

2020

Transactions

161st Annual Session
Chicago, Illinois
October 15–19, 2020

Copyright 2021
American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

Table of Contents

Minutes of the Board of Trustees	160	February 9–10, 2020
	173	March 15, 2020
	174	March 16, 2020
	176	March 25, 2020
	177	March 30, 2020
	178	April 1, 2020
	179	April 3, 2020
	188	April 9, 2020
	190	April 18, 2020
	192	April 23, 2020
	193	June 12–13, 2020
	208	June 24, 2020
	210	July 27, 2020
	213	August 21–22, 2020
	234	October 21, 2020
	244	November 10, 2020
	246	December 10, 2020
Minutes of the House of Delegates	249	October 15–19, 2020
Continuing Education Program	351	Continuing Education Program
	354	Directory of Officers, Trustees, Senior Staff, Councils, Commissions, Committee on Local Arrangements
Appendix	362	Historical Record
	366	Attendance Record of the House of Delegates

377 Index of Resolutions

xxx Index

Minutes of the Board of Trustees

February 9–10, 2020

March 15, 2020

March 16, 2020

March 25, 2020

March 30, 2020

April 1, 2020

April 3, 2020

April 9, 2020

April 18, 2020

April 23, 2020

June 12–13, 2020

June 24, 2020

July 27, 2020

August 21–22, 2020

October 21, 2020

November 10, 2020

December 10, 2020

Notes

Minutes of the Board of Trustees

February 9–10, 2020

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. Chad P. Gehani, president, on Sunday, February 9, 2020, at 10:00 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: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, chief science officer; Jordan Baugh, chief technology officer; Jerome K. Bowman, chief, Governance and Strategy Management; Judith Fleeks, vice president, Human Resources; Scott W. Fowkes, general counsel; James Goodman, senior vice president, Business Group; Michael A. Graham, senior vice president, Government and Public Affairs; Michelle Hoffman, vice president, Publishing; April Kates-Ellison, vice president, Member and Client Services; Catherine H. Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; David Preble, senior vice president, Practice Institute; Robert Quashie, senior vice president, Operations; Paul Sholty, chief financial officer; Marko Vujicic, chief economist and vice president, Health Policy Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Guests in attendance for a portion or portions of the meeting included Dr. Emily Mattingly, chair, New Dentist Committee; Mr. Ram Sudireddy, CEO, Bento; Mr. Kevin Klein, COO, Bento; Dr. Randall Markarian, chair, Council on Dental Benefit Programs

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

Before consideration of business, Dr. Gehani 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.

Dr. Gehani announced the appointment of Dr. Tara Aghaloo to serve the remainder of Dr. Hargreaves unexpired term on the Council of Scientific Affairs.

Preliminary

Approval of Agenda and Consent Items

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

B-14-2020. Resolved, that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar. Dr. Gehani reviewed the list of proposed consent items; the following reports were removed from consent.

- Proposal to Amend Metric on Objective 10 of Common Ground 2025 (Res. B-4)
- Update on Philanthropy Transition and the Department of Corporate Social Responsibility and Philanthropy

B-13-2020. Resolved, that the resolutions contained on the Consent Calendar for Board of Trustees consideration, as amended, be approved and reports be filed.

Approval of Minutes of Previous Sessions

Minutes of the December 15, 2019, Meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-18-2020. Resolved, that the minutes of the December 15, 2019, 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. Billie Sue Kyger, chair, presented the reports of the Audit Committee's January 13, 2020, conference call meeting and February 8, 2020, meeting. The reports identified major topics discussed, reports received and actions taken. Dr. Kyger moved Resolution B-11; on vote Resolution B-11 was adopted by the Board of Trustees.

B-11-2020. Resolved, that a separate audit of the 2019 year-end financial statements of ADA Business Innovation Group, Inc. is not required to be completed in 2020.

Report of the Budget and Finance Committee: On behalf of the Committee, Dr. Cesar R. Sabates, chair, presented the report of the Budget and Finance Committee's February 7, 2020, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

Supplemental Report to the JADA Search for Editors in Chief Report. Dr. Sabates moved Resolution B-2; on vote Resolution B-2 was adopted by the Board of Trustees.

B-2-2020. Resolved, that the Board of Trustees authorizes searches for Editor In Chief of JADA and Editor in Chief of JADA Open to proceed as outlined in the February 2020 Report to the Board of Trustees, titled “Search for Editors in Chief for JADA and JADA Open,” and be it further

Resolved, that two ad hoc search committees be established, one for each of the foregoing editor in chief searches to be comprised of seven members each of whom are leaders in research, education, publishing, and practice, and be it further

Resolved, that the ad hoc committee chairs and members appointed by the ADA president as identified below be approved.

Proposed Search Committee for the Editor in Chief of JADA

Ray Cohlma, DDS (chair)
Dean of the University of Oklahoma College of Dentistry
Former member of ADA BOT
Member ADA CSA
Chair, ADA Science and Research Institute Board

Mia Geisinger, DisonIDS, DDS, MS
Associate Professor at the University of Alabama at Birmingham School of Dentistry
Chair, ADA CSA

Laurie K. McCauley, DDS, MS, PhD
Dean, School of Dentistry
University of Michigan, and
William K. and Mary Anne Najjar Professor
School of Dentistry, U. Michigan, and
Professor, Dept. of Pathology
University of Michigan Medical School

Efthimia Ioannidou, DDS, MDS
Professor, Oral Health and Diagnostic Sciences
Director, Dental Clinical Research Center
Oral Health and Diagnostic Sciences
UConn Health
Associate Editor, *JDR Clinical and Translational Research*
Member of the Board, AADR

Terry Fiddler, DDS
Editor, Arkansas Dentistry
Adjunct Professor, University of Arkansas for Medical Sciences
ADA Trustee – Publishing Liaison

Craig Armstrong, DDS
ADA Trustee – Scientific Affairs Liaison

Ms. Michelle Hoffman
ADA Vice President, Publishing

Proposed JADA Open Search Committee

Martha Somerman, DDS, PhD (chair)
Former director, National Institute of Dental and Craniofacial Research (NIDCR)

Pamela C. Yelick, PhD
Professor, Department of Orthodontics
Director, Division of Craniofacial and Molecular Genetics
Director, Genetics Program, Tufts Graduate School of Biomedical Sciences

Carmem S. Pfeifer, DDS, PhD
Associate Professor
Biomaterials and Biomechanics
Oregon Health & Science University

Terry Fiddler, DDS
Editor, *Arkansas Dentistry*
Adjunct Professor, University of Arkansas for Medical Sciences
ADA Trustee – Publishing Liaison

Craig Armstrong, DDS
ADA Trustee – Scientific Affairs Liaison

Marcelo Araujo, DDS, MS, PhD
ADA Science & Research Institute
ADA Chief Science Officer
ADAF Chief Executive Officer

Ms. Michelle Hoffman
ADA Vice President, Publishing

and be it further

Resolved, that the following appropriation be made from the 2020 Board Contingent Fund to support the searches for editor in chiefs of JADA and JADA Open, and overlap expense of current and future JADA editors in chief:

Board Contingent Fund
Cost Center: 090-1700-000
Amount: up to \$47,000

Corrected Report of the Elder Care Workgroup: Update on ADA Elder Care Strategy. Dr. Sabates moved Resolution B-3 on behalf of the committee; on vote Resolution B-3 was adopted by the Board of Trustees.

B-3-2020. Resolved, that the following appropriation be made from the 2020 Board Contingent Fund to finance the costs associated with a third, in-person meeting of the Elder Care Workgroup in order to continue the development of an updated elder care strategy, which will include a strategy on financing oral healthcare.

Board Contingent Fund
Cost Center: 090-1500-000
Amount: up to \$33,380

Requests for Funding Support in Nevada. Dr. Sabates moved Resolutions B-15, B-16 and B17 with the Committee's recommendation to adopt. On vote, Resolutions B-15, B-16 and B-17 were adopted en bloc by the Board of Trustees.

B-15-2020. (Confidential Action Temporarily Embargoed)

B-16-2020. (Confidential Action Temporarily Embargoed)

B-17-2020. (Confidential Action Temporarily Embargoed)

Report on the Status of the 2020 Board Contingency. A Board Contingency Fund of \$721,000 was authorized in the 2020 budget. A remaining balance of \$571,120 was reported.

Report of the Business Innovation Committee: On behalf of the Business Innovation Committee, Dr. Kirk M. Norbo, chair, presented the report of the Committee's February 8, 2020, meeting. The report identified major topics discussed, reports received and actions taken.

Report of the Diversity and Inclusion Committee: On behalf of the Diversity and Inclusion Committee, Dr. Roy Thompson, chair, presented the report of the Committee's February 8, 2020, meeting. The report identified major topics discussed and reports received.

Report of the Compensation Committee: This confidential report, presented by Dr. Kirk M. Norbo, Committee chair, was considered during a closed session of the Board of Trustees on Monday, February 10, and contained four resolutions (B-19, B-21, B-22, and B-23). The text of Resolutions B-19-2020, B-21-2020, B-22-2020, and B-23-2020 is confidential and temporarily embargoed.

Report of the Governance Committee: On behalf of the Governance Committee, Dr. Kenneth McDougall, chair, presented the report of the Committee's February 7, 2020, meeting. The report identified major topics discussed, reports received and actions taken.

Update on Guidelines for Providing Assistance to State and Local Dental Societies. Dr. McDougall moved Resolution B-1, as amended by the Committee, with the Committees recommendation to adopt; on vote, Resolution B-1 was adopted by the Board of Trustees.

B-1-2020. Resolved, that the "Guidelines and Criteria-ADA Financial Assistance to State and Local Dental Societies" be adopted as amended by the Governance Committee on pages 120_16 and 120_19 as follows (with additional additions double underscored, additional deletions ~~double stricken~~):

Guidelines and Criteria—ADA Financial Assistance to State and Local Dental Societies:

~~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 afore-mentioned.~~ **State or local society is confronting a crisis capacity gap(s) as brought forth by the dental society or identified by ADA.** A crisis capacity gap is one that poses significant sustainability risk to an association and requires national intervention to alleviate risk to the dental society's membership, revenue streams and/or overall sustainability. In general, capacity building is defined as ~~the strengthening of an organization's by its effectiveness through a focus on core functional areas.~~ The ADA's support to dental societies centers on nine core function areas: 1. Strategy, Planning & Evaluation 2. Member Focus, Marketing & Communications, 3. Advocacy, Public Relations & Coalition Building 4. Leadership & Board Governance 5. Organizational Structure & Systems 6. Financial Management & Sustainability 7. Power of Three (Alignment & Collaboration) 8.

Legal Management & Sustainability and 9. Diversity and Inclusion. Grant requests must support one of the nine major core function areas with an overarching purpose to advance dental society performance and effectiveness that results in member growth and/or financial sustainability.

- 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.~~ In order to be considered for financial assistance, the requesting state or local society must develop a *Capacity Development Action Plan* (inclusive of customized funding parameters and noncompliance protocols) in collaboration with its respective Client Services Manager within the Division of Member and Client Services.

and be it further,

Resolved, that the Governance Committee be authorized to make conforming changes to Appendix 4 of ADA Financial Assistance to State and Local Dental Societies (see appendix 2),

and be it further,

Resolved, that the amendments proposed in this resolution be effective immediately.

Report of the January 13, 2020 Audit Committee Conference Call: Proposed Revisions to the Audit Committee Charter. Dr. McDougall moved Resolution B-12 with the recommendation to refer the resolution back to the Audit Committee for consideration of revisions by the Governance Committee to the charter. On vote, the motion to refer Resolution B-12 to the Audit Committee was adopted.

B-12. Resolved, that the proposed revisions to the audit committee charter be approved, and be it further

Resolved, that the report of proposed revisions to the audit committee charter be forwarded to the Board of Trustees for transmittal to the Governance Committee with the recommendation that the proposed revisions be adopted.

Dr. McDougall moved Resolution B-20; on vote, Resolution B-20 was adopted by the Board of Trustees.

B-20-2020. Resolved, that Board Report 1 include the Board's recommendation that the following policy be maintained without amendment:

Recognition of the Alliance of the American Dental Association (Trans.2015:270)

Resolved, that the ADA recognizes the Alliance of the American Dental Association as an organization of the spouses of active, life, retired or student members in good standing of this Association, and of spouses of such deceased members who were in good standing at the time of death, and be it further

Resolved, that all spouses of ADA members are urged to become members of the Alliance of the American Dental Association, and be it further

Resolved, that the Alliance of the American Dental Association is urged not to adopt any provision in its constitution and bylaws that is in conflict with the ADA

Report of the Pension Committee: On behalf of the Committee, Dr. Ted Sherwin, chair, presented the report of the Committee's February 7, 2020 meeting. The report identified major topics discussed and actions taken.

Reports and Resolutions to the Board of Trustees

Communications and Marketing

Report of the Council on Communications: Final Update on Resolution 67H-2016: Drive Utilization of Dental Services for ADA Members: This informational report provided results from the three-year campaign to increase dental visits for ADA dentists (consent calendar item).

Report of the Chief Communications Officer: ADA Spokesperson Candidates: The Board of Trustees adopted the following resolution (consent calendar action).

B-9-2020. Resolved, that the following ADA spokesperson candidates be invited to serve as spokespersons through the ADA's 2020 annual meeting.

Expert Spokespersons

Erinne Kennedy, D.M.D., M.P.H., Boston, Ma., District 1 (Antibiotics)
Purnima Kumar, B.D.S., M.S., Ph.D., Columbus, Oh., District 7 (Vaping)

Digital Transformation Funding Request: Mr. Robert Quashie, vice president, Operations, Ms. Stephanie Moritz, chief communications officer, and Mr. Jordan Baugh, chief technology officer, provided an update on digital transformation efforts. Following the presentation, Resolution B-10 was moved for consideration; on vote the following resolution was adopted by the Board of Trustees.

B-10-2020. Resolved, that the ADA Board of Trustees allocate up to \$7 million from reserves in 2020 to support the ongoing execution of the Digital Transformation strategy, and be it further

Resolved, that ADA staff provide regular updates on progress and results of the Digital Transformation strategy to the ADA Board of Trustees in 2020, and be it further

Resolved, that ADA staff provide a refined project plan and report on the 2020 Digital Transformation strategy results to the ADA Board of Trustees at its first meeting in 2021, with a recommendation for additional investment required to continue the Digital Transformation initiative.

Conferences and Continuing Education

ADA Annual Meeting Review Update: This informational report provided an update on the new direction for the annual meeting through engaging an outside brand/event marketing firm (consent calendar item).

Education/Professional Affairs

Joint Commission on National Dental Examinations: Report on the 2019 Research and Development Fund: This informational report provided the required summary of Research and Development Fund activity (consent calendar item).

Commission on Dental Accreditation: Informational Report on 2019 Research and Development Fund: This informational report provided the required summary of Research and Development Fund activity (consent calendar item).

Dental Licensure Objective Structured Clinical Examination (DLOSCE) Progress Update: This informational report described the progress the DLOSCE Steering Committee has made with respect to DLOSCE development, and provided an updated timeline for DLOSCE implementation (consent calendar item).

Finance and Operations

Informational Report Regarding Officer Approval of Expenditures from Capital Replacement Reserve Spending: In compliance with Board Resolution B-58-2015, Capital Reserve Spending Approval Process, the Budget and Finance Committee submitted the following summary of approvals of spending from the Capital Replacement Reserve Fund (consent calendar item).

1. Up to \$483,000 to re-caulk exterior of the full HQ east-side building facade wrapping around both the northeast and southeast corners of the building, including all material, labor, swing stage scaffolding, canopy/glass protection, 5% contingency, all general conditions/overhead fees, permits, and licenses.

Because the total capital expenditure for this lease expansion is less than \$500,000, this request was submitted for approval to the President, President-elect and Treasurer with a recommendation for approval. The President, President-elect and Treasurer voted August 23, 2019 to approve these expenditures.

Informational Report Pursuant to Board Resolution B-58-2015 Regarding Budget and Finance

Approval of Expenditures from Capital Replacement Reserve: In compliance with Board Resolution B-58-2015, the following expenditure from the Capital Replacement Reserve Fund was approved by the Budget and Finance Committee in September 2019 (consent calendar item).

1. Up to \$612,000 from the capital replacement reserve fund to replace the telephone system currently used in the Chicago and Washington DC offices.

Government and Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory, and Public Affairs: Mr. Graham provided an update on activities in Washington and the states. McCarron Ferguson repeal remains an area of significant work. Twenty states have applied for Fight Insurance Interference Strategic Task Force (FIIST) related grants. Moreover, only seven states are dealing with therapist issues, a significantly smaller number than in the past. This will free up resources to help with this effort. Work also continues on Lobby Day.

Health Policy Institute

Presentation: The State of the Dental Economy: Dr. Marko Vujicic presented on the state of the dental economy. Dental spending in the U.S. continues to show a steady increase. The trends are similar for per capita spending and per capita spending is now at its highest ever. The sources of this funding are important to understand. The trends are driven almost entirely by private insurance and Medicaid programs. There has been an increase in privately insured adults in dental offices and this partly explains the trends we have seen. On the other hand, there continues to be a long-term, slow decline in self-paying adults. The numbers of self-paying children is very low.

Information Technology

Report of the Division of Technology: 2019 Year-End Major Technology Initiatives Update: This informational report summarized major technology projects and their progress over the year (consent calendar item).

Legal Affairs

Report of the Division of Legal Affairs: Summary of Litigation and Other Matters: This confidential report was provided for the Board's information.

Member and Client Services

Report of the Senior Vice President, Operations: ADA's Dental School Strategy: This informational report provided the 2020 Dental School Strategy Framework (consent calendar item).

Practice Institute

Proposal to Amend Metric on Objective 10 of Common Ground 2025: The following resolution was presented for the Board's consideration.

B-4. Resolved, that the metrics for Public Goal, Objective 10 of the Common Ground 2025 Strategic Plan be modified as follows:

- Increase of legislative and regulatory activity in the states related to Third Party Payers by 30% in SPA states.
- Improve dentist satisfaction with ADA responses to calls related to dental benefit programs.

A motion was made to amend Resolution B-4 by adding “both public and private” before “Third Party Payers” in the first bullet point. On vote, the amendment was adopted. On vote, Resolution B-4 as amended was adopted.

B-4-2020. Resolved, that the metrics for Public Goal, Objective 10 of the Common Ground 2025 Strategic Plan be modified as follows:

- Increase of legislative and regulatory activity in the states related to both public and private Third Party Payers by 30% in SPA states.
- Improve dentist satisfaction with ADA responses to calls related to dental benefit programs.

Report of the Council on Dental Benefit Programs: Appointment of 2020 Consultants: This informational report updated the Board on the individuals appointed as consultants to serve until the close of the 2020 House of Delegates (consent calendar item).

Report of the Council on Dental Practice: ADA Standards Volunteer Awards Program: The Board of Trustees adopted the following resolutions (consent calendar action).

B-5-2020. Resolved, that the 2019 Standards Committee on Dental Products volunteer award be presented to Dr. Carolyn Primus.

B-6-2020. Resolved, that the 2019 Standards Committee on Dental Informatics volunteer award be presented to Mr. John Anderson.

Follow-up Report Regarding Bento Due Diligence in Response to Resolution B-112-2019: This report was considered during a closed session of the Board of Trustees. In open session, the following resolution was considered and adopted by the Board of Trustees.

B-8-2020. Resolved, that the ADA Board of Trustees authorizes a marketing relationship with Bento, and be it further

Resolved, that Bento be urged to provide quarterly reports, including dentist and patient participation and provider satisfaction with the program.

Publishing

Open Access Journal, White House Office of Science and Technology: Ms. Michelle Hoffman provided an update on an upcoming executive order mandating that all government-funded research be published in open-access journals. This would have a profound impact on JADA. Many organizations, including the ADA, sent a letter to the White House asking that this order not be issued. As a result of these efforts, release of the order has been delayed. ADA's preference is for the current requirement of publication in open access journals twelve months after initial publication. This would protect subscription-based journals like JADA.

Science Institute

ADASRI and ADAF Updates: Dr. Marcelo Araujo provided an update on the Foundation and the ADA Science and Research Institute (ADASRI). The new Foundation board has met and an additional report is expected in April. ADASRI's board also met recently. During a meeting in April, the ADASRI board will work on its own strategic plan, which will be aligned with the ADA's strategic plan.

ADA Business Innovation Group

ADA Practice Transitions Update: This informational report provided an update on progress and challenges ADAPT is facing (consent calendar item).

ADA Business Enterprises, Inc.

The regular session of the Board of Trustees was adjourned for the purpose of convening the Member Meeting of ADA Business Enterprises, Inc. Following the adjournment of the Member Meeting of ADA Business Enterprises, Inc., the regular session of the Board of Trustees reconvened.

Organizational/Other

Report of the New Dentist Committee: Dr. Emily Mattingly, chair, New Dentist Committee, reported updates on the New Dentist Committee's areas of focus. Dr. Doroshov moved the following resolution. A motion was made to amend the proposed language by striking "February 2021" and replacing it with "August 2020". The proposed amendment was adopted without objection. On vote, the Board of Trustees adopted Resolution B-7 as amended.

B-7-2020. Resolved, that to address the changing marketplace of dentistry and to achieve the *Common Ground 2025* Membership Goal to increase membership market share of lagging demographics by 2% per year, the Board urges the Council on Membership, in consultation with the New Dentist Committee and other appropriate ADA agencies, to develop an overarching strategy to increase engagement for dentists practicing in a DSO setting, and be it further

Resolved, that the Board requests that the Council on Membership report back to the Board on its progress by the Board's ~~February 2021~~ August 2020 meeting.

Report from the FDI National Liaison Officer (NLO): 2019 FDI Annual World Dental Congress – San Francisco: This informational report provided a summary of the 177th FDI Annual World Dental Congress held at Moscone Convention Center, September 4-9, 2019 in San Francisco, California (consent calendar item).

Update on Philanthropy Transition and the Department of Corporate Social Responsibility and Philanthropy: This report summarized the transition efforts relating to those key philanthropic activities, the creation of the new Department of Corporate Social Responsibility and Philanthropy, and the approach being followed to maximize the impact of the Association's philanthropic work both on the public and on other Association activities.

Report of the President: Dr. Chad Gehani presented an oral report that summarized his activities since the December Board meeting.

Report of the President-elect: Dr. Daniel Klemmedson provided a brief report.

Report of the Executive Director: Dr. Kathleen O'Loughlin reported on the state of the Association, including updates on the year-end quarterly management report.

Liaison Reports

Report of Dr. Jay Harrington, Liaison to the Council on Dental Education and Licensure: This oral report summarized recent applications for specialty recognition.

Report of Dr. Billie Sue Kyger, Liaison to the Council on Advocacy for Access and Prevention: This informational report summarized the January 9–11, 2020 CAAP meeting (consent calendar item).

Report of Dr. Linda J. Edgar, Liaison to the American Student Dental Association: This informational report summarized the January 18–19, 2020 ASDA meeting (consent calendar item).

Report of Dr. Cesar R. Sabates, Liaison to the American Political Action Committee: This informational report summarized the January 10–11, 2020 ADPAC meeting (consent calendar item).

Report of Dr. George R. Shepley, Liaison to the Council on Government Affairs: This informational report summarized the January 23–25, 2020 CGA meeting (consent calendar item).

Report of Dr. Linda J. Edgar, Liaison to the Council on Membership: This informational report summarized the February 3, 2020 CM meeting (consent calendar item).

Report of Dr. Julio H. Rodriguez, Liaison to the Council on Communications: This informational report summarized the current activities of the council ahead of its March 13–14, 2020 CC meeting (consent calendar item).

Common Ground 2025

Report on Financial Goal of Common Ground 2025: This report summarized the first progress report on the financial sustainability goal of Common Ground: The ADA will be financially sustainable.

Report on Organizational Goal of Common Ground 2025: This report summarized the first progress report on the organizational goal of Common Ground: All levels of the ADA will have sufficient organizational capacity necessary to achieve the goals of the strategic plan.

Report on Membership Goal of Common Ground 2025: This report summarized the first progress report on the membership goal of Common Ground: The ADA will have sufficient members to be the premier voice for oral health.

Report on Public Goal of Common Ground 2025: This report summarized the first progress report on the public goal of Common Ground: The ADA will support the advancement of the health of the public and the success of the profession.

Special Orders of Business/Special Appearances

Bento Presentation: This presentation took place during a closed session.

New Business

Proposal to Amend Metric on Objective 7 of Common Ground 2025: The following resolution was presented for the Board's consideration. Without objection, Resolution B-27 was adopted as amended by the Board of Trustees.

B-27-2020. Resolved, that Common Ground 2025 Organizational Goal Objective 7 metrics, be amended as follows

Objective 7: Improve overall organizational effectiveness at the national and state levels
Metrics: As set forth in Common Ground 2025:

- 75% of constituents perform at least adequately (3 out of a scale of 5) in each capacity area

- 75% of constituents have an average performance of more than adequate (4 out of a scale of 5) across all capacity areas
- ~~20-30% of ADA staff are trained annually in targeted skill-based offerings~~
- ADA will accomplish 80%-90% of the operating plan on an annual basis.

Closed Session

Closed sessions of the Board of Trustees were held at various times during the February 9–10, 2020 meeting of the Board of Trustees. 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.

- Bento Presentation and Report
- Report of the Compensation Committee

Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Monday, February 10, 2020 in the Board Room of the ADA Headquarters Building, Chicago. The session began at 9:00 a.m. and adjourned at 2:55 p.m. The attorney-client session contained three resolutions (B-24, B-25, B-26). The text of Resolutions B-24-2020, B-25-2020, and B-26-2020 is confidential and temporarily embargoed.

Adjournment

Without objection, the third regular meeting of the Board of Trustees adjourned sine die on Monday, February 10, 2020 at 4:45 p.m.

Minutes of the Board of Trustees

March 15, 2020

Special Meeting of the Board of Trustees

Call to Order: A special session of the ADA Board of Trustees was called to order on Sunday, March 15, 2020 at 4:03 p.m., Central Daylight Savings Time. The telephonic meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent U. Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

ADA Staff in Attendance: Jerry Bowman, chief of governance and strategy management; Jordan Baugh, chief technology officer, Scott Fowkes, general counsel; Cathryn Albrecht, senior associate general counsel; Wendy Wils, deputy general counsel; Judi Fleeks, chief, Human Resources; Stephanie Moritz, chief communications officer, Dave Preble, senior vice president, Practice Institute, Leslee Williams, senior director, Communications, Pam Disselhorst, senior manager, Human Resources, Ricky Dixon, senior manager, Membership Planning and Data Analysis, Chris Maag, senior director, Enterprise Services and Technology, Natalie Matthews, manager, Communications and Analysis, Kelly Wang, director, Conferences Service and Meeting Planning, Jane Grover, director, Council on Advocacy for Access and Prevention, Pam Porembski, director, Council on Dental Practice, Ruth Lipman, director, Scientific Information, Ken Zenger, director, Digital Member Experience, Marcelo Araujo, chief science officer; Robert Quashie, senior vice president, Operations; Michael Graham, senior vice president, Government and Public Affairs; Michelle Kruse, director, Administrative Services; Jodi Baldwin, manager, Board and House Matters, Molly Potnick, coordinator, Administrative Service and Tomisena Cole, senior manager, Board and House Matters.

Before consideration of business Dr. Gehani called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest. No disclosures were made.

Discussion: Strategies to find Solution to Coronavirus Crisis: Prior to discussion, Dr. Kathleen O'Loughlin updated the Board on ADA operations in response to the Coronavirus crisis. During discussion, each trustee commented on district responses in regard to the crisis. Following discussion, several ADA staff members provided updates. Mr. Michael Graham provided an update on legislative issues. Ms. Stephanie Moritz and Ms. Leslee Williams updated the Board on communications strategies. Dr. David Preble and Dr. Pam Porembski updated the Board on the most effective ways to answer member questions. Dr. Preble and Dr. Porembski also reported more information is to come from staff coming soon.

Adjournment: The special session of the Board of Trustees adjourned at 5:32 p.m.

Minutes of the Board of Trustees

March 16, 2020

Special Meeting of the Board of Trustees

Call to Order: The special meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Monday, March 16, 2020, at 3:00 p.m. Central Daylight Savings Time. The telephonic meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees in attendance were: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, James D. Stephens, and Roy Thompson. Dr. George Shepley was not in attendance.

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

ADA Staff in Attendance: Jerry Bowman, chief of governance and strategy management; Jordan Baugh, chief technology officer, Scott Fowkes, general counsel; Cathryn Albrecht, senior associate general counsel; Wendy Wils, deputy general counsel; Stephanie Moritz, chief communications officer, Dave Preble, senior vice president, Practice Institute, Leslee Williams, senior director, Communications, Ricky Dixon, senior manager, Membership Planning and Data Analysis, Kelly Wang, director, Conferences Service and Meeting Planning, Jane Grover, director, Council on Advocacy for Access and Prevention, Pam Porembski, director, Council on Dental Practice, Ken Zenger, director, Digital Member Experience, Marcelo Araujo, chief science officer; Tony Ziebert, senior vice president, Education and Professional Affairs; April Kates-Ellison, vice president, Member and Client Services; Paul Sholty, chief financial officer; Michelle Kruse, director, Administrative Services; Jodi Baldwin, manager, Board and House Matters, Molly Potnick, coordinator, Administrative Service and Tomisena Cole, senior manager, Board and House Matters.

Before consideration of business Dr. Gehani called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest. No disclosures were made.

Corona Virus Statement: Dr. Gehani announced that the purpose of the Special Meeting was to obtain Board consensus on an ADA Corona Virus Statement. Without objection, the statement below was approved by the Board of Trustees.

ADA Calls Upon Dentists to Postpone Elective Procedures

The American Dental Association (ADA) recognizes the unprecedented and extraordinary circumstances dentists and all health care professionals face related to growing concern about COVID-19. The ADA is deeply concerned for the health and well-being of the public and the dental team.

In order for dentistry to do its part to mitigate the spread of COVID-19, the ADA recommends dentists nationwide postpone elective procedures for the next three weeks. Concentrating on emergency dental care will allow us to care for our emergency patients and alleviate the burden that dental emergencies would place on hospital emergency departments.

As health care professionals, it is up to dentists to make well-informed decisions about their patients and practices. The ADA is committed to provide the latest information to the profession in a useful and timely manner.

The ADA is continually evaluating and will update its recommendation on an ongoing basis as new information becomes available. Please visit [ADA.org/virus](https://ada.org/virus) for the latest information.

Adjournment: The special session of the Board of Trustees adjourned at 3:20 p.m.

Minutes of the Board of Trustees

March 25, 2020

Special Meeting of the Board of Trustees

Call to Order: The special meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Wednesday, March 25, 2020, at 1:00 p.m. Central Daylight Savings Time. The telephonic meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees in attendance were: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson. Dr. Linda K. Himmelberger was not in attendance.

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

ADA Staff in Attendance: Jerry Bowman, chief of governance and strategy management; Scott Fowkes, general counsel; Wendy Wils, deputy general counsel; Michael Graham, senior vice president, Government and Public Affairs; Paul Sholty, chief financial officer; Tom Parcella, director, Financial Planning and Analysis; Rob Zinn, director, Accounting and Reporting; Michelle Kruse, director, Administrative Services; Jodi Baldwin, manager, Board and House Matters, Molly Potnick, coordinator, Administrative Service and Tomisena Cole, senior manager, Board and House Matters.

Guests: Scott Meggenberg and Andy Schwark, Ellwood Associates.

Before consideration of business Dr. Gehani called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest. No disclosures were made.

Board Approval to Rebalance the ADA Reserve Investment Portfolio: At Dr. Gehani's request, Dr. Cesar Sabates, chair, Committee on Budget and Finance, announced that the purpose of the Special Meeting was to obtain Board approval on Resolution B-45. Ellwood Associates explained the rationale for the recommendation. Trustees were provided an opportunity for questions and answers with Ellwood. Without objection, Resolution B-45 was adopted by the Board of Trustees.

B-45-2020. Resolved, that the Board approves the sale of \$2 million of fixed investments and purchase of equities as specifically recommended by Ellwood, and be it further

Resolved, that the Budget and Finance Committee continue to review the reserve needs and rebalancing strategy for further portfolio adjustments as needed.

Adjournment: The special session of the Board of Trustees adjourned at 1:25 p.m.

Minutes of the Board of Trustees

March 30, 2020

Special Meeting of the Board of Trustees

Call to Order: The special meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Monday, March 30, 2020, at 12:00 p.m. Central Daylight Savings Time. The telephonic meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees in attendance were: Officers and members of the Board of Trustees: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent U. Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

ADA Staff in Attendance: Marcelo Araujo, chief science officer; Jordan Baugh, chief technology officer, Jerry Bowman, chief of governance and strategy management; Judy Fleeks, vice president, Human Resources; Scott Fowkes, general counsel; Tony Frankos, vice president, Sales Strategy and Product Development; James Goodman, senior vice president, Business Group; Mike Graham, senior vice president, Government and Public Affairs; Michelle Hoffman, vice president, Publishing; April Kates-Ellison, vice president, Member and Client Services; Catherine Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; Dave Preble, senior vice president, Practice Institute; Robert Quashie, senior vice president, Operations; Paul Sholty, chief financial officer; Marko Vujicic, chief economist and vice president, Health Policy Institute; Tony Ziebert, senior vice president, Education and Professional Affairs; Bill Robinson, chief executive officer, ADABIG; Deborah Doherty, managing director, ADABEI; Mike Kendall, senior associate general counsel; Alonso Carrasco Labra, director, Center for Evidence Based Dentistry; Ruth Lipman, director, Scientific Information; Leslee Williams, senior director, Communications; Pam Disselhorst, senior manager, Benefits and Human Resources; Chris Maag, senior director, Enterprise Services & Technology Architecture; Michelle Kruse, director, Administrative Services; Tomisena Cole, senior manager, Board and House Matters; Jodi Baldwin, manager, Board and House Matters; Molly Potnick, coordinator, Publications and Projects; Pam Porembski, director, Council on Dental Practice, and Wendy J. Wils, deputy general counsel.

Guests: Dr. Raymond Cohlma, volunteer advisor, ADA Covid-19 Response Team; Dr. Jonathan Shenkin, volunteer advisor, ADA Covid-19 Response Team; Dr. Mia Geisinger, volunteer advisor, ADA Covid-19 Response Team; Dr. Terri Dolan, volunteer advisor, ADA Covid-19 Response Team; Dr. Emily Mattingly, chair, New Dentist Committee

Before consideration of business Dr. Gehani called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest. No disclosures were made.

Consideration of Science Guidance Documents: Prior to ADA releasing guidance documents intended to assist dentists and dental offices in making informed decisions concerning patient triage, evaluation, and treatment during the Covid-19 crisis, Dr. Gehani asked the Board to participate in a discussion. The Board discussed the science guidance documents as well as whether or not to include the ethical statement in the documents.

Adjournment: The special session of the Board of Trustees adjourned at 2:30 p.m.

Minutes of the Board of Trustees

April 1, 2020

Special Meeting of the Board of Trustees

Call to Order: The special meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Wednesday, April 1, 2020, at 11:32 a.m. Central Daylight Savings Time. The telephonic meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees in attendance were: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent U. Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

ADA Staff in Attendance: Marcelo Araujo, chief science officer; Jordan Baugh, chief technology officer, Jerry Bowman, chief of governance and strategy management; Judi Fleeks, vice president, Human Resources; Scott Fowkes, general counsel; Tony Frankos, vice president, Sales Strategy and Product Development; James Goodman, senior vice president, Business Group; Mike Graham, senior vice president, Government and Public Affairs; Michelle Hoffman, vice president, Publishing; April Kates-Ellison, vice president, Member and Client Services; Catherine Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; Dave Preble, senior vice president, Practice Institute; Robert Quashie, senior vice president, Operations; Paul Sholty, chief financial officer; Marko Vujicic, chief economist and vice president, Health Policy Institute; Tony Ziebert, senior vice president, Education and Professional Affairs; Mike Kendall, senior associate general counsel; Leslee Williams, senior director, Communications; Michelle Kruse, director, Administrative Services; Tomisena Cole, senior manager, Board and House Matters; Jodi Baldwin, manager, Board and House Matters; Molly Potnick, coordinator, Publications and Projects; Pam Porembski, director, Council on Dental Practice, and Wendy J. Wils, deputy general counsel.

Guest: Dr. Emily Mattingly, chair, New Dentist Committee

Before consideration of business Dr. Gehani called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest. No disclosures were made.

Review of Extension of Office Shutdowns Document: At the direction of Dr. Gehani, the Board discussed recommendations from the COVID-19 Task Force in order to update the statement issued by the Association on March 16. Following discussion, the Board members present unanimously authorized the president to finalize the statement for distribution.

Adjournment: The special session of the Board of Trustees adjourned at 12:14 p.m.

Minutes of the Board of Trustees

April 3, 2020

Call to Order: The fourth regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Friday, April 3, 2020, at 9:00 a.m. via videoconference.

Roll Call: Officers and members of the Board of Trustees in attendance were: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, chief science officer; Jordan Baugh, chief technology officer; Jerome K. Bowman, chief, Governance and Strategy Management; Judith Fleeks, vice president, Human Resources; Scott W. Fowkes, general counsel; Tony Frankos, vice president, Sales Strategy and Product Development; James Goodman, senior vice president, Business Group; Michael A. Graham, senior vice president, Government and Public Affairs; Michelle Hoffman, vice president, Publishing; April Kates-Ellison, vice president, Member and Client Services; Catherine H. Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; David Preble, senior vice president, Practice Institute; Robert Quashie, senior vice president, Operations; Paul Sholty, chief financial officer; Marko Vujicic, chief economist and vice president, Health Policy Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Guests in attendance for a portion or portions of the meeting included Dr. Emily Mattingly, chair, New Dentist Committee

Others in attendance for all or portions of the meeting were: Catherine Albrecht, senior associate general counsel; Jodi Baldwin, manager, Board and House Matters; Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., deputy general counsel; Kelly Ganski, news editor, *ADA News*; Judith Jakush, editor, *ADA News*; Michelle Kruse, director, Administrative Services; Tera Lavick, director, New Dentist Committee; Tom Parcella, director, Financial Planning and Analysis; Molly Potnick, coordinator, Board and House Matters; Kyle Smith, manager, House of Delegates; Wendy J. Wils, deputy general counsel, and Robert Zinn, director, Accounting and Reporting. Other ADA staff members were in attendance for specific agenda items.

Before consideration of business, Dr. Gehani 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. Gehani asked if there were any items of new business. No items of new business were proposed. On vote, the Board adopted the agenda.

B-39-2020. Resolved, that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar. Dr. Gehani 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-38-2020. 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 February 9-10, 2020, Meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-46-2020. Resolved, that the minutes of the February 9-10, 2020, Board of Trustees meeting be approved.

Minutes of the February 28, 2020, Special Confidential Telephonic Meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-47-2020. Resolved, that the minutes of the February 28, 2020, Special Confidential Telephonic meeting of the Board of Trustees be approved.

Minutes of the March 4, 2020, Special Confidential Telephonic Meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-48-2020. Resolved, that the minutes of the March 4, 2020, Special Confidential Telephonic meeting of the Board of Trustees be approved.

Minutes of the March 15, 2020, Special Telephonic Meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-49-2020. Resolved, that the minutes of the March 15, 2020, Special Telephonic meeting of the Board of Trustees be approved.

Minutes of the March 16, 2020, Special Telephonic Meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-50-2020. Resolved, that the minutes of the March 16, 2020, Special Telephonic meeting of the Board of Trustees be approved.

Reports of Standing Committees of the Board of Trustees

Report of the Audit Committee: On behalf of the Committee, Dr. Billie Sue Kyger, chair, presented the report of the Audit Committee's March 25, 2020, meeting. The report identified major topics discussed, reports received and actions taken. Dr. Kyger moved Resolution B-52 with the Committee's recommendation to adopt. A motion was made to refer the resolution back to the Audit Committee for clarification of numbers 1 and 8 under the Duties section of the charter with a report to the June 2020 Board. On vote, the motion to refer Resolution B-52 back to the Audit Committee with a report to the June 2020 Board was adopted.

B-52. Resolved, that the revised Audit Committee Charter (Appendix 1) be submitted to the Governance Committee for approval and forwarding to the Board of Trustees with a recommendation to adopt.

Report of the Budget and Finance Committee: On behalf of the Committee, Dr. Cesar R. Sabates, chair, presented the report of the Budget and Finance Committee's March 27, 2020, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

Report of the Senior Vice President, Government and Public Affairs: Update Report on the ADA Property on Stanton Park. Dr. Sabates moved Resolution B-51 with the Committee's recommendation to adopt; on vote Resolution B-51 was adopted by the Board of Trustees.

B-51-2020. Resolved, that an appropriation of up to \$300,000 be made from the ADA Long Term Reserve Account to fund additional costs of renovation of the ADA building on the Senate side (Stanton Park) of Capitol Hill, and be it further

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

Portfolio Rebalancing/Royalties. Dr. Sabates moved Resolution B-53 with the Committee's recommendation to adopt; on vote Resolution B-53 was adopted by the Board of Trustees.

B-53-2020. Resolved, that the sum of \$5.4M from the Royalty payment received from the ADA Member Insurance Plans be invested in three equal tranches into the Reserves portfolio on a monthly basis from the April through June time period, and be it further

Resolved, that ADA Management in consultation with its investment advisor monitor the situation ongoing to ensure the three- tranche strategy remains appropriate based upon market conditions and the current circumstances and needs of the ADA organization.

Amendment to Budget and Finance Committee Charter - Rebalancing. Dr. Sabates moved Resolution B-54 with the Committee's recommendation to adopt; on vote Resolution B-54 was adopted by the Board of Trustees.

B-54-2020. Resolved, that the Budget and Finance Committee be delegated the authority to rebalance investments in accordance with the ADA Investment Policy approved by the Board, and be it further

Resolved, that if investments are rebalanced, the Committee provide a report to the Board at its next regularly scheduled meeting, and be it further

Resolved, that the change to the Committee Charter be effective immediately, and be it further

Resolved, that the Governance Committee be authorized to make conforming changes to the Committee's Charter to incorporate this authority.

Subsidiary-Parent Financial Management Guidelines. Dr. Sabates moved Resolution B-55 with the Committee's recommendation to adopt; on vote Resolution B-55 was adopted by the Board of Trustees.

B-55-2020. Resolved, that the ADA Subsidiary-Parent Financial Management Guidelines (including dividend policy), be adopted, and be it further

Resolved, that the these Guidelines be effective immediately, and be it further

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

Resolved, that the ADA Executive Director communicate these Guidelines to the various subsidiaries.

CODA. Dr. Sabates moved Resolution B-56 with the Committee's recommendation to adopt; on vote Resolution B-56 was adopted by the Board of Trustees.

B-56-2020. Resolved, that a cap of \$300,000 be placed on the CODA Administrative Fund.

Consideration of Confidential Board Action: Resolution B-57 was discussed during a closed session. During an open session, the Board of Trustees adopted B-57.

B-57-2020. [Embargoed Action]

Report of the Diversity and Inclusion Committee: On behalf of the Diversity and Inclusion Committee, Dr. Roy Thompson, chair, presented the report of the Committee's April 1, 2020, meeting. The report identified major topics discussed and reports received. Dr. Thompson moved Resolution B-58 on behalf of the committee; on vote Resolution B-58 was adopted by the Board of Trustees.

B-58-2020. Resolved, that agency-specific demographic information from the past five years be added to the Council and Committee Nomination Forms.

Report of the Compensation Committee: The report of the Compensation Committee, presented by Dr. Kirk M. Norbo, Committee chair, was considered during a closed session of the Board of Trustees.

Report of the Governance Committee: On behalf of the Governance Committee, Dr. Kenneth McDougall, chair, presented the report of the Committee's March 19, 2020, meeting. The report identified major topics discussed, reports received and actions taken. Dr. McDougall moved Resolution B-43 with the Committee's recommendation to adopt; on vote Resolution B-43 was adopted by the Board of Trustees.

B-43-2020. Resolved, that the section of the *Organization and Rules of the Board of Trustees* relating to the Humanitarian Award be amended as shown below, (additions underscored, deletions ~~stricken through~~) with the revised language to be effective immediately:

ADA Humanitarian Award: The ADA Humanitarian Award recognizes dentist members who have distinguished themselves by outstanding, unselfish leadership and contributions to their fellow human beings in the United States or abroad, in the field of dentistry, through the dedication of extraordinary time and professional skills to improve the oral health of underserved populations ~~in the United States or abroad~~.

The Award is annually conferred by the Association to one dentist member upon the recommendation of a selection committee composed of six individuals: a member of the Council on Advocacy for Access and Prevention (CAAP) selected by the Council; two ADA members with at least ten (10) years of humanitarian experience ~~or past Humanitarian Award winners~~, to be appointed by the President upon recommendation of ~~the manager of international relations~~ CAAP; the Association's president-elect, the director of CAAP and the manager,

international development and outreach or, in the absence of the manager, international development and outreach, the manager, of international relations. The Association's Executive Director will chair the Committee and will be an active participant with the right to vote only in the case of a tie vote. The Board of Trustees will be notified by the committee of the identity of the award recipient in a report designated as confidential until appropriate action is taken.

The selection committee shall employ the following criteria in selecting the dentist member whom it will recommend to receive the Humanitarian Award:

- Contributing significantly to alleviating human suffering and improving the quality of life and oral health of individuals either in the United States or abroad
- Demonstrating significant leadership and outstanding humanitarian volunteer accomplishments that bring honor to the profession
- Serving as an inspiration to the dental profession, colleagues, and those treated
- Showing through the scope of work undertaken a commitment to humanity and selflessness in regard to direct personal or organizational gain or profit
- Establishing a legacy and/or sustainable program that is of ongoing value and benefit to others

The selection committee is charged with choosing the best overall recipient regardless of location or affiliation, with the selection committee strictly reviewing nominees' work pursuant to the criteria listed above.

The criteria and process of nominating an individual for this Award is available from the ADA International Relations Council on Advocacy for Access and Prevention.

and be it further,

Resolved, that any explanatory, supporting or nominating material relating to the Humanitarian Award, including, without limitation, information found on ADA.org, be revised so that such material is consistent with the amended Humanitarian Award section of the *Organization and Rules of the Board of Trustees*.

Dr. McDougall moved Resolution B-44 with the Committee's recommendation to adopt. A motion was made to refer B-44 to the Governance Committee for further study with a report to the Board at its June 2020 meeting. On vote, the motion to refer Resolution B-44, as amended, was adopted by the Board of Trustees.

B-44. Resolved, that the section of the *Organization and Rules of the Board of Trustees* entitled "Delegate Selection" be amended as follows (additions underscored, deletions ~~stricken through~~):

Delegate Selection: Subject to funding allocated in the approved budget, the ADA/FDI Delegation shall consist of 10 delegates as follows. The delegates shall be the USA National Liaison Officer, who shall serve as delegation chair, the current President, the current President-elect, the immediate past president, and the previous immediate past president. In addition, the President shall appoint to one-year terms a fourth-year trustee, a third-year trustee, a second-year trustee, a first-year trustee, and an additional presidential appointee as delegates. Subject to funding, there shall be at least two alternate delegates, ~~appointed by the President, one of which may be the Executive Director and one or two additional appointees who is/are ADA members additional presidential appointee, who is an ADA member, preferably with broad international experience. who are ADA members who shall be appointed by the president.~~ In the event a smaller delegation is funded in any given year, the president shall choose which delegate positions to fill.

Report of the Pension Committee: On behalf of the Committee, Dr. Ted Sherwin, chair, presented the report of the Committee's April 1, 2020, meeting. The report identified major topics discussed and actions taken.

Reports and Resolutions to the Board of Trustees

Conferences and Continuing Education

CAM Update Related to Future Annual Sessions: Ms. Catherine Mills and Dr. James Stephens updated the Board on the ADA Annual Meeting. CAM is studying ways to rejuvenate the Annual Session. That work is underway through work with a consulting firm. Phase 1 research is complete and Phase 2 has started, where ideas for rejuvenation are explored. Phase 3 will include specific recommendations. Because the work is not completed yet, the details remain confidential. In June, the Board will get a more detailed report and final outcomes will be reported to the Board in August.

Report of the Advisory Committee on Annual Meetings: Nomination for ADA 2022 Committee on Local Arrangements Chair: The following resolution was adopted (consent calendar action).

B-37-2020. Resolved, that Dr. Michael J. Goulding, Texas, be appointed to serve as the Committee on Annual Meetings Local Arrangements Member for a two-year term (2020-2022), to take effect immediately following the ADA House of Delegates meeting in October 2020.

Education/Professional Affairs

Report of the Senior Vice President, Education and Professional Affairs: Admission Test for Dental Hygiene Programs Steering Committee Appointments: The following resolution was adopted (consent calendar action).

B-34-2020. Resolved, that a steering committee be established for the 2020 term to oversee the development, launch and validation of the ADA Admission Test for Dental Hygiene (ATDH), and be it further

Resolved, that the ATDH steering committee be constituted as follows:

- One (1) member from the Board of Trustees to serve as chair;
- Two (2) members from the Council on Dental Education and Licensure (one who is the CDEL Admission Committee Chair and one who is a CDEL member appointed to CDEL by ADEA);
- One (1) member who is a college/university admissions officer; and
- Four (4) members who are active dental hygiene program directors.

and be it further

Resolved, that the following appointments to the ATDH steering committee, as recommended by the President, be approved:

- Dr. Paul Leary, Trustee
- Dr. Stephen M. Lepowsky, chair, CDEL Dental Admission Testing Committee
- Dr. Uri Hangorsky, CDEL member (appointed by ADEA)
- Arek Horozyan, EdD, Admissions Officer
- Donna Warren Morris, RDH, MEd
- Tammy R. Sanderson, RDH, MSDH
- Wanda Cloet, RDH, DHS

- Joyce C. Hudson, RDH, MS

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 provided information primarily around ADA's Division of Government and Public Affairs legislative and regulatory activities to address the COVID 19 issue. Those activities include lobbying; the Department of Labor Exemption Guidance on sick leave and the Family and Medical Leave Act; Economic Injury Disaster Loans and Small Business Association 7(a) Paycheck Protection Program Loans; and drafting provisions to be included in fourth COVID Legislative Package. Mr. Graham made it clear that there continues to be significant confusion with regard to the implementation of guidance and regulations. In addition, the division is also providing fact sheets, based on the third Legislative Package, as well as FAQs to better educate our dentists on these important issues.

Legal Affairs

Report of the Division of Legal Affairs: Summary of Litigation and Other Matters: This confidential report was presented in an attorney-client session for the Board's information.

Organizational/Other

Coronavirus Efforts Update: Dr. OLoughlin reported on how the ADA is continuing its full operations through remote working. Various cross-divisional teams have been created to manage response work and that work is progressing well. The ADA's webinars and information provided through ADA.org and other channels have been viewed by record numbers. Engagement with dentists is running very high. ADA will also be working on a plan to assure the public that dentistry is safe once this crisis has passed.

Report of the New Dentist Committee: Dr. Emily Mattingly, chair, New Dentist Committee, reported updates on the New Dentist Committee's areas of focus. Dr. Doroshov moved Resolution B-42. On vote, the Board of Trustees adopted Resolution B-42.

B-42-2020. Resolved, that Dr. Kevin Byrd be nominated to serve as the new dentist member of the Council on Scientific Affairs for the 2020-2021 term, and be if further

Resolved, that Dr. Byrd's nomination be transmitted to the 2020 House of Delegates.

Nominations to the Council on Scientific Affairs: On vote, the Board of Trustees adopted Resolution B-35.

B-35-2020. Resolved, that the names and qualifications of the following four individuals be transmitted to the 2020 House of Delegates as nominees for membership on the Council on Scientific Affairs for the 2020-2024 term.

Dr. Vineet Dhar (District 4)
 Dr. Purnima Kumar (District 7)
 Dr. Marcelle M. Nascimento (District 17)
 Dr. Jacob G. Park (District 15)

Report on Nominations for ADA Honorary Membership: The Board of Trustees adopted the following resolutions (consent calendar actions).

B-30-2020. Resolved, that Honorary Membership to the American Dental Association be awarded to:
 Mr. Gary Price.

B-31-2020. Resolved, that Honorary Membership to the American Dental Association be awarded to:

Paul L. Mulhausen, M.D., M.H.S.

Report on Nomination for ADA Distinguished Service Award: The Board of Trustees adopted the following resolution (consent calendar actions).

B-36-2020. Resolved, that the 2020 Distinguished Service Award be presented to Dr. Leo E. Rouse.

ADA/FDI Delegation: 2020 Council/Committee Candidates and National Leadership Officer: The Board of Trustees adopted the following resolutions (consent calendar actions).

B-40-2020. Resolved, that Dr. Roger Macias (Texas) be approved as the 2020 ADA candidate for FDI Education (CE) Committee, and that appropriate materials be developed for his candidacy.

B-41-2020. Resolved, that Dr. Chad Gehani (New York) be appointed as the FDI USA National Liaison Officer (NLO) for a four-year term (2021-2025), that will take effect immediately following the ADA House of Delegates meeting in October 2020.

Report of the President: Dr. Chad Gehani presented an oral report that summarized his activities since the February Board meeting.

Report of the President-elect: Dr. Daniel Klemmedson presented an oral report that summarized his activities since the February Board meeting.

Report of the Executive Director: Dr. Kathleen O'Loughlin reported on the state of the Association, including that 2019 ended with a \$3.2 million deficit. This is attributable to changes to key ADABEI programs, decreased profits from Annual Session and decreases in advertising revenues. In 2020, membership numbers are close to projections and revenue is slightly ahead of plan. There is uncertainty over the rest of this year, and projections will be rerun this year. Despite this, the ADA is continuing to execute on the strategic plan and that includes work on a digital transformation.

Report of the Treasurer: Dr. Ted Sherwin presented an oral report that summarized ADA's policies on reserves.

Liaison Reports

Report of Dr. Julio H. Rodriguez, Liaison to the Council on Communications: This informational report summarized the March 13–14, 2020, CC meeting (consent calendar item).

Closed Session

A closed session of the Board of Trustees was held during the April 3, 2020, meeting of the Board of Trustees. 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.

- Consideration of Confidential Board Action
- Report of the Compensation Committee

Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Friday, April 3, 2020 via videoconference.

Adjournment

Without objection, the fourth regular meeting of the Board of Trustees adjourned sine die on Friday, April 3, 2020 at 4:22 p.m.

Minutes of the Board of Trustees

April 9, 2020

Special Meeting of the Board of Trustees

Call to Order: The special meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Thursday, April 9, 2020, at 3:00 p.m. Central Daylight Savings Time. The video conference call meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees in attendance were: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent U. Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshow, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

ADA Staff in Attendance: Marcelo Araujo, chief science officer; Cesar Barradas, director, Business Analytics and Improvement; Jerome Bowman, chief, Governance and Strategy Management; Tom Elliott, deputy general counsel; Scott Fowkes, general counsel; James Goodman, senior vice president, Business Group; Michael Graham, senior vice president, Government and Public Affairs; April Kates-Ellison, vice president, Member and Client Services; Catherine Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; David Preble, senior vice president, Practice Institute; Robert Quashie, senior vice president, Operations; Paul Sholty, chief financial officer; Marko Vujicic, chief economist and vice president, Health Policy Institute; Wendy Wils, deputy general counsel; Bill Robinson, president and CEO, ADA Business Innovation Group; Michelle Kruse, director, Administrative Services; Tomisena Cole, senior manager, Board and House Matters; Jodi Baldwin, manager, Board and House Matters; and Molly Potnick, coordinator, Publications and Projects.

Before consideration of business, Dr. Gehani 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.

Creation of Task Force of Practice Recovery: Resolution B-59 was presented for the Board's consideration. On vote, the Board of Trustees adopted Resolution B-59.

B-59-2020. Resolved, that an Advisory Task Force on Dental Practice Recovery be created of no more than six individuals, and be it further

Resolved, that the Task Force shall report to the President at least once per week on progress in development of tools and guidance, and be it further

Resolved, that the President shall appoint the members of the Task Force and its chair.

Following the adoption of Resolution B-59-2020, the President announced that the following individuals had been appointed to serve on the Task Force on Dental Practice Recovery:

Dr. Kirk Norbo, co-chair
 Dr. Rudy Liddell, co-chair
 Mr. Drew Eason
 Dr. Cody Graves
 Dr. Duc "Duke" Ho
 Dr. Tom Paumier

ADABIG Report: Prior to discussion, Mr. Bill Robinson reported on recent changes to the service and to staff responsibilities made as a result of the COVID-19 crisis. Additionally, Mr. Robinson reported on performance metrics, detailed new assumptions, financial projections, and market learnings over the course of the pilot. It should be made clear that these projections and assumptions do not take into account the impact of the current COVID-19 crisis. Following the update, the Board participated in a discussion about ADA Practice Transitions.

Adjournment: The special session of the Board of Trustees adjourned at 4:29 p.m.

Minutes of the Board of Trustees

April 18, 2020

Special Meeting of the Board of Trustees

Call to Order: The special meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Saturday, April 18, 2020, at 4:03 p.m. Central Daylight Savings Time. The videoconference meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees in attendance were: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent U. Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshow, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

ADA Staff in Attendance: Marcelo Araujo, chief science officer; Jerome Bowman, chief, Governance and Strategy Management; Tom Elliott, deputy general counsel; Scott Fowkes, general counsel; Tony Frankos, vice president, Sales Strategy and Product Development; James Goodman, senior vice president, Business Group; Michael Graham, senior vice president, Government and Public Affairs; Michelle Hoffman, vice president, Publishing; Michael Kendall, senior associate general counsel; Catherine Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; Pam Porembski, director, Council on Dental Practice; David Preble, senior vice president, Practice Institute; Robert Quashie, senior vice president, Operations; Betsy Shapiro, director, Practice Management Resources and Strategy; Paul Sholty, chief financial officer; Marko Vujicic, chief economist and vice president, Health Policy Institute; Leslee Williams, senior director, Communication; Wendy Wils, deputy general counsel; Michelle Kruse, director, Administrative Services; Tomisena Cole, senior manager, Board and House Matters; Jodi Baldwin, manager, Board and House Matters; and Molly Potnick, coordinator, Publications and Projects.

Guests: Dr. Emily Mattingly, chair, New Dentist Committee.

Before consideration of business, Dr. Gehani 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.

New ADA Guidance on the Shutdown: Dr. Gehani announced that the purpose of the Special Meeting was to obtain Board consensus on new ADA guidance on the shutdown. After consideration, Resolution B-60 was approved by the Board of Trustees.

B-60-2020. Resolved, that the Board of Trustees approves publication of the ADA Postponement and Reopening Statement.

The ADA Postponement and Reopening Statement reads as follows:

The American Dental Association (ADA) recommended on March 16 that dentists restrict their practices to all but urgent and emergency care. This recommendation was later extended until April 30 at the earliest. The intent of the recommendation was to observe social distancing, help mitigate the spread of the 2019 Novel Coronavirus, conserve essential personal protective equipment (PPE) for medical frontline colleagues, and avoid the need for patients requiring emergency dental treatment to go to overburdened hospital emergency departments.

As of mid-April, conditions regarding virus transmission vary greatly across the U.S. Some state and local governments are now considering reopening certain businesses considered "essential,"

including dental practices, as they phase their communities back into normal operations. The federal government has now released [criteria](#) for states to use in making decisions related to elective health care availability and sheltering in place mandates.

The ADA recognizes that [local or state government](#) decisions regarding closures, including restrictions regarding elective health care, supersede ADA recommendations. In addition, local and state health departments, state dental societies and, in some cases, large urban local dental societies may better understand local disease transmission rates and conditions and make more informed recommendations regarding elective dental care availability.

In states that are considering reopening, the ADA believes dentists should exercise professional judgment and carefully consider the availability of appropriate PPE to minimize risk of virus transmission. The ADA is communicating with the Federal Emergency Management Agency (FEMA), other federal agencies, and relevant organizations to advocate that dentists, as essential healthcare workers, are prioritized for PPE.

As of April 16, FDA approved tests for COVID-19 are not available to dentists in the U.S. Therefore, dentists should be aware that asymptomatic healthy appearing patients cannot be assumed to be COVID-19 free.

To aid dentists who may be reopening their practices when state mandates are lifted, the ADA has developed [interim guidance](#) on the PPE recommended in order to practice during this pandemic and minimize the risk of virus transmission. Additional guidance documents will be issued regarding protocols for office and treatment procedures.

The longer dental practices remain closed to preventive care and treatment for early forms of dental disease, the more likely that patients' untreated disease will progress, increasing the complexity and cost for treatment down the road.

The safety of patients, dentists and dental team members has been and always will be ADA's utmost concern.

Adjournment: The special session of the Board of Trustees adjourned at 5:19 p.m.

Minutes of the Board of Trustees

April 23, 2020

Special Meeting of the Board of Trustees

Call to Order: The special meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Thursday, April 23, 2020, at 4:52 p.m. Central Daylight Savings Time. The telephonic meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees in attendance were: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent U. Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

ADA Staff in Attendance: Cathryn Albrecht, senior associate general counsel; Marcelo Araujo, chief science officer; Jerome Bowman, chief, Governance and Strategy Management; Deborah Doherty, managing director, ADABEI; Tom Elliott, deputy general counsel; Scott Fowkes, general counsel; Michael Kendall, senior associate general counsel; Stephanie Moritz, chief communications officer; Pam Porembski, director, Council on Dental Practice; David Preble, senior vice president, Practice Institute; Betsy Shapiro, director, Practice Management Resources and Strategy; Wendy Wils, deputy general counsel; Michelle Kruse, director, Administrative Services; Tomisena Cole, senior manager, Board and House Matters; Jodi Baldwin, manager, Board and House Matters; and Molly Potnick, coordinator, Publications and Projects.

Guests: Dr. Emily Mattingly, chair, New Dentist Committee.

Before consideration of business, Dr. Gehani 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.

Task Force Guidelines: Dr. Gehani announced that the purpose of the Special Meeting was to obtain Board consensus on interim recommendations from the ADA's Advisory Task Force on Dental Practice Recovery. Resolution B-61 was presented for the Board's consideration. On vote, the Board of Trustees adopted Resolution B-61.

B-61-2020. Resolved, that the Board of Trustees approves publication of the Return to Work Interim Guidance Toolkit.

Attorney-Client Session: An attorney-client session was convened. In attendance were the officers and members of the Board of Trustees; Cathryn Albrecht, senior associate general counsel; Tom Elliott, deputy general counsel; Scott Fowkes, general counsel; Michael Kendall, senior associate general counsel; and Wendy Wils, deputy general counsel.

Adjournment: The special session of the Board of Trustees adjourned at 5:45 p.m.

Minutes of the Board of Trustees

June 12–13, 2020

Call to Order: The fifth regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Friday, June 12, 2020, at 9:00 a.m. Central Daylight Savings Time via videoconference.

Roll Call: Officers and members of the Board of Trustees in attendance were: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, chief science officer; Jordan Baugh, chief technology officer; Jerome K. Bowman, chief, Governance and Strategy Management; Judith Fleeks, chief human resources officer; Scott W. Fowkes, general counsel; Tony Frankos, vice president, Sales Strategy and Product Development; James Goodman, senior vice president, Business Group; Michael A. Graham, senior vice president, Government and Public Affairs; Michelle Hoffman, vice president, Publishing; April Kates-Ellison, vice president, Member and Client Services; Catherine H. Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; David Preble, senior vice president, Practice Institute; Robert Quashie, senior vice president, Operations; Paul Sholty, chief financial officer; Marko Vujicic, chief economist and vice president, Health Policy Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Guests in attendance for a portion or portions of the meeting included Dr. Emily Mattingly, chair, New Dentist Committee; Kristen Liggett, group account director, Agency EA; Sarah Spliethoff, creative director, Agency EA.

Others in attendance for all or portions of the meeting were: Catherine Albrecht, senior associate general counsel; Jodi Baldwin, manager, Board and House Matters; Deborah Doherty, managing director, ADABEI; Thomas C. Elliott, Jr., deputy general counsel; Kelly Ganski, news director, *ADA News*; Michelle Kruse, director, Administrative Services; Trina Langtiw, coordinator, Board and House Matters; Nancy Livingston, senior associate general counsel; Molly Potnick, coordinator, Board and House Matters; Bill Robinson, president and CEO, ADA Business Innovation Group; Kyle Smith, manager, House of Delegates, Paula Tironi, senior associate general counsel; and Wendy J. Wils, deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

Before consideration of business, Dr. Gehani 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. Gehani asked if there were any items of new business. No items of new business were proposed. On vote, the Board adopted the agenda.

B-63-2020. Resolved, that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar. Dr. Gehani reviewed the list of proposed consent items; the following items were removed from consent.

- Board of Trustees Resolution to the House of Delegates: Interim Policy on E-Cigarettes and Vaping (Res. 2)
- Council on Government Affairs: Amendment of the Policy, Dental Research by Military Departments (Res. 12)
- Council on Government Affairs: Amendment of the Policy, Antitrust Reform (Res. 14)
- Report of the Council on Dental Benefit Programs: Update on the ADA Clinical Data Warehouse/Registry Activities
- Report of the ADA/CODA Workgroup Relationship

The amended consent calendar was adopted by the Board of Trustees.

B-62-2020. Resolved, that the resolutions contained on the Consent Calendar for Board of Trustees consideration, as amended, be approved and reports be filed.

Approval of Minutes of Previous Sessions

Minutes of the March 25, 2020, Special Telephonic meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-64-2020. Resolved, that the minutes of the March 25, 2020, Special Telephonic meeting of the Board of Trustees be approved.

Minutes of the March 30, 2020, Special Telephonic meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-65-2020. Resolved, that the minutes of the March 30, 2020, Special Telephonic meeting of the Board of Trustees be approved.

Minutes of the April 1, 2020, Special Telephonic meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-66-2020. Resolved, that the minutes of the April 1, 2020, Special Telephonic meeting of the Board of Trustees be approved.

Minutes of the April 3, 2020, Board of Trustees meeting. The following resolution was adopted (consent calendar action).

B-67-2020. Resolved, that the minutes of the April 3, 2020, Board of Trustees meeting be approved.

Minutes of the April 3, 2020, Confidential meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-82-2020. Resolved, that the minutes of the April 3, 2020, Confidential meeting of the Board of Trustees be approved.

Minutes of the April 9, 2020, Special Telephonic meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-68-2020. Resolved, that the minutes of the April 9, 2020, Special Telephonic meeting of the Board of Trustees be approved.

Minutes of the April 18, 2020, Special Telephonic meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-69-2020. Resolved, that the minutes of the April 18, 2020, Special Telephonic meeting of the Board of Trustees be approved.

Minutes of the April 23, 2020, Special Telephonic meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-70-2020. Resolved, that the minutes of the April 23, 2020, Special Telephonic meeting of the Board of Trustees be approved.

Minutes of the May 22, 2020, Special Confidential Telephonic meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

B-81-2020. Resolved, that the minutes of the May 22, 2020, Special Confidential Telephonic meeting of the Board of Trustees be approved.

Reports of Standing Committees of the Board of Trustees

Report of the Audit Committee: On behalf of the Committee, Dr. Billie Sue Kyger, chair, presented the report of the Audit Committee's June 9, 2020, meeting. The report identified major topics discussed, reports received and actions taken. Dr. Kyger moved the following resolutions with the Committee's recommendation to adopt; on vote the following resolutions were adopted by the Board of Trustees.

B-88-2020. Resolved, that the revisions to the Audit Charter as shown in Appendix 1 to the Report on the Referral of Proposed Revisions to the Audit Committee Charter be approved.

Appendix 1 is appended on page 14.

B-89-2020. Resolved, that the final audited consolidated 2019 ADA financial statements be posted to the House of Delegates library on ADA Connect.

B-90-2020. Resolved, that the final audited 2019 financial statements for ADPAC be posted to the House of Delegates library on ADA Connect.

B-91-2020. Resolved, that the KPMG report on the Headquarters Building Operating Expense Report for the year ended December 31, 2019 be posted to the House of Delegates library on ADA Connect.

Report of the Budget and Finance Committee: The report of the Budget and Finance Committee, presented by Dr. Cesar R. Sabates, Committee chair, was considered during a closed session of the Board of Trustees. In open session, the following resolution was considered and adopted by the Board of Trustees.

B-83-2020. Resolved, that the Board approves the appropriation of \$289,266 be made from the 2020 Board Contingent fund to cover the extraordinary costs of responding to the COVID-19 crisis, and be it further

Resolved, that the Budget and Finance Committee continue to receive reports on similar spending needs through the rest of 2020, and be it further

Resolved, that the expenditure of these funds be traced in a separate cost center as part of the ADA Central Administration with separate appropriate monthly reporting of activity and remaining Account balance

Report of the Business Innovation Committee: This confidential report, presented by Dr. Kirk M. Norbo, Committee chair, identified major topics discussed, reports received, recent activities and actions taken.

Report of the Compensation Committee: The report of the Compensation Committee, presented by Dr. Kirk M. Norbo, Committee chair, was considered during a closed session of the Board of Trustees. In open session, the following resolution was considered and adopted by the Board of Trustees.

B-84-2020. Confidential Action

Report of the Diversity and Inclusion Committee: On behalf of the Diversity and Inclusion Committee, Dr. Roy Thompson, chair, presented the report of the Committee's June 4, 2020, meeting. The report identified major topics discussed and reports received. Dr. Thompson moved Resolution B-85 on behalf of the committee; on vote Resolution B-85 was adopted by the Board of Trustees.

B-85-2020. Resolved, that the following 24 candidates be approved to participate in the 2020-2021 class of the ADA Institute for Diversity in Leadership:

Arroyo-Juliá, Alica, Puerto Rico
 Awan, Kamran, Utah
 Bergeron, Brittany, Maryland
 Brown, Cecilia, Florida
 Fuentes, Selina, Texas
 Griffith, Horace, Virgin Islands
 Grover, Simran, Massachusetts
 Guzman, Emma, New York
 Haase, Cristin, Arizona
 Harris, Ethel, Tennessee
 Henderson, Marlon, Louisiana
 Hishaw, Lailah, Arizona
 Kamodia, Shivani, Texas
 Luan, Kevin, Illinois
 McCrorey, Brittany, New York
 Otto, Alexandra, Texas
 Pass, Lauren, Illinois
 Patel, Amrita, New York
 Pezzullo, Cheryline, New York
 Robinson-Warner, Gillian, Maryland
 Spizuoco, Stacy, New York
 Wiggins, LaJoi, Virginia
 Zbin, Stephanie, Wisconsin
 Zea, Ana, Massachusetts

Dr. Thompson moved Resolution B-86 on behalf of the committee; on vote Resolution B-86 was adopted by the Board of Trustees.

B-86-2020. Resolved, that the following three candidates be approved as alternates for the 2020-2021 class of the ADA Institute for Diversity in Leadership:

Al Sammarraie, Mohlab, California
 Venegas, Ximena, Massachusetts
 Alvarez, Boris, New Jersey

Report of the Governance Committee: On behalf of the Governance Committee, Dr. Kenneth McDougall, chair, presented the report of the Committee's May 21, 2020, meeting. The report identified major topics discussed, reports received and actions taken. During review of the report, a question was raised on the postponement to 2021 for the Governance Committee to report back to the Board of Trustees on the referral of Resolution B-44: Board *Rules* Amendment to FDI Delegate Selection. After discussion, Dr. McDougall reported that the Governance Committee would report back to the August Board.

Dr. McDougall moved Resolution B-80 with the Committee's recommendation to adopt; on vote Resolution B-80 was adopted by the Board of Trustees.

B-80-2020. Resolved, Resolved, that the Board Rules Amendment B-63-2019 of the *Organization and Rules of the Board of Trustees* be rescinded and, be it further

Resolved, that the electronic *Organization and Rules of the Board of Trustees* be published twice per year, immediately prior to the House of Delegates meeting and again immediately prior to the first Board of Trustees meeting of the new year.

Report of the Pension Committee: On behalf of the Committee, Dr. Ted Sherwin, chair, presented the report of the Committee's April 22, 2020, meeting. The report identified major topics discussed and actions taken.

Reports and Resolutions to the Board of Trustees

Conferences and Continuing Education

ADA FDC 2020 Annual Meeting Review: This report was considered during a closed session of the Board of Trustees. In open session, the following resolution was considered and adopted by the Board of Trustees.

B-87-2020. Resolved, that the Board of Trustees cancel the in-person 2020 ADA FDC Annual Meeting, October 15-18, 2020 in Orlando, Florida.

ADA Annual Meeting Review Project Update: This report was considered during a closed session of the Board of Trustees.

Education/Professional Affairs

Report of the ADA/CODA Workgroup Relationship: This report summarized key issues from the ADA/CODA Workgroup at its February 17, 2020, meeting; including the reserve fund, the intercompany memorandum of understanding and services agreement.

Following a discussion, Dr. Sabates moved Resolution B-92; on vote, Resolution B-92 was adopted by the Board of Trustees.

B-92-2020. Resolved, that the ADA communicate with CODA once again on its Shared Service Agreement and ask that it be signed within the next 30 days.

Informational Report Requesting Funding in 2021 Budget for Completion of Online CERP Application

in Aptify: This informational report summarized CCEPR's request to Board of Trustees to include funding for the second phase of the project, the development of the web-based application platform and portal, in the ADA's 2021 budget (consent calendar item).

Finance and Operations

Informational Report Regarding Officer Approval of Expenditures from Capital Replacement Reserve

Spending: This informational report summarized Officer approvals of spending from the Capital Replacement Reserves (consent calendar item).

Report on the Status of the 2020 Board Contingency and Approval of Supplemental Appropriation

Requests: A Board Contingency Fund of \$721,000 was authorized in the 2020 budget. The Board of Trustees approved total requests in the amount of \$149,880, leaving a balance of \$571,120 (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. Michael Graham reported the Provider Relief Fund has been opened to dentists who participate in Medicaid and CHIP and it is expected to open up to all dentists in the future. The next COVID relief bill is expected to come in mid to late July, and there is hope McCarron Ferguson will move forward this term. Work is also still underway to allow 501(c) 6 entities to participate in PPE funds.

Health Policy Institute

HPI COVID-19 Update Presentation: Dr. Marko Vujicic updated the Board on the economic impact on dentistry from the pandemic. Current data shows that 90% of practices have reopened, fully or partially. Patient volume is now just a bit higher than 50% of past levels, although that is showing progress every week. Dental practices are rehiring staff, but employed dentists are lagging behind other staff. Dr. Vujicic also reported on significant improvement in availability of PPE. Very few practices are indicating an intent to never reopen. The economic rebound in dentistry continues and is not showing any indication so far of reaching a plateau. HPI and Science are also collaborating on a study of infection rates within the profession.

Legal Affairs

Report of the Division of Legal Affairs: Summary of Litigation and Other Matters: This confidential report was presented in an attorney-client session for the Board's information.

Board Education Session: Harassment: Ms. Catharine Albrecht provided the Board with an annual educational session on harassment.

Member and Client Services

Report of the Senior Vice President, Operations: Dues Streamlining Update: This informational report updated the Board on activities related to dues streamlining resolutions 14H-2019 and 15H-2019 (consent calendar item).

ADA Dental School Strategy (Presentation): Ms. April Kates-Ellison and Dr. Anthony Ziebert reviewed ADA's dental school strategy. ADEA, ASDA and the ADA have all been coordinating their efforts in light of the pandemic. Online delivery of education curriculum seems like a change which is here to stay. This could have ripple effects ranging from shorter time in dental school to a decreased need for faculty. These sorts of changes also pose financial challenges to schools. Licensure processes and requirements have also changed. ADA will monitor closely how these changes continue to evolve and how all of these changes would impact conversion rates. Virtual signing days, virtual Success Programs and other outreach efforts have been implemented. The applications-collected rate for the class of 2020 is still behind earlier years but those efforts are not done.

Digital Transformation (Presentation): Mr. Jordan Baugh demonstrated how members will be able to update communications preferences and perform other functions directly from an ADA app that almost ready for release. Ms. Stephanie Moritz explained how digital member transformation efforts have resulted in refining content to highlight what members want. It has also improved the experience prospective members have in joining the ADA. Digital transformation remains a priority strategy of the ADA and it will affect virtually every area of the ADA.

Practice Institute

Report of the Council on Dental Benefit Programs: Update on the ADA Clinical Data

Warehouse/Registry Activities: This informational report provided an update on the activities of the Council on Dental Benefit Programs (CDBP) toward establishing the ADA Clinical Data Warehouse/ Registry.

ADA Science and Research Institute

ADA Seal of Acceptance Program International Activities: The Board of Trustees adopted the following resolution (consent calendar action).

B-72-2020. Resolved, that the ADA suspend activities related to the international registration of the ADA Seal of Acceptance trademark, while permitting participating companies to use the mark on Seal-Accepted products in countries outside the United States.

Report of ADASRI: Update of Activities: Dr. Marcelo Araujo addressed the Board on work underway in ADASRI. The ADASRI subsidiary has now developed its own strategic plan which focuses on creating science to benefit members and the public. This, in turn, supports the ADA's own public goal.

ADA Business Innovation Group

Report of ADA Business Innovation Group ADA Practice Transitions Update: This informational report provided a summary of ADAPT activities since April (consent calendar item).

ADA Foundation

Report of ADAF: Update of Activities: Dr. Marcelo Araujo and Dr. Craig Armstrong, chair, ADA Foundation, reported the Foundation is in the process of spending down existing funds for research and philanthropy. The philanthropy funds are supporting ADA efforts such as Give Kids A Smile®. In August, ADAF will hold a Meeting of the Member and will provide a more in depth report on Foundation activities

ADABEI

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

Organizational/Other

Report of the Department of Corporate Social Responsibility and Philanthropy on Changes to the Give

Kids A Smile – Tiny Smiles Program: This informational report summarized changes to the Give Kids A Smile - Tiny Smiles program to better focus on the strengths of the ADA (consent calendar item).

Report of 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-73-2020. Resolved, that the following nominees to the American Dental Political Action Committee Board of Directors be approved:

Dr. Matthew J. Neary, New York (District 2)
 Dr. Darleen A. Oleski, Pennsylvania (District 3)
 Dr. Terry L. Barnfield, Illinois (District 8)
 Dr. Alejandro M. Aguirre, Minnesota (District 10)
 Dr. Terry L. Buckenheimer, Florida (District 17)

Report of Nominations to Commissions: On vote, the Board of Trustees adopted Resolutions B-74, B-75 and B-76.

B-74-2020. Resolved, that Dr. Kumar J. Patel, Georgia, be appointed to serve on the Commission for Continuing Education Provider Recognition for the 2020-2024 term.

B-75-2020. Resolved, that Dr. Nancy R. Rosenthal, Pennsylvania, be appointed to serve on the Commission on Dental Accreditation for the 2021-2025 term.

B-76-2020. Resolved, that the following four general dentist commissioners be appointed to serve on the National Commission on Recognition of Dental Specialties and Certifying Boards for the 2020-2024 term.

Dr. David Halpern, Maryland
 Dr. Jonathan Knapp, Connecticut
 Dr. Prabu Raman, Missouri
 Dr. Brenda Young, Virginia

Report of Nominations of Advisory Committee on Annual Meetings General Members: The Board of Trustees considered multiple nominations for the open positions on the Committee on Annual Meetings. 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 two members to fill the general member positions on the Committee. On vote, Resolution B-77 was adopted by the Board of Trustees.

B-77-2020. Resolved, that the following two individuals be appointed to serve as general members of the Advisory Committee on Annual Meetings for the 2020-2025 term.

Dr. David Resch, Minnesota
 Dr. Nanette Tertel, Ohio

Report of the New Dentist Committee: Dr. Emily Mattingly, chair, New Dentist Committee, reported updates on the New Dentist Committee's areas of focus. Dr. Doroshov moved Resolution B-71. On vote, the Board of Trustees adopted Resolution B-71.

B-71-2020. Resolved, that the New Dentist Committee recommends that the Board nominate the following New Dentist Members for the 2020-2021 term:

Council on Dental Benefit Programs (CDBP), Dr. Amrita Patel
 Council on Members Insurance and Retirement Programs (CMIRP), Dr. Britany Matin (reappointment)
 Advisory Committee on Annual Meetings (CAM), Dr. Lauren Vitkus (reappointment)
 Council on Advocacy for Access and Prevention (CAAP), Dr. Brooke Fukuoka
 Council on Dental Education and Licensure (CDEL), Dr. Daniel Hammer (reappointment)
 Council on Communications (CC), Dr. Kavin Kai (reappointment)
 Council on Ethics, Bylaws and Judicial Affairs (CEBJA), Dr. Alex Mellion
 Committee on Membership (CM), Dr. Benjamin Youel (reappointment)
 American Dental Politician Action Committee (ADPAC), Dr. Colleen Greene (reappointment)
 Council on Dental Practice (CDP), Dr. Lindsay Compton (reappointment)
 Council on Government Affairs (CGA), Dr. Steve Feldman.

Report of Nominations to the New Dentist Committee: The Board of Trustees adopted the following resolution (consent calendar action).

B-78-2020. Resolved, that the following individuals be appointed to serve as members of the New Dentist Committee for the 2020-24 term.

Dr. Alena R. Lotz, Georgia (District 5)
 Dr. Sean Aiken, Kentucky (District 6)
 Dr. Gabriel B. Holdwick, Michigan (District 9)
 Dr. Jarod W. Johnson, Iowa (District 10)
 Dr. Jonathan C. Vogel, Texas (District 15)

Report of the President: Dr. Chad Gehani presented an oral report that summarized his activities since the April Board meeting.

Report of the President-elect: Dr. Daniel Klemmedson presented an oral report that summarized his activities since the April Board meeting.

Report of the Executive Director: Dr. Kathleen O'Loughlin reported on the state of the Association, including progress on the membership goal of the Strategic Plan, which has been impacted the most due to COVID.

Common Ground 2025

Report on Organizational Goal of Common Ground 2025: This report summarized the second progress report on the organizational goal of Common Ground: All levels of the ADA will have sufficient organizational capacity necessary to achieve the goals of the strategic plan (consent calendar item).

Report on Membership Goal of Common Ground 2025: This report summarized the second progress report on the membership goal of Common Ground: The ADA will have sufficient members to be the premier voice for oral health (consent calendar item).

Report on Public Goal of Common Ground 2025: This report summarized the second progress report on the public goal of Common Ground: The ADA will support the advancement of the health of the public and the success of the profession (consent calendar item).

Liaison Reports

Report of Dr. James Stephens, Liaison to the Joint Commission on National Dental Examinations: This informational report summarized the March 31, 2020, JCNDE meeting (consent calendar item).

Report of Dr. Julio Rodriguez, Liaison to the Council on Communications: This informational report summarized the May 18, 2020, CC meeting (consent calendar item).

Report of Dr. Cesar Sabates, Liaison to the Council on Dental Benefit Programs: This informational report summarized the April 30–May 1, 2020, CDBP meeting (consent calendar item).

Special Orders of Business/Special Appearances

Board of Trustees Strategic Discussion, Organizational Capacity: Prior to discussion, Ms. April Kates-Ellison briefed the Board on efforts under this goal. The briefing focused on work to bolster the capacity of state societies. This is essential to maintain membership levels. Part of this work was a reassessment of state capacity in light of changes brought about as a result of the pandemic. This has helped to focus work on those states with the greatest membership losses and those at the greatest financial risk.

Reports and Resolutions to the House of Delegates

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

Council on Dental Practice Resolution 15: Proposed Policy, ADA Statement on Silver Diamine Fluoride (SDF) to Arrest Carious Lesions (*Worksheet:3000*) 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)

Council on Dental Practice Resolution 16: Proposed Amendment of the Comprehensive ADA Policy Statement on Teledentistry (*Worksheet:3002*) 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)

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

Council on Dental Education and Licensure Resolution 1: Review of ADA Policies: Dentistry and Dentistry as an Independent Profession (*Worksheet:4000*) The Board of Trustees transmitted Resolution 1 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: 19 Yes—Dr. Doroshov, Edgar, Fiddler, Harrington, Herre, Himmelberger, Kessler, Klemmedson, Kyger, Leary, McDougall, Norbo, Rapini, Rodriguez, Rosato, Sabates, Shepley, Stephens, Thompson; 1 Absent—Dr. Armstrong)

The Board agrees with the amendments to the policy as proposed by the Council and urges one additional change, modifying the term maxillofacial to craniomaxillofacial. The Board believes that the term craniomaxillofacial more accurately reflects the profession's role in the evaluation, diagnosis, prevention and/or treatment of the mouth, jaws, face, skull, and associated structures. In particular, with oral and maxillofacial surgeons serving in both oncology and craniofacial fellowships, some state practice acts using this term, and some dentists performing facial and muscular injections of Botox in the craniofacial region including the neck, the Board urges adoption of the following substitute resolution.

1B. Resolved, that the ADA policy *Dentistry* (*Trans.1997:687; 2015:254*) be amended as follows (additions double underscored; deletions ~~stricken~~):

Resolved, that the profession of dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, craniomaxillofacial area and/or the adjacent and associated structures and their impact on the human body, provided by ~~a dentist~~ dentists, within the scope of ~~his/her~~ their education, training and experience, in accordance with the ethics of the profession and applicable law, and be it further

Resolved, that dentistry is and should remain an independent health care profession that safeguards, promotes and provides care for the health of the public in collaboration with other health care professionals.

and be it further

Resolved, that the policy *Dentistry as an Independent Profession* (Trans.1995:640) be rescinded.

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

Board of Trustees Resolution 2: Review and Consideration of ADA Ad Interim Policy On E-Cigarettes And Vaping (*Worksheet:5000*) The Board of Trustees voted to transmit Resolution 2 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Council on Government Affairs Resolution 3: Rescission of the Policy, Dental Focus In Federal Health Agencies (*Worksheet:5002*) The Board of Trustees voted to transmit Resolution 3 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 4: Amendment of the Policy, Use of Dentist-to-Population Ratios (*Worksheet:5004*) The Board of Trustees voted to transmit Resolution 4 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 5: Amendment of the Policy, Suggested Dental Practice Acts (*Worksheet:5005*) 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)

Council on Government Affairs Resolution 6: Rescission of the Policy, State Regulation Of Advertising (*Worksheet:5007*) The Board of Trustees voted to transmit Resolution 6 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 7: Proposed Policy, Waiver Of Patient Copayment/Overbilling (*Worksheet:5009*) 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)

Council on Government Affairs Resolution 8: Amendment of the Policy, National Practitioner Data Bank Self-Generated Inquiries (*Worksheet:5011*) 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)

Council on Government Affairs Resolution 9: Proposed Policy, National Practitioner Data Bank Statute of Limitations (*Worksheet:5012*) 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)

Council on Government Affairs Resolution 10: Proposed Policy, Support for Deployed Dentists

(Worksheet:5014) 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)

Council on Government Affairs Resolution 11: Proposed Policy, Rank And Status Of Dentists in the Armed Forces, Military Reserves and Public Health Service

(Worksheet:5017) 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)

Council on Government Affairs Resolution 12: Amendment of the Policy, Dental Research by Military Departments

(Worksheet:5020) The Board of Trustees voted to transmit Resolution 12 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Council on Government Affairs Resolution 13: Amendment of the Policy, Legislative Delegations

(Worksheet:5022) 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)

Council on Government Affairs Resolution 14: Amendment of the Policy, Antitrust Reform

(Worksheet:5024) The Board of Trustees voted to transmit Resolution 14 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Miscellaneous House Matters**Board of Trustees Resolution 17: Nominations to Councils and Commissions**

(Worksheet:1002) The Board of Trustees voted to transmit Resolution 17 to the House of Delegates with recommendation to vote yes (Vote: Unanimous).

Closed Session

Closed sessions were held at various times during the June 12–13, 2020, meeting of the Board of Trustees. 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.

- ADA Annual Meeting Review Project Update, Report, and Presentation
- ADA FDC Florida Dental Convention, 2020 Annual Meeting Plan, Report and Presentation
- Report of the Budget and Finance Committee
- Report of the Compensation Committee
- Board Dynamics and Operations in the Current Environment

Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Friday, June 12, 2020 via videoconference.

Adjournment

Without objection, the fifth regular meeting of the Board of Trustees adjourned sine die on Saturday, June 13, 2020 at 5:39 p.m.(CDST).

Appendix 1

Audit Committee

Purpose. The purpose of the ADA Audit Committee is to assist the Board of Trustees in fulfilling its legal and fiduciary obligations to oversee:

- The integrity of the ADA's financial statements, including the effectiveness of the Association's internal controls over financial reporting;
- The ADA's compliance with legal and regulatory requirements;
- The qualifications, independence and performance of the ADA's external and internal auditors (hereinafter, the "Auditors");
- The performance of the ADA's internal audit function; and
- The ADA's overall risk management and the Association's processes for assessing its financial and business risks.

Generally, it shall be the goal of the Audit Committee to add value to the Association and its subsidiaries and affiliates (collectively "subsidiaries") by encouraging transparency ~~of its in~~ financial matters, protecting ~~its~~ the reputation of the ADA and the subsidiaries, managing ~~its~~ risks and assisting the ADA Board of Trustees and the subsidiaries' Boards of Directors in its their duties by providing a systematic approach to evaluating and improving the effectiveness of risk management, control and compliance processes.

Committee Membership, Structure and Meetings. The Audit Committee ("Committee") is a committee of the Board of Trustees whose Committee members are appointed by the President with the approval of the Board of Trustees. The Committee reports to the Board of Trustees and also reports to each subsidiary Board of Directors on matters relating to the subsidiary's operations. 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; 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 13, 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. The Committee shall retain on file the qualifications (e.g., resume, CV) of each Committee member. The House of Delegates members shall be appointed to a one-year term, and each House of Delegates member shall be eligible to serve up to four such terms ~~on the committee~~ Committee.

The Committee will meet at least quarterly in connection with meetings of the Board of Trustees and at such other time that the Committee deems necessary. The Committee will meet at least at the spring and fall meetings with the Auditors, with a portion of those meetings held in executive session. The Committee will meet regularly with the ADA Executive Director, Chief Financial Officer, Treasurer and General Counsel and with management of each of the subsidiaries. At the invitation of the Committee, appropriate ADA staff from the Division of Finance and Operations, the Executive Director, the Division of Legal Affairs, and ~~others other ADA staff as it deems deemed~~ appropriate, may participate in meetings. Each subsidiary shall select one or more representatives from its Board of Directors or

management staff to interface with the Committee; such subsidiary representatives may attend those portions of Committee meetings where matters relating to the subsidiary are discussed.

Duties. The Audit Committee is authorized to:

1. ~~Adopt a~~ Review its written charter ~~and review it annually.~~
2. Perform the audit functions, including the duties noted in this charter, for and on behalf of the ADA and the ADA subsidiaries and affiliates (collectively, "subsidiaries") pursuant to the terms of a memorandum of understanding with each entity.
3. Hire, retain, terminate, replace and oversee the activities of the ~~ADA's Auditors~~ for the ADA and the subsidiaries and establish the terms of engagement for these entities. Review and evaluate the quality, performance and independence of the lead engagement representative of each Auditor and make lead engagement representative changes, as the Committee deems appropriate.
4. Review with management of the ADA and any applicable subsidiary any interim financial reports issued since the last Committee meeting.
5. Provide oversight of the conduct of activities of the internal and external Auditors and retained tax advisors.
6. Provide oversight of the assistance provided to the Auditors and tax advisors by the management and staff of the ~~Association~~ ADA and the subsidiaries during the audit and tax preparation processes.
7. Review all material written communications between the Auditors and management of the ADA and/or the subsidiaries, such as management letters or schedule of unadjusted differences.
8. Review with the external auditors, the internal auditors and the ADA Executive Director and Chief Financial Officer the audit scope and plans of the respective auditors and coordinate audit efforts to avoid redundancies, while still maintaining completeness of coverage.
9. Receive reports from the respective Auditors and tax advisors on the ~~ADA's~~ annual financial statements of the ADA and each of the subsidiaries 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~~ and the subsidiaries' financial reporting and to review that information with representative members of management of the ADA and subsidiaries.
10. ~~To formulate~~ Formulate and recommend policies to the ADA Board of Trustees and the Boards of Directors of the subsidiaries concerning internal controls, including the Association's expense reimbursement policies related to officers, trustees, volunteers and staff.
11. ~~To issue~~ Issue requests for proposal for audit services, as deemed necessary by the Committee, but at least every seven years. Periodic review of the retained audit firms to be conducted as deemed necessary by the Committee but at least every five (5) years commencing in 2020. The audit firm review shall include, without limitation, consideration of the following areas:
 - The quality of the services provided by the audit firms;
 - The policies and processes in place both in the audit charter and within the audit firms to

- ensure that the audit firms are and remain independent; and
 - The pricing of the services provided to the Association by the audit firms.
- 12. ~~To review~~ Review the Association's risk management policies for the enterprise and discuss periodically with management of the ADA and the subsidiaries ~~periodically~~ the guidelines and policies that govern the processes by which risk assessment and risk management ~~is~~ are undertaken.
- 13. ~~To retain~~ Retain a financial consultant with the requisite education and experience in audit, accounting, and financial matters to advise the Committee.
- 14. 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.
- 15. ~~To annually~~ Annually review the Association's Whistleblower Policy and treatment of complaints received through the policy.
- 16. ~~To review~~ Review any complaints under the Whistleblower Policy that have been received and monitor their status and resolution. The General Counsel and others as deemed necessary shall submit submissions received through the Whistleblower Policy to the Committee as soon as reasonably possible upon receipt.
- 17. ~~To report~~ Report directly to the Board of Trustees the findings of the Committee and/or the Auditors and to each of the Boards of Directors of the subsidiaries findings of the Committee and/or the Auditors relating to their respective subsidiary.
- 18. ~~To assist~~ Assist the ADA Board of Trustees and the Boards of Directors of the subsidiaries in maintaining the transparency and the integrity of the Association's financial statements, whether audited or unaudited.
- 19. ~~To submit~~ Submit an annual written reports to the ADA Board of Trustees and the Boards of Directors of the subsidiaries containing the review of, and any recommendations for revisions to, the ADA's internal control structures, accounting practices, financial reporting and the performance of the Auditors.
- 20. ~~To prepare the annual Audit Committee Report for the House of Delegates~~ Request the posting of the results of the annual examination of financial statements of the ADA and the subsidiaries.
- 21. ~~To complete~~ Complete an annual self-assessment of the Committee to ensure compliance with the Committee's charter and report its results to the ADA Board of Trustees.
- 22. ~~To discharge~~ Discharge any other duties or responsibilities delegated to the Committee by the ADA Board of Trustees or the Boards of Directors of the subsidiaries.

Notwithstanding anything to the contrary in these *Rules*, the Committee may retain separate, independent advisors to provide counsel or investigate matters with respect to matters coming within the Committee's purview. Payment for these services shall be made from Association funds.

Minutes of the Board of Trustees

June 24, 2020

Special Meeting of the Board of Trustees

Call to Order: The special meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Wednesday, June 24, 2020, at 3 p.m. Central Daylight Savings Time. The videoconference meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees in attendance were: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent U. Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

ADA Staff in Attendance: Marcelo Araujo, chief science officer; Jordan Baugh, chief technology officer, Jerry Bowman, chief of governance and strategy management; Scott Fowkes, general counsel; Tony Frankos, vice president, Sales Strategy and Product Development; James Goodman, senior vice president, Business Group; Michelle Hoffman, vice president, Publishing; April Kates-Ellison, vice president, Member and Client Services; Tom Elliott, deputy general counsel; Catherine Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; Dave Preble, senior vice president, Practice Institute; Robert Quashie, senior vice president, Operations; Paul Sholty, chief financial officer; Tony Ziebert, senior vice president, Education and Professional Affairs; Jodi Baldwin, manager, Board and House Matters; David Cantalupo, director, Annual Meeting and Committee on Annual Meetings; Michelle Kruse, director, Administrative Services; Trina Langtiw, coordinator, Board and House Matters; Molly Potnick, coordinator, Publications and Projects; Kyle Smith, manager, House of Delegates; Kelly Wang, director, Conference Services and Meeting Planning; and Wendy J. Wils, deputy general counsel.

Guest: Dr. Emily Mattingly, chair, New Dentist Committee

Before consideration of business Dr. Gehani called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest. No disclosures were made.

Dues Waiver Request: 2020 Dues Waivers for 2019 Members of the Colegio De Cirujanos Dentistas De Puerto Rico: Ms. April Kates-Ellison reported that the Colegio De Cirujanos Dentistas De Puerto Rico recently requested a 100% national ADA dues waiver (\$96,220) in support of Puerto Rico members for the 2020 membership year. Resolution B-94 was presented for the Board's consideration.

B-93. Resolved, that the request of the Colegio De Cirujanos Dentistas De Puerto Rico for a 100% dues hardship waiver for its 2019 ADA members in the 2020 membership year be granted due to the lasting devastation of Puerto Rico's 2017 hurricanes, subsequent earthquakes in 2019-2020, and the 2020 Corona Virus Pandemic, and be it further

Resolved, that up to \$97,000 be set aside from the Board Contingency to recognize a reduction in spending to offset the foregoing waiver of membership dues revenue.

A motion was made to amend B-93 in the first resolved clause by inserting "ADA Board of Trustees authorizes" and striking "request of the Colegio De Cirujanos Dentistas De Puerto Rico for" and striking "100%" and replacing it with "50%". The motion also amended the second resolved clause by striking "\$97,000" and replacing it with "\$48,500." On vote, the proposed amendment was adopted. On vote, Resolution B-93, as amended, was adopted by the Board of Trustees.

B-93-2020. Resolved, that the ADA Board of Trustees authorizes request of the Colegio De Cirujanos Dentistas De Puerto Rico for a 50 % 100% dues hardship waiver for the Colegio De Cirujanos Dentistas De Puerto Rico for its 2019 ADA members in the 2020 membership year be granted due to the lasting devastation of Puerto Rico's 2017 hurricanes, subsequent earthquakes in 2019-2020, and the 2020 Corona Virus Pandemic, and be it further **Resolved**, that up to \$48,500 \$97,000 be set aside from the Board Contingency to recognize a reduction in spending to offset the foregoing waiver of membership dues revenue.

Report of the Speaker of the House and the Chief of Governance on Holding an In-Person or Virtual House of Delegates: Dr. Mark Donald reported that for the last several months he as Speaker of the House of Delegates, the House of Delegates staff, and staff from Conference Services, have been monitoring other virtual meetings of houses of delegates and planning for a possible ADA House of Delegates to be conducted virtually. Following discussion, Resolution B-94 was presented for the Board's consideration. On vote, the Board of Trustees adopted Resolution B-94.

B-94-2020. Resolved, that the 2020 ADA House of Delegates shall be conducted in a virtual format over approximately the same dates as currently scheduled, and be it further

Resolved, that the Speaker of the House of Delegates be given authority to adjust the dates of the 2020 House of Delegates as necessary to accommodate a virtual format.

Attorney-Client Session: An attorney-client session was convened. In attendance were the officers and members of the Board of Trustees; Jordan Baugh, chief technology officer; and Scott Fowkes, general counsel.

Adjournment: The special session of the Board of Trustees adjourned at 4:50 p.m.

Minutes of the Board of Trustees

July 27, 2020

Special Meeting of the Board of Trustees

Call to Order: The special meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Monday, July 27, 2020, at 4 p.m. Central Daylight Savings Time. The videoconference meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees in attendance were: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent U. Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

ADA Staff in Attendance: Marcelo Araujo, chief science officer; Jerry Bowman, chief of governance and strategy management; Tony Frankos, vice president, Sales Strategy and Product Development; James Goodman, senior vice president, Business Group; Michelle Hoffman, vice president, Publishing; April Kates-Ellison, vice president, Member and Client Services; Tom Elliott, deputy general counsel; Catherine Mills, vice president, Conferences and Continuing Education; Dave Preble, senior vice president, Practice Institute; Paul Sholty, chief financial officer; Cathryn Albrecht, senior associate general counsel; Jodi Baldwin, manager, Board and House Matters; Mike Kendall, senior associate, general counsel; Michelle Kruse, director, Administrative Services; Nancy Livingston, senior associate general counsel; Jim Lyznicki, director, ADASRI; Kelly Mangold, senior manager, ADASRI; Pamela Porembski, director, Council on Dental Practice; Molly Potnick, coordinator, Publications and Projects; Samara Schwartz, associate general counsel; Kyle Smith, manager, House of Delegates; Leslee Williams, senior director, Communications; and Wendy J. Wils, deputy general counsel.

Guests: Dr. Raymond Cohlma, chair, ADASRI Board of Directors and Dr. Emily Mattingly, chair, New Dentist Committee

Before consideration of business Dr. Gehani called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest. No disclosures were made.

Interim Policy—Dentistry is Essential Health Care: Resolution B-102 was presented for the Board's consideration.

B-102. Resolved, that the policy "Dentistry is Essential Health Care" be adopted on an interim basis to guide advocacy for the profession during the COVID-19 pandemic.

Dentistry is Essential Health Care

1. Oral health is an integral component of systemic health.
2. Dentistry is an essential health care service because of its role in evaluating, diagnosing, preventing or treating oral diseases, which can affect systemic health.
3. Government agencies such as the Department of Homeland Security and the Federal Emergency Management Agency have acknowledged dentistry as an essential service needed to maintain the health of Americans so they can sustain their health and livelihoods and live resiliently during the COVID-19 pandemic response.
4. The term "Essential Dental Care" be defined as any care that eliminates infection, preserves the structure and function of teeth as well as well as

that of the supporting hard and soft tissues, and that this term be used in lieu of the terms “Emergency Dental Care” and “Elective Dental Care” when communicating with legislators, regulators, policy makers and the media in defining care that should continue to be delivered during global pandemics or other disaster situations, if any limitations are proposed.

5. State agencies or officials be urged to recognize the oral health workforce when designating its essential workforce during public health emergencies, in order to assist them in protecting the health of their constituents.

After an extensive discussion, the following resolution was moved for consideration, severally amended, and then adopted by the Board of Trustees.

B-102-2020. Resolved, that the policy “Dentistry is Essential Health Care” be adopted on an interim basis to guide advocacy for the profession during the COVID-19 pandemic.

Dentistry is Essential Health Care

1. Oral health is an integral component of systemic health.
2. Dentistry is an essential health care service because of its role in evaluating, diagnosing, preventing or treating oral diseases, which can affect systemic health.
- ~~3. Government agencies such as the Department of Homeland Security and the Federal Emergency Management Agency have acknowledged dentistry as an essential service needed to maintain the health of Americans so they can sustain their health and livelihoods and live resiliently during the COVID-19 pandemic response.~~
- ~~3.~~ 4. The term “Essential Dental Care” be defined as any care that prevents and eliminates infection, preserves the structure and function of teeth as well as the orofacial hard and soft tissues as well as that of the supporting hard and soft tissues, and that this term be used in lieu of the terms “Emergency Dental Care” and “Elective Dental Care” when communicating with legislators, regulators, policy makers and the media in defining care that should continue to be delivered during global pandemics or other disaster situations, if any limitations are proposed.
- ~~4.~~ 5. Government agencies such as the Department of Homeland Security and the Federal Emergency Management Agency have acknowledged dentistry as an essential service needed to maintain the health of Americans so they can sustain their health and livelihoods and live resiliently during the COVID-19 pandemic response. State agencies or officials be urged to recognize the oral health workforce when designating its essential workforce during public health emergencies, in order to assist them in protecting the health of their constituents.

ADA Foundation: The special session of the Board of Trustees was adjourned for the purpose of convening the ADAF Meeting of the Member. Following the adjournment of the Meeting of the Member, the special session of the Board of Trustees reconvened.

ADA Science and Research Institute: The special session of the Board of Trustees was adjourned for the purpose of convening the ADASRI Meeting of the Member. Following the adjournment of the Meeting of the Member, the special session of the Board of Trustees reconvened.

The Search for an Editor in Chief for the Journal of the American Dental Association: Report and Recommendation From the JADA EIC Search Committee: This report was considered during a special closed session of the Board of Trustees. In open session, the following resolution was considered and adopted by the Board of Trustees.

B-97-2020. Confidential Action

Adjournment: The special session of the Board of Trustees adjourned at 5:56 p.m.

Minutes of the Board of Trustees

August 21–22, 2020

Call to Order: The sixth regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Chad P. Gehani, president, on Friday, August 21, 2020, at 8:58 a.m. Central Time via videoconference.

Roll Call: Officers and members of the Board of Trustees in attendance were: Chad P. Gehani, Daniel J. Klemmedson, Craig W. Herre, Vincent Rapini, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Richard J. Rosato, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, chief science officer; Jordan Baugh, chief technology officer; Jerome K. Bowman, chief, Governance and Strategy Management; Judith Fleeks, chief human resources officer; Scott W. Fowkes, general counsel; Tony Frankos, vice president, Sales Strategy and Product Development; James Goodman, senior vice president, Business Group; Michael A. Graham, senior vice president, Government and Public Affairs; Michelle Hoffman, vice president, Publishing; April Kates-Ellison, vice president, Member and Client Services; Catherine H. Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; David Preble, senior vice president, Practice Institute; Robert Quashie, senior vice president, Operations; Paul Sholty, chief financial officer; Marko Vujicic, chief economist and vice president, Health Policy Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Guests in attendance for a portion or portions of the meeting included Dr. Emily Mattingly, chair, New Dentist Committee; Kristen Liggett, group account director, Agency EA; Sarah Spliethoff, creative director, Agency EA; Mr. Gary Price, Honorary Membership Award recipient; Dr. Paul L. Mulhausen, Honorary Membership Award recipient; and Dr. Martha Somerman, chair, JADA Search Committee.

Others in attendance for all or portions of the meeting were: Catherine Albrecht, senior associate general counsel; Jodi Baldwin, manager, Board and House Matters; Deborah Doherty, managing director, ADABEL; Thomas C. Elliott, Jr., deputy general counsel; Kelly Ganski, news director, *ADA News*; Michelle Kruse, director, Administrative Services; Trina Langtiw, coordinator, Board and House Matters; Nancy Livingston, senior associate general counsel; Thomas Parcella, director, Financial Planning & Analysis; Molly Potnick, coordinator, Board and House Matters; Bill Robinson, president and CEO, ADA Business Innovation Group; Samara Schwartz, associate general counsel; Kyle Smith, manager, House of Delegates, Wendy J. Wils, deputy general counsel; Rob Zinn, director, Accounting & Reporting. Other ADA staff members were in attendance for specific agenda items.

Before consideration of business, Dr. Gehani 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.

1 **Preliminary**

2
3 **Approval of Agenda and Consent Items**

4
5 *Approval of Agenda.* Before requesting approval of the agenda, Dr. Gehani asked if there were any items of
6 new business. No items of new business were proposed. On vote, the Board adopted the agenda.

7
8 **B-96-2020. Resolved,** that the agenda be approved as the official order of business for the current
9 meeting of the Board of Trustees except that the President may alter the order of the agenda when
10 necessary to expedite business.

11
12 *Approval of Consent Calendar.* Dr. Gehani reviewed the list of proposed consent items; the following items
13 were removed from consent.

- 14
15 • Report 6 of the Board of Trustees to the House of Delegates: Multi-State Group Dues Collection
16 Pilot Program
17 • Council on Bylaws, Ethics and Judicial Affairs: Proposed Bylaws and Governance Manual
18 Revisions on Declaring an Extraordinary Emergency (Res. 92)
19 • Council on Bylaws, Ethics and Judicial Affairs: Proposed Bylaws Provisions to Take Effect When a
20 Time of Extraordinary Emergency is Declared (Res. 93)
21 • Council on Bylaws, Ethics and Judicial Affairs: Amendment of ADA Member Conduct Policy (Res.
22 31)

23
24 The amended consent calendar was adopted by the Board of Trustees.

25
26 **B-95-2020. Resolved,** that the resolutions contained on the Consent Calendar for Board of Trustees
27 consideration, as amended, be approved and reports be filed.

28
29 **Approval of Minutes of Previous Sessions**

30
31 *Minutes of the June 12-13, 2020, meeting of the Board of Trustees of the Board of Trustees.* The following
32 resolution was adopted (consent calendar action).

33
34 **B-115-2020. Resolved,** that the minutes of June 12-13, 2020, meeting of the Board of Trustees be
35 approved.

36
37 *Minutes of the June 24, 2020, special meeting of the Board of Trustees.* The following resolution was
38 adopted (consent calendar action).

39
40 **B-116-2020. Resolved,** that the minutes of June 24, 2020, special meeting of the Board of Trustees
41 be approved.

42
43 *Minutes of the July 27, 2020, special meeting of the Board of Trustees.* The following resolution was
44 adopted (consent calendar action).

45
46 **B-117-2020. Resolved,** that the minutes of the July 27, 2020, special meeting of the Board of
47 Trustees be approved.
48
49
50

1 Reports of Standing Committees of the Board of Trustees

2
3 **Report of the Audit Committee:** On behalf of the Committee, Dr. Billie Sue Kyger, chair, presented the
4 report of the Audit Committee's August 12, 2020, meeting. The report identified major topics discussed,
5 reports received and actions taken.
6

7 **Report of the Budget and Finance Committee:** The report of the Budget and Finance Committee,
8 presented by Dr. Cesar R. Sabates, Committee chair, was considered during a closed session of the Board of
9 Trustees. In open session, the following resolution was considered and adopted by the Board of Trustees.
10

11 **B-119-2020. Resolved,** that the ADA quarterly financial statements as of December 31, 2019, March
12 31, 2020 and June 30, 2020 be filed and posted in the appropriate delegates section.
13

14 **Report of the Business Innovation Committee:** This confidential report, presented by Dr. Kirk M. Norbo,
15 Committee chair, identified major topics discussed, reports received, recent activities and actions taken.
16

17 **Report of the Compensation Committee:** The report of the Compensation Committee, presented by Dr.
18 Kirk M. Norbo, Committee chair, was considered during a closed session of the Board of Trustees. In open
19 session, the following resolution was considered and adopted by the Board of Trustees.
20

21 **B-111-2020. Resolved,** that the 2020 Executive Director's Incentive Plan be suspended in light of the
22 current ADA financial situation.
23

24 **Report of the Diversity and Inclusion Committee:** On behalf of the Diversity and Inclusion Committee, Dr.
25 Roy Thompson, chair, presented the report of the Committee's August 17, 2020, meeting. The report
26 identified major topics discussed and reports received.
27

28 **Report of the Governance Committee:** On behalf of the Governance Committee, Dr. Kenneth McDougall,
29 chair, presented the report of the Committee's July 20, 2020, meeting. The report identified major topics
30 discussed, reports received and actions taken. Dr. McDougall moved Resolution B-104 on behalf of the
31 committee. On vote Resolution B-104, as amended, was adopted by the Board of Trustees.
32

33 **B-104-2020. Resolved,** that the Board adopts the revised Board Member Commitments
34 document attached as Exhibit A, as amended, to the Report of the Governance Committee
35 (August 2020).
36

37 The revised Exhibit A is appended (see page 21).
38

39 Dr. McDougall moved Resolution B-105; on vote Resolution B-105 was not adopted by the Board of Trustees.
40

41 **B-105. Resolved,** that the section of the *Organization and Rules of the Board of Trustees* entitled
42 "Delegate Selection" be amended as follows (additions underscored, deletions ~~stricken through~~):
43

44 **Delegate Selection:** Subject to funding allocated in the approved budget, the ADA/FDI
45 Delegation shall consist of 10 delegates as follows. The delegates shall be the USA National
46 Liaison Officer, who shall serve as delegation chair, the current President, the current
47 President-elect, the immediate past president, and the previous immediate past president. In
48 addition, the President shall appoint to one-year terms a fourth-year trustee, a third-year
49 trustee, a second-year trustee, a first-year trustee, and an additional presidential appointee
50 as delegates. Subject to funding, there shall be at least two alternate delegates, the
51 Executive Director and one additional presidential appointee, who is an ADA member, with
52 specific needed content expertise. ~~who are ADA members who shall be appointed by the~~
53 ~~president.~~ In the event a smaller delegation is funded in any given year, the president shall
choose which delegate positions to fill.

Dr. McDougall moved Resolution B-106; on vote Resolution B-106 was adopted by the Board of Trustees.

B-106-2020. Resolved, that the Rules of Procedure section of the *Organization and Rules of the Board of Trustees* be amended by the inclusion of the following paragraph regarding embargoed resolutions (additions underscored):

Embargoed Resolutions: Resolutions designated as embargoed during any regular or special meeting of the ADA Board of Trustees shall be maintained in the Restricted Folder Library in the Board's ADA Connect site in a separate file labeled "Embargoed Resolutions" until such time as the embargo is removed. When the embargo is lifted as to any resolution, the Board shall be notified of such action.

Report of the Pension Committee: On behalf of the Committee, Dr. Ted Sherwin, chair, presented the report of the Committee's August 18, 2020, meeting. The report identified major topics discussed and actions taken.

Reports and Resolutions to the Board of Trustees

Communications and Marketing

Report of the Division of Communications and Marketing: Annual Review of ADA Spokespersons: The Board of Trustees adopted the following resolution (consent calendar action).

B-107-2020. Resolved, that the following individuals be approved as national ADA spokespersons through the conclusion of the 2021 annual meeting.

Consumer Advisors

ADA spokespersons that can address a broad range of topics with top-tier media

Alice G. Boghosian, D.D.S., Niles, IL
 Ada S. Cooper, D.D.S., New York, NY
 Sally Cram, D.D.S., Washington, DC (Action for Dental Health)
 Ana Ferraz-Dougherty, D.M.D., San Antonio, TX (Bilingual)
 Edmond R. Hewlett, D.D.S., Los Angeles, CA (Action for Dental Health, safety net)
 Julius Manz D.D.S., Farmington, NM
 Matthew Messina, D.D.S., Fairview Park, OH
 Richard Price, D.M.D., Waban, MA
 Tricia Quartey, D.M.D., Brooklyn, NY
 Tyrone Rodriguez, D.D.S., New Haven, CT (Bilingual)
 Genaro Romo, D.D.S., Oak Lawn, IL (Bilingual)
 Ruchi (Deepinder) K. Sahota, D.D.S., Fremont, CA (Action for Dental Health)
 Brittany Seymour, D.D.S., M.P.H., Boston, MA

Technical Experts

ADA spokespersons with expertise in a particular area of dentistry

Anita Aminoshariae, D.D.S., M.S., Cleveland, OH (Opioids)
 Alan A. Boghosian, D.D.S., Chicago, IL (Dental Materials)
 Jessica Bremerman, D.D.S., Yakima, WA (Native American Oral Health)
 Sharon Brooks, D.D.S., Chelsea, MI (Oral and Maxillofacial Radiography)
 Anthony C. Caputo, D.D.S., Tucson, AZ (Anesthesia)
 Gregory N. Connolly, D.M.D., Boston, MA (Tobacco)
 Terry Dickinson, D.D.S., Richmond, VA (Access, Action for Dental Health, Missions of Mercy)

E. Jane Gillette, D.D.S., Bozeman, MT (Science/EBD)
 Jane Grover, D.D.S., M.P.H., Chicago, IL (Action for Dental Health)
 Mary J. Hayes, D.D.S., Chicago, IL (Pediatric Dentistry)
 Monica Hebl, D.D.S., Milwaukee, WI (Action for Dental Health)
 Marjorie K. Jeffcoat, D.M.D., Philadelphia, PA (Periodontics)
 Judith Ann Jones, D.D.S., Detroit, MI (Action for Dental Health, Eldercare)
 J. Robert Kelly, D.D.S., M.S., DMedSc, Farmington, CT (Dental Materials)
 Erinne Kennedy, D.M.D., M.P.H., Boston, MA (Antibiotics)
 Purnima Kumar, B.D.S., M.S., Ph.D., Columbus, OH (Vaping)
 J. Rodway Mackert, D.M.D., Ph.D., Augusta, GA (Dental Amalgam)
 Angelo Mariotti, B.S., D.D.S., Ph.D., Columbus, OH (Home oral care)
 John A. Molinari, PhD., Northville, MI (Infection Control/Dental Unit Water Lines)
 Robert M. Pick, D.D.S., Chicago, IL (Dental Implants)
 Howard F. Pollick, D.D.S., M.P.H., San Francisco, CA (Action for Dental Health, Fluoridation)
 Louis Rafetto, D.M.D., Wilmington, DE (Oral Surgery and Anesthesia)
 Brian Schmidt, D.D.S., New York, NY (Oral cancer)
 Jonathan D. Shenkin, D.D.S., Augusta, ME, (Action for Dental Health, Pediatric Dentistry, Prevention)
 Rico Short, D.M.D., Powder Springs, GA (Endodontics)
 Thomas Sollecito, D.M.D., West Chester, PA (Oral Medicine)
 Susan Tiede, D.D.S., Missoula, MT (Fluoridation)
 Alessandro Villa, D.D.S., Ph.D., M.P.H., Boston, MA (HPV/oral cancer)
 Cheryl Watson-Lowry, D.D.S., Chicago, IL (Action for Dental Health)
 Joel Weaver, D.D.S., Ph.D., Columbus, OH (Anesthesia)

Conferences and Continuing Education

Report of the Advisory Committee on Annual Meetings: 2023 Annual Meeting Chair Nomination: The Board of Trustees adopted the following resolution (consent calendar action).

B-103-2020. Resolved, that Dr. Melanie R. Love, Virginia, is appointed as the 2023 ADA Annual Meeting Chair to serve immediately upon her appointment.

Report of the Advisory Committee on Annual Meetings: Annual Meeting and House of Delegates Scheduling Recommendation: This informational report summarized a proposed new scheduling approach to allow more ADA leadership involvement with the annual meeting (consent calendar item).

Report of the Advisory Committee on Annual Meetings: This informational report summarized current activities of the Advisory Committee (consent calendar item).

Report of the Advisory Committee on Annual Meetings: Annual Meeting Reimagined, Review Final Recommendation: This report was considered during a closed session of the Board of Trustees. In open session, the following resolution was considered and adopted by the Board of Trustees.

B-118-2020. Resolved, that the Board of Trustees asks the Advisory Committee on Annual Meetings to fully develop a proposal for the reinvention of the ADA Annual Meeting based on the recommendations of Agency EA and report its progress back to the Board of Trustees in September 2020.

Education/Professional Affairs

Report of the Council on Dental Education and Licensure: Appointment of Consultants: This informational report notified the ADA Board of Trustees that the Council has approved the appointment of its

1 slate of consultants for October 2020 until the close of the 2021 House of Delegates (consent calendar item).

2
3 **ADA/CODA Discussion:** The Board participated in a discussion on the CODA shared services agreement.

4
5 **Finance and Operations**

6
7 **Report on the Status of the 2020 Board Contingency and Approval of Supplemental Appropriation**

8 **Requests:** A Board Contingency Fund of \$721,000 was authorized in the 2020 budget. The Board of
9 Trustees approved total requests in the amount of \$539,146, leaving a balance of \$ 181,854 (consent
10 calendar item).

11
12 **Government and Public Affairs**

13
14 **Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative,**

15 **Regulatory, and Public Affairs Update:** Mr. Michael Graham reported on developments in Washington. Mr.
16 Graham addressed third-party payer issues on the federal and state level, particularly the U.S. House of
17 Representative's Energy and Commerce Committee investigation into dental insurance company's activities
18 during this COVID era. Mr. Graham also discussed ongoing efforts to move McCarran Ferguson forward and
19 updated the Board on the construction progress of the ADA Senate property on Stanton Park.

20
21 **Health Policy Institute**

22
23 **Report of the Division of Health Policy Institute:** This annual report provided information on the activities
24 of HPI between August 2019 and July 2020 (consent calendar item).

25
26 **Legal Affairs**

27
28 **Report of the Division of Legal Affairs: Summary of Litigation and Other Matters:** This confidential
29 report was presented in an attorney-client session for the Board's information.

30
31 **Member and Client Services**

32
33 **Report on DSO Strategy Development:** This informational report provided an update on the development of
34 an overarching DSO strategy (consent calendar item).

35
36 **Report of the Council on Membership: Enhancing Retention Impact of the Quarter Year Dues**

37 **Campaign:** The Board of Trustees adopted the following resolution (consent calendar action).

38
39 **B-108-2020. Resolved,** that the pilot program to test joining and renewal enhancements for the
40 Quarter-Year Dues Campaign set forth in the Council on Membership's July 2020 report be approved,
41 and be it further

42
43 **Resolved,** that the Council on Membership provide regular progress reports back to the Board of
44 Trustees on the results of the pilot program.

45
46 **Managing Puerto Rico Membership:** This informational report summarized the recent history of
47 membership management strategies associated with Puerto Rico.

48
49 Following discussion on the report, Dr. Stephens moved Resolution B-122. On vote, Resolution B-122 was
50 adopted.

51
52 **B-122-2020. Resolved,** that the Council on Membership is asked to develop a comprehensive
53 strategy to support and strengthen membership in the U.S. Territory of Puerto Rico, and be it further

54
55 **Resolved,** that the council report to the Board on it progress at the Board's July 2021 meeting.

Report of the Institute of Diversity and Leadership: This informational report summarized activities of the ADA Institute for Diversity and Leadership (consent calendar item).

Report of the Council on Membership: Report on Active Dues Promotion for New Graduates: The Board of Trustees adopted the following resolution (consent calendar action).

B-109-2020. Resolved, that a one-time fifty percent (50%) dues reduction for the 2021 membership year be approved for those dentists who are dental school graduates of the Class of 2018 for the purpose of promoting active membership in target U. S. markets.

Report of the Council on Membership: ADA Engagement Grant Program: Resolution B-110 was moved for consideration. On vote, Resolution B-110 was adopted by the Board of Trustees.

B-110-2020. Resolved, that the Board of Trustees approve the recommended changes to the Membership Engagement Program to expand the scope of the target audience from dental students and new dentists to all dentists to focus on acquisition, retention and conversion and not just engagement.

Report of the Council on Membership: Reduced Number of Dues Rates for International Members: The Board of Trustees adopted the following resolution (consent calendar action).

B-112-2020. Resolved, that the \$16 membership dues rate for international dentists in least developed countries be eliminated.

2020-21 ASDA Consultant Report: The Board of Trustees adopted the following resolutions (consent calendar actions).

B-113-2020. Resolved, that the following nominees for the 2020-2021 ASDA Consultant Program be approved:

- New Dentist Committee – Aditi Desai, Roseman University, 2021
- Advisory Committee on Annual Meetings - Casey White, University of Pittsburgh, 2021
- Council on Advocacy for Access and Prevention – Joell Chen, Roseman University, 2021
- Council on Communications – Callista Schulenburg, Lake Erie College of Osteopathic Medicine (LECOM), 2022
- Council on Dental Benefit Programs – Mary Jocelyn Nisnisan, University of Texas, 2022
- Council on Dental Education and Licensure – Sydney Shapiro, Columbia Univ., 2021
- Council on Dental Practice – Christina Aponte, Meharry Medical College, 2022
- Council on Ethics, Bylaws and Judicial Affairs – Joseph Manzella, Stony Brook Univ., 2021
- Council on Government Affairs - Sebastian Celis, Columbia University, 2022
- Council on Members Insurance and Retirement Programs – Cameron Ainslie, Univ. of Kentucky, 2021
- Council on Membership – Jillian Stacey, University of Colorado, 2021
- Council on Scientific Affairs – Michelle Skelton, Columbia University, 2022
- American Dental Political Action Committee – Gerard Scannell, Louisiana State Univ., 2021
- Joint Commission on National Dental Examinations – Alia Osseiran, Tufts University, 2022
- Joint Commission on National Dental Examinations – Laura Jean Binder – Univ. Of Texas Houston, 2021

B-114-2020. Resolved, that the ASDA Consultant Guidelines, in the paragraph titled, Consultant Substitution, be amended as follows (additions underscored):

Consultant Substitution and Resignation

As noted above, all ADA consultants, including the ASDA consultants, are appointed by the ADA Board of Trustees. Therefore, it is not appropriate to simply substitute an alternate ASDA volunteer leader. Upon the request of ASDA and the agency, a new ASDA consultant may be approved by the ADA president to attend the meeting and fulfill the requirements of the consultant position. In the rare case that this occurs, the consultant is requested to contact the ADA Office of Student Affairs as soon as possible prior to the agency meeting. If a consultant resigns, a new consultant may be nominated, but must be approved by the ADA President.

Practice Institute

Report of the Council on Dental Practice: Appointment of 2020-2021 Consultants: This informational report listed the appointed 65 consultants to serve on CDP until the close of the 2021 House of Delegates (consent calendar item).

Report of the Council on Dental Benefits, Coding and Quality: Code Maintenance Committee Membership Composition: This informational report summarized a declined application to the CMC (consent calendar item).

Publishing

Report of the Publishing Division: JADA EIC Report: This report was presented during a closed session and contained one resolution (B-120). The text of Resolution B-120-2020 is confidential and embargoed.

ADA Science and Research Institute

Report of the Council on Scientific Affairs: Notification of Consultant Appointments for 2020-2021: This information report presented the Board with the CSA-appointed consultants for 2020-2021 (consent calendar item).

ADA Business Innovation Group

Report of ADA Business Innovation Group ADA Practice Transitions Update: This informational report provided a summary of ADAPT activities since June (consent calendar item).

ADABEI

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

Organizational/Other

Report of the Alliance of the American Dental Association: This informational report summarized the philanthropic and advocacy activities of the Alliance of the American Dental Association (consent calendar item).

Report of Nominations to Councils Addendum: The Board of Trustees adopted the following resolutions (consent calendar actions).

B-100-2020. Resolved, that Dr. Elizabeth A. Clemente, New Jersey, be nominated to serve as the Fourth District Representative on the Council on Advocacy for Access and Prevention for the 2020-2024 term.

B-101-2020. Resolved, that Dr. Jill Shelton Wagers, Idaho, be nominated to serve the remainder of

Dr. Barry Taylor's term on the Council on Communications, which expires at the close of the 2022 House of Delegates.

Appointment to Fill Vacancy on Board of Directors of the American Dental Political Action Committee:

The Board of Trustees adopted the following resolution (consent calendar action).

B-98-2020. Resolved, that Dr. Rita M. Cammarata, Texas, be appointed to serve as the Fifteenth District Representative on the ADPAC Board for a term ending at the close of the 2021 House of Delegates.

Report of the New Dentist Committee: Dr. Emily Mattingly, chair, New Dentist Committee, reported updates on the New Dentist Committee's areas of focus. Dr. Doroshov moved Resolution B-99. On vote, the Board of Trustees adopted Resolution B-99.

B-99-2020. Resolved, that in light of the COVID-19 pandemic, and as recommended by the New Dentist Committee, the ADA will not hold a virtual New Dentist Conference in lieu of a face-to-face conference in 2020, and be it further

Resolved, that the Board directs the New Dentist Committee to instead investigate alternatives to national new dentist engagement.

Report of the President: Dr. Chad Gehani presented an oral report that summarized his activities since the June Board meeting.

Report of the President-elect: Dr. Daniel Klemmedson presented an oral report that summarized his activities since the June Board meeting.

Report of the Executive Director: Dr. Kathleen O'Loughlin reported on the state of the Association, including reviewing the second quarter Quarterly Management Report.

Common Ground 2025

Report on Organizational Goal of Common Ground 2025: This report summarized the third progress report on the organizational goal of Common Ground: All levels of the ADA will have sufficient organizational capacity necessary to achieve the goals of the strategic plan (consent calendar item).

Report on Membership Goal of Common Ground 2025: This report summarized the third progress report on the membership goal of Common Ground: The ADA will have sufficient members to be the premier voice for oral health (consent calendar item).

Report on Public Goal of Common Ground 2025: This report summarized the third progress report on the public goal of Common Ground: The ADA will support the advancement of the health of the public and the success of the profession.

Liaison Reports

Report of Dr. Billie Sue Kyger, Liaison to the Council on Advocacy for Access and Prevention: This informational report summarized the July 9-10, 2020, CAAP meeting (consent calendar item).

Report of Dr. James Stephens, Liaison to the Joint Commission on National Dental Examinations: This informational report summarized the June 23, 2020, JCNDE meeting (consent calendar item).

Report of Dr. Linda Edgar, Liaison to the American Student Dental Association: This informational report summarized the fall 2019 and early 2020 ASDA meetings (consent calendar item).

Report of Dr. Linda Edgar, Liaison to the Council on Membership: This informational report summarized the July 28, 2020, CM meeting (consent calendar item).

Report of Dr. George Shepley, Liaison to the Council on Government Affairs: This informational report summarized the August 14-15, 2020, CGA meeting (consent calendar item).

Report of Dr. Julio Rodriguez, Liaison to the Council on Communications: This informational report summarized the August 14, 2020, CC meeting (consent calendar item).

Special Orders of Business/Special Appearances

Confidential Report from Dr. Hall: This report was presented during a closed session and contained one resolution (B-121). The text of Resolution B-121-2020 is confidential and embargoed.

Honorary Membership Presentation: Dr. Gehani recognized Dr. O'Loughlin and Dr. Sabates for the presentation of Honorary Membership to the following individuals:

Mr. Gary Warren Price, Virginia
Paul L. Mulhausen, M.D., M.H.S., Iowa

Reports and Resolutions to the House of Delegates

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

Wisconsin Dental Association Resolution 40: Request that ADA Explore New Dues Structure Reflecting Evolving Dental Practice Models (*Worksheet:2001*) The Board of Trustees voted to transmit Resolution 40 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Council on Membership Report 1: Membership Dues Category Streamlining Phase II (*Worksheet:2002*) The Board of Trustees transmitted the following resolutions to the House of Delegates.

Resolution 66--Active Membership Promotion (Worksheet:2009) The Board of Trustees voted to transmit Resolution 66 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Resolution 67-- Amendment of Chapter I, Section B.4.F. of the Governance and Organizational Manual of the American Dental Association (Worksheet:2010) The Board of Trustees voted to transmit Resolution 67 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Resolution 68-- Bylaws Amendment on Life Membership Eligibility (Worksheet:2011) The Board of Trustees voted to transmit Resolution 68 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Report 2 of the Board of Trustees to the House of Delegates: 2021 Budget (*Worksheet:2017*): Following discussion of the proposed 2021 budget, the Board of Trustees transmitted the following resolutions to the House of Delegates.

Resolution 87—Approval of 2021 Budget (Worksheet:2077) The Board of Trustees voted to transmit Resolution 87 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

1 *Resolution 88—Establishment of Dues Effective January 1, 2021 (Worksheet:2078)* The Board of
 2 Trustees voted to transmit Resolution 88 to the House of Delegates with a recommendation to vote yes.
 3 (Vote: Unanimous)
 4

5 **Report 3 of the Board of Trustees to the House of Delegates: Technology Initiatives, Expenditures and**
 6 **Estimated Future Projects (Worksheet:2079)** The Board of Trustees voted to transmit Board Report 3 to the
 7 House of Delegates (Board of Trustees consent calendar action—no Board discussion).
 8

9 **Report 5 of the Board of Trustees to the House of Delegates: Compensation and Contract Relating to**
 10 **the Executive Director (Worksheet:2083)** The Board of Trustees voted to transmit Board Report 5 to the
 11 House of Delegates (Board of Trustees consent calendar action—no Board discussion).
 12

13 **Report 6 of the Board of Trustees to the House of Delegates: Board Authorized Pilot Programs**
 14 **(Worksheet:2085)** The Board of Trustees voted to transmit Board Report 6 to the House of Delegates (Vote:
 15 Unanimous)
 16

17 **Report 7 of the Board of Trustees to the House of Delegates: ADA Pension Plans (Worksheet:2090)** The
 18 Board of Trustees voted to transmit Board Report 7 to the House of Delegates (Board of Trustees consent
 19 calendar action—no Board discussion).
 20

21 22 **Reports and Resolutions Relating to Reference Committee B** 23 **(Dental Benefits, Practice and Related Matters)** 24

25 **Council on Dental Benefit Programs Resolution 18: Amendment of Policy, Dentist Selection Based on**
 26 **Cost (Worksheet:3006)** The Board of Trustees voted to transmit Resolution 18 to the House of Delegates
 27 with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)
 28

29 **Council on Dental Benefit Programs Resolution 19: Amendment of Policy, Maximum Fees for Non-**
 30 **Covered Services (Worksheet:3007)** The Board of Trustees voted to transmit Resolution 18 to the House of
 31 Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board
 32 discussion)
 33

34 **Council on Advocacy for Access and Prevention Resolution 20: Temporary Expansion of Scope**
 35 **During Public Health Crisis (Worksheet:3009)** The Board of Trustees voted to transmit Resolution 20 to the
 36 House of Delegates with a recommendation to vote yes. (Vote: Unanimous)
 37

38 **Council on Dental Practice Resolution 22: Point of Care Testing (Worksheet:3010)** The Board of
 39 Trustees voted to transmit Resolution 22 to the House of Delegates with a recommendation to vote yes.
 40 (Board of Trustees consent calendar action—no Board discussion)
 41

42 **First Trustee District Resolution 83: Policy for the Elimination of Wait Periods for Children in Dental**
 43 **Benefit Plans (Worksheet:3012)** The Board of Trustees voted to transmit Resolution 83 to the House of
 44 Delegates with the following comment and recommendation to vote yes on the substitute. (Board of Trustees
 45 consent calendar action—no Board discussion)
 46

47 The Board appreciates the proposal from the First District and supports its intent. However, the Board
 48 recommends eliminating the second resolving clause. If the ADA supports elimination of wait periods
 49 and there is legislation eliminating wait time, then the ADA would support those legislative efforts.
 50 Essentially, the first clause “fulfills” the second. The Board supports the first resolving clause of the
 51 Resolution and therefore recommends that the following substitute Resolution 83B be adopted in lieu
 52 of Resolution 83.
 53

54 **83B. Resolved**, that the American Dental Association supports the elimination of wait periods
 55 for treatment for children from dental benefit plans, ~~and be it further~~
 56

~~**Resolved**, that the American Dental Association shall support legislative efforts to eliminate treatment wait periods for children in the United States on the state and federal levels.~~

Board of Trustees Resolution 84: Review and Consideration of ADA Ad Interim Policy: Dentistry is Essential Healthcare (*Worksheet:3015*) The Board of Trustees voted to transmit Resolution 84 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Fifteenth Trustee District Resolution 85: Dental Benefits Information for ADA Members (*Worksheet:3017*) The Board of Trustees voted to transmit Resolution 85 to the House of Delegates with a recommendation to vote yes. (Vote: 16 Yes—Drs. Armstrong, Edgar, Fiddler, Harrington, Kessler, Klemmedson, Kyger, Leary, McDougall, Norbo, Rodriguez, Rosato, Sabates, Shepley, Stephens, Thompson; 3 No—Drs. Doroshow, Himmelberger, Rapini; 1 Absent—Dr. Herre)

Fifteenth Trustee District Resolution 86: Improved ADA Member Assistance with Third Party Payer Issues (*Worksheet:3018*) The Board of Trustees voted to transmit Resolution 86 to the House of Delegates with a recommendation to vote yes. (Vote: 16 Yes—Drs. Armstrong, Edgar, Fiddler, Harrington, Kessler, Klemmedson, Kyger, Leary, McDougall, Norbo, Rodriguez, Rosato, Sabates, Shepley, Stephens, Thompson; 3 No—Drs. Doroshow, Himmelberger, Rapini; 1 Absent—Dr. Herre)

Council on Government Affairs Resolution 90: Proposed Policy, Diagnostic Testing by Dentists (*Worksheet:3021*) The Board of Trustees voted to transmit Resolution 90 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 91: Proposed Policy, Vaccine Administration by Dentists (*Worksheet:3022*) The Board of Trustees voted to transmit Resolution 91 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.. (Vote: 19 Yes—Drs. Armstrong, Doroshow, Edgar, Fiddler, Harrington, Himmelberger, Kessler, Klemmedson, Kyger, Leary, McDougall, Norbo, Rapini, Rodriguez, Rosato, Sabates, Shepley, Stephens, Thompson; 1 Absent—Dr. Herre)

The Board agrees that dentists have the requisite skill and knowledge to administer vaccines. Critical vaccines that are important for our patient's health may not be directly related to the oral cavity. Removal of the restriction makes the policy more comprehensive. Accordingly, the Board urges adoption of the following substitute resolution:

91B. Resolved, that it is the position of the American Dental Association that dentists have the requisite knowledge and skills to administer critical vaccines to prevent life or health-threatening conditions associated with the orofacial complex (e.g., oral cancer) and protect the life and health of patients and staff at the point of care.

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

Report 4 of the Board of Trustees to the House of Delegates: ADA Library and Archives Advisory Board Annual Report (*Worksheet:4004*) The Board of Trustees voted to transmit Board Report 4 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion).

Council on Scientific Affairs Report 1: Response to Resolution 84H-2019—Clarification of ADA Policy Regarding Tobacco Products (*Worksheet:4013*) The Board of Trustees transmitted the following resolution to the House of Delegates.

Resolution 21—Proposed ADA Policy Statement on Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment (*Worksheet:4020*) The Board of Trustees voted to transmit Resolution 21 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion).

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

Council on Advocacy for Access and Prevention Resolution 23: Amendment of the Policy, Encouraging the Development of Oral Health Literacy Continuing Education Programs

(Worksheet:5029) The Board of Trustees voted to transmit Resolution 23 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Council on Advocacy for Access and Prevention Resolution 24: Rescission Of The Policy, Preventive Dental Procedures (Worksheet:5030) 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)

Council on Advocacy for Access and Prevention Resolution 25: Proposed Policy, Guidelines For Medicaid Dental Reviews (Worksheet:5032) The Board of Trustees voted to transmit Resolution 25 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Advocacy for Access and Prevention Resolution 26: Rescission of the Policy, High Blood Pressure Programs (Worksheet:5034) The Board of Trustees voted to transmit Resolution 26 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 28: Amendment of the Policy, Protection of Retirement Assets (Worksheet:5038) 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)

Council on Ethics, Bylaws and Judicial Affairs Resolution 29: Amendment to Section 3.A. of the ADA Principles of Ethics and Code of Professional Conduct (Worksheet:5040) The Board of Trustees voted to transmit Resolution 29 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Ethics, Bylaws and Judicial Affairs Resolution 30: Amendment of Chapter XII., Section A of the Governance and Organizational Manual of the American Dental Association (Worksheet:5043) The Board of Trustees voted to transmit Resolution 30 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Ethics, Bylaws and Judicial Affairs Resolution 31: Amendment of the ADA Member Conduct Policy (Worksheet:5045) The Board of Trustees voted to transmit Resolution 31 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Council on Ethics, Bylaws and Judicial Affairs Resolution 32: Amendment and Simplification of Bylaws Chapter I., Section 20.B. (Worksheet:5047) The Board of Trustees voted to transmit Resolution 32 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Advocacy for Access and Prevention Resolution 33: Amendment of the Policy, Limited Oral Health Literacy Skills and Understanding in Adults (Worksheet:5049) The Board of Trustees voted to transmit Resolution 33 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Advocacy for Access and Prevention Resolution 34: Amendment of the Policy, Comprehensive Policy Statement on Allied Dental Personnel (Worksheet:5050) The Board of Trustees voted to transmit Resolution 34 to the House of Delegates with a recommendation to vote yes. (Board of

Trustees consent calendar action—no Board discussion)

Council on Advocacy for Access and Prevention Resolution 35: Amendment of the Policy, Women's Oral Health: Patient Education (*Worksheet:5058*) The Board of Trustees voted to transmit Resolution 35 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Advocacy for Access and Prevention Resolution 36: Amendment of the Policy, Communication and Dental Practice (*Worksheet:5059*) The Board of Trustees voted to transmit Resolution 36 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Advocacy for Access and Prevention Resolution 37: Amendment of the Policy, Health Planning Guidelines (*Worksheet:5060*) The Board of Trustees voted to transmit Resolution 37 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Advocacy for Access and Prevention Resolution 38: Amendment of the Policy, Non Dental Providers Notification of Preventive Dental Treatment (*Worksheet:5061*) The Board of Trustees voted to transmit Resolution 38 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Advocacy for Access and Prevention Resolution 39: Amendment of the Policy, Non-Dental Providers Completing Educational Program on Oral Health (*Worksheet:5062*) The Board of Trustees voted to transmit Resolution 39 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 41: Proposed Policy, Tobacco Use, Vaping, and Nicotine Delivery Products (*Worksheet:5063*) The Board of Trustees voted to transmit Resolution 41 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 42: Amendment of the Policy, Use of Expert Witnesses In Liability Cases (*Worksheet:5069*) The Board of Trustees voted to transmit Resolution 42 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 43: Proposed Policy, Principles For Tort Reform (*Worksheet:5071*) The Board of Trustees voted to transmit Resolution 43 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 44: Proposed Policy, Limits on Non-Economic Damages (*Worksheet:5073*) The Board of Trustees voted to transmit Resolution 44 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 45: Rescission of the Policy, Professional Liability Insurance Legislation (*Worksheet:5075*) The Board of Trustees voted to transmit Resolution 45 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 46: Amendment of the Policy, Fee-For-Service Medicaid Programs (*Worksheet:5077*) The Board of Trustees voted to transmit Resolution 46 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 47: Amendment of the Policy, Medicaid and Indigent Care

Funding (*Worksheet:5078*) The Board of Trustees voted to transmit Resolution 47 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 48: Amendment of the Policy, Support for Adult Medicaid Dental Services (*Worksheet:5080*) The Board of Trustees voted to transmit Resolution 48 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 49: Proposed Policy, Antitrust Reform (*Worksheet:5081*) The Board of Trustees voted to transmit Resolution 49 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 50: Proposed Policy, Tax Incentives for Medicaid Participation (*Worksheet:5083*) The Board of Trustees voted to transmit Resolution 50 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 51: Proposed Policy, Support for the Children's Health Insurance Program (*Worksheet:5085*) The Board of Trustees voted to transmit Resolution 51 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 52: Rescission of the Policy, Availability of Dentists for Underserved Populations (*Worksheet:5088*) The Board of Trustees voted to transmit Resolution 52 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 53: Rescission of the Policy, Maldistribution of the Dental Workforce (*Worksheet:5090*) The Board of Trustees voted to transmit Resolution 53 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 54: Amendment of the Policy, Freedom of Choice in Publicly Funded Aid Programs (*Worksheet:5093*) The Board of Trustees voted to transmit Resolution 54 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 55: Amendment of the Policy, Legislative Separation of Medicine and Dentistry (*Worksheet:5094*) The Board of Trustees voted to transmit Resolution 55 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 56: Amendment of the Policy, Limited English Proficiency (*Worksheet:5095*) The Board of Trustees voted to transmit Resolution 56 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 57: Proposed Policy, Discrimination of Benefit Payment Based on Professional Degree of Provider (*Worksheet:5097*) The Board of Trustees voted to transmit Resolution 57 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 58: Proposed Policy, Guaranteeing the Patient's Freedom of Choice of Dentist (*Worksheet:5100*) The Board of Trustees voted to transmit Resolution 58 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 59: Proposed Policy, Regulatory Definitions of Dentistry (*Worksheet:5102*) The Board of Trustees voted to transmit Resolution 59 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 60: Rescission of the Policy, ADA Assistance in Legislative Initiatives (*Worksheet:5105*) The Board of Trustees voted to transmit Resolution 60 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 61: Rescission of the Policy, Costs for the Submission of Electronic Dental Claims (*Worksheet:5108*) The Board of Trustees voted to transmit Resolution 61 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 63: Rescission of the Policy, Advocating for ERISA Reform (*Worksheet:5110*) The Board of Trustees voted to transmit Resolution 63 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Ethics, Bylaws and Judicial Affairs Resolution 64: Amendment of Chapter III., Section 120 of the ADA Bylaws (*Worksheet:5112*) The Board of Trustees voted to transmit Resolution 64 to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Armstrong, Doroshow, Edgar, Fiddler, Harrington, Himmelberger, Kessler, Klemmedson, Kyger, Leary, McDougall, Norbo, Rapini, Rodriguez, Rosato, Sabates, Shepley, Stephens, Thompson; 1 Absent—Dr. Herre)

Council on Government Affairs Resolution 65: Proposed Policy, Anesthesia Coverage Under Health Plans (*Worksheet:5114*) The Board of Trustees voted to transmit Resolution 65 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Government Affairs Resolution 69: Proposed Policy, Provisions for ERISA Plans (*Worksheet:5116*) The Board of Trustees voted to transmit Resolution 69 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Elder Care Workgroup Report: Response to Resolution 33H-2018: Presidentially-Appointed Elder Care Workgroup (*Worksheet:5119*) The Board of Trustees transmitted the following resolutions to the House of Delegates.

Resolution 70-- Oral Health Care for the Elderly (*Worksheet:5132*) The Board of Trustees voted to transmit Resolution 70 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: 18 Yes—Drs. Doroshow, Edgar, Fiddler, Himmelberger, Herre, Kessler, Klemmedson, Kyger, Leary, McDougall, Norbo, Rapini, Rodriguez, Rosato, Sabates, Shepley, Stephens, Thompson; 2 No—Drs. Armstrong, Harrington)

The Board approved proposed additional language to explain and clarify why this new policy was necessary.

70B. Resolved, that the American Dental Association supports the development of policy at the federal, state, and local levels that supports the fair, equitable, choice-driven provision of dental care to promote improved health and well-being in elderly patients.

Resolution 71— Financing Oral Health Care for Adults Age 65 and Older (*Worksheet:5137*) The Board of Trustees voted to transmit Resolution 71 to the House of Delegates with a recommendation to vote yes (Vote: 17 Yes—Drs. Armstrong, Doroshow, Edgar, Fiddler, Harrington, Himmelberger, Herre, Klemmedson, Kyger, Leary, McDougall, Norbo, Rapini, Rodriguez, Rosato, Sabates, Shepley; 3 No—Drs. Kessler, Rosato, Stephens)

Resolution 72— Modifying the Existing Medicare Dental Coverage: Statutory Dental Exclusion

(Worksheet:5140) The Board of Trustees voted to transmit Resolution 72 to the House of Delegates with a recommendation to vote yes (Vote: 18 Yes—Drs. Armstrong, Doroshow, Edgar, Fiddler, Harrington, Himmelberger, Herre, Klemmedson, Kyger, Leary, McDougall, Norbo, Rapini, Rodriguez, Rosato, Sabates, Shepley, Thompson; 2 No—Drs. Kessler, Stephens)

Resolution 73— National Elder Care Advisory Committee Review (Worksheet:5141) The Board of Trustees voted to transmit Resolution 73 to the House of Delegates with a recommendation to vote yes (Vote: Unanimous)

Resolution 74— Elder Care Strategies on Continuing Education (Worksheet:5142) The Board of Trustees voted to transmit Resolution 74 to the House of Delegates with a recommendation to vote yes (Vote: Unanimous)

Resolution 75— Elder Care Strategies on Research (Worksheet:5145) The Board of Trustees voted to transmit Resolution 75 to the House of Delegates with a recommendation to vote yes (Vote: Unanimous)

Resolution 76— Elder Care Strategies on Increased Preparedness of Educational Institutions (Worksheet:5146) The Board of Trustees voted to transmit Resolution 76 to the House of Delegates with a recommendation to vote yes (Vote: Unanimous)

Resolution 77— Elder Care Strategies on Public Advocacy (Worksheet:5148) The Board of Trustees voted to transmit Resolution 77 to the House of Delegates with a recommendation to vote yes (Vote: Unanimous)

Resolution 78— Elder Care Strategies on Intraprofessional Advocacy (Worksheet:5150) The Board of Trustees voted to transmit Resolution 78 to the House of Delegates with a recommendation to vote yes (Vote: 17 Yes—Drs. Armstrong, Doroshow, Edgar, Fiddler, Harrington, Himmelberger, Herre, Klemmedson, Kyger, Leary, McDougall, Norbo, Rodriguez, Sabates, Shepley, Stephens, Thompson; 3 No—Drs. Kessler, Rapini, Rosato)

Resolution 79— Elder Care Strategies on Long Term Care Facilities (Worksheet:5152) The Board of Trustees voted to transmit Resolution 79 to the House of Delegates with a recommendation to vote yes (Vote: Unanimous)

Resolution 80— Elder Care Strategies on Inter-Agency Advocacy (Worksheet:5154) The Board of Trustees voted to transmit Resolution 80 to the House of Delegates with a recommendation to vote yes (Vote: Unanimous)

Resolution 81— Elder Care Strategies on Practice Management (Worksheet:5156) The Board of Trustees voted to transmit Resolution 81 to the House of Delegates with a recommendation to vote yes (Vote: Unanimous)

Resolution 82— Amendment of Policy, Summary of Recommendations, Report 5 of the Board of Trustees to the House of Delegates, on Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (Worksheet:5158) The Board of Trustees voted to transmit Resolution 82 to the House of Delegates with a recommendation to vote yes (Vote: 17 Yes—Drs. Armstrong, Doroshow, Edgar, Fiddler, Harrington, Himmelberger, Klemmedson, Kyger, Leary, McDougall, Norbo, Rapini, Rodriguez, Rosato, Sabates, Shepley, Thompson; 2 No—Drs. Kessler, Stephens; 1 Absent—Dr. Herre)

Council on Government Affairs Resolution 89: Proposed Policy, Resources for Veterans Ineligible for VA Dental Care (Worksheet:5161) The Board of Trustees voted to transmit Resolution 89 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

Council on Ethics, Bylaws and Judicial Affairs Report 1: Amendment of Governance Material Relating to Extraordinary Emergencies (Worksheet:5162) The Board of Trustees transmitted the following

resolutions to the House of Delegates.

Resolution 92— Proposed Bylaws and Governance Manual Revisions on Declaring an Extraordinary Emergency (Worksheet:5169) The Board of Trustees voted to transmit Resolution 92 to the House of Delegates with a recommendation to vote yes (Vote: 19 Yes—Drs. Armstrong, Doroshow, Edgar, Fiddler, Harrington, Herre, Himmelberger, Kessler, Klemmedson, Kyger, Leary, McDougall, Norbo, Rapini, Rodriguez, Rosato, Shepley, Stephens, Thompson; 1 No—Dr. Sabates)

Resolution 93— Proposed Bylaws Provisions to Take Effect When a Time of Extraordinary Emergency is Declared (Worksheet:5172) The Board of Trustees voted to transmit Resolution 93 to the House of Delegates with a recommendation to vote yes (Vote: 19 Yes—Drs. Armstrong, Doroshow, Edgar, Fiddler, Harrington, Herre, Himmelberger, Kessler, Klemmedson, Kyger, Leary, McDougall, Norbo, Rapini, Rodriguez, Rosato, Shepley, Stephens, Thompson; 1 No—Dr. Sabates)

Task Force to Study Alternate Student Loan Repayment Strategies Report: Alternate Student Loan Repayment Strategies (81H-2019) (Worksheet:5175) The Board of Trustees voted to transmit the Task Force Report to the House of Delegates (Board of Trustees consent calendar action—no Board discussion).

Council on Advocacy for Access and Prevention Report 1: ADA Policy Review (Worksheet:5177) The Board of Trustees voted to transmit Report 1 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion).

Council on Government Affairs Report 1: ADA Policy Review (Worksheet:5179) The Board of Trustees voted to transmit Report 1 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion).

Miscellaneous House Matters

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

Annual Reports

The following annual reports were provided to the Board of Trustees for review.

ADA Business Innovation Group
 ADA Business Enterprises, Inc.
 ADA Foundation
 ADA Science and Research Institute
 Commission for Continuing Education Provider Recognition
 Commission on Dental Accreditation
 Council on Advocacy for Access and Prevention
 Council on Communications
 Council on Dental Benefit Programs
 Council on Dental Education and Licensure
 Council on Dental Practice
 Council on Ethics, Bylaws and Judicial Affairs
 Council on Government Affairs
 Council on Members Insurance and Retirement Programs
 Council on Membership
 Council on Scientific Affairs
 Joint Commission on National Dental Examinations
 National Commission on Recognition of Dental Specialties and Certifying Boards

Closed Session

Closed sessions were held at various times during the August 21–22, 2020, meeting of the Board of Trustees. 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.

- Report of the Advisory Committee on Annual Meetings: Annual Meeting Reimagined, Review Final Recommendation
- Report of the Compensation Committee and Consultant Report
- Report of the Budget and Finance Committee
- Confidential Report from Dr. Hall
- Report of the Publishing Division: JADA EIC Report

Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Saturday, August 22, 2020

Adjournment

Without objection, the sixth regular meeting of the Board of Trustees adjourned *sine die* on Saturday, August 22, 2020 at 5:03 p.m. (CDST).

APPENDIX A BOARD MEMBER COMMITMENTS

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

ADA Board Members are committed to the ADA core values:

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

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

- **Inclusion:** The ADA strives to incorporate inclusion into our everyday decisions and interactions. The ADA will be intentional in its efforts to be inclusive.

ADA Board Members strive to:

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

Minutes of the Board of Trustees

October 21, 2020

Call to Order: The first session of the new Board of Trustees was called to order by President Daniel J. Klemmedson on Wednesday, October 21, at 9:00 a.m., Central Daylight Savings Time, via videoconference.

Roll Call: Officers and members of the Board of Trustees in attendance were: Daniel J. Klemmedson, Cesar R. Sabates, Vincent U. Rapini, Maria C. Maranga, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Paul R. Leary, Chad R. Leighty, Rudolph T. Liddell, Michael D. Medovic, Scott L. Morrison, Gary R. Oyster, Julio H. Rodriguez, Richard J. Rosato, George R. Shepley, and James D. Stephens.

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

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, chief science officer; Jordan Baugh, chief technology officer; Jerome K. Bowman, chief, Governance and Strategy Management; Judith Fleeks, chief human resources officer; Scott W. Fowkes, general counsel; Tony Frankos, vice president, Sales Strategy and Product Development; James Goodman, senior vice president, Business Group; Michael A. Graham, senior vice president, Government and Public Affairs; Michelle Hoffman, vice president, Publishing; April Kates-Ellison, vice president, Member and Client Services; Catherine H. Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; David Preble, senior vice president, Practice Institute; Robert Quashie, senior vice president, Operations; Paul Sholty, chief financial officer; Marko Vujicic, chief economist and vice president, Health Policy Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Guests in attendance for a portion or portions of the meeting included: Dr. Daniel Hall, chair, New Dentist Committee and Dr. Raymond Cohlma, chair, ADASRI.

Others in attendance for all or portions of the meeting were: Jodi Baldwin, manager, Board and House Matters; Deborah Doherty, managing director, ADABEL; Thomas C. Elliott, Jr., deputy general counsel; Michelle Kruse, director, Administrative Services; Trina Langtiw, coordinator, Board and House Matters; Jim Lyznicki, director, Science Governance; Molly Potnick, coordinator, Board and House Matters; Bill Robinson, president and CEO, ADA Business Innovation Group; Kyle Smith, manager, House of Delegates, Wendy J. Wils, deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

Before consideration of business, Dr. Klemmedson 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.

Approval of Agenda: The Board of Trustees adopted the following resolution.

B-123-2020. Resolved, that the agenda on page 1 and 2 of the Board Agenda Book be approved as the official order of business for the current meeting.

Approval of Minutes of Previous Sessions: Dr. Harrington noted that the August 2020 minutes recorded his vote incorrectly for House of Delegates Resolution 70B; he voted no. Hearing no objections to making this correction, the Board adopted the August 21-22, 2020, virtual meeting minutes as amended.

B-124-2020. Resolved, that the minutes of the August 21-22, 2020, virtual meeting of the Board of Trustees, as amended, be approved.

Structure and Operation of the 2020–21 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 reflected amendments made through August 2020.

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 Klemmedson reported the following liaison assignments to ADA councils and commissions:

Advocacy for Access and Prevention	Dr. Dr. Brett Kessler
Communications	Dr. Susan Becker Doroshow
Continuing Education Provider Recognition	Dr. Rudolph Liddell
Dental Accreditation	Dr. Linda Edgar
Dental Benefit Programs	Dr. Julio Rodriguez
Dental Education and Licensure	Dr. Linda Himmelberger
Dental Practice	Dr. James Stephens
Ethics, Bylaws and Judicial Affairs	Dr. Gary Oyster
Government Affairs	Dr. Jay Harrington, Jr.
Membership	Dr. Vincent Rapini
Members Insurance and Retirement Programs	Dr. Scott Morrison
National Dental Examinations	Dr. Rudolph Liddell
New Dentist Committee	Dr. Paul Leary
Recognition of Dental Specialties and Certifying Boards	Dr. Michael Medovic
Scientific Affairs	Dr. Richard Rosato

Report on Appointment of ADA Council Chairs, 2020-21: The Board received an informational report identifying council, commission and committee chairs for the 2020-21 term.

Appointment of Delegation to the FDI World Dental Federation Delegation: Dr. Klemmedson reported that the following individuals were appointed to serve as the delegation to the 2021 FDI World Dental Congress to be held in Sydney, Australia.

Delegates

Dr. Chad Gehani, chair
 Dr. Daniel Klemmedson, president
 Dr. Cesar Sabates, president-elect
 Dr. Maxine Feinberg
 Dr. Joseph Crowley
 Dr. Julio Rodriguez, fourth-year trustee
 Dr. Linda Edgar, third-year trustee
 Dr. Craig Armstrong, second-year trustee
 Dr. Scott Morrison, first-year trustee
 TBD, presidential appointee

Alternate Delegates

Dr. Rekha Gehani, presidential appointee

Dr. Kathleen O'Loughlin, presidential appointee

Appointment of Standing Committees: The Board of Trustees has the following standing committees: Audit, Budget and Finance, Business Innovation, Compensation, Diversity and Inclusion, Governance, and Pension. Selection of members for the Committee on Annual Meetings and the New Dentist Committee are made in accordance with the selection criteria and process set forth in the charters of these Committees.

Accordingly, President Klemmedson reported that he made the following appointments to the standing committees of the Board of Trustees for 2020–21.

Audit Committee

Dr. Jay Harrington, Jr., fourth-year trustee, *chair*

Dr. Susan Becker Doroshow, third-year trustee

Dr. Brett Kessler, second-year trustee

Dr. Michael Medovic, first-year trustee

Dr. Rachel Hymes, member, House of Delegates

Dr. Dean Nicholas, member, House of Delegates

Dr. Daniel Klemmedson, president, *non-voting member*

Dr. Cesar Sabates, president-elect, *non-voting member*

Independent Financial Consultant

Budget and Finance

Dr. George Shepley, fourth-year trustee, *chair*

Dr. Ted Sherwin, treasurer

Dr. Cesar Sabates, president-elect

Dr. Maria Maranga, second vice president

Dr. Linda Edgar, third-year trustee

Dr. Craig Armstrong, second-year trustee

Dr. Chad Leighty, first-year trustee

Dr. Gail Duffala, member, House of Delegates

Dr. Howard Zolot, member, House of Delegates

Business Innovation

Dr. Jay Harrington Jr., fourth-year trustee, *chair*

Dr. Linda Edgar, third-year trustee

Dr. Craig Armstrong, second-year trustee

Dr. Rudolph Liddell, first-year trustee

Dr. Daniel Hall, New Dentist Committee

Dr. Daniel Klemmedson, president, *non-voting member*

Dr. Cesar Sabates, president-elect, *non-voting member*

Dr. Kathleen O'Loughlin, executive director, *non-voting member*

Dr. Ted Sherwin, treasurer, *consultant*

Compensation

Dr. Linda Himmelberger, fourth-year trustee, *chair*

Dr. Daniel Klemmedson, president

Dr. Cesar Sabates, president-elect

Dr. Paul Leary, third-year trustee

Dr. Richard Rosato, second-year trustee

Dr. Scott Morrison, first-year trustee*

Dr. Ted Sherwin, treasurer, *non-voting member*

**See December 10, 2020, Minutes of the Special meeting of the Board of Trustees, B-141-2020*

Appointment of Standing Committees (continued):

Diversity and Inclusion

Dr. Julio Rodriguez, fourth-year trustee, *chair*
 Dr. Susan Becker Doroshow, third-year trustee
 Dr. Brett Kessler, second-year trustee
 Dr. Scott Morrison, first-year trustee
 Dr. Maria Maranga, second vice president
 Dr. Tawana Ware, alumni member
 Dr. Maritza Morell, alumni member
 Dr. Michelle Aquilos Thompson, alumni member
 Dr. Mina Kim, at-large member

Governance

Dr. Linda Himmelberger, fourth-year trustee, *chair*
 Dr. James Stephens, third-year trustee
 Dr. Terry Fiddler, second-year trustee
 Dr. Rudolph Liddell, first-year trustee
 Dr. Vincent Rapini, first vice president
 Dr. Daniel Klemmedson, president, *non-voting member*
 Dr. Cesar Sabates, president-elect, *non-voting member*
 Dr. Kathleen O'Loughlin, executive director, *non-voting member*
 Dr. Mark Donald, speaker, *consultant*

Pension

Dr. Ted Sherwin, treasurer, *chair*
 Dr. Daniel Klemmedson, president
 Dr. Cesar Sabates, president-elect
 Dr. Kathleen O'Loughlin, executive director
 Mr. Paul Sholty, chief financial officer
 Ms. Judi Fleeks, vice president, Human Resource
 Mr. Scott Fowkes, general counsel
 Dr. Chad Leighty, member, Budget and Finance Committee
 Dr. Paul Leary, member, Compensation Committee
 Dr. Rita Cammarata, member, House of Delegates
 Dr. Sanjay Patel, member, House of Delegates

Without objection, the following resolution was adopted.

B-126-2020. Resolved, that the appointments to the standing committees of the Board of Trustees as made by the President be approved.

Appointment of the Advisory Committee on Annual Meetings: The Committee on Annual Meetings (CAM) consists of 14 members: nine general members, two Local Arrangements members, two trustees or vice presidents, without the power to vote, appointed by the President, and one New Dentist Member. Resolution B-127 was presented to approve the appointment of Dr. Chad R. Leighty as vice chair. Without objection, Resolution B-127 was adopted.

B-127-2020. Resolved, that the appointment of vice chair to the Committee on Annual Meetings as made by the President be approved.

Dr. Chad Leighty, vice chair, *non-voting member*

All other Committee members listed below were approved through previous actions of the Board.

Dr. George Shepley, chair, *non-voting member*
 Dr. Chad Leighty, vice chair, *non-voting member*
 Dr. H. Charles McKelvey, California, 2022, general member and
 2021 meeting chair

Dr. Robert L. Skinner, Arkansas, 2023, general member, 2021
 continuing education chair and 2022 meeting chair
 Dr. Robert Blackwell, Illinois, 2021, general member
 Dr. Michael Goulding, Texas, 2022, local arrangements member
 Dr. Melanie R. Love, Virginia, 2023, general member and 2023 meeting chair
 Dr. R. David Resch, Minnesota, 2025, general member
 Dr. David A. Schimmel, Pennsylvania, 2024, general member
 Dr. Peter C. Shatz, Georgia, 2024, general member
 Dr. Nanette C. Tertel, Ohio, 2025, general member
 Dr. Debra Weisfuse, New York, 2021, general member
 Dr. Lauren Vitkus, New York, 2021, new dentist member
 Dr. Brad Wilbur, Nevada, 2021, local arrangements member

New Dentist Committee: The Board received a report identifying New Dentist Committee members for the 2020-21 term. Without objection, the following resolution was adopted.

B-132-2020. Resolved, that Dr. Daniel Hall, South Carolina, be appointed to serve as Chair of the New Dentist Committee for the 2020-2021 term.

All other Committee members listed below were approved through previous actions of the Board.

Dr. Daniel Hall, South Carolina, 2021, chair
 Dr. Sean Aiken, Kentucky, 2024
 Dr. Lindsay Compton, Colorado, 2021
 Dr. Steven Feldman, Maryland, 2022
 Dr. Brooke Fukuoka, Idaho, 2022
 Dr. Gabriel B. Holdwick, Michigan, 2024
 Dr. Jarod W. Johnson, Iowa, 2024
 Dr. Kevin Kai, California, 2022
 Dr. James Lee, Massachusetts, 2023
 Dr. Alena R. Lotz, Georgia, 2024
 Dr. Daryn Lu, Oklahoma, 2023
 Dr. Alex Mellion, Ohio, 2023
 Dr. Ernesto Perez, Florida, 2023
 Dr. Lauren Vitkus, New York, 2021
 Dr. Jonathan C. Vogel, Texas, 2024
 Dr. Seth Walbridge, Pennsylvania, 2022
 Dr. Ben Youel, Illinois, 2021

Appointment of Representatives to Other Organizations and Activities: The following appointments of representatives and members of other committees were also made by President Klemmedson.

Liaison to the American Student Dental Association	Dr. James Stephens
Liaison to the Alliance of the American Dental Association	Dr. Maria Maranga
Dental Lifeline Network Board of Directors	Dr. Brett Kessler (<i>continuing member</i>)
	Dr. Gary Oyster

Other Committees, Task Forces, and Activities:

American Dental Political Action Committee Board of Directors	Dr. George Shepley
Presenter of Board Reports to the House of Delegates	Dr. Linda Himmelberger
Liaison to Standards Committee on Dental Informatics	Dr. James Stephens
Publishing Liaison	Dr. Terry Fiddler
Norton Ross Selection Committee	Dr. Richard Rosato
Gold Medal Award for Excellence in Dental Research Selection Committee	Dr. Richard Rosato
ADA Humanitarian Award	Dr. Kathleen O'Loughlin, <i>chair</i> Dr. Cesar Sabates, president-elect Dr. Mike Richardson, CAAP Dr. Alan Moore Dr. David Miller Dr. Jane Grover, CAAP Ms. Briana Rowland
Give Kids a Smile Advisory Committee	Dr. James Stephens Dr. Michael Medovic Dr. David Krol Dr. Megha Sata Dr. Jeff Dalin Ms. Ann Bruck Ms. Amy Moorman Ms. Jennifer Kim Field* Ms. Michele Penrose* Ms. Angela Martinez Dr. Barbara Shearer Dr. Betsey Baumann-Smeege Ms. Grace Huang*

**Subsequent to the October, 21 meeting, the list of Give Kids a Smile Advisory Committee appointments was corrected. Michele Penrose and Grace Huang are no longer on the Committee. Jennifer Kim Field replaced Michele Penrose.*

D.C. Townhouse Oversight Group	Dr. George Shepley, <i>chair</i> Dr. Gary Oyster Dr. Cesar Sabates, president-elect Dr. David White, chair, CGA Dr. Steve Ortego, chair, ADPAC
--------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

Other Committees, Task Forces, and Activities (continued):

CODA Standing Committee on International Accreditation

Dr. Terry Fiddler, *chair*
 Dr. Bryan Edgar, at-large member
 Dr. Perry Tuneberg, at-large member
 Dr. Lawrence Wolinsky, CODA representative
~~Dr. Marsha Pyle, CODA representative *~~
Dr. Carol Anne Murdoch-Kinch, CODA representative*
 Dr. Daniel Klemmedson, president, non-voting member
 Dr. Jeffery Hicks, CODA

**Subsequent to the October, 21 meeting, the list of CODA Standing Committee on International Accreditation appointments was corrected.*

SPA Oversight Committee

Dr. Craig Armstrong (*continuing member*)
 Dr. Scott Morrison
 Dr. Mark Vitale, CGA Representative
 Dr. David White, CGA Representative
 Dr. Rhett Raum, CC Representative

Dental Quality Alliance Committee

Dr. Yvonne Maldonado, CDBP
 Dr. Cary Limberakis, CDP
 Dr. Jim Crall, at-large member
 Dr. Craig Amundson, at-large member
 Dr. Irene Hilton, at-large member

Dental Content Committee

Dr. Paul Leary, *chair*
 Dr. Richard Rosato, vice chair
 Dr. Hope Watson, CDBP
 Dr. Randall Markarian, CDBP
 Dr. King Scott, CDBP
 Dr. Jeffrey Ottley, CDP
Dr. Jonathan Knapp, CDP*
~~Dr. Doug Wolff, CDP*~~

Alternates
 Dr. Christopher Bulnes, CDBP
 Dr. Cary Limberakis, CDP

**Subsequent to the October, 21 meeting, the list of Dental Content Committee appointments was corrected.*

Other Committees, Task Forces, and Activities (continued):

ADA Library and Archives Advisory Board

Dr. Jay Harrington, Jr., *chair*
 Dr. Rudolph Liddell
 Dr. Linda Niessen, CDEL
 Dr. Jun Lim, CDEL
 Dr. Raymond Dionne, CSA
 Dr. Carol Lefebvre, CSA
 Dr. Annette Masters, at-large
 member
 Dr. Viren Jhaveri, at-large member
 Ms. Amanda Nevius, public
 member, special librarian

Workgroup on ADA/CODA Relationship

Dr. George Shepley, *co-chair* (BOT)
 Dr. Jeffery Hicks, *co-chair* (CODA)
 Dr. Paul Leary, BOT
 Dr. Terry Fiddler, BOT
 Dr. Michael Medovic, BOT
 Dr. Julio Rodriguez, BOT
 Dr. Bruce Rotter, CODA
 Dr. Joel Berg, CODA
 Dr. Kevin Haubrick, CODA
 Dr. Carol Anne Murdoch-Kinch,
 CODA

Coalition for Modernizing Dental Licensure

Dr. Joseph Crowley (*continuing
 member*)
 Dr. Kirk Norbo (*continuing member*)

Admission Test for Dental Hygiene (ATDH)

Dr. Paul Leary

Nominees for Boards of ADA For-Profit and Not-for-Profit Subsidiaries (ADASRI for approval by ADASRI)

ADA Business Enterprises, Inc.

Dr. Susan Becker Doroshow
 Dr. Richard Rosato

ADA Science Research Institute

Dr. Raymond Cohlma (*continuing
 member*)
 Dr. Teresa Dolan
 Dr. John Featherstone
 Dr. Karen Nelson
 Dr. Craig Armstrong
 Dr. Brett Kessler
 Dr. Kathleen O'Loughlin
 Dr. Ana Bedran-Russo

Meetings of the Board of Trustees, 2020–21: The *Bylaws* (Chapter V, Section 90.A.) requires that the Board of Trustees shall hold a minimum of three regular meetings each year. The number of actual meetings to be held in excess of the three for the ensuing year shall be determined in advance by the Board of Trustees. Without objection, Resolution B-128 was adopted.

B-128-2020. Resolved, that the meetings of the 2020-21 Board of Trustees be as follows:

December 5-7, 2020, (Retreat and Board meeting, if needed)

February 7-9, 2021 (Sunday – Tuesday)

April 11-13, 2021 (Sunday - Tuesday)

July 18-20, 2021 (Sunday – Tuesday)

August 28, 2021 (Saturday, Special One-Day Meeting to Review 2022 Budget)

September 12-14, 2021 (Sunday – Tuesday)

October 16, 2021 (New Board Meeting, Las Vegas)

December 11-13, 2021 (Retreat and Board meeting, if needed)

Contracts with the President and President-elect: The ADA's *Organization and Rules of the Board of Trustees* require that the President and President-elect execute agreements as officers of the ADA, and that these agreements be approved by the Board of Trustees at its first meeting following the annual session. Without objection, Resolutions B-129 and B-130 were adopted.

B-129-2020. Resolved, that the 2020-21 President Corporate Officer Agreement be approved and adopted.

B-130-2020. Resolved, that the 2020-21 President-elect Corporate Officer Agreement be approved and adopted.

Reappointment of Members to the Task Force on Study Innovations for Alternate Student Loan Repayment Strategies: Without objection, Resolutions B-125 and B-135 were adopted.

B-125-2020. Resolved, that the Task Force on Study Innovations for Alternate Student Loan Repayment Strategies is reauthorized for the 2020-2021 term.

B-135-2020. Resolved, that the following appointments to the Task Force as made by the President, be approved:

Dr. Emily Mattingly, chair

Dr. Deborah Bishop

Dr. Lindsey Robinson

Dr. Nader Nadershahi

Dr. Trisha Quartey

Dr. Joseph Vaughn

Ms. Aditi Desai, ASDA, *ex officio* member

Report of the Committee on Diversity and Inclusion: Report on Committee Consultants: Without objection, Resolutions B-131 was adopted.

B-131-2020. Resolved, in addition to its existing consultant pool, that the Committee on Diversity and Inclusion be authorized to use three non-voting consultants, one from each of the following organizations: the American Student Dental Association, the New Dentist Committee and Council on Membership, and be it further

Resolved, that these consultants may participate via telephone, videoconference, or electronic means, as appropriate, and be it further

Resolved, that the Governance Committee be authorized to make conforming changes to the Rules of the Board Trustees to effect these changes.

Report of the Budget and Finance Committee: Reserve Spending Approval Request to Fund 2020 Non-Operating Restructuring Costs: Without objection, Resolution B-133 was adopted.

B-133-2020. Resolved, that an appropriation of up to \$2,632,000 be made from the ADA Long Term Investment Reserve Account to fund 2020 Organization Restructuring costs including employee severance, and be it further

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

Report of the Budget and Finance Committee: Recommendation to Approve 2020 Science Funding to ADASRI: Without objection, Resolution B-134 was adopted.

B-134-2020. Resolved, that an unrestricted grant to ADA Science and Research Institute LLC in the amount of \$2.2 million be approved, with funding to come from the monies originally budgeted for the ADA Foundation research grant in the approved 2020 budget.

Report of the Budget and Finance Committee: Informational Report Regarding Investment Rebalancing: This informational report summarized the Budget and Finance Committee's approved rebalancing of investments at its September 25, 2020 meeting.

Report of the Advisory Committee on Annual Meetings: Annual Meeting Reimagined Update: This informational report summarized decisions and discussions from CAM's September planning meeting.

Report of Dr. Roy Thompson, Liaison to the Commission on Dental Accreditation: This informational report summarized the August 21, 2020, CODA meeting.

Report of the Business Innovation Committee: This informational report identified major topics discussed and actions taken at the Committee's October 8, 2020 meeting.

Adjournment: The regular session of the Board of Trustees was adjourned for the purpose of convening the Member Meeting of the ADA Science and Research Institute. Without objection, the first meeting of the Board of Trustees adjourned *sine die* at 11:10 a.m. on Wednesday, October 21, 2020.

Minutes of the Board of Trustees

November 10, 2020

Special Meeting of the Board of Trustees

Call to Order: The special meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Daniel J. Klemmedson, president, on Tuesday, November 10, 2020, at 4 p.m., Central Standard Time. The videoconference meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees in attendance were: Daniel J. Klemmedson, Cesar R. Sabates, Vincent U. Rapini, Maria C. Maranga, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Paul R. Leary, Chad R. Leighty, Rudolph T. Liddell, Michael D. Medovic, Scott L. Morrison, Gary R. Oyster, Julio H. Rodriguez, Richard J. Rosato, George R. Shepley, and James D. Stephens.

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

ADA Staff in Attendance: Jerry Bowman, chief of governance and strategy management; Scott Fowkes, general counsel; Tony Frankos, vice president, Sales Strategy and Product Development; Michelle Hoffman, vice president, Publishing; Tom Elliott, deputy general counsel; Paul Sholty, chief financial officer; Jodi Baldwin, manager, Board and House Matters; Michelle Kruse, director, Administrative Services; Christine Maher, manager, Finance; Molly Potnick, coordinator, Publications and Projects; Samara Schwartz, associate general counsel; Kyle Smith, manager, House of Delegates; Rita Tiernan, senior manager, Council on Members Insurance and Retirement Programs; and Wendy J. Wils, deputy general counsel.

Guests: Mr. Tom Kacirek, vice president, Protective Life, and Dr. Daniel Hall, chair, New Dentist Committee

Before consideration of business Dr. Klemmedson called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest. No disclosures were made.

Informational Report—Update from the Publishing Division: Editorial Appointments and New Vendor Selection: Ms. Michelle Hoffman, vice president, Publishing, reported that the contracts for the new editorial appointments have been approved, signed, and executed. Both editors, John Timothy Wright, editor-in-chief of the Journal of the American Dental Association, and Dr. Jack Farracane, editor-in-chief of ADA's new open access journal, are set to start their official terms on January 1, 2021. Ms. Hoffman also reported on a change in vendor for ADA Huddle newsletters.

Report of Council on Members Insurance and Retirement Programs: ADA Members Insurance Plans Proposed 2021 Premium Credits and Royalties: This report was considered during a confidential session of the Board of Trustees. In open session, Resolutions B-136, B-137, and B-138 were adopted by the Board of Trustees.

B-136-2020. Resolved, that the following premium credits under the ADA Members Insurance Plans, as recommended by the Protective Insurance Company, are hereby approved:

- a 38% premium credit effective January 1, 2021 for the Life Plans,
- a 34% premium credit effective May 1, 2021 for the Disability Income Protection Plan,
- a 45% premium credit effective February 1, 2021 for the Office Overhead Expense Plan, and
- a 45% premium credit effective April 1, 2021 for the Supplemental Medical Plans (MedCASH Plan, Hospital Indemnity and Critical Illness Plans.)

B-137-2020. Resolved, that the following estimated ADA royalties under the ADA Members Insurance Plans, as recommended by the Protective Insurance Company are hereby approved for

payment to ADA in 2021:

- an estimated \$5.0 million from the Life Plans,
- an estimated \$1.1 million from the Office Overhead Expense Insurance Plan, and
- an estimated \$127,000 from the Supplemental Medical Plans (MedCASH Plan, Hospital Indemnity and Critical Illness Plans.)
- no royalty from the Disability Income Protection Insurance Plan

B-138-2020. Resolved, that the Protective Life Insurance Company recommendation to reduce the Life Plans high volume coverage discounts effective January 1, 2021 is hereby approved.

Adjournment: The special session of the Board of Trustees adjourned at 4:47 p.m.

Minutes of the Board of Trustees

December 10, 2020

Special Meeting of the Board of Trustees

Call to Order: The special meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Daniel J. Klemmedson, president, on Thursday, December 10, 2020, at 11 a.m., Central Standard Time. The videoconference meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

Roll Call: Officers and members of the Board of Trustees in attendance were: Daniel J. Klemmedson, Cesar R. Sabates, Vincent U. Rapini, Maria C. Maranga, W. Mark Donald, Ted Sherwin, Kathleen T. O'Loughlin, Craig S. Armstrong, Susan Becker Doroshov, Linda J. Edgar, Terry Fiddler, Jay F. Harrington, Jr., Linda K. Himmelberger, Brett Kessler, Paul R. Leary, Chad R. Leighty, Rudolph T. Liddell, Michael D. Medovic, Scott L. Morrison, Gary R. Oyster, Julio H. Rodriguez, Richard J. Rosato, George R. Shepley, and James D. Stephens.

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

ADA Staff in Attendance: Marcelo Araujo, chief science officer; Jordan Baugh, chief technology officer, Jerry Bowman, chief of governance and strategy management; Judi Fleeks, chief human resources officer; Scott Fowkes, general counsel; Wendy Wils, deputy general counsel; Tom Elliott, deputy general counsel; Tony Frankos, vice president, Sales Strategy and Product Development; James Goodman, senior vice president, Business Group; Mike Graham, senior vice president, Government and Public Affairs; Michelle Hoffman, vice president, Publishing; April Kates-Ellison, vice president, Member and Client Services; Catherine Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; Dave Preble, senior vice president, Practice Institute; Robert Quashie, senior vice president, Operations; Paul Sholty, chief financial officer; Cathryn Albrecht, senior associate general counsel; Jodi Baldwin, manager, Board and House Matters; David Cantalupo, senior manager, Conference Center and Meeting Services; Michelle Kruse, director, Administrative Services; Trina Langtiw, coordinator, Board and House Matters; Molly Potnick, coordinator, Publications and Projects; and Kyle Smith, manager, House of Delegates; Kelly Wang, director, Conference Services and Meeting Planning

Guest: Dr. Daniel Hall, chair, New Dentist Committee

Before consideration of business Dr. Klemmedson called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest. No disclosures were made.

Proposed Amendment to Appointment to Board Standing Committee on Compensation: Subsequent to the meeting, Dr. Klemmedson was made aware of an error to the first-year trustee appointment of the Standing Committee on Compensation. The assignment to the Compensation Committee was intended for Dr. Gary Oyster. The following resolution was adopted by the Board of Trustees.

B-141-2020. Resolved, that B-126-2020, regarding the appointment of the first-year trustee to the Compensation Committee, as amended by the President, be approved.

Compensation. The Compensation Committee consists of the President, President-elect, and four trustees, one from each trustee class, who are not serving on the Budget and Finance Committee or Audit Committee, with the senior trustee serving as chair, and shall also consist of the Treasurer without the right to vote. Each year the President shall appoint one first-year trustee to the Committee. The term of service for the trustee members of the Committee shall be four years.

Dr. Linda Himmelberger, fourth-year trustee, chair
 Dr. Daniel Klemmedson, president
 Dr. Cesar Sabates, president-elect

Dr. Paul Leary, third-year trustee
 Dr. Richard Rosato, second-year trustee
Dr. Gary Oyster, first-year trustee
~~Dr. Scott Morrison, first-year trustee~~
 Dr. Ted Sherwin, treasurer, non-voting member

Approval of Amended 2021 Board of Trustees Meeting Dates: Resolution B-142 was presented for the Board's consideration. On vote, the Board of Trustees adopted Resolution B-142.

B-142-2020. Resolved, that the following 2021 Board of Trustees meeting dates, as amended, be approved:

February 5-7, 2021 (Friday – Sunday)
~~February 7-9, 2021 (Sunday – Tuesday)~~
 April 11-13 (Sunday – Tuesday)
July 16-18, 2021 (Friday – Sunday)
~~July 18-20, 2021 (Sunday – Tuesday)~~
 September 12-14, 2020 (Sunday – Tuesday)
~~October 16, 2021~~ October 17, 2021 (New Board of Trustees Meeting, Las Vegas)
 December 11-13, 2021 (Saturday – Monday) (Retreat and Board meeting)

and be it further

Resolved, that Resolutions B-57-2018 and B-128-2020, approving the previous 2021 meeting dates, be rescinded.

Appointment to Fill Vacancy on the New Dentist Committee: Resolution B-143 was presented for the Board's consideration. On vote, the Board of Trustees adopted Resolution B-143.

B-143-2020. Resolved, that Dr. ArNelle R. Wright, Florida, be appointed to serve as the Seventeenth District Representative on the New Dentist Committee until the close of the 2023 House of Delegates to fill the vacancy resulting from the resignation of Dr. Ernesto Perez, Florida.

Report on Active Member Promotion Incentives for 2021: Resolution B-144 was presented for the Board's consideration. Following discussion, a motion was made to amend B-144 by adding a second resolving clause, "that the Board authorizes staff to expand the promotion incentive to nonmembers and states as determined by opportunities and supporting data during fiscal year 2021." Without objection, the amendment to add a second resolved clause was adopted. Without objection, Resolution B-144, as amended, was adopted by the Board of Trustees.

B-144-2020. Resolved, that the following acquisition opportunity segments be approved to receive a one-time Active Member Promotion incentive of 50% dues reduction in 2021.

- Diverse (racially/ethnically)
- Diverse (gender/women)
- Lapsed members 1-5 years
- All nonmembers in the following states:
 - California Dental Association
 - Texas Dental Association
 - New York State Dental Association
 - Florida Dental Association
 - Pennsylvania Dental Association
 - New Jersey Dental Association
 - Illinois State Dental Society

and be it further,

Resolved, that the Board authorizes staff to expand the promotion incentive to nonmembers and states as determined by opportunities and supporting data during fiscal year 2021.

Report of the ADA President on Executive Director Search Committee: Dr. Klemmedson presented his Report on Executive Director Search Committee. Without objection, the Board of Trustees adopted Resolution B-145.

B-145-2020. (Confidential Action Currently Embargoed)

Report of the Advisory Committee on Annual Meetings: Annual Meeting and House of Delegates Scheduling Recommendation: Resolution B-146 was presented for the Board's consideration. On vote, the Board of Trustees adopted Resolution B-146.

B-146-2020. Resolved, that the 2021 House of Delegates schedule be changed from October 12-15 to October 13-16, and be it further

Resolved (the text of the second resolved clause is embargoed per B-147-2020)

Following the adoption of Resolution B-146, Resolution B-147 was presented for the Board's consideration. On vote, the Board of Trustees adopted Resolution B-147.

B-147-2020. Resolved, that the second resolved clause of B-146-2020 be embargoed until the dates for the 2022 House of Delegates have been established by the Board of Trustees.

Adjournment: Without objection, the special session of the Board of Trustees adjourned at 12:58 p.m.

Minutes of the House of Delegates

October 15–19

Minutes of the 161st Annual Session of the American Dental Association House of Delegates

October 15-19, 2020
Chicago, Illinois

Thursday, October 15, 2020

First Meeting of the House of Delegates

Call to Order: The First Meeting of the 161st Annual Session of the American Dental Association House of Delegates was called to order by the Speaker of the House of Delegates, Dr. W. Mark Donald, Mississippi, at 9:30 a.m., Central Time, Thursday, September 15, 2020. The 161st Annual Session of the American Dental House of Delegates was convened virtually and broadcast via Zoom Webinar from the American Dental Association Headquarters in Chicago, Illinois.

Moment of Reflection: The House observed a moment of silence for attendees to reflect in a manner of each individual's choosing.

Pledge of Allegiance: The Pledge of Allegiance was recited led by a video presentation.

Announcements: For the benefit of the delegates and alternate delegates, the Speaker reviewed announcements regarding technology used for the virtual meeting, technical support, and a planned update from the general counsel at the conclusion of the first meeting of the House.

Ethics Statement: The Speaker called attention to the Ethics Statement which appears in the *Manual of the House of Delegates and Supplemental Information* and asked that members read the Statement prior to the start of deliberations of the House of Delegates.

Report of the Standing Committee on Credentials, Rules and Order: Dr. Anthony Cuomo, New York, Committee chair, presented the Committee's report. The other members of the Committee were: Dr. Rickland G. Asai, Oregon; Dr. I. Jay Freedman, Pennsylvania; Dr. Scott L. Morrison, Nebraska; Dr. Vishruti M. Patel, Illinois; Dr. Richard D. Riddle, Jr., Connecticut; Dr. Werner W. Schneider, Arkansas; Dr. Richard A. Stevenson, Florida; and Dr. John E. Taylor, California.

Approval of Certified Delegates. Dr. Cuomo reported that a list of certified delegates and alternate delegates as of October 8, 2020, was posted on ADA Connect. Subsequent to the October 8 posting, the following requests relating to the credentialing of a new delegate and new alternate delegate were presented:

Delegate

Dr. Rudolph T. Liddell, Florida, filling vacant delegate seat

Alternate Delegate

Dr. Bradley Anderson, North Dakota, replacing Dr. Dustin Hollevoet

Dr. Cuomo reported that the Committee considered the requests to be the result of extenuating circumstances and recommended that the individuals be credentialed. On behalf of the Committee, Dr. Cuomo moved Resolution 94 (*Supplement:1026*) as amended. Hearing no objection, the Speaker declared Resolution 94, as amended, adopted.

94H-2020. Resolved, that the list of certified delegates and alternate delegates posted in the HOD Supplemental Information library on the House of Delegates community of ADA Connect be approved as the official roster of voting delegates and alternate delegates that constitute the 2020 House of Delegates of the American Dental Association.

Dr. Cuomo reported the presence of a quorum.

Dr. Cuomo 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 2019 Session of the House of Delegates. On behalf of the Committee, Dr. Cuomo moved Resolution 95 (*Supplement:1027*). The Speaker asked if there were any corrections to the minutes; hearing none, the Speaker declared the minutes adopted.

95H-2020. Resolved, that the minutes of the 2019 session of the House of Delegates be approved.

Adoption of Agenda and Order of Agenda Items. On behalf of the Committee, Dr. Cuomo moved Resolution 96 (*Supplement:1028*).

Hearing no objection, Resolution 96 was adopted.

96H-2020. Resolved, that the agenda as presented in the *2020 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.

Special Rules of the 2020 Virtual House of Delegates. On behalf of the Committee, Dr. Cuomo moved Resolution 99 (*Supplement:1031*).

Dr. Cuomo moved to amend Resolution 99 by deleting the *Special Rule: Nominations of Officers* on page 1021, lines 10-12, of the Report of the Standing Committee on Credentials, Rules and Order, so the section on Nominations of Officers would read as follows:

~~SPECIAL RULE: Nominations of Officers:~~ The nominations of officers (president-elect and second vice president) will take place at the first meeting of the House on Thursday, October 15. ~~Candidates for elective office will be announced by the Speaker. The Speaker will read a brief nomination statement on behalf of each candidate.~~ Any additional nominations may be offered by a simple declaratory statement. Each candidate may give an acceptance speech not to exceed four minutes.

Hearing no objection, the proposed amendment was adopted.

Hearing no objection, Resolution 99, as amended, was adopted.

99H-2020. Resolved, that the Special Rules for the 2020 Virtual House of Delegates as identified in the Report of the Committee on Credentials, Rules and Order be adopted.

[Special Rules of the Virtual House of Delegates—as amended—are available following page 99.]

Special Order of Referral Consent Calendar. The Speaker explained that the Special Order of Referral Consent Calendar was prepared to help manage the time of the virtual House of Delegates. The Special Order of Referral Consent Calendar lists resolutions considered to be non-urgent and could be referred to the appropriate ADA agencies for report at the 2021 House of Delegates. The Speaker stated that as with any consent calendar, any delegate has the right to extract a resolution from the Referral Consent Calendar. By doing so, that resolution will be referred to the appropriate Reference Committee and be taken up at this year's House of Delegates.

97. Resolved, that the recommendation of the Speaker to refer the following resolutions to the appropriate ADA agency to be presented at the 2021 House of Delegates be adopted.

Reference Committee A (Budget, Business, Membership and Administrative Matters)

Resolution 40—Wisconsin Dental Association—Request that ADA Explore New Dues Structure Reflecting Evolving Dental Practice Models (*Supplement:2001*)

Reference Committee B (Dental Benefits, Practice and Related Matters)

Resolution 83—First Trustee District—Policy for the Elimination of Wait Periods for Children in Dental Benefit Plans (*Supplement:3012*)

Resolution 83B—Board Substitute—Policy for the Elimination of Wait Periods for Children in Dental Benefit Plans (*Supplement:3013*)

Resolution 85—Fifteenth Trustee District—Dental Benefits Information for ADA Members (*Supplement:3017*)

Resolution 86—Fifteenth Trustee District—Improved ADA Member Assistance with Third Party Payer Issues (*Supplement:3018*)

Resolution 105—Fourteenth Trustee District—Inappropriate Recoupment Practices of Dental Benefit Companies (*Supplement:3025*)

Reference Committee C (Dental Education, Science and Related Matters)

Resolution 109—Fourteenth Trustee District—ADA Policy on Tooth Gems and Jewelry (*Supplement:4028*)

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

Resolution 3—Council on Government Affairs—Rescission of the Policy, Dental Focus in Federal Health Agencies (*Supplement:5002*)

Resolution 4—Council on Government Affairs—Amendment of the Policy, Use of Dentist-to-Population Ratios (*Supplement:5004*)

Resolution 5—Council on Government Affairs—Amendment of the Policy, Suggested Dental Practice Acts (*Supplement:5005*)

Resolution 6—Council on Government Affairs—Rescission of the Policy, State Regulation of Advertising (*Supplement:5007*)

Resolution 11—Council on Government Affairs—Proposed Policy, Rank and Status of Dentists in the Armed Forces, Military Reserves and Public Health Services (*Supplement:5017*)

Resolution 12—Council on Government Affairs—Amendment of the Policy, Dental Research by Military Departments (*Supplement:5020*)

Resolution 13—Council on Government Affairs—Amendment of the Policy, Legislative Delegations (*Supplement:5022*)

Resolution 13S-1—Sixteenth Trustee District—Substitute Resolution (*Supplement:5023a*)

Resolution 14—Council on Government Affairs—Amendment of the Policy, Antitrust Reform (*Supplement:5025*)

Resolution 23—Council on Advocacy for Access and Prevention—Amendment of the Policy, Encouraging the Development of Oral Health Literacy Continuing Education Programs (*Supplement:5029*)

Resolution 24—Council on Advocacy for Access and Prevention—Rescission of the Policy, Preventive Dental Procedures (*Supplement:5030*)

Resolution 26—Council on Advocacy for Access and Prevention— Rescission of the Policy, High Blood Pressure Programs (*Supplement:5034*)

Resolution 28—Council on Government Affairs—Amendment of the Policy, Protection of Retirement Assets (*Supplement:5038*)

Resolution 29—Council on Ethics, Bylaws and Judicial Affairs—Amendment of Section 3.A. of the *ADA Principles of Ethics and Code of Professional Conduct* (*Supplement:5040*)

Resolution 31—Council on Ethics, Bylaws and Judicial Affairs—Amendment of the ADA Member Conduct Policy (*Supplement:5045*)

Resolution 32—Council on Ethics, Bylaws and Judicial Affairs—Amendment and Simplification of *Bylaws* Chapter I., Section 20.B. (*Supplement:5048*)

Resolution 33—Council on Advocacy for Access and Prevention—Amendment of the Policy, Limited Oral health Literacy Skills and Understanding in Adults (*Supplement:5049*)

Resolution 34—Council on Advocacy for Access and Prevention—Amendment of the Policy, Comprehensive Policy Statement on Allied Dental Personnel (*Supplement:5050*)

Resolution 34S-1—Sixteenth Trustee District—Substitute Resolution (*Supplement:5057a*)

Resolution 35—Council on Advocacy for Access and Prevention—Amendment of the Policy, Women's Oral Health: Patient Education (*Supplement:5058*)

Resolution 36—Council on Advocacy for Access and Prevention—Amendment of the Policy, Communication and Dental Practice (*Supplement:5059*)

Resolution 37—Council on Advocacy for Access and Prevention—Amendment of the Policy, Health Planning Guidelines (*Supplement:5060*)

Resolution 37S-1—Sixteenth Trustee District—Substitute Resolution (*Supplement:5060a*)

Resolution 38—Council on Advocacy for Access and Prevention—Amendment of the Policy, Non Dental Providers Notification of Preventive Dental Treatment (*Supplement:5061*)

Resolution 39—Council on Advocacy for Access and Prevention—Amendment of the Policy, Non-Dental Providers Completing Educational Program on Oral Health (*Supplement:5062*)

Resolution 42—Council on Government Affairs—Amendment of the Policy, Use of Expert Witnesses in Liability Cases (*Supplement:5069*)

Resolution 45—Council on Government Affairs—Rescission of the Policy, Professional Liability Insurance Legislations (*Supplement:5075*)

Resolution 46—Council on Government Affairs—Amendment of the Policy, Fee-For-Service Medicaid Programs (*Supplement:5077*)

Resolution 47—Council on Government Affairs—Amendment of the Policy, Medicaid and Indigent Care Funding (*Supplement:5078*)

Resolution 48—Council on Government Affairs—Amendment of the Policy, Support for Adult Medicaid Dental Services (*Supplement:5080*)

Resolution 48S-1—Sixteenth Trustee District—Substitute Resolution (*Supplement:5080a*)

Resolution 52—Council on Government Affairs—Rescission of the Policy, Availability of Dentists for Underserved Populations (*Supplement:5088*)

Resolution 52S-1—Ninth Trustee District—Substitute Resolution (*Supplement:5089a*)

Resolution 53—Council on Government Affairs—Rescission of the Policy, Misdistribution of the Dental Workforce (*Supplement:5091*)

Resolution 54—Council on Government Affairs—Amendment of the Policy, Freedom of Choice in Publicly Funded Aid Programs (*Supplement:5093*)

Resolution 55—Council on Government Affairs—Amendment of the Policy, Legislative Separation of Medicine and Dentistry (*Supplement:5094*)

Resolution 56—Council on Government Affairs—Amendment of the Policy, Limited English Proficiency (*Supplement:5095*)

Resolution 57—Council on Government Affairs—Proposed Policy, Discrimination of Benefit Payment Based on Professional Degree of Provider (*Supplement:5097*)

Resolution 58—Council on Government Affairs—Proposed Policy, Guaranteeing the Patient's Freedom of Choice of Dentist (*Supplement:5100*)

Resolution 59—Council on Government Affairs—Proposed Policy, Regulatory Definitions of Dentistry (*Supplement:5102*)

Resolution 60—Council on Government Affairs—Rescission of the Policy, ADA Assistance in Legislative Initiatives (*Supplement:5105*)

Resolution 61—Council on Government Affairs—Rescission of the Policy, Costs for the Submission of Electronic Dental Claims (*Supplement:5108*)

Resolution 63—Council on Government Affairs—Rescission of the Policy, Advocating for ERISA Reform (*Supplement:5110*)

Resolution 64—Council on Ethics, Bylaws and Judicial Affairs—Amendment of Chapter III., Section 120 of the ADA *Bylaws* (*Supplement:5112*)

Resolution 65—Council on Government Affairs—Proposed Policy, Anesthesia Coverage Under Health Plans (*Supplement:5114*)

Resolution 69—Council on Government Affairs—Proposed Policy, Provisions for ERISA Plans (*Supplement:5116*)

Resolution 74—Elder Care Workgroup—Elder Care Strategies for Continuing Education
(*Supplement:5142*)

Resolution 75—Elder Care Workgroup—Elder Care Strategies on Research
(*Supplement:5145*)

Resolution 76—Elder Care Workgroup—Elder Care Strategies on Increased Preparedness of Educational Institutions (*Supplement:5146*)

Resolution 77—Elder Care Workgroup—Elder Care Strategies on Public Advocacy
(*Supplement:5148*)

Resolution 78—Elder Care Workgroup—Elder Care Strategies on Intra-Professional Advocacy (*Supplement:5150*)

Resolution 79—Elder Care Workgroup—Elder Care Strategies on Long Term Care Facilities
(*Supplement:5152*)

Resolution 80—Elder Care Workgroup—Elder Care Strategies on Inter-Agency Advocacy
(*Supplement:5154*)

Resolution 81—Elder Care Workgroup—Elder Care Strategies on Practice Management
(*Supplement:5156*)

Resolution 89—Council on Government Affairs—Proposed Policy, Resources for Veterans Ineligible for VA Dental Care (*Supplement:5161*)

Resolution 103—Fourteenth Trustee District—Reexamine Council on Communication Liaison Program (*Supplement:5180*)

Resolution 104—Fourteenth Trustee District—Formulating Innovations to Address Underserved Areas (*Supplement:5181*)

Dr. Cuomo moved Resolution 97.

Requests were made to remove the following resolutions from the Referral Consent Calendar:

Resolution 31 removed by Dr. Michael A. Kurkowski, Minnesota

Resolution 89 removed by Dr. Phillip J. Fijal, Illinois

Hearing no objection, Resolution 97, as amended, was adopted by general consent.

97H-2020. Resolved, that the recommendation of the Speaker to refer the following resolutions to the appropriate ADA agency to be presented at the 2021 House of Delegates be adopted.

Reference Committee A (Budget, Business, Membership and Administrative Matters)

Resolution 40—Wisconsin Dental Association—Request that ADA Explore New Dues Structure Reflecting Evolving Dental Practice Models (*Supplement:2001*)

Reference Committee B (Dental Benefits, Practice and Related Matters)

Resolution 83—First Trustee District—Policy for the Elimination of Wait Periods for Children in Dental Benefit Plans (*Supplement:3012*)

Resolution 83B—Board Substitute—Policy for the Elimination of Wait Periods for Children in Dental Benefit Plans (*Supplement:3013*)

Resolution 85—Fifteenth Trustee District—Dental Benefits Information for ADA Members (*Supplement:3017*)

Resolution 86—Fifteenth Trustee District—Improved ADA Member Assistance with Third Party Payer Issues (*Supplement:3018*)

Resolution 105—Fourteenth Trustee District—Inappropriate Recoupment Practices of Dental Benefit Companies (*Supplement:3025*)

Reference Committee C (Dental Education, Science and Related Matters)

Resolution 109—Fourteenth Trustee District—ADA Policy on Tooth Gems and Jewelry (*Supplement:4028*)

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

Resolution 3—Council on Government Affairs—Rescission of the Policy, Dental Focus in Federal Health Agencies (*Supplement:5002*)

Resolution 4—Council on Government Affairs—Amendment of the Policy, Use of Dentist-to-Population Ratios (*Supplement:5004*)

Resolution 5—Council on Government Affairs—Amendment of the Policy, Suggested Dental Practice Acts (*Supplement:5005*)

Resolution 6—Council on Government Affairs—Rescission of the Policy, State Regulation of Advertising (*Supplement:5007*)

Resolution 11—Council on Government Affairs—Proposed Policy, Rank and Status of Dentists in the Armed Forces, Military Reserves and Public Health Services (*Supplement:5017*)

Resolution 12—Council on Government Affairs—Amendment of the Policy, Dental Research by Military Departments (*Supplement:5020*)

Resolution 13—Council on Government Affairs—Amendment of the Policy, Legislative Delegations (*Supplement:5022*)

Resolution 13S-1—Sixteenth Trustee District—Substitute Resolution (*Supplement:5023a*)

Resolution 14—Council on Government Affairs—Amendment of the Policy, Antitrust Reform (*Supplement:5025*)

Resolution 23—Council on Government Affairs—Amendment of the Policy, Encouraging the Development of Oral Health Literacy Continuing Education Programs (*Supplement:5029*)

Resolution 24—Council on Government Affairs—Rescission of the Policy, Preventive Dental Procedures (*Supplement:5030*)

Resolution 26—Council on Government Affairs—Rescission of the Policy, High Blood Pressure Programs (*Supplement:5034*)

Resolution 28—Council on Government Affairs—Amendment of the Policy, Protection of Retirement Assets (*Supplement:5038*)

Resolution 29—Council on Ethics, Bylaws and Judicial Affairs—Amendment of Section 3.A. of the *ADA Principles of Ethics and Code of Professional Conduct* (*Supplement:5040*)

Resolution 31—~~Council on Ethics, Bylaws and Judicial Affairs—Amendment of the ADA Member Conduct Policy~~ (*Supplement:5045*)

Resolution 32—Council on Ethics, Bylaws and Judicial Affairs—Amendment and Simplification of *Bylaws* Chapter I., Section 20.B. (*Supplement:5048*)

Resolution 33—Council on Advocacy for Access and Prevention—Amendment of the Policy, Limited Oral health Literacy Skills and Understanding in Adults (*Supplement:5049*)

Resolution 34—Council on Advocacy for Access and Prevention—Amendment of the Policy, Comprehensive Policy Statement on Allied Dental Personnel (*Supplement:5050*)

Resolution 34S-1—Sixteenth Trustee District—Substitute Resolution (*Supplement:5057a*)

Resolution 35—Council on Advocacy for Access and Prevention—Amendment of the Policy, Women's Oral Health: Patient Education (*Supplement:5058*)

Resolution 36—Council on Advocacy for Access and Prevention—Amendment of the Policy, Communication and Dental Practice (*Supplement:5059*)

Resolution 37—Council on Advocacy for Access and Prevention—Amendment of the Policy, Health Planning Guidelines (*Supplement:5060*)

Resolution 37S-1—Sixteenth Trustee District—Substitute Resolution (*Supplement:5060a*)

Resolution 38—Council on Advocacy for Access and Prevention—Amendment of the Policy, Non Dental Providers Notification of Preventive Dental Treatment (*Supplement:5061*)

Resolution 39—Council on Advocacy for Access and Prevention—Amendment of the Policy, Non-Dental Providers Completing Educational Program on Oral Health (*Supplement:5062*)

Resolution 42—Council on Government Affairs—Amendment of the Policy, Use of Expert Witnesses in Liability Cases (*Supplement:5069*)

Resolution 45—Council on Government Affairs—Rescission of the Policy, Professional Liability Insurance Legislations (*Supplement:5075*)

Resolution 46—Council on Government Affairs—Amendment of the Policy, Fee-For-Service Medicaid Programs (*Supplement:5077*)

Resolution 47—Council on Government Affairs—Amendment of the Policy, Medicaid and Indigent Care Funding (*Supplement:5078*)

Resolution 48—Council on Government Affairs—Amendment of the Policy, Support for Adult Medicaid Dental Services (*Supplement:5080*)

Resolution 48S-1—Sixteenth Trustee District—Substitute Resolution (*Supplement:5080a*)

Resolution 52—Council on Government Affairs—Rescission of the Policy, Availability of Dentists for Underserved Populations (*Supplement:5088*)

Resolution 52S-1—Ninth Trustee District—Substitute Resolution (*Supplement:5089a*)

Resolution 53—Council on Government Affairs—Rescission of the Policy, Misdistribution of the Dental Workforce (*Supplement:5091*)

Resolution 54—Council on Government Affairs—Amendment of the Policy, Freedom of Choice in Publicly Funded Aid Programs (*Supplement:5093*)

Resolution 55—Council on Government Affairs—Amendment of the Policy, Legislative Separation of Medicine and Dentistry (*Supplement:5094*)

Resolution 56—Council on Government Affairs—Amendment of the Policy, Limited English Proficiency (*Supplement:5095*)

Resolution 57—Council on Government Affairs—Proposed Policy, Discrimination of Benefit Payment Based on Professional Degree of Provider (*Supplement:5097*)

Resolution 58—Council on Government Affairs—Proposed Policy, Guaranteeing the Patient's Freedom of Choice of Dentist (*Supplement:5100*)

Resolution 59—Council on Government Affairs—Proposed Policy, Regulatory Definitions of Dentistry (*Supplement:5102*)

Resolution 60—Council on Government Affairs—Rescission of the Policy, ADA Assistance in Legislative Initiatives (*Supplement:5105*)

Resolution 61—Council on Government Affairs—Rescission of the Policy, Costs for the Submission of Electronic Dental Claims (*Supplement:5108*)

Resolution 63—Council on Government Affairs—Rescission of the Policy, Advocating for ERISA Reform (*Supplement:5110*)

Resolution 64—Council on Ethics, Bylaws and Judicial Affairs—Amendment of Chapter III., Section 120 of the ADA *Bylaws* (*Supplement:5112*)

Resolution 65—Council on Government Affairs—Proposed Policy, Anesthesia Coverage Under Health Plans (*Supplement:5114*)

Resolution 69—Council on Government Affairs—Proposed Policy, Provisions for ERISA Plans (*Supplement:5116*)

Resolution 74—Elder Care Workgroup—Elder Care Strategies for Continuing Education (*Supplement:5142*)

Resolution 75—Elder Care Workgroup—Elder Care Strategies on Research (*Supplement:5145*)

Resolution 76—Elder Care Workgroup—Elder Care Strategies on Increased Preparedness of Educational Institutions (*Supplement:5146*)

Resolution 77—Elder Care Workgroup—Elder Care Strategies on Public Advocacy (*Supplement:5148*)

Resolution 78—Elder Care Workgroup—Elder Care Strategies on Intra-Professional Advocacy (*Supplement:5150*)

Resolution 79—Elder Care Workgroup—Elder Care Strategies on Long Term Care Facilities (*Supplement:5152*)

Resolution 80—Elder Care Workgroup—Elder Care Strategies on Inter-Agency Advocacy
(*Supplement:5154*)

Resolution 81—Elder Care Workgroup—Elder Care Strategies on Practice Management
(*Supplement:5156*)

~~**Resolution 89**—Council on Government Affairs—Proposed Policy, Resources for Veterans Ineligible for VA Dental Care (*Supplement:5161*)~~

Resolution 103—Fourteenth Trustee District—Reexamine Council on Communication Liaison Program (*Supplement:5180*)

Resolution 104—Fourteenth Trustee District—Formulating Innovations to Address Underserved Areas (*Supplement:5181*)

Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 97H follows.

Special Order of Referral Consent Calendar—Resolutions Referred

Reference Committee A (Budget, Business, Membership and Administrative Matters)

Request that ADA Explore New Dues Structure Reflecting Evolving Dental Practice Models

40. Resolved, that the American Dental Association direct its appropriate agency to explore a new tripartite membership dues structure that more accurately reflects evolving practice models, and be it further

Resolved, that their findings be reported to the 2021 ADA House of Delegates.

Reference Committee B (Dental Benefits, Practice and Related Matters)

Policy for the Elimination of Wait Periods for Children in Dental Benefit Plans

83. Resolved, that the American Dental Association supports the elimination of wait periods for treatment for children from dental benefit plans, and be it further

Resolved, that the American Dental Association shall support legislative efforts to eliminate treatment wait periods for children in the United States on the state and federal levels.

Board Substitute Resolution

83B. Resolved, that the American Dental Association supports the elimination of wait periods for treatment for children from dental benefit plans., and be it further

~~**Resolved**, that the American Dental Association shall support legislative efforts to eliminate treatment wait periods for children in the United States on the state and federal levels.~~

Dental Benefits Information for ADA Members

85. Resolved, that the appropriate agency of the American Dental Association (ADA) be directed to review all current dental benefit activities conducted by the ADA. This activity inventory will include all dental benefits information available on the ADA's Center for Professional Success, ADA-created dental benefit webinars for members, and the third-party payer concierge, and be it further

Resolved, that the information inventory be summarized into an easy to read/easy to access document distributed to member dentists, and be it further

Resolved, that a report be delivered to the 2021 ADA House of Delegates including the information inventory that was disseminated to all ADA members.

Improved ADA Member Assistance with Third Party Payer Issues

86. Resolved, that the appropriate agency of the ADA be directed to review the most frequently reported third party payer issues submitted to the ADA through the third party payer concierge and the ADA's online third party complaint form and organize the issues into complaint categories to facilitate discussions with insurance carriers, and be it further

Resolved, that the appropriate agency of the ADA take the complaint categories forward and make an attempt to meet with the insurance companies, identified from the third party payer concierge and submitted ADA complaint forms, to resolve as a whole the identified insurance complaints, and be it further

Resolved, that a report be delivered to the 2021 ADA House of Delegates (HOD) summarizing the meeting(s) and including details on the elimination of claims payment abuses identified in the complaint categories. This report shall include the complaints resolved and the status of the complaints unable to be resolved before the report was prepared for the 2021 HOD meeting.

Inappropriate Recoupment Practices of Dental Benefit Companies

105. Resolved, that the ADA Council on Dental Benefits Plans (CDBP) review ADA policies regarding recoupment practices including Bulk Benefit Payment Statements (*Trans.*1990: 536, 2013:308, 2015:243); Third-Party Payers Overpayment Recovery Practices (*Trans.*1999:930, 2013:312) and Third Party Payment Choices (*Trans.*2017:265) and, be it further

Resolved, that the Council recommend a policy to encourage fair recoupment practices including reasonable time limitations and regular oversight by regulating agencies.

Reference Committee C (Dental Education, Science and Related Matters)

ADA Policy on Tooth Gems and Jewelry

109. Resolved, that the appropriate ADA agencies recommend a policy on tooth gems and jewelry to the 2021 House of Delegates.

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

Rescission of the Policy, Dental Focus in Federal Health Agencies

3. Resolved, that the policy titled Dental Focus in Federal Health Agencies (*Trans.*2012:497) be rescinded.

Amendment of the Policy, Use of Dentist-to-Population Ratios

4. Resolved, that the policy titled Use of Dentist-to-Population Ratios (*Trans.*1984:538; 1996:681) be amended as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that ~~the American Dental Association urges all governmental, professional and public agencies, and schools of dentistry to refrain from using dentist-to-population ratios exclusively in~~ should not be used as the exclusive measure for designating dental health professional shortage areas or for evaluating or recommending programs for dental education or dental care.

Amendment of the Policy, Suggested Dental Practice Acts

5. Resolved, that the policy titled Suggested Dental Practice Acts (*Trans.*1978:529) be amended as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that ~~the ADA supports only those suggested dental practice acts that are consistent with Association policies, and be it further~~

Resolved, that ~~the appropriate agency of the Association provide a timely, ongoing analysis to constituent societies of any suggested state dental laws that are developed by any agency outside the Association, with particular references as to how such proposed dental practice acts may be in conflict with Association policies~~ state dental practice acts should be consistent with American Dental Association policies, as appropriate and feasible.

Rescission of the Policy, State Regulation of Advertising

6. Resolved, that the policy titled State Regulation of Advertising (*Trans.*1984:549) be rescinded.

Proposed Policy, Rank and Status of Dentists in the Armed Forces, Military Reserves and Public Health Services

11. Resolved, that flag rank(s) of dental officers should be protected and enhanced in all branches of the armed forces, military reserves and Public Health Service, and their offices should have the appropriate status and funding to carry out their missions effectively, and be it further

Resolved, that the American Dental Association supports a 2-star equivalent rank or higher for the chief dental officers for the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Public Health Services and the Veterans Administration, and be it further

Resolved, that graduates of a two year comprehensive dental residency or a dental specialty residency recognized by the National Commission on Recognition of Dental Specialties should be awarded special pay while serving in the federal dental services, and be it further

Resolved, that the following policies be rescinded:

- Compensation of Dental Specialists in the Federal Dental Services (*Trans.*1990:557; 2012:496)
- Restoration of the Rank of Brigadier General to the Army Reserve Position of Deputy Assistant Surgeon General for Dental Services (*Trans.*1992:622)
- Dentistry in the Armed Forces (*Trans.*2012:496)
- Rank Equivalency for Chief Dental Officers of the Federal Dental Services (*Trans.*2012:496)

Amendment of the Policy, Dental Research by Military Departments

12. Resolved, that policy titled Dental Research by Military Departments (*Trans.*1970:451; 2016:316) be amended as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that ~~the ADA considers oral and craniofacial research to be an integral component of the military dental corps' mission and believes that each military branch should continue to support such research at the basic and applied science levels.~~ military dental research is unique in that it focuses on the oral and craniofacial needs of active duty military personnel, such as:

- Improving dental readiness.
- Minimizing in-theater dental emergencies.
- Treating and ameliorating combat-related disfigurement and loss of facial function.

and be it further

Resolved, that each military branch should continue to support such research.

Amendment of the Policy, Legislative Delegations

13. Resolved, that the policy titled Legislative Delegations (*Trans.*1982:550; 1995:648) be amended as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that the ~~Association continue to encourage individual ADA members to join the ADA Grassroots Program, and be it further~~

~~**Resolved**, that ADA members representing constituent and component societies who travel to Washington, D.C. be encouraged to visit with their senators and representatives to discuss legislative issues of importance to the profession and to coordinate this activity with the ADA Washington Office~~
American Dental Association continue to encourage members to join and actively participate in the American Dental Political Action Committee's Grassroots Program.

Substitute Resolution

13S-1. Resolved, that the Association encourage individual ADA members to join and actively participate in the ADA Grassroots Program, and be it further

Resolved, that ADA members representing constituent and component societies be encouraged to visit with their senators and representatives to discuss legislative issues of importance to the profession and to coordinate this activity with the ADA.

Amendment of the Policy, Antitrust Reform

14. Resolved, that the policy titled Antitrust Reform (*Trans.*2016:314) be amended as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that the ADA strongly supports eliminating the current insurance industry exemption from anti-trust laws including support for legislation to clarify, amend or, if necessary, repeal the McCarran-Ferguson Act's antitrust immunity for the business of health insurance, and be it further

Resolved, that the ADA strongly opposes any legislation that would extend an antitrust exemption to the insurance industry for information gathering endeavors such as collecting and distributing information on cost and utilization of health care services, and be it further

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

Resolved, that the ADA supports legislative and regulatory activities to change the antitrust safe harbor guideline for dental networks based on percentage of provider participation in favor of a guideline relying on a health plan's market share, and be it further

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

Resolved, that the ADA utilize appropriate resources to work with other provider groups to amend antitrust laws to allow dentists and other providers to negotiate collectively with health care purchasers, and be it further

Resolved, that the ADA support effective regulation of insurance companies including: the establishment of requirements for disclosure to dentists prior to signing network participation contracts; and current and complete information relating to the establishment of payment reimbursement rates and claims experience-, and be it further

Resolved, that professional societies and their members should be exempt from antitrust scrutiny for the narrow area of collective bargaining, so that dental societies can collectively negotiate on behalf of members.

and be it further

Resolved, that the policies titled Legislative Support to Allow Collective Bargaining by Professional Societies (*Trans.*2001:440; 2015:271) and Financial, Political and Administrative Consequences of Collective Bargaining Legislation (*Trans.*2000:506) be rescinded.

Amendment of the Policy, Encouraging the Development of Oral Health Literacy Continuing Education Programs

23. Resolved, that the policy titled Encouraging the Development of Oral Health Literacy Continuing Education Programs (*Trans.*2006:316) be amended as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that the Council on Dental Education and Licensure and other appropriate ADA

agencies encourage the development of undergraduate, graduate and continuing education programs to train dentists and allied dental team members to effectively communicate in a culturally-competent, plain language, accurate manner with all patients. ~~with limited literacy skills.~~

Rescission of the Policy, Preventive Dental Procedures

24. Resolved, that the policy titled Preventive Dental Procedures (*Trans.*1967:325; 2013:342) be rescinded.

Rescission of the Policy, High Blood Pressure Programs

26. Resolved, that the policy titled High Blood Pressure Programs be rescinded.

Amendment of the Policy, Protection of Retirement Assets

28. Resolved, that the policy titled Protection of Retirement Assets (*Trans.*1987:521) be amended as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that ~~the ADA strongly support efforts by the constituent society at the state legislature level to enact laws which exempt IRS qualified Keogh, Corporate Pension or Profit Sharing Plans, and Individual Retirement Accounts from attachment to satisfy any nondomestic judgment retirement savings accounts should be exempt from nondomestic judgments.~~

Amendment of Section 3.A. of the ADA Principles of Ethics and Code of Professional Conduct

29. Resolved, that Section 3.A. of the ADA *Principles of Ethics & Code of Professional Conduct* be amended by deletion as follows (deletion ~~stricken through~~):

3.A. COMMUNITY SERVICE.

Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the ~~dental~~ health of the public and are encouraged to be leaders in their community, dentists in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

Amendment and Simplification of Bylaws Chapter I., Section 20.B.

32. Resolved, that Chapter I, Section B. of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

B. LIFE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a life member of this Association if he or she meets the following qualifications:

- a. Association Membership. The member has been:
 1. ~~Has been an~~ An active and/or retired member in good standing of this Association for at least thirty (30) consecutive years or a total of at least forty (40) non-consecutive years; or
 2. ~~Was a~~ A member of the National Dental Association for twenty-five (25) years and has been an active and/or retired member in good standing of this Association for at least ten (10) years;
- b. Reached the age of at least sixty-five (65) during the previous calendar year; and
- c. Maintains membership in good standing in a constituent and component, if such exists, and in this Association.

- d. ~~A member may also qualify for life member status by having been a member of the National Dental Association for twenty five (25) years and subsequently holding membership in this Association for at least ten (10) years and having reached the age of at least sixty five (65) during the previous calendar year.~~

Amendment of the Policy, Limited Oral health Literacy Skills and Understanding in Adults

33. Resolved, that the policy titled Limited Oral health Literacy Skills and Understanding in Adults (*Trans.*2006:317; 2013:342) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that ADA recognizes health literacy as a significant barrier to effective prevention, diagnosis and treatment of oral disease, and be it further

Resolved, that dental offices encourage staff training in health literacy to improve health outcomes.

Amendment of the Policy, Comprehensive Policy Statement on Allied Dental Personnel

34. Resolved, that the terminology describing the Community Dental Health Coordinator provided in the "Glossary of Terminology Related to Allied Dental Personnel Utilization and Supervision" of the ADA Comprehensive Policy Statement on Allied Dental Personnel (*Trans.*1996:699; 1998:713; 2001:467; 2002:400; 2006:307; 2010:505) be amended as follows (new language underscored, deletions ~~stricken through~~):

Community Dental Health Coordinator (CDHC): ~~an individual trained in an ADA pilot program as a community health worker with dental skills through the ADA licensed curriculum as a dental trained professional with community health worker skills.~~ Their aim is to improve oral health education and to assist at risk communities with disease prevention. Working under the supervision of a dentist, a CDHC helps at risk patients improve their preventive oral health through education and awareness programs, navigate the health system and receive care from a dentist in an appropriate clinic licensed dentists.

~~CDHCs also perform limited duties such as screenings, fluoride treatments, placement of sealants and temporary restorations and simple cleanings.~~ CDHCs also perform limited clinical duties only as allowed by their State Practice Acts such as screenings, fluoride treatments, and sealant placement until the patient can receive care from a dentist or dental hygienist. Upon graduation, they will work primarily in a public health and community settings like clinics, schools, churches, faith based settings, senior citizen centers, and Head Start programs in with a variety of dental providers, including clinics, community health centers, the Indian Health Service and private practice dentists dental offices.

Substitute Resolution

34S-1. Resolved, that the terminology describing the Community Dental Health Coordinator provided in the "Glossary of Terminology Related to Allied Dental Personnel Utilization and Supervision" of the ADA Comprehensive Policy Statement on Allied Dental Personnel (*Trans.*1996:699; 1998:713; 2001:467; 2002:400; 2006:307; 2010:505) be amended as follows (new language underscored, deletions ~~stricken through~~):

Community Dental Health Coordinator (CDHC): ~~an individual trained in an ADA pilot program as a community health worker with dental skills through the ADA licensed curriculum as a dental trained professional with community health worker skills.~~ Their aim is to improve oral health education and to assist at risk communities with disease prevention. Working under the supervision of a dentist, a CDHC helps at risk patients improve their preventive oral health through education and awareness programs, navigate the health system and receive care from a dentist in an appropriate clinic licensed dentists.

~~CDHCs also perform limited duties such as screenings, fluoride treatments, placement of sealants and temporary restorations and simple cleanings. CDHCs also perform limited clinical duties only as allowed by their State Practice Acts such as screenings, fluoride treatments, and sealant placement until the patient can receive care from a licensed dentist or dental hygienist and establishment of a dental home.~~ Upon graduation, they will work primarily in a public health and community settings like clinics, schools, ~~churches~~, faith based settings, senior citizen centers, and Head Start programs in with a variety of dental providers, including clinics, community health centers, the Indian Health Service and private practice ~~dentists~~ dental offices.

Amendment of the Policy, Women's Oral Health: Patient Education

35. Resolved, that the policy titled Women's Oral Health: Patient Education (*Trans.*2001:428; 2014:504), be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

Women's Parent and Caregiver Oral Health: Patient Education

Resolved, that the ADA work with federal and state agencies, constituent and component societies and other appropriate organizations to incorporate oral health education information into health care educational outreach efforts directed at ~~mothers~~ parents, caregivers and their children, and be it further

Resolved, that the ADA work with the ~~obstetric~~ pregnant mothers expectant parents and caregivers prenatal and perinatal professional community to ensure that ~~pregnant mothers~~ expectant parents and caregivers are provided relevant oral health care information during the perinatal period.

Amendment of the Policy, Communication and Dental Practice

36. Resolved, that the policy titled Communication and Dental Practice (*Trans.*2008:454; 2013:342) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that the ADA affirms that culturally competent, plain language, accurate ~~clear, accurate and effective~~ communication is an essential skill for patient-centered dental practice.

Amendment of the Policy, Health Planning Guidelines

37. Resolved, that the policy titled Health Planning Guidelines (*Trans.*1983:545; 2014:503) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that the following health planning objectives 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 duplication of effort to maximize limited resources.
3. Dentists should have equal input along with other health care providers
4. Public and private sector financing for health planning should have adequate appropriations designated to accomplish the state objectives.
5. The Association supports collaboration with state and local oral health coalitions to complete these objectives.

District Substitute Resolution

37S-1. Resolved, that the policy titled Health Planning Guidelines (*Trans.*1983:545; 2014:503) be amended to read as follows (additions are double underscored; deletions are double ~~stricken~~):

Resolved, that the following health planning objectives 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 duplication of effort to maximize limited resources.
3. Dentists should have equal input along with other health care providers
4. Public and private sector financing for health planning should have adequate appropriations designated to accomplish the state objectives.
5. The Association supports collaboration with state and local oral health coalitions to complete these objectives when the objectives of said coalition are consistent with Association policy.

Amendment of the Policy, Non Dental Providers Notification of Preventive Dental Treatment

38. Resolved, that the policy titled Non Dental Providers Notification of Preventive Dental Treatment (*Trans.*2004:303; 2014:505) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that prior to any preventive dental treatment, a dental disease risk assessment should be performed by a dentist or appropriately trained medical provider, and be it further

Resolved, that risk assessments, screenings or oral evaluations of 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 utilize care coordination to refer the patient to a dental home with a report of the services rendered given to the custodial parent or legal guardian.

Amendment of the Policy, Non-Dental Providers Completing Educational Program on Oral Health

39. Resolved, that the policy titled Non-Dental Providers Completing Educational Program on Oral Health (*Trans.*2004:301) to be amended as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that only dentists, physicians and their properly supervised and trained designees, be allowed to provide preventive dental services to infants and young children, 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 for this age group, and be it further

Resolved, that the ADA encourage constituent societies to support this policy.

Amendment of the Policy, Use of Expert Witnesses in Liability Cases

42. Resolved, that the policy titled Use of Expert Witnesses in Liability Cases (*Trans.*1986:531) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that ~~the American Dental Association urge constituent dental societies to actively support legislation and changes in court rules that would require~~ plaintiffs and their attorneys in professional liability actions should be required to include with each complaint the affidavit of a health care professional, who practices in the same field or specialty as the defendant and who has reviewed the patient record and related materials, stating that there is reasonable and meritorious cause for filing the action, and be it further

Resolved, that ~~constituent dental societies be urged to actively support legislation and changes in court rules that would require~~ expert witnesses in court proceedings should be required to possess the clinical

knowledge and skill to qualify them on the subject of their testimony and familiarity with the practices and customs of practitioners in good standing in the locality where the defendant practiced when the incident occurred, and be it further

Resolved, that ~~constituent dental societies also be urged to actively support legislation and changes in court rules requiring courts in appropriate cases to instruct~~ should require that juries be instructed on the availability of alternative treatments and the role of patients in their own care, as appropriate.

Rescission of the Policy, Professional Liability Insurance Legislations

45. Resolved, that the policy titled Professional Liability Insurance Legislation (*Trans.*1984:548) be rescinded.

Amendment of the Policy, Fee-For-Service Medicaid Programs

46. Resolved, that the policy titled Fee-For-Service Medicaid Programs (*Trans.*1999:957) be amended to read as follows (additions are underscoring; deletions are ~~stricken~~):

Resolved, that ~~the ADA support and encourage states to~~ states should adopt adequately funded fee-for-service models for Medicaid programs to increase dentist participation and increase access to care for Medicaid participants.

Amendment of the Policy, Medicaid and Indigent Care Funding

47. Resolved, that the policy titled Medicaid and Indigent Care Funding (*Trans.*2006:338; 2014:499) be amended to read as follows (additions are underscoring; deletions are ~~stricken~~):

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

Resolved, that the ADA and its constituent and component societies ~~carry out an intensive educational program, 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 dental patients to the care, educational and preventive opportunities provided to them.

Amendment of the Policy, Support for Adult Medicaid Dental Services

48. Resolved, that the policy titled Support for Adult Medicaid Dental Services (*Trans.*2004:327) be amended to read as follows (additions are underscoring; deletions are ~~stricken~~):

Resolved, that the ADA ~~adopt policy supporting the inclusion of adult dental services~~ should be included in the federal Medicaid program, and be it further

Resolved, that the ADA ~~take every opportunity to educate policy makers that, consistent with ADA's position on health system reform (*Trans.*1993:664; *Trans.*1994:656) oral health is an integral part of overall health, and be it further~~

Resolved, that adult coverage under Medicaid should not be left to the discretion of individual states, but rather should be provided consistent with all other basic health care services.

Substitute Resolution

48S-1. Resolved, that the policy titled Support for Adult Medicaid Dental Services (*Trans.*2004:327) be amended to read as follows (additions are double underscoring; deletions are ~~stricken~~):

Resolved, that ~~the ADA adopt policy supporting the inclusion of adult dental services~~ should be included in the federal Medicaid program as oral health is an integral part of overall health, and be it further

Resolved, that the ADA take every opportunity to educate policy makers that, consistent with ADA's position on health system reform (*Trans.1993:664; Trans.1994:656*) oral health is an integral part of overall health, and be it further

Resolved, that adult coverage under Medicaid should not be left to the discretion of individual states, but rather should be provided consistent with all other basic health care services.

Rescission of the Policy, Availability of Dentists for Underserved Populations

52. Resolved, that the policy titled Availability of Dentists for Underserved Populations (*Trans.1986:532; 2016:318*) be rescinded.

Substitute Resolution

52S-1. Resolved, that the policy titled Availability of Dentists for Underserved Populations (*Trans.1986:532; 2016:318*) be amended as follows (additions are underscored; deletions are ~~stricken~~):

~~**Resolved**, that constituent societies be urged to participate in programs that encourage dentists to serve underserved populations and that offer case management resources to enable dentists to provide oral health care for institutionalized and homebound individuals, including those who are physically, emotionally and mentally disabled, and be it further~~

~~**Resolved**, that constituent societies be urged to seek fiscal resources to provide case management in support of dentists providing oral health care for these individuals, and be it further~~

~~**Resolved**, that the ADA, working with other affected organizations, review or conduct studies on the availability and scope of dental programs for the treatment of special needs populations, including physically, emotionally and mentally disabled patients.~~

Resolved, that the American Dental Association supports the development of governmental and regulatory policy at the federal, state and local levels that promotes the availability of dentists for underserved populations.

Rescission of the Policy, Misdistribution of the Dental Workforce

53. Resolved, that the policy titled Maldistribution of the Dental Workforce (*Trans.2001:442; 2014:500*) be rescinded.

Amendment of the Policy, Freedom of Choice in Publicly Funded Aid Programs

54. Resolved, that the policy titled Freedom of Choice in Publicly Funded Aid Programs (*Trans.2006:344*) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

~~**Resolved**, that the ADA pursue regulatory or legislative action to mandate that any licensed dentist may~~ should be able to participate in a publicly funded program without joining a third-party network that requires them to also see privately funded commercial patients under a managed care contract.

Amendment of the Policy, Legislative Separation of Medicine and Dentistry

55. Resolved, that the policy titled Legislative Separation of Medicine and Dentistry (*Trans.1996:715*) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

~~**Resolved**, that the American Dental Association work to assure that dentistry is~~ should be addressed separately from medicine in any health care reform legislation.

Amendment of the Policy, Limited English Proficiency

56. Resolved, that the policy titled Limited English Proficiency (*Trans.*2005:338) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that the American Dental Association ~~work with the appropriate federal agencies, advocacy groups, trade associations, and other stakeholders to ensure that~~ considers accommodating the language needs of English-limited patients ~~is recognized as to be~~ a shared responsibility, which cannot be fairly visited upon any one segment of a community, and be it further ~~Resolved, that the Association support appropriate legislation and initiatives that would enhance the ability of individuals of limited English proficiency to effectively communicate in English with their dentist and the dental office staff, and be it further~~

Resolved, that the Association ~~oppose federal legislative and regulatory~~ ADA opposes efforts that would unreasonably add to the administrative, financial, or legal liability of providing dental services to limited English proficient patients, such as being required to provide interpreters on demand as a condition of treating patients receiving state and/or federal benefits, ~~and be it further~~

Resolved, that ~~constituent and component dental societies be encouraged to support state, local, and private sector efforts to address the language needs of English-limited patients, and be it further~~

Resolved, that ~~dental and allied dental programs be encouraged to educate students about the challenges associated with treating patients of limited English proficiency.~~

Proposed Policy, Discrimination of Benefit Payment Based on Professional Degree of Provider

57. Resolved, that the following policy titled Discrimination of Benefit Payment Based on Professional Degree of Provider be adopted:

Discrimination of Benefit Payment Based on Professional Degree of Provider

Resolved, that that the American Dental Association opposes discrimination of benefit payment based on the type of license and/or professional degree of the dentist and/or physician, and be it further

Resolved, that the policy titled Legislation Prohibiting Discrimination of Benefit Payment Based on Professional Degree of Provider (*Trans.*1989:562) be rescinded.

Proposed Policy, Guaranteeing the Patient's Freedom of Choice of Dentist

58. Resolved, that the following policy titled Guarantee Patient's Freedom of Choice of Dentist be adopted:

Guarantee Patient's Freedom of Choice of Dentist

Resolved, that the patient's right to choose any licensed dentist to deliver his or her oral health care without any type of coercion must be preserved, and be it further

Resolved, that the American Dental Association opposes any arrangement that eliminates, interferes with, or otherwise limits the patient's freedom of choice, and be it further

Resolved, that the policy titled Legislation to Guarantee Patient's Freedom of Choice of Dentist (*Trans.*1995:631) be rescinded.

Proposed Policy, Regulatory Definitions of Dentistry

59. Resolved, that the following policy titled Regulatory Definitions of Dentistry be adopted:

Regulatory Definitions of Dentistry

Resolved, that the American Dental Association's definitions of dentistry and the dental specialties should be reflected in all dental statutory and regulatory provisions to delineate the scope of dental education and training for dentistry and the dental specialties, as appropriate and feasible, and be it further

Resolved, that the policy titled Adding the ADA Definition of Dentistry to Existing Dental Regulatory Provisions (*Trans.*2001:440) be rescinded.

Rescission of the Policy, ADA Assistance in Legislative Initiatives

60. Resolved, that the policy titled ADA Assistance in Legislative Initiatives (*Trans.*1982:513) be rescinded.

Rescission of the Policy, Costs for the Submission of Electronic Dental Claims

61. Resolved, that the policy titled Costs for the Submission of Electronic Dental Claims (*Trans.*1995:623) be rescinded.

Rescission of the Policy, Advocating for ERISA Reform

63. Resolved, that the policy titled Advocating for ERISA Reform (*Trans.*2009:474; 2014:500) be rescinded.

Amendment of Chapter III., Section 120 of the ADA Bylaws

64. Resolved, that Chapter III., Section 120. of the ADA *Bylaws* be amended as shown below (additions underscored, deletions ~~stricken through~~):

Section 120. METHOD OF ELECTION: Elective officers and members of councils and committees shall be elected by ballot, except that when there is only one candidate, such candidate may be declared elected by the Speaker of the House of Delegates. The Secretary shall provide facilities for voting.

1. When one is to be elected, and more than one has been nominated, the majority of the ballots cast shall elect. In the event no candidate receives a majority on the first ballot, the candidate with the fewest votes shall be removed from the ballot and the remaining candidates shall be balloted upon again. This process shall be repeated until one (1) candidate receives a majority of the votes cast.
2. When more than one is to be elected, and the nominees exceed the number to be elected, ~~the votes cast shall be non-cumulative, votes equal to or less than the number to be elected may be cast by each voting member, but only one vote may be cast per nominee.~~ and the candidates receiving the greatest number of votes shall be elected.

Proposed Policy, Anesthesia Coverage Under Health Plans

65. Resolved, that the following policy titled Anesthesia Coverage Under Health Plans be adopted:

Anesthesia Coverage Under Health Plans

Resolved, the ADA supports the position that all health plans, including those governed by the Employee Retirement Income Security Act, should be required to cover general anesthesia and/or hospital or outpatient surgical facility charges incurred by covered persons who receive dental treatment under anesthesia, due to a documented physical, mental or medical reason as determined by the treating dentist(s) and/or physician, and be it further

Resolved, that the policy titled ERISA Reform (*Trans.*1998:738) be rescinded.

Proposed Policy, Provisions for ERISA Plans

69. Resolved, that the following policy titled Provisions for ERISA Plans be adopted:

Provisions for ERISA Plans

The ADA supports the following provisions for ERISA Plans:

1. Beneficiaries of employee health benefit plans should have the right to receive health care from the providers of their choice
2. Employee health benefit plans should be prohibited from discriminating against legally qualified health care providers and to assure the solvency of such plans
3. Plan subscribers in Employee Retirement Income Security Act-regulated dental benefit programs should have the same protections that are commonly enjoyed by subscribers of state-regulated programs
4. Self-insured payers and/or utilization review organizations should be held liable for any negligent utilization review decision that overturns the health care provider's clinical decision
5. Patients who suffer as the result of negligent utilization review decisions should be entitled to meaningful remedies and fair compensation
6. Patients who are denied benefits should have the right to an appropriate appeal mechanism under self-funded group health plans

and be it further

Resolved, that the policies titled Support Legislation Amending the Employee Retirement Income Security Act (*Trans.*1982:550; 1989:561), Employee Retirement Income Security Act (ERISA) Enforcement Activities (*Trans.*1992:622), Amendment of Employee Retirement Income Security Act (*Trans.*1994:644), and Amendments to ERISA to Achieve Greater Protections for Patients and Providers (*Trans.*1995:649) be rescinded.

Elder Care Strategies for Continuing Education

74. Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on both the oral-systemic connection and the dental management of the medically complex older adult as priority projects and be it further

Resolved, elevate the importance of both the oral-systemic connection and the dental management of the medically complex older adult to members and the public, as appropriate, by:

1. providing educational opportunities for the profession on the oral-systemic connection
2. promoting dental continuing education on treating the medically, functionally or cognitively complex patients through the Annual Meeting or other ADA meetings
3. developing and maintaining a roster of qualified speakers both the oral-systemic connection and the dental management of the medically complex older adult
4. developing presentations on both the oral-systemic connection and the dental management of the medically complex older adult for use by member state or local dental societies, and to be shared with other Associations and other Health Care Professionals

Elder Care Strategies on Research

75. Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on research as priority projects, and be it further

Resolved, focus research by:

1. pursuing translatable research on the oral health treatment of geriatric populations including medically, functionally or cognitively impaired complex patients to establish the linkage between oral health care and overall health
2. leading in the collection and dissemination of evidence-based recommendations on the oral systemic health connection

3. studying states with dual eligible Medicare and Medicaid beneficiaries to determine the financial savings, health outcomes and costs of the programs
4. studying cost savings and health outcomes from dental benefit plans
5. promoting the implementation of new treatment approaches, such as Silver Diamine Fluoride or other minimally invasive interventions, and determining the beneficial effects of the treatments on older adult patients in terms of quality of life and cost effectiveness

Elder Care Strategies on Increased Preparedness of Educational Institutions

76. Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on increased preparedness of Educational Institutions as priority projects, and be it further

Resolved, increase preparedness of educational institutions to train dentists and specialists in elder care by:

1. advocating for geriatric fellowship programs; and encourage universities, the Department of Veterans' Affairs (VA), and hospitals to develop these; the fellows will play an important role in both the delivery of care, and the education of dental students
2. advocating for the inclusion of treating the elderly population, including complex cases, for pre-doctoral and relevant specialties in school curriculum
3. working with other relevant associations to develop curriculum guidelines for inter-professional education on both the oral-systemic connection and the dental management of the medically complex older adult

Elder Care Strategies on Public Advocacy

77. Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on public advocacy as priority projects, and be it further

Resolved, provide information on elder oral health matters to the public by:

1. developing educational material, targeted at the families of patients, that addresses their role in assisting in oral care and make it available on the public facing ADA website
2. supporting and evaluating community based interdisciplinary programs that bring health promotion and prevention and care to seniors where they live and congregate
3. developing a public service campaign on both the oral-systemic connection and the dental management of the medically complex older adult

Elder Care Strategies on Intra-Professional Advocacy

78. Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on intra-professional advocacy as priority projects, and be it further

Resolved, elevate the importance of oral health care in the elderly to medical professionals by:

1. advocating for the addition of teeth, gums, mucosa, tongue, and palate examination to the traditional head, ears, eyes, nose, and throat (HEENT) examination (HEENOT.¹)
2. identifying, evaluating and promoting risk assessment tools for oral health care to nursing professionals
3. advocating for the US Preventive Services Task Force Guidelines to be updated to include additional and revised guidelines on oral health care

¹ Am J Public Health. 2015 Mar;105(3):437-41. doi: 10.2105/AJPH.2014.302495. Epub 2015 Jan 20.

Putting the mouth back in the head: HEENT to HEENOT.

Haber J1, Hartnett E, Allen K, Hallas D, Dorsen C, Lange-Kessler J, Lloyd M, Thomas E, Wholihan D. PMID:25602900

Elder Care Strategies on Long Term Care Facilities

79. Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on long term care facilities as priority projects, and be it further

Resolved, increase oral health care delivery in long term care facilities by:

1. developing an inventory of existing oral health training material and promote its use by care providers and accredited facilities
2. publishing this information to the public through the ADA public facing website
3. developing recommendations in cooperation with State Dental Directors as to how the oral health needs of medically, functionally, or cognitively complex patients in long term care facilities (LTC) should be addressed and include the evaluation of mobile clinics, dental chairs in the facility, teledentistry and other options
4. advocating for dental directors in all Long Term Care facilities, and improving oral health care by utilizing community dental health coordinators (CDHCs) and dental hygienists
5. promoting the educational content from the course developed through the National Elder Care Advisory Committee on working in Long Term Care facilities and making the content available to educational institutions at no charge
6. promoting inter- and intra-professional education and practice in LTC
7. advocating for Long Term Care to be included in Health Professional Shortage Areas

Elder Care Strategies on Inter-Agency Advocacy

80. Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on inter-agency advocacy as priority projects and be it further

Resolved, focus advocacy efforts to improve oral health care in seniors by:

1. hosting a periodic all-stakeholder summit to discuss issues related to oral health of the elderly
2. advocating for state, private and federally funded programs that use incentives like forgiveness of student debt in return for a work placement for specified periods of time in areas of need
3. improving communications to underserved communities through use of health literacy guidelines, patient navigators, community dental health coordinators and dental hygienists

Elder Care Strategies on Practice Management

81. Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies consider integrating the following elder care strategies on practice management as priority projects, and be it further

Resolved, simplify practice management by:

1. developing best practices to facilitate consent for treatment from legal guardians
2. developing best practices compliant with HIPAA for information sharing with family members and dual consent
3. reducing the administrative burden of government funded plans
4. improving intercommunication and information sharing between providers of electronic health records and electronic dental record systems
5. participating in discussions with Office of the National Coordinator for Health Information Technology

Reexamine Council on Communication Liaison Program

103. Resolved, that the appropriate ADA agency examine the viability of the Council on Communication Council Liaison Program utilizing virtual meeting platforms, and be it further **Resolved**, that a report be prepared for the 2021 House of Delegates.

Formulating Innovations to Address Underserved Areas

104. Resolved, that the appropriate ADA agency review and make recommendations regarding the loan forgiveness incentives available to new dentists that practice in rural and underserved areas including community health centers, FQHCs, Indian Health Service clinics and tribally-operated clinics with consideration to whether they adequately reflect increased levels of student debt, flexibility for part-time commitments and the difficulty attracting dentists to these locations and, be it further

Resolved, that the ADA assist graduating dental students to find employment opportunities in underserved areas by:

- Publishing and promoting available loan forgiveness resources
- Actively encouraging them to consult with dentists currently practicing in rural and underserved areas regarding practice opportunities
- Encouraging dentist employers in rural and underserved areas to offer flexible hours, part-time opportunities and extended tenure

Referrals of Reports and Resolutions. On behalf of the Committee, Dr. Cuomo moved Resolution 98 (*Supplement:1030*).

The Speaker announced the following withdrawn resolutions.

Resolution 7—Proposed Policy, Waiver of Patient Copayment/Overbilling—withdrawn by the Council on Government Affairs

Resolution 27—Proposed Policy, Payment by Third-Party Payers Only to Licensed Dentists—withdrawn by the Council on Government Affairs

Resolution 83BS-1—Policy for the Elimination of Wait Periods for Children in Dental Benefit Plans—withdrawn by the Eleventh Trustee District

Hearing no objection, Resolution 98 was adopted.

98H-2020. Resolved, that the list of referrals to a reference committee recommended by the Speaker of the House of Delegates be approved.

Consideration of New Business. The Speaker announced that one item of New Business was submitted:

Sixteenth Trustee District Resolution 110—2021 Dentist and Student Lobby Day (*Supplement:2101*)

Items of New Business submitted less than 15 days prior to the opening of the annual session require a majority vote of the delegates present and voting in order to be considered.

On vote, Resolution 110 received a majority vote to be considered.

The Speaker announced that Resolution 110 would be referred to Reference Committee A.

Dr. Cuomo noted that the balance of the Committee's report was informational, but highlighted information regarding the process of substituting delegates and alternates during meetings of the House; the schedule of reference committee hearings and the posting of reference committee reports; the prohibition against proxy voting in the House of Delegates; and the time for voting for elective offices on the House floor.

Report of the President: Dr. Chad P. Gehani addressed the House of Delegates. He thanked the delegates, Board of Trustees and his family. He commented on the efforts that the ADA tripartite took to address the COVID-19 pandemic and applauded the efforts of ADA members stating, "I stand here before you with enormous pride in our profession for what it has done and continues to do in the presence of the pandemic." He also said, "We are in the middle of a life-threatening crisis and that's not a good place to be, but let's not forget that whether it is running your office, supporting your family or dealing with health issues, the key to your character and your value to the world above all else is not how you respond to good fortune and happiness, but how you respond to adversity." The Report of the President (*Supplement:2102*) was referred to Reference Committee A (Budget, Business, Membership and Administrative Matters) and was posted on ADA Connect.

Presentation of the Distinguished Service Award: Dr. Gehani presented the Distinguished Service Award, the highest award given by the ADA Board of Trustees, to Dr. Leo Rouse. Dr. Gehani highlighted Dr. Rouse's accomplishments, including 24 years leading the Army Dental Corps as Commander and Chief Operating Officer of the United States Army Dental Command, as well as his career as a respected educator and his current position as professor and dean emeritus at Howard University College of Dentistry. Dr. Gehani noted that Dr. Rouse also served as the first African American president of the American Dental Education Association and is president-elect of the American College of Dentists. Dr. Gehani applauded Dr. Rouse's kindness and mentorship. Dr. Rouse expressed his thanks and appreciation for the honor bestowed on him by the ADA Board of Trustees.

Report of the Treasurer: Dr. Ted Sherwin presented to the House of Delegates his report on the status of the Association's finances.

Report of the Executive Director: Dr. Kathleen T. O'Loughlin presented her annual report to the House of Delegates.

Presentation of Reports of the Board of Trustees: On behalf of the Board of Trustees, Dr. Billie Sue Kyger, Seventh District Trustee, presented the reports of the Board of Trustees to the House of Delegates.

Nominations to Councils and Commissions. Dr. Kyger moved Resolution 17 (*Supplement:1002*) on behalf of the Board of Trustees.

Hearing no objection, Resolution 17 was adopted by general consent.

17H-2020. Resolved, that the nominees put forward for membership on ADA councils be elected.

The Speaker noted that it is the custom that the newly elected members of councils assume office after the close of the last meeting of the House of Delegates.

Dr. Kyger reported that the names of members retiring from ADA councils and commissions are identified in Board Report 1 and thanked these members on behalf of the Board of Trustees.

Dr. Kyger noted that Reports 1 through 7 of the Board of Trustees to the House of Delegates were referred to the appropriate reference committees.

Dr. Kyger 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.

Point of Personal Privilege

Dr. Eva F. Ackley, Florida, thanked the leaders and staff of the Association for their quick response to the COVID-19 pandemic, especially for providing the latest information on COVID-19 to all dentists and for continued advocacy efforts on behalf of all members.

Nominations of Officers

President-elect: The Speaker called for nominations for the office of president-elect. Dr. Alejandro Aguirre, Minnesota, nominated Dr. Kenneth McDougall, North Dakota, for the office of president-elect; Dr. Andrew B. Brown, Florida, nominated Dr. Cesar R. Sabates, Florida, for the office of president-elect; and Dr. Jeannie Beauchamp, Tennessee, nominated Dr. Roy Thompson, Tennessee, 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 19.

Second Vice President: The Speaker called for nominations for the office of second vice president. Dr. Wendy A. Brown, Maryland, nominated Dr. Thomas a'Becket, Maryland, for the office of second vice president; and Dr. Craig S. Ratner, New York, nominated Dr. Maria C. Maranga, New York, for the office of second vice president. The Speaker asked if there were any additional nominations; there were none. Acceptance speeches were given by both second vice president candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, October 19.

Presentation of Incoming Trustees: The Speaker presented the following incoming trustees, elected by their respective Trustee Districts:

Dr. Michael D. Medovic, West Virginia, Sixth District Trustee
 Dr. Chad R. Leighty, Indiana, Seventh District Trustee
 Dr. Scott L. Morrison, Nebraska, Tenth District Trustee
 Dr. Gary D. Oyster, North Carolina, Sixteenth District Trustee
 Dr. Rudolph T. Liddell, Florida, Seventeenth District Trustee

New Business: The Speaker announced that items of new business be submitted to the headquarters office for processing.

Report of the General Counsel: Mr. Scott W. Fowkes, general counsel, addressed the House of Delegates providing an overview of legal issues relating to the dental profession.

Adjournment

A motion was made to adjourn the First Meeting of the ADA House of Delegates by Dr. James E. Lee, Massachusetts. Hearing no objection, the Speaker declared the First Meeting of the ADA House of Delegates adjourned at 11:58 a.m., Central Time, Thursday, October 15, 2020.

Monday, October 19, 2020

Second Meeting of the ADA House of Delegates

Call to Order: The Second Meeting of the 161st Annual Session of the ADA House of Delegates was called to order at 9 a.m., Central Time, Monday, October 19, 2020, by the Speaker of the House of Delegates, Dr. W. Mark Donald.

Report of the Standing Committee on Credentials, Rules and Order: Dr. Anthony Cuomo, Committee chair, announced the presence of a quorum and read the ADA Disclosure Policy.

Voting for Elective Officers: Voting for officer elections took place electronically using the LUMI online voting platform.

The Speaker opened the vote for the office of president-elect. The candidates on the ballot, listed in alphabetical order, were as follows: Dr. Kenneth McDougall, North Dakota; Dr. Cesar R. Sabates, Florida; and Dr. Roy Thompson, Tennessee. After allowing time for votes to be cast, the Speaker closed the vote. The Speaker called for the House to stand at ease while the voting results were tallied. While the House stood at ease, a video played about the Distinguished Service Award recipient, Dr. Leo Rouse.

The Speaker announced that Dr. Cesar R. Sabates, Florida, had been elected to the office of president-elect. Dr. Kenneth McDougall, Dr. Roy Thompson and Dr. Cesar R. Sabates briefly addressed the House of Delegates.

The Speaker opened the vote for the office of second vice president. The candidates on the ballot, listed in alphabetical order, were as follows: Dr. Thomas a'Becket, Maryland and Dr. Maria C. Maranga, New York. After allowing time for votes to be cast, the Speaker closed the vote. The Speaker called for the House to stand at ease while the voting results were tallied. While the House stood at ease, a video message played from Dr. David Watson, chair of the American Dental Political Action Committee.

The Speaker announced that Dr. Maria C. Maranga, New York, had been elected to the office of second vice president. Dr. Thomas a'Becket and Dr. Maria C. Maranga briefly addressed the House of Delegates.

Announcements: The Speaker reminded the House of the Special Rules that had been adopted during the first meeting of the House and reviewed the process for entering the speaking queue and the procedure for raising a parliamentary inquiry.

The Speaker also announced that in the Report of Reference Committee B, Resolution 16 was placed on the consent calendar with a Committee recommendation to refer to the appropriate ADA agency for further study and report to the 2021 House of Delegates. The Speaker stated that if the motion to refer Resolution 16 is adopted, Resolutions 16S-1, 16S-2, 16S-3 and 16S-4 will go with the referral. If the motion to refer is not adopted, then Resolution 16 would be before the House for debate and disposition.

As a point of information, Dr. Steven L. Essig, New York, requested that the report titled "Annual Response to Resolution 78H-2019: Establishing a Culture of Safety in Dentistry" be distributed prior to the close of business of the 2020 House.

The Speaker responded, "We'll take that under consideration, and I'll have to talk with staff about that. ..." During the third meeting of the House, Dr. Donald announced that the report referenced by Dr. Essig was part of the Council on Advocacy for Access and Prevention Annual Report posted on ADA Connect. Dr. Donald also stated, "There is no more expansive report that was submitted until after the reference committee hearings were over, and, therefore, it was not posted on the House of Delegates Connect, and it is not before the House at this time."

Priority Agenda Items: Five priority agenda items were identified by the Reference Committees; the resolutions were considered in the following order:

- Oral Health Care for the Elderly—Elder Care Workgroup Resolution 70 and Board of Trustees Substitute Resolution 70B (Reference Committee D)
- Financing Oral Health Care for Adults Age 65 and Older—Elder Care Workgroup Resolution 71, Ninth Trustee District Substitute Resolution 71S-1, Fourteenth Trustee District Substitute Resolution 71S-2 and Reference Committee D Substitute Resolution 71RC (Reference Committee D)
- Amendment of Policy, Summary of Recommendations, Report 5 of the Board of Trustees to the House of Delegates, on Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care—Elder Care Workgroup Resolution 82 and Reference Committee D Substitute Resolution 82RC (Reference Committee D)
- Approval of 2021 Budget—Board of Trustees Resolution 87 (Reference Committee A)
- Proposed ADA Policy Statement on Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment—Council on Scientific Affairs Resolution 21, Ninth Trustee District Substitute Resolution 21S-1 and Reference Committee C Substitute Resolution 21RC (Reference Committee C)

A motion was made by Dr. Kristi Golden, Arkansas, to limit debate on the priority items in Reference Committee D to two minutes per speaker and limit the total time in debate of these items to one hour and thirty minutes.

The Speaker noted that the motion to limit debate requires a two-thirds affirmative vote.

As a point of order, Dr. Brett Kessler, Fourteenth District Trustee, asked what would happen at the end of the hour and a half if the House has not come to consensus.

The Speaker responded, “Two things could happen. There could be a motion to extend debate, which would also be a motion with a threshold of two-thirds vote. At that point in time, if there’s no other motion, then we will vote on the resolution. So you have two options, either to vote on the resolution or extend debate at that point in time.”

The motion to limit debate was adopted by a two-thirds affirmative vote.

As a point of order, Dr. Robert M. Peskin, New York, inquired, “Did I hear you say that if there’s an appeal from the decision of the Chair; that is not debatable?”

The Speaker responded, “Yes, sir. That’s one of the Rules that we passed on Thursday morning. That’s one of the Special Rules for this House.”

The first priority agenda item was presented by Dr. Shane A. Ricci, Texas, chair, Reference Committee D.

Oral Health Care for the Elderly (Elder Care Workgroup Resolution 70 and Board of Trustees Resolution 70B): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees and supports adoption of Resolution 70B.

70B. Resolved, that the American Dental Association supports the development of policy at the federal, state, and local levels that supports the fair, equitable, choice-driven provision of dental care to promote improved health and well-being in elderly patients.

Dr. Ricci moved Resolution 70B (*Supplement:5132*) in lieu of Resolution 70 (*Supplement:5132*) with the Committee Recommendation to Vote Yes.

Dr. Diane D. Romaine, Maryland, spoke in support of Resolution 70B, stating, “Since 1979, ADA policy, as adopted, has advocated for the prevention and control of dental disease, improved access to comprehensive

dental care for the elderly while concurrently advocating for expansion of a public and private dental benefit, reduced administrative burden and equitable reimbursement to dentists. Since 2008, and especially in recent months, as we know, health care and the foundational importance of dental care as essential care has evolved, beckoning us as leaders in the dental profession to build consensus on the issue of elder care and to take action and have the courage to define what that essential dental care is. I ask the House of Delegates to vote in favor of this overarching statement, which aligns us and moves us forward.”

On vote, Resolution 70B was adopted in lieu of Resolution 70.

70H-2020. Resolved, that the American Dental Association supports the development of policy at the federal, state, and local levels that supports the fair, equitable, choice-driven provision of dental care to promote improved health and well-being in elderly patients.

The second priority agenda item was presented by Dr. Shane A. Ricci, Texas, chair, Reference Committee D.

Financing Oral Health Care for Adults Age 65 and Older (Elder Care Workgroup Resolution 71, Ninth Trustee District Resolution 71S-1, Fourteenth Trustee District Resolution 71S-2 and Reference Committee D Resolution 71RC): The Reference Committee reported as follows:

Reference Committee D supports the hard work of the Eldercare Workgroup and the exhaustive study that they performed. Based on testimony and written comments, there was a feeling that benefits at the lowest level were not comprehensive enough to provide adequate care for seniors. The Committee decided to combine levels one and two to ensure an appropriate level of care.

To ensure adequate participation by providers, the committee included language promoting an appropriate provider reimbursement level.

Finally, the committee reduced the top income level for eligible beneficiaries from 400% to 300% of FPL to better target those seniors most in need.

Financing Oral Health Care for Adults Age 65 and Older

71RC. Resolved, recognizing that oral health care for a large and growing segment of our population depends on acceptable and sustainable financing of that care, the ADA supports access to oral health services by providing dental benefit programs through the following mechanisms:

1. All state Medicaid programs should offer Level I benefits for adults age 65 and older whose income is at or below 100% of the Federal Poverty Level (FPL \$17,420 for a two-person household in 2020);
2. A new federal program for oral health care, similar to the Children’s Health Insurance Plans and providing Level I benefits, should be developed to assist adults age 65 and older whose incomes are between 100%-300% of the FPL (between \$17,420 -\$51,720 for a two-person household in 2020);
3. All Medicare Advantage plans should include Level I dental benefits, with optional Level II plans offered to adults age 65 and older at increased premiums;
4. The ADA should consider entering into endorsement agreements with private dental benefit plans offering ADA’s designated Levels I, II or III plans to all adults age 65 and over;
5. Rather than follow the traditional approach to dental benefits, the ADA supports a different plan design for providing levels of care that would better serve the needs of adults age 65 and older;
6. To ensure adequate participation by providers, the programs should target reimbursement rates consistent with customary and usual charges as determined by the American Dental Association within geographic areas with annual review of reimbursement rates.

Level I:

Emergency treatments: Procedures to treat or relieve pain and infection, including emergent extractions

Prevention: Annual exam, diagnostic radiographic images, and at least twice a year prophylaxis
 Scaling and Root Planing
 Fluoride and Silver Diamine Fluoride (SDF) treatments
 Direct restorative procedures
 Extraction of non-restorable teeth
 Pulpotomy
 Removable prosthetics to restore function

Level II:

All Level I procedures
 Crowns
 Fixed prosthetics
 Implants to support a full denture
 Endodontics
 Periodontal surgery

Level III:

All Level I and Level II procedures
 Cosmetic Procedures
 Any procedure not listed in another level

Dr. Ricci moved Resolution 71RC in lieu of Resolution 71 (*Supplement:5137*), Resolution 71S-1 (*Supplement:5138a*) and Resolution 71S-2 (*Supplement:5138b*) with the Committee Recommendation to Vote Yes.

Dr. Kevin W. Dens, Minnesota, moved to substitute Resolution 71RCS-1 for Resolution 71RC.

71RCS-1. Resolved, that the American Dental Association recognizes that oral health care for adults age 65 and older depends on acceptable and sustainable financing of that care, and be it further

Resolved, that for the purpose of presenting potential legislation that includes dental benefits for adults age 65 and over in a tax payer-funded public program such as Medicaid, CHIP, privately administered Medicare or other federal or state programs, then the ADA shall support a program that:

- Covers individuals under 300% FPL
- Covers the range of services necessary to achieve and maintain oral health
- Is primarily funded by the federal government and not fully dependent upon state budgets
- Is adequately funded to support an annually reviewed reimbursement rate such that at least 50% of dentists within each geographic area receive their full fee to support access to care
- Includes minimal and reasonable administrative requirements
- Allows freedom of choice for patients to seek care from any dentist while continuing to receive the full program benefit

and be it further,

Resolved, that the appropriate agency urge passage of legislation to enable dental offices to offer in-office membership plans to support direct care for all seniors.

As a point of order, Dr. Thomas C. Harrison, Texas, requested that debate be allowed on Resolution 71RC before proceeding to debate on substituting Resolution 71RCS-1 for Resolution 71RC.

The Speaker responded that since there was no debate on Resolution 71RC prior to the motion to substitute, he would allow a few minutes of debate related to Resolution 71RC. He stated, "Just to be clear, we are debating 71RC. I am going to give a couple of delegates [the ability] to debate this pro and con, and then we'll move on to the resolution to substitute Resolution 71RCS-1. ... Do you want to start, Dr. Dens, and I'll bring you back. You can have a few words now, and then I'll bring you back to debate or to start with your substitute."

Dr. Keven W. Dens, Minnesota, spoke to his motion to substitute Resolution 71RCS-1, saying, "[The Tenth Trustee District] feels that the tiered system is complicated. I know we've heard of this all before. We still try to

find common ground with our colleagues. This profession and the ADA needs a solid stance to move forward. Getting into the weeds on conditions that are dental, technical, are not in the best interest of the ADA at the legislative level. Certainly this will be hammered out in legislative session, and there are so many other entities that are going to be at the table. We still need a clear and concise version. This resolution substitute puts forth hopefully more common ground. Yes, it's broad. Yes, it gives our lobbyists a lot of leeway, but that's what we need when we go to the table, is leeway. We don't need to be pigeon-holed into certain procedures. Thank you."

The Speaker said he would bring Dr. Dens up to speak to the substitute soon and clarified to the House was now speaking to Resolution 71RC.

Dr. Vincent V. Benivegna, Michigan, spoke against Resolution 71RC, stating, "Speaking in opposition to 71RC because it contains a prescriptive plan design using tiers. We believe adopting a policy adopting tiered benefit programs will create more than a legislative concept to shop on Capitol Hill. 71RC, if passed, will become Association policy that will remain long after any legislative initiative is forgotten. Plan administrators will see this as an ADA policy endorsing their plan design. A policy that endorses tiered plan design will likely migrate into the commercial marketplace and result in the proliferation of low cost PPO plans, touted to protect or provide tier 1 level benefits endorsed by the ADA. I don't want this well-intentioned initiative to provide senior's care impacting my 18 to 64 year old patients with low budget plan coverage. In the long-run, tiers will bring our members tears."

As a point of order, Dr. Kerry K. Carney, California, stated, "If we have a substitution on the floor, we don't speak in pro of the previous one. We speak in pro of substitution or against substitution. And, if you speak against substitution, then you're speaking for the one before it. I'm totally confused on how this has been stated. So could you please clarify it for me."

The Speaker responded, saying, "I will clarify. We did have Resolution 71RC that was presented by the reference committee. And immediately we had a substitute 71RCS-1 that came up. A point of order was brought to my attention that we did not have any debate on 71RC before I allowed the substitute. So, I asked the maker of the substitute if we could back up and have a few pro and con on 71RC before I move to his substitute. ... The substitute will come up very soon. So right now the debate will be focused on 71RC."

As a point of order, Dr. Alan L. Felsenfeld, California, inquired "I see it, and I may be in disagreement with you. But, as I see it, we had a main motion on the floor, and a motion to substitute or amend by substitution was brought to the floor. That takes priority and has to be dealt with prior to any kind of debate on the main motion. I would like a ruling on that."

The Speaker responded, "... I will take your point of order, and it is correct. I was just trying to facilitate the business of the House in a very kind manner. I will take your point of inquiry, and we will move to the substitute at this point in time. ... So before you now is going to be Resolution 71RCS-1. ... Dr. Dens, you have the floor. Please continue."

In speaking to the substitute, Dr. Kevin W. Dens, Minnesota, said "As I mentioned, we're trying to find common ground here. 71RCS-1 tries to do that by being broad in giving our lobbyists the ability to move and be nimble with anything that might come up. This does not in any way advocate for Medicare. This is dealing with elder care. The 71RC, the point four advocates for endorsing third-party payers. The Council on Dental Benefits highly recommends against doing and going down this road. It has been mentioned that Bento is a third-party payer. It is not. Bento is a technology company that administers plans for self-funded plans. The Council on Dental Benefits does not want to go down this slippery slope of endorsing third-party payers. What if their plans change? It just—it's a can of worms that we just don't want to go down. We'd like to find common ground. We'd like to get something passed. I think this House owes it to the public and to its members to have a position when we go to deal with legislation."

As a point of information, Dr. Deborah S. Bishop, Alabama, inquired, "When do you want us to offer amendments? We have another amendment. Is it proper to do it now, or when does that happen?"

The Speaker responded that amendments can be offered in the Pro or Con queue, saying, "...I would ask that if you offer an amendment, do it through the Pro mic, because you would be speaking in favor of that amendment when you speak to it."

Dr. Christopher T. Gorecki, Michigan, spoke in support of the substitute resolution stating, "The proposed four program Medicaid, CHIP, Medicare Advantage and private model with four levels of benefits, one, two, three and four, called for in Resolution 70RC is excessively complex. Seniors will find it hard to navigate and will create administrative confusion and burden in our members' offices. I urge the passage of 71RCS-1 to avoid this unneeded complexity."

As a point of order, Dr. Robert J. Wilson, Jr., Maryland, stated, "Just to be clear, so I understand, I believe at this point in time our debate is on the motion to substitute ..."

The Speaker responded, "It's a debate to substitute. That's correct. That's the motion Dr. Dens made; to substitute 71RCS-1 for 71RC."

As a point of order, Dr. Robert M. Peskin, New York, said, "For further clarification, and we all recognize that this is kind of challenging because of the virtual nature of this. As I understand it, if we are successfully able to substitute 71RCS-1 for 71RC, we haven't adopted it, all we've done is substitute it. The underlying resolutions then would go away and we would simply be debating the merits of whether or not we want 71RCS-1; is that correct?"

The Speaker responded, "... If the House approves the substitute, then we will debate 71RCS-1 in lieu of 71, 71S-1 and 71S-2. ..."

Dr. William H. Gerlach, Texas, spoke against the substitute resolution, stating, "As a member of the Elder Care Workgroup, we put two years into this, and we also understand the angst that we have heard over the last few days regarding these levels; the levels one, two, three and four, and how they would have the possibility of pigeon-holing future ADA policy and development, especially as it comes to third-party payers. I have been in contact with the Elder Care Workgroup this morning, have received feedback from many of them. And the Elder Care Workgroup is prepared to offer language which would eliminate this tiering of what we had proposed; the levels one, two, three and four. I would respectfully request that we be allowed to present that and perhaps allay some of the fears and concerns that many of the delegates seem to be expressing."

Dr. Wallace J. Bellamy, California, moved to amend the substitute resolution by deleting the last resolving clause. The Speaker responded, "This is a motion to substitute. You will have the opportunity to amend it again once we get to the end of this motion to substitute. So I am going to call that out of order at this time, but you will have the opportunity to do that again. This is a motion to substitute. ... if the House so desires to substitute, we will accept that amendment."

Dr. Bellamy spoke in support of Resolution 71RCS-1, stating, "... This resolution is very simple and would be able to track provider pools and provide adequate comprehensive care for our elderly. Our elderly adults that fall below the federal poverty level, as well as middle income adults, especially are vulnerable. There are also disparities regarding the federal poverty level regionally. I'm in favor of a dental funding for the elderly that provides an adequate level of care our seniors deserve. We need to get adequate care for our elderly passed at this House."

Dr. Diane D. Romaine, Maryland, spoke against the motion to substitute Resolution 71RCS-1 for 71RC. She said, "I oppose this substitution for three reasons. First of all, it does not fulfill the mandate of the Elder Care Workgroup, which is to develop a comprehensive implementation plan for all seniors. It only deals with those 300 percent and under. Secondly, though it has the generality of the type of range of services necessary, it fails to define courageously what those services should be to maintain health. And, thirdly, it's redundant. For example, the final item allowing freedom of choice for patients to seek care, it's already an ADA resolution, Policy 154H-1993 freedom of care—freedom of choice on section of health providers. Last week in my office in rural Pennsylvania I had a lady come in with Medicare Part C. She was so excited for her dental benefit to get a new denture, but her dental benefit didn't cover a denture. I had to tell her. She thought—she felt sunken. We need to take responsibility for more than those below 300 percent of the federal poverty level."

Dr. Judee Tippet-Whyte, California, spoke in support of the substitute resolution, stating, "The stratification of the different levels of care undermine the argument made in Resolution 84, that oral health care is essential for overall health, therefore, I support this resolution eliminating the tiers of level of care."

Dr. Thomas C. Harrison, Texas, spoke against the substitute resolution, stating, "I would really like to see us get back to 71RC, and really for some of the reasons the prior speaker just made. We want to amend 71RC so that we can eliminate these tiers so that the delegates that are concerned about tiers would be satisfied. And we think that's a better way. Some of these bullet points that are there in 71RCS-1, I just can't agree with."

As a point of order, Dr. Elizabeth A. Demichelis, California, asked if there was any way for the Speaker to provide a count of who was in line at the Pro microphone and who was in line at the Con microphone.

The Speaker responded that there were 14 delegates in line for the Pro microphone and 10 for the Con microphone.

Dr. Dens moved to appeal the decision of the Chair that amendments to Resolution 71RCS-1 were out of order at this time. Dr. Dens stated, "With all due respect Mr. Speaker, the ability to amend this, with this being on the floor, changes the effect of the vote. If it were to be able to be amended, it could change the outcome of this vote. If it's voted down, this goes away and it loses the ability to be amended. So I would ask for a vote on the Speaker's ruling that this cannot be amended."

On vote, the decision of the chair was sustained.

The motion was made to vote immediately on substituting Resolution 71RCS-1 for Resolution 71RC. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the motion to substitute Resolution 71RCS-1 for Resolution 71RC was adopted.

Dr. James A.H. Tauberg, Pennsylvania, moved to substitute Resolution 71RCS-3 for Resolution 71RCS-1.

71RCS-3. Resolved, that the American Dental Association recognizes that oral health care for adults age 65 and older depends on acceptable and sustainable financing of that care, and be it further **Resolved**, that IF potential legislation is being developed to include dental benefits for adults age 65 and over in public programs, such as Medicaid or CHIP, the ADA shall support a privately administered program either at the state or federal level that:

- Covers individuals under 200% FPL.
- Covers a range of services necessary to achieve and maintain oral health.
- Includes an optional, premium-based, privately administered component for those over 200% FPL that is not dependent upon government budgets.
- Is adequately funded to support an annually reviewed reimbursement rate such that at least 50% of dentists within each geographic area receive their full fee to support access to care.
- Includes minimal administrative requirements.
- Allows freedom of choice for patients to seek care from any dentist while continuing to receive the full program benefit.

In speaking to the substitute, Dr. Tauberg said, "So after reviewing in our delegation in the Third District, we decided that we really felt that it would be better to offer our lobbyists great flexibility. Keep it simple; keep it broad. We noted that number for the threshold for the FPL, and we thought that we noted in the Elder Care Workgroup report that 200 percent was the threshold for improvement in oral health. So we decided that made more sense at this time. In addition, we fear that if you have something federally funded or primarily funded by federal government, then you ask for a certain degree of fees that are set by the federal government, meaning obviously Medicare type fees, which we believe would be such a situation that our general membership would be upset that their representatives to the American Dental Association would agree to lower based fees. If we ever thought we'd have a membership problem in the future, I think inviting

something like that would allow for that. I believe that our substitution offers an optional premium-based, privately administered component for those over the 200 percent FPL that is not dependent on government budgets.”

As a point of order, Dr. Gary L. Glasband, California, said, “Mr. Speaker, I believe since you set a precedent already of allowing debate, even if it was corrected later, then you should follow the same precedent and allow debate on 71RCS-1. Just in fairness, otherwise we’re changing the rules in the middle of debate in an ongoing situation.”

The Speaker responded, “I will respectfully disagree. I did take the suggestion from my friend in California that it was out of order to allow debate, and it is proper that we follow the procedure. And it was my mistake that we did not. I was trying to be more in a sense of allowing debate to be kind and friendly, but the rules do state that amendment can be offered at this time. So I have to go with that. ...we are debating 71RCS-3 substituting for 71RCS-1.”

Dr. Nicholas Caplanis, California, spoke against substitution, saying, “We had various reiterations of this resolution. We believe that [Resolution 71RCS-1], as amended, is the most reasonable of the group. The levels of stratification, once again, are complex; complex for legislators, complex for patients and will be complex for providers. [Resolution 71RCS-1] removes the dependency on state budgets, which are woefully underfunded. And, yes, it will rely, or at least promote, federal funding, which is what I believe that as a body we should be wanting in this case. It provides freedom of choice for patients, and I urge my colleagues to vote yes on Resolution 71RCS-1.”

Dr. Gary S. Davis, Pennsylvania, spoke in support of substituting Resolution 71RCS-3 for Resolution 71RCS-1, stating, “Many areas of our country, especially the rural areas, have seniors that are at the 200 percent to 300 percent FPL that are already visiting their dental homes regularly and are able to pay the fair fees that the dentists have. I think raising the FPL at 300 or above 300 would be a burden to many of our members that are already—have seniors that are receiving care at their offices.”

Dr. Judee Tippet-Whyte, California, spoke against substituting Resolution 71RCS-3 for Resolution 71RCS-1, stating, “We have concerns in California about the FPL. I think that is going to be debated in our legislature anyway. In California, we have some of our seniors that are at the 400 FPL, so would still barely qualify for benefits. I do not think that privately administered components for these people would be prudent. And, therefore, I speak against the substitution.”

Dr. Gabriel B. Holdwick, Michigan, spoke against substituting Resolution 71RCS-3 for Resolution 71RCS-1. He said, “I speak opposed to substitution and mainly because of the 200 percent FPL. I think if there’s going to be a lot of people that are going to...slip through the cracks, but in all things considered, the 71RCS-1 is superior, in my opinion. And I urge the House to vote down to substitution.”

Dr. Robert J. Wilson, Jr., Maryland, spoke against substituting Resolution 71RCS-3 for Resolution 71RCS-1, stating, “I don’t like the bold word ‘if’ at the beginning. I don’t think the intention was for us to sit back and wait and see what’s going to happen, but try to be a driver of things to happen as we would like it to be. I’m also concerned about the 200 percent level.”

Dr. Prabu Raman, Missouri, spoke in support of substituting Resolution 71RCS-3 for Resolution 71RCS-1, stating, “... I serve on many committees and task forces around the specialties. So, I know that energy volunteers spend. I’m on Medicare as well. I’m on for seniors. Can you proclaim that dental care is essential and at the same time not be for dentists for different parts of Medicare? I don’t think we can. This substitution would allow us to have a guidance for legislative lobbyists and yet not be getting all the way to Medicare. ...”

A motion was made to vote immediately on substituting Resolution 71RCS-3 for Resolution 71RCS-1. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the motion to substitute Resolution 71RCS-3 for Resolution 71RCS-1 was not adopted.

Dr. Vincent V. Benivegna, Michigan, spoke in support of Resolution 71RCS-1, stating, "This resolution may not fit on a bumper sticker. Still it is [easier] to understand than the others for our advocacy efforts with legislative decision makers. Being less prescriptive, 71RCS-1 may be received more favorably by other stakeholders, and we know on Capitol Hill, that partnering with other stakeholders to support our advocacy is priceless. Senior advocacy groups such as Justice and Aging and the Centers for Medicare Advocacy have already written the ADA in opposition to Resolution 71 and its tier design when it was first proposed. I urge the passage of 71RCS-1 for its simplicity to allow partnering with stakeholders to support advocacy that will be most useful in our lobbying efforts."

A motion was made to vote immediately on Resolution 71RCS-1. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 71RCS-1 was adopted in lieu of Resolution 71, Resolution 71S-1 and Resolution 71S-2.

71H-2020. Resolved, that the American Dental Association recognizes that oral health care for adults age 65 and older depends on acceptable and sustainable financing of that care, and be it further **Resolved**, that for the purpose of presenting potential legislation that includes dental benefits for adults age 65 and over in a tax payer-funded public program such as Medicaid, CHIP, privately administered Medicare or other federal or state programs, then the ADA shall support a program that:

- Covers individuals under 300% FPL
- Covers the range of services necessary to achieve and maintain oral health
- Is primarily funded by the federal government and not fully dependent upon state budgets
- Is adequately funded to support an annually reviewed reimbursement rate such that at least 50% of dentists within each geographic area receive their full fee to support access to care
- Includes minimal and reasonable administrative requirements
- Allows freedom of choice for patients to seek care from any dentist while continuing to receive the full program benefit

and be it further,

Resolved, that the appropriate agency urge passage of legislation to enable dental offices to offer in-office membership plans to support direct care for all seniors.

The third priority agenda item was presented by Dr. Shane A. Ricci, Texas, chair, Reference Committee D.

Amendment of Policy, Summary of Recommendations, Report 5 of the Board of Trustees to the House of Delegates, on Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (Elder Care Workgroup Resolution 82 and Reference Committee D Resolution 82RC): The Reference Committee reported as follows:

After considering testimony and comments, the Reference Committee agreed that the resolution requires a statement of strong commitment to advocate for an adequately funded and administered dental benefit plan supporting the oral health of the elderly.

In the following Resolution, additions are noted with double underscoring.

82RC. Resolved, that the ADA policy on Recommendations to the Board on the Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (*Trans.*1979:357, 596) be amended as follows (Additions are underlined, deletions are ~~stricken~~):

1. Increase Association efforts to promote the concepts of prevention within the profession and the public sector, including government.
2. Draw freely on the special professional abilities of dentists who are expert in practice, in public health, in research and in education.

3. Actively seek allies throughout society on specific activities that will help improve access to care for all.
4. Maintain and coordinate council and other Association activities involved in this program.
5. Maintain quality dental care in all aspects of the delivery system.
6. Seek new ways for the Association to assist state and local dental health units to strengthen themselves.
7. Speak clearly to the public and to government about their respective responsibilities with respect to dental health.
8. Recognition that the traditional form of private practice will remain the major source of dental care coupled with an understanding that other sources of care exist and should receive objective attention.
9. Press for more efficient administration of and more equitable reimbursement under Medicaid and similar programs.
10. Intensify efforts at the federal level to mandate basic dental benefits for all Medicaid recipients.
11. Explore the funding of a pilot program to obtain broader Medicaid dental care benefits at the state level.
12. Explore the use of elementary and secondary schools in providing patient education, referral and oral prophylaxis dental services to children.
13. Emphasize comprehensive dental services in addressing the need of the elderly.
14. ~~Intensify efforts to amend Medicare to include dental benefits.~~ Advocate for an adequately funded and efficiently administered dental benefit plan supporting the oral health of the elderly.
15. Seek ways to extend private group dental prepayment benefits to the elderly.
16. Develop minimal criteria that state dental societies must take to be eligible for Association assistance to provide access programs for denture care.
17. Investigate ways to improve increased opportunity for dental care for the elderly through a greater availability and effective utilization of dentists and dental auxiliaries.
18. Establish a national organization concerned with the dental health of the elderly.
19. Develop a program to provide assistance and information to state and local societies to assist dentists in caring for handicapped and disabled patients.
20. Maintain support of the Dental Lifeline Network ~~National Foundation of Dentistry for the Handicapped.~~
21. Identify and publicize other sources of care for the handicapped, institutionalized and homebound.
22. Develop a better information base on the dental health needs of the long-term homebound.
23. Help establish appropriate continuing education for practitioners and cooperate with dental educators regarding any necessary additions to the undergraduate and postgraduate dental school curricula.
24. Implement appropriate methods of providing more accessible dental care to nursing home residents.
25. Explore the potential for resolving problems of limited health manpower and capital resources in nursing homes.
26. Reexamine existing Association policy respecting the National Health Service Corps and program activity.
27. Continued support of the Health Professions Placement Network.
28. Continued support of the Dental Planning Information System to enhance its ability to provide information on care delivery in remote areas.
29. Cooperate more closely with dental health departments in states with a high number of remote area residents, including possible funding of demonstration projects.
30. Expansion of the Association's present role in stimulating the growth of dental prepayment.
31. Broaden sources of prepayment coverage beyond the workplace.
32. Support extension of group dental prepayment benefits to federal employees and military dependents.
33. Work with private and governmental groups in developing a more detailed base of information on dental prepayment.

Dr. Ricci moved Resolution 82RC in lieu of Resolution 82 (*Supplement:5158*) with the Committee Recommendation to Vote Yes.

The Speaker asked if there was any discussion on Resolution 82RC; there was none. On vote, Resolution 82RC was adopted in lieu of Resolution 82.

82H-2020. Resolved, that the ADA policy on Recommendations to the Board on the Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (*Trans.1979:357, 596*) be amended as follows (Additions are underlined, deletions are ~~stricken~~):

1. Increase Association efforts to promote the concepts of prevention within the profession and the public sector, including government.
2. Draw freely on the special professional abilities of dentists who are expert in practice, in public health, in research and in education.
3. Actively seek allies throughout society on specific activities that will help improve access to care for all.
4. Maintain and coordinate council and other Association activities involved in this program.
5. Maintain quality dental care in all aspects of the delivery system.
6. Seek new ways for the Association to assist state and local dental health units to strengthen themselves.
7. Speak clearly to the public and to government about their respective responsibilities with respect to dental health.
8. Recognition that the traditional form of private practice will remain the major source of dental care coupled with an understanding that other sources of care exist and should receive objective attention.
9. Press for more efficient administration of and more equitable reimbursement under Medicaid and similar programs.
10. Intensify efforts at the federal level to mandate basic dental benefits for all Medicaid recipients.
11. Explore the funding of a pilot program to obtain broader Medicaid dental care benefits at the state level.
12. Explore the use of elementary and secondary schools in providing patient education, referral and oral prophylaxis dental services to children.
13. Emphasize comprehensive dental services in addressing the need of the elderly.
14. ~~Intensify efforts to amend Medicare to include dental benefits.~~ Advocate for an adequately funded and efficiently administered dental benefit plan supporting the oral health of the elderly.
15. Seek ways to extend private group dental prepayment benefits to the elderly.
16. Develop minimal criteria that state dental societies must take to be eligible for Association assistance to provide access programs for denture care.
17. Investigate ways to improve increased opportunity for dental care for the elderly through a greater availability and effective utilization of dentists and dental auxiliaries.
18. Establish a national organization concerned with the dental health of the elderly.
19. Develop a program to provide assistance and information to state and local societies to assist dentists in caring for handicapped and disabled patients.
20. Maintain support of the Dental Lifeline Network ~~National Foundation of Dentistry for the Handicapped.~~
21. Identify and publicize other sources of care for the handicapped, institutionalized and homebound.
22. Develop a better information base on the dental health needs of the long-term homebound.
23. Help establish appropriate continuing education for practitioners and cooperate with dental educators regarding any necessary additions to the undergraduate and postgraduate dental school curricula.
24. Implement appropriate methods of providing more accessible dental care to nursing home residents.
25. Explore the potential for resolving problems of limited health manpower and capital resources in nursing homes.

26. Reexamine existing Association policy respecting the National Health Service Corps and program activity.
27. Continued support of the Health Professions Placement Network.
28. Continued support of the Dental Planning Information System to enhance its ability to provide information on care delivery in remote areas.
29. Cooperate more closely with dental health departments in states with a high number of remote area residents, including possible funding of demonstration projects.
30. Expansion of the Association's present role in stimulating the growth of dental prepayment.
31. Broaden sources of prepayment coverage beyond the workplace.
32. Support extension of group dental prepayment benefits to federal employees and military dependents.
33. Work with private and governmental groups in developing a more detailed base of information on dental prepayment.

The fourth priority agenda item was presented by Dr. Ioanna G. Mentzelopoulou, New York, chair, Reference Committee A.

Approval of 2021 Budget (Board of Trustees Resolution 87): The Reference Committee reported as follows:

The Reference Committee heard only con testimony regarding the 2021 budget. There were also a lot of questions posed and concerns expressed regarding spending of Reserves, about the numbers, IT and the Annual Meeting, etc. The Reference Committee is aware that running a deficit budget is not ideal and trusts that the Board will continue to be fiscally responsible as things become more certain as 2021 unfolds. Acknowledging that 2020 is a unique year and that there are still many unknowns for 2021, a majority of the Reference Committee concurs with the Board of Trustees and supports adoption of Resolution 87.

87. Resolved, that the 2021 Annual Budget of revenues and expenses, including net capital requirements be approved.

Dr. Mentzelopoulou moved Resolution 87 (*Supplement:2077*) 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 98 for the adoption of the final budget (Resolution 87).

The fifth priority agenda item was presented by Dr. Edmund A. Cassella, Hawaii, chair, Reference Committee C.

Proposed ADA Policy Statement on Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment (Council on Scientific Affairs Resolution 21, Ninth Trustee District Resolution 21S-1 and Reference Committee C Resolution 21RC): The Reference Committee reported as follows:

The Reference Committee heard considerable testimony on Resolution 21 and Resolution 21S-1. Testimony in favor of Resolution 21 included recognition and support of the evidentiary basis and reasoning behind the specific and narrow language of the resolution, and expressed appreciation for the thoughtful work done to address Resolution 86H-2016, which formed the basis of this proposed policy. The testimony also included requests to add the words "and treatment" into the proposed policy. After considering testimony on Resolution 21, the Reference Committee agreed with the suggestion to add "and treatment" and developed Resolution 21RC.

Testimony in support of 21S-1 included a desire to broaden the scope of the policy to include treatment during and after the management of diseases and conditions. The Reference Committee also believed that the suggested edits in Resolution 21S-1, while valuable, currently lack scientific, evidence-based support gathered and assessed by the CSA. The Reference Committee considered testimony both pro and con, as well as suggested amendments, and supports the adoption of Resolution 21RC, in lieu of Resolutions 21 and 21S-1.

21RC. Resolved, that the following ADA policy statement on Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatments be adopted (additions underscored; deletions ~~stricken~~):

The ADA believes that optimizing dental health prior to the performance of complex medical and surgical procedures can be an important component of clinical care. Inter-professional communication and collaboration are crucial to identifying pre-existing or underlying oral health concerns that may impact post-medical/surgical complications or healing time, particularly for patients who are immunocompromised or otherwise at greater risk of adverse medical outcomes because of underlying health problems. Direct communication with patients and their medical teams regarding the need for, and ability to obtain, a dental examination, and consultation and treatment prior to initiation of complex surgical and medical treatments is especially recommended.

and be it further,

Resolved, that the appropriate ADA agency consider the feasibility of assessing the role of dental health in the management of diseases and medical conditions and report back to the 2021 House of Delegates.

Dr. Cassella moved Resolution 21RC in lieu of Resolution 21 (*Supplement:4020*) and Resolution 21S-1 (*Supplement:4019a*) with the Committee Recommendation to Vote Yes.

Dr. Harold S. Jeter, Ohio, moved to amend Resolution 21RC in the first resolving clause by adding the words “when appropriate” after the word “treatment,” so that the proposed policy statement would read as follows:

The ADA believes that optimizing dental health prior to the performance of complex medical and surgical procedures can be an important component of clinical care. Inter-professional communication and collaboration are crucial to identifying pre-existing or underlying oral health concerns that may impact post-medical/surgical complications or healing time, particularly for patients who are immunocompromised or otherwise at greater risk of adverse medical outcomes because of underlying health problems. Direct communication with patients and their medical teams regarding the need for, and ability to obtain, a dental examination, and consultation and treatment, when appropriate, prior to initiation of complex surgical and medical treatments is especially recommended.

In speaking to the proposed amendment, Dr. Jeter stated, “... in the background statement of the original Resolution 21, references made to the report also initiated by Resolution 86H-2016 entitled, “Impact of Dental Treatment Prior to Cardiac Valve Surgery—Systematic Review and Meta Analysis,” and the conclusion of that states, in part, that available evidence suggests that it is unclear whether dental treatment before cardiac valve surgery results in better or worse postoperative outcomes. And further, it states that a team that includes dental, medical and surgical care professionals should weigh additional case specific factors before proceeding with pre-surgical dental treatment. Mr. Speaker, we would like ADA policy to reflect that as dental consultants, we have some latitude in determining when that treatment would take place for those instances when treatment, for example, a full mouth extraction under general anesthesia prior to cardiac valve surgery would pose significant risk of morbidity or mortality if performed prior to correction of the underlying cardiac pathology.”

As a point of information, Dr. Robert M. Peskin, New York, asked if the word “and” before the word “consultation” should be kept in the proposed amendment, or deleted. Dr. Jeter responded that the word “and” before the word “consultation” should be kept so that the last sentence in the proposed amendment would read as follows:

Direct communication with patients and their medical teams regarding the need for, and ability to obtain, a dental examination, and and consultation and treatment, when appropriate, prior to initiation of complex surgical and medical treatments is especially recommended.

Discussion in support of the proposed amendment ensued.

A motion was made to vote immediately on the proposed amendment. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the proposed amendment was adopted.

Dr. Paul M. Mullasseril, Oklahoma, moved to further amend Resolution 21RC in the first resolving clause by inserting in two places the words “during and after” after the words “prior to” so that the proposed policy statement would read as follows:

The ADA believes that optimizing dental health prior to, during and after the performance of complex medical and surgical procedures can be an important component of clinical care. Inter-professional communication and collaboration are crucial to identifying pre-existing or underlying oral health concerns that may impact post-medical/surgical complications or healing time, particularly for patients who are immunocompromised or otherwise at greater risk of adverse medical outcomes because of underlying health problems. Direct communication with patients and their medical teams regarding the need for, and ability to obtain, a dental examination, ~~and~~ and consultation and treatment, when appropriate, prior to, during and after initiation of complex surgical and medical treatments is especially recommended.

In speaking to the proposed amendment, Dr. Mullasseril stated, “I feel that in order to strengthen this policy, these words need to be added to the policy. One, it’s critical to make sure that dental health is optimized prior to performance of complex medical and surgical procedures. It’s equally critical to make sure that the dental health remains in optimum state during and after these medical procedures. For example, when I see patients during radiation therapy to the head and neck area, many changes occur in the oral environment that needs the constant attention of the dentist during and after radiation. ...”

As a point of order, Dr. O. Andy Elliott, Kentucky, stated, “Even though I agree with the concept that this should be a priority during and after, the actual policy has to do with optimizing dental health prior to surgical and medical procedures. So I would think that this is essentially out of order because it changes the nature of this policy.

The Speaker ruled that the proposed amendment was out of order, stating, “... the policy statement says prior to surgical, and this amendment changes the entire intent of the policy. So in that case, I will have to rule it out of order.”

A motion was made to vote immediately on Resolution 21RC, as amended. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 21RC, as amended, was adopted.

21H-2020. Resolved, that the following ADA policy statement on Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatments be adopted (additions underscoring; deletions ~~stricken~~):

The ADA believes that optimizing dental health prior to the performance of complex medical and surgical procedures can be an important component of clinical care. Inter-professional communication and collaboration are crucial to identifying pre-existing or underlying oral health concerns that may impact post-medical/surgical complications or healing time, particularly for patients who are immunocompromised or otherwise at greater risk of adverse medical outcomes because of underlying health problems. Direct communication with patients and their medical teams regarding the need for, and ability to obtain, a dental examination ~~and~~ and consultation and treatment, when appropriate, prior to initiation of complex surgical and medical treatments is especially recommended.

and be it further,

Resolved, that the appropriate ADA agency consider the feasibility of assessing the role of dental health in the management of diseases and medical conditions and report back to the 2021 House of Delegates.

Report of Reference Committee A (Budget, Business and Related Matters)

The Report of Reference Committee A was presented by Dr. Ioanna G. Mentzelopolou, New York, chair. The other members of the Committee were: Dr. David C. Anderson, Virginia; Dr. Wendy A. Brown, Maryland; Dr. Robert E. Butler, Missouri; Dr. Matthew Cohlma, Oklahoma; Dr. T. Brad Crump, Texas; Dr. Nancy R. Rosenthal, Pennsylvania; Dr. Steven A. Saxe, Nevada; and Dr. Lawrence A. White, Illinois.

Consent Calendar (Reference Committee A Resolution 111): The Reference Committee reported as follows:

The appended Resolution 111 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 111, 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.

111. Resolved, that the recommendations of Reference Committee A on the following resolutions be accepted by the House of Delegates.

Resolution 66—(Adopt)—Council on Membership Report on Active Membership Promotion (*Supplement:2009*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 67—(Adopt)—Amendment of Chapter I, Section B.4.F of the Governance and Organizational Manual of the American Dental Association (*Supplement:2010*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 68—(Adopt)—Bylaws Amendment on Life Membership Eligibility (*Supplement:2011*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 101—(Adopt)—New Dentist Representation to the ADA House of Delegates (*Supplement:2009*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 110—(Adopt)—2021 Dentist and Student Lobby Day (*Supplement:2100*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes.

Dr. Mentzelopolou moved Resolution 111 with the Committee Recommendation to Vote Yes.

Requests were made to remove the following resolutions from the Consent Calendar:

Resolution 67 removed by Dr. Jeffrey A. Kahl, Colorado
 Resolution 68 removed by Dr. Sarah T. Poteet, Texas
 Resolution 101 removed by Dr. A. Roddy Scarbrough, Mississippi
 Resolution 110 removed by Dr. Nipa R. Thakkar, Pennsylvania

Hearing no objection, the amended Resolution 111 was adopted by general consent.

111H-2020. Resolved, that the recommendations of Reference Committee A on the following resolutions be accepted by the House of Delegates.

Resolution 66—(Adopt)—Council on Membership Report on Active Membership Promotion (*Supplement:2009*) \$: None
COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 67—(Adopt)—Amendment of Chapter I, Section B.4.F of the Governance and Organizational Manual of the American Dental Association (*Supplement:2010*) \$: None
COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 68—(Adopt)—Bylaws Amendment on Life Membership Eligibility (*Supplement:2011*) \$: None
COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 101—(Adopt)—New Dentist Representation to the ADA House of Delegates (*Supplement:2009*) \$: None
COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 110—(Adopt)—2021 Dentist and Student Lobby Day (*Supplement:2100*) \$: None
COMMITTEE RECOMMENDATION: Vote Yes.

Note: For the purpose of a fully documented record, the text of the resolution presented in Resolution 111H follows.

Consent Calendar Resolution—Adopted

Council on Membership Report on Active Membership Promotion

66H-2020. Resolved, that the ADA *Governance and Organizational Manual*, Chapter I. MEMBERSHIP, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph c. Active Membership Promotion, be amended as follows (additions underscored; deletions ~~stricken~~):

- c. Active Membership Promotion. The ~~ADA~~ Board of Trustees may authorize a ~~limited~~ dues reduction, up to fifty one hundred percent (50-100%) of active member dues and any special assessment then in effect for the purpose of promoting active membership in target U.S. markets through marketing campaigns recommended by the Council on Membership. This reduction of active member dues and any special assessments shall be on a one-time only basis for these members.

Non-Consent Resolutions

Amendment of Chapter I, Section B.4.F of the Governance and Organizational Manual of the American Dental Association: (Council on Membership Resolution 67): The Reference Committee reported as follows:

There was limited testimony during the Reference Committee Hearing. There is currently one 100% Humanitarian Practitioner Waiver (rate M), along with one 100% Financial Hardship Waiver (rate T), the resolution eliminates the rate M and replaces it with the rate T. These waiver options are currently listed on the dues waiver form and each state and local uses the same form for approval, the current waiver review and approval process will remain the same, with no additional staff resources needed. The result of the proposed change is the letter of the dues rate entered into the Aptify System – instead of entering a rate M (for a Humanitarian waiver) the state society will enter a rate T (the 100% Financial Waiver).

The Committee notes that this applies to a small percentage of members. The Committee therefore concurs with the Board and the Council on Membership and recommends adoption of Resolution 67.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 67 as submitted.

67. Resolved, that Chapter I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph f. Full-Time Work for Humanitarian Organization, of the *ADA Governance and Organizational Manual* be amended by the deletion of subsection f in its entirety:

- f. ~~Full-Time Work for Humanitarian Organization. An active member who is serving the profession by working full-time for a humanitarian organization and is receiving neither income nor a salary for such humanitarian service other than a subsistence amount which approximates a cost of living allowance shall be exempt from the payment of dues and any special assessment then in effect through December 31 following completion of such service provided that such humanitarian service is being performed continuously for not less than one (1) year and provided further that such member does not supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.~~

Dr. Mentzelopoulou moved Resolution 67 (*Supplement:2010*) with the Committee recommendation to Vote Yes.

Dr. Jeffrey A Kahl, Colorado, moved to substitute Resolution 67S-1 for Resolution 67, by adding a second resolving clause so that the resolution would read as follows:

67S-1. Resolved, that Chapter I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph f. Full-Time Work for Humanitarian Organization, of the *ADA Governance and Organizational Manual* be amended by the deletion of subsection f in its entirety:

- f. ~~Full-Time Work for Humanitarian Organization. An active member who is serving the profession by working full-time for a humanitarian organization and is receiving neither income nor a salary for such humanitarian service other than a subsistence amount which approximates a cost of living allowance shall be exempt from the payment of dues and any special assessment then in effect through December 31 following completion of such service provided that such humanitarian service is being performed continuously for not less than one (1) year and provided further that such member does not supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.~~

and be it further

Resolved, that Chapter I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph d. Financial Hardship Waivers, of the *Governance and Organizational Manual* of the American Dental Association be amended as follows (additions underscored and deletions ~~stricken~~):

- d. ~~Financial Hardship or Humanitarian~~ Waivers. Any members who have suffered a significant financial hardship that prohibits them from payment of their full dues and/or any special assessment may be excused from the payment of fifty percent (50%) or all of the current year's dues and/or any special assessment. To qualify for the Humanitarian Waiver the member must be working full-time for a humanitarian organization and must not be receiving an income or a salary for such humanitarian service other than a subsistence amount which approximates a cost of living allowance. Such member shall be exempt from the payment of all dues and any special assessment then in effect through December 31, following completion of such service. This is provided that such humanitarian service is being performed continuously, for not less than one (1) year and further, that such member does not supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, dental administrator or consultant, or practitioner of any activity for which a license to practice dentistry

or dental hygiene is required. Any waiver shall be as initially determined by their the members' constituents and components. The and the constituents and components shall certify the reason for the waiver, and the constituents and components shall provide the same proportionate waiver of their dues as that provided by this Association.*

- * Members with disabilities who were granted dues and any special assessment disability waivers prior to the 2007 House of Delegates may continue to receive such waivers provided they are unable to practice dentistry within the definition of the Bylaws and they submit through the members' respective component and constituent, if such exist, to this Association, a medical certificate attesting to the disability and a certificate from said component and constituent, if such exist, attesting to the disability, upon request of the Association, during the exemption period.

In speaking to the proposed substitute resolution, Dr. Kahl stated, "...the Council on Membership reviewed all of the written and verbal testimony from the Reference Committee around Resolution 67. We believe that the Substitute Resolution 67S-1, while still containing the first resolving clause of [Resolution] 67, inserts the second resolving clause, which addresses all three issues that were brought up during the Reference Committee. And those are number one, the definition of the humanitarian waiver is preserved in this amendment; number two, it is clearly defined that the...local components and the states actually vet these waivers and push them forward in the national level; and then number three, it strikes the word "hardship" from the title so that now humanitarian and financial waivers will be contained under a financial or humanitarian waiver, as it was the thought of some members that hardship had a negative connotation since humanitarian waivers aren't really hardship waivers."

Dr. Thomas S. Kelly, Ohio, spoke in support of the proposed substitute resolution, stating, "I think it's important the House understands that it not only includes the first resolve clause of the resolution, which is removing the hardship waiver section of the *Governance Manual*, but it reserves that ability for us to have a humanitarian waiver. ... It preserves the humanitarian waiver definition within this section of the *Governance Manual*. It defines both financial and humanitarian separately, and it includes the differences between the two in the amount that's allowed for that."

On vote, the motion to substitute Resolution 67S-1 for Resolution 67 was adopted.

Hearing no objection, Resolution 67S-1 was adopted in lieu of Resolution 67 by general consent.

67H-2020. Resolved, that Chapter I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph f. Full-Time Work for Humanitarian Organization, of the ADA *Governance and Organizational Manual* be amended by the deletion of subsection f in its entirety:

- f. ~~Full Time Work for Humanitarian Organization. An active member who is serving the profession by working full time for a humanitarian organization and is receiving neither income nor a salary for such humanitarian service other than a subsistence amount which approximates a cost of living allowance shall be exempt from the payment of dues and any special assessment then in effect through December 31 following completion of such service provided that such humanitarian service is being performed continuously for not less than one (1) year and provided further that such member does not supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.~~

and be it further

Resolved, that Chapter I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph d. Financial Hardship Waivers, of the *Governance and Organizational Manual* of the American Dental Association be amended as follows (additions underscored and deletions ~~stricken~~):

- d. ~~Financial Hardship or Humanitarian~~ Waivers. Any members who have suffered a significant financial hardship that prohibits them from payment of their full dues and/or any special assessment may be excused from the payment of fifty percent (50%) or all of the current year's dues and/or any special assessment. To qualify for the Humanitarian Waiver the member must be working full-time for a humanitarian organization and must not be receiving an income or a salary for such humanitarian service other than a subsistence amount which approximates a cost of living allowance. Such member shall be exempt from the payment of all dues and any special assessment then in effect through December 31, following completion of such service. This is provided that such humanitarian service is being performed continuously, for not less than one (1) year and further, that such member does not supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, dental administrator or consultant, or practitioner of any activity for which a license to practice dentistry or dental hygiene is required. Any waiver shall be as initially determined by their the members' constituents and components. The and the constituents and components shall certify the reason for the waiver, and the constituents and components shall provide the same proportionate waiver of their dues as that provided by this Association.*

- * Members with disabilities who were granted dues and any special assessment disability waivers prior to the 2007 House of Delegates may continue to receive such waivers provided they are unable to practice dentistry within the definition of the Bylaws and they submit through the members' respective component and constituent, if such exist, to this Association, a medical certificate attesting to the disability and a certificate from said component and constituent, if such exist, attesting to the disability, upon request of the Association, during the exemption period.

Bylaws Amendment on Life Membership Eligibility (Council on Membership Resolution 68): The Reference Committee reported as follows:

The Reference Committee heard limited pro and con testimony regarding removing the age requirement for life membership. The majority of the Reference Committee agrees with the Board and the Council on Membership, and supports adoption of Resolution 68.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 68 as submitted.

68. Resolved, that the ADA *Bylaws*, Chapter I. Membership, Section 20. Membership Eligibility, Subsection B. LIFE MEMBER, be amended as follows (~~deletions stricken~~ and additions underlined):

- B. LIFE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a life member of this Association if he or she meets the following qualifications:
- a. Has been an active and/or retired member in good standing of this Association for at least thirty (30) consecutive years or a total of at least forty (40) non-consecutive years; and
 - ~~b. Reached the age of at least sixty five (65) during the previous calendar year;~~
 - c. Maintains membership in good standing in a constituent and component, if such exists, and in this Association.
 - ~~d. A member may also qualify for life member status by having been a member of the National Dental Association for twenty-five (25) years and subsequently holding membership in this Association for at least ten (10) years and having reached the age of at least sixty five (65) during the previous calendar year.~~

Dr. Mentzelopoulou moved Resolution 68 (*Supplement:2011*) with the Committee recommendation to Vote Yes.

Dr. Sarah T. Poteet, Texas, moved to amend Resolution 68, by adding a second resolving clause, which reads as follows:

Resolved, that the foregoing amendment to Chapter I. Membership. Section 20. Membership Eligibility. Subsection B. Life Member, of the ADA *Bylaws* take effect at adjournment *sine die* of the 2021 ADA House of Delegates

In speaking to the amendment, Dr. Poteet stated, “The Fifteenth District supports the work done by the Council on Membership to make it easier for the ADA members to attain life membership status. This will help us ensure that more ADA members remain engaged in striving for life membership. However, changing the requirements for life membership will have a negative impact on dues revenue for some states. Given the decrease in overall membership dues faced by the ADA, its constituent state and local dental societies as a result of COVID-19, the Fifteenth District asks for additional time for states to prepare their budget forecasting to accommodate the change in life membership status. This time is needed for states and local societies to prepare for any dues reductions they may experience by having more members eligible for reduced life dues. Deferring the implementation of life membership change in Resolution 68 to the close of the ADA House of Delegates 2021 will give states the time necessary to account for changes in this membership dues category.”

As a point of information, Dr. Thomas S. Kelly, Ohio, asked “...as of the close of the House 2020, there is no difference in dues between life member and full member; is that correct? ... So this amendment would be moot based on—or out of order based on—that argument of two differences in dues.”

At the request of the Speaker, Ms. April Kates-Ellison, vice president, Member and Client Services, responded, “I believe the question centers around whether or not the impact of dues streamlining on the active life members will have taken place at the close of 2021. The answer to that is yes; however, what I would like to add is that not all of the states have aligned with those changes, so there could be varying dues amounts taking place at the states for this particular membership category.”

In response, Dr. Kelly asked, “So just to clarify again, the life membership dues rate for the ADA will be the same as active membership dues rate at the close of this House?”

Ms. Kates-Ellison responded, “For 2021; that is correct.”

Dr. Jeffrey A. Kahl, Colorado, and vice chair of the Council on Membership, spoke in support of the proposed amendment, stating, “The Council on Membership reviewed this and worked with the Texas delegation. We support this, the addition of this grace period for states to work on their particular bylaws around the definition of life membership at the state and component level. It does not impact our ability to push forward the life member promotion programs that we currently have in the works.”

Dr. I. Jay Freedman, Pennsylvania, and chair of the Council on Membership, spoke in support of the proposed amendment, stating, “When [the Council on Membership] developed this conclusion to the dues streamlining project, it was prior to the COVID-19 crisis. And as Dr. Kahl alluded, this gives additional time for states to align and make sure that it is an equitable treatment to allow individuals who have been committed for 30 years to the ADA to be recognized as we have our special incentives and rewards, so to speak, for life membership.”

A motion was made to vote immediately on the proposed amendment. The motion was adopted by a two-thirds affirmative vote.

On vote, the proposed amendment was adopted.

The Speaker noted that adoption of Resolution 68 requires a two-thirds affirmative vote. On vote, Resolution 68, as amended, was adopted.

68H-2020. Resolved, that the ADA *Bylaws*, Chapter I. Membership, Section 20. Membership Eligibility, Subsection B. LIFE MEMBER, be amended as follows (deletions ~~stricken~~ and additions underlined):

- B. LIFE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a life member of this Association if he or she meets the following qualifications:

- a. Has been an active and/or retired member in good standing of this Association for at least thirty (30) consecutive years or a total of at least forty (40) non-consecutive years; and
- ~~b. Reached the age of at least sixty-five (65) during the previous calendar year;~~
- e.b. Maintains membership in good standing in a constituent and component, if such exists, and in this Association.
- d.c. A member may also qualify for life member status by having been a member of the National Dental Association for twenty-five (25) years and subsequently holding membership in this Association for at least ten (10) years ~~and having reached the age of at least sixty-five (65) during the previous calendar year.~~

and be it further

Resolved, that the foregoing amendment to Chapter I. Membership. Section 20. Membership Eligibility. Subsection B. Life Member, of the ADA *Bylaws* take effect at adjournment *sine die* of the 2021 ADA House of Delegates

New Dentist Representation to the ADA House of Delegates (First Trustee District Resolution 101): The Reference Committee reported as follows:

The Reference Committee heard extensive testimony on Resolution 101. Pro testimony centered on the value and unique perspective provided by the new dentist. Con testimony centered on not dictating the proportion of new dentists and encouraging efforts to the state and local components.

The Reference Committee concurs that the value of the new dentist voice is undeniable and new dentists are the future of the ADA. The Reference Committee also notes that Resolution 101 simply asks that the appropriate agencies assess the feasibility and mechanisms by which the new dentist proportion of each delegation can be increased. Therefore, the majority of the Reference Committee agrees with the Board and the Council on Membership, and supports adoption of Resolution 101.

101. Resolved, that appropriate agencies of the ADA assess the feasibility and mechanisms by which the ADA increases the proportion of each trustee delegation (delegates and alternates) who are dentists that qualify as “New Dentists” by the definition of the ADA “New Dentist” committee and reports to the 2021 House of Delegates.

Dr. Mentzelopoulou moved Resolution 101 (*Supplement:2099*) with the Committee recommendation to Vote Yes.

Dr. David Casteel, Wisconsin, spoke against Resolution 101, stating, “I am a new dentist in my second year of practice. I strongly support the concept of a demographically accurate representation including new dentists; however, the ADA has made this a priority in every facet of their level of the tripartite, including councils and committees. States choose their delegation to the ADA House best suited to represent their membership. Investigating the feasibility and mechanisms of increasing new dentist delegation representation should be handled at the appropriate level of the tripartite, the constituent state, district or territory.”

Dr. Paul Aswad, Massachusetts, spoke in support of Resolution 101. He said, “I see this all about membership. The membership graph that we saw from the first meeting was really eye opening to me. It was headed straight down. We need to flatten this curve and 101 will help. It will enhance membership by bringing in a contemporary perspective. [Resolution] 101 is not a mandate, nor does it create quotas. It’s an assessment of feasibility to make this happen. To put this in perspective, the 2019 House of Delegates only had ten delegates under age 35. Only 24 were under 40 years of age out of 483 delegates. I just want to have that in perspective.”

Dr. Lauryne M. Vanderhoof, Michigan, spoke against Resolution 101, stating, “I am a new dentist in her third year of practice, a newly elected trustee at the state level and delegate for this House. And I speak here before you today because of the successful programs that the Michigan Dental Association has developed to increase new dentist participation at the state level. I support the concept of this resolution, and I strongly encourage state associations to have a delegation representative of their member body, and this includes new dentists. ... Running a feasibility analysis would be a waste of time and resources, as it is the states who

choose the delegation, not the ADA. And a policy is already in place to bring forward new dentist delegates. I stand in opposition to [Resolution] 101...because it will be a waste of ADA resources in conflict with the autonomy of the states.”

Dr. Christopher M. Hasty, Georgia, spoke against Resolution 101, stating, “Representation in the House of Delegates is based on the decisions of our grassroots districts. We take issue with our national organization deciding how the individual component districts choose their appointees. Furthermore, we are against the expansion of the House of Delegates size if the Association decides to create a new category of delegate, be it a new dentist or any other subcategory of membership. This will dilute trustee district voices and create an imbalance in state representation. The Fifth District, however, strongly encourages the component, state, district societies to grow, include, mentor and ultimately promote our new dentists into leadership positions.”

The Speaker announced that the virtual House of Delegates would need to recess and allow a break for the production team. The Speaker also announced that the speaking queue for Resolution 101 would remain in place when discussion on the Resolution resumed during the Third Meeting of the House of Delegates. The House of Delegates recessed at 11:59 a.m., Central Time.

Monday, October 19, 2020

Third Meeting of the ADA House of Delegates

Call to Order: The Third Meeting of the 161st Annual Session of the ADA House of Delegates was called to order at 1:00 p.m., Central Time, Monday, October 19, by the Speaker of the House of Delegates, Dr. W. Mark Donald.

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. Chad P. Gehani, president
 Dr. Craig W. Herre, first vice president
 Dr. W. Roy Thompson, trustee, Sixth District
 Dr. Billie Sue Kyger, trustee, Seventh District
 Dr. Kenneth McDougall, trustee, Tenth District
 Dr. Kirk M. Norbo, trustee, Sixteenth District

The Speaker also introduced the continuing members of the Board of Trustees and thanked them for their service on behalf of the profession.

Dr. Richard J. Rosato, trustee, First District
 Dr. Paul R. Leary, trustee, Second District
 Dr. Linda K. Himmelberger, trustee, Third District
 Dr. George R. Shepley, trustee, Fourth District
 Dr. Jay F. Harrington, Jr., trustee, Fifth District
 Dr. Susan Becker Doroshov, trustee, Eighth District
 Dr. Julio H. Rodriguez, trustee, Ninth District
 Dr. Linda J. Edgar, trustee, Eleventh District
 Dr. Terry Fiddler, trustee, Twelfth District
 Dr. James D. Stephens, trustee, Thirteenth District
 Dr. Brett Kessler, trustee, Fourteenth District
 Dr. Craig S. Armstrong, trustee, Fifteenth District
 Dr. Vincent U. Rapini, first vice president
 Dr. Ted Sherwin, treasurer
 Dr. Kathleen T. O'Loughlin, executive director

The Speaker recognized Dr. Gehani for the purpose of installing the new officers and trustees. Prior to installing these individuals, Dr. Gehani recognized the Speaker for his service.

The following new officers and trustees were introduced:

Dr. Michael D. Medovic, trustee, Sixth District
 Dr. Chad R. Leighty, trustee, Seventh District
 Dr. Scott L. Morrison, trustee, Tenth District
 Dr. Gary D. Oyster, trustee, Sixteenth District
 Dr. Rudolph T. Liddell, trustee, Seventeenth District
 Dr. Maria C. Maranga, second vice president

Installation of Officers and Trustees. Dr. Gehani installed Dr. Daniel J. Klemmedson, Arizona, as ADA President; Dr. Cesar R. Sabates, Florida, as ADA President-elect; Dr. Maria C. Maranga, New York, as

second vice president; and Drs. Michael Medovic, Chad Leighty, Scott Morrison, Gary Oyster and Rudolph Liddell as trustees. Dr. Gehani extended congratulations to the new officers and trustees.

Presentation of Dr. Daniel Klemmedson: Dr. Klemmedson addressed the members of the House of Delegates. For outstanding efforts during this time of a global pandemic he thanked Dr. Gehani, the volunteer leaders of the ADA, Dr. Kathy O'Loughlin and the dedicated team at the ADA, and the Board of Trustees. Dr. Klemmedson's remarks focused on lessons learned during the COVID-19 pandemic and the opportunities these lessons can provide for the path forward. He stated, "I believe that we could be overtaken by recent events or we can be strengthened by the circumstances and the insights they have provided. Colleagues, it's all up to us."

Dr. Klemmedson commented on the challenges that dentists faced in the early months of the pandemic and the common ground amongst dentists that can create a better and stronger future for dentists and their patients with a focus on science, oral health care being essential to overall health, and the priority of patient safety. In regards to science, Dr. Klemmedson commented on the creation of the ADA Science and Research Institute, stating, "This new subsidiary will enhance our ability to produce basic and translational science for the benefit of all dentists and their patients." Commenting on oral health care being essential he said, "Any future limitations on patient care should be based on sound professional judgment, knowledge and science. Patient care for all segments of our society, in all clinical models, is essential." Lastly, in regards to patient safety he stated, "...COVID-19 has showcased the necessity of increased diligence as care providers and as employers. Diagnosis, treatment planning, procedure selection, workflow, education, monitoring, PPE and facilities were all modified effectively to protect our practice community from COVID-19. Why shouldn't we extend these safety elements to other areas of our practices?" He concluded by saying, "The COVID-19 pandemic has shown us our true nature, our strengths, our smarts, our ability to withstand the challenge and thrive within it. It has also shined a light on the work that remains. Now that we know better, we cannot waste our opportunity to do better, for ourselves, and for the generations coming after us who one day will face their own adversities and will benefit from the foundations we set today."

The installation ceremony concluded following Dr. Klemmedson's remarks.

Report of the Standing Committee on Credentials, Rules and Order: Dr. Anthony M. Cuomo, Committee chair, announced the presence of a quorum and read the ADA Disclosure Policy.

Announcements: The Speaker announced that Reference Committees A and B, during their respective hearings, ran out of time for discussion on the informational reports. He added that delegates would have an opportunity to discuss the Reference Committee A informational reports following the Report of the Reference Committee and the Reference Committee B informational reports prior to the Report of Reference Committee B.

Unfinished Business

Report of Reference Committee A (Continued)

Dr. Ioanna G. Mentzelopolou, chair, Reference Committee A, returned to the podium to present the Reference Committee's remaining items of business.

New Dentist Representation to the ADA House of Delegates (Continued) (First Trustee District Resolution 101)

Dr. Emily Mattingly, Missouri, and chair of the New Dentist Committee, spoke in support of Resolution 101, stating, "...While we have seen an increase in new dentist delegates since 2011, it is simply not enough. While states determine the composition of delegates and delegations, many states and districts need a boost to make changes. I personally have tried to propose changes to my state's delegation selection process unsuccessfully. The ADA should be the leader in new dentist involvement and leadership. Now is the time for forward thinking, and we should work together at all levels of the tripartite to strengthen our leadership pipeline. We need the diversity of the new dentist voice in this body and the inclusion of new dentists here at the national level. ..."

As a point of information, Dr. Prabu Raman, Missouri, asked if Resolution 101 had a financial implication. The Speaker confirmed that the Resolution had no financial implication.

Dr. Summer K. Roark, Texas, spoke against Resolution 101. She said, "...In Texas, since the beginning of my career, I actively participated in my component society and at my state association, eventually earning a position on the Fifteenth Delegation and also chosen to represent the Fifteenth District on ADA's Membership Council. My new dentist colleagues across the nation have the same opportunities to actively participate in all levels of organized dentistry to make sure that voice of the new dentist is heard and valued. The answer is not to mandate an increase in the proportion of new dentists in each trustee district. The answer is to make sure that the branches of the tripartite embrace new dentists, mentor them and provide leadership opportunities for them. ..."

Dr. James E. Lee, Massachusetts, spoke in support of Resolution 101, stating, "...There is no mandate and no one, full stop, no one will tell you how to select your delegation. Instead, this resolution is a way to identify solutions and help us do better. ... This resolution allows the ADA to help others become the leaders and the mentors you are to so many. As someone who works on the front lines of these issues promoting the amazing work of this House, as someone who sees the ground truth interacting with literally hundreds of new dentists daily through our ADA initiatives, I respectfully urge you to support this resolution."

Further pro and con discussion ensued. Individuals speaking in support of Resolution 101 commented that new dentists are underrepresented in the House of Delegates and more new dentist delegates are needed to ensure that their needs are represented. These individuals also commented that to increase market share and remain relevant to new dentists, it is important that the Association include new dentists in leadership training and move them into leadership roles. Individuals speaking against Resolution 101 commented that the states and districts should study the issue and develop new dentist leaders, and that adoption of Resolution 101 could start a precedent of creating additional categories of delegation requirements.

A motion was made to vote immediately on Resolution 101. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 101 was not adopted.

2021 Dentist and Student Lobby Day (Sixteenth Trustee District Resolution 110): The Reference Committee reported as follows:

The Reference Committee heard testimony regarding the 2021 Dentist and Student Lobby Day. Testimony was overwhelmingly favorable and centered on the importance of advocacy to ADA members and the profession. The majority of the Reference Committee favors urging the Board to earmark funds for an in-person 2021 Dentist and Student Lobby Day from Reserves and therefore supports adoption of Resolution 110.

110. Resolved, that the ADA Board of Trustees be urged to fund up to \$650,000.00 from reserves for the in person 2021 ADA Dentist and Student Lobby Day.

Dr. Mentzelopoulou moved Resolution 110 (*Supplement:2101*) with the Committee recommendation to Vote Yes.

As a point of information, Dr. Thomas S. Kelly, Ohio, asked if Resolution 110 had a financial implication. The Speaker confirmed that the Resolution had no financial implication.

Dr. Kelly also asked, "...within the budget that we currently have, is there a budgeted item for a Virtual Lobby Day?" The Speaker responded, "If you look on page 2037 of Board Report 2, you will see that the Virtual Lobby Day is mentioned. Also, in discussion with the Treasurer and our VP Mike Graham, they also mentioned that there's \$50,000 in the 2021 budget for a Virtual Lobby Day. There's even some discussion of maybe having some kind of live portion of that, but that is definitely in the early stages. So the budget does reflect support of a Virtual 2021 Lobby Day."

Dr. Nipa R. Thakkar, Pennsylvania, spoke against Resolution 110, stating, "...While I deeply appreciate the advocacy efforts of this Association, we all recognize that there are very unique circumstances this year surrounding the difficult decision to defund this event. Urging the Board to fund up to \$650,000 for a meeting whose fate remains uncertain for a variety of reasons—namely an ongoing pandemic—seems reckless and premature. ... There are also too many questions that surround the wording of this resolution. Who decides if an in-person meeting can occur and when? What if the students still cannot travel? What if the rest of us should not travel? What if D.C. isn't allowing visitors? ... Can the Board plan a meeting without this resolution if the condition of our nation changes? Can the Board decide that this is not in the best interest of this Association despite the House's ruling? We can all agree that advocacy is key to our Association's health, but isn't the health of our Association key to our ability to advocate? This resolution does not adequately address the use of this large sum of money and staff capacity, and that is not the ADA way."

A motion was made to vote immediately on Resolution 110. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 110 was adopted.

110H-2020. Resolved, that the ADA Board of Trustees be urged to fund up to \$650,000.00 from reserves for the in person 2021 ADA Dentist and Student Lobby Day.

Prior to the conclusion of the Report of Reference Committee A, the Speaker asked if there were any comments on the informational reports referred to Reference Committee A; there were none.

Prior to presentation of the Report of Reference Committee B, the Speaker asked if there were any comments on the informational reports referred to Reference Committee B; there were none.

Report of Reference Committee B (Dental Benefits, Practice and Related Matters)

The Report of Reference Committee B was presented by Dr. Julia K. Mikell, South Carolina, chair. The other members of the Committee were: Dr. Ensy A. Atarod, Texas; Dr. Henry B. Benson, Jr., Georgia; Dr. Kevin J. Hanley, New York; Dr. John E. Hisel, Jr., Idaho; Dr. Rachel D. Hymes, Tennessee; Dr. Jeffrey C. Ottley, Florida; Dr. Thomas E. Raimann, Wisconsin; and Dr. Peggy Richardson, Illinois.

Consent Calendar (Reference Committee B Resolution 112) The Reference Committee reported as follows:

The appended Resolution 112 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 112, 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.

112. Resolved, that the recommendations of Reference Committee B on the following resolutions be accepted by the House of Delegates.

Resolution 15RC—(Adopt Resolution 15RC in lieu of Resolution 15)—Proposed Policy, ADA Statement on Silver Diamine Fluoride to Arrest Carious Lesions (*Supplement:3001*) \$: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 16—(Refer)—Proposed Amendment of the Comprehensive ADA Policy Statement on Teledentistry (*Supplement:3002*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 18—(Adopt)—Amendment of Policy, Dentist Selection Based on Cost (*Supplement:3006*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 19RC—(Adopt Resolution 19RC in lieu of Resolution 19)—Amendment of Policy, Maximum Fees for Non-Covered Services (*Supplement:3007*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 20RC—(Adopt Resolution 20RC in lieu of Resolutions 20 and 20S-1)—Temporary Expansion of Scope During Public Health Crisis (*Supplement:3009*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 22RC—(Adopt Resolution 22RC in lieu of Resolutions 22, 90 and 90S-1)—Diagnostic Testing by Dentists (*Supplement:3010*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 84RC—(Adopt Resolution 84RC in lieu of Resolution 84)—Review and Consideration of ADA Ad Interim Policy: Dentistry is Essential Healthcare (*Supplement:3015*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 91RC—(Adopt Resolution 91RC in lieu of Resolutions 91 and 91B)—Proposed Policy, Vaccine Administration by Dentists (*Supplement:3022*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 102—(Adopt Resolution 102 in lieu of Resolution 102S-1)—A System To Provide Accurate and Timely Access to a Patient's Insurance Information (*Supplement:3024*) \$: 40,000

COMMITTEE RECOMMENDATION: Vote No

Resolution 106—(Adopt)—Teledentistry Legislative Principles and Ethical Considerations (*Supplement:3026*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 108—(Adopt)—Logistics of Vaccine Administration by Dentists (*Supplement:3027*) \$:198,170

COMMITTEE RECOMMENDATION: Vote Yes

Dr. Mikell moved Resolution 112 with the Committee Recommendation to Vote Yes.

Requests were made to remove the following resolutions from the Consent Calendar:

Resolution 16 removed by Dr. C. Rieger Wood, III, Oklahoma
 Resolution 19RC removed by Dr. David A. Schwartz, Pennsylvania
 Resolution 22RC removed by Dr. Donna Thomas-Moses, Georgia
 Resolution 102 removed by Dr. Scott L. Theurer, Utah
 Resolution 106 removed by Dr. Michael A. Kurkowski, Minnesota
 Resolution 108 removed by Dr. Ansley H. Depp, Kentucky

On vote, the amended Resolution 112 was adopted.

112H-2020. Resolved, that the recommendations of Reference Committee B on the following resolutions be accepted by the House of Delegates.

Resolution 15RC—(Adopt Resolution 15RC in lieu of Resolution 15)—Proposed Policy, ADA Statement on Silver Diamine Fluoride to Arrest Carious Lesions (*Supplement:3001*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

~~**Resolution 16**—(Refer)—Proposed Amendment of the Comprehensive ADA Policy Statement on Teledentistry (*Supplement:3002*) \$: None~~

~~**COMMITTEE RECOMMENDATION: Vote Yes on Referral**~~

Resolution 18—(Adopt)—Amendment of Policy, Dentist Selection Based on Cost (*Supplement:3006*)

\$: None

COMMITTEE RECOMMENDATION: Vote Yes

~~**Resolution 19RC**—(Adopt Resolution 19RC in lieu of Resolution 19)—Amendment of Policy, Maximum Fees for Non-Covered Services (*Supplement:3007*) \$: None~~

~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

Resolution 20RC—(Adopt Resolution 20RC in lieu of Resolutions 20 and 20S-1)—Temporary Expansion of Scope During Public Health Crisis (*Supplement:3009*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

~~**Resolution 22RC**—(Adopt Resolution 22RC in lieu of Resolutions 22, 90 and 90S-1)—Diagnostic Testing by Dentists (*Supplement:3010*) \$: None~~

~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

Resolution 84RC—(Adopt Resolution 84RC in lieu of Resolution 84)—Review and Consideration of ADA Ad Interim Policy: Dentistry is Essential Healthcare (*Supplement:3015*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 91RC—(Adopt Resolution 91RC in lieu of Resolutions 91 and 91B)—Proposed Policy, Vaccine Administration by Dentists (*Supplement:3022*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

~~**Resolution 102**—(Adopt Resolution 102 in lieu of Resolution 102S-1)—A System To Provide Accurate and Timely Access to a Patient's Insurance Information (*Supplement:3024*) \$: 40,000~~

~~**COMMITTEE RECOMMENDATION: Vote No**~~

~~**Resolution 106**—(Adopt)—Teledentistry Legislative Principles and Ethical Considerations (*Supplement:3026*) \$: None~~

~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

~~**Resolution 108**—(Adopt)—Logistics of Vaccine Administration by Dentists (*Supplement:3027*) \$:198,470~~

~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 112H follows.

Consent Calendar Resolutions—Adopted/Adopted in Lieu of

Proposed Policy, ADA Statement on Silver Diamine Fluoride to Arrest Carious Lesions

15H-2020. Resolved, that the policy, ADA Statement on the Use of Silver Diamine Fluoride to Arrest Carious Lesions, be adopted as follows (additions are underscored):

ADA Statement on the Use of Silver Diamine Fluoride to Arrest Carious Lesions

38% Silver Diamine Fluoride (SDF) is a topical antimicrobial and remineralizing agent which was cleared by the FDA as a Class II medical device to treat tooth sensitivity. In certain circumstances, SDF may be used as a non-restorative treatment to arrest carious lesions on primary and permanent teeth. The use of SDF to arrest carious lesions requires diagnosis and monitoring by a dentist.

When using SDF for caries management, the following protocols should be followed:

1. Development of a patient-specific treatment plan by the dentist.
2. Patients or their lawful guardians should be informed of all available treatment options, possible side effects, and the need for follow-up monitoring when giving informed consent.
3. The application of SDF may be delegated to qualified allied dental personnel with the appropriate training and supervision in accordance with state laws and in conjunction with the above protocols.

and be it further

Resolved, that the ADA supports SDF as a covered benefit by third-party payers, and be it further **Resolved**, if the tooth treated with SDF requires further treatment, that this restorative treatment or extraction of the tooth also remain a covered benefit.

Amendment of Policy, Dentist Selection Based on Cost

18H-2020. Resolved, that the ADA policy, Administrative Practices Encouraging Dentist Selection Based on Cost (*Trans.*1995:610) be amended as follows (additions are underscored; deletions are ~~stricken~~):

Administrative Practices Encouraging Dentist Selection Based on Cost

Resolved, that the American Dental Association ~~take appropriate legislative action to~~ opposes any administrative practice or financial incentive that is utilized by benefit managers and/or administrators of dental ~~prepayment plans~~ benefit programs that force or otherwise encourage patients to select the dentist from whom they will seek care principally on the basis of cost, and be it further

Resolved, that the explanation of benefits (EOB) statement is not the appropriate document to promote the use of a dentist other than the treating dentist.

Resolved, that the ~~appropriate agency report to the ADA House of Delegates as to the action taken to fulfill this resolution.~~

Temporary Expansion of Scope During Public Health Crisis

20H-2020. Resolved, that the ADA supports the utilization of dentists who ~~volunteer~~ choose to participate to increase medical capacity during declared local, state or federal public health emergencies to include:

1. Administering critical vaccines
2. Performing FDA-authorized diagnostic tests to screen patients for infectious diseases
3. Taking patient medical histories and triaging medical patients
4. Performing other ancillary medical procedures and activities, as requested by medical personnel, to expand the nation's surge capacity

and be it further

Resolved, that dentists should be granted immunity from personal liability and restrictions on the above listed services they provide for the duration of the emergency.

Review and Consideration of ADA Ad Interim Policy: Dentistry is Essential Healthcare

84H-2020. Resolved, that the ADA Interim Policy, "Dentistry is Essential Healthcare" be adopted.

Dentistry is Essential Healthcare

The American Dental Association supports the following policy:

1. Oral health is an integral component of systemic health.

2. Dentistry is an essential healthcare service because of its role in evaluating, diagnosing, preventing or treating oral diseases, which can affect systemic health.
3. The term “Essential Dental Care” be defined as any care that prevents ~~and~~ or eliminates infection, preserves the structure and function of teeth as well as the orofacial hard and soft tissues, and that this term be used in lieu of the terms “Emergency Dental Care” and “Elective Dental Care” when communicating with legislators, regulators, policy makers and the media in defining care that should continue to be delivered during global pandemics or other disaster situations, if any limitations are proposed.
4. Government agencies such as the Department of Homeland Security and the Federal Emergency Management Agency have acknowledged dentistry as an essential service needed to maintain the health of Americans. ~~so they can sustain their health and livelihoods and live resiliently during the COVID-19 pandemic response.~~ State agencies or officials should ~~be urged to~~ recognize the oral health workforce when designating its essential workforce during public health emergencies, in order to assist them in protecting the health of their constituents.

Vaccine Administration by Dentists

91H-2020. Resolved, that it is the position of the American Dental Association that dentists ~~have~~ with the requisite knowledge and skills should be allowed to administer critical vaccines to prevent life or health-threatening conditions ~~associated with the orofacial complex (e.g., oral cancer)~~ and protect the life and health of patients and staff at the point of care.

Non-Consent Resolutions

Proposed Amendment of the Comprehensive ADA Policy Statement on Teledentistry (Council on Dental Practice Resolution 16, Fourteenth Trustee District Resolution 16S-1, Eleventh Trustee District Resolution 16S-2 and Third Trustee District Resolution 16S-3): The Reference Committee reported as follows:

The Reference Committee heard considerable testimony regarding Resolution 16 and the substitutes. While there was no testimony given against teledentistry, there was a wide variety of comments offered on a number of technical and legal aspects contained in these resolutions. The ideological chasm was so significant that the Reference Committee did not discern a common ground upon which to reach consensus regarding the resolutions.

While deep appreciation is expressed for the efforts to date of the Council on Dental Practice, the Reference Committee supports the referral of Resolution 16 back to the appropriate ADA agency for further consideration. After consultation with the Speaker, the Reference Committee notes that referral of Resolution 16 will result automatically in the referral of the substitutes and any amendments, which includes Resolutions 16S-1, 16S-2 and 16S-3.

16. Resolved, that the Comprehensive ADA Policy Statement on Teledentistry (*Trans.*2015:244), be amended as follows (additions are underscored; deletions are ~~stricken~~).

Comprehensive ADA Policy Statement on Teledentistry

Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.

Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.

Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

General Considerations: ~~The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. Dentists who deliver services using teledentistry must establish protocols for appropriate referrals when necessary.~~ While in-person (face to face) direct examination is preferred, the ADA believes that synchronous, live-video examinations can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. Synchronous exams, as described above, can be valid and effective. Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered.

In order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in-person. The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. A dentist who uses teledentistry shall have adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care to a patient following a teledentistry encounter. A dentist shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in case of emergency.

As the care provided is equivalent to in person care, insurer reimbursement of services provided must be made at the same rate that it would be made for the services when provided in person, including reimbursement for the teledentistry codes as appropriate.

Asynchronous teledentistry encounters have value in consultation and assessment of patient needs. Asynchronous interactions are an adjunct to live clinical exams and are valid and effective, to the extent that asynchronous data gathering through technology, for time and logistic reasons, will eventually lead to more efficient and effective live (in-person) examinations or synchronous teledentistry contacts, the asynchronous teledentistry contact has merit in the evaluation and treatment of patients.

Patients' Rights: Dental patients whose care is rendered or coordinated using teledentistry modalities have the right to expect:

1. That any dentist delivering, directing or supervising services using teledentistry technologies will be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's dental board.
2. Access to the licensure and board certification qualifications of the oral health care practitioner who is providing the care in advance of the visit.

3. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, as a means of ensuring patient safety, quality of care and positive health outcomes.
4. That they will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.
5. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, and social history, and other relevant demographic and personal information.
6. That the provision of services using teledentistry technologies will be properly documented and the records and documentation collected will be provided to the patient upon ~~their~~ request.
7. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home.
8. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience and satisfaction and without such penalties as higher deductibles, co-payments or coinsurance relative to that of in-person services.
9. That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information.

Quality of Care: The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. Services delivered via teledentistry should be consistent with in-person services, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

Supervision of Allied Dental Personnel: The extent of the supervision of allied dental personnel should conform to the applicable dental practice act in the state where the patient receives services and where the dentist is licensed. The dentist should be knowledgeable regarding the competence and qualifications of the allied personnel utilized, and should have the capability of immediately contacting both the allied dental personnel providing service and the patient receiving services. All services delivered by allied dental personnel should be consistent with the ADA Comprehensive Statement on Allied Dental Personnel.

Licensure: Dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via teledentistry must comply with the state's scope of practice laws, regulations or rules. Teledentistry cannot be used to expand the scope of practice or change permissible duties of dental auxiliaries. The American Dental Association opposes a single national federalized system of dental licensure for the purposes of teledentistry.

Reimbursement: Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used

or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

Technical Considerations: Dentists are encouraged to consider conformance with applicable data exchange standards to facilitate delivery of services via teledentistry modalities. These include, but are not limited to, Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, X12/HL7 for the exchange of information and ICD-9/10-CM/SNOMED/SNODENT for documentation consistency.

Dr. Mikell moved Resolution 16 (*Supplement:3002*) be referred to the appropriate ADA agency for further study and report to the 2021 House of Delegates with the Committee recommendation to Vote Yes on Referral.

Dr. C. Rieger Wood, III, Oklahoma, spoke against referral, stating, "This whole issue deserves to be addressed now and not delayed and sent back for referral. As an example, I presently sit on a university group that is working in conjunction with medical students doing teledentistry combined with telemedicine at the University of Oklahoma. It's a pilot group that takes care of about 50 patients. Unfortunately, we need a policy so that our board of dentistry can move forward with the appropriate measures to make it legal so that our malpractice carrier can ultimately agree that the Board of Dentistry has a policy for teledentistry. Therefore, by kicking this down the road, it causes a real problem with me being able to involve the University of Oklahoma's College of Dentistry in a teledentistry or telemedicine program in a joint study. ..."

A motion was made to vote immediately. The Speaker ruled that the motion to vote immediately was premature, stating, "...We have not had proper debate on this motion to refer. If you want to challenge my ruling, please do so. I will let the House decide. We have only had one speaker against this motion [to refer], or to speak toward the motion."

Dr. Jeffrey A. Kahl, Colorado, spoke against referral, stating, "I am the past president of the Colorado Dental Association. Currently, telehealth is something that we have already addressed legislatively and through the regulatory process in Colorado. It's an issue that continues to come up and an issue that we will most certainly talk about in our upcoming legislative session in 2021. Every time we talk about it and devoid of ADA policy on it is present, we create our own policy at the Colorado level. And I think that makes the ADA look inept in their ability to create real-time policy. So the more we deliberate on this and refer it back...the more I think that degrades the ADA's position as the authority on oral health. I would encourage you to, again, as the last speaker pointed out, come to some sort of policy statement today and some consensus so that we can push this forward and have it as something to point at at the state level."

Dr. Nima Aflatooni, California, moved to substitute Resolution 16S-4 (*Supplement:3002d*) for Resolution 16.

16S-4. Resolved, that the Comprehensive ADA Policy Statement on Teledentistry (*Trans.2015:244*), be amended as follows (Additions are double underscored; deletions are ~~double stricken~~).

Comprehensive ADA Policy Statement on Teledentistry

Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.

Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

~~Live video (synchronous)~~ Synchronous (live video): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.

~~Store and forward (asynchronous)~~ Asynchronous (store and forward): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and

photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

General Considerations: ~~The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. Dentists who deliver services using teledentistry must establish protocols for appropriate referrals when necessary. While in-person (face to face) direct examination is preferred, has been historically the most direct way to provide care, advances in technology have expanded the options for dentists to communicate with patients and with remotely located licensed dental team members. The ADA believes that synchronous, live video examinations performed using teledentistry can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. Synchronous exams, as described above, can be valid and effective. Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered.~~

In order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in-person. Examinations and subsequent interventions performed using teledentistry must be based on the same level of information that would be available in an in-person environment, and it is the legal responsibility of the dentist to ensure that all records collected are sufficient for the dentist to make a diagnosis and treatment plan. The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. A dentist who uses teledentistry shall have adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care to a patient following a teledentistry encounter. A dentist shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in case of emergency.

As the care provided is equivalent to in person care, insurer reimbursement of services provided must be made at the same rate that it would be made for the services when provided in person, including reimbursement for the teledentistry codes as appropriate.

~~Asynchronous teledentistry encounters have value in consultation and assessment of patient needs. Asynchronous interactions, are an adjunct to live clinical exams and are valid and effective, to the extent that asynchronous data gathering through technology, for time and logistic reasons, will eventually lead to more efficient and effective live (in person) examinations or synchronous teledentistry contacts, the asynchronous teledentistry contact has merit in the evaluation and treatment of patients.~~

Patients' Rights: Dental patients whose care is rendered or coordinated using teledentistry modalities have the right to expect:

1. That any dentist delivering, directing or supervising services using teledentistry technologies will be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's dental board.

2. Access to the licensure and board certification qualifications of the oral health care practitioner who is providing the care in advance of the visit.
3. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, as a means of ensuring patient safety, quality of care and positive health outcomes.
4. That they will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.
5. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, and social history, and other relevant demographic and personal information.
6. That the provision of services using teledentistry technologies will be properly documented and the records and documentation collected will be provided to the patient upon ~~their~~ request.
7. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home.
8. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience and satisfaction and without such penalties as higher deductibles, co-payments or coinsurance relative to that of in-person services.
9. That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information.

Quality of Care: The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. Services delivered via teledentistry should be consistent with in-person services, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

Supervision of Allied Dental Personnel: The extent of the supervision of allied dental personnel should conform to the applicable dental practice act in the state where the patient receives services and where the dentist is licensed. The dentist should be knowledgeable regarding the competence and qualifications of the allied personnel utilized, and should have the capability of immediately contacting both the allied dental personnel providing service and the patient receiving services. All services delivered by allied dental personnel should be consistent with the ADA Comprehensive Statement on Allied Dental Personnel.

Licensure: Dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via teledentistry must comply with the state's scope of practice laws, regulations or rules. Teledentistry cannot be used to expand the scope of practice or change permissible duties of dental auxiliaries. The American Dental Association opposes a single national federalized system of dental licensure for the purposes of teledentistry.

Reimbursement: Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the

services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

Technical Considerations: Dentists are encouraged to consider conformance with applicable data exchange standards to facilitate delivery of services via teledentistry modalities. These include, but are not limited to, Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, X12/HL7 for the exchange of information and ICD-9/10-CM/SNOMED/SNODENT for documentation consistency.

In speaking to the substitute, Dr. Aflatooni said, “Representing the Thirteenth District, as well as serving on the Council on Dental Practice and working on updated policy on teledentistry. As subcommittee chair of policy emerging issues for the Council on Dental Practice, our goals were to update the policy with respect to the current environment and provide patient protections that will allow states and districts in their advocacy efforts against entities using teledentistry improperly. Many states are needing an updated policy now, as they need policy to refer to before their legislatures meet in 2021. We do not have time to wait. After recent testimony concerns regarding the policy, it has become abundantly clear that ADA policy should not be in the business of establishing validity or preference on practice modality. We’re not here to take winners or losers. Rather, ADA policies should focus on broad principles, set a standard of care and patients’ rights. ADA policy should be broad enough to allow for states and districts to develop policy based on their respective needs and views. This substitution achieves this by removing language relating to validity of that practice modality and strengthens patient protections by stating the information collected during a teledentistry exam must be equivalent to an in-person exam. The dentist is legally responsible for this. It allows for practitioners to practice based on the modality preference while holding them up to this high standard.”

The Speaker reminded the House that the motion to refer was still the main motion, stating “...So if you vote to substitute [Resolution] 16S-4 with [Resolution] 16, the motion is still to refer. And, as I mentioned earlier, if the House votes to refer, then all the substitutes go along with that motion. You will have to defeat the motion to refer to take your business at the House today.”

As a point of order, Dr. Bryan C. Edgar, Washington, said, “I don’t quite follow this concept of substituting [Resolution] 16S-4 for [Resolution] 16, because the motion to refer has a higher order of priority than the motion to amend. ...”

The Speaker responded, “The main motion coming from the Reference Committee is to refer. That is a main motion. And if you look, it follows the criteria of main motion. You can amend the main motions, so that is why I am allowing the amendment to take place. ...”

Pro and con discussion on the motion to refer ensued.

As a point of order, Dr. Edgar stated that since the House needed to act on whether or not to substitute Resolution 16S-4 for Resolution 16, discussion of referral at this time would be out of order. The Speaker responded, stating, “I agree with that... The debate is related to the substitution of Resolution 16S-4 for [Resolution] 16. Let’s concentrate our debate for substitution first. But we will come back to the referral at some point in time.”

A motion was made to vote immediately on the motion to substitute Resolution 16S-4 for Resolution 16. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the motion to substitute Resolution 16S-4 for Resolution 16 was adopted.

The Speaker announced that the current motion before the House was to refer Resolution 16S-4 to the appropriate ADA agency for further study and report to the 2021 House of Delegates. He later stated, “So we will begin with debate on referral of Resolution [16]S-4. And before we begin debate, I just want to reiterate, if

you defeat referral, [16]S-4 will be before you. If you adopt referral, [16]S-4 and all the other resolutions will go with it, other than [Resolution] 16, which you have substituted now.”

Dr. Mary Krempasky Smith, Washington, spoke against referral, stating, “I think it’s clear the House is ready to vote on this. And we must defeat the referral so that we can get the resolution on the floor to discuss.”

A motion was made to vote immediately on the motion to refer Resolution 16S-4. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the motion to refer was not adopted.

Dr. Shakalpi R. Pendurkar, California, spoke in support of Resolution 16S-4, saying, “...This resolution primarily addresses issues about access to care. As a public health dentist who’s worked at an FQHC for over 18 years, I can attest as to how teledentistry has greatly helped us move in the right direction. We need to send a strong message that ADA, America’s leading advocate for oral health, cares about access to oral health and wants to reduce barriers to care for our most vulnerable populations.”

Dr. Jeff O. Capes, Georgia, spoke against Resolution 16S-4, stating, “... To remind everyone, we have had a policy for teledentistry since 2015, and I’m in support of a new policy, but not a five-year-old policy that has fresh paint on it. This policy falls short on what is necessary as a fully comprehensive policy. The reference committee agreed it was lacking. We need a well thought out and properly constructed policy that addresses all the layers of teledentistry. It has to go beyond just the technology. To be clear, we need it to protect us, our patients and our profession, especially from unwanted and undesirable legal ramifications. ... We can’t live with a policy that could expose us to negative consequences. We should respect our reference committee, take a little extra time and get it right. We can’t afford to take a ‘let’s see what happens’ approach.”

Dr. Mary Krempasky Smith, Washington, spoke in support of Resolution 16S-4, stating, I’m faculty with the University of Washington. The program I run is basically an outreach program in FQHC’s. This is new technology, yes, but it’s old—it’s just standard dentistry as far as finding new ways to participate, especially in the times we’ve experienced with COVID.”

Dr. Gary S. Davis, Pennsylvania, spoke against Resolution 16S-4, stating, “The term ‘examination’ versus ‘assessment screening’ should not be dependent upon whether the video is live, synchronous or asynchronous. The determination that an exam has been performed should be based on having a licensed person doing the exam. The comprehensiveness and accuracy of an exam is determined by having a trained person at the site to palpate the area and perform other diagnostic tests. How many times have you had a patient come in and they said, ‘oh, this particular tooth hurts,’ but after palpitation, percussion, hot and cold tests, you find out it’s a different tooth. Having, you know, a person there live to touch the patient, to use our senses, is what determines whether an exam is comprehensive or not.”

Dr. Brooke M. Fukuoka, Idaho, spoke in support of Resolution 16S-4. She said, “I practice teledentistry with patients who have special needs and geriatric patients who have Alzheimer’s and dementia. And there have been so many comments saying that these exams with teledentistry are not quality exams or not equivalent to an in-person exam. But in my practice and in my world where I struggle to have a patient hold still and I struggle to see in the mouth, that camera has opened so many doors. I’ve seen inside the mouths of people who haven’t had their mouths looked in for 20 years. I found teeth in geriatric patients that people didn’t even know this patient had teeth, and it’s because on that camera, there’s a light, and on that light, it illuminates the mouth so that I can see. ... I have done teledentistry since November in these long-term care facilities. When COVID hit, it was the only thing I could do in these long-term care facilities. I have never got paid for an exam, and it’s because we don’t see this as a valid exam. I have done all of it pro bono. That’s because I love my patients, and I don’t think I should have to be pro bono. I think this would help me in my practice and other people who are trying to expand access to care to populations that not only have a hard time with access to care, that this is the only form of care.”

A motion was made to vote immediately on Resolution 16S-4. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 16S-4 was adopted.

16H-2020. Resolved, that the Comprehensive ADA Policy Statement on Teledentistry (*Trans.2015:244*), be amended as follows (Additions are double underscored; deletions are ~~double stricken~~).

Comprehensive ADA Policy Statement on Teledentistry

Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.

Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

~~Live video (synchronous)~~ Synchronous (live video): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.

~~Store and forward (asynchronous)~~ Asynchronous (store and forward): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

General Considerations: ~~The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. Dentists who deliver services using teledentistry must establish protocols for appropriate referrals when necessary. While in-person (face to face) direct examination is preferred, has been historically the most direct way to provide care, advances in technology have expanded the options for dentists to communicate with patients and with remotely located licensed dental team members. The ADA believes that synchronous, live video examinations performed using teledentistry can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. Synchronous exams, as described above, can be valid and effective. Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered.~~

In order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in-person. Examinations and subsequent interventions performed using teledentistry must be based on the same level of information that would be available in an in-person environment, and it is the legal responsibility of the dentist to ensure that all records collected are sufficient for the dentist to make a diagnosis and treatment plan. The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. A dentist who uses teledentistry shall have adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care to a patient following a teledentistry encounter. A dentist shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in case of emergency.

As the care provided is equivalent to in person care, insurer reimbursement of services provided must be made at the same rate that it would be made for the services when provided in person, including reimbursement for the teledentistry codes as appropriate.

Asynchronous teledentistry encounters have value in consultation and assessment of patient needs. Asynchronous interactions, are an adjunct to live clinical exams and are valid and effective, to the extent that asynchronous data gathering through technology, for time and logistic reasons, will eventually lead to more efficient and effective live (in person) examinations or synchronous teledentistry contacts. the asynchronous teledentistry contact has merit in the evaluation and treatment of patients.

Patients' Rights: Dental patients whose care is rendered or coordinated using teledentistry modalities have the right to expect:

1. That any dentist delivering, directing or supervising services using teledentistry technologies will be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's dental board.
2. Access to the licensure and board certification qualifications of the oral health care practitioner who is providing the care in advance of the visit.
3. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, as a means of ensuring patient safety, quality of care and positive health outcomes.
4. That they will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.
5. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, and social history, and other relevant demographic and personal information.
6. That the provision of services using teledentistry technologies will be properly documented and the records and documentation collected will be provided to the patient upon ~~their~~ request.
7. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home.
8. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience and satisfaction and without such penalties as higher deductibles, co-payments or coinsurance relative to that of in-person services.
9. That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information.

Quality of Care: The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. Services delivered via teledentistry should be consistent with in-person services, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

Supervision of Allied Dental Personnel: The extent of the supervision of allied dental personnel should conform to the applicable dental practice act in the state where the patient receives services and where the dentist is licensed. The dentist should be knowledgeable regarding the competence and qualifications of the allied personnel utilized, and should have the capability of immediately contacting both the allied dental personnel providing service and the patient receiving services. All services delivered by allied dental personnel should be consistent with the ADA Comprehensive Statement on Allied Dental Personnel.

Licensure: Dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via teledentistry must comply with the state's scope of practice laws, regulations or rules. Teledentistry cannot be used to expand the scope of practice or change permissible duties of dental auxiliaries. The American Dental Association opposes a single national federalized system of dental licensure for the purposes of teledentistry.

Reimbursement: Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

Technical Considerations: Dentists are encouraged to consider conformance with applicable data exchange standards to facilitate delivery of services via teledentistry modalities. These include, but are not limited to, Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, X12/HL7 for the exchange of information and ICD-9/10-CM/SNOMED/SNODENT for documentation consistency.

Amendment of Policy, Maximum Fees for Non-Covered Services (Council on Dental Benefit Programs Resolution 19 and Reference Committee B Resolution 19RC): The Reference Committee reported as follows:

The Reference Committee heard limited but supportive testimony of Resolution 19 from the Council on Dental Benefit Programs (CDBP). The Reference Committee heard one suggestion to amend the proposed policy by including a statement seeking adjustment of payment amounts on an annual basis in order for such amounts to not remain de minimis over time. The Reference Committee agreed with the suggestion. Therefore, the Reference Committee recommends adoption of the following resolution:

19RC. Resolved, that the ADA policy, Maximum Fees for Non-Covered Services (*Trans.*2010:616) be amended as follows (additions are double underscore):

Maximum Fees for Non-Covered Services

Resolved, that the Association opposes any third-party contract provisions that establish limits on dentists' charges, fee limits for noncovered services that are not "covered services," and be it further

Resolved, that "covered service" is defined as any service for which reimbursement is actually provided on a given claim, and be it further

Resolved, that the carrier provides payment for the covered services under the patient's policy in an amount that is reasonable and not nominal or de minimis and the carrier should adjust such amounts every year to reflect inflation.

Resolved, that "non-covered service" is defined as any service for which the third-party provides no reimbursement, and be it further

Resolved, that the Association pursue passage of federal legislation to prohibit federally regulated plans from applying such provisions, and be it further

Resolved, that the Association encourage constituent dental societies to work for the passage of state legislation to prohibit insurance plans from applying such provisions.

Dr. Mikell moved Resolution 19RC in lieu of Resolution 19 (*Supplement:3007*) with the Committee recommendation to Vote Yes.

Dr. David A. Schwartz, Pennsylvania, moved to amend Resolution 19RC in the third resolving clause by replacing the words "is reasonable and not nominal or de minimis and the carrier should" with the words "reflects the costs of the services rendered by using the current year's averaged fee from similar geographic areas and," so that the third resolving clause would read as follows:

Resolved, that the carrier provides payment for the covered services under the patient's policy in an amount that is reasonable and not nominal or de minimis and the carrier should reflects the costs of the services rendered by using the current year's averaged fee from similar geographic areas and adjusts such amounts every year to reflect inflation.

In speaking to the amendment, Dr. Schwartz stated, "ADA has a policy against the use of UCR, reasonable, customary and usual by the insurance companies, and yet we use the word 'reasonable' in this resolved clause, so we thought that was not consistent with current policy and need to be removed. So we found a different way of saying that... the use of the word 'reasonable,' we tried to get the insurance companies not to use that word when they speak of fees, so we should not use it ourselves."

Dr. Marian S. Wolford, Pennsylvania, spoke in support of the proposed amendment, stating, "I think it's important to eliminate words such as 'reasonable,' 'not nominal' or 'de minimis,' because they're subjective and difficult to quantify. This amendment will allow a metric by which the services rendered can be determined at a fair market value."

Dr. Christopher J. Smiley, Michigan, spoke against the amendment, stating, "I take concern with the term 'average fee.' Although the intent of the makers of this resolution is well stated, when we talk about average fee, that can be when we're talking about averages or median fee and so forth. That can misrepresent what is actually the fair fee. We should be talking, if they wish, about percentiles rather than average fees."

A motion was made to vote immediately on the proposed amendment. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the proposed amendment was adopted.

On vote, Resolution 19RC, as amended, was adopted in lieu of Resolution 19.

19H-2020. Resolved, that the ADA policy, Maximum Fees for Non-Covered Services (*Trans.2010:616*) be amended as follows (additions are double underscore):

Maximum Fees for Non-Covered Services

Resolved, that the Association opposes any third-party contract provisions that establish limits on dentists' charges ~~fee limits for noncovered services~~ that are not "covered services," and be it further **Resolved**, that "covered service" is defined as any service for which reimbursement is actually provided on a given claim, and be it further

Resolved, that the carrier provides payment for the covered services under the patient's policy in an amount that is reasonable and not nominal or de minimis and the carrier should reflects the costs of the services rendered by using the current year's averaged fee from similar geographic areas and adjusts such amounts every year to reflect inflation.

Resolved, that "non-covered service" is defined as any service for which the third-party provides no reimbursement, and be it further

Resolved, that the Association pursue passage of federal legislation to prohibit federally regulated plans from applying such provisions, and be it further

~~**Resolved**, that the Association encourage constituent dental societies to work for the passage of state legislation to prohibit insurance plans from applying such provisions.~~

Diagnostic Testing by Dentists (Council on Dental Practice Resolution 22, Council on Government Affairs Resolution 90, Third Trustee District Resolution 90S-1 and Reference Committee B Resolution 22RC): The Reference Committee reported as follows:

Testimony was received regarding combining Resolutions 22 and 90. The Reference Committee concurs that there is a natural synergy between the two Resolutions.

The Reference Committee heard a number of comments in favor of Resolution 22. Testimony was offered in support of this Resolution as a benefit to dentists who offer hospital-based dental care, as an aid in supporting advocacy for dental practice act amendments, and as an affirmation that this is within the scope of dental practice.

The Reference Committee also heard limited testimony on both Resolutions 90 and 90S-1. Testimony in support was received regarding adding in "order and" as part of 90S-1 to facilitate navigating laboratory testing challenges. The Reference Committee appreciates this as well as the suggestion to add language regarding both federal and state requirements. Therefore, the Reference Committee recommends adoption of Resolution 22RC in lieu of Resolutions 22, 90 and 90S-1.

22RC. Resolved, that dentists have the requisite knowledge and skills to order and administer diagnostic medical tests to screen patients for chronic diseases and other medical conditions that could complicate dental care or put the patient and staff at risk, and be it further

Resolved, that point of care testing is within a dentist's scope of practice, and be it further

Resolved, that point of care testing results be communicated with the patient and the patient be referred to their physician for appropriate diagnoses and treatment, and be it further

Resolved, that dentists comply with federal and state requirements, as appropriate, to administer the tests.

Dr. Mikell moved Resolution 22RC in lieu of Resolution 22 (*Supplement:3010*), Resolution 90 (*Supplement:3021*) and Resolution 90S-1 (*Supplement:3020a*) with the Committee Recommendation to Vote Yes.

Dr. Donna Thomas-Moses, Georgia, moved to amend Resolution 22RC in the first resolving clause by replacing the word "have" with the word "with" and replacing the word "to" with the word "can," and in the second and third resolving clauses by replacing the word "testing" with the word "screening," so that Resolution 22RC, as amended, would read as follows:

Resolved, that dentists ~~have~~ with the requisite knowledge and skills ~~to~~ can order and administer diagnostic medical tests to screen patients for chronic diseases and other medical conditions that could complicate dental care or put the patient and staff at risk, and be it further

Resolved, that point of care ~~testing~~ screening is within a dentist's scope of practice, and be it further

Resolved, that point of care ~~testing~~ screening results be communicated with the patient and the patient be referred to their physician for appropriate diagnoses and treatment, and be it further

Resolved, that dentists comply with federal and state requirements, as appropriate, to administer the tests.

In speaking to the proposed amendment, Dr. Thomas-Moses, stated, "Those dentists who have requisite knowledge and training to order and administer diagnostic medical tests for screening purposes must be encouraged to do so. However, many dentists do not share the level of training and requisite knowledge. ... As for amending the word 'testing' to 'screening,' the primary purpose of screening tests is to detect early disease or risk factors for disease. When an abnormal test result is obtained, it will then be necessary to refer the patient to our medical community to proceed with diagnostic testing to further guide them in establishing a proper diagnosis and treatment pathway."

As a point of information, Dr. Scott S. Hansen, Oregon, through the chair, asked for clarification from the maker of the motion, saying, "I think it's great, but is taking a blood sugar reading in an office, is that a screening or is that a test?"

At the Speaker's request, Dr. Thomas-Moses responded, "In my opinion, it's more of a screening, because you are looking at a screening outcome to know if it's high or low. And if it's found out to be abnormal, you would refer to your medical community for further diagnosis."

Dr. Richard B. Kahn, New Jersey, spoke against the proposed amendment, stating, "I'm speaking against this because there's a point here, it says the point of care is within the scope of dental practice. Isn't that determined by the state licensing boards? So we are making a regulation or a resolved clause that may not be applicable, because the state licensing board may say 'no, you can't.' I think that as dentists, as a board certified periodontist, I know what my limits are, and I feel that to go ahead and start chipping away at the greater health care pie is probably not something that we should do."

Dr. Jeff O. Capes, Georgia, spoke in support of the proposed amendment. He said, "... You know, as a dentist, we are trained and we are experts on healthy oral cavities. But we also have an opportunity to screen our patients, as was stated earlier, for medical conditions that can be affected by their oral health. You know, we take medical histories, we do blood pressures. We may weight them, BMIs, temperatures, maybe check blood sugar. You know, this is information that we can screen our patients. You know, as dentists, we can use this point of care screening process to better communicate with our patients but also our physicians, and I think this is really what this policy is getting to. We want to work more collaboratively with our physician colleagues, and we can use this process as a means to open those doors of communication, work more collaboratively. And I think ultimately we can all agree that we want what is best for our patients. And I think this resolution, as amended, conveys that information to our medical colleagues. It conveys that we understand the correlation between oral health and systemic health."

Dr. Gary S. Davis, Pennsylvania, spoke against the proposed amendment, stating, "... Just, for example, COVID-19, we do a screening before patients come in, which is a series of questions. And we want to do more than that. ... We want to be able to do the testing part on several things, you know, other tests. So I speak against the word 'screening,' because I see that more as a list of questions versus testing."

A motion was made to vote immediately on the proposed amendment. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the proposed amendment was adopted.

Dr. Ralph A. Cooley, Texas, provided information, stating, "...just for informational standpoint, and I think maybe most of the delegates know that the Code Maintenance Committee just passed last spring two new codes that are going to take place January 1, and it's DO604 and DO605. And the way those are worded is antigen testing for public health related pathogen including Coronavirus. And that's point of care testing. And the other one is antibody testing. So I'm okay with this, but just know that we're putting different words in here, 'screening.' As long as everybody understands the difference, that's fine. But the official verbiage that's coming down from the code says 'point of care testing.'"

Dr. Christopher J. Cuomo, New York, spoke against Resolution 22RC, as amended. He said, "... I do want to clarify a little bit 'testing' and 'screening.' My concern is by the change to 'screening' that we're now out of order and that we're inconsistent with our Codes Committee with the language that we're using. But we do testing all day long. It's not just screening. But blood glucose is a test. Blood pressure is a test. It is not a diagnosis. And that's what it really comes down to. We are testing all day long, but we do not come up with a diagnosis of diabetes, hypertension. We then refer off to a physician for that diagnosis. Because of that, I am opposed to the resolution with the change or the amendment of 'screening' in place of 'testing.'"

Dr. Christopher J. Smiley, Michigan, moved to reconsider the amendment to Resolution 22RC due to the new information provided by Dr. Cooley regarding new codes passed by the Code Maintenance Committee, which include the verbiage "point of care testing."

In answer to a question, the Speaker clarified that the motion is to reconsider the amendment that took place earlier.

Pro and con discussion on the motion to reconsider ensued. Individuals speaking in support of the motion to reconsider the amendment commented that following adoption of the amendment, new information had been provided, and the use of the word “tests” in the first resolving clause no longer matched up with the second and third resolving clauses where the word “screening” replaced the word “testing.” Individuals speaking against the motion to reconsider the amendment commented that the amendment was adopted by a wide margin and that the language in the first, second and third resolving clauses was consistent.

A motion was made to vote immediately on the motion to reconsider the amendment. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the motion to reconsider the amendment was adopted.

Dr. Donna Thomas-Moses, Georgia, offered a friendly amendment to the second and third resolving clauses by adding the word “test” after the word “screening”. Since Dr. Thomas-Moses was the maker of the amendment, the Speaker allowed the addition. Following a grammatical correction to change the word “test” to “testing,” the proposed amendment would read as follows:

Resolved, that dentists ~~have with~~ the requisite knowledge and skills ~~to~~ can order and administer diagnostic medical tests to screen patients for chronic diseases and other medical conditions that could complicate dental care or put the patient and staff at risk, and be it further

Resolved, that point of care ~~testing screening~~ testing is within a dentist’s scope of practice, and be it further

Resolved, that point of care ~~testing screening~~ testing results be communicated with the patient and the patient be referred to their physician for appropriate diagnoses and treatment, and be it further

As a point of information, Dr. Monica Hebl, Wisconsin, asked if the maker of the amendment could provide explanation regarding the proposed amendments to the first resolving clause. She asked, “How do we determine which dentists have the requisite knowledge and skills?”

Dr. Thomas-Moses responded, stating, “The dentist would make that decision. Some dentists simply don’t feel comfortable doing any type of testing, yet some do. This would allow either to make the decision for their practice.”

Dr. Christopher J. Smiley, Michigan, speaking in opposition to the amendment, said, “I rise to speak against the amendments, although I would very much like to get us back to the original amendment and defeat all of this. I wonder if we can have an editorial acceptance to say ‘point of care testing to screen,’ if that would be considered editorial by the maker of this amendment, if they would be amenable to ‘point of care testing to screen.’”

At the Speakers request, the maker of the motion, Dr. Donna Thomas-Moses, accepted the editorial edit, so that the proposed amendment would read as follows:

Resolved, that dentists ~~have with~~ the requisite knowledge and skills ~~to~~ can order and administer diagnostic medical tests to screen patients for chronic diseases and other medical conditions that could complicate dental care or put the patient and staff at risk, and be it further

Resolved, that point of care ~~testing screening~~ testing to screen is within a dentist’s scope of practice, and be it further

Resolved, that point of care ~~testing screening~~ testing to screen results be communicated with the patient and the patient be referred to their physician for appropriate diagnoses and treatment, and be it further

A motion was made to vote immediately on the proposed amendment. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the proposed amendment was adopted.

In answer to a question, the Speaker clarified that the third resolving clause would be editorially corrected so that the words “testing to screen results” would be corrected to read “testing results.”

A motion was made to vote immediately on Resolution 22RC, as amended. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 22RC, as amended, was adopted in lieu of Resolution 22, Resolution 90 and Resolution 90S-1.

22H-2020. Resolved, that dentists ~~have with~~ the requisite knowledge and skills ~~to can~~ order and administer diagnostic medical tests to screen patients for chronic diseases and other medical conditions that could complicate dental care or put the patient and staff at risk, and be it further **Resolved**, that point of care testing ~~to screen~~ is within a dentist's scope of practice, and be it further **Resolved**, that point of care testing results be communicated with the patient and the patient be referred to their physician for appropriate diagnoses and treatment, and be it further **Resolved**, that dentists comply with federal and state requirements, as appropriate, to administer the tests.

A System to Provide Accurate and Timely Access to a Patient's Insurance Information (Fourteenth Trustee District Resolution 102 and Sixteenth Trustee District Resolution 102S-1): The Reference Committee reported as follows:

The Reference Committee heard testimony both in support of and against Resolution 102 and heard limited testimony on Resolution 102S-1. The Council on Dental Benefit Programs (CDBP) provided testimony in support of Resolution 102. Testimony against Resolution 102 noted the potential liability that could be created by an ADA-owned system housing protected personal health information as well as a new effort potentially duplicating the work already ongoing within the ADA's Standards Committee on Dental Informatics (SCDI). The Reference Committee acknowledges that solving the issue related to eligibility and benefits verification is important to dental offices participating in third-party payer programs. However, the Reference Committee agrees with the testimony that the SCDI is already addressing this issue and additional work could be undertaken following the completion of that effort. Therefore, the Reference Committee recommends against adoption of Resolutions 102 and 102S-1.

102. Resolved, that the appropriate ADA agencies investigate the feasibility of developing a platform to allow third-party payers to provide the treating dentist with accurate and timely information regarding a patient's current dental benefits through a single unified system such as an online portal or app, and be it further

Resolved, that the ADA prepare legislation that requires dental benefits plans to utilize fair and accurate language in the communication of limitations of coverage, and be it further

Resolved, that a report with recommendations be prepared for the 2021 House of Delegates.

Dr. Mikell moved Resolution 102 (*Supplement:3024*) in lieu of Resolution 102S-1 (*Supplement:3024a*) with the Committee Recommendation to Vote No.

Dr. Scott Theurer, Utah, moved to refer Resolution 102 to the Board of Trustees with a report to the 2021 House of Delegates.

In speaking to the motion, Dr. Theurer stated, "The reference committee testimony cited three concerns: the potential liability of storing data, the affirmation that we're already working on this, and, finally, the cost. We believe that all three concerns are misplaced. First of all, the cost. We believe that Resolution 102 represents the first step in what could be a non-dues revenue generating project. Each year billions of dollars are spent by dental offices dedicating staff to track down insurance information. This project could save offices money and generate revenues from those who use the platform that we develop. The maximum value comes if the ADA is first to market. So we have to start now to develop, patent and copyright our intellectual property. The second concern was liability. If properly developed, we believe this platform would merely allow the secure exchange of data, not the storage of data and the accompanying liability. And, finally, we're already working on it. It's true that valuable work is being done by SCDI to facilitate the exchange of information. This is exactly the reason we need to be moving forward with a platform. Finding a common data language is essential, but the entity which benefits most is the one that's first to market with a data interchange. The other entities sitting at the table are in it for its financial potential or saving on expenses by their participation. The ADA shouldn't be contributing our expertise without potential for a return on our investment. This project will require partners with skill sets we may not currently have, but we need to get quickly more educated and find a way to bring this good idea to market, not just work on it until someone else finds a way to monetize it."

Dr. I. Jay Freedman, Pennsylvania, and chair of the Council of Membership, spoke in support of referral stating, “I think that this should be referred to the Board of Trustees because after advocacy, the number two concern for member dentists and potentially non-member dentists is third-party payer issues. As a result, this would allow another reason for non-members to consider ADA membership, create potential non-dues revenue; and thirdly, allow greater loyalty among our existing members.”

In answer to a question, the Speaker clarified that if the House adopted the motion to refer, both Resolution 102 and Resolution 102S-1 would be referred to the Board of Trustees.

Dr. Prabu Raman, Missouri, spoke in support of the motion to refer.

A motion was made to vote immediately on the motion to refer Resolution 102. The motion to vote immediately was adopted by a two-thirds affirmative vote.

As a point of information, Dr. Randall C. Markarian, Illinois, and chair of the Council on Dental Benefit Programs stated, “This resolution as it’s written is basically a referral back for a report, and the Council has also been looking into this. So without adding some funding to do more, we are at the end of what we can do. ...”

In response, the Speaker confirmed that there was a \$40,000 financial implication if Resolution 102 was referred.

On vote, the motion to refer Resolution 102 to the Board of Trustees for further study and report to the 2021 House of Delegates was adopted.

Subsequent to the adoption of the motion to refer, as a point of information, Dr. Christopher J. Smiley, Michigan, asked for clarification on the financial implication. He stated, “... When we were debating referral, [the] representative from the Council on Dental Benefits was clear that referring back was simply that they were already doing work on this, and the referral wouldn’t come with any money, so it would add a cost center to the work of the Council without basically having the funds to do it. Mr. Speaker, then you said, no, it does come with a price tag, so you said that it does come with funding. But the funding was for the resolution itself. It was for the project in that resolution, not for giving the money to the Council on a referral. So, basically, we were not correctly informed, I believe, on clarity here that there was money to go along with the referral.”

After consulting with Dr. O’Loughlin, the Speaker stated that the \$40,000 went with the referral.

As a point of order, Dr. Robert M. Peskin, New York, stated, “... When we approve a resolution, we are informed of what the financial implication is, but we’re not approving an amount to exceed or not to exceed until that’s in the body of the resolution. The sum and substance of the resolution itself speaks for itself, and whatever implication is associated with it is estimated and just brought to our attention for informational purposes only, as I understand it.”

Upon request, Dr. O’Loughlin, responded to the inquiry, stating, “Historically any resolutions that have a financial implication, as those actions are approved by the House, we will keep a running total that will be added to the coming year budget, and that will be presented to the House as a new total at the end when you do your final approval of the budget. ...”

Teledentistry Legislative Principles and Ethical Considerations Fourteenth Trustee District Resolution 106): The Reference Committee reported as follows:

The Reference Committee heard limited testimony on Resolution 106. The Reference Committee found the testimony supporting the Resolution as written to be compelling. Therefore, the Reference Committee recommends adoption of Resolution 106.

106. Resolved, that the appropriate ADA agencies develop legislative principles for inclusion in state dental practice laws consistent with the ADA’s teledentistry policies, and be it further

Resolved, that the Council on Ethics, Bylaws and Judicial Affairs be requested to develop an advisory opinion regarding teledentistry guidelines for inclusion in the *ADA Principles of Ethics and Code of Professional Conduct*.

Dr. Mikell moved Resolution 106 (*Supplement:3026*) with the Committee Recommendation to Vote Yes.

Dr. Michael A. Kurkowski, Minnesota, Chair of the Council on Ethics, Bylaws and Judicial Affairs, moved to amend Resolution 106 in the second resolving clause as follows:

Resolved, that the Council on Ethics, Bylaws and Judicial Affairs be requested to develop ~~an advisory opinion regarding ethical guidance on teledentistry guidelines for inclusion in~~ consistent with the ADA Principles of Ethics and Code of Professional Conduct.

In speaking to the amendment, Dr. Kurkowski stated, “The last line of the background statement for Resolution 106 includes a misstatement that the current ADA Code of Ethics does not address the ethics of Teledentistry and, as such, gives no guidance on its appropriate use. In fact, the Principles of Ethics and Code of Professional Conduct does, just as it addresses all facets of providing care to patients. The Code does this by focusing on the conduct of the practitioner rather than the delivery method of care employed. ... By focusing on the practitioner’s conduct, the Principles and Code can be concisely set forth and explained. ... Members of the House, rest assured that CEBJA has been and will continue to monitor the ongoing development of Teledentistry and is prepared to provide ethical analysis as needed. ... So this amendment broadens the options or avenues by which our Council may be enlisted to provide guidance.”

Dr. Michael Maihofer, Michigan, spoke in support of the amendment, saying, “I was against the second resolving clause in the first one directing CEBJA to develop an advisory opinion on teledentistry. I’m confident that from my over 20 years’ experience adjudicating ethics cases, that the five guiding principles of ethics found in our Code adequately cover any type of ethical infraction that this new mode of dental practice would require.”

Dr. Richard B. Kahn, New Jersey, spoke against the amendment, saying, “Earlier we approved teledentistry as a way to deliver care. We are now saying that we need to form some ethical guidance on how to do this. ... as members of the American Dental Association, haven’t we sort of agreed that we would practice ethically according to our State Dental Practice Act? ... Haven’t we agreed that we’re going to do everything ethically? Why are we going to add this in there? I think that’s a redundant thing. I think this is something that is part and parcel of being an ADA member, so I speak against this motion.”

Dr. Alma J. Clark, California, spoke in support of the amendment, saying, “Advisory opinions, by definition, are interpretations that apply to Code of Professional Conduct to specific fact situations. They, in general, address a problem and remind the public of that. There’s no problem yet. Teledentistry is a new area. It’s developing. In my mind, it’s premature to formulate an advisory opinion. Right now we would use a more flexible tool as we work around telehealth. Again, this is an evolving area. Let teledentistry grow. Every section of what we do in teledentistry is what we do in the practice of dentistry. Teledentistry with morph and grow. Again, a white paper may provide the background and rationale or perhaps a longer, scholarly journal response in the beginning, but CEBJA believes interpretation of the Code of Professional Conduct is needed.”

Dr. Robert J. Wilson, Jr., Maryland, spoke in support of the proposed amendment.

A motion was made to vote immediately on the proposed amendment. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the proposed amendment was adopted.

The Speaker asked if there was any discussion regarding the Resolution; there was none. On vote, Resolution 106, as amended, was adopted.

106H-2020. Resolved, that the appropriate ADA agencies develop legislative principles for inclusion in state dental practice laws consistent with the ADA’s teledentistry policies, and be it further

Resolved, that the Council on Ethics, Bylaws and Judicial Affairs be requested to develop ~~an advisory opinion regarding ethical guidance on teledentistry guidelines for inclusion in~~ consistent with the ADA Principles of Ethics and Code of Professional Conduct.

Logistics of Vaccine Administration by Dentists (Fourteenth Trustee District Resolution 108): The Reference Committee reported as follows:

The Reference Committee heard only favorable testimony regarding Resolution 108. Following careful consideration of the financial implication which is necessary to develop educational materials and procedures, along with the potential member benefit, the Reference Committee recommends adoption of Resolution 108.

108. Resolved, that the ADA develop legislative principles for inclusion in state regulations allowing appropriately trained dentists to administer vaccines, and be it further

Resolved, that the ADA develop educational materials and procedures supporting the use and administration of vaccines by dentists, and be it further

Resolved, that the appropriate ADA agency develop guidance on protocols to communicate with patients and access reimbursement mechanisms related to administering vaccines.

Dr. Mikell moved Resolution 108 (Supplement:3027) with the Committee Recommendation to Vote Yes.

Dr. Ansley H. Depp, Kentucky, moved to amend Resolution 108 by deletion of the second and third resolving clauses so that Resolution 108 would read as follows:

Resolved, that the ADA develop legislative principles for inclusion in state regulations allowing appropriately trained dentists to administer vaccines, ~~and be it further~~

Resolved, ~~that the ADA develop educational materials and procedures supporting the use and administration of vaccines by dentists, and be it further~~

Resolved, ~~that the appropriate ADA agency develop guidance on protocols to communicate with patients and access reimbursement mechanisms related to administering vaccines.~~

In speaking to the amendment, Dr. Depp said, "On behalf of the Sixth District, I would like to amend by deletion Resolution 108. While we recognize the merits of the amendment brought to the House by the Fourteenth District, we believe that the investment required to bring this amendment as written is not a good use of our budget dollars at this time. We believe most dentists would be happy to assist in ending this pandemic by administering vaccines; however, if we are involved in vaccine delivery, the setting most likely would be dictated by the federal government, as illustrated by the administration of the polio vaccine of the 1950's. We may be called upon as volunteers or perhaps paid per diem to administer vaccines in a staged setting such as a gym, church or parking lot tent. The government protocols for dentist to administer vaccines in a private office and to try to obtain reimbursement would be difficult at best. In the absence of vaccine administration in a private office setting, the responsibility of the ADA to develop training materials and reimbursement protocols comes into question. ..."

Dr. James A.H. Tauberg, Pennsylvania, spoke against the amendment, saying, "One of the things they talk about in dentistry that is so important is HPV vaccinations. In our states, I know it's a big priority for our Department of Health Dentistry Service and it's something we should be able to do. It's disconcerting to watch that we cannot do a flu vaccine or COVID vaccines in the future. Instead, we go to the pharmacist and a pharmacist gets to do it, not a doctor, not a dental doctor. I am against this. I believe that it is appropriate for dentist to provide appropriate vaccinations, especially HPV. And if you can do an HPV, why can't you do a flu or a COVID."

As a point of information, Dr. Mark M. Johnston, Michigan, asked is the amendment would change to financial implication.

In response, the Speaker stated that the cost would go to zero.

Dr. Monica M. Hebl, Wisconsin, spoke in support of the amendment, saying, "I'm in favor of the deletion and the elimination of the financial [implication]. We're in a tough year. I don't think we need to create CE at this point. ..."

As a point of information, Dr. Depp offered clarification to the Sixth District's amendment. She said, "The first line, we are not—I am not saying that we don't want to do vaccinations. We are just trying to reduce the cost by the deletion."

Dr. Thomas E. Raimann, Wisconsin, spoke against the amendment, saying, "I think this defeats the purpose of the resolution. We need to ADA to help us to move forward in administering, not just COVID vaccine, but other vaccines, in our offices. As other people have stated, I can go to the pharmacy and get other vaccinations. And I would like to see the ADA moving forward to help us do that."

Dr. Vincent V. Benivegna, Michigan, speaking in support of the amendment, said, "I believe that these deletions work really well, and I totally agree with taking out the financial implication of this. I don't think it really changes to spirit of this much. It just kind of puts it on the states, because once dentists are allowed...legally to administer vaccines, you know, it will be put on the state to train us, and approve it. So it takes the ADA out, but still allows it."

As a point of information, Dr. Maria L. Geisinger, Alabama, stated, "When the Council on Scientific Affairs worked on developing background information for HPV vaccination alone, it was costly, and it was done after the legislative piece."

A motion was made to vote immediately on the proposed amendment. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the proposed amendment was adopted.

A delegate spoke in support of Resolution 108, as amended.

A motion was made to vote immediately on Resolution 108, as amended. The motion to vote immediately was adopted by a two-thirds affirmative vote.

A delegate spoke in support of the amended resolution.

The Speaker asked if there was any further discussion regarding the Resolution; there was none. On vote, Resolution 108, as amended, was adopted.

108H-2020. Resolved, that the ADA develop legislative principles for inclusion in state regulations allowing appropriately trained dentists to administer vaccines, ~~and be it further~~
Resolved, that the ADA develop educational materials and procedures supporting the use and administration of vaccines by dentists, ~~and be it further~~
Resolved, that the appropriate ADA agency develop guidance on protocols to communicate with patients and access reimbursement mechanisms related to administering vaccines.

As a point of information, Dr. Jennifer L. Enos, Arizona, asked the Speaker if, when Resolution 16S-4 replaced Resolution 16, did that make 16S-1, 2, 16S-2, 16S-3 moot or if they could be brought back to the House for consideration.

The Speaker responded by saying, "That made those resolutions moot. If you will remember, the resolution was for referral, and it was substituted. [Resolution] 16 was substitute for 16S-4. When 16S-4 passed, that made the rest—it was not an 'in lieu of' motion, so it made the other resolutions go away."

Report of Reference Committee C (Dental Education, Science and Related Matters)

The Report of Reference Committee C was presented by Dr. Edmund A. Cassella, Hawaii, chair. The other members of the Committee were: Mary Jane Hanlon, Massachusetts; Bradley W. Hester, Oregon; Paul A. Lindauer, North Carolina; Melanie E. Mayberry, Michigan; Louvenia A. Rainge, Georgia; Philip L. Schefke, Illinois; and Kaitlin Small, New Jersey.

Non-Consent Resolutions

Review of ADA Policies: Dentistry and Dentistry as an Independent Profession (Council on Dental Education and Licensure Resolution 1, Board of Trustees Resolution 1B and Reference Committee C Resolution 1RC). The Reference Committee reported as follows:

The Reference Committee heard no testimony on Resolution 1 and limited testimony on Resolution 1B. The Committee agrees with the Board of Trustees, changing the term “maxillofacial” to “craniomaxillofacial” (double underscored) in the first resolving clause. The Reference Committee also agreed with testimony adding the term “essential” to both resolving clauses and adding the phrase “which may be” in the second resolve (double underscored and highlighted in yellow). Accordingly, the Reference Committee recommends the adoption of Resolution 1RC in lieu of Resolutions 1 and 1B.

1RC. Resolved, that the ADA policy *Dentistry* (Trans.1997:687; 2015:254) be amended as follows (additions underscored and double underscored; deletions ~~stricken~~):

Resolved, that the profession of dentistry is essential and defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, craniomaxillofacial area and/or the adjacent and associated structures and their impact on the human body, provided by ~~a dentist~~ dentists, within the scope of ~~his/her~~ their education, training and experience, in accordance with the ethics of the profession and applicable law, and be it further

Resolved, that dentistry is essential and should remain an independent health care profession that safeguards, promotes and provides care for the health of the public which may be in collaboration with other health care professionals.

and be it further

Resolved that the policy *Dentistry as an Independent Profession* (Trans.1995:640) be rescinded.

Dr. Cassella moved Resolution 1RC in lieu of Resolution 1 (*Supplement:4001*) and Resolution 1B (*Supplement:4001*) with the Committee Recommendation to Vote Yes.

On vote, Resolution 1RC was adopted in lieu of Resolution 1 and Resolution 1BS-1.

1H-2020. Resolved, that the ADA policy *Dentistry* (Trans.1997:687; 2015:254) be amended as follows (additions underscored and double underscored; deletions ~~stricken~~):

Resolved, that the profession of dentistry is essential and defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, craniomaxillofacial area and/or the adjacent and associated structures and their impact on the human body, provided by ~~a dentist~~ dentists, within the scope of ~~his/her~~ their education, training and experience, in accordance with the ethics of the profession and applicable law, and be it further

Resolved, that dentistry is essential and should remain an independent health care profession that safeguards, promotes and provides care for the health of the public which may be in collaboration with other health care professionals.

and be it further

Resolved, that the policy *Dentistry as an Independent Profession* (Trans.1995:640) be rescinded.

Special Needs Dentistry (Second Trustee District Resolution 100 and Second Trustee District Resolution 100S-1). The Reference Committee reported as follows:

The Reference Committee received testimony in support of and opposed to pursuing a feasibility study for developing an accreditation process and standards for advanced education programs in special care dentistry by the Commission on Dental Accreditation (CODA). The American Academy of Pediatric Dentistry submitted written comment in opposition. General practice residency programs and pediatric dentistry programs also provide this type of training. Others testifying in opposition appreciated the intent of Resolution 100 and 100S-1, but believed that the special needs practice and education communities should work together rather than the Council on Dental Education and Licensure (CDEL) conducting a feasibility study.

Those testifying in support of the resolution recognized that it is necessary to further explore the issue of providing dental care for America's special needs population. CDEL provided comment noting that it would be pleased to explore the feasibility of requesting an accreditation process by CODA for advanced education programs in special needs dentistry. The Council completed a similar feasibility study related to geriatric dentistry programs for the 2019 House of Delegates.

The Reference Committee noted that Resolution 100 also calls for the Council to address actionable strategies to enhance and expand pre-doctoral training; to develop and promote continuing education programs for existing practitioners; and to investigate advanced educational opportunities with a \$100,000 financial implication due to costs related to developing continuing education programs. Resolution 100S-1, also submitted by the Second Trustee District, calls for the development of a feasibility study, eliminating the actual development and promotion of CE activities at this time. CDEL provided written testimony in support of eliminating the financial implications for the resolution. The Reference Committee agrees and supports adoption of Resolution 100S-1 in lieu of Resolution 100.

100S-1. Resolved, that the ADA Council on Dental Education and Licensure (CDEL) explore through a survey with other appropriate communities of interest, the feasibility of requesting the development of an accreditation process and accreditation standards for advanced education programs in special care dentistry by the Commission on Dental Accreditation (CODA), and be it further

Resolved, that CDEL address actionable strategies to:

1. enhance and expand pre-doctoral training;
2. develop and promote continuing education programs for existing practitioners; and
3. investigate advanced educational opportunities, and be it further

Resolved, that the feasibility study with any recommendations be provided to the 2021 ADA House of Delegates.

Dr. Cassella moved Resolution S-1 (*Supplement:4023a*) in lieu of Resolution 100 (*Supplement:4023*) with the Committee Recommendation to Vote Yes.

In response to a point of order, the Speaker clarified that Resolution 100S-1 had no financial implication.

In response to further inquiry and at the request of the Speaker, Dr. Anthony Ziebert, senior vice president, Education and Professional Affairs, confirmed that Resolution 100S-1 had no financial implication, saying "So, in Resolution 100, there was a directive to develop continuing education programs. As you can see in 100S-1, there are just actionable strategies to develop continuing education programs. So that is why there's no longer a cost."

Dr. Rhoda H. Sword, Georgia, moved to substitute Resolution 100S-2 for Resolution 100S-1. Resolution 100S-2 reads as follows:

100S-2. Resolved, that because all dentists can treat special needs patients, the ADA Council on Dental Education and Licensure (CDEL) explore through a survey to the 12 dental specialties recognized by the

National Commission on Recognition of Dental Specialties and Certifying Boards, the AGD, and Special Care Dentistry Association (SCDA), the feasibility of the following, concerning Special Care Dentistry:

1. enhancing and expanding pre-doctoral training;
2. developing and promoting continuing education programs for existing practitioners; and
3. exploring how each organization/program, through advanced educational opportunities, are educating and preparing dentists to best address the needs of this population, and be it further

Resolved, that the survey results with any recommendations be provided to the 2021 ADA House of Delegates.

In speaking to the substitution, Dr. Sword said, "While the District agrees with the intent of 100S-1, that special care patients need to be further addressed, we believe that the existing educational system should be examined and improved prior to creating advanced education training programs in special care dentistry. Therefore, the Fifth would urge the communities of interest surveyed in this process to include the 12 ADA specialties, the AGD, as well as Special Care Dentistry Association. As a dentist with private practice experience and now a full-time educator, I have never learned from, talked to, or taught a dentist who does not genuinely care about special care patients. We offer this amendment in support of better treating this special population, and as a call to action for our dental schools, specialty programs and fellow general dentists alike. ..."

Dr. Brooke M. Fukuoka, Idaho, spoke in opposition to Resolution 100S-2, saying, "...this takes out the survey to possibly develop a postdoctoral program in special care. When I graduated from dental school, I wanted to treat this population ... and I did a five-week externship in a special care clinic. And you know what, that wasn't enough. ... As a new dentist right out of school, I should not have to make up my own curriculum. ... I urge you to consider voting against this amendment so that people like me out of school don't have to keep looking for programs to supplement our GPRs or our AGDs. Yes, there are some programs that exist, but there is not enough. ... CDEL said they would be happy to look at this. There is no price tag on it, and there is absolutely no reason for us to not do a survey ..."

Dr. Anthony C. Caputo, Arizona, moved to amend Resolution 100S-2 by adding a fourth bullet, so that the amended resolution would read as follows:

100S-2. Resolved, that because all dentists can treat special needs patients, the ADA Council on Dental Education and Licensure (CDEL) explore through a survey to the 12 dental specialties recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards, the AGD, and Special Care Dentistry Association (SCDA), the feasibility of the following, concerning Special Care Dentistry:

1. enhancing and expanding pre-doctoral training;
2. developing and promoting continuing education programs for existing practitioners; and
3. exploring how each organization/program, through advanced educational opportunities, are educating and preparing dentists to best address the needs of this population, and
4. exploring opportunities to reduce barriers to this population, such as obtaining access to outpatient care facilities, and be it further

Resolved, that the survey results with any recommendations be provided to the 2021 ADA House of Delegates.

In speaking to the proposed amendment, Dr. Caputo said, "To begin with, we are fully supportive of the intent of this resolution to explore through a survey this opportunity to improve the care and treatment of this vulnerable patient population. We have identified through our caucus that one of the challenges that exists for dentists is taking patients to the operating room or other outpatient care facilities as indicated. And so the opportunity for us was to explore that to see where we might be able to improve access to such treatment facilities for dentists."

Dr. Robert M. Peskin, New York, spoke against the amendment, saying, “I think I understand what the Fourteenth is trying to do in adding the laundry list in this first resolved clause by exploring opportunities, but this really goes against the intent of the original Resolution 100 and 100S-1, which was to request development of an accreditation process and an accreditation standard for advanced education programs in special care dentistry. ... I would respectfully request if Dr. Ziebert could explain the difference between an accreditation process for a specialty and an accreditation process for an advanced general dental program in general dentistry.”

In response and at the Speaker’s request, Dr. Anthony Ziebert, senior vice president, Education and Professional Affairs, said, “There’s actually no difference in the accreditation process itself. Generally speaking, the discipline or sponsoring organization would apply to CODA to accredit the programs, and CODA would develop an accreditation process. And if the discipline met the criteria for that, then CODA would approve that and begin to develop standards within that discipline.”

Dr. Amber P. Lawson, Georgia, speaking in support of the amendment to Resolution 100S-2, said, “I’m a general dentist who has the privilege to treat special needs patients. This population makes up about 20 percent of my practice, and it is the most rewarding to treat. I was trained in a GPR program, which included hospital dentistry. Most of these patients cannot be examined or treated in a dental setting. These patients are usually seen in an operating room. Most need various types of sedatives even before an I.V. can be started. ... I support this amendment, and I feel that we need to bring all programs, all specialties and programs to the table to identify the weaknesses that are there and make improvements to provide quality dental treatment for these special need patients who are dear to my heart. ...”

Dr. Jonathan D. Shenkin, Maine, speaking against the proposed amendment, said, “I rise to oppose the substitution of 100S-2 in this scenario. And it’s really important that people understand the very small population of institutionalized adults that none of us ever see in our practices. I did a residency, a GPR in Stony Brook Dental School in the VA, and it’s one of, I think, only two programs left in the country that has one of these programs still to this day. And I treated [at] the University of Iowa pediatric dentistry program where we treated developmentally disabled adults. And the difference between how we treated adults in those two programs was vast. We examined everybody and did as much treatment as we possibly could in an outpatient or in a dental school setting and not in an operating room under general anesthesia. The direction of this resolution and this amendment takes away from an opportunity to expand a very special group of dentists that want to take care of a population of adults that few are trained to and few want in their practices. So I implore you to vote down this amendment and this substitution.”

Dr. Deborah S. Bishop, Georgia, spoke in support of the amendment, adding, “... Although not specifically mentioned in our resolution, we would like for the appropriate agencies to explore training models based on fellowships that have served our medical colleagues so well. Creating more specialty programs will only serve to dilute the existing postgraduate programs. ...”

A motion was made to vote immediately on the proposed amendment. The motion to vote immediately was adopted by a two-thirds affirmative vote. On vote, the proposed amendment was not adopted.

As a point of information, Dr. James M. Boyle, III, Pennsylvania, said, “...past chair of CDEL, current chair of Specialty Recognition Commission. I just wanted to offer some insight and follow-up to what Dr. Ziebert had said. And, that is, eventually the sponsoring organization will need to pursue whatever avenue they see fit, even if it’s petitioning CODA on whatever their standards for advanced education might be. So, for example, during my term at CDEL, operative dentistry asked, requested, when through the process of becoming an area of special interest in dentistry. But, again, it was that organization. So at some point, the Special Care Dentistry Association will need to take whatever the survey results is, should this pass, but eventually they will need to take it to whatever level they chose to.”

The Speaker opened debate on the motion to substitute 100S-2 for Resolution 100S-1.

Dr. Harold S. Jeter, Ohio, speaking in support of substitution, said, "... there's no disagreement regarding the need for adequate and timely access to treatment for all facets of society, especially those we deem vulnerable, such as pediatric, geriatric, and special needs. And the education to do so needs to be there. My support for this amendment, rather, is based on the opinion that optimizing and enhancing and expanding education through Predoctoral curriculum, existing postgraduate residencies, such as pediatrics, GPR, AEGD, as well as the potentially coming specialty in geriatric dentistry, and even continuing education opportunities are the appropriate avenues to meet the educational and experiential requirements sought by this resolution. ..."

Dr. Shakalpi R. Pendurkar, California, speaking in opposition to the proposed substitute, said, "...This resolution speaks about all dentists can treat special needs patients, but the reality is that all dentists do not treat special needs patients because we don't feel comfortable doing so. I oppose this amendment because it eliminates doing the study that looks at the very possibility of developing advanced education programs in special care. This is a very underserved population, and I think any ideas as to improved care for them should at least be explored. ..."

Dr. Mark Feldman, former president, New York, spoke against Resolution 100S-2, saying, "... I think we can all agree that both resolutions speak to the urgent need to develop programs for this very in-need population. I think it is unfortunate that you cannot get the two resolutions side by side. Because [Resolution] 100S-2 just misses the mark on what we were really looking to accomplish with [Resolution] 100S-1. If you take a look at the very beginning, they speak about doing this survey with a laundry list of select groups; dental specialties, the certifying voice, the AEGD special care dentistry. They leave out, notably, some very important groups, such as ADEA, hospital dentistry, public health dentists. These all need to be included, and our [Resolution] 100S-1 just listed communities of interest. And, most important, the clause number three talking about just developing from the survey in [Resolution] 100S-2 a list of what these different organizations are currently doing to educate and prepare dentists leaves out the need to develop new and innovative concepts, which is what [Resolution] 100S-1 speaks about. So the choice is basically look to the future or look for just what's being done right now, which is what [Resolution] 100S-2 addresses. ..."

The Speaker stated the time at 5:55 p.m. (CDT) and announced that the House would recess until 6:30 p.m. (CDT) in order to provide a 30-minute break for the production crew and others supporting the Virtual Meeting of the House of Delegates in the Chicago Headquarters Office.

After a 30-minute recess, the Speaker called the third meeting of the House of Delegates back to order. Debate continued of the motion to substitute Resolution 100S-2 for Resolution 100S-1.

A motion was made to vote immediately on the proposed substitution. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the motion to substitute Resolution 100S-2 for 100S-1 was not adopted.

Speaking in support of Resolution 100S-1, Dr. Shakalpi R. Pendurkar, California, stated, "This resolution addresses actionable strategies for enhancing and promoting education programs for practitioners to meet the needs of our underserved population. ..."

Dr. Alayna L. Schoblaske, Oregon, spoke in support of Resolution 100S-1 saying, "... One of our biggest focuses in Oregon where I am from is to always know what question we are asking before we propose the answers, and this is a feasibility study to find out what questions we are asking. We will partner with the appropriate parties to identify the issues at hand and then propose at the next year's House the appropriate answers to those questions. ..."

A motion was made to vote immediately on Resolution 100S-1. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 100S-1 was adopted in lieu of Resolution 100.

100H-2020. Resolved, that the ADA Council on Dental Education and Licensure (CDEL) explore through a survey with other appropriate communities of interest, the feasibility of requesting the development of

an accreditation process and accreditation standards for advanced education programs in special care dentistry by the Commission on Dental Accreditation (CODA), and be it further

Resolved, that CDEL address actionable strategies to:

1. enhance and expand pre-doctoral training;
2. develop and promote continuing education programs for existing practitioners; and
3. investigate advanced educational opportunities, and be it further

Resolved, that the feasibility study with any recommendations be provided to the 2021 ADA House of Delegates.

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

The Report of Reference Committee D was presented by Dr. Shane A. Ricci, Texas, chair. The other members of the Committee were: Dr. Mark E. Bronson, Ohio; Dr. Xerxez M. Calilung, California; Dr. Thomas Isbell, Arkansas; Dr. Ben W. Jernigan, Jr., Georgia; Dr. James Lee, Massachusetts; Dr. Rachel A. Maher, Delaware; Dr. Mitchell D. Mindlin, New York; and Dr. Heather A. Willis, Alaska.

Consent Calendar (Reference Committee D 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 2—Adopt—Review and Consideration of ADA Ad Interim Policy on E-Cigarettes and Vaping (*Supplement:5000*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 8—Adopt—Amendment of the Policy, National Practitioner Data Bank Self-Generated Inquiries (*Supplement:5011*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 9—Adopt—Proposed Policy, National Practitioner Data Bank Statute of Limitations (*Supplement:5012*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 10—Adopt—Proposed Policy, Support for Deployed Dentists (*Supplement:5014*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 25—Adopt—Proposed Policy, Guidelines for Medicaid Dental Reviews (*Supplement:5032*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 31—Adopt—Amendment of the ADA Member Conduct Policy (*Supplement:5045*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 41—Adopt—Proposed Policy, Tobacco Use, Vaping, and Nicotine Delivery Products (*Supplement:5064*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 44—Adopt—Proposed Policy, Limits on Non-Economic Damages (*Supplement:5073*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 49—Adopt—Proposed Policy, Federal Medicaid Funding (*Supplement:5081*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 50—Adopt—Proposed Policy, Tax Incentives for Medicaid Participation (*Supplement:5083*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 51—Adopt—Proposed Policy, Support for the Children's Health Insurance Program (*Supplement:5085*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 89—Adopt—Proposed Policy, Resources for Veterans Ineligible for VA Dental Care (*Supplement:5161*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 92—Adopt—Proposed Bylaws and Governance Manual Revisions on Declaring an Extraordinary Emergency (*Supplement:5169*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 93—Adopt—Proposed Bylaws Provisions to Take Effect When a Time of Extraordinary Emergency is Declared (*Supplement:5172*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 107—Adopt—Availability of ADA Community Water Fluoridation Webinar Series (*Supplement:5182*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Dr. Ricci moved Resolution 113 with the Committee Recommendation to Vote Yes.

Seeing no one in the queue, Resolution 113 was adopted by general consent.

113H-2020. Resolved, that the recommendations of Reference Committee D on the following resolutions be accepted by the House of Delegates.

Resolution 2—Adopt—Review and Consideration of ADA Ad Interim Policy on E-Cigarettes and Vaping (*Supplement:5000*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 8—Adopt—Amendment of the Policy, National Practitioner Data Bank Self-Generated Inquiries (*Supplement:5011*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 9—Adopt—Proposed Policy, National Practitioner Data Bank Statute of Limitations (*Supplement:5012*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 10—Adopt—Proposed Policy, Support for Deployed Dentists (*Supplement:5014*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 25—Adopt—Proposed Policy, Guidelines for Medicaid Dental Reviews (*Supplement:5032*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 31—Adopt—Amendment of the ADA Member Conduct Policy (*Supplement:5045*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 41—Adopt—Proposed Policy, Tobacco Use, Vaping, and Nicotine Delivery Products (*Supplement:5064*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 44—Adopt—Proposed Policy, Limits on Non-Economic Damages (*Supplement:5073*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 49—Adopt—Proposed Policy, Federal Medicaid Funding (*Supplement:5081*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 50—Adopt—Proposed Policy, Tax Incentives for Medicaid Participation (*Supplement:5083*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 51—Adopt—Proposed Policy, Support for the Children's Health Insurance Program (*Supplement:5085*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 89—Adopt—Proposed Policy, Resources for Veterans Ineligible for VA Dental Care (*Supplement:5161*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 92—Adopt—Proposed Bylaws and Governance Manual Revisions on Declaring an Extraordinary Emergency (*Supplement:5169*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 93—Adopt—Proposed Bylaws Provisions to Take Effect When a Time of Extraordinary Emergency is Declared (*Supplement:5172*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 107—Adopt—Availability of ADA Community Water Fluoridation Webinar Series (*Supplement:5182*) \$: None

COMMITTEE RECOMMENDATION: Vote Yes

Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 113H follows.

Consent Calendar Resolutions—Adopted

Review and Consideration of ADA AD Interim Policy on E-Cigarettes and Vaping

2H-2020. Resolved, that the following statement on E-Cigarettes and Vaping be adopted ADA policy.

E-CIGARETTES AND VAPING

That the American Dental Association (1) strongly supports regulatory, legislative, and/or legal action at the federal and/or state levels to ban the sale and distribution of all e-cigarette and vaping products, with the exception of those approved by the FDA for tobacco cessation purposes and made available by prescription only; and (2) advocate for research funding to study the safety and effectiveness of e-cigarettes and vaping products for tobacco cessation purposes and their effects on the oral cavity.

Amendment of the Policy, National Practitioner Data Bank Self-Generated Inquiries

8H-2020. Resolved, that the policy titled National Practitioner Data Bank Self-Generated Inquiries (Trans.1993:706; 2015:272) be amended as follows (additions are underscored; deletions are ~~stricken~~):

Resolved, that ~~the Association seek appropriate federal action to prohibit an entity~~ entities not otherwise authorized to query the National Practitioner Data Bank ~~should be prohibited~~ from coercing a provider to provide a self-query as a requirement for employment or to participate in a health insurance plan or for professional liability coverage, ~~and be it further~~

Resolved, that ~~the Association seek appropriate federal action to prohibit providers from being required to assign their rights of self-query to third parties.~~

Proposed Policy, National Practitioner Data Bank Statute of Limitations

National Practitioner Data Bank Statute of Limitations

9H-2020. Resolved, that National Practitioner Data Bank malpractice payment entries involving dentists should be expunged after seven years, provided a further incident has not been reported, and be it further

Resolved, that the policy titled Statute of Limitations (Trans.1997:708) be rescinded.

Proposed Policy, Support for Deployed Dentists

Support for Deployed Dentists

10H-2020. Resolved, that the American Dental Association give its utmost support to its members who may be called to active duty, and be it further

Resolved, that the ADA encourages dentists to volunteer to help maintain the practices of dentists who are temporarily activated into military service by practicing in the deployed dentist's office and treating their patients, and be it further

Resolved, that it is the ADA's position that military deployment is a learning experience that provides opportunities to treat complex cases, sometimes under difficult circumstances, and be it further

Resolved, that deployed military dentists who are serving on active duty should be eligible to have their continuing education requirements waived, and be it further

Resolved, that dentists who reopen their practices following a period of military deployment should be exempt from having their unemployment insurance premiums increased or incurring any other financial

penalties due to unemployed staff having drawn unemployment benefits during the period of office closure, and be it further

Resolved, that the policies titled Exemption From Unemployment Insurance Liability for Active Duty Dentists (Trans.2004:321), Deployed Dentists and Mandatory Continuing Education Requirements (Trans.2004:314), and Support for Dentists Temporarily Called to Active Service (Trans.2012:496) be rescinded.

Proposed Policy, Guidelines for Medicaid Dental Reviews

25H-2020. Resolved, that the American Dental Association encourages state dental associations to work with their respective state Medicaid agency to adopt such guidelines for Medicaid Dental Reviews and/or in States that use a managed care model to incorporate such guidelines into their request for proposal (RFP) to third-party payers interested in managing the dental benefit:

Guidelines for Medicaid Dental Reviews

The Auditor/Reviewer shall demonstrate adherence, not only to individual State Board regulations and requirements, but also an understanding, acceptance and adherence to Medicaid State guidelines and specific specialty guidelines as applicable. In addition, the Auditor/Reviewer shall demonstrate experience in treatment planning specific patient demographic groups and/or unique care delivery sites that influence treatment planning being reviewed.

It is recommended that entities, which conduct Medicaid Dental reviews and audits, utilize auditors and reviewers who:

1. Have a current active license to practice dentistry in the State where audited treatment has been rendered and be available to present their findings.
2. Are of the same specialty (or equivalent education) as the dentist being audited.
3. Document and reference the guidelines of an appropriate dental or specialty organization as the basis for their findings, including the definition of *Medical Necessity* being used within the review.
4. Have a history of treating Medicaid recipients in the state in which the audited dentist practices.
5. Have experience treating patients in a similar care delivery setting as the dentist being audited, such as a hospital, surgery center or school-based setting, especially if a significant portion of the audit targets such venues.

In addition, these entities shall be expected to conduct the review and audit in an efficient and expeditious manner, including:

1. Stating a reasonable period of time in which an audit can proceed before dismissal can be sought.
2. Defining the reasonable use of extrapolation in the initial audit request.

Amendment of the ADA Member Conduct Policy

31H-2020. Resolved, that the Member Conduct Policy (Trans.2011:530) be amended as follows (additions underscored, deletions ~~stricken through~~):

ADA Member Conduct Policy

1. Members' should communicate respectfully in all discussions, social media activities, communications and interactions with other dentists, dentist members, Association officers, trustees and staff should be respectful and free of demeaning, derogatory, offensive or defamatory language.
2. Discussions and communications relating to modes of practicing dentistry should be courteous and professional, and members should be respectful of the practice choices of their colleagues.
23. Members should abide by and respect the decisions and policies of the Association and must not engage in disruptive behavior in actions with other members, Association officers, trustees and staff. Any criticism or challenges to existing Association policies or decisions shall be undertaken in a professional manner.
34. Members have an obligation to be informed about and use Association policies for communication and dispute resolution.
45. Members are expected to comply with all applicable laws and regulations, including but not limited to antitrust laws and regulations and statutory and common law fiduciary obligations.
56. Members must respect and protect the intellectual property rights of the Association, including any trademarks, logos, and copyrights.
67. Members must not use Association membership directories, on-line member listings, or attendee records from Association-sponsored conferences or CE courses for personal or commercial gain, such as selling products or services, prospecting, or creating directories or databases for these purposes.
78. Members must treat all confidential information furnished by the Association as such and must not reproduce materials without the Association's written approval.
89. Members must not violate the attorney-client privilege or the confidentiality of executive sessions conducted at any level within the Association.
910. Members must fully disclose conflicts, or potential conflicts, of interest and make every effort to avoid the appearance of conflicts of interest.

Proposed Policy, Tobacco Use, Vaping, and Nicotine Delivery Products

41H-2020. Resolved, that the following policy titled Tobacco Use, Vaping, and Nicotine Delivery Products be adopted:

Tobacco Use, Vaping, and Nicotine Delivery Products

Dentist's Role in Preventing Tobacco Use

Resolved, that dentists should be fully aware of the oral and maxillofacial health risks that are causally associated with tobacco use, including higher rates of tooth decay, receding gums, periodontal disease, mucosal lesions, bone damage, tooth loss, jaw bone loss and more, and be it further

Resolved, that dentists should routinely screen patients for tobacco and non-tobacco nicotine use and provide clinical preventive services, such as in-office cessation counseling, to prevent first-time tobacco use and encourage current users to quit, and be it further

Resolved, that the dentists and health organizations should provide educational materials to help prevent first-time use and encourage current users to quit, and be it further

Resolved, that these educational materials should be developed or provided by credible and trustworthy sources with no ties to the tobacco industry or its affiliates, and be it further

Cessation Counseling and Nicotine Replacement Therapies

Resolved, that aside from the intended use of approved tobacco cessation products and nicotine replacement therapies, the American Dental Association discourages the use of all nicotine products made with or derived from tobacco, and be it further

Resolved, that dentists should be fully informed about nicotine cessation interventions and routinely apply those techniques to help patients stop using tobacco, and be it further

Resolved, that third-party payers should cover professionally administered cessation products and services (e.g., cessation counseling, prescription medications, etc.) as an essential plan benefit, and be it further

Modified Risk Tobacco Products

Resolved, that the American Dental Association does not consider the concept of “modified risk”—which is allowing some tobacco and other nicotine products (e.g., snus, electronic nicotine delivery systems) to be marketed as having a reduced or modified health risk compared to others (e.g., cigarettes)—to be a viable public health strategy to reduce the death and disease associated with tobacco use, and be it further

Resolved, that modified risk tobacco product (MRTP) applications should include extensive data examining the comparative impact on oral and maxillofacial health, both to the individual and the population as a whole, and the data should be made publicly available, and be it further

Regulation of Tobacco Products, Vaping Devices, and Other Nicotine Delivery Systems

Resolved, that the American Dental Association recognizes nicotine as an addictive chemical and supports its regulation as a controlled substance, and be it further

Resolved, that the ADA supports state and federal authority to investigate and strictly regulate nicotine and nicotine-containing products, including those made or derived from tobacco, and be it further

Resolved, that these nicotine-containing products include, but are not limited to:

- Cigarettes.
- Cigars (both premium and non-premium).
- Pipe tobacco.
- Hookah (also called waterpipe tobacco).
- Roll-your-own tobacco.
- Smokeless tobacco (e.g., chewing tobacco, moist snuff, snus, etc.).
- Dissolvables (e.g., nicotine lozenges, strips, sticks, etc.).
- Nicotine gels (absorbed through the skin).
- Electronic nicotine delivery systems (e.g., e-cigarettes, e-hookah, e-cigars, vape pens, advanced refillable personal vaporizers, e-pipes, etc.).

and be it further

Resolved, that the ADA supports strict regulation of these and other nicotine-containing products by (but without being limited to):

- Prohibiting product sales in all venues, including through vending machines and the internet.
- Levying significant taxes on these products.
- Setting age restrictions to purchase and receive these products.
- Requiring oral health warning statements, graphic images and ingredient disclosures on product packaging.
- Restricting the addition of added flavors (including menthol) and other ingredients and ingredient levels (including nicotine).
- Regulating second hand exposure to environmental smoke and vapor.
- Banning all forms of advertising and marketing (including bans on free sampling, product giveaways, promotional items, event sponsorships, etc.).
- Imposing licensure requirements for product wholesalers and retailers.
- Prohibiting the use of these products on and around public and private property, including government buildings and school campuses.

and be it further

Resolved, that the policy titled Policies and Recommendations on Tobacco Use (*Trans.*2016:323) be rescinded.

Proposed Policy, Limits on Non-Economic Damages

44. Resolved, that the following policy titled Limits on Non-Economic Damages be adopted:

Limits on Non-Economic Damages

Resolved, that medical liability reform legislation should not override state limits on non-economic damages, and be it further

Resolved, that the policy titled ADA Support for Medical Injury Compensation Reform (*Trans.*2005:342) be rescinded.

Proposed Policy, Federal Medicaid Funding

49H-2020. Resolved, that the following policy titled Federal Medicaid Funding be adopted:

Federal Medicaid Funding

Resolved, that the federal Medicaid match for dental care should be enhanced to 90/10 or better, and be it further

Resolved, that the policy titled Increase Federal Medicaid Funding (*Trans.*2002:409) be rescinded.

Proposed Policy, Tax Incentives for Medicaid Participation

50H-2020. Resolved, that the following policy titled Tax Incentives for Medicaid Participation be adopted:

Tax Incentives for Medicaid Participation

Resolved, that dentists should be allowed to claim a tax credit for the first \$10,000 of services provided under the Medicaid program, and be it further

Resolved, that the tax credit should be based upon the most recent Code on Dental Procedures and Nomenclature (CDT) codes and credited at a rate consistent with the most recent ADA Survey of Dental Fees for that region or state, and be it further

Resolved, that the policy titled Federal Tax Credit/Voucher for Medicaid Dentist Providers (*Trans.*2003:383; 2014:499) be rescinded.

Proposed Policy, Support for the Children's Health Insurance Program

51H-2020. Resolved, that the following policy titled Support for the Children's Health Insurance Program be adopted:

Support for the Children's Health Insurance Program

Resolved, that that the American Dental Association supports the Children's Health Insurance Program (CHIP), and be it further

Resolved, that funds dedicated to the program should be used to provide medical and dental care to children with family income less than or equal to 200 percent of the federal poverty level before any expansion to children in families above that level, and be it further

Resolved, that decisions to cover children beyond 200 percent of the federal poverty level continue to be made on a state-by-state basis, and be it further

Resolved, that the policy titled Reauthorization of the State Children's Health Insurance Program (*Trans.*2007:451) be rescinded.

Proposed Policy, Resources for Veterans Ineligible for VA Dental Care

89H-2020. Resolved, that the following policy titled Resources for Veterans Ineligible for VA Dental Care be adopted:

Resources for Veterans Ineligible for VA Dental Care

Resolved, that the American Dental Association supports the federal authorization of administrative support resources within the Veterans Administration Medical Centers to assist veterans to identify and utilize dental services offered by federally qualified health centers, not for profit dental care facilities, and volunteer dental professionals, and be it further

Resolved, that the ADA supports the work of component and constituent dental associations, dental organizations, societies and dentists to develop new programs with outreach strategies to assist veterans with unmet dental treatment needs, and to serve as a resource in finding dental homes for veterans.

Proposed Bylaws and Governance Manual Revisions on Declaring an Extraordinary Emergency

92H-2020. Resolved, that Chapter III., Section 60. of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

CHAPTER III. HOUSE OF DELEGATES

* * *

Section 60. OPERATION DURING AN EXTRAORDINARY EMERGENCY.

A. TRANSFER OF POWERS AND DUTIES OF THE HOUSE OF DELEGATES: The powers and duties of the House of Delegates, except the power to amend, enact and repeal the *Constitution and Bylaws* or the *Governance Manual*, and the duty of electing the elective officers and installing the

members of the Board of Trustees, may be transferred to the Board of Trustees of this Association in time of extraordinary emergency, ~~as set forth in the Governance Manual.~~

B. DECLARATION OF EXTRAORDINARY EMERGENCY AND WITHDRAWAL OF SUCH A DECLARATION. The existence of a time of extraordinary emergency may be declared and withdrawn as follows:

a. By the House of Delegates. A time of extraordinary emergency may be declared by mail vote of the current members of the House of Delegates on recommendation of at least four (4) of the elective officers.* A mail vote to be valid shall consist of ballots received from not less than twenty-five percent (25%) of the current members of the House of Delegates. A majority of the votes cast within fourteen (14) days after the date declared for the commencement of the balloting shall decide the vote.

b. By the Board of Trustees A time of extraordinary emergency may be declared by a three-fourths affirmative vote of the members of the Board of Trustees present and voting at a regular or special session of the Board of Trustees pursuant to CHAPTER V., Section 70.D. of these Bylaws.

c. Withdrawal of a Declaration of Extraordinary Emergency. A declaration of extraordinary emergency may be withdrawn by the House of Delegates by mail vote on recommendation of at least two (2) of the elective officers consisting of ballots received from not less than twenty-five percent (25%) of the current members of the House of Delegates or by a majority vote of the Board of Trustees present and voting at a regular or special session of the Board of Trustees pursuant to CHAPTER V., Section 70.D. of these Bylaws.

* As used with respect to the declaration of an extraordinary emergency, the term "mail ballot" shall mean any vote permitted pursuant to Illinois law, including an electronic vote.

and be it further

Resolved, that CHAPTER V., Section 70.D. of the ADA Bylaws be amended as follows (additions underscored, deletions ~~stricken through~~):

CHAPTER V. BOARD OF TRUSTEES

* * *

Section 70. POWERS. The Board of Trustees shall be the managing body of the Association, vested with power to:

* * *

D. ~~By unanimous consent~~ a three-fourths affirmative vote of the members of the Board of Trustees present and voting at a regular or special session, declare the existence of a time of extraordinary emergency.

and be it further

Resolved, that Chapter III., Section A. of the *Governance and Organizational Manual of the House of Delegates* be amended as follows (additions underscored, deletions ~~stricken through~~):

CHAPTER III. HOUSE OF DELEGATES

A. Convening Sessions of the House of Delegates.

1. Declaration of Extraordinary Emergency. ~~The existence of a time of extraordinary emergency may be declared by mail vote of the current members of the House of Delegates on~~

recommendation of at least four (4) of the elective officers.* A mail vote to be valid shall consist of ballots received from not less than twenty five percent (25%) of the current members of the House of Delegates. A majority of the votes cast within thirty (30) days after the mailing of the ballot shall decide the vote. The existence of a time of extraordinary emergency may also be declared by the Board of Trustees pursuant to the provisions set forth in the Governance Manual.

2.—Special Sessions. A special session of the House of Delegates shall be called by the President on a three-fourths (3/4) affirmative vote of the members of the Board of Trustees or on written request of delegates representing at least one-third (1/3) of the constituents and not less than one-fifth (1/5) of the number of officially certified delegates of the last House of Delegates. The time and place of a special session shall be determined by the President, provided the time selected shall be not more than forty-five (45) days after the request was received. The business of a special session shall be limited to that stated in the official call except by unanimous consent.

3-2. Official Call of Sessions of the House of Delegates.

- a. Annual Session. The Executive Director of the Association shall direct that an official notice of the time and place of each annual session be published in The Journal of the American Dental Association. The Executive Director of the Association shall also send an official notice of the time and place of the annual session to each member of the House of Delegates at least thirty (30) days before the opening of such annual session.
- b. Special Session. The Executive Director of the Association shall send an official notice of the time and place of each special session and a statement of the business to be considered to every officially certified delegate and alternate delegate of the last House, not less than fifteen (15) days before the opening of such special session.

Proposed Bylaws Provisions to Take Effect When a Time of Extraordinary Emergency is Declared

93H-2020. Resolved, that the CHAPTER III. *Section 60.* of the ADA *Bylaws* be amended by the addition of a new subsection B., as follows (additions underscored):

Section 60. OPERATION DURING AN EXTRAORDINARY EMERGENCY.

A. TRANSFER OF POWERS AND DUTIES OF THE HOUSE OF DELEGATES: The powers and duties of the House of Delegates, except the power to amend, enact and repeal the *Constitution and Bylaws* or the *Governance Manual*, and the duty of electing the elective officers ~~and installing the members of the Board of Trustees,~~ may be transferred to the Board of Trustees of this Association in time of extraordinary emergency, as set forth in the *Governance Manual*. To the extent not inconsistent with any provision of *Bylaws* CHAPTER III., Section 60.B., Emergency Bylaws, provisions of the *Bylaws* and *Governance Manual* shall remain in effect during the duration of the extraordinary emergency. Upon the conclusion of the declaration of the time of extraordinary emergency adopted by the House of Delegates or Board of Trustees, the emergency bylaws set forth in CHAPTER III, *Section 60.B.* of these *Bylaws* shall cease to be effective.

B. Emergency Bylaws. In the event that a time of extraordinary emergency is declared pursuant to Chapter III.A.1. of the *Governance Manual*, the provisions of this *Section 60.B.* of the ADA *Bylaws* shall be implemented and continue in effect until such time as the declaration of extraordinary emergency is withdrawn.

a. Provisions if the Annual Session of the House of Delegates Convenes During an Extraordinary Emergency. In the event the House of Delegates is convened during the period when an extraordinary emergency has been declared, the following provisions shall apply:

- 1. Agenda. The Speaker, in consultation with the President, may limit the agenda to matters that require the attention of the House of Delegates.

2. Quorum. A quorum for the transaction of any business at any meeting of the House of Delegates convened during a time declared as an extraordinary emergency shall be the same as stated in CHAPTER III, Section 80. of the Bylaws.
3. Delegates. Delegations may substitute new delegates for any unavailable delegates, based upon feasibility, as determined by the Speaker. The Speaker may subsequently determine that alternate delegates will not be certified.
4. Suspended Elections. Any elections to be held during a session of the House of Delegates during the period that an extraordinary emergency has been declared may be suspended by the Board of Trustees upon a two-thirds affirmative vote of the voting members of the Board of Trustees present and voting at a regular or special session of the Board of Trustees. In the event the elections are suspended, the terms of office of the President and the trustees shall end on the date previously scheduled for the adjournment *sine die* of the House of Delegates. Vacancies in the offices of President, President-elect, First Vice President, Second Vice President, Speaker of the House of Delegates and Treasurer shall be filled in accordance with the provisions of CHAPTER VI, Section 80. of these Bylaws. The outgoing President shall install the President and any incoming trustees who have been elected by their districts. If a district has not elected a trustee to fill an expiring position, the incumbent trustee shall remain in office until a successor is duly elected and installed. All other ADA office holders in office immediately prior to commencement of the meeting of the House of Delegates shall remain in their respective offices until the first-session of the House of Delegates following the withdrawal of the declaration of an extraordinary emergency.
- b. Suspension of the Annual Session of the House of Delegates. An annual session of the House of Delegates scheduled to occur during a period where an extraordinary emergency has been declared may be suspended by the Board of Trustees for good cause upon a two-thirds affirmative vote of the voting members of the Board of Trustees present and voting at a regular or special session of the Board of Trustees. If an annual session of the House of Delegates is so suspended, the following provisions shall apply.
1. Alternative Elections by Ballot without a Meeting. Regardless of whether or not the House of Delegates annual session is suspended, the Board of Trustees may direct the Speaker to arrange for some or all contested elections to be conducted electronically outside the annual session of the House of Delegates.
- (a). Any such election shall be valid provided that the certified delegates are duly notified, are given an opportunity to vote, and the number of certified delegates casting votes would constitute a quorum as defined in Chapter III, Section 80, of these Bylaws.
- (b). The method for such elections set forth in CHAPTER III, Section 120, of these Bylaws shall govern.
- (c). Announcement of the election results shall be provided to the House of Delegates by the Speaker.
- (d). Any candidates elected pursuant to this provision shall be installed as soon as practical after their election, provided that such installation is no sooner than the previously scheduled adjournment of the House of Delegates.
2. Incumbent Trustees. In the event that a district has not elected a trustee to fill an expiring trustee office, the incumbent trustee shall remain in office until a successor is duly elected and installed.
3. Extension of Tenure. Except as otherwise provided in these Emergency Bylaws, limitations on tenure of officers, trustees, council, committee and ADA commission members shall not apply during an extraordinary emergency.

4. Approval of Association Budget and Active Member Dues. If the annual session of the House of Delegates is suspended during an extraordinary emergency, the Board of Trustees shall have the authority to approve a final annual budget and active member dues for the succeeding year so long as the active member dues do not exceed the prior year's dues. Any such budget approved by the Board shall be presented to the House for ratification if the House convenes following the end of the emergency with more than six months remaining in the fiscal year for which the budget has been established.

c. Scientific Session. If it is determined that holding the scientific session required by Chapter XVIII. of the *Governance Manual* is impossible or infeasible due to the existence of an extraordinary emergency, the Board of Trustees may suspend the holding of the scientific session upon a two-thirds affirmative vote of the voting members of the Board of Trustees present and voting at a regular or special session of the Board of Trustees.

Availability of ADA Community Water Fluoridation Webinar Series

107H-2020. Resolved, that the American Dental Association's 75th Anniversary of Community Water Fluoridation Webinar Series be made available, in digital format, at no cost to the public, and be it further

Resolved, that nonmembers seeking to earn continuing education credit upon completion of the courses be charged appropriate fees.

Non-Consent Resolutions

Amendment of Chapter XII., Section A of the Governance and Organizational Manual of the American Dental Association (Council on Ethics, Bylaws and Judicial Affairs Resolution 30). The Reference Committee reported as follows:

The Reference Committee received testimony that supported making installment dues payments available to all members, and not just active life and retired members, in order to simplify the *Governance Manual*. However, certain member classifications, such as pre- and post-doctoral students have dues levels (\$5 and \$30, respectively) that would make annual installments impractical. For this reason, the Reference Committee supports adoption of Resolution 30 as submitted.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 30 as submitted.

30. Resolved, that Chapter XII., Section A. of the Governance and Organizational Manual of the American Dental Association be amended as shown below (additions underscored, deletions ~~stricken through~~):

CHAPTER XII. FINANCIAL MATTERS

A. Installment Payments of Dues and Special Assessments. Any constituent or component may establish a plan for the installment payment of dues and special assessments for active, life, retired and provisional members. This Association may establish a plan for the installment payment of dues and special assessments for active, and life and retired members who are direct members of the Association. Any such installment plan shall require:

1. Monthly installment payments that conclude with the current dues and any special assessment amount being paid by December 15.
2. The expeditious transfer of installments of member dues and any special assessments collected to this Association and any applicable constituent or component.

3. Any installment plan adopted under this provision of the *Governance Manual* may impose a reasonable transaction fee upon the member. Transaction fees collected shall be prorated between this Association and the constituent and component, if any, based on the amount of dues and special assessment collected on each organization's behalf.

Dr. Ricci moved Resolution 30 (*Supplement:5043*) with the Committee Recommendation to Vote Yes.

Seeing no one in the queue, Resolution 30 was adopted by general consent.

30H-2020. Resolved, that Chapter XII., Section A. of the Governance and Organizational Manual of the American Dental Association be amended as shown below (additions underscored, deletions ~~stricken through~~):

CHAPTER XII. FINANCIAL MATTERS

- A. Installment Payments of Dues and Special Assessments. Any constituent or component may establish a plan for the installment payment of dues and special assessments for active, life, retired and provisional members. This Association may establish a plan for the installment payment of dues and special assessments for active, ~~and~~ life and retired members who are direct members of the Association. Any such installment plan shall require:
 1. Monthly installment payments that conclude with the current dues and any special assessment amount being paid by December 15.
 2. The expeditious transfer of installments of member dues and any special assessments collected to this Association and any applicable constituent or component.
 3. Any installment plan adopted under this provision of the *Governance Manual* may impose a reasonable transaction fee upon the member. Transaction fees collected shall be prorated between this Association and the constituent and component, if any, based on the amount of dues and special assessment collected on each organization's behalf.

Proposed Policy, Principles for Tort Reform (Council on Government Affairs Resolution 43 and Reference Committee D Resolution 43RC). The Reference Committee reported as follows:

Reference Committee D heard testimony from one delegate requesting a verbiage change. The Reference Committee concurs with the delegate's recommendation and offers the following substitute.

43RC. Resolved, that the following policy titled Principles for Tort Reform be adopted (additions underscored):

Principles for Tort Reform

Resolved, that the American Dental Association supports tort reform that should include, among other things, legislation that includes, but is not limited to:

1. mandatory periodic payments of substantial awards for damages;
2. a ceiling on non-economic damages;
3. mandatory offsets of awards for collateral sources of recovery;
4. limits on attorneys' contingency fees;
5. a statute of limitations on health care-related injuries; and
6. state duties concerning alternative methods of resolving disputes.

and be it further

Resolved, that the policy titled Federal Tort Reform Legislation (*Trans.1993:708*) be rescinded.

Dr. Ricci moved Resolution 43RC in lieu of Resolution 43 (*Supplement:5071*) with the Committee Recommendation to Vote Yes.

On vote, Resolution 43RC was adopted in lieu of Resolution 43.

43H-2020. Resolved, that the following policy titled Principles for Tort Reform be adopted (additions underscored):

Resolved, that the American Dental Association supports tort reform ~~that should include, among other things,~~ legislation that includes, but is not limited to:

1. mandatory periodic payments of substantial awards for damages;
2. a ceiling on non-economic damages;
3. mandatory offsets of awards for collateral sources of recovery;
4. limits on attorneys' contingency fees;
5. a statute of limitations on health care-related injuries; and
6. state duties concerning alternative methods of resolving disputes.

and be it further

Resolved, that the policy titled Federal Tort Reform Legislation (*Trans.*1993:708) be rescinded.

Note. Subsequent to the adoption of Resolution 43H, it was noted by Council on Government Affairs Chair, Dr. Phillip Fijal, Illinois, that language in the second resolved clause was inadvertently left in the final Reference Committee Resolution. Dr. Fijal requested an editorial correction be made to strike the words, "that should include, among other things." Hearing no objection, the Speaker accepted editorial correction, which is reflected in 43H above.

Modifying the Existing Medicare Dental Coverage: Statutory Dental Exclusion (Elder Care Workgroup Resolution 72 and Reference Committee D Resolution 72RC). The Reference Committee reported as follows:

The Reference Committee heard testimony that the phrase "for cancer care" should be eliminated from the second bullet point in the original resolution as IV bisphosphonate therapy can be used to treat conditions other than cancer. Consequently, the Reference Committee recommends the adoption of the following Reference Committee Resolution (deletions ~~stricken~~).

72RC. Resolved, that the appropriate ADA agencies should consider conducting a review of the current scientific evidence that would support expanding the oral health services provided to medically frail recipients prior to major medical or surgical treatments available through Medicare in order to determine next steps for modifying the Medicare statutory exclusion, with the recommendation that the review include but not be limited to the following:

- head and neck radiation therapies
- IV bisphosphonate therapy ~~for cancer care~~
- organ transplants
- cancer chemotherapy including hematopoietic cell transplantation
- joint replacement
- cardiac valve replacement

Dr. Ricci moved Resolution 72RC in lieu of Resolution 72 (*Supplement*:5140) with the Committee Recommendation to Vote Yes.

Dr. Steven A. Saxe, Nevada, move to amend Resolution 72RC by addition of a second resolving clause that would read as follows:

Resolved, that the ADA encourage the universal adoption of the definition of medically necessary care contained in the current ADA policy titled "Medically Necessary Care" (*Trans.*1990:537).

In speaking to the amendment, Dr. Saxe said, “Currently, the definition of medical necessity is clouded from state to state, and medical insurance company or dental benefit companies have different definitions. This allows these companies to regularly deny claims and not pay dentists for services rendered based on subjective definitions of what is considered to be medically necessary. As a leader of the dental industry, the ADA should clearly identify what we have already adopted as our definition of medical necessity for the past 30 years to share with legislators, both federal and state, to Health and Human Services and to all medical insurance and dental benefit companies that promote fair reimbursements for services rendered for dentists who perform medically necessary services for their patients.”

Dr. Deborah S. Bishop, Georgia, speaking against the proposed amendment, said, “I believe that this amendment takes away from the intention of this resolution. [Resolution 72RC] is just for the science to study these particular maladies to see if they could be included in medically necessary. We don’t need a laundry list. I really would like to see everything taken out, because all this does is give the coalitions in Washington who would like to see us in Medicaid Part B, ammunition to say, okay, we want this, this and this. ...”

As a point of information, Dr. Maria Geisinger, Alabama, and chair of the Council on Scientific Affairs, said, “The amendment as written does not link back up to the body of the resolution with regard to the science and the consideration for management of these diseases with concomitant dental care.”

On vote, the proposed amendment to Resolution 72RC was not adopted.

Dr. Alan L. Felsenfeld, California, moved to amend Resolution 72RC, saying, “Speaking as an individual. In my career as an oral and maxillofacial surgeon in an academic medical center, starting when this first hit the fan a number of years ago, I have had the opportunity to treat scores of patients with bisphosphonate types of problems. But we’ve also learned in the past that there are other types of medications that have implications with respect to osteonecrosis. I would like to suggest that on the second bullet point, instead of saying IV bisphosphonate therapy, I would like it to say osteoclast inhibitor therapy.” So the second bullet would be amended as follows:

- ~~IV bisphosphonate~~ osteoclast inhibitor therapy for cancer care

In speaking further to the amendment, Dr. Felsenfeld said, “... And while this might not make a lot of sense to a lot of people, the people on the appropriate ADA agency will understand all of this. There are monoclonal antibodies and other types of drugs that have impact as well. We have reported cases of that, so that’s something to be considered. And also, the oral bisphosphonates are something we need to think about as well with osteonecrosis. So there’s the reason for that.”

As a point of information, Dr. Maria Geisinger, Alabama, said, “... If this is referred to the Council on Scientific Affairs, the [Council] will consider all pharmacologic therapy in relation to cancer care, et cetera, here. So I don’t think we need to necessarily wordsmith this in this fashion. I think this will be investigated.”

The Speaker clarified that the debate was not on referral.

Dr. Richard Kahn, New Jersey, as a point of inquiry, said, “You’re talking about approving treatment on these frail people. What level of treatment would be considered necessary? What would be considered appropriate? And since we’re dealing with Medicare, what would the fee schedule be and what is the time frame? At a hospital where I teach in a general practice residency, it is routine for the dental residents to be called in the night before a patient is scheduled for an organ transplant. Many times the organ is already on the airplane coming to New Brunswick, New Jersey, and they’re calling the dental resident to give them clearance. I think that there needs to be some language in here to determine what would be the appropriate treatment and what would be the timeframe. And, of course, since we do need to get paid, what would be the amount of reimbursement? Can anybody provide me that information?”

At the Speaker’s request, Dr. Marcelo Araujo, chief science officer, responded by saying, “... This resolution talks about the review of the science behind the conditions listed below. It’s not a request to look into cost. If

referred to the appropriate agencies, the focus of this work will be on the science only and not related to any costs for treatment.”

Dr. Brooke M. Fukuoka, Idaho, speaking in support of the amendment, said, “I support this amendment to add the osteoclast inhibitor. ... This is really important in our special needs population. My first case of osteonecrosis was in somebody who had pituitary dwarfism and they were taking an oral bisphosphonate. And I feel like it would be very valuable to ... our members that treat these medically complex patients that have more knowledge on oral bisphosphonates and other osteoclast inhibitors. ...”

A motion was made to vote immediately on the proposed amendment. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the proposed amendment to Resolution 72RC was adopted.

A motion was made to vote immediately on Resolution 72RC, as amended. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 72RC, as amended, was adopted in lieu of Resolution 72.

72H-2020. Resolved, that the appropriate ADA agencies should consider conducting a review of the current scientific evidence that would support expanding the oral health services provided to medically frail recipients prior to major medical or surgical treatments available through Medicare in order to determine next steps for modifying the Medicare statutory exclusion, with the recommendation that the review include but not be limited to the following:

- head and neck radiation therapies
- ~~IV bisphosphonate~~ osteoclast inhibitor therapy for cancer care
- organ transplants
- cancer chemotherapy including hematopoietic cell transplantation
- joint replacement
- cardiac valve replacement

National Elder Care Advisory Committee Review (Elder Care Workgroup Resolution 73). The Reference Committee reported as follows:

The Reference Committee concurs with the Elder Care Workgroup and supports adoption of the following Resolution.

73. Resolved, that the appropriate ADA agency should consider reviewing the funding, mandate, reporting structure and composition of the National Elder Care Advisory Committee to assist the ADA in accomplishing elder care strategies.

Dr. Ricci moved Resolution 73 (*Supplement:5141*) with the Committee Recommendation to Vote Yes.

On vote, Resolution 73 was adopted.

73H-2020. Resolved, that the appropriate ADA agency should consider reviewing the funding, mandate, reporting structure and composition of the National Elder Care Advisory Committee to assist the ADA in accomplishing elder care strategies.

Unfinished Business (Continued)

Report of Reference Committee A (Continued)

Dr. Ioanna G. Mentzelopolou, chair, Reference Committee A, returned to the microphone to present the Reference Committee's remaining items of business.

Approval of the 2021 Budget (Board of Trustees Resolution 87)

The Treasurer, Dr. Ted Sherwin, reported that the current deficit budget for the 2021 budget was \$5,963,000.00. He reminded the House that the 2021 budget includes an \$8 dues increase.

On vote, Resolution 87 was adopted.

87H-2020. Resolved, that the 2021 Annual Budget of revenues and expenses, including net capital requirements, be approved.

Establishment of Dues Effective January 1, 2021 (Board of Trustees Resolution 88): The Reference Committee reported as follows:

The Reference Committee heard no testimony regarding the 2021 dues. The majority of the Reference Committee supports the proposed Resolution.

88. Resolved, that the dues of ADA active members shall be \$573.00, effective January 1, 2021.

Dr. Mentzelopolou moved Resolution 88 (*Supplement:2078*) with the Committee Recommendation to Vote Yes.

Resolution 88 required a sixty percent affirmative vote.

Dr. Karin Irani, California, speaking in support of Resolution 88, said, "Event though I speak in favor of the resolution, I would like to strongly urge our ADA leaders, our Finance Committee, and our Treasurer, whom I greatly respect, to reevaluate our expenses for the coming year. We cannot, and I emphasize, we cannot justify raising dues without developing member specific value propositions and without cutting expenses."

Dr. Prabu Raman, Missouri, speaking in opposition, said, "I know it's a long day. We want to get it over with. Eight dollars isn't much, but the optics doesn't look good, right after COVID and people are just getting out of it, to even have a dues increase, even a tiny amount, just doesn't sound right to me."

After further pro and con testimony, Dr. Brittany S. McCarthy, Ohio, requested a point of order, saying, "What effect does the \$8 dues have on our \$5M deficit?"

At the Speaker's request, Dr. Sherwin responded, "It's roughly \$800,000. For every dollar dues increase, it's about \$104,000. So it's a little over \$800,000."

A motion was made to vote immediately on Resolution 88. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 88 was adopted.

88H-2020. Resolved, that the dues of ADA active members shall be \$573.00, effective January 1, 2021.

Concluding Remarks of the Speaker: The Speaker made the following statement:

The actions of this House of Delegates are no longer the opinions, wishes or suggestions or recommendations of any individual, committee or officer but are now the actions of the entire House of Delegates. And as this House of Delegates is authorized under the Association's *Bylaws* to act for the entire association, they are the actions of the entire Association. It is now incumbent upon every member of this Association to accept the actions of this House of Delegates as the actions of the American Dental Association.

Point of Personal Privilege

The Speaker thanked the members of the House of Delegates, saying, “As I began the training sessions for this Virtual House of Delegates, I asked for patience. And I want to thank you, the members of the House of Delegates, for extending patience to me and all the members of this body as we went through this virtual journey together.” He thanked the many staff who worked behind the scenes to make this meeting run smoothly. In closing, Dr. Donald said, “I want to share a concept from Mac Barnes that I’ve applied to my life. Many of you may be familiar with this concept, but it’s worth repeating, and I am going to quote his words: ‘*At 211 degrees, water is just hot. As 212 degrees it boils. And with boiling water comes steam, and steam can power a locomotive. That one extra degree makes all the difference.*’ A simple analogy reflects the ultimate definition of excellence. Because it’s one extra degree of effort in business or life, that can separate one from good to great. The team has put in the extra degree of effort and gone from good to excellent.”

Adjournment

Dr. Emily D. Hobart, Washington, moved to adjourn the 161st Annual Session of the ADA House of Delegates. Without objection, the Speaker declared the 161st Annual Session of the ADA House of Delegates adjourned *sine die* at 7:37 p.m., Central Time, on Monday, October 19, 2020.

99H-2020—as amended—Special Rules of the 2020 Virtual House of Delegates

August 2020-H

Page 1017

Board Report 1/Credentials, Rules and Order

Resolution No. 94-99 NewReport: Credentials, Rules and Order Date Submitted: August 2020Submitted By: Standing Committee on Credentials, Rules and OrderReference Committee: N/ATotal Net Financial Implication: None Net Dues Impact: _____

Amount One-time _____ Amount On-going _____

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

REPORT OF THE STANDING COMMITTEE ON CREDENTIALS, RULES AND ORDER

Background: In accordance with the *Manual of the House of Delegates and Supplemental Information*, section “Standing Committees of the House of Delegates,” the Standing Committee on Credentials, Rules and Order of the House of Delegates is charged with the following duties:

It is the duty of the Committee to present the agenda and recommend for approval such rules as are necessary for the conduct of the business of the House of Delegates. The report of this committee is prepared in collaboration with the officers of the House of Delegates and is presented at the opening of the first meeting of the House. In addition, this Committee has the duty to conduct hearings and to make recommendations on the eligibility of delegates and alternate delegates to a seat in the House of Delegates when a seat is contested, maintains a continuous roll call and periodically reports on the roll call to the House of Delegates, determines the presence of a quorum and supervises voting and election procedures. The Committee also has the responsibility to consult with the Speaker and Secretary of the House of Delegates, on matters relating to the order of business and special rules of order as required. It is on duty throughout the annual session.

In accordance with its duties, the Committee submits the following report.

Rules of Order: Unless stated otherwise in this report, the business of the House of Delegates will be conducted formally in accordance with accepted rules of parliamentary procedure. Adopted as the parliamentary authority for the Association, the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* is the document that governs all deliberations of the House of Delegates in which it is applicable and not in conflict with the *Manual of the House of Delegates*, *Governance Manual* or the *Bylaws* of the Association.

Special Annual Session Rules for the Virtual 2020 House of Delegates: Throughout this report, Special Rules have been identified for the purpose of conducting a Virtual House of Delegates. Special Rules are identified at the beginning of each new section with the words **SPECIAL RULES** and are italicized. A resolution to adopt the **SPECIAL RULES** appears at the end of this report. The purpose of the Special Rules is to assure that the House of Delegates is able to accomplish all of its duties in the context of a virtual meeting. The virtual House of Delegates meeting will be held via Zoom Webinar. The Zoom Webinar will open 30 minutes before the start of each session. Members of the House of Delegates should log into the House meeting/Zoom Webinar 30 minutes prior to the start of each session in order to test connectivity and make sure there are no technical problems. Voting and queuing in the House of Delegates will be managed via Lumi technologies. Lumi is the same company that has provided voting keypads in the House of Delegates in the past and offers a secure online voting and queuing option for

99H-2020—as amended—Special Rules of the 2020 Virtual House of Delegates

August 2020-H

Page 1018

Board Report 1/Credentials, Rules and Order

the virtual meeting. Non-voting members without the privilege to speak at the House of Delegates and guests may view a live broadcast of the House of Delegates meeting.

SPECIAL RULE: Annual Session House of Delegates Access: Access to the virtual House of Delegates is limited to credentialed delegates, alternate delegates acting in the capacity of the delegates, the elective and appointive officers of the Association, the former presidents, the members of the Board of Trustees, the chairs of the councils and commissions, the secretaries and executive directors of constituent societies, the executive director and president of the American Student Dental Association, an officially designated representative from each of the American Hospital Association and American Medical Association, and members of the Headquarters Office staff. *Members of councils, commissions, and special committees who wish to participate in the debate on their respective reports must register two weeks in advance of the meeting.*

Alternate delegates and guests may view a live broadcast of the House of Delegates via a live stream link provided by the Association. Alternate delegates will be automatically registered with permission to access the ADA live stream link. All other groups must register in advance of the Annual Session for permission to open the link to the live stream broadcast of the House of Delegates.

SPECIAL RULE: Annual Session House of Delegates Registration/Certification: Only delegates and alternate delegates acting as delegates, who have been properly registered and seated for the electronic Annual Session of the House of Delegates according to the registration protocol issued by the ADA may vote in the electronic meetings. *Substitution of alternate delegates for delegates must be submitted no later than 5 p.m. (Central Time) on Wednesday, October 14, if for the first meeting of the House of Delegates and no later than 5 p.m. (Central Time) Sunday, October 18, if for the second and third meetings of the House of Delegates. No switch outs during a meeting of the House will be accommodated.*

SPECIAL RULE: Quorum: In accordance with ADA Bylaws, a quorum for the transaction of business at any meeting shall consist of twenty-five percent (25%) of the voting members of the House of Delegates, representing at least twenty-five (25%) of the constituents, the federal dental services and the American Student Dental Association combined. *Once a quorum has been established by the Committee on Credentials, Rules and Order and reported to the House of Delegates, a quorum shall be deemed present for the duration of that meeting. No point of order alleging the absence of a quorum will be recognized by the Speaker.*

SPECIAL RULE: Voting: Voting on all questions will be conducted using the designated voting platform by electronic vote or the Speaker will ask for "General Consent."

The Speaker will offer instructive description to all voting delegates on how to cast their votes immediately before putting into question on any motion or other matter. The Speaker will announce when voting is opened on all questions and shall announce the close of voting on any question. Once voting is closed by the Speaker on any question, it may not be reopened. *No point of order related to the chair's closing of a vote will be recognized by the Speaker.*

The Speaker shall announce the result of all votes as soon as practicable after the voting on any question has been closed. The results of the vote will also be displayed in the Zoom Webinar and live stream environment.

No demand for a roll call of individual delegates shall be in order on any vote. Once voting has been closed by the Speaker on any question, no delegate may change their vote.

Recognition: At the beginning of the electronic Annual Session of the House of Delegates, the Speaker shall instruct all delegates and members of the House of Delegates with speaking privileges on how to seek recognition using the Lumi platform during discussion of any question (i.e., type PRO or CON, or PRIORITY to speak out of order and ask the chair a question). Priority would include: point of order, parliamentary inquiry, personal privilege, appeal, reconsider, and withdraw a motion. The Speaker shall

99H-2020—as amended—Special Rules of the 2020 Virtual House of Delegates

August 2020-H

Page 1019

Board Report 1/Credentials, Rules and Order

observe the rules for recognition of delegates provided in the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* insofar as the Speaker is able using Lumi and Zoom. At the beginning of the electronic Reference Committee Hearings, the chair shall instruct all delegates and alternate delegates on how to seek recognition using the Zoom platform.

When recognized by the chair, members shall state their name and affiliation before speaking.

SPECIAL RULE: Amendments: *Only those amendments to resolutions which are substantive in nature will be considered.*

SPECIAL RULE: Appeals from a Rules by the Chair: *Any appeal from a ruling by the Speaker raised during the electronic meeting shall be decided immediately and without debate.*

SPECIAL RULE: Electronic or Telephonic Connections: *Each individual is responsible for establishing and maintaining their own connection to the electronic meetings. No point of order or appeal shall be recognized if the point of order or appeal is based on failure of electronic or telephonic technology. Each person must have his or her own individual connection to the electronic meeting.*

SPECIAL RULE: Recordings: *Attendees shall not record any session of the Annual Meeting of the House of Delegates or Reference Committee Hearing. Members and nonmembers viewing the live stream broadcast shall not record any session of the Annual Meeting of the House of Delegates or Reference Committee Hearing.*

Approval of Certified Delegates: A list of certified Delegates and Alternate Delegates as of October 9 has been posted in the HOD Supplemental Information library on the House of Delegates community of ADA Connect.

94. Resolved, that the list of certified delegates and alternate delegates posted in the HOD Supplemental Information library on the House of Delegates community of ADA Connect be approved as the official roster of voting delegates and alternate delegates that constitute the 2020 House of Delegates of the American Dental Association.

Minutes of the 2019 Session of the House of Delegates: The minutes of the 2019 session of the House of Delegates will be posted in September in the HOD Supplemental Information library on the House of Delegates community of ADA Connect.

Questions or corrections regarding the minutes may be forwarded to Kyle Smith, manager, House of Delegates at smithk@ada.org. The Committee presents the following resolution for House action.

95. Resolved, that the minutes of the 2019 session of the House of Delegates be approved.

Adoption of Agenda and Order of Agenda Items: The Committee has examined the agenda for the meeting of the House of Delegates prepared by the Speaker and Secretary of the House. Accordingly, the Committee recommends adopting the agenda as the official order of business for this session. The Committee also recommends that the Speaker of the House be allowed to rearrange the order of the agenda as deemed necessary to expedite the business of the House.

96. Resolved, that the agenda as presented in the *2020 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.

SPECIAL RULE: Special Order of Referral Consent Calendar: *To help manage the meeting time of the Virtual House of Delegates, the Speaker has prepared a list of resolutions considered non-urgent and*

99H-2020—as amended—Special Rules of the 2020 Virtual House of Delegates

August 2020-H

Page 1020

Board Report 1/Credentials, Rules and Order

1 *therefore can be referred to the appropriate ADA agencies for report at the 2021 House of Delegates. As*
 2 *customary, before voting on this Special Order of Referral Consent Calendar, any delegate wishing to*
 3 *debate an item on the Special Order of Referral Consent Calendar has the right to request that a*
 4 *resolution be extracted and considered at the 2020 House of Delegates.*

5 **97. Resolved**, that the recommendation of the Speaker to refer the following resolutions to the
 6 appropriate ADA agency to be presented at the 2021 House of Delegates be adopted.

7 **Referrals of Reports and Resolutions:** A standing rule of the House of Delegates directs that prior to
 8 each session of the House, the Speaker shall prepare a list of recommended referrals to reference
 9 committees with the list to be available at the opening meeting of the House and be subject to
 10 amendment or approval on vote of the House of Delegates.

11 This preliminary list of referrals (circulated in the form of an All Inclusive General Index to resolution
 12 worksheets) will be provided with the second posting of resolution worksheets in late August and updated
 13 and posted again on Wednesday, October 14. The Speaker will announce additional referrals during the
 14 first meeting of the House of Delegates. A complete list of referrals by reference committee, in the form of
 15 an agenda, will be posted on ADA Connect, prior to the reference committee hearings on Thursday,
 16 October 15 and Friday, October 16.

17 **98. Resolved**, that the list of referrals to a reference committee recommended by the Speaker of the
 18 House of Delegates be approved.

19 **Annual Reports, Manual of the House of Delegates and Resolution Worksheets:** The publication,
 20 *Annual Reports, 2020*, will be posted in August on ADA Connect and ADA.org and can be accessed
 21 through the following link: [http://www.ada.org/en/member-center/leadership-governance/historical-](http://www.ada.org/en/member-center/leadership-governance/historical-publications-policies)
 22 [publications-policies](http://www.ada.org/en/member-center/leadership-governance/historical-publications-policies).

23 In advance of the 2020 session, members of the House of Delegates are advised to download to their
 24 laptop or other electronic device copies of all pertinent meeting materials.

25 The *Manual of the House of Delegates and Supplemental Information* contains the “Rules of the House of
 26 Delegates” and all pertinent meeting information (*i.e.*, House agendas, members of the Standing and
 27 Reference Committees, reference committee hearing schedule, and schedule of the district caucuses).

28 *Supplement to Annual Reports and Resolutions* is prepared primarily for historical purposes only since it
 29 is a compilation of all the reports and resolutions presented to the House of Delegates. This publication
 30 will be available online in the first quarter of 2021.

31 **Reference Committees Hearings:** The reference committees of the House of Delegates will hold
 32 hearings on Thursday, October 15 and Friday, October 16. The Reference Committee Hearing schedule
 33 will be posted on ADA Connect and ADA.org in early September.

34 Hearings may continue beyond the scheduled hours if everyone has not had an opportunity to be heard
 35 or if the complete agenda has not been covered.

36 In accordance with the *Manual of the House of Delegates*, section “General Procedures for Reference
 37 Committees,” any member of the Association, whether or not a member of the House of Delegates, is
 38 privileged to attend and participate in the discussion during the reference committee hearings. Members
 39 who are not members of the House of Delegates, and nonmembers of the Association must register in
 40 advance of the Annual Session to view the live broadcast of the Reference Committee Hearings via a live
 41 stream link provided by the Association. Nonmembers of the House of Delegates can submit written
 42 testimony via designated Reference Committee A, B, C, and D email addresses that will be published in
 43 *ADA News* and ADA.org in early October. At reference committee hearings, and in any written testimony
 44 emailed to the Association, everyone (individuals/members) will be obligated to disclose any personal or
 45 business relationship that they or their immediate family may have with a company or individual doing

99H-2020—as amended—Special Rules of the 2020 Virtual House of Delegates

August 2020-H

Page 1021

Board Report 1/Credentials, Rules and Order

business with the ADA, when such company is being discussed, prior to speaking on an issue related to such a conflict of interest.

Association staff is available at hearings to provide information requested by members of reference committees or through the Chair by those participating in the hearings.

Reports of Reference Committees: Reference committee reports will be posted on ADA Connect no later than 10:30 a.m. (Central Time) on Saturday, October 17.

It is imperative that reference committee reports be downloaded prior to the Monday, October 19 meeting. Advance preparation is extremely important.

SPECIAL RULE: Nominations of Officers: The nominations of officers (president-elect and second vice president) will take place at the first meeting of the House on Thursday, October 15. ~~Candidates for elective office will be announced by the Speaker. The Speaker will read a brief nomination statement on behalf of each candidate.~~ Any additional nominations may be offered by a simple declaratory statement. Each candidate may give an acceptance speech not to exceed four minutes.

No additional nominations will be accepted after the Thursday meeting.

Presentation of Incoming Trustees: Election results for the incoming members of the Board of Trustees as determined by Trustee Districts 6, 7, 10, 16 and 17 shall be read by the Speaker of the House of Delegates during the first meeting of the House.

Nominations to Councils and Commissions: The Board of Trustees presents the list of its nominations to councils in Report 1, which appears on the appropriate resolution worksheet.

Voting Procedures in the House: The method of voting in the House of Delegates is usually determined by the Speaker who may call for a voice vote, show of hands (voting cards), standing vote, general consent, roll call of the delegations, electronic voting or such other means that the Speaker deems appropriate. The House may also, by majority vote, determine for itself the method of voting that it prefers. At the 2020 virtual House of Delegates, the Speaker has determined that the method of voting will be by general consent or electronic voting.

Only votes cast by voting members of the House of Delegates either for or against a pending motion shall be counted.

In accordance with the ADA *Bylaws* and the *House Manual* proxy voting is explicitly prohibited in the House of Delegates. However, an alternate delegate may vote when substituted for a voting member in accordance with procedures established by the Committee on Credentials, Rules and Order.

Election Procedures: Voting for Officer Elections will take place in the House of Delegates through electronic voting and will be taken up as one of the first items of business on Monday morning. Only properly certified delegates will be permitted to vote.

To expedite the voting process, delegation changes must be made no later than 5 p.m. (Central Time) Sunday, October 18. Any delegate absent from the virtual House meeting during a vote will lose their chance to vote.

The Standing Committee on Credentials, Rules and Order oversees the confirmation and reporting of election results. The results will be transmitted to the Secretary of the House. The Secretary will review and forward the results to the Speaker for announcement. In the event a second balloting is necessary, the vote will take place shortly after the Speaker has announced a runoff.

Standing Order of Business—Installation of New Officers and Trustees: The installation ceremony for new officers and trustees will take place at the third meeting of the House of Delegates on Monday,

99H-2020—as amended—Special Rules of the 2020 Virtual House of Delegates

August 2020-H

Page 1022

Board Report 1/Credentials, Rules and Order

October 19, as the first item of business with the time to be specified by the Speaker of the House of Delegates.

Introduction of New Business: The Committee calls attention to the *Manual of the House of Delegates and Supplemental Information*, section “Rules of the House of Delegates” which states:

No new business shall be introduced into the House of Delegates less than 15 days prior to the opening of the annual session, except when such new business is submitted by a Trustee District or the American Student Dental Association Delegation and is permitted to be introduced by a majority vote of the delegates present and voting. The motion introducing such new business shall not be debatable. Approval of such new business shall require a majority vote except new business introduced at the last meeting of a session that would require a bylaw amendment cannot be adopted at such last meeting. Reference committee recommendations shall not be deemed new business.

Any resolution that the Speaker refers to a reference committee must be made available to all members of the House before adjournment of the first meeting. For this reason, resolutions received in the Headquarters Office before the House officially convenes its first meeting will be processed, referred to a reference committee, and made available to all members of the House at that meeting. Resolutions received after the first meeting has convened will not be referred to a reference committee. They will be accepted as new business, posted on ADA Connect, and taken up when the Speaker calls for new business.

New Business resolutions received prior to the first session of the House of Delegates on Thursday October 15, will be presented by the Speaker *en bloc*. If a member wants a separate vote on any of these resolutions he or she will request it by resolution number and ask that it be voted on separately; the remaining ones will be voted on *en bloc* with a majority vote allowing them to be considered. Those approved will be referred to a reference committee.

Items that come as new business after the first meeting of the House of Delegates has convened will not be assigned to a reference committee; the House will vote on them individually as to whether they will be considered. A majority vote is required for the resolution to be considered. If it receives the majority vote, the House will proceed to consider the resolution.

Resolutions of Reaffirmation/Commendation: The Committee calls attention to the House rule governing resolutions of reaffirmation or commendation, which states that “Resolutions which (1) merely reaffirm or restate existing Association policy, (2) commend or congratulate an individual or organization, or (3) memorialize an individual shall not be introduced to the House of Delegates” (*Trans.*1977:958).

Explanation of Resolution Number System: Original resolutions are numbered consecutively regardless of whether the source is a council, other Association agency, constituent society, delegate, Board of Trustees or House reference committee. Revisions made by the Board, reference committee or House are considered “amendments” to the original resolution. If amended by the Board, the suffix “B” follows the original resolution number (Res. 24B); if amended by a reference committee, the suffix “RC” follows (Res. 24RC).

If a resolution is adopted by the House, the suffix “H” follows the resolution number (Res.24H). The “H” always indicates that the resolution was adopted.

If a resolution is not adopted or it is referred by the House of Delegates, the resolution number remains the same. For example:

Res. 78B is considered by the House and not adopted, the number remains the same: Res. 78B.

Res. 7RC is considered by the House and referred for study, the number remains the same: Res. 7RC.

99H-2020—as amended—Special Rules of the 2020 Virtual House of Delegates

August 2020-H

Page 1023

Board Report 1/Credentials, Rules and Order

If a Board (B) or reference committee (RC) resolution is a substitute for several original resolutions, the Board's recommended substitute or the reference committee's recommended substitute uses the number of the first resolution submitted and adds the proper suffix (B or RC). The report will clearly state that the other resolution or resolutions have been considered and are included in the "B" or "RC" resolution. A resolution submitted by an agency other than the Board or a reference committee as a substitute or amendment retains the original resolution number followed by the suffix "S-1" (Res. 24S-1). If two substitute resolutions are submitted for the same original resolution, the suffixes are "S-1" and "S-2" (Res. 24S-1, Res. 24S-2).

Note. If a substitute resolution is received too late to be introduced to the House of Delegates through a reference committee report, the originator of the substitute resolution is responsible for calling it to the Speaker's attention when the original resolution is being discussed by the House of Delegates.

Microphone Queuing: To help balance debate during House discussions, the Speaker shall instruct all delegates and members of the House of Delegates with speaking privileges on how to seek recognition using the Lumi platform during discussion of any question (i.e., type PRO or CON, or PRIORITY to speak out of order and ask the chair a question). Priority would include: point of order, parliamentary inquiry, personal privilege, appeal, reconsider, and withdraw a motion. The Speaker shall observe the rules for recognition of delegates provided in the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* insofar as the Speaker is able using Lumi and Zoom. Offering to give information is *debate* and is not a point of information.

Recognition of Those Waiting to Speak: When a member wishes to address the House, the individual should enter the required information to enter the queue and wait to speak until recognized by the Speaker. The member shall then state his or her name, district, and, for the benefit of the official reporter, the purpose of his or her comments (e.g., speaking for or against a motion, presenting a new motion, etc.). If all members of the House follow this procedure, work will be expedited and all who wish to be heard will be given an opportunity.

Access to Speaking Queue: Access to the speaking queue is limited to: delegates and non-voting members of the House with speaking privileges, the chairs and registered members of the councils, commissions and special committees, the secretaries and executive directors of constituent societies, the executive director and president of the American Student Dental Association, an officially designated representative from each of the American Hospital Association and American Medical Association and members of the Headquarters Office staff. Alternate delegates, former officers (except for former presidents) and former trustees do not have access to the speaking queue.

Under the *Standing Rules*, it is not permissible to designate an "acting" secretary or executive director of a constituent society so that he or she may access the queue, unless that person is designated as "acting" secretary or executive director for the remaining portion of the annual session. Admission to the speaking queue will be granted to delegates with the appropriate electronic credentials, which permits logging in to the electronic speaking queue system.

SPECIAL RULE: Replacement of Alternate Delegates for Delegates: *There will be no replacement of alternate delegates for delegates during any of the meetings of the House. Substitutions of alternate delegates for delegates must be submitted no later than 5 p.m. (Central Time) on Wednesday, October 14, if for the first meeting of the House of Delegates and no later than 5 p.m. (Central Time), Sunday, October 18, if for the second and third meetings of the House of Delegates.*

Delegates wanting to replace themselves with an alternate delegate from their delegation as the credentialed delegate must complete the appropriate delegate-alternate substitution form. The constituent's executive director or secretary is required to submit the electronic form to ADA_HOD_CERTIFICATION@ADA.ORG. In order for a complete and accurate attendance record for all meetings of the 2020 House of Delegates, submission of these completed substitution forms is essential. Only credentialed delegates may vote for the Officers of the Association.

99H-2020—as amended—Special Rules of the 2020 Virtual House of Delegates

August 2020-H

Page 1024

Board Report 1/Credentials, Rules and Order

SPECIAL RULE: Closed Session: A closed session is any meeting or portion of a meeting of the House of Delegates with limited attendance in order to consider a highly confidential matter. A closed session may be held if agreed upon by general consent of the House or by a majority of the delegates present at the meeting in which the closed session would take place. In a closed session, attendance is limited to officers of the House, delegates and alternates, and the elective and appointive officers, trustees, past presidents and general counsel of the Association. In consultation with the Secretary of the House, the Speaker may invite other persons with an interest in the subject matter to remain during the closed session. In addition to senior staff, this is likely to include members and staff of the council(s) or commission(s) involved with the matter under discussion and executive directors of constituent societies and the American Student Dental Association. No official action may be taken nor business conducted during a closed session. *In the event a closed session is needed, the appropriate attendees will be invited to attend a separate Zoom Webinar with a unique link to ensure confidentiality.*

Immediately after a closed session, the Speaker will inform delegates that they may present a motion to request permission to review information which was discussed in the closed session, with the information being discussed only with members present at the session. This provision is not applicable to an attorney-client session.

SPECIAL RULE: Attorney-Client Session: An attorney-client session is a form of closed session during which an attorney acting in a professional capacity provides legal advice, or a request is made of the attorney for legal advice. During these sessions, the legal advice given by the attorney may be discussed at length, and such discussion is “privileged.” The requests, advice, and any discussion of them are protected, which means that opponents in litigation, media representatives, or others cannot legally compel their disclosure. The purpose of the privilege is to encourage free and frank discussions between an attorney and those seeking or receiving legal advice. The privilege can be lost (waived) if details about the attorney-client session are revealed to third parties. Once the privilege has been waived, there is a danger that all privileged communications on the issues covered in the attorney-client session, regardless of when or where they took place, may become subject to disclosure. For attorney-client sessions, the Speaker and Secretary shall consult with the General Counsel regarding attendance during the session. No official action may be taken nor business conducted during an attorney-client session. *In the event an attorney-client session is needed, the appropriate attendees will be invited to attend a separate Zoom Webinar with a unique link to ensure confidentiality.*

In accordance with the above information, all those participating in an attorney-client session shall refrain from disclosing information about the discussion held during the attorney-client session. In certain cases, a decision may be made to come out of the attorney-client session for purposes of conducting a non-privileged discussion of the same or related subject matter. The difference will be that during the non-privileged session there will be no discussion of any legal advice requested by attendees during the attorney-client session or about any of the legal advice given by the legal counsel. It is such requests for legal advice, legal advice given, and discussion of the legal advice during the attorney-client session that are protected by the privilege and that shall not be disclosed or discussed outside of the attorney-client session.

Manual of the House of Delegates: Each member of the House of Delegates has access to the *2020 Manual of the House of Delegates* through ADA Connect. The *Manual* contains the standing rules of the House of Delegates and the pertinent provisions of the *Bylaws* and *Governance Manual*.

Members of the House should familiarize themselves with the rules and procedures set forth in the *Manual* so that work may proceed as rapidly as possible. The *2020 Manual of the House of Delegates* will be published in early September.

Media Representatives at Meetings of the House of Delegates: On occasion, representatives of the press and other communications media may be in watching the live broadcast of the virtual House and virtual reference committee hearings.

99H-2020—as amended—Special Rules of the 2020 Virtual House of Delegates

August 2020-H

Page 1025

Board Report 1/Credentials, Rules and Order

Adoption of Special Rules of the 2020 Virtual House: Special Rules identified throughout this report have been written for the purpose of conducting a Virtual House of Delegates. Each section that contains a Special Rule is identified with the words ***SPECIAL RULES*** and the Special Rules are italicized.

99. Resolved, that the Special Rules for the 2020 Virtual House of Delegates as identified in the Report of the Committee on Credentials, Rules and Order be adopted.

Resolutions

(Resolution 94:Worksheet:1026)

(Resolution 95:Worksheet:1027)

(Resolution 96:Worksheet:1028)

(Resolution 97:Worksheet:1029)

(Resolution 98:Worksheet:1030)

(Resolution 99:Worksheet:1031)

NOTES

Notes

Continuing Education Program

Notes

Continuing Education Program

ADA FDC Virtual Connect Conference
October 15-17, 2020

The 2020 Annual Meeting Continuing Education Program was held October 15-17, 2020 on a virtual platform.

The Continuing Education Program was under the direction of the Committee on Annual Meetings and composed of the following members:

Nanette Tertel, General Chair, Toledo, Ohio; James D. Stephens, Chair, 13th District, 2020 Board of Trustees Liaison, Palo Alto, California; Paul F. Kirkegaard, 2020 Continuing Education Chair, Saint Paul, Minnesota; Lauren E. Vitkus, 2020 NDC Consultant, Victor, New York; Robert L. Skinner, 2021 Continuing Education Chair-Designate, Fort Smith, Arkansas; Letitia Edwards, 2020 ASDA Liaison, non-voting

member, Livermore, California; Bertram J. Hughes, 2020 CLA General Chair, Gainesville, Florida; H. Charles McKelvey, 2021 General Chair-Designate, Twain Harte, California; Bradley A. Wilbur, 2021 CLA General Chair, Henderson, Nevada; George R. Shepley, Chair-Designate, 4th District, 2021 Board of Trustees Liaison, Baltimore, Maryland; Robert L. Blackwell, Alton, Illinois; Melanie Love, Falls Church, Virginia; David A. Schimmel, Boalsburg, Pennsylvania; Peter C. Shatz, Marietta, Georgia; Deborah Weisfuse, New York, New York; Dawn M. McEvoy, senior director, Chicago, Illinois

The following were presenters for the 2020 Continuing Education Program:

Araujo, Marcelo	Holler, Judi
Aravamudhan, Krishna	Jablow, Marty
Bendit, Judy Z.	Jagor, Jo A.
Bennett, Brit	Kadi, Gary
Brady, Lee Ann	Kleive, Mark
Brown, Tanya A.	Malcmacher, Louis
Chalmers, Natalia	Maragliano-Muniz, Pamela
Charles, Jill	Ng, Jonathan
Chawla, Aparna	Olson, Chad
DeWood, Gary	Pearson, Liz
DiBona Pastan, Christina	Phillips, Laci
Donihue, Ryan	Ruiz, Jose-Luis
Feuerstein, Paul	Salierno, Christopher
Fijal, Phil	Santos, Laurie
Flucke, John	Shuman, Lisa
Gardiner, Mitchell J.	Spear, Frank
Geisinger, Maria L.	Stilley Mallah, Jessica
Graham, Michael	Stuefen, Sara
Hannan, Casey	Swanson, Averie
Hartlieb, Dennis	Vujicic, Marko
Hayes, Darwin	Walker, Desiree
Hein, Casey	Zost, Deana
Heppner, Fred E.	

Directory

Officers, Trustees, Senior Staff, Councils, Commissions, Committee on Local Arrangements

Officers

Gehani, Chad P., *president*,
Jackson Heights, New
York
Klemmedson, Daniel J.,
president-elect, Tucson,
Arizona
Herre, Craig W., *first vice
president*, Leawood,
Kansas
Rapini, Vincent U., *second
vice president*, Saint Louis,
Missouri
Donald, W. Mark, *speaker*,
House of Delegates,
Louisville, Mississippi
Sherwin, Ted, *treasurer*,
Orange, Virginia
O'Loughlin, Kathleen T.,
*executive director and
secretary*, Chicago, Illinois

Trustees

Armstrong, Craig S., 2023,
Fifteenth District, Houston,
Texas
Doroshov, Susan Becker,
2022, *Eighth District*,
Skokie, Illinois
Edgar, Linda J., 2022,
Eleventh District, Federal
Way, Washington
Fiddler, Terry, 2023, *Twelfth
District*, Conway, Arkansas
Harrington, Jay, 2021, *Fifth
District*, Milledgeville,
Georgia
Himmelberger, Linda K., 2021,
Third District, Berwyn,
Pennsylvania
Kessler, Brett, D.D.S., 2023
Fourteenth District,
Denver, Colorado
Kyger, Billie Sue, 2020,
Seventh District, Gallipolis,
Ohio

Leary, Paul R., 2022
Second District,
Smithtown, New York
McDougall, Kenneth, 2020,
Tenth District, Jamestown,
North Dakota
Norbo, Kirk M., 2020,
Sixteenth District,
Purcellville, Virginia
Rodriguez, Julio H., 2021,
Ninth District, Brodhead,
Wisconsin
Sabates, Cesar R., 2020,
Seventeenth District, Coral
Gables, Florida
Shepley, George R., 2021,
Fourth District, Baltimore,
Maryland
Stephens, James D., 2022,
Thirteenth District,
Palo Alto, California
Thompson, Roy, 2020,
Sixth District,
Murfreesboro, Tennessee

Senior Staff

Araujo, Marcelo, vice
president, Science
Institute
Baugh, Jordan, chief
technology officer
Bowman, Jerome K., chief of
governance and strategy
management
Fleeks, Judith, vice president,
Human Resources
Fowkes, Scott W., general
counsel
Frankos, Tony, vice president,
Sales Strategy & Product
Development
Goodman, James S., senior
vice president, Business
Group
Graham, Michael A., senior
vice president,
Government and Public
Affairs
Hoffman, Michelle, vice
president, Publishing

Kates-Ellison, April, vice
president, Member &
Client Services

Mills, Catherine H., vice
president, Conferences
and Continuing Education
Moritz, Stephanie, chief
communications officer
Preble, David M., senior vice
president, Practice
Institute
Quashie, Robert, vice
president, Operations
Sholty, Paul, chief financial
officer
Vujicic, Marko, chief economist
and vice president, Health
Policy Institute
Ziebert, Anthony J., senior vice
president,
Education/Professional
Affairs

Councils

Advocacy for Access and Prevention

Stevenson, Richard A., *chair*,
2020, Jacksonville, Florida
Meeske, Jessica A., *vice chair*,
Hastings, Nebraska
Arsenault, Karin V., 2023,
Dracut, Massachusetts
Bradberry, Robert D., 2020,
Marietta, Georgia
Casamassimo, Paul S., 2020,
Columbus, Ohio
Delecki, Christopher, 2023,
Kirkland, Washington
Golden, Kristi A., 2022, Hot
Springs, Arkansas
Gupta, Shailee J., 2022 Austin,
Texas
Hilton, Irene V., 2021 San
Francisco, California
Humenik, Mark J., 2020,
Northbrook, Illinois
LoMonaco, Carmine J., 2020,
Newark, New Jersey

Mancini, James, 2023,
Pittsburgh, Pennsylvania
Margolin, Robert E., 2023,
Scarsdale, New York
Morrow, Carol M., 2021,
Walsh, Colorado
Richardson, Michael L., 2022,
Charleston, West Virginia
Vakil, Shamik S., 2022,
Charlotte, North Carolina
Wakeem, Jehan, 2021, *ad
interim*, Saint Clair Shores,
Michigan
Welles, Andrew D., 2020,
Madison, Wisconsin**
Grover, Jane S., *director*
Chicago, Illinois

Communications

Poteet, Sarah, 2020, *chair*,
Dallas, Texas
Mansour, Sam, 2021, *vice
chair*, Erie, Pennsylvania
Briney, Lynse J., 2023,
Naperville, Illinois
Carney, Kerry K., 2020,
Benicia, California
De La Rosa, Rebecca J.,
2022, Avon, Indiana
Frankman, Michael J., 2022,
Sioux Falls, South Dakota
Hall, Jeannette Peña, 2020,
Coral Gables, Florida
Iuorno, Frank P., Jr., 2020,
Glen Allen, Virginia
Kai, Kevin Y., D.D.S., 2020,
San Francisco, California*
Krishnan, Prabha, 2023,
Forest Hills, New York
Lawson, Amber P., 2022,
Macon, Georgia
Manzanares, David J., 2020,
Albuquerque, New Mexico
Noguera, Angela P., 2023,
Washington, DC
Pitmon, Stephen M., 2021,
Colchester, Vermont
Raum, Rhett E., 2021,
Lafayette, Tennessee
Shelton Wagers, Jill, 2022, *ad
interim*, Boise, Idaho

Weaver, Stephanie B., 2021,
Lake Charles, Louisiana
Eitel, Sandy, *director*, Chicago,
Illinois

Dental Benefit Programs

Markarian, Randall C., 2021,
chair, Swansea, Illinois
Watson, Hope E., 2021, *vice
chair*, Maryville,
Tennessee
a'Becket, Thomas R., 2020,
Millersville, Maryland
Adams, Roderick H., Jr., 2023,
University Heights, Ohio
Calitri, Paul, 2020, West
Greenwich, Rhode Island
Chung, Kenneth L., 2020,
Milwaukie, Oregon
Dens, Kevin W., 2022,
Brainerd, Minnesota
Dougherty, William V., III,
2022, Falls Church,
Virginia
Hill, Rodney C., 2023, Casper,
Wyoming
Hollingsworth, James W.,
2020, Newton, Mississippi
Johnston, Mark M., 2023,
Lansing, Michigan
Maldonado, Yvonne E., 2021,
El Paso, Texas
Olenwine, Cynthia, 2020,
Nazareth, Pennsylvania
Porcelli, Eugene G., 2022,
Garden City, New York
Scott, L. King, 2022, West
Monroe, Louisiana
Stilley-Mallah, Jessica A.,
2023, New Port Richey,
Florida
Stuefen, Sara E., 2019, Vinton,
Iowa*
Weber, Walter G., 2021,
Monte Sereno, California
Aravamudhan, Krishna,
director, Chicago, Illinois

Dental Education and Licensure

Niessen, Linda C., 2021
(ADEA), *chair*, Davie,
Florida
Plemons, Jacqueline M., 2021
(ADA), *vice chair*, Dallas,
Texas
Boden, David F., 2020, (ADA),
Port Saint Lucie, Florida
DiFranco, Geri Ann, 2020
(AADB), Park Ridge,
Illinois
Donoff, R., Bruce, 2020,
(ADEA), Boston,
Massachusetts
Gehani, Rekha C., 2020
(ADA), Jackson Heights,
New York
Hammer, Daniel A., 2020, Fort
Worth, Texas*
Hangorsky, Uri, 2022, (ADEA),
Philadelphia, Pennsylvania
Hardesty, Willis "Stan" S., Jr.,
2022 (ADA), *ad interim*,
Raleigh, North Carolina
Lepowsky, Steven M., 2023
(ADEA), Farmington,
Connecticut
Lim, Jun S., 2021 (ADA),
Chicago, Illinois
Litaker, William M., Jr., 2021,
(AADB), Gastonia, North
Carolina
Miles, Maurice S., 2023,
(AADB), Bowie, Maryland
Nickman, James D., 2023
(ADA), Lino Lakes,
Minnesota
Nielson, David L., 2022
(AADB), Anchorage,
Alaska
Otomo-Corgel, Joan, 2023
(ADA), Manhattan Beach,
California
Thomas-Moses, Donna, 2022
(ADA), Carrollton, Georgia
Hart, Karen M., *director*,
Chicago, Illinois

* New Dentist member

Dental Practice

Liddell, Rudolph T., III, 2020, *chair*, Brandon, Florida
 Ho, Duc M., 2021, *vice chair*, Katy, Texas
 Aflatooni, Nima, 2020, Gold River, California
 Berkley, Jeffrey S., 2021, Orange, Connecticut
 Braden, Ryan, 2022, Lake Geneva, Wisconsin
 Chopra, Manish, 2023, Cincinnati, Ohio
 Compton, Lindsay M., 2020, Arvada, Colorado*
 Gwin, Sherry R., 2022, Pearl, Mississippi
 Hoddick, James A., 2022, Tonawanda, New York
 House, Allison B., 2022, Phoenix, Arizona
 Howell, Ralph L., Jr., 2023, Suffolk, Virginia
 Liang, Christopher G., 2021, Potomac, Maryland
 Limberakis, Cary J., 2021, Abington, Pennsylvania
 Medovic, Michael D., 2020, Wheeling, West Virginia
 Rekhi, Princy S., 2020, Kenmore, Washington
 Romo, Genaro, Jr., 2023, Oak Lawn, Illinois
 Smith, Lindsay A., 2023, Tulsa, Oklahoma
 Wolff, Douglas S., 2020, Saint Paul, Minnesota
 Porembski, Pamela M., *director*, Chicago, Illinois

Ethics, Bylaws and Judicial Affairs

Kurkowski, Michael A., 2020, *chair*, Shoreview, Minnesota
 Wilson, Robert J., Jr., 2021, *vice chair*, Gaithersburg, Maryland
 Bailey, Meredith A., 2022, Boston, Massachusetts

Browder, Larry F., 2020, Montgomery, Alabama
 Burns, Jill M., 2021, Richmond, Indiana
 Burton, Bruce A., 2023, Portland, Oregon
 Clark, Alma J., 2022, San Quentin, California
 Cohen, Donald F., 2020, Houston, Texas
 Cranford, William D., Jr., 2022, Rock Hill, South Carolina
 Davis, Gary S., 2023, Shippensburg, Pennsylvania
 Depp, Ansley H., 2023, Highland Heights, Kentucky
 Griffin, Seth W., 2020, Benton Harbor, Michigan
 Hall, Daniel W., 2020, Easley, South Carolina*
 Johnson, Jay "Drew" A., 2022, Cocoa, Florida
 Jonke, Guenter J., 2021, Stonybrook, New York
 Pappas, Renee P., 2023, Prospect Heights, Illinois
 Patel, Onika R., 2021, Scottsdale, Arizona
 Soileau, Kristi M., 2020, New Orleans, Louisiana
 Elliott, Thomas C., Jr., *director*, Chicago, Illinois

Government Affairs

Fijal, Phillip J., 2020, *chair*, Des Plaines, Illinois
 White, David M., 2021, *vice chair*, Reno, Nevada
 Bishop, Deborah S., 2020, Huntsville, Alabama
 Blake, John L., 2023, Long Beach, California
 Clemens, David L., 2020, *ad interim*, Wisconsin Dells, Wisconsin
 Cohlma, Matthew, 2022, Oklahoma City, Oklahoma
 Crabtree, Mark A., 2023, Martinsville, Virginia

Desrosiers, Mark B., 2020, Columbia, Connecticut
 Hisel, John E., Jr., 2022, Kuna, Idaho
 Kalarickal, Zacharias J., 2020, Wesley Chapel, Florida
 Messina, Matthew J., 2021, Columbus, Ohio
 Miller, Raymond G., 2023, Buffalo, New York
 Reitz, John V., 2021, Reading, Pennsylvania
 Roberts, Matthew B., 2023, Crockett, Texas
 Shisler, Adam C., 2020, Houston, Texas*
 Stanislav, Leon E., 2022, Clarksville, Tennessee
 Vitale, Mark A., 2022, Edison, New Jersey
 Willett, Emily S., 2021, Lincoln, Nebraska
 Yaghoubi, Roxanne, *director*, Washington, D.C.

Members Insurance and Retirement Programs

Johnston, Jon J., 2020, *chair*, Punxsutawney, Pennsylvania
 Ahern, John P., 2021, *vice chair*, Derry, New Hampshire
 Grossman, Richard R., 2022, Kingston, Pennsylvania
 Huot, Richard A., 2022, Vero Beach, Florida
 Jacob, Hubert J., 2021, Cincinnati, Ohio
 Kido, Scott H., 2020, Nampa, Idaho
 Luquis-Aponte, Wilma, 2021, El Paso, Texas
 Matin, Britany F., 2019, Auburn, Alabama*
 Olenyn, Paul T., 2021, Burke, Virginia
 Sokolowski, Joseph E., 2021, Saint Louis, Missouri
 Sterritt, Frederic C., 2020, Raritan, New Jersey

* New Dentist member

Thompson, Michael R., 2021, Scottsdale, Arizona
 Tota, Christopher M., 2020, Hawthorne, New York
 White, Cecil, Jr., 2020, Atlantic Beach, Florida
 Williams, David S., 2022, Wilmington, Delaware
 Wood, C. Rieger, III, 2021, Tulsa, Oklahoma
 Tiernan, Rita, *senior manager*, Chicago, Illinois

Membership

Freedman, I. Jay, 2020, *chair*, Abington, Pennsylvania
 Kahl, Jeffrey A., 2021, *vice chair*, Colorado Springs, Colorado
 Bellamy, Wallace J., 2023, Elk Grove, California
 Berg, Tamara S., 2022, Yukon, Oklahoma
 Blew, Bryan C., 2021, Moline, Illinois
 Bogan, Kyle D., 2022, Delaware, Ohio
 Chatterjee Kirk, Pia, 2020, Jackson, Mississippi
 Eggnatz, Michael D., 2022, Weston, Florida
 Hanlon, Mary Jane, 2020, Kennebunkport, Maine
 Kampfe, Mark I., 2020, Rapid City, South Dakota
 Mutschler, Mark D., 2022, Oregon City, Oregon
 Nelson, Cate E., 2023, *ad interim*, Kalamazoo, Michigan
 Patel, Meenal H., 2019, Cary, North Carolina
 Riordan, Danielle M., 2020, St. Peters, Missouri
 Roark, Summer Ketron, 2021, Lubbock, Texas
 Skolnick, Jay, 2021, Webster, New York
 Sniscak, Thomas J., 2023, Belmar, New Jersey

Youel, Ben C., 2021, Chicago, Illinois*

Bronson, Elizabeth, *senior manager*, Chicago, Illinois

Scientific Affairs

Geisinger, Maria L., 2020, *chair*, Birmingham, Alabama
 Bedran-Russo, Ana K., 2021, *vice chair*, Chicago, Illinois
 Aghaloo, Tara L., 2021, Los Angeles, California
 Alapati, Satish B., 2021, Chicago, Illinois
 Dionne, Raymond A., 2022, New Bern, North Carolina
 Fontana, Margherita R., 2020, Ann Arbor, Michigan
 Frazier, Kevin B., 2022, Augusta, Georgia
 Gonzalez-Cabezas, Carlos, 2022, Ann Arbor, Michigan
 Ioannidou, Effie, 2023, Farmington, Connecticut
 Kademani, Deepak, 2023, Minneapolis, Minnesota
 Keels, Martha Ann, 2020, Chapel Hill, North Carolina
 Khajotia, Sharukh S., 2023, Oklahoma City, Oklahoma
 Lawson, Nathaniel C., 2020, Birmingham, Alabama*
 Lefebvre, Carol A., 2023, Augusta, Georgia
 Madurantakam, Parthasarathy A., 2021, Richmond, Virginia
 Mascarenhas, Ana Karina, 2022, Fort Lauderdale, Florida
 Park, Jacob G., 2020, *ad interim*, San Antonio, Texas
 Patton, Lauren L., 2021, Chapel Hill, North Carolina
 Lyznicki, James M., *senior manager*, Chicago, Illinois

Commissions

Continuing Education Provider Recognition

Reed, Susan, 2020, *chair*, (AAPHD), Charleston, South Carolina
 Cipes, Monica H., 2021, *vice chair*, (AAPD), West Hartford, Connecticut
 Ball, John D., 2022 (ACP), Kansas City, Missouri
 Burgess, Karen, 2022 (ASCDE), Okemos, Michigan
 Cuevas-Nunez, Maria C., 2021 (AAOMP), Downers Grove, Illinois
 del Valle Sepúlveda, Edwin A., 2023 (ADA), San Juan, Puerto Rico
 DeWood, Gary M., 2021 (ADA), Scottsdale, Arizona
 Evans, Carlotta (Carla) A., 2023 (AAO), Boston, Massachusetts
 Kim, David M., 2022 (AAP), Boston, Massachusetts
 Meara, Daniel J., 2023 (AAOMS), Wilmington, Delaware
 Parker, Steven E., 2021 (ADA), Massillon, Ohio
 Randall, Ken, 2020 (ADA), Chattanooga, Tennessee
 Sadrameli, Mitra, 2022 (AAOMR), Chicago, IL
 Saraghi, Mana, 2023 (ASDA), Long Island City, New York
 Silva, Renato M., 2021 (AAE), Houston, Texas
 Trecek, Carol, 2023 (ADEA), Milwaukee, Wisconsin
 Verma, Arpana S., 2023, (AADB), Frederick, Maryland
 Borysewicz, Mary, *director*, Chicago, Illinois

* New Dentist member

Dental Accreditation

Jee, Arthur Chen-Shu, 2020, (AADB), *chair*, Laurel, Maryland
 Hicks, Jeffery, 2021, (SCDA/ADEA/ASDA/AOM/AAOP), *vice chair*, San Antonio, Texas
 Agar, John, 2021, (ACP), Farmington, Connecticut
 Berg, Joel H., 2023, (AAPD), Glendale, Arizona
 Casser, Linda, 2022, Elkins Park, Pennsylvania
 DeLeon, Eladio, 2023, (AAO), Augusta, Georgia
 DeVito, Scott, 2023, Jacksonville, Florida
 Friedrichsen, Steven, 2020, (ADEA), Pomona, California
 Hasty, Christopher M., 2021, (ADA), Tifton, Georgia
 Haubrick, Kevin D., 2022, Cypress, Texas
 Hebl, Monica M., 2020, (ADA), Milwaukee, Wisconsin
 Hellstein, John W., 2022, (AAOMP), Iowa City, Iowa
 Jackson, Adolphus, 2021, (AADB), Birmingham, Alabama
 Johnson, Bradford, 2020, (AAE), Chicago, Illinois
 Kass, Susan, 2023, (ADHA), Miami, Florida
 Katancik, James Allen, 2022, (AAP), Portland, Oregon
 Lancaster, Jan D., 2023, New Orleans, Louisiana
 Levy, Steven, 2020, (AAPHD), Iowa City, Iowa
 Mallya, Sanjay M., 2023, (AAOMR), Los Angeles, California
 McClemens, Charles, 2021, (NADL), Eau Claire, Wisconsin
 Nelson, William, 2021, (AAOMS), Green Bay, Wisconsin

Pyle, Marsha A., 2023, (ADEA), Kansas City, Missouri
 Rotter, Bruce E., 2022, (ADEA), Alton, Illinois
 Schwartz, Timmothy J., 2023, (ADA), Pekin, Illinois
 Shaffer, Marybeth D., 2022, (AADB), Columbiana, Ohio
 Srivastava, Ambika, 2021, (ASDA/ADEA), Flowood, Mississippi
 Stein, Alan R., 2022, (ADA), Northridge, California
 Stentiford, Deanna, 2020, (ADAA), Pinellas Park, Florida
 Titus, Marshall H., 2023, (AADB), Seattle, Washington
 Wolinsky, Lawrence, 2021, (ADEA), Dallas, Texas
 Tooks, Sherin, *director*, Chicago, Illinois

National Dental Examinations

Leone, Cataldo, 2020, (ADEA), *chair*, Boston, Massachusetts
 Ragunathan, Kanthasamy K., 2021, (ADA), *vice chair*, Canton, Ohio
 Allaire, Joanna, 2022, (ADHA), The Woodlands, Texas
 Binder, Laura Jean, 2020, (ASDA Student Observer), Corpus Christi, Texas
 Da Silva, John D., 2023, (ADEA), Boston, Massachusetts
 Irons, Roy L., 2021, (AADB), Gulfport, Mississippi
 King, Michael E., 2022, (ADA), Woodbridge, Virginia
 Maggio, Frank A., 2021, (AADB), Dundee, Illinois
 Rensch, Brandon, 2020, (ASDA Student Commissioner), Omaha, Nebraska
 Robinson, William F., 2020, (AADB), Tampa, Florida

Sanders, R. Michael, 2022, (AADB), Las Vegas, Nevada
 Starsiak, Mary A., 2023, (AADB), Chicago, Illinois
 Tepe, Patrick J., 2023, (ADA), Middleton, Wisconsin
 Thomas, Wesley Delaine, 2021, (AADB), Washington, DC
 Wilson, Douglas C., 2022, Vancouver, Washington
 Zambon, Joseph J., 2021, (ADEA), Buffalo, New York
 Waldschmidt, David, *director and secretary*, Chicago, Illinois

Recognition of Dental Specialties and Certifying Boards

Boyle, James M., III, 2020, (AAOMS), *chair*, York, Pennsylvania
 Friedel, Alan E., 2022, (ADA), *vice chair*, Hollywood, Florida
 Aldredge, Wayne A., 2021, (AAP), Holmdel, New Jersey
 Altman, Donald S., 2020, (AAPHD), Mesa, Arizona
 Battaglia, Joseph A., 2021, (ADA), Wayne, New Jersey
 Benz, James D., 2021, (ADA), Chicago, Illinois
 Broughten, Renee M., 2022, Bloomington, Minnesota
 Carroccia, Anthony S., 2023, (ADA), Clarksville, Tennessee
 Catey-Williams, Mara, 2023, (ADA), Gas City, Indiana
 Cooley, Ralph A., 2022, (ADA), Houston, Texas
 Ganzberg, Steven, 2023, (ASDA), Los Angeles, California
 Gohel, Anita, 2021, (AAOMR), Dublin, Ohio
 Hering, Denise L., 2020, (ADA), Columbus, Ohio

Huber, Michael A., 2020, (AAOM), *interim*, San Antonio, Texas
 Johnson, William T., 2022, (AAE), Iowa City, Iowa
 Kiesling, Roger L., 2020, (ADA), Helena, Montana
 Knapp, Jonathan B., 2020, (ADA), *interim*, Bethel, Connecticut
 Kwasny, Andrew J., 2020, (AAO), Fairview, Pennsylvania
 McAllister, Brian S., 2023, (ADA), Middletown, Delaware
 Moody, Edward H., 2023, (AAPD), Morristown, Tennessee
 Muller, Susan, 2023, (AAOMP), Atlanta, Georgia
 Norman, Charles H., III, 2021, (ADA), Greensboro, North Carolina
 Raman, Prabu, 2020, (ADA), *interim*, Kansas City, Missouri
 Tuminelli, Frank J., 2022, (ACP), Great Neck, New York
 Baumann, Cathy, *director*, Chicago, Illinois

Standing Committees

Advisory Committee on Annual Meetings

Stephens, James D., 2020, *chair*, Palo Alto, California
 Shepley, George R., 2021, *vice chair*, Baltimore, Maryland
 Tertel, Nanette C., 2020, *general member and 2020 meeting chair*, Toledo, Ohio
 Kirkegaard, Paul F., 2020, *general member and 2020 continuing education chair*, Saint Paul, Minnesota

Blackwell, Robert L., 2021, *general member*, Alton, Illinois
 Hughes, Bertram J., 2020 *local arrangements member*, Gainesville, Florida
 Love, Melanie R., 2023, *general member*, Falls Church, Virginia
 McKelvey, H. Charles, 2022, *general member and 2021 meeting chair*, Twain Harte, California
 Schimmel, David A., 2024, *general member*, State College, Pennsylvania
 Shatz, Peter C., 2024, *general member*, Marietta, Georgia
 Skinner, Robert L., 2023, *general member, 2021 continuing education chair and 2022 meeting chair*, Fort Smith, Arkansas
 Vitkus, Lauren E., 2020, Victor, New York*
 Weisfuse, P. Deborah, M.S., D.M.D., 2021, *general member*, New York, New York
 Wilbur, Brad A., 2021, *local arrangements member*, Henderson, Nevada
 Cantalupo, David, *director*, Chicago, Illinois

New Dentist Committee

Mattingly, Emily A., 2020, *chair*, Chillicothe, Missouri
 Hall, Daniel W., 2021, *vice chair*, Easley, South Carolina
 Compton, Lindsay M., 2021, Arvada, Colorado
 Feldman, Steven G., 2022, Rockville, Maryland
 Fukuoka, Brooke M., 2022, Jerome, Idaho
 Greene, Colleen, 2020, Wauwatosa, Wisconsin
 Kai, Kevin Y., 2022, San Francisco, California
 Lee, James E., 2023, Malden, Massachusetts

Lu, Daryn, 2023, Edmond, Oklahoma
 Matin, Britany F., 2020, Auburn, Alabama
 Mellion, Alex T., 2023, Akron, Ohio
 Perez, Ernesto R., 2023, Miami, Florida
 Shisler, Adam C., 2020, Houston, Texas
 Stuefen, Sara E., 2020, Vinton, Iowa
 Vitkus, Lauren E., 2021, Victor, New York
 Walbridge, Seth A., 2022, Easton, Pennsylvania
 Youel, Ben C., 2021, Grayslake, Illinois
 Lavick, Tera, *director*, Chicago, Illinois

Committee on Local Arrangements

Hughes, Bertram J., CLA *chair*
 Warnken, Rebecca L., CLA *vice chair*
 Mendro, Ryan L., Programs *co-chair*
 Godet, Yvette M., Operations, *co-chair*
 Flatley, James P., Operations, *co-chair*
 Perez, Stephen T., Programs, *co-chair*

Appendix

Notes

Historical Record

The American Dental Association was organized in Niagara Falls, New York, on August 3, 1859. The president of this organizing convention was W.W. Allport and the secretary was J. Taft. Permanent organization was effected in Washington, D.C., July 3, 1860, when the officers *pro tem* were succeeded by regularly elected officers. In 1861 no session was held, owing to the Civil War; since

then, the sessions have been held annually with the exception of 1945, when no session was held because of World War II. In 1897, the Association united with the Southern Dental Association and the name was changed to the "National Dental Association," which name was retained until 1922, when the earlier name was resumed. A complete list of the officers and sessions follows.

American Dental Association

Term	President	Corresponding Secretary	Recording Secretary	Date of Meeting	Place of Meeting
1860–61	W. H. Atkinson	W. M. Rogers	J. Taft		No meeting
1861–62	W. H. Atkinson	W. M. Rogers	J. Taft	1862	Cleveland
1862–63	G. Watt	J. F. Johnson	J. Taft	1863	Philadelphia
1863–64	W. H. Allen	C. R. Butler	J. Taft	1864	Niagara Falls
1864–65	J. H. McQuillen	G. W. Ellis	J. Taft	1865	Chicago
1865–66	C. W. Spalding	L. D. Shepard	J. Taft	1866	Boston
1866–67	C. P. Fitch	A. Hill	J. Taft	1867	Cincinnati
1867–68	A. Lawrence	C. R. Butler	J. Taft	1868	Niagara Falls
1868–69	Jonathan Taft	J. McManus	Edgar Park	1869	Saratoga Springs
1869–70	Homer Judd	I. A. Salmon	M. S. Dean	1870	Nashville
1870–71	W. H. Morgan	I. A. Salmon	M. S. Dean	1871	White Sulphur Springs, WV
1871–72	G. H. Cushing	I. A. Salmon	M. S. Dean	1872	Niagara Falls
1872–73	P. G. C. Hunt	J. Taft	M. S. Dean	1873	PutinBay, Ohio
1873–74	T. L. Buckingham	J. Taft	M. S. Dean	1874	Detroit
1874–75	M. S. Dean	G. L. Field	C. S. Smith	1875	Niagara Falls
1875–76	A. L. Northrop	J. H. McQuillen	C. S. Smith	1876	Philadelphia
1876–77	G. W. Keely	J. H. McQuillen	C. S. Smith	1877	Chicago
1877–78	F. H. Rehwinkel	M. H. Webb	M. S. Dean	1878	Niagara Falls
1878–79	H. J. McKellops	A. O. Rawls	G. H. Cushing	1879	Niagara Falls
1879–80	L. D. Shepard	M. H. Webb	G. H. Cushing	1880	Boston
1880–81	C. N. Pierce	A. M. Dudley	G. H. Cushing	1881	New York
1881–82	H. A. Smith	A. M. Dudley	G. H. Cushing	1882	Cincinnati
1882–83	W. H. Goddard	A. W. Harlan	G. H. Cushing	1883	Niagara Falls
1883–84	E. T. Darby	A. W. Harlan	A. H. Peck	1884	Saratoga Springs
1884–85	J. N. Crouse	A. W. Harlan	A. H. Peck	1885	Minneapolis
1885–86	W. C. Barrett	A. W. Harlan	G. H. Cushing	1886	Niagara Falls
1886–87	W. W. Allport	A. W. Harlan	G. H. Cushing	1887	Niagara Falls
1887–88	Frank Abbott	F. A. Levy	G. H. Cushing	1888	Louisville
1888–89	C. R. Butler	F. A. Levy	G. H. Cushing	1889	Saratoga Springs
1889–90	M. W. Foster	F. A. Levy	G. H. Cushing	1890	Excelsior Springs
1890–91	A. W. Harlan	F. A. Levy	G. H. Cushing	1891	Saratoga Springs
1891–92	W. W. Walker	F. A. Levy	G. H. Cushing	1892	Niagara Falls
1892–93	J. D. Patterson	F. A. Levy	G. H. Cushing	1893	Chicago
1893–94	J. D. Patterson	F. A. Levy	G. H. Cushing	1894	Old Point Comfort, VA
1894–95	J. Y. Crawford	E. E. Chase	G. H. Cushing	1895	Asbury Park, NJ
1895–96	J. Y. Crawford	E. E. Chase	G. H. Cushing	1896	Saratoga Springs
1896–97	James Truman	F. A. Levy	G. H. Cushing	1897	Old Point Comfort, VA

National Dental Association

Term	President	Corresponding Secretary	Recording Secretary	Date of Meeting	Place of Meeting
1897–98	Thomas Fillebrown	E. E. Chase	G. H. Cushing	1898	Omaha
1898–99	H. J. Burkhart	E. E. Chase	G. H. Cushing	1899	Niagara Falls
1899–1900	B. Holly Smith	E. E. Chase	G. H. Cushing	1900	Old Point Comfort, VA
1900–01	G. V. Black	M. E. Gallup	G. H. Cushing	1901	Milwaukee
1901–02	J. A. Libbey	J. D. Pfeiffer	G. H. Cushing	1902	Niagara Falls
1902–03	L. G. Noel	W. D. Tracy	A. H. Peck	1903	Asheville, NC
1903–04	C. G. Chittenden	C. S. Butler	A. H. Peck	1904	St. Louis (Business only)
1904–05	W. E. Boardman	C. S. Butler	A. H. Peck	1905	Buffalo
1905–06	M. F. Finley	C. S. Butler	A. H. Peck	1906	Atlanta
1906–07	A. H. Peck	B. L. Thorpe	C. S. Butler	1907	Minneapolis
1907–08	William Carr	B. L. Thorpe	C. S. Butler	1908	Boston
1908–09	V. E. Turner	H. C. Brown	C. S. Butler	1909	Birmingham
1909–10	B. L. Thorpe	H. C. Brown	C. S. Butler	1910	Denver
1910–11	E. S. Gaylord	C. W. Rodgers	H. C. Brown	1911	Cleveland
1911–12	A. R. Melendy	C. W. Rodgers	H. C. Brown	1912	Washington, D.C.
1912–13	F. O. Hetrick	C. W. Rodgers	H. C. Brown	1913	Kansas City, MO

Reorganized July 10, 1913

Term	President	General Secretary	Treasurer	Date of Meeting	Place of Meeting
1913–14	H. C. Brown	Otto U. King	H. B. McFadden	1914	Rochester, NY
1914–15	D. M. Gallie	Otto U. King	A. R. Melendy	1915	San Francisco (H of D only)
1915–16	T. P. Hinman	Otto U. King	A. R. Melendy	1916	Louisville
1916–17	L. L. Barber	Otto U. King	A. R. Melendy	1917	New York
1917–18	W. H. G. Logan	Otto U. King	A. R. Melendy	1918	Chicago
1918–19	C. V. Vignes	Otto U. King	A. R. Melendy	1919	New Orleans
1919–20	J. V. Conzett	Otto U. King	A. R. Melendy	1920	Boston
1920–21	H. E. Friesell	Otto U. King	A. R. Melendy	1921	Milwaukee

American Dental Association

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1921–22	T. B. Hartzell	Otto U. King	A. R. Melendy	1922	Los Angeles
1922–23	J. P. Buckley	Otto U. King	A. R. Melendy	1923	Cleveland
1923–24	W. A. Giffen	Otto U. King	A. R. Melendy	1924	Dallas
1924–25	C. N. Johnson	Otto U. King	A. R. Melendy	1925	Louisville
1925–26	Sheppard W. Foster	Otto U. King	A. R. Melendy	1926	Philadelphia
1926–27	Henry L. Banzhaf	Otto U. King	A. R. Melendy	1927	Detroit
1927–28	R. H. Volland	H. B. Pinney	A. R. Melendy	1928	Minneapolis
1928–29	Percy R. Howe	H. B. Pinney	R. H. Volland	1929	Washington, D.C.
1929–30	R. Boyd Bogle	H. B. Pinney	R. H. Volland	1930	Denver
1930–31	Robert T. Oliver	H. B. Pinney	R. H. Volland	1931	Memphis
1931–32	Martin Dewey	H. B. Pinney	R. H. Volland	1932	Buffalo
1932–33	G. Walter Dittmar	H. B. Pinney	R. H. Volland	1933	Chicago
1933–34	Arthur C. Wherry	H. B. Pinney	R. H. Volland	1934	St. Paul
1934–35	Frank M. Casto	H. B. Pinney	R. H. Volland	1935	New Orleans
1935–36	George B. Winter	H. B. Pinney	R. H. Volland	1936	San Francisco
1936–37	Leroy M.S. Miner	H. B. Pinney	R. H. Volland	1937	Atlantic City
1937–38	C. Willard Camalier	H. B. Pinney	R. H. Volland	1938	St. Louis

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1938–39	Marcus L. Ward	H. B. Pinney	R. H. Volland	1939	Milwaukee
1939–40	Arthur H. Merritt	H. B. Pinney	R. H. Volland	1940	Cleveland
1940–41	Wilfred R. Robinson	H. B. Pinney	R. H. Volland	1941	Houston
1941–42	Oren A. Oliver	H. B. Pinney	R. H. Volland	1942	St. Louis (H of D only)
1942–43	J. Ben Robinson	H. B. Pinney	R. H. Volland	1943	Cincinnati (H of D only)
1943–44	C. Raymond Wells	H. B. Pinney	R. H. Volland	1944	Chicago (H of D only)
1944–45	Walter H. Scherer	H. B. Pinney	R. H. Volland		No meeting
1945–46	Walter H. Scherer	H. B. Pinney	R. H. Volland	1946	Miami (H of D only)
1946–47	Sterling V. Mead	H. Hillenbrand	R. H. Volland	1947	Boston
1947–48	H. B. Washburn	H. Hillenbrand	R. H. Volland	1948	Chicago
1948–49	C. F. Minges	H. Hillenbrand	H. B. Washburn	1949	San Francisco
1949–50	Philip E. Adams	H. Hillenbrand	H. B. Washburn	1950	Atlantic City
1950–51	Harold W. Oppice	H. Hillenbrand	H. B. Washburn	1951	Washington, D.C.
1951–52	LeRoy M. Ennis	H. Hillenbrand	H. B. Washburn	1952	St. Louis
1952–53	Otto W. Brandhorst	H. Hillenbrand	H. B. Washburn	1953	Cleveland
1953–54	Leslie M. Fitzgerald	H. Hillenbrand	H. B. Washburn	1954	Miami
1954–55	Daniel F. Lynch	H. Hillenbrand	H. B. Washburn	1955	San Francisco
1955–56	Bernerd C. Kingsbury	H. Hillenbrand	H. B. Washburn	1956	Atlantic City
1956–57	Harry Lyons	H. Hillenbrand	H. B. Washburn	1957	Miami-Miami Beach
1957–58	William R. Alstadt	H. Hillenbrand	H. B. Washburn	1958	Dallas
1958–59	Percy T. Phillips	H. Hillenbrand	H. B. Washburn	1959	New York
1959–60	Paul H. Jeserich	H. Hillenbrand	H. B. Washburn	1960	Los Angeles
1960–61	Charles H. Patton	H. Hillenbrand	H. B. Washburn	1961	Philadelphia
1961–62	John R. Abel	H. Hillenbrand	P. H. Jeserich	1962	Miami Beach
1962–63	Gerald D. Timmons	H. Hillenbrand	P. H. Jeserich	1963	Atlantic City
1963–64	James P. Hollers	H. Hillenbrand	P. H. Jeserich	1964	San Francisco
1964–65	Fritz A. Pierson	H. Hillenbrand	E. Jeff Justis	1965	Las Vegas
1965–66	Maynard K. Hine	H. Hillenbrand	E. Jeff Justis	1966	Dallas
1966–67	William A. Garrett	H. Hillenbrand	E. Jeff Justis	1967	Washington, D.C.
1967–68	F. Darl Ostrander	H. Hillenbrand	R. K. Trueblood	1968	Miami Beach
1968–69	Hubert A. McGuirl	H. Hillenbrand	R. K. Trueblood	1969	New York
1969–70	Harry M. Klenda	C. G. Watson	R. K. Trueblood	1970	Las Vegas
1970–71	John M. Deines	C. G. Watson	H. S. Eberhardt	1971	Atlantic City
1971–72	Carl A. Laughlin	C. G. Watson	H. S. Eberhardt	1972	San Francisco
1972–73	Louis A. Saporito	C. G. Watson	H. S. Eberhardt	1973	Houston
1973–74	Carlton H. Williams	C. G. Watson	J. W. Etherington	1974	Washington, D.C.
1974–75	L. M. Kennedy	C. G. Watson	J. W. Etherington	1975	Chicago
1975–76	Robert B. Shira	C. G. Watson	J. W. Etherington	1976	Las Vegas
1976–77	Frank F. Shuler	C. G. Watson	J. H. Pfister	1977	Miami Beach
1977–78	Frank P. Bowyer	C. G. Watson	I. L. Kerr	1978	Anaheim
1978–79	Joseph P. Cappuccio	J. M. Coady	J. J. Houlihan	1979	Dallas
1979–80	I. Lawrence Kerr	J. M. Coady	R. H. Griffiths	1980	New Orleans
1980–81	John J. Houlihan	J. M. Coady	R. B. Dixon	1981	Kansas City, MO
1981–82	Robert H. Griffiths	J. M. Coady	D. E. Bentley	1982	Las Vegas
1982–83	Burton H. Press	J. M. Coady	J. L. Bomba	1983	Anaheim
1983–84	Donald E. Bentley	J. M. Coady	A. L. Ryan	1984	Atlanta
1984–85	John L. Bomba	J. M. Coady	A. Kobren	1985	San Francisco
1985–86	Abraham Kobren	T. J. Ginley	J. A. Devine	1986	Miami Beach
1986–87	Joseph A. Devine	T. J. Ginley	J. A. Saddoris	1987	Las Vegas
1987–88	James A. Saddoris	T. J. Ginley	A. A. Dugoni	1988	Washington, D.C.
1988–89	Arthur A. Dugoni	T. J. Ginley	R. M. Overbey	1989	Honolulu
1989–90	R. Malcolm Overbey	T. J. Ginley	E. J. Truono	1990	Boston
1990–91	Eugene J. Truono	T. J. Ginley	G. T. Morrow	1991	Seattle
1991–92	Geraldine T. Morrow	W. E. Allen	J. H. Harris	1992	Orlando

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1992–93	Jack H. Harris	J. S. Zapp	J. F. Mercer	1993	San Francisco
1993–94	James H. Gaines	J. S. Zapp	J. F. Mercer	1994	New Orleans
1994–95	Richard D'Eustachio	J. S. Zapp	J. F. Mercer	1995	Las Vegas
1995–96	William S. Ten Pas	J. S. Zapp	J. F. Mercer	1996	Orlando
1996–97	Gary Rainwater	J. S. Zapp	R. M. Rosas	1997	Washington, D.C.
1997–98	David A. Whiston	J. S. Zapp	R. M. Rosas	1998	San Francisco
1998–99	S. Timothy Rose	J. S. Zapp	R. M. Rosas	1999	Honolulu
1999–2000	Richard F. Mascola	J. S. Zapp	R. M. Rosas	2000	Chicago
2000–01	Robert M. Anderton	J. B. Bramson	M. J. Feldman	2001	Kansas City, MO
2001–02	D. Gregory Chadwick	J. B. Bramson	M. J. Feldman	2002	New Orleans
2002–03	T. Howard Jones	J. B. Bramson	M. J. Feldman	2003	San Francisco
2003–04	Eugene Sekiguchi	J. B. Bramson	M. J. Feldman	2004	Orlando
2004–05	Richard Haught	J. B. Bramson	M. J. Feldman	2005	Philadelphia
2005–06	Robert M. Brandjord	J. B. Bramson	M. J. Feldman	2006	Las Vegas
2006–07	Kathleen Roth	J. B. Bramson	Edward Leone	2007	San Francisco
2007–08	Mark J. Feldman	J. B. Bramson	Edward Leone	2008	San Antonio
2008–09	John S. Findley	K. T. O'Loughlin	Edward Leone	2009	Honolulu
2009–10	Ronald L. Tankersley	K. T. O'Loughlin	Edward Leone	2010	Orlando
2010–11	Raymond F. Gist	K. T. O'Loughlin	Edward Leone	2011	Las Vegas
2011–12	William R. Calnon	K. T. O'Loughlin	Edward Leone	2012	San Francisco
2012–13	Robert A. Faiella	K. T. O'Loughlin	Ronald P. Lemmo	2013	New Orleans
2013–14	Charles H. Norman	K. T. O'Loughlin	Ronald P. Lemmo	2014	San Antonio
2014–15	Maxine Feinberg	K. T. O'Loughlin	Ronald P. Lemmo	2015	Washington, D.C.
2015–16	Carol Gomez Summerhays	K. T. O'Loughlin	Ronald P. Lemmo	2016	Denver
2016–17	Gary L. Roberts	K. T. O'Loughlin	Ronald P. Lemmo	2017	Atlanta
2017–18	Joseph P. Crowley	K. T. O'Loughlin	Ronald P. Lemmo	2018	Honolulu
2018–19	Jeffrey M. Cole	K. T. O'Loughlin	Ted Sherwin	2019	San Francisco
2019–20	Chad P. Gehani	K. T. O'Loughlin	Ted Sherwin	2020	Chicago (Virtual)

Living Former Presidents, American Dental Association

Term	President	Term	President
1986–1987	Joseph A. Devine	2007–2008	Mark J. Feldman
1993–1994	James H. Gaines	2008–2009	John S. Findley
1994–1995	Richard W. D'Eustachio	2009–2010	Ronald L. Tankersley
1995–1996	William S. Ten Pas	2010–2011	Raymond F. Gist
1996–1997	Gary Rainwater	2011–2012	William R. Calnon
1997–1998	David A. Whiston	2012–2013	Robert A. Faiella
2001–2002	D. Gregory Chadwick	2013–2014	Charles H. Norman
2002–2003	T. Howard Jones	2014–2015	Maxine Feinberg
2003–2004	Eugene Sekiguchi	2015–2016	Carol Gomez Summerhays
2004–2005	Richard Haught	2016–2017	Gary L. Roberts
2005–2006	Robert M. Brandjord	2017–2018	Joseph P. Crowley
2006–2007	Kathleen Roth	2018–2019	Jeffrey M. Cole
		2019–2020	Chad P. Gehani

2020 House of Delegates Attendance Record

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Air Force									
Delegates 2									
Christopher Jordan, Hanahan, SC	•		•		Robert Roda, Scottsdale	•		•	•
Christopher Smith, Prattville, AL	•		•		Bryan Shanahan, Flagstaff	•		•	
Alternates									
Douglas Grabowski, Fairfax	•				Anthony Caputo, Tucson	•		•	
Ender Ozgul, Fairfax	•				Mai Ly Duong, Mesa	•			
Alabama									
Delegates 5									
Deborah Bishop, Huntsville	•		•	•	David Frausto, Prescott	•			
Stacey Gardner, Huntsville	•		•	•	Ann Hammi Blue, Phoenix	•			
William Ingram, Huntsville	•		•	•	Allison House, Phoenix	•		•	
Leigh Kent, Birmingham	•		•	•	Fred Olsen, Phoenix	•		•	•
Lew Mitchell, Gadsden	•				Randolph Snyder, Yuma	•		•	•
Alternates									
Larry Browder, Montgomery	•		•	•	Tian Zhu, Tempe	•			
Adolphus Jackson, Birmingham	•				Arkansas				
Rodney Marshall, Tuscaloosa	•				Delegates 3				
Lauren Moore, Mobile	•				Kristi Golden, Hot Springs	•			
James Phillips, Auburn	•				Werner Schneider, Little Rock	•			
Alaska									
Delegates 2									
Julie Robinson, Anchorage	•		•	•	Robert Skinner, Fort Smith	•		•	•
Heather Willis, Fairbanks	•		•	•	Alternates				
Alternate					T Stotts Isbell, Mountain View	•			
David Albertson, Ketchikan	•				Kim Kosmitis, Pine Bluff	•			
Chad Winthrop, Denver, CO	•				Richard Osborne, Fayetteville	•			
American Student Dental Association									
Delegates 5									
Christina Aponte, Hendersonville, TN	•				Army				
Colton Cannon, Stillwater, MN	•				Delegates 2				
Aditi Desai, Houston, TX	•				Peter Guevara, San Antonio, TX	•			
Malika Malik, Ann Arbor, MI	•				Stephen Tanner, Fairfax VA	•			•
Joseph Manzella, Setauket NY	•				Alternates				
Alternates									
Cameron Ainslie, Lexington, KY	•				Richard Standage, El Paso, TX	•			
Laura Binder, Corpus Christi, TX	•		•	•	Melissa Tucker, Fort Polk, LA	•			
Craig McKenzie, Philadelphia, PA	•				California				
Alia Osseiran, Revere, MA	•				Delegates 71				
Anthoula Vlachos, San Francisco, CA	•				Gary Ackerman, Carmichael	•		•	•
Arizona									
Delegates 8									
Eric Curtis, Safford	•		•	•	Nima Aflatooni, Gold River	•		•	•
Jennifer Enos, Chandler	•		•	•	Christine Altrock, San Diego	•			
Lisa Lear, Tucson	•				Jorge Alvarez, Tarzana	•		•	•
Gregory Pafford, Phoenix	•		•	•	Paul Ayson, Visalia	•			
Onika Patel, Phoenix	•		•	•	Wade Banner, Glendora	•			
Kirk Robertson, Flagstaff	•		•	•	Brian Bell, Tulare	•		•	•
					Wallace Bellamy, Elk Grove	•		•	•
					John Blake, Long Beach	•		•	•
					Eric Blasingame, Redding	•			
					Ralph Brunner, Indio	•		•	•
					Xerxez Calilung, Irvine	•		•	•
					Nicholas Caplanis, Mission Viejo	•			
					Kerry Carney, Benicia	•		•	•
					Adrian Carrington, Sacramento	•		•	•
					D. Cassat, San Diego	•		•	•
					Douglas Christiansen, San Diego	•		•	•
					Alma Clark, Hayward	•		•	•
					Jean Creasey, Nevada City	•		•	•

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Steven Crowson, Chico	•	•	•		Kenneth Wallis, Santa Clara	•	•	•	
Daniel Davidson, San Francisco	•	•	•		Walter Weber, Monte Sereno	•	•	•	
Dennis De Tomasi, Clearlake	•	•	•		Benson Wong, South San Francisco	•			
Gary Dougan, Long Beach	•	•	•		Alternates				
Gail Duffala, San Francisco	•	•	•		Philip Abeldt, Elk Grove	•	•	•	
Clelan Ehrler, Redlands	•	•	•		Lisa Beck-Uhl, Goleta	•			
Naomi Ellison, Los Angeles	•	•	•		Nannette Benedict, Scotts Valley	•	•	•	
Alan Felsenfeld, Los Angeles	•	•	•		Raymond Chan, San Lorenzo	•			
Debra Finney, Folsom	•	•	•		Esther Chen, Buena Park	•			
Gary Glasband, Long Beach	•	•	•		Elizabeth Demichelis, Modesto	•	•	•	
Robert Hanlon, Escondido	•	•	•		Amro Elkhatieb, Stockton	•	•	•	
Kenneth Harrison, Loma Linda	•	•	•		Michele Frawley, Los Angeles	•			
Gary Herman, Los Angeles	•	•	•		Robert Gandola, San Diego	•	•	•	
Irene Hilton, San Francisco	•	•	•		Mahfouz Gereis, Panorama City	•	•		
Karin Irani, Beverly Hills	•	•	•		Ramesh Gowda, Anaheim	•			
Daniel Jenkins, Riverside	•	•	•		Denise Habjan, Santa Ana	•			
Jeffrey Jones, Orange	•	•	•		Misako Hirota, National City	•			
Kevin Keating, Sacramento	•	•	•		Chi Leung, Glendale	•			
Steven Kend, Torrance	•	•	•		Lyndon Low, Aptos	•			
Scott Kim, Los Angeles	•	•	•		Afshin Mazdeyasnan, Northridge	•			
Donna Klauser, Arcadia	•				Geralyn Menold, Salinas	•			
Sunjay Lad, Temple City	•	•	•		Sanjay Patel, Pittsburg	•	•	•	
Natasha Lee, San Francisco	•	•	•		Christy Rollofson, Elk Grove	•	•	•	
Stephen Lojeski, Upland	•	•	•		Nidhi Taneja, Cupertino	•			
Cindy Lyon, Murphys	•	•	•		Colorado				
Carliza Marcos, San Carlos	•	•	•		Delegates 10				
Gerald Middleton, Riverside	•	•	•		Jeffrey Kahl, Colorado Springs	•	•	•	
Nader Nadershahi, San Francisco	•	•	•		Stephenie Kaufmann, Woodland Park	•	•	•	
Richard Nagy, Santa Barbara	•	•	•		Nathaniel Kunzman, Greeley	•	•	•	
Wayne Nakamura, Ontario	•				Carrie Mauterer, Thornton	•	•	•	
Noha Nour, Tustin	•	•	•		Rhett Murray, Aurora	•	•	•	
Joan Otomo-Corgel, Los Angeles	•				Ian Paisley, Brighton	•	•	•	
Jonathan Pascarella, Red Bluff	•				Kenneth Peters, Aurora	•	•	•	
Virendra Patel, Folsom	•	•	•		Sheena Schoch, Hayden	•	•	•	
Shakalpi Pendurkar, Los Gatos	•	•	•		Michael Varley, Highlands Ranch	•			
Robert Reed, Bakersfield	•				Alternates				
Lindsey Robinson, Grass Valley	•	•	•		Ewelina Ciula, Denver	•			
James Sanderson, Dixon	•	•	•		Lindsay Compton, Arvada	•			
Stephanie Sandretti, Fair Oaks	•	•	•		Karen Foster, Greenwood Village	•	•	•	
Erin Shah, San Francisco	•				David Jackson, Boulder	•	•	•	
Brian Shue, Hemet	•	•	•		Carol Morrow, Colorado Springs	•			
Alan Stein, Northridge	•	•	•		Jeane Schoemaker, Fort Morgan	•	•	•	
Alice Tai, San Ramon	•				Leah Schulz, Fort Collins	•			
Mark Taira, Los Angeles	•	•	•		Amisha Singh, Aurora	•			
John Taylor, Ladera Ranch	•	•	•		Connecticut				
Ariane Terlet, Berkeley	•	•	•		Delegates 7				
Judee Tippet-Whyte, Stockton	•	•	•		Jeffrey Berkley, West Haven	•	•	•	
Julia Townsend, Los Gatos	•	•	•		Bethaney Brenner, Burlington	•			
Amy Tran, San Gabriel	•				Annemarie "Mimi" Delessio-Matta, Southbury	•			

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Jonathan Knapp, Bethel	•	•	•		Alternates				
Tam Le, Hamden	•	•	•		Gerald Bird, Cocoa	•	•	•	
John Mooney, Putnam	•	•	•		Thomas Brown, Ponte Vedra Beach	•			
Martin Rutt, Prospect	•				Michelle Dugar, Oxford	•			
Alternates					Jeannette Hall, Miami	•			
Mark Desrosiers, Columbia	•				F Reese Harrison, Lynn Haven	•			
Gary Dubin, Madison	•				Christopher Henley, Jacksonville	•			
David Fried, Yalesville	•	•	•		Don Ilkka, Leesburg	•			
Allen Hindin, Danbury	•				Kristie Johnson, Largo	•			
Albert Natelli, Southington	•	•	•		Jay Johnson, Cocoa	•			
Richard Riddle, Cheshire	•				Bernard Kahn, Maitland	•			
Michael Ungerleider, Granby	•	•	•		George Kolos, Fort Lauderdale	•			
Delaware					Casey Lynn, Riverview	•			
Delegates 2					Irene Marron-Tarrazzi, Miami	•			
Charles Calhoon, Wilmington	•	•	•		Robin Nguyen, Trinity	•	•	•	
Erika Williams, Wilmington	•	•	•		Rodolfo Olmos, Kissimmee	•			
Alternates					Paul Palo, Winter Haven	•			
Joseph Kelly, Wilmington	•				Richard Stevenson, Jacksonville	•	•	•	
Rachel Maher, Wilmington	•				Jessica Stilley-Mallah, New Port Richey	•			
District of Columbia					Donald Thomas, Winter Park	•			
Delegates 2					Linda Trotter, Jacksonville Beach	•	•	•	
Angela Noguera, Washington DC	•				Anthony Wong, Lake Alfred	•			
Stephen Tigani, Washington DC	•	•	•		Georgia				
Alternates					Delegates 10				
Patrick Grogan, Washington DC	•	•	•		Jeff Capes, Saint Simons Island	•			
Florida					Robert Carpenter, Columbus	•	•	•	
Delegates 22					Christopher Hasty, Tifton	•	•	•	
Eva Ackley, New Port Richey	•	•	•		Thomas Jagor, Atlanta	•	•	•	
David Boden, Port Saint Lucie	•	•	•		Ben Jernigan, Decatur	•	•	•	
Andrew Brown, Jacksonville	•	•	•		Amber Lawson, Macon	•	•	•	
Christopher Bulnes, Tampa	•	•	•		James Lopez, Columbus	•	•	•	
Natalie Bustillo, Riverview	•	•	•		Louvenia Rainge, Augusta	•	•	•	
Stephen Cochran, Jacksonville	•	•	•		Rhoda Sword, Augusta	•	•	•	
John Cordoba, Lake Mary	•				Donna Thomas-Moses, Carrollton	•	•	•	
Michael Eggnatz, Weston	•	•	•		Alternates				
Daniel Gesek, Jacksonville	•	•	•		Chris Adkins, Stockbridge	•			
Karen Glerum, Boynton Beach	•	•	•		Evis Babo, Atlanta	•	•	•	
Bertram Hughes, Gainesville	•	•	•		Henry Benson, Atlanta	•			
Zacharias Kalarickal, Wesley Chapel	•	•	•		Stanley Halpern, Woodstock	•			
Mark Limosani, Weston	•	•	•		Marshall Mann, Rome	•			
Paul Miller, New Port Richey	•				Zachary Powell, Saint Simons Island	•	•	•	
Jeffrey Ottley, Milton	•	•	•		Peter Shatz, Marietta	•			
Ethan Pansick, Delray Beach	•	•			Sidney Tourial, Atlanta	•			
John Paul, Lakeland	•	•	•		Ryan Vaughn, Flowery Branch	•			
Robert Payne, Marianna	•	•	•		Erik Wells, Watkinsville	•			
Beatriz Terry, Miami	•	•	•		Hawaii				
Suzanne Thiems-Heflin, Ocala	•	•	•		Delegates 3				
Stephen Zuknick, Brandon	•	•	•		Edmund Cassella, Honolulu	•	•	•	
Rudolph Liddel	•	•	•		Neil Nunokawa, Wailuku	•	•	•	

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Curt Shimizu, Honolulu	•	•	•		John Milgram, Naperville	•			
Alternates					Mistie Norten, Crystal Lake	•			
Christopher Lee, Honolulu	•				Vishruti Patel, Plainfield	•			
Wayne Leong, Hilo	•				Sharon Perlman, Chicago	•			
Dayton Lum, Pearl City	•				Genaro Romo, Oak Lawn	•			
Idaho					Thomas Schneider, Chicago	•			
Delegates 3					William Simon, Chicago	•			
Brooke Fukuoka, Jerome	•				Harry Watts, Peoria	•			
John Hisel, Boise	•	•	•		Indiana				
Timothy Penberthy, Post Falls	•	•	•		Delegates 9				
Alternates					Jill Burns, Richmond	•	•	•	
Paul Romriell, Pocatello	•				Rebecca De La Rosa, Avon	•			
Jill Shelton Wagers, Boise	•				Steven Ellinwood, Fort Wayne	•	•	•	
Dustin Weitz, Moscow	•				Steven Hollar, Warsaw	•	•	•	
Illinois					Steven Holm, Portage	•	•	•	
Delegates 20					Chad Leighty, Marion	•	•	•	
Terry Barnfield, Salem	•	•	•		Mark Mihalo, La Porte	•	•	•	
Susan Bishop, Peoria	•	•	•		Jeffrey Stolarz, Whiting	•	•	•	
Alice Boghosian, Park Ridge	•	•	•		David Wolf, Indianapolis	•	•		
Richard Bona, Lansing	•	•	•		Alternates				
Michael Danner, Pekin	•				Allison Bergdoll, Fort Wayne	•			
Phillip Fijal, Des Plaines	•	•	•		Thomas Blake, Fort Wayne	•			
Cissy Furusho, Lincolnwood	•	•	•		Karen Ellis, Indianapolis	•			
Denise Hale, Palos Hills	•	•	•		Daniel Fridh, La Porte	•	•	•	
Douglas Kay, Oakbrook Terrace	•	•	•		William Hine, Brownsburg	•			
David Lewis, Glenview	•				Megan Keck, Thorntown	•			
Frank Maggio, Elgin	•	•			Brian King, Elkhart	•			
Randall Markarian, Swansea	•	•	•		Matthew Kolkman, Fort Wayne	•			
Dean (Dino) Nicholas, Lombard	•	•	•		R Daron Sheline, Elkhart	•			
Kenneth Rawson, Glen Carbon	•	•	•		Iowa				
Lyle Reedy, Freeport	•	•	•		Delegates 5				
Peggy Richardson, Tinley Park	•				John Arend, Independence	•			
Philip Schefke, Woodridge	•				Nathan Hehr, Mason City	•	•	•	
Stacey Van Scoyoc, Bloomington	•	•	•		Zachary Kouri, Des Moines	•	•		
Cheryl Watson-Lowry, Chicago	•				Valerie Peckosh, Dubuque	•	•	•	
Lawrence White, Chicago	•				Sara Stuefen, Vinton	•			
Alternates					Alternates				
Satish Alapati, Chicago	•				David Johnsen, Iowa City	•			
Shafa Amirsoltani, Elmwood Park	•				Brian Kim, Davenport	•			
Bradley Barnes, Normal	•	•	•		Kansas				
Robert Bitter, Edwardsville	•				Delegates 4				
Bryan Blew, Moline	•	•	•		John Fales, Olathe	•	•	•	
Spencer Bloom, Chicago	•				David Hamel, Marysville	•			
Gerald Ciebien, Riverside	•	•	•		Allen Reavis, Atchison	•			
Keith Dickey, Alton	•				Cynthia Sherwood, Independence	•	•	•	
Michael Durbin, Des Plaines	•				Alternates				
Mahmoud Jallad, Herrin	•				Robert Dakin, Wichita	•			
Paul Kempf, Westmont	•	•	•		Jill Jenkins, Overland Park	•			
Jun Lim, Chicago	•				Paul Rogers, Arkansas City	•			

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Brett Roufs, Newton	•	•	•		Massachusetts				
Kentucky					Delegates 16				
Delegates 5					Paul Aswad, Needham	•			
Ansley Depp, Highland Heights	•				Meredith Bailey, Boston	•	•	•	
Olin Elliott, Martin	•	•	•		Paul Gamache, Pittsfield	•	•	•	
H Fred Howard, Harlan	•	•	•		Sathish Gobichettypalayam, New Bedford	•	•	•	
Samantha Shaver, Louisville	•	•	•		John Gusha, Holden	•	•	•	
Kevin Wall, Bellevue	•	•	•		Mary Jane Hanlon, Kennebunkport	•	•	•	
Alternates					Philip Howells, Northborough	•	•	•	
Barry Curry, Owensboro	•				Jennifer Korzeb, Haverhill	•			
Darren Greenwell, Radcliff	•				James Lee, Lexington	•			
Mark Moats, Henderson	•				Richard Marchand, Yarmouth Port	•	•	•	
Jonathan Rich, Dry Ridge	•				Raymond Martin, Mansfield	•	•	•	
Louisiana					James Maslowski, Southwick	•	•	•	
Delegates 6					Linda Massod, Danvers	•	•		
Mark Chaney, New Orleans	•	•	•		Michael Mayr, Cambridge	•			
Marty Garrett, Baton Rouge	•				Paul McGrath, Hyannis	•	•	•	
Kenneth Luminais, Thibodaux	•	•	•		Janis Moriarty, Malden	•	•	•	
Lance Savoie, Abbeville	•				Alternates				
King Scott, West Monroe	•	•	•		Maritza Morell, Lawrence	•			
Kristi Soileau, New Orleans	•	•	•		Howard Zolot, North Andover	•	•	•	
Alternates					Michigan				
Brian Basinger, Shreveport	•	•	•		Delegates 18				
David Carlton, Alexandria	•				Vincent Beniveгна, East Lansing	•	•	•	
Glen Corcoran, Mandeville	•				Todd Christy, Berrien Springs	•	•	•	
Nelson Daly, Baton Rouge	•	•	•		Margaret Gingrich, Big Rapids	•	•	•	
David Hildebrandt, Slidell	•				Christopher Gorecki, Warren	•	•	•	
Maine					Gabriel Holdwick, Harbor Beach	•	•	•	
Delegates 2					Mark Johnston, Lansing	•	•	•	
David Kerr, Portland	•				Eric Knudsen, Escanaba	•	•	•	
Jonathan Shenkin, Augusta	•	•	•		Vincent Lizzio, Canton	•	•	•	
Alternates					Michael Maihofer, Saint Clair Shores	•	•	•	
Heather Keeling, Portland	•				Christine Mason, Portland	•			
Craig Rand, Brewer	•	•	•		Melanie Mayberry, Rochester Hills	•	•	•	
Maryland					Stephen Meraw, Warren	•	•	•	
Delegates 7					Cheri Newman, Cottrellville	•			
Thomas a'Becket, Millersville	•	•	•		William Patchak, Jackson	•	•	•	
Wendy Brown, Columbia	•	•	•		Robert Richards, Houghton	•			
Charles Doring, Rockville	•				Christopher Smiley, Grand Rapids	•	•	•	
Christopher Liang, Potomac	•	•	•		Michele Tulak-Gorecki, Warren	•	•	•	
Richard Rogers, Frederick	•	•	•		Lauryne Vanderhoof, Kentwood	•			
Diane Romaine, Frostburg	•	•	•		Alternates				
Robert Wilson, Gaithersburg	•	•	•		Lisa Christy, Bridgman	•			
Alternates					Jerry Kohen, West Bloomfield	•			
Ann Christopher, Baltimore	•	•	•		Jason Mashni, East Lansing	•	•	•	
Ronald Mancini, Bethesda	•	•			Sabrina Salim, Farmington Hills	•			
Jay Nokkeo, Gaithersburg	•				Jehan Wakeem, Saint Clair Shores	•			
Marlene Shevenell, Annapolis	•								
Celeste Ziara, Princess Anne	•	•	•						

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

Meetings				Meetings			
Registered	1	2	3	Registered	1	2	3
Minnesota				Navy			
Delegates 9				Delegates 2			
Amber Cziok, Litchfield	•	•	•	Rick Freedman, Bristow, VA	•		
Kevin Dens, Brainerd	•	•	•	Marina Hernandez-Feldpausch, Clarksburg, MD	•		
Michael Flynn, Winona	•	•	•	Alternates			
Tim Holland, Owatonna	•			Rebecca Lee, Vienna, VA	•		
Michael Kurkowski, Shoreview	•	•	•	Andrew Pakchoian, Oceanside, CA	•		
Stephen McDonnell, Saint Paul	•	•	•	Nebraska			
James Nickman, Fridley	•	•	•	Delegates 3			
Aruna Rao, Minneapolis	•	•		Thomas Alexander, Lexington	•		
Doug Williams, Bemidji	•	•	•	R Mark Hinrichs, Lincoln	•	•	•
Alternates				Scott Morrison, Omaha	•	•	•
Alejandro Aguirre, Plymouth	•			Alternates			
Mark Jurkovich, Minneapolis	•			Debra West, Omaha	•	•	•
Jeffrey Remakel, Golden Valley	•			Nevada			
Mississippi				Delegates 3			
Delegates 3				Richard Dragon, Gardnerville	•	•	•
James Hollingsworth, Newton	•	•	•	Steven Saxe, Las Vegas	•	•	•
John Holman, Tupelo	•			David White, Reno	•	•	•
Arthur Scarbrough, Richton	•	•	•	Alternates			
Alternates				Tina Brandon Abbatangelo, Las Vegas	•		
William Alford, Senatobia	•			Mark Funke, Carson City	•		
Sherry Gwin, Pearl	•			Margaret Heinen, Sparks	•		
William Jenkins, Indianola	•			New Hampshire			
Missouri				Delegates 2			
Delegates 7				Joshua Osofsky, Milford	•		
Robert Butler, Webster Groves	•	•	•	Kevin Wilson, Milford	•		
David Dear, Versailles	•			Alternates			
Amanda Fitzpatrick, Macon	•	•	•	Brenda Berkal, Derry	•		
Prabu Raman, Kansas City	•	•	•	Melissa Kennell, Gilford	•		
Lori Roseman, Saint Peters	•	•	•	New Jersey			
Joseph Sokolowski, Saint Louis	•	•	•	Delegates 14			
Connie White, Kansas City	•			Maria Ambrosio, Wayne	•	•	•
Alternates				Fredrick Babinowich, Mercerville	•	•	•
Mary Burke, Saint Louis	•			Frank Carotenuto, Roselle Park	•	•	•
Louise First, Saint Louis	•			Alan Chenman, Linwood	•	•	•
Theodore Rehtin, Bridgeton	•	•		Elizabeth Clemente, Skillman	•	•	•
Nathan Seyer, Dexter	•			Andrew Dietz, Haddon Heights	•	•	•
Robert Tait, Grandview	•	•	•	Giorgio Divincenzo, Jersey City	•	•	•
Douglas Wyckoff, Cameron	•			Robert Hersh, Freehold	•	•	•
Montana				Richard Kahn, New Brunswick	•	•	•
Delegates 2				Bryon Roshong, Dumont	•	•	•
Jane Gillette, Bozeman	•	•	•	Robert Shekitka, Newark	•	•	
Kurt Lindemann, Kalispell	•	•	•	Mark Vitale, Edison	•	•	•
Alternates				Mitchell Weiner, Kendall Park	•	•	•
William Samson, Bozeman	•			Alternates			
Jason Tanguay, Bozeman	•			Renee Arace, West Orange	•		
				Peter DeSciscio, South Amboy	•		
				Lisa Gallucci, Marlton	•		

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Giancarlo Ghisalberti, Ridgefield	•				David Shipper, New York	•	•	•	
Luciano Ghisalberti, North Bergen	•				Michael Shreck, New Hyde Park	•	•	•	
Frank Graham, Teaneck	•	•	•		Jay Skolnick, Webster	•	•	•	
Daniel Krantz, Somerset	•	•	•		Christopher Tota, Hawthorne	•	•	•	
Kenneth Pomerantz, Union	•				Joseph Viola, Webster	•	•	•	
Jason Rosenfeld, Butler	•				Mark Weinberger, Clifton Park	•	•	•	
Alan Rothstein, Livingston	•	•			Alternates				
Dipika Shah, Holmdel	•				Howard Baylarian, Great Neck	•			
Kaitlin Small, Lawrenceville	•				Alyson Buchalter, Brooklyn	•	•	•	
Frederic Sterritt, Neshanic Station	•	•	•		Suchie Chawla, New York	•			
New Mexico					Steven Damelio, Penfield	•	•	•	
Delegates 2					David Delaney, Albany	•	•	•	
Jamie Goad, Carrizozo	•	•	•		Brendan Dowd, Buffalo	•	•	•	
Julius Manz, Farmington	•	•	•		Jonathan Gellert, Lowville	•	•	•	
Alternates					Kevin Hanley, Buffalo	•	•	•	
Kimberly Martin, Las Cruces	•				Patricia Hanlon, Wading River	•			
Michael Sparks, Albuquerque	•				Richard Herman, New Windsor	•			
New York					Donald Hills, Woodbury	•			
Delegates 36					Laura Johnstone, Saratoga Springs	•			
Paul Albicocco, Staten Island	•	•	•		William Karp, Manlius	•	•	•	
Loren Baim, Glens Falls	•	•	•		Michael Keating, Auburn	•			
Frank Barnashuk, Orchard Park	•	•	•		Mina Kim, New York	•			
Anthony Cuomo, Carmel	•	•	•		Adrienne Korkosz, Schenectady	•			
Christopher Cuomo, Carmel	•				Prabha Krishnan, Forest Hills	•			
Michael Ehlers, Orchard Park	•				James Matteliano, Amherst	•			
Steven Essig, Ghent	•	•	•		Frank Palmaccio, Plainview	•	•	•	
James Galati, Halfmoon	•	•	•		Roberto Rodriguez, Amawalk	•			
Rekha Gehani, Jackson Heights	•	•	•		Arelys Santana, Jackson Heights	•			
Louis Giordano, Endwell	•	•	•		Jason Sauer, Rye Brook	•			
Payam Goudarzi, Johnson City	•	•	•		Gary Scharoff, New Rochelle	•	•	•	
Steven Gounardes, Brooklyn	•	•	•		Mario Silvestri, Vestal	•			
Wayne Harrison, Saratoga Springs	•	•	•		Paul Teplitsky, Brooklyn	•			
Kevin Henner, Deer Park	•	•	•		Ivan Vazquez Santiago, Hauppauge	•			
Lois Jackson, New York	•				Valerie Venterina, Brooklyn	•			
Meena Jaiswal, Massapequa	•				Gurinder Wadhwa, Menands	•			
Guenter Jonke, Stony Brook	•	•	•		Deborah Weisfuse, New York	•			
Elizabeth Kapral, Buffalo	•				North Carolina				
Jay Ledner, Little Neck	•	•	•		Delegates 11				
Richard Lewenson, Hastings On Hudson	•	•	•		L'tanya Bailey, High Point	•	•	•	
Margaret Madonian, Liverpool	•				John Buchanan, Lexington	•	•	•	
Maria Maranga, Aquebogue	•	•	•		Scott Cashion, Greensboro	•	•	•	
Ernest Mears, Oswego	•	•			Daniel Cheek, Hillsborough	•	•	•	
Ioanna Mentzelopoulou, New York	•	•	•		Roslyn Crisp, Burlington	•			
Mitchell Mindlin, New York	•	•	•		C. Scott Davenport, Charlotte	•	•	•	
Robert Peskin, Garden City	•	•	•		Willis Hardesty, Raleigh	•	•	•	
Tricia Quartey-Sagaille, Brooklyn	•				Wilson Jewell, Wilmington	•	•	•	
Craig Ratner, Staten Island	•	•	•		Shelley Olson, Oxford	•	•	•	
Don Safferstein, Bronx	•				Gary Oyster, Raleigh	•	•	•	
Jacqueline Samuels, Bronx	•				J. Teague, Asheville	•	•		

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Alternates									
Nazir Ahmad, Asheville	•				Tracy Poole, Toledo	•			
D Gregory Chadwick, Greenville	•				Tyler Scott, Loudonville	•			
Catherine Cunningham, Durham	•				Jonathan Taylor, Dover	•			
Clifford Feingold, Asheville	•				Samuel Taylor, Twinsburg	•			
Robert Hollowell, Charlotte	•				David Vorherr, Cincinnati	•			
Rebecca King, Chapel Hill	•				Oklahoma				
Paul Lindauer, Greenville	•	•	•		Delegates 5				
Thomas Morgan, Jacksonville	•				Douglas Auld, McAlester	•	•	•	
Royce Porter, Winston Salem	•	•	•		Tamara Berg, Yukon	•			
Kenneth Sadler, Winston Salem	•				Paul Mullasseril, Oklahoma City	•			
Shamik Vakil, Charlotte	•				C Rieger Wood, Tulsa	•	•	•	
North Dakota					Stephen Young, Norman	•	•	•	
Delegates 2					Alternates				
Steven Erlandson, Grand Forks	•	•	•		Matthew Cohlma, Oklahoma City	•			
Paul Tronsgard, Fargo	•	•	•		Christopher Fagan, Enid	•			
Alternates					Timothy Fagan, Enid	•			
Dustin Hollevoet, Bismarck	•				Shannon Griffin, Edmond	•		•	
Jackie Nord, Grand Forks	•				Lindsay Smith, Tulsa	•			
Ohio					Oregon				
Delegates 16					Delegates 7				
Roderick Adams, University Heights	•				Scott Hansen, Milwaukie	•	•	•	
Jacinto Beard, Columbus	•	•	•		Bradley Hester, Bend	•	•	•	
Mark Bronson, Cincinnati	•	•	•		James McMahan, Bellingham	•	•	•	
Manish Chopra, Cincinnati	•	•	•		M. Eddie Ramirez Cuevas, Troutdale	•			
Lori Fitzgerald, Canfield	•				Calie Roa, Medford	•			
Harold Jeter, South Point	•				Alayna Schoblaske, Medford	•			
Michael Kastner, Toledo	•				Caroline Zeller, Portland	•	•	•	
Thomas Kelly, Beachwood	•	•	•		Alternates				
David Kimberly, Akron	•	•	•		Rickland Asai, Lake Oswego	•	•	•	
James Lessick, Youngstown	•	•	•		Bruce Burton, Portland	•	•	•	
Robert Mazzola, Miamisburg	•	•	•		Kenneth Chung, Milwaukie	•			
Brittany McCarthy, Columbus	•	•	•		Josephine Stokes, Eugene	•			
Sharon Parsons, Columbus	•	•	•		Pennsylvania				
Thomas Paumier, Canton	•	•	•		Delegates 16				
Kelly Roth, Canton	•	•	•		James Boyle, York	•	•	•	
Najia Usman, Medina	•	•	•		Gary Davis, Shippensburg	•	•	•	
Alternates					Charles Dombrowski, Altoona	•			
Homa Amini, Dublin	•				Thomas Gamba, Philadelphia	•	•		
Constance Camman, Dublin	•				Richard Grossman, Kingston	•	•	•	
Dale Featheringham, Dublin	•				John Kiessling, Harrisburg	•			
Hans Guter, Circleville	•	•	•		Cary Limberakis, Abington	•	•	•	
Michael Halasz, Kettering	•	•	•		Thomas Petraitis, Du Bois	•			
Adel Hanna, Springboro	•				Nancy Rosenthal, Jenkintown	•	•	•	
Jennifer Jerome, Akron	•				David Schwartz, Wyomissing	•	•	•	
Ruchika Khetarpal, Cincinnati	•				James Tauberg, Pittsburgh	•	•	•	
Sally Lauterjung, Medina	•				Bruce Terry, Wayne	•			
Patrick Moore, East Liverpool	•				Nipa Thakkar, West Chester	•			
Steven Moore, West Chester	•	•	•		Richard Troxler, Williamsport	•			
					Marian Wolford, Erie	•	•	•	

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Dennis Zabelsky, Munhall	•	•	•		Sarandeep Huja, Charleston	•			
Alternates					Julia Mikell, Columbia	•			
Karin Brian, Coatesville	•				Nicholas Papadea, Pawleys Island	•			
Brian Christian, State College	•				South Dakota				
I Jay Freedman, Abington	•	•	•		Delegates 2				
Hadi Ghazzouli, Collegeville	•				Mark Kampfe, Rapid City	•	•	•	
George Hamm, Dover	•				Grant Titze, Watertown	•	•	•	
Jon Johnston, Punxsutawney	•				Alternate				
Michael Korch, Allison Park	•				Jay Crossland, Rapid City	•			
James Mancini, Oil City	•	•	•		Michelle Hofer, Fort Pierre	•			
Samer Mansour, Erie	•				Tennessee				
Stanley Markiewicz, Cape May, NJ	•	•	•		Delegates 7				
Cynthia Olenwine, Nazareth	•				Karyl Beauchamp, Clarksville	•			
John Pawlowicz, Lyndora	•				Kevin Bryant, Chattanooga	•	•	•	
Stephen Radack, Erie	•				Walter Fain, Knoxville	•	•	•	
Joseph Ross, New Castle	•				Michael King, Jackson	•			
Samuel Selcher, Middletown	•				Thomas Patterson, Memphis	•	•	•	
Jay Wells, Bethel Park	•				Leon Stanislav, Clarksville	•	•	•	
Public Health					Rhonda Switzer-Nadasdi, Nashville	•	•	•	
Delegates 2					Alternates				
Michael Johnson, Chula Vista, CA	•				James Avery, Memphis	•			
Timothy Ricks, Rockville, MD	•	•	•		James Curtiss, Maryville	•			
Alternates					Rachel Hymes, Johnson City	•			
Renee Joskow, Rockville, MD	•	•	•		Robert Moore, Martin	•	•	•	
Carol Wong, Suffolk, VA	•				Susan Orwick-Barnes, Knoxville	•			
Puerto Rico					Rhett Raum, Lafayette	•		•	
Delegate 1					Richard Robinette, Spring Hill	•			
Eugenio González Cintrón, San Juan	•				Texas				
Alternate					Delegates 27				
David Kerr Selgas, Humacao	•				Rita Cammarata, Houston	•	•	•	
Rhode Island					Ralph Cooley, Houston	•	•	•	
Delegates 2					Brad Crump, Dallas	•	•	•	
Steven Brown, East Greenwich	•	•	•		Jodi Danna, Plano	•	•	•	
Karyn Ward, Lincoln	•				Michael Goulding, Fort Worth	•	•	•	
Alternates					Cody Graves, Goldthwaite	•	•	•	
John Kiang, Providence	•				Shailee Gupta, Austin	•			
Gregory Stepka, North Smithfield	•				Thomas Harrison, Katy	•	•	•	
South Carolina					Duc Ho, Katy	•			
Delegates 6					Jerry Hopson, Bonham	•	•	•	
W. Carter Brown, Mount Pleasant	•				Paul Kennedy, Corpus Christi	•	•	•	
Rainey Chadwell, Travelers Rest	•	•	•		Lisa Masters, San Antonio	•	•	•	
Charles Maxwell, Georgetown	•	•	•		Charles Miller, Arlington	•	•	•	
James Mercer, West Columbia	•	•	•		Alan Moore, Austin	•	•	•	
J. David Moss, Florence	•	•	•		Scott Morse, Arlington	•	•		
David Watson, Greenville	•	•	•		Robert Neal, Frisco	•	•	•	
Alternates					Jacqueline Plemons, Dallas	•	•	•	
Scott Cayouette, Charleston	•	•	•		Sarah Poteet, Dallas	•	•	•	
John Comisi, Charleston	•				Richard Potter, Helotes	•			
Daniel Hall, Easley	•				John Purdy, El Paso	•	•	•	

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Shane Ricci, Plano	•				Virgin Islands				
Summer Roark, Lubbock	•				Delegate 1				
Matthew Roberts, Crockett	•	•	•		Sonia Taylor-Griffith, St Thomas	•			
Lance Sanders, Austin	•	•	•		Alternate				
Carmen Smith, Dallas	•	•	•		Herbert Land, Christiansted	•			
J Wedin, Sweetwater	•				Virginia				
Debrah Worsham, Center	•	•	•		Delegates 11				
Alternates					David Anderson, Burke	•	•	•	
Ensy Atarod, Austin	•				William Dougherty, Falls Church	•	•	•	
John Garcia, McAllen	•	•	•		Samuel Galstan, Chester	•	•	•	
Randal Glenn, Sugar Land	•				Bruce Hutchison, Centreville	•	•	•	
Elizabeth Goldman, McKinney	•				Frank Iuorno, Glen Allen	•	•	•	
Ralph Martin, Corpus Christi	•				Rodney Klima, Burke	•	•	•	
Georganne McCandless, Tomball	•				Michael Link, Newport News	•	•	•	
Danette McNew, Rockwall	•				Paul Olenyn, Burke	•			
William Ralstin, Fort Worth	•				Elizabeth Reynolds, Richmond	•	•	•	
Victor Rodriguez, Houston	•				Cynthia Southern, Pulaski	•	•	•	
Katie Stuchlik, Houston	•				Richard Taliaferro, Stephens City	•	•	•	
Sarah Tovar, San Antonio	•				Alternates				
Drew Vanderbrook, Dallas	•				Scott Berman, Falls Church	•			
Karen Walters, Houston	•	•	•		Mark Crabtree, Martinsville	•			
Joshua Willard, Plano	•				Jeena Devasia, McLean	•			
David Woodburn, Amarillo	•				Christine Howell, Suffolk	•			
Utah					Ralph Howell, Suffolk	•	•	•	
Delegates 5					Benita Miller, Richmond	•			
Ken Baldwin, Salt Lake City	•				Justin Norbo, Purcellville	•			
Darren Chamberlain, Payson	•				David Sarrett, Richmond	•			
Brent Larson, Salt Lake City	•	•	•		Brian Thompson, Marion	•			
Scott Theurer, Logan	•	•	•		Cassidy Turner, Richmond	•			
Rodney Thornell, Herriman	•	•	•		Brenda Young, Fairfax	•	•	•	
Alternates					Washington				
Kay Christensen, Tremonton	•				Delegates 13				
Gregory Gatrell, Salt Lake City	•				Theodore Baer, Tacoma	•	•	•	
Michael Smuin, Vernal	•				Austin Baruffi, Tukwila	•			
Vermont					Dennis Bradshaw, Pasco	•	•	•	
Delegates 2					Amy Cook, Auburn	•	•	•	
Thomas Opsahl, Rutland	•	•	•		Christopher Delecki, Kirkland	•	•	•	
Loren Peck, Bennington	•	•	•		Bryan Edgar, Federal Way	•	•	•	
Alternates					Emily Hobart, Anacortes	•			
Rebekah Lucier Pryles, White River Junction	•				Todd Irwin, Port Angeles	•			
Audra Pinto, South Burlington	•				Mark Koday, Toppenish	•			
Veteran Affairs					Bernard Larson, Mount Vernon	•	•	•	
Delegates 2					Gregory Ogata, Mercer Island	•	•	•	
Patricia Arola, Fredericksburg, VA	•	•	•		Mary Smith, Spokane	•	•	•	
Peter Gerngross, Pearland, TX	•	•	•		Ashley Ulmer, Spokane	•			
Alternates					West Virginia				
Owais Farooqi, Vallejo, CA	•				Delegates 2				
Scott Trapp, Alexandria, VA	•				Michael Richardson, Charleston	•	•	•	
					Kerri Simpson	•			

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings		
		1	2	3
Alternates				
Eleisha Nickoles, Wheeling	•			
Wisconsin				
Delegates 9				
David Casteel, Sun Prairie	•			
Paula Crum, Green Bay	•		•	•
Chris Hansen, Two Rivers	•		•	•
Clifford Hartmann, New Berlin	•			
Monica Hebl, Milwaukee	•		•	•
Christopher Johnson, Eau Claire	•		•	•
Laura Lux, Lake Geneva	•			
Thomas Raimann, Milwaukee	•		•	•
Andrew Smith, Milwaukee	•			
Alternates				
Edward Chiera, Beloit	•		•	•
Benjamin Farrow, Madison	•		•	•
William Lobb, Mukwonago	•			
Carl Meyers, West Bend	•			
Jon Nelson, Superior	•			•
Thomas Reid, Madison	•		•	•
Rachel Steele, Black River Falls	•			
Patrick Tepe, Verona	•		•	•
Kent Vandehaar, Chippewa Falls	•			
Wyoming				
Delegates 2				
Rodney Hill, Casper	•		•	•
Brian Hokanson, Gillette	•		•	•
Alternates				
Jerri Donahue, Cheyenne	•			
Rollin Mead, Cheyenne	•			

2020 Transactions Index of Resolutions

Res. 1	Council on Dental Education and Licensure Review of ADA Policies: Dentistry and Dentistry as an Independent Profession; 4001; 326
Res. 1B	Board of Trustees Substitute Resolution; 4001; 326
Res. 2	Board of Trustees Review and Consideration of ADA Ad Interim Policy on E-Cigarettes and Vaping; 5000; 334
Res. 3	Council on Government Affairs Rescission of the Policy, Dental Focus in Federal Health Agencies; 5002; 260
Res. 4	Council on Government Affairs Amendment of the Policy, Use of Dentist-to-Population Ratios; 5004; 260
Res. 5	Council on Government Affairs Amendment of the Policy, Suggested Dental Practice Acts; 5005; 260
Res. 6	Council on Government Affairs Rescission of the Policy, State Regulation of Advertising; 5007; 261
Res. 7	Withdrawn
Res. 8	Council on Government Affairs Amendment of the Policy, National Practitioner Data Bank Self-Generated Inquiries; 5011; 334
Res. 9	Council on Government Affairs Proposed Policy, National Practitioner Data Bank Statute of Limitations; 5012; 334
Res. 10	Council on Government Affairs Proposed Policy, Support for Deployed Dentists; 5014; 334
Res. 11	Council on Government Affairs Proposed Policy, Rank and Status of Dentists in the Armed Forces, Military Reserves and Public Health Service; 5017; 261
Res. 12	Council on Government Affairs Amendment of the Policy, Dental Research by Military Departments; 5020; 261
Res. 13	Council on Government Affairs Amendment of the Policy, Legislative Delegations; 5022; 261
Res. 13S-1	Sixteenth Trustee District Substitute Resolution; 5023a; 262
Res. 14	Council on Government Affairs Amendment of the Policy, Antitrust Reform; 5025; 262
Res. 15	Council on Dental Practice Proposed Policy, ADA Statement on the Use of Silver Diamine Fluoride (SDF) to Arrest Carious Lesions; 3001; 304
Res. 16	Council on Dental Practice Proposed Amendment of the Comprehensive ADA Policy Statement on Teledentistry; 3002; 314
Res. 16S-1	Fourteenth Trustee District Substitute Resolution; 3002a; 325
Res. 16S-2	Eleventh Trustee District Substitute Resolution; 3002b; 325

- Res. 16S-3 Third Trustee District**
Substitute Resolution; 3002c; 325
- Res. 16S-4 Thirteenth Trustee District**
Substitute Resolution; 3002d; 325
- Res. 17 Board of Trustees**
Nominations to Councils; 1002; 275
- Res. 18 Council on Dental Benefit Programs**
Amendment of Policy, Dentist Selection Based on Cost; 3006; 305
- Res. 19 Council on Dental Benefit Programs**
Amendment of Policy, Maximum Fees for Non-Covered Services; 3007; 317
- Res. 20 Council on Advocacy for Access and Prevention**
Temporary Expansion of Scope During Public Health Crisis; 3009; 305
- Res. 20S-1 Sixteenth Trustee District**
Substitute Resolution; 3009a; 304
- Res. 21 Council on Scientific Affairs**
Proposed ADA Policy Statement on Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment; 4020; 290
- Res. 21S-1 Ninth Trustee District**
Substitute Resolution; 4019a; 289
- Res. 21S-2 Withdrawn**
- Res. 22 Council on Dental Practice**
Point of Care Testing; 3010; 321
- Res. 23 Council on Advocacy for Access and Prevention**
Amendment of the Policy, Encouraging the Development of Oral Health Literacy Continuing Education Programs; 5029; 262
- Res. 24 Council on Advocacy for Access and Prevention**
Rescission of the Policy, Preventive Dental Procedures; 5030; 263
- Res. 25 Council on Advocacy for Access and Prevention**
Proposed Policy, Guidelines for Medicaid Dental Reviews; 5032; 335
- Res. 26 Council on Advocacy for Access and Prevention**
Rescission of the Policy, High Blood Pressure Programs; 5034; 263
- Res. 27 Withdrawn**
- Res. 28 Council on Government Affairs**
Amendment of the Policy, Protection of Retirement Assets; 5038; 263
- Res. 29 Council on Ethics, Bylaws and Judicial Affairs**
Amendment to Section 3.A. of the ADA *Principles of Ethics and Code of Professional Conduct*; 5040; 263
- Res. 30 Council on Ethics, Bylaws and Judicial Affairs**
Amendment of Chapter XII., Section A. of the *Governance and Organizational Manual of the American Dental Association*; 5043; 344
- Res. 31 Council on Ethics, Bylaws and Judicial Affairs**
Amendment of the ADA Member Conduct Policy; 5045; 335
- Res. 32 Council on Ethics, Bylaws and Judicial Affairs**
Amendment and Simplification of *Bylaws* Chapter I., Section 20.B.; 5048; 263
- Res. 33 Council on Advocacy for Access and Prevention**
Amendment of the Policy, Limited Oral Health Literacy Skills and Understanding in Adults; 5049; 264

- Res. 34 Council on Advocacy for Access and Prevention**
Amendment of the Policy, Comprehensive Policy Statement on Allied Dental Personnel; 5050; 264
- Res. 34S-1 Sixteenth Trustee District**
Substitute Resolution; 5057a; 264
- Res. 35 Council on Advocacy for Access and Prevention**
Amendment of the Policy, Women's Oral Health: Patient Education; 5058; 265
- Res. 36 Council on Advocacy for Access and Prevention**
Amendment of the Policy, Communication and Dental Practice; 5059; 265
- Res. 37 Council on Advocacy for Access and Prevention**
Amendment of the Policy, Health Planning Guidelines; 5060; 265
- Res. 37S-1 Sixteenth Trustee District**
Substitute Resolution; 5060a; 265
- Res. 38 Council on Advocacy for Access and Prevention**
Amendment of the Policy, Non Dental Providers Notification of Preventive Dental Treatment; 5061; 266
- Res. 39 Council on Advocacy for Access and Prevention**
Amendment of the Policy, Non-Dental Providers Completing Educational Program on Oral Health; 5062; 266
- Res. 40 Wisconsin Dental Association**
Request that ADA Explore New Dues Structure Reflecting Evolving Dental Practice Models; 2001; 259
- Res. 41 Council on Government Affairs**
Proposed Policy, Tobacco Use, Vaping, and Nicotine Delivery Products; 5064; 336
- Res. 42 Council on Government Affairs**
Amendment of the Policy, Use of Expert Witnesses in Liability Cases; 5069; 266
- Res. 43 Council on Government Affairs**
Proposed Policy, Principles for Tort Reform; 5071; 345
- Res. 44 Council on Government Affairs**
Proposed Policy, Limits on Non-Economic Damages; 5073; 338
- Res. 45 Council on Government Affairs**
Rescission of the Policy, Professional Liability Insurance Legislation; 5075; 267
- Res. 46 Council on Government Affairs**
Amendment of the Policy, Fee-For-Service Medicaid Programs; 5077; 267
- Res. 47 Council on Government Affairs**
Amendment of the Policy, Medicaid and Indigent Care Funding; 5078; 267
- Res. 48 Council on Government Affairs**
Amendment of the Policy, Support for Adult Medicaid Dental Services; 5080; 267
- Res. 48S-1 Sixteenth Trustee District**
Substitute Resolution; 5080a; 267
- Res. 49 Council on Government Affairs**
Proposed Policy, Federal Medicaid Funding; 5081; 338
- Res. 50 Council on Government Affairs**
Proposed Policy, Tax Incentives for Medicaid Participation; 5083; 338
- Res. 51 Council on Government Affairs**
Proposed Policy, Support for the Children's Health Insurance Program; 5085; 339
- Res. 52 Council on Government Affairs**
Rescission of the Policy, Availability of Dentists for Underserved Populations; 5088; 268

- Res. 52S-1 Ninth Trustee District**
Substitute Resolution; 5089a; 268
- Res. 53 Council on Government Affairs**
Rescission of the Policy, Maldistribution of the Dental Workforce; 5091; 268
- Res. 54 Council on Government Affairs**
Amendment of the Policy, Freedom of Choice in Publicly Funded Aid Programs; 5093; 268
- Res. 55 Council on Government Affairs**
Amendment of the Policy, Legislative Separation of Medicine and Dentistry; 5094; 268
- Res. 56 Council on Government Affairs**
Amendment of the Policy, Limited English Proficiency; 5095; 269
- Res. 57 Council on Government Affairs**
Proposed Policy, Discrimination of Benefit Payment Based on Professional Degree of Provider; 5097; 269
- Res. 58 Council on Government Affairs**
Proposed Policy, Guaranteeing the Patient's Freedom of Choice of Dentist; 5100; 269
- Res. 59 Council on Government Affairs**
Proposed Policy, Regulatory Definitions of Dentistry; 5102; 269
- Res. 60 Council on Government Affairs**
Rescission of the Policy, ADA Assistance in Legislative Initiatives; 5105; 270
- Res. 61 Council on Government Affairs**
Rescission of the Policy, Costs for the Submission of Electronic Dental Claims; 5108; 270
- Res. 62 Unassigned**
- Res. 63 Council on Government Affairs**
Rescission of the Policy, Advocating for ERISA Reform; 5110; 270
- Res. 64 Council on Ethics, Bylaws and Judicial Affairs**
Amendment of Chapter III., Section 120 of the ADA *Bylaws*; 5112; 270
- Res. 65 Council on Government Affairs**
Proposed Policy, Anesthesia Coverage Under Health Plans; 5114; 270
- Res. 66 Council on Membership**
Active Membership Promotion; 2009; 292
- Res. 67 Council on Membership**
Amendment of Chapter I, Section B.4.F. of the *Governance and Organizational Manual* of the *American Dental Association*; 2010; 294
- Res. 67S-1 Fourteenth Trustee District**
Substitute Resolution; 2010a; 294
- Res. 68 Council on Membership**
Bylaws Amendment on Life Membership Eligibility; 2011; 296
- Res. 69 Council on Government Affairs**
Proposed Policy, Provisions for ERISA Plans; 5116; 270
- Res. 70 Elder Care Workgroup**
Oral Health Care for the Elderly; 5132; 279
- Res. 70B Board of Trustees**
Substitute Resolution; 5132; 279
- Res. 71 Elder Care Workgroup**
Financing Oral Health Care for Adults Age 65 and Older; 5137; 285

- Res. 71S-1 Ninth Trustee District**
Substitute Resolution; 5138a; 285
- Res. 71S-2 Fourteenth Trustee District**
Substitute Resolution; 5138b; 285
- Res. 71RCS-1 Tenth Trustee District**
Substitute Resolution; 285
- Res. 71RCS-3 Third Trustee District**
Substitute Resolution; 284
- Res. 72 Elder Care Workgroup**
Modifying the Existing Medicare Dental Coverage: Statutory Dental Exclusion; 5140; 347
- Res. 73 Elder Care Workgroup**
National Elder Care Advisory Committee Review; 5141; 347
- Res. 74 Elder Care Workgroup**
Elder Care Strategies on Continuing Education; 5142; 271
- Res. 75 Elder Care Workgroup**
Elder Care Strategies on Research; 5145; 271
- Res. 76 Elder Care Workgroup**
Elder Care Strategies on Increased Preparedness of Educational Institutions; 5146; 272
- Res. 77 Elder Care Workgroup**
Elder Care Strategies on Public Advocacy; 5148; 272
- Res. 78 Elder Care Workgroup**
Elder Care Strategies on Intra-Professional Advocacy; 5150; 272
- Res. 79 Elder Care Workgroup**
Elder Care Strategies on Long Term Care Facilities; 5152; 273
- Res. 80 Elder Care Workgroup**
Elder Care Strategies on Inter-Agency Advocacy; 5154; 273
- Res. 81 Elder Care Workgroup**
Elder Care Strategies on Practice Management; 5156; 273
- Res. 82 Elder Care Workgroup**
Amendment of Policy, Summary of Recommendations, Report 5 of the Board of Trustees to the House of Delegates, on Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care; 5158; 287
- Res. 83 First Trustee District**
Policy for the Elimination of Wait Periods for Children in Dental Benefit Plans; 3012; 259
- Res. 83B Board of Trustees**
Substitute Resolution; 3013; 259
- Res. 83BS-1 Withdrawn**
- Res. 84 Board of Trustees**
Review and Consideration of ADA Ad Interim Policy: Dentistry is Essential Healthcare; 3015; 305
- Res. 85 Fifteenth Trustee District**
Dental Benefits Information for ADA Members; 3017; 259
- Res. 86 Fifteenth Trustee District**
Improved ADA Member Dentist Assistance with Third Party Payer Issues; 3018; 260

- Res. 87 Board of Trustees**
Approval of 2021 Budget; 2077; 348
- Res. 88 Board of Trustees**
Establishment of Dues Effective January 1, 2021; 2078; 348
- Res. 89 Council on Government Affairs**
Proposed Policy, Resources for Veterans Ineligible for VA Dental Care; 5161; 339
- Res. 89S-1 Withdrawn**
- Res. 90 Council on Government Affairs**
Proposed Policy, Diagnostic Testing by Dentists; 3021; 321
- Res. 90S-1 Third Trustee District**
Substitute Resolution; 3020a; 321
- Res. 91 Council on Government Affairs**
Proposed Policy, Vaccine Administration by Dentists; 3022; 306
- Res. 91B Board of Trustees**
Substitute Resolution; 3023; 304
- Res. 92 Council on Ethics, Bylaws and Judicial Affairs**
Proposed *Bylaws* and Governance Manual Revisions on Declaring an Extraordinary Emergency; 5169; 339
- Res. 93 Council on Ethics, Bylaws and Judicial Affairs**
Proposed Bylaws Provisions to Take Effect When a Time of Extraordinary Emergency is Declared; 5172; 341
- Res. 94 Standing Committee on Credentials, Rules and Order**
Approval of Certified Delegates; 1026; 251
- Res. 95 Standing Committee on Credentials, Rules and Order**
Minutes of the 2019 Session of the House of Delegates; 1027; 251
- Res. 96 Standing Committee on Credentials, Rules and Order**
Adoption of Agenda and Order of Agenda Items; 1028; 251
- Res. 97 Standing Committee on Credentials, Rules and Order**
Special Order of Referral Consent Calendar; 1029; 255
- Res. 98 Standing Committee on Credentials, Rules and Order**
Referrals of Reports and Resolutions; 1030; 274
- Res. 99 Standing Committee on Credentials, Rules and Order**
Special Rules of the 2020 Virtual House of Delegates; 1031; 251
- Res. 100 Second Trustee District**
Special Needs Dentistry; 4023; 330
- Res. 100S-1 Second Trustee District**
Substitute Resolution; 4023a; 330
- Res. 100S-2 Dr. Rhoda J. Sword, Fifth Trustee District**
Substitute Resolution; 4022b; 330
- Res. 101 First Trustee District**
New Dentist Representation to the ADA House of Delegates; 2099; 301
- Res. 102 Fourteenth Trustee District**
A System to Provide Accurate and Timely Access to a Patient's Insurance Information; 3024; 322
- Res. 102S-1 Sixteenth Trustee District**
Substitute Resolution; 3024a; 322

- Res. 103** **Fourteenth Trustee District**
Reexamine Council on Communication Liaison Program; 5180; 274
- Res. 104** **Fourteenth Trustee District**
Formulating Innovations to Address Underserved Areas; 5181; 274
- Res. 105** **Fourteenth Trustee District**
Inappropriate Recoupment Practices of Dental Benefit Companies; 3025; 260
- Res. 106** **Fourteenth Trustee District**
Teledentistry Model Legislation and Ethical Considerations; 3026; 323
- Res. 107** **Thirteenth Trustee District**
Availability of ADA Community Water Fluoridation Webinar Series; 5182; 343
- Res. 108** **Fourteenth Trustee District**
Logistics of Vaccine Administration by Dentists; 3027; 325
- Res. 109** **Fourteenth Trustee District**
ADA Policy on Tooth Gems and Jewelry; 4028; 260
- Res. 110** **Sixteenth Trustee District**
2021 Dentist and Student Lobby Day; 2101; 302
- Res. 111** **Reference Committee A (Budget, Business, Membership and Administrative Matters)**
Consent Calendar; 291
- Res. 112** **Reference Committee B (Dental Benefits, Practice and Related Matters)**
Consent Calendar; 303
- Res. 113** **Reference Committee D (Legislative, Health, Governance and Related Matters)**
Consent Calendar; 332