76-2014, 360
Report to House, 442, 528
Res. 100, mechanism developed to allow members of the AADA to access members’ areas of ADA.org, 2073; Board, 387; House, 447
American Student Dental Association
Consultant program, nominations, Res. B-69-2014, 356
Liaison report to Board, 319, 341, 429
President/Executive Director, appearance before Board, 361
Sponsorship funding, Res. B-87-2014, 353
Anesthesiology
CDEL report, 101
Annual Session, 154th, 2013
CAS report, 11
Annual Session, 155th, 2014
Continuing Education Program, 533
Local Arrangements Committee, appreciation from Board, 1000
Local Arrangements Committee, Directory, 540
Presidential/Give Kids A Smile Gala, 429
Annual Session, 156th, 2015
Chairpersons, Local Arrangements Committee, 2015, Res. B-41-2014, 337
Annual Session, 157th, 2016
Chair, Local Arrangements Committee, Res. B-40-2014, 337
Annual Sessions
Networking event, Res. B-19, 310
Archives
Request for materials, Res. B-114-2014, 382
Association of Dental Support Organizations
Report to Board, 342
Audit Committee
Duties, Res. B-89, 352, 374
Duties, Res. B-90, 352, 374
Duties, Res. B-91-2014, 351
Duties, Res. B-92-2014, 351
Duties, Res. B-93-2014, 351, 352
ADEX
Liaison report to Board, 319
Administrative Services, Division of Report to Board, 318, 428
Advertising
Internet, ethics/standards, Res. 65, 5107
Advocacy Communications
CC report, 23
Advocacy for Dental Education Funding
Policy rescission, Res. 57, 5061, 5099
Advocacy for Dental Education Infrastructure
Adopted, Res. 59, 5062, 5103
Advocacy for Graduate Student Loan Programs
Adopted, Res. 60, 5062, 5104
Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs
Adopted, Res. 61, 5063, 5106
Advocacy Strategy for Oral Health Education
Policy rescission, Res. 87, 5116, 5140
Advocate for Adequate Funding Under Medicaid Block Grants
Policy amendment, Res. 37, 5057, 5064
Advocating for ERISA Reform
Policy amendment, Res. 42, 5059, 5070
Affordable Care Act
CDT guidelines, medical/dental benefits, Res. 63, 3020
Dentist exemption from pediatric mandate, Res. 29, 5044
Impact, report to Board, 316
Alaska Dental Society
Financial help, Res. 53-2014, 334
Marketing support, Res. B-56-2014, 334
Membership outreach, Res. B-55-2014, 334
Sustainability strategies, 311
Alliance of the American Dental Association
Access to members only content on ADA.org, Res. 100, 2073
American Academy of Pediatrics
Joint copyright, Res. B-144-2014, 428
American Association of Hospital Dentists
CDA rules, Res. 1, 38, 4000
Board of Trustees

Action for Dental Health progress report, 315
ADA Business Enterprises, Inc., report, 318, 341, 385, 428
ADA/FDI Advisory Committee, report, 338
ADA Foundation, report, 318, 340, 428
ADA Institute for Diversity in Leadership, 1005
ADA Leadership Institute, report, 384
ADA Library and Archives Advisory Board, report, 315
ADA Members Disability Income Protection Insurance Plan, report, 316
ADEX, liaison report, 319
Agenda, March 16-17, 2014, approved, Res. B-2-2014, 308
Agenda, June 8-10, 2014, approved, Res. B-29-2014, 332
Agenda, September 18-20, 2014, approved, Res. B-95-2014, 374
Agenda, October 14, 2014, approved, Res. B-132-2014, 411
Agenda, December 8-9, 2014, approved, Res. B-155-2014, 420
American Student Dental Association, liaison report, 319, 341, 429
Appearance of Chair, ADA/FDI delegation, 430
Appearance of Chair and Vice Chair, New Dentist Committee, 430
Appearance of President/Executive Director, American Student Dental Association, 361
Appreciation to Council on ADA Sessions/2014 Committee on Local Arrangements, 1000
Appreciation to employees, 1002
Association of Dental Support Organization, report, 342
Attorney-Client Sessions, 321, 343, 368, 431
Audit Committee, report, 309, 332, 374, 421
Budget and Finance Committee, report, 309, 333, 353, 375, 421
Budget summary worksheet, 2015, 2000
Chair, voting privileges, Bylaws amendment, Res. 102, 5168
Chief Communications Officer, report, 315, 336, 354, 378, 424
Chief of Governance and Strategy Management, report, 359
Choosing Wisely Campaign, presentation, 362
Closed Sessions, 320, 343, 399, 431
Commission on Dental Accreditation, liaison report, 319, 341, 360, 385
Commission on Dental Accreditation, report, 343, 356, 380
Committee training, annual, Res. B-126-2014, 377
Compensation Committee, report, 311, 354, 376, 423
Compensation, Res. B-26-2014, 311
Consideration of 2015 budget, 342
Contingent fund status, 315, 337, 356, 382, 425
Council/Commission liaison assignments, 411
Council on Access, Prevention and Interprofessional Relations, report, 338
Council on ADA Sessions, report, 337
Council on Communications, report, 336, 355, 379
Council on Dental Benefit Programs, liaison report, 429
Council on Dental Benefit Programs, report, 340, 359
Council on Dental Education and Licensure, report, 355, 381, 425
Council on Dental Practice, liaison report, 429
Council on Dental Practice, report, 340, 358, 385
Council on Ethics, Bylaws and Judicial Affairs, report, 316, 339, 385, 426
Council on Members Insurance and Retirement Programs, report, 305, 316, 340, 383
Council on Membership, chair and vice chair, appearance, 320
Council on Membership, report, 317, 339, 385
Council on Scientific Affairs, report, 317, 340, 385, 428
Dental Content Committee, liaison report, 386
Dental Quality Alliance, liaison report, 319, 360, 386
Dental Quality Alliance, report, 429
Dental School Strategy, report, 361
Distinguished Service Award, 1001
Diversity and Inclusion Committee, report, 313, 335, 354, 422
Diversity and Inclusion Program, 430
Division of Administrative Services, report, 318, 428
Division of Business and Publishing, report, 379
Division of Communications and Marketing, report, 379
Division of Conferences and Continuing Education, report, 318, 379
Division of Education and Professional Affairs, report, 424
Division of Legal Affairs, report, 321, 344
Division of Member and Client Services, report, 384
Editor, JADA, presentation, 386
Election of Honorary Membership, 1001
Electronic Health Record Workgroup, report, 386
Electronic Health Records Workgroup, liaison report, 319
Evolving Role of Dentistry in Healthcare, discussion, 386
Executive Director, ADA Foundation, report, 355
Executive Director, report, 319, 341, 360, 428
FDI assignments, 412
Formation of Strategic Planning Committee, 308
Give Kids A Smile National Advisory Committee, report, 315
Governance Committee, report, 313, 354, 377, 422
Health Policy Institute, report, 339, 426
Health Policy Resources Center, report, 316
Impact of Affordable Care Act, report, 316
Information Technology Committee, report, 314, 336, 354, 378, 423
Institute of Medicine, Health Literacy Roundtable, report, 429
Interim Senior Vice President (Member and Client Services), report, 358
Joint Commission on National Dental Examinations, report, 337, 355, 380
Library and Archives Advisory Board, report, 354, 382
Managing Vice President (Corporate Relations), report, 355
Meeting, January 8, 2014, 305
Meeting, March 16-17, 2014, 307
Meeting, May 13, 2014, 330
Meeting, June 8-10, 2014, 331
Meeting, July 27-29, 2014, 350
Meeting, September 18-20, 2014, 373
Meeting, October 14, 2014, 411
Meeting, December 8-9, 2014, 419
Meetings, NDC representative invitation, Res. B-77, 357, 377
Minutes, March 16-17, 2013, approved, Res. B-4-2014, 308
Minutes, January 8, 2014, 305
Minutes, January 8, 2014, approved, Res. B-12-2014, 308
Minutes, March 16-17, 2014, 307
Minutes, March 16-17, 2014, approved, Res. B-34-2014, 332
Minutes, May 13, 2014, 330
Minutes, June 8-10, 2014, 331
Minutes, June 8-10, 2014, approved, Res. B-83-2014, 351
Minutes, July 27-29, 2014, 350
Minutes, September 18-20, 2014, 373
Minutes, September 18-20, 2014, approved, Res. B-159-2014, 420
Minutes, October 14, 2014, 411
Minutes, October 14, 2014, approved, Res. B-160-2014, 420
Minutes, October 29, 2014, approved, Res. B-143-2014, 420
Minutes, December 8-9, 2014, 419
National Advisory Committee on Health Literacy in Dentistry, report, 383
National Public Health Foundation, report, 342
New dentist appointment to ADA Councils/Commissions, 414
New Dentist Committee, chair, appearance, 320
New Dentist Committee, liaison report, 341, 429
Nominations to Councils/Commissions, 1002
Office of Student Affairs, report, 356
Pension Committee, report, 314, 354, 423
Power of 3 Data Management Process Improvement Project, 384
President-Elect, report, 319, 341, 360, 428
President, report, 318, 341, 360, 428
Presidential/Give Kids A Smile Gala, 429
Private health insurance exchange web portal endorsement, 305
Remembrance of Former Leaders, 1000
Report 1: Association Affairs and Resolutions, 1000
Report 3: Equality of Trustee Districts, 5046
Report 4: Strategic Planning Annual Report, 2038
Report 5: Compensation and Contract Relating to the Executive Director, 2043
Report 6: Information Technology Initiatives, Expenditures and Estimated Costs, and Anticipated Future Projects, 2045
Report 7: ADA Pension Plans, 2057
Report 8: Study of a Potential Approach to On-Going Royalty Revenue from the ADA Members Insurance Plans, 2064
Report 9: Annual Report of the New Dentist Committee, 6008
Report 10, Annual Report of the State Public Affairs Program Oversight Committee, 5179
Report 11: Annual Report on the Operating Results of the Current ADA Strategic Plan, 2066
Report 12: ADA Library and Archives Advisory Board Annual Report, 4070
Res. B-21, budget 2015, approved, 2036; Board, 363; House, 444, 528
Res. 22, dues, request, 2037; Board, 363; House, 528
Res. 30, Nominations to ADA Councils/Commissions, 1004, 1022 amended; Board, 367; House, 441
Res. 102, amendment of Bylaws, Chapter VII, Section 130(B), voting privilege of Board chair, 5168; Board, 397; substitution, 102RC; House, 515
Res. B-1-2014, endorse JLBG Health, American Health Insurance Exchange, 306
Res. B-2-2014, agenda, March 16-17, 2014, approved, 308
Res. B-3-2014, consent calendar, 308
Res. B-4-2014, minutes, December 16-17, 2013, approved, 308
Res. B-5, declared moot, 318
Res. B-6-2014, international business travel, 309
Res. B-7, confidential
Res. B-8-2014, Members First 2020, adopted, 308
Res. B-9-2014, Give Kids A Smile National Advisory Committee operating rules, 315
Res. B-10-2014, formation of Strategic Planning Committee, 308
Res. B-11, unassigned
Res. B-12-2014, minutes, January 8, 2014, approved, 308
Res. B-13-2014, Membership Plan for Growth, 316
Res. B-14-2014, extension of Ad Council Children’s Dental Oral Health campaign, 309, 333
Res. B-15-2014, Membership Campaign, top states, 317
Res. B-16-2014, Membership Campaign, nonmembers, 317
Res. B-17-2014, Membership Campaign, Colegio de Cirujanos Dentistas de Puerto Rico, 317
Res. B-18, confidential
Res. B-19, networking event at ADA Annual Session, 310
Res. B-20-2014, supplemental appropriations, DMTRM, 311
Res. B-21-2014, supplemental appropriations, DMTRM, 311
Res. B-22-2014, nominations, Council on Scientific Affairs, 318
Res. B-23, confidential
Res. B-24-2014, travel expense reimbursement policy, 314
Res. B-25-2014, embargoed, 311
Res. B-26-2014, Board compensation, 311
Res. B-27-2014, Executive Director goals/success measures, 311
Res. B-28-2014, Information Technology Committee charter, 314
Res. B-29-2014, agenda, June 8-10, 2014, approved, 332
Res. B-30-2014, consent calendar, 332
Res. B-31-2014, Distinguished Service Award nomination, 332
Res. B-32-2014, nomination, Council on Scientific Affairs, 341
Res. B-33-2014, outsourcing of JADA, 330
Res. B-34-2014, minutes, March 16-17, 2014, approved, 332
Res. B-35-2014, minutes, May 13, 2014, approved, 332
Res. B-36-2014, election, Honorary Membership, 341
Res. B-37-2014, repurposing of ADAF Relief Fund, 339
Res. B-38-2014, nomination CODA public member, 337
Res. B-39-2014, nomination, CAS chair, 337
Res. B-40-2014, nomination, chair, Local Arrangements Committee 2016, 337
Res. B-41-2014, nominations, chairpersons, Local Arrangements Committee, 2015, 337
Res. B-42-2014, reprint Ethical Moment articles, 339
Res. B-43-2014, candidate, FDI treasurer, 338
Res. B-44-2014, term life insurance, 340
Res. B-45-2014, JCNDE research/development activities, 337
Res. B-46-2014, increase in affiliate dues, 333
Res. B-47, confidential
Res. B-48-2014, ADA issues management plan, 336
Res. B-49-2014, financial statements filed, 333
Res. B-50-2014, social media protocol for ADA Officers/Trustees, 336, 355
Res. B-51-2014, repairs to Headquarters Building, 334
Res. B-52-2014, repairs to DC Headquarters Building, 334
Res. B-53-2014, financial help for Alaska Dental Society, 334
Res. B-54-2014, financial help for Alaska Dental Society, 334
Res. B-55-2014, membership outreach, Alaska Dental Society, 334
Res. B-56-2014, marketing support, Alaska Dental Society, 334
Res. B-57-2014, class, ADA Institute for Diversity in Leadership, 335
Res. B-58-2014, alternates, class, ADA Institute for Diversity in Leadership, 335
Res. B-59-2014, ADA Form 990 approved/ filed, 332
Res. B-60-2014, ADA Form 990-T approved/ filed, 332
Res. B-61-2014, audited 2013 consolidated financial statements, 333
Res. B-62-2014, audited financial statements of ADPAC, 333
Res. B-63-2014, expansion of Institute class size, 335
Res. B-64, unassigned
Res. B-65, unassigned
Res. B-66-2014, consultants, JCNDE, 355
Res. B-67-2014, consultants, CDEL, 355
Res. B-68-2014, MouthHealthy.org content licensing, 355
Res. B-69-2014, nominations, ASDA Consultant Program, 356
Res. B-70-2014, Federal Dental Service consultants for New Dentist Committee, 357
Res. B-71-2014, consultants, Council on Dental Benefit Programs, 359
Res. B-72-2014, consultants, Council on Dental Practice, 358
Res. B-74-2014, consent calendar, 351
Res. B-75-2014, humanitarian relief work, ADA Foundation, 359
Res. B-76-2014, nominations, ADPAC Board, 360
Res. B-77, invitation to NDC representative at Board meetings, 357, 377
Res. B-78, NDC ex officio members to Councils/Agencies, 357, 377
Res. B-79, NDC goals/success measures, 358, 377
Res. B-80-2014, sidewalk replacement, 353
Res. B-81-2014, royalties, separate reserve, guidelines, 362
Res. B-82-2014, financial statements filed, 353
Res. B-83-2014, minutes, June 8-10, 2014, approved, 351
Res. B-84-2014, supplemental appropriations, DIT and DFO, 353
Res. B-85-2014, supplemental appropriations, DIT and DBP, 353
Res. B-86-2014, Guidelines for Selecting an Executive Director, amendment, 354
Res. B-87-2014, sponsorships funding, 353
Res. B-88-2014, independent business advisor to Audit Committee, 352
Res. B-89, duties of Audit Committee, 352, 374
Res. B-90, duties of Audit Committee, 352, 374
Res. B-91-2014, duties of Audit Committee, 351
Res. B-92-2014, duties of Audit Committee, 351
Res. B-93-2014, duties of Audit Committee, 351
Res. B-94-2014, duties of Audit Committee, 352
Res. B-95-2014, agenda, September 18-20, 2014, approved, 374
Res. B-96-2014, consent calendar, 374
Res. B-98-2014, social media posting protocol for Spokespersons, 379
Res. B-99-2014, Spokespersons, approved, 378
Res. B-100-2014, ADA/ADSO joint statement on Principles of Ethics and Code of Professional Conduct, approved, 385
Res. B-101-2014, Life Insurance Plan, premium credit, 383
Res. B-102-2014, Disability Income Protection Insurance Plan, premium credit, 383
Res. B-103-2014, Office Overhead Expense Insurance Plan, premium credit, 383
Res. B-104-2014, MedCASH Insurance Plan, premium credit, 383
Res. B-105-2014, Life Insurance Plan, royalty distribution, 383
Res. B-107-2014, Office Overhead Expense Insurance Plan, royalty distribution, 383
Res. B-109a-2014, cap, research/ development funds, CODA, 380
Res. B-109b-2014, cap, research/ development funds, JCNEDE, 380
Res. B-110-2014, Future of Dentistry study, 381
Res. B-111-2014, appointment, Council chairs, 385
Res. B-113-2014, review of Affiliate Membership category, 382
Res. B-114-2014, request for materials for archives, 382
Res. B-115-2014, transmittal of annual report of Library and Archives Advisory Board, 382
Res. B-116-2014, accreditation standards for dental therapy education programs, 382
Res. B-117-2014, background, accreditation standards for dental therapy education programs, 382
Res. B-118-2014, Criteria and Guidelines for ADA Financial Assistance to State and Local Dental Societies, approved, 384
Res. B-119-2014, application form for emergency financial assistance to state and local dental societies, 384
Res. B-120-2014, amendment of Organization and Rules of the Board of Trustees, Contingent Fund, 384
Res. B-121-2014, dues stabilization, 375
Res. B-122-2014, royalty reserve, 376
Res. B-123-2014, travel by President and President-Elect Spouses, 377
Res. B-124-2014, terms of House members on Board committees, 377
Res. B-125-2014, charter, New Dentist Committee, 377
Res. B-126-2014, annual Board committee training, 377
Res. B-127-2014, Council subcommittees, 378
Res. B-128-2014, Employees Retirement Trust, 375
Res. B-129-2014, Employees Savings and Thrift Pension Plan, 375
Res. B-130-2014, Diversity and Inclusion Committee, composition and term, 376
Res. B-131-2014, joint ADA/CODA workgroup, appointment, 380
Res. B-132-2014, agenda, October 14, 2014, approved, 411
Res. B-133-2014, standing committee appointments, 414
Res. B-134-2014, new dentist appointments to Councils/ Commissions, 414
Res. B-136-2014, President Corporate Officer Agreement, 417
Res. B-137-2014, President-Elect Corporate Officer Agreement, 417
Res. B-138-2014, Reserves transferred to Dimensional Fund Advisors, 417
Res. B-139-2014, Reserves transferred to TCW MetWest Intermediate Fund, 417
Res. B-140-2014, consultants, Council on Scientific Affairs, 420
Res. B-141, Confidential
Res. B-142-2014, New Dentist Committee ex officio appointments, 420
Res. B-143-2014, minutes, October 29, 2014, approved, 420
Res. B-144-2014, joint copyright ADA and AAPD, 428
Res. B-145-2014, ADA Foundation to assume responsibility of Give Kids A Smile program, 428
Res. B-146-2014, Humanitarian Award Recipient, 425
Res. B-147-2014, Humanitarian Award, Monetary Award, 425
Res. B-148-2014, Humanitarian Award Committee composition, 425
Res. B-149-2014, financial statements filed, 422
Res. B-150-2014, Strategic Communications Plan, 424
Res. B-151-2014, Diversity and Inclusion Plan adopted, 427
Res. B-152, confidential
Res. B-153, confidential
Res. B-154-2014, spokesperson, 424
Res. B-155-2014, agenda, December 8-9, 2014, approved, 420
Res. B-156-2014, Future of Dentistry study, 424
Res. B-157-2014, supplemental appropriations, DEPA, 421
Res. B-158-2014, consent calendar, 420
Res. B-159-2014, minutes, September 18-20, 2014, approved, 420
Res. B-160-2014, minutes, October 14, 2014, approved, 420
Res. B-161-2014, Guidelines for Nominations to Councils, Commissions and the New Dentist Committee, 428
Res. B-162-2014, supplemental appropriations, DCM, 422
Res. B-163-2014, DC Headquarters repairs, 422
Res. B-164-2014, replacement of large cap manager, 421
Res. B-165-2014, Universal Assessment Criteria, 421
Res. B-166, confidential
Res. B-167-2014, Attributes/ Requirements for Office of Treasurer, 423
Res. B-168, unassigned
Res. B-169, unassigned
Res. B-170-2014, New Dentist Committee meetings, 429
Res. B-171-2014, Washington Headquarters location, 426
Res. B-172-2014, compensation of Executive Director, 423
Response to Resolution from House, 1006
Retiring Officers/Trustees, 1002
Senior Vice President (Business and Publishing), report, 427
Senior Vice President (Government and Public Affairs), report, 315, 336, 338, 363, 383, 424, 426
Standards Committee on Dental Informatics, liaison report, 319, 386
Standing committees, appointments, 413
Strategic Planning Committee, report, 424
Strategic Planning Steering Committee, report, 308
Student Debt Market, report, 431
Task Force on Dental Therapy Education Accreditation Standards, report, 382
Task Force on Emergency Assistance to States, report, 384
Vice President (Member and Client Services), report, 427
Voting duties of chair of Board, 360
Workgroup on ADA/CODA Relationship, report, 379

Brand Management
CC report, 23

Budget
2015, approved, Res. 21, 2036
Board report, 2000
Consideration by Board, 342
Summary, 2000

Budget and Finance Committee
Report to Board, 309, 333, 353, 375, 421

Business and Publishing, Division of
Report to Board, 379
Supplemental appropriations, Res. B-85-2014, 353

Bylaws
Review/rewrite, Res. 118, 445

Bylaws Amendments
Chapter I, Section 20(B), Res. 36, 6001
Chapter II, Section 30(E), Res. 107, 6017
Chapter V, Section 19(B), Res. 23, 5031, 5037
Chapter VI, Res. 106, 1035
Chapter VII, Section 10, Res. 23, 5031, 5037
Chapter VII, Section 10, Res. 106, 1035
Chapter VII, Section 90(D), Res. 112, 2074
Chapter VII, Section 130, Res. 106, 1035
Chapter VII, Section 130(B), Res. 102, 5168
Chapter VII, Section 140, Res. 23, 5031, 5037
Chapter VIII, Section 10, Res. 106, 1035
Chapter VIII, Section 30, Res. 106, 1035
Chapter VIII, Section 50, Res. 106, 1035
Chapter VIII, Section 60, Res. 106, 1035
Chapter VIII, Section 80, Res. 106, 1035
Chapter VIII, Section 90, Res. 23, 5031, 5037
Chapter VIII, Section 90, Res. 106, 1035
Chapter X, Section 20(A), Res. 23, 5031, 5037
Chapter X, Section 120(E), Res. 7, 107, 4023
Chapter X, Section 120(F), Res. 14, 132, 3004
Chapter X, Section 120(H), Res. 18, 181, 5028
Chapter XII, Res. 17, 150, 5005
Chapter XII, Res. 25, 5034, 5041
Chapter XII, Res. 26, 5035, 5042
Chapter XV, Res. 6, 103, 4012
Chapter XV, Section 20(C), Res. 6, 103, 4012
Chapter XV, Section 40(D), Res. 6, 103, 4012
Chapter XV, Section 50(A), Res. 6, 103, 4012
Chapter XV, Section 120, Res. 3, 42, 4010
Chapter XV, Section 130(A), Res. 2, 41, 4008
Chapter XV, Section 130(C), Res. 6, 103, 4012
Chapter XVII, Section 10(D), Res. 112, 2074
Chapter XXII, Section 10, Res. 108, 5190
Requirement for Bylaws changes, Res. 108, 5190

Chapter VIII, Section 90, Res. 106, 1035

Chapter X, Section 20(A), Res. 23, 5031, 5037
Chapter X, Section 120(E), Res. 7, 107, 4023
Chapter X, Section 120(F), Res. 14, 132, 3004
Chapter X, Section 120(H), Res. 18, 181, 5028
Chapter XII, Res. 17, 150, 5005
Chapter XII, Res. 25, 5034, 5041
Chapter XII, Res. 26, 5035, 5042
Chapter XV, Res. 6, 103, 4012
Chapter XV, Section 20(C), Res. 6, 103, 4012
Chapter XV, Section 40(D), Res. 6, 103, 4012
Chapter XV, Section 50(A), Res. 6, 103, 4012
Chapter XV, Section 120, Res. 3, 42, 4010
Chapter XV, Section 130(A), Res. 2, 41, 4008
Chapter XV, Section 130(C), Res. 6, 103, 4012
Chapter XVII, Section 10(D), Res. 112, 2074
Chapter XXII, Section 10, Res. 108, 5190
Requirement for Bylaws changes, Res. 108, 5190

Child Identification Programs
Adopted, Res. 86, 5115, 5138

Children
Caries, prevention/control, Res. 90, 5117, 5147
Identification programs, Res. 86, 5115, 5138
Oral health programs, Res. 82, 5114, 5131
Treatment, non-dental providers, Res. 78, 5113, 5127

Children’s Oral Health
Public service campaign, CC report, 24

Choosing Wisely Campaign
Presentation to Board, 362

Clarification of Support for Federal Legislation to Facilitate Formation of Association of Health Plans
Policy rescission, Res. 43, 5060, 5071

Closed Panel Dental Benefit Plans
Amended, Res. 4, 83, 3000

Code on Dental Procedures and Nomenclature
150th anniversary, CEBJA report, 145
CDBP report, 80

Commercial Sector
CDBP report, 82

Commissions
Directory, 539
Liaison assignments, 411
New dentist appointments, Res. B-134-2014, 414
Nominations, Board Report, 1002
Nominations, guidelines approved, Res. B-161-2014, 428
Nominations, Res. 30, 1004, 1022
Amended
Nominations schedule, 1027
Retiring members, Board report, 1004

Communications and Marketing, Division of
Report to Board, 379
Supplemental appropriations, Res. B-162-2014, 422

Communications, Council on
Advocacy communications, 23
Brand management, 23
Children’s oral health, public service campaign, 24
Consumer outreach, 26
Diabetes and oral health, 26
Emerging issues/trends, 27
Give Kids A Smile, 27
Media relations activities, 26
Membership nominations, Board report, 1003
MouthHealthy.org, 24
Purpose, 20
Report to Board, 336, 355, 379
Reputation management, 23
Self-assessment, 27
Social/digital media, 22
Strategic plan of ADA, 20
Supplemental Report 1: Action for Dental Health Progress Report, 5172

Community-Based Topical Fluoride Programs
Adopted, Res. 88, 5116, 5143

Compensation Committee
Report to Board, 311, 354, 376, 423

Conferences and Continuing Education, Division of
Report to Board, 318, 379

Constituent Societies
Reprint Ethical Moment articles, Res. B-42-2014, 339

Constitution
Review/rewrite, Res. 118, 445

Constitution Amendment
Article V, Res. 116, 1035

Consumer Outreach
CC report, 26

Contingent Fund
Rules, amendment, Res. B-120-2014, 384
Status report to Board, 315, 337, 356, 382, 425

Continuing Education, Interagency Committee
CDEL report, 103

Continuing Education Provider Recognition, Commission for
Establishment, Bylaws amendment, Res. 6, 103, 4012
Rules, Res. 6, 103, 4012

Continuing Education Recognition Program
CDEL report, 101

Councils
Chairs, appointment, Res. B-111-2014, 385
Directory, 536
Liaison assignments, 411
New dentist appointments, Res. B-134-2014, 414
New Dentist ex officio appointment, Res. B-142-2014, 420
Nominations, Board Report, 1002
Nominations, guidelines approved, Res. B-161-2014, 428
Nominations, Res. 30, 1004, 1022

Credentials
Licensure, CDEL report, 99
CREDENTIALS, RULES AND ORDER, STANDING COMMITTEE ON (HOUSE)
Access to floor of House, 1029
Adoption of agenda, 1024
Attorney-Client session, 1030
Closed sessions, 1029
Dedicated pro/con microphones, 1028
Distribution of Materials in House, 1030
Election procedures, 1027
Hearing of Reference Committees, 1025
House of Delegates Information/Resource Office, 1030
Installation of new Officers/Trustees, 1027
Introduction of new business, 1027
Manual of the House of Delegates, 1030
Medial representatives at meetings of House, 1030
Minutes of the 2013 Session of House, 1024
Nominations of Officers, 1026
Nominations of Trustees, 1026
Nominations to Councils/Commissions, 1027
Order of agenda items, 1024
Recognition of those waiting to speak, 1028
Referrals of reports/resolutions, 1024
Report, 1024
Report to House, 439, 443, 467, 527
Reports of Reference Committees, 1026
Res. 31, minutes, House, 2013, approved, 1024, 1032; House, 440
Res. 32, agenda, House, 2014, adopted; Speaker authorized to alter, 1024, 1033; House, 440
Res. 33, referrals, approved, 1025, 1034; House, 441
Resolution numbering system, 1028
Secretaries/Executive Directors of Constituent Societies, 1029
Substitution of Alternate Delegates for Delegates, 1029
Voting procedures in the House, 1027

Criteria and Guidelines for ADA Financial Assistance to State and Local Dental Societies
Application form, Res. B-119-2014, 384
Approved, Res. B-118-2014, 384

Criteria for Approval of a Certification Board for Dental Laboratory Technicians
Amended, Res. 12, 111, 4030

Criteria for Recognition of a Certification Board for Dental Assistants
Amended, Res. 11, 109, 4027

Current Dental Terminology
Guidelines, Affordable Care Act, 3020

Deaths
Former ADA Officials, Board report, 1000

Deduction of Student Loan Interest Policy rescission, Res. 51, 5061, 5087

Delegates
Substitution of alternate delegates, 1029

Dental Accreditation, Commission on
Accreditation actions, summary, 34
Accreditation fees, 38
Accreditation standards, revisions, adopted, 35
Dental therapy accreditation standards, 35
Duties, Bylaws amendment, Res. 2, 41, 4008
Emerging issues/trends, 40
Joint Advisory Committee on International Accreditation, 39
Liaison report to Board, 319, 341, 360, 385
Membership nominations, Board report, 1003
Mission, 33
Power to adopt rules, Bylaws amendment, Res. 3, 42, 4010
Proposal revised standards, 35
Public member, nomination, Res. B-38-2014, 337
Quality assurance/strategic planning, 37
Report to Board, 343, 356, 380
Res. 1, Rules of the Commission on Dental Accreditation, revised,
Dental Care

Medically necessary, amended, Res. 5, 85, 3002

Dental Content Committee

Liaison report to Board, 386

Dental Education and Licensure, Council on

ADA CE online, 103

ADA Continuing Education Recognition Program, 101

Anesthesiology, 101

Career recruitment, resources and related activities, 98

Clinical licensing examinations, 98

Consultants, Res. B-67-2014, 355

Continuing education matters, 103

Dental Admission Test Program, 104

Dental education/accreditation, 97

Dental specialties, 100

Duties, Bylaws amendment, Res. 7, 107, 4023

Emerging issues/trends, 97

Golden Apple Award, 98

Interagency Committee on Continuing Education, 103

Joint Commission on National Dental Examinations, 99

Licensure, 98

Licensure by credentials, 99

Membership nominations, Board report, 1003

Purpose, 96

Recognition of interest areas in general dentistry, 101

Report to Board, 355, 381, 425

Res. 6, Amendment of Bylaws, Various Sections, Establish Commission for Continuing Education Provider Recognition, 103, 4012; substitution, Res. 6B, 365, 485, 4012; House, 465

Res. 7, Amendment of Bylaws, Chapter X, Section 120(E), Duties of CDEL, 107, 4023; Board, 365, 4023; House, 459

Res. 8, Development of Alternative Pathways for Dental Hygiene Training, amended, 109, 4024; Board, 365, 4024; House, 459

Res. 9, Recognition of Certification Board for Dental Assistants, amended, 109, 4025; Board, 365, 4025; House, 460

Res. 10, National Board for Certification of Dental Laboratory Technicians’ Continued Recognition, amended, 109, 4026; Board, 365, 4026; House, 460

Res. 11, Criteria for Recognition of a Certification Board for Dental Assistants, amended, 109, 4027; Board, 365, 4029; House, 460

Res. 12, Criteria for Approval of a Certification Board for Dental Laboratory Technicians, amended, 111, 4030; Board, 365, 4031; House, 462

Res. 13, Titles and Descriptions of Dental Hygiene Continuing Education Courses, amended, 463, 4032; Board, 365, substitution, Res. 111, 457

Res. 35, Study, Current Dental Education Models, 4059; substitution, Res. 35B, 389, 4060; House, 463

Response to House resolutions, 104

Self-assessment, 107

Specialty certifying boards, 100

State licensure legislation, 99

Strategic plan of ADA, 99

Supplemental Report 1: A Comprehensive Study of the Current Dental Education Models, 4053

Dental Health

Action, CC report, 5172

Dental Home

Definition, Res. 80, 5114, 5129

Dental Hygienists

NBDHE, statistics, JCNDE report, 217

Training, alternative pathways, Res. 8, 109, 4024

Dental Informatics

Standards, CDP report, 129

Dental Materials

Sale, rules/regulations, enforcement, Res. 66, 5108

Dental Practice, Council on

Chapter X, Section 120(F), Res. 14, 3004

Consultants, Res. B-72-2014, 358

Dental group practice, trends, 129

Dental Informatics, 129

Duties, Bylaws amendment, Res. 14, 132, 3004

Emerging issues/trends, 129

Liaison report to Board, 429

Membership nominations, Board report, 1003

Purpose, 127

Report to Board, 340, 358, 385

Res. 14, Amendment of Bylaws, Chapter X, Section 120(F), Duties of CDP, 132, 3004; Board, 364, 3005; House, 452
Development of Dental Health
Education
Adopted, Res. 84, 5115, 5134

Diabetes
Oral health, CC report, 26

Digital Media
CC report, 22

Dimension Fund Advisors
Reserves, Res. B-138-2014, 417

Directory
536

Disabilities, Intellectual
Underserved, Res. 96, 5157, 5163

Discipline
Procedures, Bylaws amendment, Res. 17, 150, 5005

Discount Plans
Policy development, Res. 99, 3022

Distinguished Service Award
Election, Board report, 1001
Nomination, Res. B-31-2014, 332

Diversity and Inclusion Committee
Composition and term, Res. B-130-2014, 376
Report to Board, 313, 335, 354, 422

Diversity and Inclusion Plan
Adopted, Res. B-151-2014, 427

Diversity in Leadership, Institute
for see Institute for Diversity in Leadership

Alternates, class, Res. B-58-2014, 335
Class, Res. B-57-2014, 335
Expansion of class size, Res. B-63-2014, 335

Dues
Request, Res. 22, 2037
Society, collection, Bylaws amendment, Res. 107, 6017
Stabilization, Res. B-121-2014, 375

Early Detection and Prevention of Oral Cancer
Adopted, Res. 85, 5115, 5136

Education and Professional Affairs, Division
Report to Board, 424
Supplemental appropriations, Res. B-157-2014, 421

Education, Dental
CDEL report, 97
Current models, study, Res. 35, 4059
Funding, Res. 57, 5061, 5099
Infrastructure, advocacy, Res. 59, 5062, 5103
State funding, Res. 58, 5061, 5101

Education, Dental, Continuing
CDEL report, 103

Courses, titles/descriptions, Res. 111, 4078
Federal funding, Res. 56, 5061, 5097
Titles, descriptions, amended, Res. 13, 113, 4032

Education, Dental, Postgraduate
Support, Res. 55, 5061, 5095

Education for Dental Professionals in Recognizing and Reporting Abuse
Adopted, Res. 89, 5116, 5145

Election Commission
Composition, Res. 24, 5033, 5040

Elections
Procedures, 1027

Electronic Health Records Work Group
Liaison report to Board, 319
Report to Board, 386

Employee Retirement Income Security Act
Reform, Res. 42, 5059, 5070

Employees
Appreciation from Board, Board report, 1002
Pension plans, Board report, 2057
Retirement Trust, Res. B-128-2014, 375
Savings and Thrift Pension Plan, Res. B-129-2014, 375

Ethics, Bylaws and Judicial Affairs, Council on
ADA Code 150th anniversary, 145
Composition of the Election Commission, 5033
Emerging issues/trends, 145
Ethics of one-day charitable events, 145
Large group practice, 145
Membership nominations, Board report, 1003
Purpose, 143
Report to Board, 316, 339, 385, 426
Res. 15, Guidelines Governing the Conduct of Campaigns for All ADA Offices, 146, 5000; Board, 366, 5002; House, 478
Res. 16, The Dentist’s Pledge, amended, 148, 5003; Board, 366, 5004; House, 479
Res. 17, Amendment of Bylaws, Chapters XII and XIII, Disciplinary Actions, Procedures, 480, 5005; Board, 366, 5024; House, 480
Res. 23, Amendment of Bylaws, Various Sections, Eliminating Ex Officio, 5031, 5037; Board, 366, 5039; referred, 518
Res. 24, Composition of the Election Commission, 5033, 5040; Board, 366, 5040; House, 498
Res. 25, Amendment of Bylaws, various sections, non-disciplinary action, 5034, 5041; Board, 366, 5041; referred, 509
Res. 26, Amendment of Bylaws, various sections, non-disciplinary action, 5035, 5042; Board, 366, 5042; referred, 510
Res. 27, Amendment of Guidelines Governing the Conduct of Campaigns for All ADA Offices, 5036, 5043; Board, 366, 5043; House, 499
Self-assessment, 146
Strategic plan of ADA, 143
Supplemental Report 1: Recent Council Activities, 5030
Evidence-Based Dentistry
Activities, CSA report, 285
CSA report, 283
Evolving Role of Dentistry in Healthcare
Board discussion, 386
Ex Officio
Elimination from Bylaws, amendment, Res. 23, 5031, 5037
Executive Director
Compensation/contract, Board report, 2043
Compensation, Res. B-172-2014, 423
Evaluation, Res. B-25-2014, text embargoed, 311
Goals/success measures, Res. B-27-2014, 311
Guidelines for Selecting, amendment, Res. B-86-2014, 354
Report to Board, 319, 341, 360, 428
Report to House, 443
Federal Assistance for Dental Students
Policy rescission, Res. 53, 5061, 5091
Federal Dental Service
Consultants for New Dentist Committee, Res. B-70-2014, 357
Federal Educational Loans
Policy rescission, Res. 52, 5061, 5089
Federal Loans
Educational, Res. 52, 5061, 5089
Federal Lobbying Efforts That Support Dental Education
Policy rescission, Res. 54, 5061, 5093
Federal Tax Credit/Voucher for Medicaid Dentist Providers
Policy amendment, Res. 39, 5058, 5066
Federation Dentaire Internationale
ADA Advisory Committee, report to Board, 338
Assignments, 412
Chair, ADA delegation, appearance before Board, 430
Treasurer, candidate, Res. B-43-2014, 338
Finance and Operations, Division of Supplemental appropriations, Res. B-84-2014, 353
Finances
Audited consolidated statements, Res. B-61-2014, 333
Independent Auditors' Report, 302
Statements filed, Res. B-49-2014, 333
Statements filed, Res. B-82-2014, 353
Statements filed, Res. B-149-2014, 422
Fluoridation
CAPIR report, 3
Social media campaign, Res. 101, 5166
Fluoride, Topical
Community-based programs, Res. 88, 5116, 5143
Future of Dentistry
Study, Res. B-110-2014, 381
Study, Res. B-156-2014, 424
Geriatric Dentistry
CAPIR report, 5
Give Kids A Smile
Under ADA Foundation, Res. B-145-2014, 428
ADAFA report, 295
CC report, 27
National Advisory Committee, operating rules, Res. B-9-2014, 315
National Advisory Committee, report to Board, 315
Golden Apple Awards
CDEL report, 98
Governance Committee
Report to Board, 313, 354, 377, 422
Government Affairs, Council on Duties, Bylaws amendment, Res. 18, 181, 5028
Emerging issues/trends, 177
Federal activity, 176
Membership nominations, Board report, 1003
Purpose, 176
Res. 18, Amendment of Bylaws, Chapter X, Section 120(H), Duties of CGA, 181, 5028; Board, 366, 5029; House, 497
Res. 37, Advocate for Adequate Funding Under Medicaid Block Grants, amended, 5057, 5064; Board, 391, 5064; House, 499
Res. 38, Medicaid and Indigent Care Funding, amended, 5058, 5065; Board, 391, 5065; House, 499
Res. 39, Federal Tax Credit/Voucher for Medicaid Dentist Providers, amended, 5058, 5066; Board, 392, 5066; House, 499
Res. 40, Support of Current Medicaid Law and Regulations Regarding Dental Services, amended, 5058, 5067; Board, 392, 5067; House, 500
Res. 41, Maldistribution of the Dental Workforce, amended, 5059, 5068; Board, 392, 5068; House, 500
Res. 42, Advocating for ERISA Reform, amended, 5059, 5070; Board, 392, 5070, House, 500
Res. 43, Clarification of Support for Federal Legislation to Facilitate Formation of Association Health Plans, rescinded, 5060, 5071; Board, 392, 5071; House, 511
Res. 44, Medicaid Co-Payment, rescinded, 5060, 5073; Board, 392, 5073; House, 501
Res. 45, Dentists Right to Opt Out of the Medicare Program, rescinded, 5060, 5075; Board, 392, 5075; House, 501
Res. 46, Guaranteed Dental Care for Medicaid Participants Under Health System Reform, rescinded, 5060, 5077; Board, 392, 5077; House, 501
Res. 47, Improvements in Medicaid Program, rescinded, 5060, 5079; Board, 392, 5079; House, 501
Res. 48, Medicaid Block Grants, rescinded, 5060, 5081; Board, 392, 5081; House, 501
Res. 49, Safeguards for Medicare’s Health Maintenance Organizations, rescinded, 5061,
Supplemental Report 1: Recent Council Activities, 5054

**Group Practice, Dental**
- Business model, CM report, 200
- Large, CEBJA report, 145

**Guaranteed Dental Care for Medicaid Participants Under Health System Reform**
- Policy rescission, Res. 46, 5060, 5077

**Guidelines for Hospital Dental Services**
- Policy rescission, Res. 83, 5115, 5132

**Guidelines for Nominations to Councils, Commissions and the New Dentist Committee**
- Approved, Res. B-161-2014, 428

**Guidelines Governing the Conduct of Campaigns for All ADA Offices**
- Amended, Res. 15, 146, 5000 Amendment, Res. 27, 5036, 5043

**Headquarters Building**
- Repairs, Res. B-51-2014, 334
- Sidewalk replacement, Res. B-80-2014, 353

**Health Centers**
- Dentists, assistance, Res. 91, 5154, 5158
- Dentists, relationship, Res. 93, 5154, 5160
- Dentists, sharing experience with Directors, Res. 92, 5154, 5159

**Health Education, Dental**
- Development, Res. 84, 5115, 5134

**Health Planning Guidelines**
- Policy amendment, Res. 71, 5111, 5120

**Health Plans**
- Association, support, Res. 43, 5060, 5071

**Health Policy Institute**
- Report to Board, 339, 426

**Health Policy Resources Center**
- Report to Board, 316

**Historical Record, 547**

**Horowitz, Alice**
- Honorary Membership election, 1001

**Hospital Privileges for Dentists**
- Adopted, Res. 83, 5115, 5132

**House of Delegates**
- Access to floor, 1029
- Agenda, 2014, adopted, Res. 32, 1024, 1033

**American Dental Political Action Committee, report, 442, 528**

**Attendance Record, 551**

**Attorney-client sessions, 1030**

**Closed sessions, 1029**

**Committee on Local Arrangements, chair, introduction, 439**

**Distinguished Service Award, presentation, 441**

**Distribution of materials, 1030**

**Election procedures, 1027**

**Ethics statement, 439**

**Executive Director, report, 443**

**Honorary memberships, presentation, 443**

**Installation of Officers/Trustees, 527**

**Manual, 1030**

**Media representatives, 1030**

**Meeting, October 10-14, 2014, 439**

**Members, terms on Board committees, Res. B-124-2014, 377**

**Microphones, dedicated pro/con, 1028**

**Minutes, 2013, approved, Res. 31, 1024, 1032**

**Minutes, October 10-14, 2014, 439**

**Nominations of Officers/Trustees, 442**

**President, report, 441**

**Reference Committee on Budget, Business and Administrative Matters, report, 444, 446**

**Reference Committee on Dental Benefits, Practice and Related Matters, 448**

**Reference Committee on Dental Education, Science and Related Matters, report, 456**

**Reference Committee on Legislative, Health, Governance and Related Matters, report, 444, 467**

**Reference Committee on Membership and Related Matters, report, 520**

**Report of President, 6018**

**Secretaries/Executive Directors, access, 1029**

**Speakers, recognition, 1028**

**Standing Committee on Credentials, Rules and Order, report, 439, 443, 467, 527**

**Treasurer, report, 443**

**Voting procedures, 1027**

**Humanitarian Award**
- Committee composition, Res. B-148-2014, 425
Monetary Award, Res. B-147-2014, 425
Recipient, Res. B-146-2014, 425

Improvements in Medicaid Program
Policy rescission, Res. 47, 5060, 5079

Inclusion of Basic Oral Health Education in Nondental Health Care Training Programs
Policy amendment, Res. 73, 5111, 5122

Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs
Policy rescission, Res. 56, 5061, 5097

Increased Support for Postgraduate Training Programs
Policy rescission, Res. 55, 5061, 5095

Indigent Funding, Res. 38, 5058, 5065

Individual Retirement Account CMIRP report, 190

Infants Treatment, non-dental providers, Res. 78, 5113, 5127

Information Technology Board report, 2045


Information Technology, Division of Supplemental appropriations, Res. B-84-2014, 353 Supplemental appropriations, Res. B-85-2014, 353

Institute for Diversity in Leadership Board report, 1005

Institute of Medicine Health Literacy Roundtable, report to Board, 429

Insurance Group programs, CMIRP report, 189 Plans, royalties, separate reserve, guidelines, Res. B-81-2014, 362 Royalty revenue, Board report, 2064

Insurance, Dental Audits, resources, Res. 105, 5170


Insurance, Members Disability Income Protection Plan Report to Board, 316


Insurance, Term Life Approval, Res. B-44-2014, 340

International Accreditation, Joint Advisory Committee on CDA report, 39

Internet Advertising ethics/standards, Res. 65, 5107

Interprofessional Relations CAPIR report, 6


Journal of the American Dental Association Editor, presentation to Board, 386 Outsourcing, Res. B-33-2014, 330 Publication criteria, Bylaws amendment, Res. 112, 2074

Laboratory Technicians Certification, recognition criteria, Res. 12, 111, 4030 Certifying board, Res. 10, 109, 4026

Large Cap Manager Replacement, Res. B-164-2014, 421

Legal Affairs, Division of Report to Board, 321, 344

Legislation, Federal CDA report, 176

Legislation, State Advocacy issues, communication, Res. 98, 5164 CGA report, 177

Licensure, CDEL report, 99

Library Board report, 4070

Library and Archives Advisory Board Annual report, transmittal to House, Res. B-115-2014, 382 Report to Board, 315, 354, 382


Maldistribution of the Dental Workforce Policy amendment, Res. 41, 5059, 5068

Managing Vice President (Corporate Relations) Report to Board, 355

Manual of the House of Delegates Distribution, 1030

Manufacturers Sponsorships, Res. 70, 5110, 5119

Manufacturers Sponsorship of Dental Programs and Promotional Activities Policy amendment, Res. 70, 5110, 5119

Mass Media Representatives at House meetings, 1030

Media Relations CC report, 26

Medicaid Block Grants Policy rescission, Res. 48, 5060, 5081
Medicaid Co-Payment
Policy rescission, Res. 44, 5060, 5073

Medical Screening
Chairside, Res. 28, 3006

Medically Necessary Care
Amended, Res. 5, 85, 3002

Medicare
HMOs, safeguards, Res. 49, 5061, 5083
Opt-out, Res. 45, 5060, 5075

Member and Client Services, Division of
Report to Board, 384

Members First 2020
Adopted, Res. B-8-2014, 308

Members Insurance and Retirement Programs, Council on
Emerging issues/trends, 191
Group insurance programs, 189
Individual retirement accounts, 190
Membership nominations, Board report, 1003
Purpose, 188
Report to Board, 305, 316, 340, 383
Self-assessment, 192
Trends, 197

Membership
Conversion rate, CM report, 200
Dental school strategy, CM report, 199
Growth plan, 311
Growth plans, CM report, 198
Power of Three, CM report, 198
Trends, CM report, 197

Membership, Affiliate
Dues increase, Res. B-46-2014, 333
Review, Res. B-113-2014, 382

Membership Campaign
Colegio de Cirujanos Dentistas de Puerto Rico, Res. B-17-2014, 317
Nonmembers, Res. B-16-2014, 317
Top states, Res. B-15-2014, 317

Membership, Council on
Chair and vice chair, appearance before Board, 320
Conversion rate, 200
Dental school strategy, 199
Emerging issues/trends, 200
Group practice business model, 200
Growth plan, 198
Membership nominations, Board report, 1003
Membership trends, 197
Power of Three, 198
Purpose, 196
Report to Board, 317, 339, 385

Res. 19, Tripartite Membership Application Procedures, amended, 202, 6000; Board, 367, 6000; House, 524
Response to House resolutions, 201
Self-assessment, 201
Strategic plan of ADA, 196

Membership, Honorary
Election, Board report, 1001
Election, Res. B-36-2014, 341

Membership, Life
Active, dues, exemption, Bylaws amendment, Res. 36, 6001

Membership Plan for Growth
Approved, Res. B-13-2014, 316

Membership, Tripartite
Application procedures, Res. 19, 202, 6000

Membership, Tripartite Relations and Marketing, Division of
Supplemental appropriations, Res. B-20, 2014, 311
Supplemental appropriations, Res. B-21-2014, 311

Millennials
Board discussion, 361

Misch, Carl E.
Distinguished Service Award, 1001

Monteiro da Silva, Orlando
Honorary Membership election, 1001

Mousel, Barbara (Delegate)
Res. 104, Continuation of Stand Alone Annual New Dentist Conference as Visible Member Benefit for New Dentist ADA Members, 6005; substitution, Res. 104B, 398, 6007; substitution, Res. 104RC, 522; House, 522

MouthHealthy.org
CC report, 24
Content licensing, Res. B-68-2014, 355

National Advisory Committee on Health Literacy in Dentistry
Report to Board, 383

National Board Dental Examinations
Statistics, JCNDE report, 215

National Board Dental Hygiene Examination
Statistics, JCNDE report, 217

National Board for Certification of Dental Laboratory Technicians' Continued Recognition
Amended, Res. 10, 109, 4026

National Dental Examinations, Joint Commission on
Consultants, Res. B-66-2014, 355
Emerging issues/trends, 214
Membership nominations, Board report, 1003
Purpose, 211
Report to Board, 337, 355, 380
Res. 20, Standing Rules of the Joint Commission on National Dental Examinations, revised, 213, 4035; Board, 366, 4035; House, 463
Research/development activities, Res. B-45-2014, 337
Research/development funds cap, Res. B-109a-2014, 380
Response to House resolutions, 218
Self-assessment, 218
Standing rules, revised, Res. 20, 213, 4035
Strategic plan of ADA, 211
Trends in number of examination candidates/pass rates, 214

National Public Health Foundation
Report to Board, 342

New Business
Introduction, 1027

New Dentist
Annual conference, Res. 104, 6005
Conference alternatives, Res. 109, 6025

New Dentist Committee
Annual report, Board report, 6008
Chair and Vice Chair appearance before Board, 430
Chair, appearance before Board, 320
Charter, Res. B-125-2014, 377
Ex officio members assigned to Councils/Agencies, Res. B-78, 357, 377
Federal Dental Service consultants, Res. B-70-2014, 357
Goals/success measures, Res. B-79, 358, 377
Liaison report to Board, 341, 429
Meeting, Res. B-170-2014, 429
Membership nominations, Board report, 1003
Nominations, guidelines approved, Res. B-161-2014, 428
Representative invitation to Board meetings, Res. B-77, 357, 377
Sponsorship funding, Res. B-87-2014, 353

Non-Dental Providers
Services, Res. 79, 5114, 5128
Non-Dental Providers Completing Educational Programs on Oral Health
Policy amendment, Res. 79, 5114, 5128

Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children
Policy amendment, Res. 78, 5113, 5127

Non-Disciplinary Action
Bylaws amendment, Res. 25, 5034, 5041
Bylaws amendment, Res. 26, 5035, 5042

Officers
Campaigns, guidelines, Res. 15, 146, 5000
Directory, 536
Nominations, 442
Nominations schedule, 1026
Retirement, Board report, 1002
Social media protocol, Res. B-50-2014, 336, 355

Officials
Campaigns, guidelines, Res. 27, 5036, 5043
Former, deaths, Board report, 1000

Operative Dentistry
Recognition of interest area, CDEL report, 101

Oral Cancer
Detection/prevention, Res. 85, 5115, 5136

Oral Health
Definition, Res. 97, 4069
Diabetes, CC report, 26
Education in schools, Res. 87, 5116, 5140
Education, Res. 73, 5111, 5122
Information resources, trusted, CSA report, 284
Pre-medical/surgical procedures, Res. 69, 4066
Women, education, Res. 74, 5112, 5123

Oral Health Education in Schools
Adopted, Res. 87, 5116, 5140

Oral Piercings
Dangers, education, Res. 67, 4062

Organization and Rules of the Board of Trustees
Contingent Fund, amendment, Res. B-120-2014, 384

Patient Safety
Policy amendment, Res. 75, 5112, 5124

Patients
Safety, Res. 75, 5112, 5124

Payment of Medicaid Benefits to Dental Schools
Policy rescission, Res. 50, 5061, 5085

Pension Committee
Report to Board, 314, 354, 423

Petersen, Poul Erik
Honorary Membership election, 1001

Power of 3
Data Management Process Improvement Project, 384
Data Management Process Improvement Project, Res. B-112-2014, 375

Practice Management, Dental
Guidelines, CDP report, 3010
Guidelines development, Res. 62, 3013

Premedication
Prosthesis, Res. 68, 4064

President
Corporate Officer Agreement, Res. B-136-2014, 417
Report to Board, 318, 341, 360, 428
Report to House, 441, 6018
Spouse, travel, Res. B-123-2014, 377
Voting duties on Board, 360

President-Elect
Corporate Officer Agreement, Res. B-137-2014, 417
Report to Board, 319, 341, 360, 428
Spouse, travel, Res. B-123-2014, 377

Prevention and Control of Early Childhood Caries
Adopted, Res. 90, 5117, 5147

Prevention and Early Oral Cancer Detection
Policy rescission, Res. 85, 5115, 5136

Preventive Health
CAPIR report, 2

Primary Dental Care
Definition, Res. 81, 5114, 5130
Policy amendment, Res. 81, 5114, 5130

Principles for Developing Children’s Oral Health Programs
Policy amendment, Res. 82, 5114, 5131

Principles of Ethics and Code of Professional Conduct
ADA/ADSO joint statement, approved, Res. B-100-2014, 385

Professional Product Review
CSA report, 287

Promotion of Continuing Dental Education
Policy rescission, Res. 84, 5115, 5134

Prosthesis
Premedication, Res. 68, 4064

Public Affairs
State, oversight committee, Board report, 5179

Recognition of Certification Board for Dental Assistants
Amended, Res. 9, 109, 4025

Reference Committee on Budget, Business and Administrative Matters
Report to House, 444, 446
Res. 113, consent calendar, 446; House, 446

Reference Committee on Dental Benefits, Practice and Related Matters
Report to House, 448
Res. 114, consent calendar, 448; House, 448

Reference Committee on Dental Education, Science and Related Matters
Report to House, 456
Res. 115, consent calendar, 456; House, 456

Reference Committee on Legislative, Health, Governance and Related Matters
Report to House, 444, 467
Res. 116, consent calendar, 467; House, 467

Reference Committee on Membership and Related Matters
Report to House, 444, 467
Res. 116, consent calendar, 467; House, 467

Reference Committee on Oral Health and Related Matters
Report to House, 444, 446
Res. 117, consent calendar, 446; House, 446

Reference Committees
Hearings, schedule, 1025
Members participation in district deliberations, Res. 119, 7000

Regulations, Federal
CGA report, 176
Regulations, State
Advocacy issues, communication, Res. 98, 5164
CGA report, 177

Relief Fund
Repurposing, Res. B-37-2014, 339

Reports
Referrals, approved, Res. 33, 1025, 1034

Reputation Management
CC report, 23

Reserves
Royalties, Res. B-122-2014, 376

Resolution 5H-2007
Rescinded, Res. 6, 103, 4012

Resolution 5H-2013
Board response, 1006

Resolution 10-2013
CDBP response, 83

Resolution 20-2013
CDBP response, 84

Resolution 33H-2013
CDEL response, 104

Resolution 34H-2013
CDP response, 130

Resolution 35H-2013
CDP response, 130

Resolution 36H-2013
CDP response, 131

Resolution 37H-2013
CDP response, 131

Resolution 38H-2013
CDP response, 131

Resolution 39H-2013
CDEL response, 104

Resolution 50H-2013
CDEL response, 104

Resolution 52H-2013
CDP response, 131

Resolution 53H-2013
CGA response, 5054

Resolution 54-2013
CDEL response, 105

Resolution 56H-2013
CDEL response, 106

Resolution 57H-2013
CDA response, 40

Resolution 58H-2013
JCNDE response, 218

Resolution 82H-1996
Rescinded, Res. 6, 103, 4012

Resolution 86-2013
CM response, 201

Resolution 91-2013
CDEL response, 106

Resolution 92-2013
CDEL response, 106

Resolution 92H-2009
CM response, 201

Resolution 93H-2013
CGA response, 180

Resolution 95H-2013
CGA response, 180

Resolutions
Numbering system, 1028
Referrals, approved, Res. 33, 1025, 1034

Retirement
Membership programs, CMIRP report, 190

Safeguards for Medicare’s Health Maintenance Organizations
Policy rescission, Res. 49, 5061, 5083

School Fluoride Mouthrinse Program
Policy rescission, Res. 88, 5116, 5143

Schools, Dental
Drug/alcohol use/misuses, educate, CDP report, 3007
Membership strategy, CM report, 199

Scientific Affairs, Council on
Consultants, Res. B-140-2014, 420
Emerging issues/trends, 289
Evidence-based dentistry, 283, 285
Membership nominations, Board report, 1003
Nomination, Res. B-32-2014, 341
Nominations, Res. B-22-2014, 318
Professional product review, 287
Purpose, 283
Report to Board, 317, 340, 385, 428
Res. 97, Definition of Oral Health, 4069; Board, 390, 4069; House, 465
Seal of Acceptance Program, 284
Self-Assessment, 289
Strategic plan of ADA, 283
Supplemental Report 1: Definition of Oral Health, 4068
Trusted resources for oral health information, 284

Seal
Acceptance program, CSA report, 284

Senior Staff
Directory, 536

Senior Vice President (Business and Publishing)
Report to Board, 427

Senior Vice President (Government and Public Affairs)

Senior Vice President (Member and Client Services), Interim
Report to Board, 358

Social Media
CC report, 22

Speaker of the House of Delegates
Authorized to alter agenda of House, Res. 32, 1024, 1033

Special Care Dentistry Association
CDA rules, Res. 1, 38, 4000

Special Needs Dentistry
CAPIR report, 5

Specialties, Dental
Certifying boards, survey, CDEL report, 100

Spokespersons
Approved, Res. B-99-2014, 378
Nomination, Res. B-154-2014, 424
Social media posting protocol, Res. B-98-2014, 379

Standards Committee on Dental Informatics
Liaison report to Board, 319, 386

Standing Committees
Appointments, Res. B-133-2014, 414
Directory, 540

State Funding for Dental Education
Policy rescission, Res. 58, 5061, 5101

Statement on Early Childhood Caries
Policy rescission, Res. 90, 5117, 5147

Strategic Communications Plan
Adopted, Res. B-150-2014, 424

Strategic Plan, American Dental Association
ADAF report, 294
Board report, 2038
CAPIR report, 2
CAS report, 10
CC report, 20
CDA report, 34
CDBP report, 80
CDEL report, 97
CDP report, 127
CEBJA report, 143
CGA report, 176
CM report, 196
CMIRP report, 188
CSA report, 283
JCNDE report, 211
Operating results, Board report, 2066

Strategic Planning Committee
Formation, Res. B-10-2014, 308
Report to Board, 424

Strategic Planning Steering Committee
Report to Board, 308

Student Affairs, Office of
Report to Board, 356

Students, Dental
Debt Market, Report to Board, 431
Debt reduction programs, Res. 61, 5063, 5106
Federal assistance, Res. 53, 5061, 5091
Federal Lobbying, Res. 54, 5061, 5087
Loan interest, deduction, Res. 51, 5061, 5087
Loan, membership benefit, Res. 64, 6003
Loan program, Res. 60, 5062, 5104
Medicaid payments, Res. 50, 5061, 5085

Substance Abuse
Dental school education, Res. 34, 3008

Support of Current Medicaid Law and Regulations Regarding Dental Services
Policy amendment, Res. 40, 5058, 5067

Task Force on Dental Therapy Education Accreditation Standards
Report to Board, 382

Task Force on Emergency Assistance to States
Report to Board, 384

Tax Forms
990, approved/filed, Res. B-59-2014, 332
990-T approved/filed, Res. B-60-2014, 332

TCW MetWest Intermediate Fund
Reserves, Res. B-139-2014, 417

Third-Party Payers
Dentist ratings, policy, Res. 110, 3025

Titles and Descriptions of Continuing Education Courses
Amended, Res. 13, 113, 4032

Titles and Descriptions of Dental Hygiene Continuing Education Courses
Amended, Res. 13, 113, 4032

Tobacco
Reduction, Res. 76, 5112, 5125
Schools, Res. 77, 5113, 5126

Tobacco and Harm Reduction
Policy amendment, Res. 76, 5112, 5125

Tobacco Free Schools
Policy amendment, Res. 77, 5113, 5126

Topical Fluoride Programs
Policy rescission, Res. 88, 5116, 5143

Travel Policy
Expense reimbursement, Res. B-24-2014, 314
International business, Res. B-6-2014, 309

Treasurer
Attributes/requirements, Res. B-167-2014, 423
Report to House, 443

Tripartite Membership Application Procedures
Amended, Res. 19, 202, 6000

Trustee District (Eighth)
Res. 28, chairs and chairs and chairs, 3008
Board, 364, 3006
House, 452
Res. 29, ACA dentist exemption from pediatric mandate, 5044
substitution, 29B, 366, 510, 5044; referred, 510

Trustee District (Ninth)
Res. 111, Titles/Descriptions of Continuing Education Courses, 4078; House, 463

Trustee District (Eleventh)
Res. 108, Amendment of Bylaws, Chapter XXII, Section 10
Voting Requirements for Bylaws Changes, 5190; substitution, Res. 108RC, 444; declared moot, 444

Trustee District (Fourteenth)
Res. 63, CDT Guidelines for the Affordable Care Act, 3020
substitution, Res. 63B, 387, 3021; substitution, Res. 63RC, 454; substitution, Res. 63RCS-1, 454, 3032a; House, 454
Res. 64, Student Loan Membership Benefit, 6003; Board, 398, 6003; referred, 522
Res. 65, Ethics and Standards for Internet Advertising in the Dental Profession, 5107; Board, 396, 5107; House, 502
Res. 66, Enforcing Regulations Concerning Online Marketplaces and the Sale of Dental Supplies/Materials, 5108; Board, 396, 5108; House, 513
Res. 67, Educating Children and Parents About the Dangers of Oral Piercings, 4062; substitution, Res. 67B, 390, 4062; House, 464
Res. 68, Promotion of the Evidence Regarding Premedication for Patients With Prosthesis, 4064; substitution, Res. 68B, 390, 4064; House, 465
Res. 69, Optimizing Dental Health Prior to Surgical/Medical Procedures/Treatment, 4066; substitution, Res. 69B, 391, 4066; House, 465
Res. 98, Communication of State Advocacy Efforts, 5164; substitution, Res. 98B, 514, 5164; House, 514
Res. 99, Development of ADA Policies for Dental Discount
Plans, 3022; Board, 388, 3022; not adopted, 452
Res. 109, New Dentist Conference
Alternatives, 6025; substitution,
Res. 104RC, 522
Res. 110, Policy on Dentist Rating
by Third Parties, 3025; House,
455

**Trustee District (Sixteenth)**
Res. 107, Amendment of Bylaws,
Chapter II, Section 30(E), Society
Dues Collection, 6017; referred,
523

**Trustee Districts**
Equality, Board report, 5046
Members on Reference
Committees, participation in
deliberations, Res. 119, 7000

**Trustees**
Directory, 536
Nominations, 442
Nominations schedule, 1026
Retirement, Board report, 1002
Social media protocol, Res. B-50-
2014, 336, 355

**Underserved**
Access, vision statement, Res. 72,
5111, 5121
Intellectual disabilities, Res. 96,
5157, 5163

**Universal Assessment Criteria**
Approved, Res. B-165-2014, 421

**Vice President**
Office, Constitution and Bylaws
amendments, Res. 106, 1035

**Vice President (Member and Client
Services)**
Report to Board, 427

**Vision Statement on Access for the
Underserved and Promotional
Activities**
Policy amendment, Res. 72, 5111,
5121

**Volpe Research Center**
ADAF report, 295

**Voting**
Requirement for Bylaws changes,
Res. 108, 5190

**Washington DC Building**
Headquarters location, Res. B-171-
2014, 426
Repairs, Res. B-52-2014, 334
Repairs, Res. B-163-2014, 422

**Williamson, James J.**
Honorary Membership election,
1001

**Women, Child-Bearing Age**
Dental examinations, Res. 94,
5156, 5161

**Women, Pregnant**
Dental examinations, Res. 94,
5156, 5161
Dental treatment, Res. 95, 5156,
5162

**Women’s Oral Health: Patient
Education**
Policy amendment, Res. 74, 5112,
5123

**Workforce**
Maldistribution, Res. 41, 5059,
5068

**Workgroup on ADA/CODA
Relationship**
Appointment, Res. B-131-2014,
380
Report to Board, 379