Minutes of the 163rd Annual Session of the American Dental Association House of Delegates

October 15-18, 2022
Houston, Texas

Saturday, October 15, 2022

First Meeting of the House of Delegates

Call to Order: The First Meeting of the 163rd 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 12:30 p.m., Saturday, October 15, 2022, in the Marriott Marquis Houston, Texas Ballroom.

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: Dr. Patricia E. Arola, Assistant Under Secretary for Health and Dentistry, U.S. Department of Veterans Affairs, led the members of the House in reciting the Pledge of Allegiance.

Announcements: For the benefit of the delegates and alternate delegates, the Speaker reviewed announcements regarding live stream broadcasting of the meetings of the House, technology support, microphones, availability of district representatives, and a planned update from the general counsel at the conclusion of the first meeting of the House.

Introductions: The Speaker introduced the officers of the Association who were seated on the dais, and the former ADA presidents who were seated in the House.

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. Todd R. Christy, Michigan, Committee chair, presented the Committee’s report. The other members of the Committee were: Dr. Eva F. Ackley, Florida; Dr. Marissa N. Bender, Washington; Dr. Mahmoud Jallad, Illinois; Dr. Charles W. Miller, Texas; Dr. Thomas M. Paumier, Ohio; Dr. Danielle M. Riordan, Missouri; Dr. Radha Sachdeva-Munk, New York and Dr. Emily S. Willett, Nebraska.

Approval of Certified Delegates. Dr. Christy reported that a list of certified delegates and alternate delegates as of October 7, 2022, was posted on ADA Connect. Subsequent to the October 7 posting, the following requests relating to the credentialing of new alternate delegates were presented:

Alternate Delegates
Dr. Alexandra Fitzgerald, Maryland
Dr. Vicky S. Ottmers, Public Health Service

Dr. Christy 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. Christy moved Resolution 102 (Supplement:1027) as amended. Hearing no objection, the Speaker declared Resolution 102, as amended, adopted.
102H-2022. 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 2022 House of Delegates of the American Dental Association.

Dr. Christy reported the presence of a quorum.

The following requests relating to the credentialing of new acting secretaries were presented:

Secretaries
Dr. Kamila L. Dornfeld, North Dakota
Dr. Alice M. Arroyo Julia, Puerto Rico
Ms. Jeannie Watson, Georgia

Dr. Christy reported that the Committee considered the requests to be the result of extenuating circumstances and recommended the individuals be credentialed. Hearing no objection, the Speaker declared the credentials granted.

Dr. Christy 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 2021 Session of the House of Delegates. On behalf of the Committee, Dr. Christy moved Resolution 103 (Supplement:1028). The Speaker asked if there were any corrections to the minutes; hearing none, the Speaker declared the minutes adopted.

103H-2022. Resolved, that the minutes of the 2021 session of the House of Delegates be approved.

Adoption of Agenda and Order of Agenda Items. On behalf of the Committee, Dr. Christy moved Resolution 104 (Supplement:1029).

Hearing no objection, Resolution 104 was adopted.

104H-2022. Resolved, that the agenda as presented in the 2022 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.

Referrals of Reports and Resolutions. On behalf of the Committee, Dr. Christy moved Resolution 105 (Supplement:1030).

The Speaker announced that Resolution 205S-1 was corrected. The Speaker also announced that Resolution 302S-1 would be referred to Reference Committee B and would be posted on ADA Connect following the first meeting of the House of Delegates.

The Speaker announced the following withdrawn resolutions.

Resolution 504—Amendment to ADA Manual of the House of Delegates to Permit Motion to Table—withdrawn by the Second Trustee District

Resolution 509—Revision of Policy Entitled “Freedom of Choice”—withdrawn by the Council on Ethics, Bylaws and Judicial Affairs

Dr. James Mancini, Pennsylvania, requested that Resolution 214—Amendment to ADA Policy, Diversity in Association Membership Marketing and Consumer-Related Materials be withdrawn.
The Speaker asked if there was any objection to withdrawal of any of these resolutions; hearing none, the Speaker declared the resolutions withdrawn.

Hearing no objection, Resolution 105 was adopted.

**105H-2022. Resolved,** that the list of referrals 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:

Seventeenth Trustee District Resolution 305—Third Party Payer Contracting Practices *(Supplement:3022)*

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, the House approved Resolution 305 as new business. Resolution 305 was referred to Reference Committee B.

Dr. Christy noted that the balance of the Committee’s report was informational, but highlighted information regarding the process of substituting delegates and alternates during meetings of the House; the schedule of reference committee hearings and the posting and paper distribution of reference committee reports; the 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. Cesar R. Sabates addressed the House of Delegates. He commented on the Association’s accomplishments over the past year including the launching of the reimagined member app. He also mentioned the new association management system that “… will help the entire tripartite deliver member value more seamless than ever before.” He also commented on the new health equity action team, which has developed a collaborative strategy with medical colleagues to promote dental disease prevention and education, and noted two events at the ADA in 2022: the inaugural Give Veterans A Smile Summit and the Elder Care Symposium. Dr. Sabates stated, “The ADA should continue to build bridges and strengthen our ties with other important groups within our profession.” He noted that the ADA Board of Trustees met with dental school deans to discuss topics important to dental faculty, staff and students including faculty recruitment, changes in education and educational debt carried by students and faculty. He also mentioned gathering with leaders across organized dentistry including those from the 12 recognized dental specialties and other associations. He said, “I hope that we can take a stand, not with many diluted, discordant voices, but with one united voice for the profession.” The Report of the President *(Supplement:2142)* was referred to Reference Committee A (Budget, Business, Membership and Administrative Matters) and was posted on ADA Connect.

**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. Raymond A. Cohlmia presented his annual report to the House of Delegates.

**Presentation of Reports of the Board of Trustees:** On behalf of the Board of Trustees, Dr. Susan Becker Doroshow, Eighth District Trustee, presented the reports of the Board of Trustees to the House of Delegates. The Board expressed its appreciation to the members of the Committee on Local Arrangements and its volunteers for their dedicated work.

**Nominations to Councils.** Dr. Doroshow moved Resolution 101 *(Supplement:1017)* on behalf of the Board of Trustees.
Hearing no objection, Resolution 101 was adopted by general consent.

**101H-2022. 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. Becker Doroshow reported that the names of members retiring from ADA councils and commissions are identified in Board Report 1 and asked the House to recognize the retiring members for their dedication and contributions to the profession.

Dr. Becker Doroshow noted that Reports 1 through 10 of the Board of Trustees to the House of Delegates were referred to the appropriate reference committees.

Dr. Becker Doroshow asked the House to observe a moment of silence in memory of the former leaders who passed away since the last session of the House of Delegates.

**Nominations of Officers**

**President-elect:** The Speaker called for nominations for the office of president-elect. Dr. Kurt S. Lindemann, Montana, nominated Dr. Linda J. Edgar, Washington, for the office of president-elect; and Dr. Megan R. Leary, New York, nominated Dr. Paul R. Leary, New York, 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 Tuesday, October 18.

**Second Vice President:** The Speaker called for nominations for the office of second vice president. Dr. Daniel J. Klemmedson, Arizona, nominated Dr. David J. Manzanares, New Mexico, for the office of second vice president. The Speaker asked if there were any additional nominations; there were none. In accordance with the ADA Bylaws, the Speaker declared Dr. David J. Manzanares, duly elected. Dr. Manzanares briefly addressed the House of Delegates.

**Speaker of the House of Delegates:** President Sabates assumed the chair for the purpose of calling for nominations for the office of Speaker of the House of Delegates. Dr. A. Roddy Scarbrough, Mississippi, nominated Dr. W. Mark Donald, Mississippi, for the office of Speaker of the House of Delegates. Dr. Sabates noted that ADA Governance Manual requires candidates for Speaker of the House of Delegates to submit a standardized *curriculum vitae* to the Executive Director not less than 120 days prior to the convening of the House of Delegates in order to be nominated. No additional *curriculum vitae* were submitted. Therefore, in accordance with ADA Governance Manual, Dr. Sabates declared Dr. W. Mark Donald duly elected.

**Presentation of Presidential Citations:** President Sabates awarded a presidential citation to Ms. Wendy Wils, deputy general counsel and to Dr. W. Mark Donald, Speaker of the House of Delegates.

Dr. Donald resumed the chair.

**Presentation of Incoming Trustees:** The Speaker presented the following incoming trustees, elected by their respective Trustee Districts:

- Dr. Brendan P. Dowd, New York, Second District Trustee
- Dr. Randall C. Markarian, Illinois, Eighth District Trustee
- Dr. John E. Hisel, Jr., Idaho, Eleventh District Trustee
- Dr. Karin Irani, California, Thirteenth District Trustee

**Remarks by the Chair of the American Dental Political Action Committee (ADPAC):** Dr. Brad W. Barnes, Illinois, ADPAC chair, addressed the House of Delegates thanking members for their continued support of
ADPAC. Dr. Barnes invited Dr. Meredith A. Bailey, Massachusetts, to address the House of Delegates. Dr. Bailey thanked members of the House of Delegates for their support on the ballot initiative in Massachusetts to establish medical loss ratio for dental insurance plans.

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. Jennifer Neese, Indiana. With no other business before the House, the Speaker declared the First Meeting of the ADA House of Delegates adjourned at 2:57 p.m., Saturday, October 15, 2022.
Second Meeting of the ADA House of Delegates

Call to Order: The Second Meeting of the 163rd Annual Session of the ADA House of Delegates was called to order at 7:30 a.m., Tuesday, October 18, 2022, by the Speaker of the House of Delegates, Dr. W. Mark Donald.

Recognition of New Delegates and Alternate Delegates: The Speaker asked first time delegates and alternates to stand and be recognized.

Recognition of 2022 ADA Honorary Members: The Speaker recognized the 2022 ADA Honorary Members: Mr. Arthur Meisel and Ms. Priscilla Allen.

Report of the Standing Committee on Credentials, Rules and Order: Dr. Todd R. Christy, Committee chair, announced the presence of a quorum and read the ADA Disclosure Policy.


The Speaker opened the vote for the office of president-elect. The candidates on the ballot, listed in alphabetical order, were as follows: Dr. Linda J. Edgar, Washington; and Dr. Paul R. Leary, New York. Hearing no objection, the Speaker closed the vote. The Speaker called for the House to stand at ease while the voting results were tallied.

The Speaker announced that Dr. Linda J. Edgar, Washington, had been elected to the office of president-elect. Dr. Linda J. Edgar and Dr. Paul R. Leary briefly addressed the House of Delegates.

Priority Agenda Items: Four priority agenda items were identified by the Reference Committees; the resolutions were considered in the following order:

- Approval of 2023 Budget—Board of Trustees Resolution 201 (Reference Committee A)
- Amendment of ADA Bylaws Regarding Establishment of the Strategic Forecasting Committee and its Corresponding Duties and Responsibilities—Board of Trustees Resolution 205 and Fourth Trustee District Substitute Resolution 205S-1 (Reference Committee A)
- Establishment of the Standing Committee of the House of Delegates: Strategic Forecasting Committee—Board of Trustees Resolution 206 and Reference Committee A Substitute Resolution 206RC (Reference Committee A)
- Dental Team Membership—Council on Membership Resolution 209, Board of Trustees Substitute Resolution 209B and Reference Committee A Substitute Resolution 209RC (Reference Committee A)

The priority agenda items were presented by Dr. Robert E. Butler, Missouri, chair, Reference Committee A.

Approval of 2023 Budget (Board of Trustees Resolution 201): The Reference Committee reported as follows:

The Reference Committee heard no testimony regarding the 2023 Budget. The Reference Committee concurs with the Board of Trustees and supports adoption of Resolution 201.

201. Resolved, that the 2023 Annual Budget of revenues and expenses, including net capital requirements, be approved.

Dr. Butler moved Resolution 201 (Supplement:2133) 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 88 for the adoption of the final budget (Resolution 201).

Amendment of ADA Bylaws Regarding Establishment of the Strategic Forecasting Committee and its Corresponding Duties and Responsibilities (Board of Trustees Resolution 205 and Fourth Trustee District Resolution 205S-1): The Reference Committee reported as follows:

The Reference Committee heard extensive testimony in support of Resolution 205. After comments by the Speaker and Treasurer, Resolution 205-S-1 was deemed necessary with respect to the House of Delegates adopting a budget for 2023, fulfilling its fiduciary responsibilities.

205S-1. Resolved, that Chapter III. HOUSE OF DELEGATES, Section 50 DUTIES, of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

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

* * *

E. Establish, in collaboration with the Board of Trustees, the strategic direction of the Association in alignment with the mission and vision of the Association.

F. Establish a mechanism by which the Strategic Forecasting Plan, including the progress of each of the strategic initiatives of the American Dental Association to achieve and confirm the progress for the current five-year vision, is reported on, amended if necessary, and adopted by majority vote, at least annually.

G. Adopt an annual budget and establish the dues of active members for the following year.

FH. Serve as the court of appeal from decisions of the Council on Ethics, Bylaws and Judicial Affairs involving disputes arising between constituents or between a constituent and a component, as provided in of these Bylaws.

GJ. Provide sufficient support to the ADA Foundation in addition to non-Association funding to assure the continued viability of the Foundation’s research activities.

and be it further

Resolved, that Chapter III. HOUSE OF DELEGATES, Section 110 COMMITTEES, of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

Section 110. COMMITTEES: The standing committees of the House of Delegates shall be the Committee on Constitution and Bylaws, the Committee on Credentials, Rules and Order, the Strategic Forecasting Committee and such Reference Committees as shall in the determination of the Speaker of the House of Delegates be necessary to complete the business of the House of Delegates.

and be it further

Resolved, that Chapter V. BOARD OF TRUSTEES, Section 80. DUTIES, of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

Section 80. DUTIES: It shall be the duty of the Board of Trustees to:

* * *

F. Collaborate with the House of Delegates in setting the strategic direction of the Association in alignment with the mission and vision of the Association.
G. Prepare and propose Adopt a budget to the House of Delegates for each the ensuing following fiscal year, including a recommendation for consistent with the Strategic Forecasting Plan.

H. Recommend the dues of active members for the following year.

GI. Establish recommended qualifications for the offices of Treasurer and Speaker of the House of Delegates.

HJ. Submit to the House of Delegates nominations for membership to the councils and commissions, except as otherwise provided in these Bylaws.

JK. Act upon commission and committee nominations for consultants as set forth in the Governance Manual.

JL. Review the reports of councils and special committees of the Association and to make recommendations concerning such reports to the House of Delegates.

KM. Submit an annual report of its activities to the House of Delegates.

LN. Appoint special committees of the Association in accordance with these Bylaws.

MO. Render a final judgment on what constitutes a conflict of interest except with respect to the work of the Commission on Dental Accreditation.

NP. Establish dues for the international member category.

QQ. Ask that the ADA Foundation provide the Board of Trustees with a request for any funding in furtherance of Chapter III, Section 50.G of these Bylaws so said request can be considered during the Association’s annual budgeting activities.

PR. Perform such other duties as are provided for in these Bylaws.

and be it further

Resolved, that Chapter XII. FINANCES, Section 40. APPROVAL OF ANNUAL BUDGET of the ADA Bylaws be amended as follows (additions double underscored, deletions stricken through):

Section 40. APPROVAL OF ANNUAL BUDGET. The proposed annual budget shall be submitted by the Board of Trustees to the members of the House of Delegates at least thirty (30) days prior to the opening meeting of the annual session. Following the adoption of a resolution on the Strategic Forecasting Plan, and by the end of the calendar year, the Board of Trustees shall adopt a budget for the following year incorporating the Strategic Forecasting Plan as approved by the House of Delegates shall be referred to a reference committee on budget for hearings at the annual session and then shall be considered for approval as a special order of business. In the event the budget as submitted is not approved, all recommendations for changes shall be referred to the Board of Trustees to prepare and present a revised budget. This procedure shall be repeated until a budget for the ensuing fiscal year shall be adopted.

and be it further

Resolved, that amendments to the following become effective at adjournment sine die of the 2022 House of Delegates:

1. Chapter III. House of Delegates, Section 50.G. Duties, of the ADA Bylaws

2. Chapter XII. FINANCES, Section 40. APPROVAL OF ANNUAL BUDGET of the ADA Bylaws.

Dr. Butler moved Resolution 205S-1 (Supplement:2027a) in lieu of Resolution 205 (Supplement:2025) with the Committee recommendation to Vote Yes.
As a point of information, Dr. Bruce R. Hutchison, Virginia, asked which ADA governing body establishes the mission and vision of the Association.

At the request of the Speaker, Mr. Scott Fowkes, general counsel, responded that the mission is submitted by the Board of Trustees and approved by the House of Delegates.

Dr. Willis S. Hardesty, Jr., North Carolina, moved to amend Resolution 205S-1 by adding the words “which shall be established by the House of Delegates” to item E. of the first resolving clause, so that item E. would read as follows (addition double underscored):

E. Establish, in collaboration with the Board of Trustees, the strategic direction of the Association in alignment with the mission and vision of the Association, which shall be established by the House of Delegates.

In speaking to the amendment, Dr. Hardesty stated, “Despite the fact that it’s being memorialized elsewhere, we know that this House routinely cleans up policy by review… This actual phrase is memorialized elsewhere about 2022, but to make sure that it is not deleted, we’d like to add this to make sure that it stays in place in an area where it is memorialized that this House has that ultimate responsibility.”

On vote, the proposed amendment was adopted.

Dr. Craig P. McKenzie, Pennsylvania, moved to further amend Resolution 205S-1 by adding two new resolving clauses at the end of the Resolution that would read as follows:

Resolved, that the efficacy and continued operations of the Strategic Forecasting Committee will be reviewed on an annual basis by the Council on Ethics, Bylaws and Judicial Affairs and report their findings back to the House of Delegates, and be it further

Resolved, that the Strategic Forecasting Committee will be examined and considered for continuance by the House of Delegates three years from its inception.

In speaking to the amendment, Dr. McKenzie stated, “I greatly appreciate the work of the Strategic Forecasting Task Force. And we’ve heard several times this weekend that we need to make some sort of change, and if not this, what? And if not now, then when? I agree our Association must become more nimble, and I’m optimistic that strategic forecasting might help us do that. But at the same time, this is a large governance change with a significant financial implication. So, I propose this amendment to build in an automatic review by CEBJA and bring it back to the House of Delegates to ensure that the goals of this new governance model are realized. I ask all of you to try something new, to step outside of the box and to give strategic forecasting with this new amendment the opportunity to help us govern more effectively but with the added piece of mind of an automatic examination and consideration for the continuance of this new governance model in three years.”

As a point of information, Dr. Justin R. Norbo, Virginia, asked, “In the first resolving clause, the question I had, is this consistent with current policy that CEBJA is going to be reviewing on an ongoing basis other councils and committees?”

The Speaker responded, “I have been told that they have the authority to do so.”

Dr. Margaret S. Gingrich, Michigan, proposed a secondary amendment by striking the number “three” and inserting “five” in the second resolved clause so that the resolving clause would read as follows (addition double underscored; deletion double stricken):

Resolved, that the Strategic Forecasting Committee will be examined and considered for continuance by the House of Delegates three five years from its inception.

In speaking to the proposed secondary amendment, Dr. Gingrich stated, “When we changed governance in Michigan, it took several years to truly evaluate the change and become comfortable with it. The Ninth
[District] feels three years is not long enough to give the change in governance a fair opportunity, and five years gives time for the dust to settle.”

On vote, the secondary amendment was adopted.

Discussion on the primary amendment, as amended, ensued.

Dr. Kelly A. Roth, Ohio, member of the Council on Ethics, Bylaws and Judicial Affairs, spoke against the proposed primary amendment, stating, “I would speak against both of these resolving clauses. This is something that we already do. We review everything every five years. We’re paying attention to those.”

Dr. Paul R. Miller, Florida, spoke in support of the proposed amendment. He said, “I would speak in support of this amendment to continually review this committee and their processes because of the lack of metrics to evaluate this quickly put together committee of the House. This allows us to confidently quickly continue moving forward and because I will be able to evaluate the effectiveness and value of this committee.”

As a point of information, Dr. Thomas M. Paumier, Ohio, asked, “… I’m confused about exactly what would happen in five years the way it’s written. Would this House have to revote with the two-thirds vote to continue it or would they have to vote to eliminate it?”

The Speaker responded, “The motion that would come before you in five years would be if you want to change the Bylaws, and I don’t know what that is in five years from now. It’s a two-thirds vote to change the Bylaws. If you elect not to do anything, there will be no resolution coming forward. …"

In response, Dr. Paumier asked for further clarification, saying, “So just so that I’m clear, if 205[S-1][as amended...passes and the Strategic Forecast Committee is appointed, in five years, we would have to vote to continue it by a two-thirds vote or we’d have to vote to eliminate it?”

The Speaker responded, “You’d vote to change the Bylaws, and if you want to vote to eliminate it, that’s what the Bylaws would say.”

As a point of information, Dr. Robert S. Roda, Arizona, asked, “If in five years this House does absolutely nothing, the wording of this appears to me to say that all of this strategic initiative goes away. Is that not correct?”

In response, the Speaker said, “That is not correct. It says examine and consider for continuance. For something like that to take place, you’d have to have a resolution for a Bylaws change. It would come before the House. I don’t know what that’s going to look like, whatever that Bylaws change would be. If no resolution to change the Bylaws comes up, it continues. … I cannot predict what this House is going to do five years from now, but I can predict that if a change takes place in the Bylaws, it has to be by resolution and a two-thirds vote to be adopted.”

Dr. Joseph Richardson, Florida, spoke in support of the proposed amendment, stating, “The importance of reviewing the overall success of the SFC stems from the significant financial investment without concise description of a set of metrics to assess the success or liability of the SFC to the ADA.”

Dr. Meredith A. Bailey, Massachusetts, chair of the Council on Ethics, Bylaws and Judicial Affairs, spoke against the proposed amendment. She said, “I believe that it’s the purview of the House of Delegates to review this on a yearly basis and not CEBJA.”

Dr. Rhett E. Raum, Tennessee, proposed a secondary amendment to delete the first proposed resolving clause so that the primary amendment would read as follows (deletion double strikethrough):

Resolved, that the efficacy and continued operations of the Strategic Forecasting Committee will be reviewed on an annual basis by the Council on Ethics, Bylaws and Judicial Affairs and report their findings back to the House of Delegates, and be it further
Resolved, that the Strategic Forecasting Committee will be examined and considered for continuance by the House of Delegates three five years from its inception.

In speaking to the proposed secondary amendment, Dr. Raum stated, “Just as our previous speaker just spoke, it is something that is going to put an onerous burden on CEBJA each year, and it is something that is already going to be reviewed annually. I don’t think it needs to be included in this.”

Dr. Robert J. Wilson, Jr., Maryland, spoke in support of the proposed secondary amendment, stating, “This is the responsibility of the entire House, of which CEBJA is a component. It’s not necessary. It’s just a committee reviewing the committee. It’s just not necessary.”

Dr. Willis S. Hardesty, Jr., North Carolina, spoke against the proposed secondary amendment, stating, “The resolving clause is necessary to direct a review. We ask councils and committees to do their work yearly, and this just tells CEBJA to please look at the efficacy as this House would direct.”

Dr. Thomas S. Kelly, Ohio, spoke in support of the proposed secondary amendment. He said, “The responsibility of us as delegates is to look at the actions that have happened with committees and our councils and make sure that they’re doing their job. And if they’re not, it’s our job to make sure that they correct it or they’re sunset.”

Dr. Stephen J. Zuknick, Florida, spoke against the proposed secondary amendment, stating, “…Removing this clause in theory… I can see where you’d think it would work. We simply want a reminder annually to review this, and this is a pretty good leap of faith we’re taking. And we simply want the reminder of the House to review it and come back.”

Dr. Raymond K. Martin, Massachusetts, spoke in support of the proposed secondary amendment. He said, “Efficacy and continued operations are financial measurements. And those really should be in the purview of either a financial entity or the House of Delegates.”

Dr. Thomas M. Paumier, Ohio, spoke in support of the proposed secondary amendment, stating, “I would remind the House… that the House of Delegates will approve the strategic plan or not or change the strategic plan or not. That is, essentially, its evaluation, in my opinion.”

Dr. David C. Anderson, Virginia, spoke against the proposed secondary amendment. He said, “…structurally, the people who are against this are saying that the House will organically come up with a decision on what’s going on. Usually that organic rising has to have some sort of structure. And the structure is CEBJA to come up with an organizational structure to bring it to the House. The House isn’t going to automatically rise up and say, yes, we want this organic change.”

On vote, the proposed secondary amendment to delete the first of the two proposed resolving clauses was adopted.

Discussion on the primary amendment, as amended, ensued.

Dr. Stephen J. Zuknick, Florida, spoke in support of the proposed primary amendment stating, “While the Seventeenth [District] fully appreciates the intent and need of developing the strategic change, many aspects of the ADA are unknown and specifically its effect on membership market share. We feel this language will alleviate much of the anxiety districts may have with this leap of faith. It simply becomes a reminder to evaluate this method of doing the business of the ADA. If the Strategic Forecasting Committee is doing its job as well as we all hope, this amendment should only confirm the success of the program.”

Dr. Thomas S. Kelly, Ohio, spoke against the proposed amendment stating, “I think having the language, which obviously was confusing enough that it was asked multiple times what is considered for continuance by this House of Delegates, seems to be setting this up for an automatic type of sunset. I know it would take a vote, but it doesn’t fit with us being strategically thoughtful and moving forward. If we had the same sort of language in other programs, like SmileCon, that wouldn’t be a good thing to try to plan meetings from six years from now, seven years from now, that we’d have to decide five years from now, okay we’re going to
vote on this to continue it or not continue it. We need to just continue to move it. If it’s not working, this House of Delegates has the authority and the duty to discontinue it.”

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 add two last resolving clauses to Resolution 205S-1 was not adopted.

On vote, Resolution 205S-1, as amended, was adopted in lieu of Resolution 205 by a two-thirds affirmative vote.

205H-2022. Resolved, that Chapter III. HOUSE OF DELEGATES, Section 50 DUTIES, of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

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

* * *

E. Establish, in collaboration with the Board of Trustees, the strategic direction of the Association in alignment with the mission and vision of the Association, which shall be established by the House of Delegates.

F. Establish a mechanism by which the Strategic Forecasting Plan, including the progress of each of the strategic initiatives of the American Dental Association to achieve and confirm the progress for the current five-year vision, is reported on, amended if necessary, and adopted by majority vote, at least annually.

G. Adopt an annual budget and establish the dues of active members for the following year.

F. Serve as the court of appeal from decisions of the Council on Ethics, Bylaws and Judicial Affairs involving disputes arising between constituents or between a constituent and a component, as provided in of these Bylaws.

G. Provide sufficient support to the ADA Foundation in addition to non-Association funding to assure the continued viability of the Foundation’s research activities.

and be it further

Resolved, that Chapter III. HOUSE OF DELEGATES, Section 110 COMMITTEES, of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

Section 110. COMMITTEES: The standing committees of the House of Delegates shall be the Committee on Constitution and Bylaws, the Committee on Credentials, Rules and Order, the Strategic Forecasting Committee and such Reference Committees as shall in the determination of the Speaker of the House of Delegates be necessary to complete the business of the House of Delegates.

and be it further

Resolved, that Chapter V. BOARD OF TRUSTEES, Section 80. DUTIES, of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

Section 80. DUTIES: It shall be the duty of the Board of Trustees to:

* * *

F. Collaborate with the House of Delegates in setting the strategic direction of the Association in alignment with the mission and vision of the Association.
G. Prepare and propose to the House of Delegates for each the ensuing following fiscal year, including a recommendation for consistent with the Strategic Forecasting Plan.

H. Recommend the dues of active members for the following year.

GI. Establish recommended qualifications for the offices of Treasurer and Speaker of the House of Delegates.

HJ. Submit to the House of Delegates nominations for membership to the councils and commissions, except as otherwise provided in these Bylaws.

IK. Act upon commission and committee nominations for consultants as set forth in the Governance Manual.

JL. Review the reports of councils and special committees of the Association and to make recommendations concerning such reports to the House of Delegates.

KM. Submit an annual report of its activities to the House of Delegates.

LN. Appoint special committees of the Association in accordance with these Bylaws.

MO. Render a final judgment on what constitutes a conflict of interest except with respect to the work of the Commission on Dental Accreditation.

NP. Establish dues for the international member category.

QQ. Ask that the ADA Foundation provide the Board of Trustees with a request for any funding in furtherance of Chapter III, Section 50.G of these Bylaws so said request can be considered during the Association’s annual budgeting activities.

PR. Perform such other duties as are provided for in these Bylaws.

and be it further

Resolved, that Chapter XII. FINANCES, Section 40. APPROVAL OF ANNUAL BUDGET of the ADA Bylaws be amended as follows (additions double underscored, deletions stricken through):

Section 40. APPROVAL OF ANNUAL BUDGET. The proposed annual budget shall be submitted by the Board of Trustees to the members of the House of Delegates at least thirty (30) days prior to the opening meeting of the annual session. Following the adoption of a resolution on the Strategic Forecasting Plan, and by the end of the calendar year, the Board of Trustees shall adopt a budget for the following year incorporating the Strategic Forecasting Plan as approved by the House of Delegates shall be referred to a reference committee on budget for hearings at the annual session and then shall be considered for approval as a special order of business. In the event the budget as submitted is not approved, all recommendations for changes shall be referred to the Board of Trustees to prepare and present a revised budget. This procedure shall be repeated until a budget for the ensuing fiscal year shall be adopted.

and be it further

Resolved, that amendments to the following become effective at adjournment sine die of the 2022 House of Delegates:

1. Chapter III. House of Delegates, Section 50.G. Duties, of the ADA Bylaws

2. Chapter XII. FINANCES, Section 40. APPROVAL OF ANNUAL BUDGET of the ADA Bylaws

Establishment of the Standing Committee of the House of Delegates: Strategic Forecasting Committee (Board of Trustees Resolution 206 and Reference Committee A Resolution 206RC): The Reference Committee reported as follows:
The Reference Committee heard extensive testimony about Resolution 206. Testimony included proposed amendments, such as changing the size and composition of the Strategic Forecasting Committee. However, the Reference Committee believes that considerable time and collaborative efforts were invested in developing Resolution 206, which reflects the best solution available at this time. The Reference Committee acknowledges that this structure may be refined in future years.

The Reference Committee heard testimony about expanding the number of members of the Strategic Forecasting Committee to seventeen (17). In light of this, the Reference Committee strongly encourages the President to appoint four (4) Trustee members from non-represented districts. The Committee was provided with additional information regarding the need to facilitate the implementation of the Strategic Forecasting Committee framework and supporting infrastructure. This includes the appointment of existing Strategic Forecasting Task Force members for the first year so that such members may be ratified by the House under the proposed Bylaws changes.

206RC. Resolved, that the Manual of the House of Delegates and Supplemental Information, page 21, be amended as follows (additions underscored, deletions struck through):

**Standing Committees of the House of Delegates**

In order to conduct its business, the House of Delegates uses two standing committees: (1) the Committee on Credentials, Rules and Order; and (2) the Committee on Constitution and Bylaws; and (3) the Strategic Forecasting Committee. The Committee on Credentials, Rules and Order is composed of nine members of the House of Delegates appointed by the President. The Committee on Constitution and Bylaws is composed of not more than eight nor less than six members of the Council on Ethics, Bylaws and Judicial Affairs appointed by the President in consultation with the Speaker of the House of Delegates and the Council Chair. These committees are largely concerned with procedural matters. The following is a description of their specific duties follows.

and be it further

Resolved, that the Manual of the House of Delegates and Supplemental Information be further amended to add the Strategic Forecasting Committee definition and its governance structure under this new Standing Committee as follows:

*Strategic Forecasting Committee.* The Strategic Forecasting Committee and its associated entities are generally related to the ongoing provision of strategic plan review and guidance for the Association. The complete composition, including a subcommittee structure and attached action groups, are outlined below, as well as the specific duties and other governance considerations.

During the inaugural year of the Strategic Forecasting Committee, the following geographically selected members from the 2022 Strategic Forecasting Task Force shall serve a one-year appointment as the House of Delegates representatives to the Committee. These appointments shall begin at adjournment *sine die* of the 2022 House of Delegates and shall the end at adjournment *sine die* of the 2023 House of Delegates and shall not be taken into account toward any calculation with regard to future service on the Strategic Forecasting Committee:

- North Geographic Trustee District Region (Districts 6, 7, 8, 9): Dr. Cissy Furusho and Dr. Rachel Hymes;
- East Geographic Trustee District Region (Districts 1, 2, 3, 4, 16): Dr. Chris Liang and Dr. Justin Norbo;
- West Geographic Trustee District Region (Districts 10, 11, 13, 14): Dr. Steve Kend and Dr. Michael Varley; and
- South Geographic Trustee District Region (Districts 5, 12, 15, 17): Dr. Cody Graves and Dr. Tom Brown.

The 2022 Reference Committee on Budget, Business, Membership and Administrative Matters strongly encourages the President to appoint four (4) Trustee members from non-represented
districts.

I. Strategic Forecasting Committee.

A. Composition and Eligibility. The Strategic Forecasting Committee shall be composed of eight (8) individuals who are members of the House of Delegates at the time of nomination, four (4) individuals who are members of the Board of Trustees at the time of appointment and one (1) individual who is a new dentist member of the ADA at the time of appointment, each selected, nominated and/or appointed as set forth below: The President, President-elect, Treasurer and ADA Executive Director shall also each serve as a member of the Strategic Forecasting Committee without the right to vote. No member of the Committee shall concurrently serve as a member of an Association council or commission nor shall concurrently serve as a member of another committee of the House of Delegates. The Committee will also include a chair, who shall be a non-voting member of the Committee.

B. Experience Criteria, Selection, Nomination and Appointment.

1. House of Delegates Members.

   a. Experience Criteria. House of Delegates members of the Strategic Forecasting Committee shall possess knowledge or experience in one or more of the subject matter areas of membership, fiscal management, advocacy, dental education, licensure, science and research, strategic planning, generational trends and social engagement, dental industry, practice modality trends, governance, and practice trends.

   b. Selection and Nomination. To achieve geographic diversity among members of the Strategic Forecasting Committee, four (4) geographic groups of Trustee Districts shall each select two eligible members of the House of Delegates from different constituents within their Districts for nomination to the Strategic Forecasting Committee and shall forward those nominations to the Board of Trustees, together with information that summarizes the experience of each nominee for service on the Committee. The four geographic Trustee District regions are as follows:

      i. North Geographic Trustee District Region: Districts Six, Seven, Eight and Nine ("North Region");

      ii. East Geographic Trustee District Region: Districts One, Two, Three, Four and Sixteen ("East Region");

      iii. West Geographic Trustee District Region: Districts Ten, Eleven, Thirteen and Fourteen ("West Region"); and

      iv. South Geographic Trustee District Region: Districts Five, Twelve, Fifteen and Seventeen ("South Region").

      The District caucus chairs for the Districts within each geographic Trustee District region shall develop and the Districts shall adopt the process by which Strategic Forecasting Committee nominees are selected.

   c. Appointment. The Board of Trustees shall review the nominations and shall vote on the appointment of each House of Delegates Strategic Forecasting Committee nominee. Should any nominee not be appointed to serve on the Committee by the

* In the context of the Strategic Forecasting Committee and action groups, the term “new dentist member” shall mean a dentist who received their DDS or DMD degree less than ten (10) years before their selection for appointment to the Strategic Forecasting Committee or one of its action groups.
Board of Trustees, the geographic Trustee District region that nominated the candidate shall forward the identity of a substitute nominee to the Board of Trustees for its consideration.

d. The slate of Strategic Forecasting Committee House of Delegates members shall be forwarded to the House of Delegates for ratification. Should any member not be ratified by the House of Delegates, the geographic Trustee District region that nominated the candidate shall forward the identity of a substitute nominee to the Board of Trustees for its approval.

2. Board of Trustees Members. Four (4) Board of Trustees members, one from each of the geographic Trustee District regions shall be appointed to the Strategic Forecasting Committee by the President with the approval of the Board of Trustees.

3. New Dentist Member. The New Dentist Committee shall develop and adopt the process by which it selects a new dentist to serve on the Strategic Forecasting Committee and shall forward that nomination to the Board of Trustees. The nominee shall be appointed by vote of the Board of Trustees. Should the new dentist nominee not be appointed to serve on the Committee by the Board of Trustees, the New Dentist Committee shall forward the identity of a substitute nominee to the Board of Trustees for its consideration.

C. Term and Tenure.

1. House of Delegates and New Dentist Members. House of Delegates members and the new dentist member of the Strategic Forecasting Committee shall serve one term of two (2) years and, if continuing as a member of the House of Delegates or continuing to be qualified as a new dentist, respectively, at the conclusion of the member’s initial term, may be renominated and reappointed once for a total tenure on the Committee of four (4) years.∗

2. Board of Trustees Members. Board of Trustees members of the Strategic Forecasting Committee shall serve one (1) term of two (2) years and shall not be eligible for reappointment to the Committee.”

D. Removal. A member of the Strategic Forecasting Committee may be removed for cause by the Board of Trustees.

1. Causes for Removal. The following are causes for the removal of a member from the Strategic Forecasting Committee:

   a. Continued, gross or willful neglect of the duties of a member;

   b. Failure to comply with the Association’s policies on conflict of interest;

   c. Failure or refusal to disclose necessary information on matters of Association business;

∗ To stagger the terms of the House of Delegates members of the Strategic Forecasting Committee so that fifty percent (50%) of the members turn over each year, the initial term of one Committee member from each geographic Trustee District region shall be three years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.

“ To stagger the terms of the Board of Trustee members of the Strategic Forecasting Committee so that fifty percent (50%) of the members turn over each year, the initial terms of two (2) of the Board of Trustees members appointed by the President shall be three (3) years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.
d. Failure to keep confidential any exclusive information protected by secrecy that becomes known to the member by reason of the performance of their duties on the Committee's behalf;

e. Failure to comply with the Association's professional conduct policy and prohibition against harassment;

f. Unauthorized expenditures or misuse of Association funds;

g. Unwarranted attacks on the Association, any of its agencies or any person serving the Association in an elected, appointed or employed capacity;

h. Unwarranted refusal to cooperate with any officer, trustee, Committee member or Committee staff;

i. Misrepresentation of the Association and any person serving the Association in an elected, appointed or employed capacity to outside persons;

j. Being found to have engaged in conduct subject to discipline pursuant to Chapter XI of the ADA Bylaws;

k. Violation of the Association's Member Conduct Policy;

l. Conviction of a felony; and

m. For Strategic Forecasting Committee members only, lapse of membership.

2. Procedure for Removal. Before a Committee member is removed for cause, the following procedures shall be followed:

a. The President shall notify the accused member in writing of the allegations concerning the member's performance or conduct. The written notice shall include a description of the conduct purported to constitute each charge. The accused shall be invited to respond in writing. If the accused member wishes, he or she may resign their Committee position voluntarily or may request the opportunity to appear before the Board of Trustees to respond to the allegations received. If an appearance is requested, the Board shall schedule it during the next meeting of the Board.

b. Formal rules of evidence shall not apply to the appearance to discuss the allegations made, but if requested, the Board of Trustees shall permit the accused member to be assisted by legal counsel. Following the appearance, the Board shall decide by a two thirds (2/3) vote whether the accused member should be removed from the Strategic Forecasting Committee. Every decision that results in removal of a Committee member for cause shall be reduced to writing and shall specify the findings of fact which support the decision to remove the accused member. If a decision to remove a Committee member is made, that action shall create a vacancy that shall be filled in accordance the Vacancy provisions of these procedures.

E. Vacancy. Should a vacancy arise on the Strategic Forecasting Committee, the entity that selected the member whose position has been vacated shall select a replacement member for the remainder of the unexpired term and shall forward that selection to the Board of Trustees together with, if applicable, the information that summarizes the basis for each nominee's experience that qualifies the nominee to serve on the Committee. The Board of Trustees shall then vote on the vacancy appointment. If the vacancy is for a House of Delegates or the new dentist position on the Committee, at the conclusion of the partial term, the replacement member shall be eligible for reappointment to one additional, consecutive two (2) year term. If the vacancy is for a Board of Trustees position, if the vacated position has less than fifty percent (50%) of a full two (2) year term remaining at the time the
successor Committee member is appointed, the successor Board of Trustees member may, if otherwise eligible, be nominated and appointed to a new, consecutive two (2) year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment, the successor Board of Trustees member shall not be eligible for another term.

F. Powers. The Strategic Forecasting Committee shall have the power to:

1. Establish rules and regulations not inconsistent with the ADA Bylaws or these provisions for its own governance.
2. By a majority vote, request the chair to call and convene a special session of the Strategic Forecasting Committee.
3. Remove a member of any subcommittee of the Strategic Forecasting Committee for cause.
4. Elect or appoint members of the subcommittees of the Strategic Forecasting Committee.
5. Monitor and guide the activities of the subcommittees of the Strategic Forecasting Committee.

G. Duties. The duties of the Strategic Forecasting Committee shall be:

1. Periodically review and propose revisions to the mission and vision statements of the American Dental Association.
2. Collaborate with the Board of Trustees in setting the strategic direction of the Association in alignment with the Association’s vision and mission statements.
3. Elect a chair of the Strategic Forecasting Committee.
4. Annually provide to the House of Delegates a report on the Strategic Forecasting Plan, including the progress of each of the strategic initiatives of the American Dental Association to achieve and confirm the progress for the current five-year vision.

H. Meetings.

1. Regular Meetings. The Strategic Forecasting Committee shall hold a minimum of four (4) meetings per year. The number and dates of regular meetings to be held for the following year shall be determined in advance by the Committee.
2. Special Meetings. Special meetings of the Strategic Forecasting Committee may be called at any time either by the chair or at the request of a majority of the voting members of the Committee, provided notice is given to each member in advance of the meeting.
3. Place of Meetings: Regular or special meetings may be held in a single geographic location or virtually using suitable communications platforms.

I. Quorum. A majority of the voting members of the Strategic Forecasting Committee shall constitute a quorum.

J. Chair. The chair of the Strategic Forecasting Committee shall be an ADA member selected biennially by the Strategic Forecasting Committee immediately preceding the expiration of the term of the current chair from nominations received by the Committee. The chair shall be a non-voting member of the Committee and shall be eligible to serve two (2) two-year terms as chair. If the selected chair is a voting member of the Committee at the time of election, the member shall relinquish voting privileges and a vacancy on the Committee shall be created,
to be filled in accordance with the provisions of the vacancy provisions of these procedures (Section I.E., above).

K. Vice Chair. The President-elect shall serve as the non-voting vice chair of the Strategic Forecasting Committee and shall assume the office of chair until the office of chair is filled by the Strategic Forecasting Committee in the event of a vacancy in that office, or if the chair is otherwise unavailable.

L. Consultants and Staff.

1. Consultants. The Strategic Forecasting Committee shall have the authority to appoint consultants as needed to assist it in its duties, in conformity with the ADA Bylaws and the Governance and Organizational Manual of the American Dental Association ("Governance Manual"). As a condition of appointment, consultants shall file conflict of interest statements with the Executive Director of this Association. The Committee shall also provide notice of the appointment of each consultant to the Board of Trustees.

2. Staff. The Executive Director of the Association shall assign such staff as needed to assist the Committee and shall select the titles for such staff positions.

II. Strategic Forecasting Subcommittees. The Strategic Forecasting Committee shall have the authority to establish subcommittees, each of which shall focus on a single category of ADA customers. Initially, there shall be four (4) subcommittees, each focusing on one of the following customer groups: Dentist, Tripartite, Enterprise and Professional/Public.

A. Composition. Each Strategic Forecasting subcommittee shall be composed of four (4) members selected by the Strategic Forecasting Committee from among nominees submitted by each of the geographic Trustee District regions and two (2) Board of Trustees members appointed by the President and with the approval of the Board of Trustees. Each of the foregoing subcommittee members shall have the right to vote. The President, President-elect, Treasurer and ADA Executive Director shall also serve as members of each Strategic Forecasting subcommittee without the right to vote.

B. Term and Tenure.

1. Non-Board of Trustee Voting Members. Voting members of the Strategic Forecasting subcommittees who are not Board of Trustee members shall serve a term of two (2) years and may be reappointed once for a total tenure on the subcommittee of four (4) years.∗

2. Board of Trustee Members. Board of Trustee members of the Strategic Forecasting subcommittees shall serve one (1) term of two (2) years and shall not be eligible for reappointment to the Committee.**

C. Removal. A member of a Strategic Forecasting subcommittee may be removed by the Strategic Forecasting Committee for any of the causes enumerated in Section I.D.1., above. When considering the removal of any Strategic Forecasting subcommittee member, the Strategic Forecasting Committee shall follow the procedures outlined in Section I.D.2., above.

∗ To stagger the terms of the non-Board of Trustee voting members of each Strategic Forecasting subcommittee so that fifty percent (50%) of such members turn over each year, the initial terms of two members shall be three years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.

** To stagger the terms of the Board of Trustee members of each Strategic Forecasting subcommittee so that fifty percent (50%) of the Board of Trustee members turn over each year, the initial terms of one (1) of the Board of Trustees members appointed by the Board of Trustees shall be three (3) years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.
D. Vacancies. Should a vacancy on a Strategic Forecasting subcommittee occur, a successor member shall be appointed for the unexpired term. If the previous member was a member of the subcommittee nominated by a geographic Trustee District region, the chair of the Strategic Forecasting Committee shall appoint a successor member nominated by that same region. If the previous member was a Board of Trustees member of the subcommittee, the Board of Trustees shall appoint the successor member. If the successor member remains eligible, the successor member may be reappointed for a single full subcommittee term of two (2) years.

E. Powers. Each Strategic Forecasting subcommittee shall have the power to:

1. Direct specific objectives within its scope of assigned responsibility to its action groups, if any.
2. Name consultants as necessary to assist the subcommittee in addressing its assigned objectives.
3. Request additional staff as necessary to complete its assigned objectives.
4. Assist the Strategic Forecasting Committee in completing tasks within its assigned area of responsibility as requested by the Strategic Forecasting Committee.

F. Duties. Each Strategic Forecasting subcommittee shall have the following duties:

1. Provide information within the scope of its assigned responsibility to the Strategic Forecasting Committee as requested by the Strategic Forecasting Committee.
2. Assimilate information within the scope of its assigned responsibility provided to it by its action groups or other entities and provide a summary of such information to the Strategic Forecasting Committee.
3. As requested but at least annually, provide the Strategic Forecasting Committee with a report that uses accepted metrics to provide an accounting of the subcommittee’s achievements in meeting its assigned objectives within the scope of its area of responsibility.
4. Assist the Strategic Forecasting Committee in completing tasks within its assigned area of responsibility as requested by the Strategic Forecasting Committee.

G. Meetings.

1. Regular Meetings. Each Strategic Forecasting subcommittee shall hold a minimum of four (4) meetings per year. The number and dates of regular meetings to be held for the following year shall be determined in advance by the subcommittee.
2. Special Meetings. Special meetings of the Strategic Forecasting subcommittee may be called at any time either by the chair or at the request of a majority of the voting members of the subcommittee, provided notice is given to each member in advance of the meeting.
3. Place of Meetings: Regular and special meetings shall be held virtually via one or more suitable communications platforms.

H. Quorum. A majority of the voting members of the Strategic Forecasting subcommittee shall constitute a quorum.

I. Chair. The chair of each subcommittee shall be selected annually by the Strategic Forecasting Committee from among the House of Delegates members of the Strategic Forecasting Committee, shall be a member of the subcommittee, and shall have the right to
vote. The chair of the subcommittee shall be eligible to serve two (2) terms as chair if
continuing as a voting member of the Strategic Forecasting Committee at the conclusion of
the initial term as chair.

J. Consultants and Staff.

1. Consultants. Each Strategic Forecasting subcommittee shall have the authority to appoint
consultants as needed to assist it in fulfilling its duties, in conformity with the ADA Bylaws
and the Governance Manual. As a condition of appointment, consultants shall file conflict
of interest statements with the Executive Director of this Association. The subcommittee
shall also provide notice of the appointment of each consultant to the Strategic
Forecasting Committee and the Board of Trustees.

2. Staff. The Executive Director of the Association shall assign such staff as needed to
assist the subcommittees and shall select the titles for such staff positions.

III. Action Groups. With the exception of the Enterprise subcommittee, each of the Strategic
Forecasting subcommittees shall have four (4) action groups. The Enterprise subcommittee shall
function as its own action group.

A. Composition. The action groups for the Strategic Forecasting subcommittees shall have the
following composition:

1. Dentist Customer Strategic Forecasting Subcommittee Action Groups. The Dentist
Customer Strategic Forecasting subcommittee shall have four (4) geographically based
action groups as follows:

   a. North:
      i. One (1) dentist from each of the Trustee Districts within the North Region;
      ii. One (1) constituent or component Executive Director from each Trustee District
          within the North Region;
      iii. Two (2) full time faculty members* from academic institutions within the North
          Region, except that the faculty members should be from institutions in different
          Trustee Districts;
      iv. Two (2) new dentists, each from a different Trustee District within the North
          Region; and
      v. Two (2) members of the American Student Dental Association who attend dental
          school within the North Region, except that the ASDA members should attend
dental schools in different Trustee Districts.

   b. East:
      i. One (1) dentist from each of the Trustee Districts within the East Region;
      ii. One (1) constituent or component Executive Director from each Trustee District
          within the East Region;
      iii. Two (2) full time faculty members from academic institutions within the East
          Region, except that the faculty members should be from institutions in different
          Trustee Districts;

* In the context of the Strategic Forecasting action groups, the term “full time faculty member” shall mean one who works
for a school of dentistry more than two (2) days or sixteen (16) hours per week.
iv. Two (2) new dentists, each from a different Trustee District within the East Region; and  
v. Two (2) members of the American Student Dental Association who attend dental school within the East Region, except that the ASDA members should attend dental schools in different Trustee Districts.

c. West:  
i. One (1) dentist from each of the Trustee Districts within the West Region;  
ii. One (1) constituent or component Executive Director from each Trustee District within the West Region;  
iii. Two (2) full time faculty members from academic institutions within the West Region, except that the faculty members should be from institutions in different Trustee Districts;  
iv. Two (2) new dentists, each from a different Trustee District within the West Region, and  
v. Two (2) members of the American Student Dental Association who attend dental school within the West Region, except that the ASDA members should attend dental schools in different Trustee Districts.

d. South:  
i. One (1) dentist from each of the Trustee District within the South Region;  
ii. One (1) constituent or component Executive Director from each Trustee District within the South Region;  
iii. Two (2) full time faculty members from academic institutions within the South Region, except that the faculty members should be from institutions in different Trustee Districts;  
iv. Two (2) new dentists, each from a different Trustee District within the South Region; and  
v. Two (2) members of the American Student Dental Association who attend dental school within the South Region, except that the ASDA members should attend dental schools in different Trustee Districts.

2. Tripartite Customer Strategic Forecasting Subcommittee Action Groups. The Tripartite Customer Strategic Forecasting subcommittee shall have four (4) geographically based action groups as follows:

a. North:  
i. One (1) dentist from the North Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the North Region;  
ii. Two (2) constituent or component Executive Directors from each of the Trustee Districts within the North Region;  
iii. One (1) new dentist from the North Region;
iv. One (1) member of the American Student Dental Association who attends dental school within the North Region;

v. One (1) representative of dental industry who works within the North Region; and

vi. Two (2) management or administrative representatives of dental service organizations who work within the North Region, except that such representatives should be from different Trustee Districts.

b. East:

i. One (1) dentist from the East Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the East Region;

ii. Two (2) constituent or component Executive Directors from each of the Trustee Districts within the East Region;

iii. One (1) new dentist from the East Region;

iv. One (1) member of the American Student Dental Association who attends dental school within the East Region;

v. One (1) representative of the dental industry who works within the East Region; and

vi. Two (2) management or administrative representatives of dental service organizations who work within the East Region, except that such representatives should be from different Trustee Districts.

c. West:

i. One (1) dentist from the West Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the West Region;

ii. Two (2) constituent or component Executive Directors from each of the Trustee Districts within the West Region;

iii. One (1) new dentist from the West Region;

iv. One (1) member of the American Student Dental Association who attends dental school within the West Region;

v. One (1) representative of the dental industry who works within the West Region; and

vi. Two (2) management or administrative representatives of dental service organizations who work within the West Region, except that such representatives should be from different Trustee Districts.

d. South:

i. One (1) dentist from the South Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the South Region;

ii. Two (2) constituent or component Executive Directors from each of the Trustee Districts within the South Region;
iii. One (1) new dentist from the South Region;

iv. One (1) member of the American Student Dental Association who attends dental school within the South Region;

v. One (1) representative of the dental industry who works within South Region; and

vi. Two (2) management or administrative representatives of dental service organizations who work within the South, except that such representatives should be from different Trustee Districts.

3. Professional/Public Customer Strategic Forecasting Subcommittee Action Groups. The Professional/Public Customer Strategic Forecasting subcommittee shall have four (4) geographically based action groups as follows:

a. North:

i. One (1) dentist from each of the Trustee Districts within the North Region;

ii. One (1) constituent or component Executive Director from each of the Trustee Districts within the North Region;

iii. Two (2) full time faculty members from academic institutions within the North Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, each from different Trustee Districts within the North Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the North Region, except that the ASDA members should attend dental schools in different Trustee Districts.

b. East:

i. One (1) dentist from each of the Trustee Districts within the East Region;

ii. One (1) constituent or component Executive Director from each of the Trustee Districts within the East Region;

iii. Two (2) full time faculty members from academic institutions within the East Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, different Trustee Districts within the East Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the East Region, except that the ASDA members should attend dental schools in different Trustee Districts.

c. West:

i. One (1) dentist from each of the Trustee Districts within the West Region;

ii. One (1) constituent or component Executive Director from each of the Trustee Districts within the West Region;
iii. Two (2) full time faculty members from academic institutions within the West Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, each from different Trustee Districts within the West Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the West Region, except that the ASDA members should attend dental schools in different Trustee Districts.

d. South:

i. One (1) dentist from each of the Trustee Districts within the South Region;

ii. One (1) constituent or component Executive Director from each of the Trustee Districts within the South Region;

iii. Two (2) full time faculty members from academic institutions within the South Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, each from different Trustee Districts within the South Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the Region, except that the ASDA members should attend dental schools in different Trustee Districts.

B. Selection and Appointment. Except for the Enterprise Strategic Forecasting subcommittee action group, members of action groups shall be appointed by their respective Strategic Forecasting subcommittees, subject to notification to and approval by the Strategic Forecasting Committee.

C. Term and Tenure.

1. Action Groups of the Dentist, Tripartite and Professional/Public Subcommittees. Members of action groups of the Dentist, Tripartite and Professional/Public subcommittees shall serve a term of two (2) years and may be eligible for one additional term for a total tenure of four (4) years if they remain within their member category (i.e., faculty, executive director, new dentist, student or dental industry or dental service organization representative) at the time of their appointment to a second term.∗

2. Enterprise Strategic Forecasting Subcommittee.

∗ To stagger the terms of the members of the action groups so that fifty percent (50%) of the action group members turn over each year, the initial terms of certain of the action group members shall vary from the regular two (2) year term. In each of the Dentist and Professional/Public Strategic Forecasting subcommittee action groups, two (2) ADA members, two (2) executive directors, one (1) faculty member, one (1) new dentist and one (1) student shall have an initial term of three (3) years; the term of those positions shall thereafter revert to the two (2) year term specified in this provision. In each of the action groups of the Tripartite Strategic Forecasting subcommittee, one (1) executive director from each trustee district and one (1) dental service organization representative shall have an initial term of three (3) years; the term of those seats shall then revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.
a. The House of Delegates members of the Enterprise Strategic Forecasting subcommittee shall serve a term of two (2) years and may be reappointed once for a total tenure on the subcommittee of four (4) years.∗

b. Board of Trustee members of the Strategic Forecasting Committee shall serve one (1) term of two (2) years and shall not be eligible for reappointment to the subcommittee.

D. Removal. A member of a Strategic Forecasting subcommittee action group may be removed by the applicable Strategic Forecasting subcommittee for any of the causes enumerated in Section I.D.1., above. When considering the removal of any Strategic Forecasting action group member, the Strategic Forecasting subcommittee shall follow the procedures outlined in Section I.D.2., above.

E. Vacancies. Should a vacancy on an action group occur, the respective Strategic Forecasting subcommittee shall appoint a successor action group member who processes the same qualifications as the previous member, subject to notification to and approval of the Strategic Forecasting Committee. If the successor member remains eligible, the successor member may be reappointed for a single full action group term of two (2) years.

F. Powers. Each action group shall have the power to:

1. Direct activities to achieve specific and defined objectives.

2. Name consultants as necessary to assist the action group in addressing its assigned objectives; and

3. Request additional staff as necessary to complete its assigned objectives.

G. Duties. Each action group shall have the following duties:

1. Recommend members to serve on the Strategic Forecasting subcommittees.

2. Provide insights on future trends, outlook and goals to its Strategic Forecasting subcommittee.

3. Provide information, as applicable, to its Strategic Forecasting subcommittee relating to the following areas:
   a. Generational trends and social engagement;
   b. Science and research;
   c. Fiscal management and financial projections;
   d. Dental industry and trends;
   e. Practice trends;
   f. Advocacy;
   g. Current and future social cultural trends and technological interactions; and

∗ To stagger the terms of the House of Delegates members of the Enterprise Strategic Forecasting subcommittee so that fifty percent (50%) of such members turn over each year, the initial terms of two members shall be three years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.
h. Other areas as may be assigned by the Strategic Forecasting subcommittees.

4. Provide metrics to measure and define future strategic goals for the Association.

5. Assist its Strategic Forecasting subcommittee in completing tasks within its assigned area of responsibility as requested by the Strategic Forecasting subcommittee.

H. Meetings.

1. Regular Meetings. Each action group shall hold a minimum of four (4) meetings per year. The number and dates of regular meetings to be held for the following year shall be determined in advance by the chair of the action group.

2. Special Meetings. Special meetings of the action group may be called at any time either by the chair or at the request of a majority of the members of the action group, provided notice is given to each member in advance of the meeting.

3. Place of Meetings. Regular and special meetings shall be held virtually via one or more suitable communications platforms.

I. Quorum. A majority of the voting members of an action group shall constitute a quorum for that group.

J. Chair. The chair of the Dentist, Tripartite and Professional/Public action groups shall be selected annually by the chair of the action group's respective Strategic Forecasting subcommittee from among the action group's voting members. The chair of the action group shall be eligible to serve two terms as chair if continuing as a voting member of the action group at the conclusion of the initial term as chair. The Strategic Forecasting Committee chair shall serve as the chair of the Enterprise action group.

Dr. Butler moved Resolution 206RC in lieu of Resolution 206 (Supplement:2028) with the Committee Recommendation to Vote Yes.

At the request of the Speaker, Dr. Ted Sherwin, treasurer, provided information regarding Resolution 206RC. Dr. Sherwin said, "...I've gotten a few questions about how this can be funded. And my recommendation that I made at the caucuses yesterday, is that I recommend that the $800,000 for the Strategic Forecasting be excluded from the operating budget and be funded from reserves the first year of startup."

Dr. Steven A. Brown, Rhode Island, moved to amend Resolution 206RC in the footnote under section III. Action Groups. The motion was to amend the footnote by replacing the words “for a school of dentistry” with the words “in an academic setting providing dental education” so that the footnote would read as follows:

"In the context of the Strategic Forecasting action groups, the term “full time faculty member” shall mean one who works in an academic setting providing dental education more than two (2) days or sixteen (16) hours per week.

In speaking to the proposed amendment, Dr. Brown stated, "...I'm sure a lot of people in this room are active in dental education, but not necessarily associated with a dental school. So, this amendment would say that 'in an academic setting providing dental education', rather than a 'school of dentistry.'"

Dr. Michael J. Safian, Connecticut, spoke in support of the proposed amendment, stating, "...Many excellent faculty...teach dental education in residency programs, in particular in hospital-based systems, not schools of dentistry. We satisfy the requirement, the two days per week, more than 16 hours per week, and we feel that representatives from this constituency should be included."
As a point of information, Dr. Robert S. Roda, Arizona, asked, “I wonder if the maker of the amendment could explain to us what the definition of ‘academic setting providing dental education’ is and also who would decide that in terms of the ADA making that decision of who it is?”

At the Speaker’s request, Dr. Brown responded, “I think it’s broad. It has to be broad because there are a lot of institutions out there where we provide dental education. For instance, I’m a professor at Brown University in Rhode Island and we train residents. But we have no affiliation with a dental school. There are numerous different kinds of clinics, other schools, not necessarily dental schools, where dental education, as a broad term, is being provided. So that’s the point of this [amendment], to not limit this individual or a group of individuals to just dental schools.”

As a point of information, Dr. Thomas C. Jagor, Georgia, asked, “Would that dental education setting include hygienists, dental therapists, in your opinion?”

Through the Speaker, Dr. Brown responded by saying, “Well in my opinion, dentists, in some cases, are the ones that train those individuals. … So, what this footnote really does is define who we can pull those faculty members from, but in the original verbiage, it’s only from dental schools. But why can’t we pull those individuals from universities all over this country, institutions, community colleges where dentists are providing dental education?”

As a point of information, Dr. Nipa R. Thakkar, Pennsylvania, asked, “Would the maker help me understand if this would include privately practicing dentists who open dental assisting programs on evenings and weekends in their offices. Technically, that is dental education and it’s a practice that’s known to occur at least for sure in Pennsylvania.”

Through the Speaker, Dr. Brown responded, “Bingo. I think anyone that provides dental education where the strategic forecasting, whoever make the decision of who put these individuals in that position, would have to determine.”

A motion was made to vote immediately on the proposed amendment. The motion to vote immediately was not adopted.

Dr. Richard J. Nagy, California, spoke in support of the proposed amendment, stating, “... I am the director of a postgraduate periodontal residency program at the VA Hospital in LA. It is a CODA-accredited program, so I think including those of us who don’t actually work in a dental school, it would be prudent.”

Dr. Frederick A. Hartman, Rhode Island, spoke in support of the proposed amendment, stating, “... limiting our faculty contributions to only those faculty in the dental school setting wouldn’t be prudent. Many states don’t have dental schools, so it would limit representation on the committee.”

Dr. Daniel J. Gesek, Jr., Florida, proposed a secondary amendment by adding the words “a CODA-accredited” before the word “academic” so that the footnote, as further amended, would read as follows (addition double underscored; deletion double strikethrough):

*In the context of the Strategic Forecasting action groups, the term “full time faculty member” shall mean one who works for a school of dentistry in an a CODA-accredited academic setting providing dental education more than two (2) days or sixteen (16) hours per week.

Dr. Mahmoud Jallad, Illinois, spoke against the proposed secondary amendment. He said, “I’m a graduate of a restorative program in Indiana University. It’s a CODA-accredited school, but my program is not a CODA-accredited program. That means the faculty who taught me at school won’t be included.”

On vote, the secondary amendment was adopted.

Discussion on the amended primary amendment ensued.

A motion was made to vote immediately on the primary amendment. The motion to vote immediately was adopted by a two-thirds affirmative vote.
On vote, the proposed primary amendment to Resolution 206RC, as amended, was adopted.

As a point of information, Dr. Michael A. Ungerleider, Connecticut, asked, “…the House of Delegates has no jurisdiction over executive directors because they’re not members of the ADA. So, is that out of order to include them in the composition of the action group?”

At the request of the Speaker, Mr. Scott Fowkes, general counsel, answered, “An ED of a state could serve as a committee member. They could be removed as a committee member, I suppose, if that were appropriate. They are a separate legal entity, so they could also decline to serve if they so wished.”

As a point of information, Dr. Thomas M. Paumier, Ohio, said, “I think it’s relevant, is that in the action groups, you do not have to be a member of organized dentistry to participate.”

The Speaker responded, “It’s my understanding you’re correct.”

As a point of information, Dr. Peter Shatz, Georgia, asked, “Do we need to specify as dentists faculty, because there are many non-dental faculty members in dental schools, our chemists, biologists, hygiene assistants.” Dr. Shatz asked for clarification on the definition of “faculty.”

At the request of the Speaker, Dr. Anthony Ziebert, senior vice president, Division of Education and Professional Affairs, responded, “You can have a full-time faculty member who is in the basic sciences who is not a dentist, right, but a full-time dental school faculty member who’s a dentist is how we’d have to clarify that.”

Dr. Shatz moved to reconsider the adopted amendment to Resolution 206RC. In speaking to the motion, Dr. Shatz said, “I understand the intent, but that is not the language in there. It does not say…it just says full-time faculty member period. You have a biologist, a chemist.”

Dr. Brown spoke against the motion to reconsider, stating, “I respectfully disagree with the speaker. I think if he were to offer an amendment, it wouldn’t be about the resolution that we just passed. It would be the definition of faculty member where it says: ‘Two full-time faculty members.’ I think what he wants to do is amend that definition versus what we just did to see…where these faculty members come from.”

Dr. Roda spoke in support of the motion to reconsider. He said, “I think that we should reconsider this because a simple change of one word in what we just voted for will then ensure that it is only a dentist member who ends up going in, and it will cover all of them. Otherwise, if we don’t reconsider, we then have to go through each one of the instances in this document where it says ‘faculty member’ and make a change. We can change that footnote with one word and it’s done.”

On vote, the motion to reconsider the amendment to Resolution 206RC was not adopted.

A motion was made to vote immediately on Resolution 206RC, as amended. The motion to vote immediately was not adopted.

Dr. Anna Louise Hicklin, South Carolina, moved to amend by addition in Section I., Strategic Forecasting Committee, Item B.2. Board of Trustees Members, as follows:

2. Board of Trustees Members. Four (4) Board of Trustees members, one from each of the geographic Trustee District regions shall be appointed to the Strategic Forecasting Committee by the President with the approval of the Board of Trustees. Selections shall be made from Trustee Districts not represented in the House of Delegates Strategic Forecasting Committee appointees, unless there are conflicts with term and tenure.

In speaking to the amendment, Dr. Hicklin stated, “This addition will help to avoid geographic duplication on the highest level of the strategic forecasting structure. It not only encourages but ensures more district representation into a voting body. Built into this amendment is a provision that will give our president flexibility to adjust as needed in the event that either term or tenure of a trustee interferes with proposed selection criteria.”
Dr. Joseph A. Crowley, Ohio, former ADA president, spoke against the proposed amendment, stating, “I would speak against this amendment because of the work product that is to be done by this group, and many of us become trustees at the ADA with experience and special skills in certain levels, one being some finance, many other places, and this is a skill-based event that’s going to happen to bring us the information forward. So, I don’t think we should tie the hands of the appointees of the Board of Trustees ....”

Dr. Thomas A. Paumier, Ohio, member of the Strategic Forecast Task Force, spoke against the proposed amendment, stating, “We considered this. We actually looked very closely whether we could try and make it work to be able to have a trustee be different than those in the rotation. Because people will be coming on and off so staggered, it would be just really difficult to implement. I think each president is sensitive to the geographic representation issue and will do their best to do that, but this is a skills-based committee and we should try and concentrate on that.”

As a point of information, Dr. Frank C. Barnashuk, New York, said, “As a member of the Reference Committee, I believe we asked you this question that we could do this, and I thought you said it was not, that we could only urge the president what to do or a board what to do.”

In response, the Speaker stated, “My comment was the Bylaws state that it is the authority, due to his position, of the president to be able to appoint people to committees, councils, on the committees, and this would fill this. But I also said the House could direct—I think our conversation was, as a gentleman, I would like for our president to be able to appoint those that he feels like are best suited to fit that position. But our Bylaws do state they have the authority. In this position, if the House votes on this resolution, then they are forcing the president, who has authority in appointing, to do it according to this directive. ... The House can do it.”

Dr. Daniel W. Hall, South Carolina, spoke in support of the proposed amendment, stating, “I thought it tracked well with what the Reference Committee suggested, encouraging the president to appoint four trustee members from non-represented districts... I understand the consideration about ‘encouraging’ versus the ‘shall’, but I think since there’s the addition of ‘unless there are conflicts with term and tenure,’ serves as a buffer, to some degree, and may offer solace to some House members who are a bit anxious.”

Dr. Thomas S. Kelly, Ohio, spoke against the proposed amendment. He said, “I speak against this amendment because it is addressed earlier in the resolution. ‘... the 2022 Reference Committee on Budget, Business and Administrative Matters strongly encourages the president to appoint four trustee members from non-represented districts.’ ‘Strongly encourages’ allows the president to have that flexibility where it’s not a ‘shall.’ If we’re directing them that they shall be appointed from somewhere else, we’re not doing our House of Delegates and this Strategic Forecasting Committee any service by not having the best people at the job. This is a skills-based position. ...”

Dr. Hicklin spoke further in support of the proposed amendment, stating, “It is my understanding that...the paragraph you just referenced is not an ongoing provision. It is for the inaugural year. And so, our amendment would ensure that this continues. ...”

As a point of information, Dr. Kelly asked if the provision in Resolution 206RC encouraging the president to appoint Board members from non-represented districts applied only to the inaugural year.

The Speaker responded, “For this year. It’s the 2022 reference committee recommending for this year. My intent would be as Speaker, talking with CEBJA throughout the year, then this may come back to the House to be removed, because it was included to get this procedure going, and that was the intent of it being included here. ...”

Dr. Louis M. Giordano, New York, spoke against the proposed amendment, stating, “It seems to be my understanding that we, as the House of Delegates, have elected the president to do the right thing, and this seems to be a little bit of micromanaging the president.”

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 206RC was not adopted.

As a point of information, Dr. Willis S. Hardesty, Jr., North Carolina, stated, “…Mr. Speaker, we were given different information by you, quite respectfully, yesterday in the caucus as you came to it. You said that the previous paragraph that just referenced was written to memorialize what was there. That’s why this amendment was offered…so it would continue to be memorialized. Now you’ve just said it will be removed.”

In response to Dr. Hardesty, the Speaker said, “Let me—in the context of what I was saying, I also said this document could change at any time with a 50 percent vote. As Speaker, my concern is, but this goes to CEBJA, but if we leave this in the document, you’re leaving names and everything. So, at some point in time there may be a resolution…that brings this back without these. But I don’t know what’s going to happen with that statement. … So, I have to answer the question according to what I know now.”

On vote, Resolution 206RC, as amended, was adopted in lieu of Resolution 206 by a two-thirds affirmative vote.

206H-2022. Resolved, that the Manual of the House of Delegates and Supplemental Information, page 21, be amended as follows (additions underscored, deletions stricken through):

Standing Committees of the House of Delegates

In order to conduct its business, the House of Delegates uses two three standing committees: (1) the Committee on Credentials, Rules and Order; and (2) the Committee on Constitution and Bylaws; and (3) the Strategic Forecasting Committee. The Committee on Credentials, Rules and Order is composed of nine members of the House of Delegates appointed by the President. The Committee on Constitution and Bylaws is composed of not more than eight nor less than six members of the Council on Ethics, Bylaws and Judicial Affairs appointed by the President in consultation with the Speaker of the House of Delegates and the Council Chair. These committees are largely concerned with procedural matters. The following is a A description of their specific duties follows.

and be it further

Resolved, that the Manual of the House of Delegates and Supplemental Information be further amended to add the Strategic Forecasting Committee definition and its governance structure under this new Standing Committee as follows:

Strategic Forecasting Committee. The Strategic Forecasting Committee and its associated entities are generally related to the ongoing provision of strategic plan review and guidance for the Association. The complete composition, including a subcommittee structure and attached action groups, are outlined below, as well as the specific duties and other governance considerations.

During the inaugural year of the Strategic Forecasting Committee, the following geographically selected members from the 2022 Strategic Forecasting Task Force shall serve a one-year appointment as the House of Delegates representatives to the Committee. These appointments shall begin at adjournment sine die of the 2022 House of Delegates and shall the end at adjournment sine die of the 2023 House of Delegates and shall not be taken into account toward any calculation with regard to future service on the Strategic Forecasting Committee.

• North Geographic Trustee District Region (Districts 6, 7, 8, 9) Dr. Cissy Furusho and Dr. Rachel Hymes;
• East Geographic Trustee District Region (Districts 1, 2, 3, 4, 16):Dr. Chris Liang and Dr. Justin Norbo;
• West Geographic Trustee District Region (Districts 10, 11, 13, 14): Dr. Steve Kend and Dr. Michael Varley; and
• South Geographic Trustee District Region: (Districts 5, 12, 15, 17): Dr. Cody Graves and Dr. Tom Brown.

The 2022 Reference Committee on Budget, Business, Membership and Administrative Matters
strongly encourages the President to appoint four (4) Trustee members from non-represented districts.

I. Strategic Forecasting Committee.

A. Composition and Eligibility. The Strategic Forecasting Committee shall be composed of eight (8) individuals who are members of the House of Delegates at the time of nomination, four (4) individuals who are members of the Board of Trustees at the time of appointment and one (1) individual who is a new dentist member of the ADA at the time of appointment, each selected, nominated and/or appointed as set forth below. The President, President-elect, Treasurer and ADA Executive Director shall also each serve as a member of the Strategic Forecasting Committee without the right to vote. No member of the Committee shall concurrently serve as a member of another committee of the House of Delegates. The Committee will also include a chair, who shall be a non-voting member of the Committee.

B. Experience Criteria, Selection, Nomination and Appointment.

1. House of Delegates Members.

a. Experience Criteria. House of Delegates members of the Strategic Forecasting Committee shall possess knowledge or experience in one or more of the subject matter areas of membership, fiscal management, advocacy, dental education, licensure, science and research, strategic planning, generational trends and social engagement, dental industry, practice modality trends, governance, and practice trends.

b. Selection and Nomination. To achieve geographic diversity among members of the Strategic Forecasting Committee, four (4) geographic groups of Trustee Districts shall each select two eligible members of the House of Delegates from different constituents within their Districts for nomination to the Strategic Forecasting Committee and shall forward those nominations to the Board of Trustees, together with information that summarizes the experience of each nominee for service on the Committee. The four geographic Trustee District regions are as follows:

i. North Geographic Trustee District Region: Districts Six, Seven, Eight and Nine (“North Region”);

ii. East Geographic Trustee District Region: Districts One, Two, Three, Four and Sixteen (“East Region”);

iii. West Geographic Trustee District Region: Districts Ten, Eleven, Thirteen and Fourteen (“West Region”); and

iv. South Geographic Trustee District Region: Districts Five, Twelve, Fifteen and Seventeen (“South Region”).

The District caucus chairs for the Districts within each geographic Trustee District region shall develop and the Districts shall adopt the process by which Strategic Forecasting Committee nominees are selected.

c. Appointment. The Board of Trustees shall review the nominations and shall vote on the appointment of each House of Delegates Strategic Forecasting Committee member.

* In the context of the Strategic Forecasting Committee and action groups, the term “new dentist member” shall mean a dentist who received their DDS or DMD degree less than ten (10) years before their selection for appointment to the Strategic Forecasting Committee or one of its action groups.
nominee. Should any nominee not be appointed to serve on the Committee by the Board of Trustees, the geographic Trustee District region that nominated the candidate shall forward the identity of a substitute nominee to the Board of Trustees for its consideration.

d. The slate of Strategic Forecasting Committee House of Delegates members shall be forwarded to the House of Delegates for ratification. Should any member not be ratified by the House of Delegates, the geographic Trustee District region that nominated the candidate shall forward the identity of a substitute nominee to the Board of Trustees for its approval.

2. Board of Trustees Members. Four (4) Board of Trustees members, one from each of the geographic Trustee District regions shall be appointed to the Strategic Forecasting Committee by the President with the approval of the Board of Trustees.

3. New Dentist Member. The New Dentist Committee shall develop and adopt the process by which it selects a new dentist to serve on the Strategic Forecasting Committee and shall forward that nomination to the Board of Trustees. The nominee shall be appointed by vote of the Board of Trustees. Should the new dentist nominee not be appointed to serve on the Committee by the Board of Trustees, the New Dentist Committee shall forward the identity of a substitute nominee to the Board of Trustees for its consideration.

C. Term and Tenure.

1. House of Delegates and New Dentist Members. House of Delegates members and the new dentist member of the Strategic Forecasting Committee shall serve one term of two (2) years and, if continuing as a member of the House of Delegates or continuing to be qualified as a new dentist, respectively, at the conclusion of the member’s initial term, may be renominated and reappointed once for a total tenure on the Committee of four (4) years.∗

2. Board of Trustees Members. Board of Trustees members of the Strategic Forecasting Committee shall serve one (1) term of two (2) years and shall not be eligible for reappointment to the Committee.∗∗

D. Removal. A member of the Strategic Forecasting Committee may be removed for cause by the Board of Trustees.

1. Causes for Removal. The following are causes for the removal of a member from the Strategic Forecasting Committee:

   a. Continued, gross or willful neglect of the duties of a member;

   b. Failure to comply with the Association’s policies on conflict of interest;

   c. Failure or refusal to disclose necessary information on matters of Association business;

∗ To stagger the terms of the House of Delegates members of the Strategic Forecasting Committee so that fifty percent (50%) of the members turn over each year, the initial term of one Committee member from each geographic Trustee District region shall be three years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.

∗∗ To stagger the terms of the Board of Trustee members of the Strategic Forecasting Committee so that fifty percent (50%) of the members turn over each year, the initial terms of two (2) of the Board of Trustees members appointed by the President shall be three (3) years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.
d. Failure to keep confidential any exclusive information protected by secrecy that becomes known to the member by reason of the performance of their duties on the Committee’s behalf;

e. Failure to comply with the Association’s professional conduct policy and prohibition against harassment;

f. Unauthorized expenditures or misuse of Association funds;

g. Unwarranted attacks on the Association, any of its agencies or any person serving the Association in an elected, appointed or employed capacity;

h. Unwarranted refusal to cooperate with any officer, trustee, Committee member or Committee staff;

i. Misrepresentation of the Association and any person serving the Association in an elected, appointed or employed capacity to outside persons;

j. Being found to have engaged in conduct subject to discipline pursuant to Chapter XI of the ADA Bylaws;

k. Violation of the Association’s Member Conduct Policy;

l. Conviction of a felony; and

m. For Strategic Forecasting Committee members only, lapse of membership.

2. Procedure for Removal. Before a Committee member is removed for cause, the following procedures shall be followed:

a. The President shall notify the accused member in writing of the allegations concerning the member’s performance or conduct. The written notice shall include a description of the conduct purported to constitute each charge. The accused shall be invited to respond in writing. If the accused member wishes, he or she may resign their Committee position voluntarily or may request the opportunity to appear before the Board of Trustees to respond to the allegations received. If an appearance is requested, the Board shall schedule it during the next meeting of the Board.

b. Formal rules of evidence shall not apply to the appearance to discuss the allegations made, but if requested, the Board of Trustees shall permit the accused member to be assisted by legal counsel. Following the appearance, the Board shall decide by a two thirds (2/3) vote whether the accused member should be removed from the Strategic Forecasting Committee. Every decision that results in removal of a Committee member for cause shall be reduced to writing and shall specify the findings of fact which support the decision to remove the accused member. If a decision to remove a Committee member is made, that action shall create a vacancy that shall be filled in accordance the Vacancy provisions of these procedures.

E. Vacancy. Should a vacancy arise on the Strategic Forecasting Committee, the entity that selected the member whose position has been vacated shall select a replacement member for the remainder of the unexpired term and shall forward that selection to the Board of Trustees together with, if applicable, the information that summarizes the basis for each nominee’s experience that qualifies the nominee to serve on the Committee. The Board of Trustees shall then vote on the vacancy appointment. If the vacancy is for a House of Delegates or the new dentist position on the Committee, at the conclusion of the partial term, the replacement member shall be eligible for reappointment to one additional, consecutive two (2) year term. If the vacancy is for a Board of Trustees position, if the vacated position has less than fifty percent (50%) of a full two (2) year term remaining at the time the
successor Committee member is appointed, the successor Board of Trustees member may, if otherwise eligible, be nominated and appointed to a new, consecutive two (2) year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment, the successor Board of Trustees member shall not be eligible for another term.

F. Powers. The Strategic Forecasting Committee shall have the power to:

1. Establish rules and regulations not inconsistent with the ADA Bylaws or these provisions for its own governance.

2. By a majority vote, request the chair to call and convene a special session of the Strategic Forecasting Committee.

3. Remove a member of any subcommittee of the Strategic Forecasting Committee for cause.

4. Elect or appoint members of the subcommittees of the Strategic Forecasting Committee.

5. Monitor and guide the activities of the subcommittees of the Strategic Forecasting Committee.

G. Duties. The duties of the Strategic Forecasting Committee shall be:

1. Periodically review and propose revisions to the mission and vision statements of the American Dental Association.

2. Collaborate with the Board of Trustees in setting the strategic direction of the Association in alignment with the Association’s vision and mission statements.

3. Elect a chair of the Strategic Forecasting Committee.

4. Annually provide to the House of Delegates a report on the Strategic Forecasting Plan, including the progress of each of the strategic initiatives of the American Dental Association to achieve and confirm the progress for the current five-year vision.

H. Meetings.

1. Regular Meetings. The Strategic Forecasting Committee shall hold a minimum of four (4) meetings per year. The number and dates of regular meetings to be held for the following year shall be determined in advance by the Committee.

2. Special Meetings. Special meetings of the Strategic Forecasting Committee may be called at any time either by the chair or at the request of a majority of the voting members of the Committee, provided notice is given to each member in advance of the meeting.

3. Place of Meetings: Regular or special meetings may be held in a single geographic location or virtually using suitable communications platforms.

I. Quorum. A majority of the voting members of the Strategic Forecasting Committee shall constitute a quorum.

J. Chair. The chair of the Strategic Forecasting Committee shall be an ADA member selected biennially by the Strategic Forecasting Committee immediately preceding the expiration of the term of the current chair from nominations received by the Committee. The chair shall be a non-voting member of the Committee and shall be eligible to be serve two (2) two-year terms as chair. If the selected chair is a voting member of the Committee at the time of election, the member shall relinquish voting privileges and a vacancy on the Committee shall be created,
to be filled in accordance with the provisions of the vacancy provisions of these procedures (Section I.E., above).

K. Vice Chair. The President-elect shall serve as the non-voting vice chair of the Strategic Forecasting Committee and shall assume the office of chair until the office of chair is filled by the Strategic Forecasting Committee in the event of a vacancy in that office, or if the chair is otherwise unavailable.

L. Consultants and Staff.

1. Consultants. The Strategic Forecasting Committee shall have the authority to appoint consultants as needed to assist it in its duties, in conformity with the ADA Bylaws and the Governance and Organizational Manual of the American Dental Association ("Governance Manual"). As a condition of appointment, consultants shall file conflict of interest statements with the Executive Director of this Association. The Committee shall also provide notice of the appointment of each consultant to the Board of Trustees.

2. Staff. The Executive Director of the Association shall assign such staff as needed to assist the Committee and shall select the titles for such staff positions.

II. Strategic Forecasting Subcommittees. The Strategic Forecasting Committee shall have the authority to establish subcommittees, each of which shall focus on a single category of ADA customers. Initially, there shall be four (4) subcommittees, each focusing on one of the following customer groups: Dentist, Tripartite, Enterprise and Professional/Public.

A. Composition. Each Strategic Forecasting subcommittee shall be composed of four (4) members selected by the Strategic Forecasting Committee from among nominees submitted by each of the geographic Trustee District regions and two (2) Board of Trustees members appointed by the President and with the approval of the Board of Trustees. Each of the foregoing subcommittee members shall have the right to vote. The President, President-elect, Treasurer and ADA Executive Director shall also serve as members of each Strategic Forecasting subcommittee without the right to vote.

B. Term and Tenure.

1. Non-Board of Trustee Voting Members. Voting members of the Strategic Forecasting subcommittees who are not Board of Trustee members shall serve a term of two (2) years and may be reappointed once for a total tenure on the subcommittee of four (4) years.

2. Board of Trustee Members. Board of Trustee members of the Strategic Forecasting subcommittees shall serve one (1) term of two (2) years and shall not be eligible for reappointment to the Committee.

C. Removal. A member of a Strategic Forecasting subcommittee may be removed by the Strategic Forecasting Committee for any of the causes enumerated in Section I.D.1., above. When considering the removal of any Strategic Forecasting subcommittee member, the Strategic Forecasting Committee shall follow the procedures outlined in Section I.D.2., above.

* To stagger the terms of the non-Board of Trustee voting members of each Strategic Forecasting subcommittee so that fifty percent (50%) of such members turn over each year, the initial terms of two members shall be three years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.

** To stagger the terms of the Board of Trustee members of each Strategic Forecasting subcommittee so that fifty percent (50%) of the Board of Trustee members turn over each year, the initial terms of one (1) of the Board of Trustees members appointed by the Board of Trustees shall be three (3) years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.
D. Vacancies. Should a vacancy on a Strategic Forecasting subcommittee occur, a successor member shall be appointed for the unexpired term. If the previous member was a member of the subcommittee nominated by a geographic Trustee District region, the chair of the Strategic Forecasting Committee shall appoint a successor member nominated by that same region. If the previous member was a Board of Trustees member of the subcommittee, the Board of Trustees shall appoint the successor member. If the successor member remains eligible, the successor member may be reappointed for a single full subcommittee term of two (2) years.

E. Powers. Each Strategic Forecasting subcommittee shall have the power to:

1. Direct specific objectives within its scope of assigned responsibility to its action groups, if any.
2. Name consultants as necessary to assist the subcommittee in addressing its assigned objectives.
3. Request additional staff as necessary to complete its assigned objectives.
4. Assist the Strategic Forecasting Committee in completing tasks within its assigned area of responsibility as requested by the Strategic Forecasting Committee.

F. Duties. Each Strategic Forecasting subcommittee shall have the following duties:

1. Provide information within the scope of its assigned responsibility to the Strategic Forecasting Committee as requested by the Strategic Forecasting Committee.
2. Assimilate information within the scope of its assigned responsibility provided to it by its action groups or other entities and provide a summary of such information to the Strategic Forecasting Committee.
3. As requested but at least annually, provide the Strategic Forecasting Committee with a report that uses accepted metrics to provide an accounting of the subcommittee’s achievements in meeting its assigned objectives within the scope of its area of responsibility.
4. Assist the Strategic Forecasting Committee in completing tasks within its assigned area of responsibility as requested by the Strategic Forecasting Committee.

G. Meetings.

1. Regular Meetings. Each Strategic Forecasting subcommittee shall hold a minimum of four (4) meetings per year. The number and dates of regular meetings to be held for the following year shall be determined in advance by the subcommittee.
2. Special Meetings. Special meetings of the Strategic Forecasting subcommittee may be called at any time either by the chair or at the request of a majority of the voting members of the subcommittee, provided notice is given to each member in advance of the meeting.
3. Place of Meetings: Regular and special meetings shall be held virtually via one or more suitable communications platforms.

H. Quorum. A majority of the voting members of the Strategic Forecasting subcommittee shall constitute a quorum.

I. Chair. The chair of each subcommittee shall be selected annually by the Strategic Forecasting Committee from among the House of Delegates members of the Strategic Forecasting Committee, shall be a member of the subcommittee, and shall have the right to
vote. The chair of the subcommittee shall be eligible to serve two (2) terms as chair if continuing as a voting member of the Strategic Forecasting Committee at the conclusion of the initial term as chair.

J. Consultants and Staff.

1. Consultants. Each Strategic Forecasting subcommittee shall have the authority to appoint consultants as needed to assist it in fulfilling its duties, in conformity with the ADA Bylaws and the Governance Manual. As a condition of appointment, consultants shall file conflict of interest statements with the Executive Director of this Association. The subcommittee shall also provide notice of the appointment of each consultant to the Strategic Forecasting Committee and the Board of Trustees.

2. Staff. The Executive Director of the Association shall assign such staff as needed to assist the subcommittees and shall select the titles for such staff positions.

III. Action Groups. With the exception of the Enterprise subcommittee, each of the Strategic Forecasting subcommittees shall have four (4) action groups. The Enterprise subcommittee shall function as its own action group.

A. Composition. The action groups for the Strategic Forecasting subcommittees shall have the following composition:

1. Dentist Customer Strategic Forecasting Subcommittee Action Groups. The Dentist Customer Strategic Forecasting subcommittee shall have four (4) geographically based action groups as follows:

   a. North:

      i. One (1) dentist from each of the Trustee Districts within the North Region;

      ii. One (1) constituent or component Executive Director from each Trustee District within the North Region;

      iii. Two (2) full time faculty members from academic institutions within the North Region, except that the faculty members should be from institutions in different Trustee Districts;

      iv. Two (2) new dentists, each from a different Trustee District within the North Region; and

      v. Two (2) members of the American Student Dental Association who attend dental school within the North Region, except that the ASDA members should attend dental schools in different Trustee Districts.

   b. East:

      i. One (1) dentist from each of the Trustee Districts within the East Region;

      ii. One (1) constituent or component Executive Director from each Trustee District within the East Region;

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*In the context of the Strategic Forecasting action groups, the term “full time faculty member” shall mean one who works for a school of dentistry in a CODA accredited academic setting providing dental education more than two (2) days or sixteen (16) hours per week.*
iii. Two (2) full time faculty members from academic institutions within the East Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, each from a different Trustee District within the East Region; and

v. Two (2) members of the American Student Dental Association who attend dental school within the East Region, except that the ASDA members should attend dental schools in different Trustee Districts.

c. West:

i. One (1) dentist from each of the Trustee Districts within the West Region;

ii. One (1) constituent or component Executive Director from each Trustee District within the West Region;

iii. Two (2) full time faculty members from academic institutions within the West Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, each from a different Trustee District within the West Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the West Region, except that the ASDA members should attend dental schools in different Trustee Districts.

d. South:

i. One (1) dentist from each of the Trustee District within the South Region;

ii. One (1) constituent or component Executive Director from each Trustee District within the South Region;

iii. Two (2) full time faculty members from academic institutions within the South Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, each from a different Trustee District within the South Region; and

v. Two (2) members of the American Student Dental Association who attend dental school within the South Region, except that the ASDA members should attend dental schools in different Trustee Districts.

2. Tripartite Customer Strategic Forecasting Subcommittee Action Groups. The Tripartite Customer Strategic Forecasting subcommittee shall have four (4) geographically based action groups as follows:

a. North:

i. One (1) dentist from the North Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the North Region;
ii. Two (2) constituent or component Executive Directors from each of the Trustee Districts within the North Region;

iii. One (1) new dentist from the North Region;

iv. One (1) member of the American Student Dental Association who attends dental school within the North Region;

v. One (1) representative of dental industry who works within the North Region; and

vi. Two (2) management or administrative representatives of dental service organizations who work within the North Region, except that such representatives should be from different Trustee Districts.

b. East:

i. One (1) dentist from the East Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the East Region;

ii. Two (2) constituent or component Executive Directors from each of the Trustee Districts within the East Region;

iii. One (1) new dentist from the East Region;

iv. One (1) member of the American Student Dental Association who attends dental school within the East Region;

v. One (1) representative of the dental industry who works within the East Region; and

vi. Two (2) management or administrative representatives of dental service organizations who work within the East Region, except that such representatives should be from different Trustee Districts.

c. West:

i. One (1) dentist from the West Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the West Region;

ii. Two (2) constituent or component Executive Directors from each of the Trustee Districts within the West Region;

iii. One (1) new dentist from the West Region;

iv. One (1) member of the American Student Dental Association who attends dental school within the West Region;

v. One (1) representative of the dental industry who works within the West Region; and

vi. Two (2) management or administrative representatives of dental service organizations who work within the West Region, except that such representatives should be from different Trustee Districts.

d. South:
i. One (1) dentist from the South Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the South Region;

ii. Two (2) constituent or component Executive Directors from each of the Trustee Districts within the South Region;

iii. One (1) new dentist from the South Region;

iv. One (1) member of the American Student Dental Association who attends dental school within the South Region;

v. One (1) representative of the dental industry who works within South Region; and

vi. Two (2) management or administrative representatives of dental service organizations who work within the South, except that such representatives should be from different Trustee Districts.

3. Professional/Public Customer Strategic Forecasting Subcommittee Action Groups. The Professional/Public Customer Strategic Forecasting subcommittee shall have four (4) geographically based action groups as follows:

a. North:

i. One (1) dentist from each of the Trustee Districts within the North Region;

ii. One (1) constituent or component Executive Director from each of the Trustee Districts within the North Region;

iii. Two (2) full time faculty members from academic institutions within the North Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, each from different Trustee Districts within the North Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the North Region, except that the ASDA members should attend dental schools in different Trustee Districts.

b. East:

i. One (1) dentist from each of the Trustee Districts within the East Region;

ii. One (1) constituent or component Executive Director from each of the Trustee Districts within the East Region;

iii. Two (2) full time faculty members from academic institutions within the East Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, different Trustee Districts within the East Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the East Region, except that the ASDA members should attend dental schools in different Trustee Districts.

c. West:
i. One (1) dentist from each of the Trustee Districts within the West Region;

ii. One (1) constituent or component Executive Director from each of the Trustee Districts within the West Region;

iii. Two (2) full time faculty members from academic institutions within the West Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, each from different Trustee Districts within the West Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the West Region, except that the ASDA members should attend dental schools in different Trustee Districts.

d. South:

i. One (1) dentist from each of the Trustee Districts within the South Region;

ii. One (1) constituent or component Executive Director from each of the Trustee Districts within the South Region;

iii. Two (2) full time faculty members from academic institutions within the South Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, each from different Trustee Districts within the South Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the Region, except that the ASDA members should attend dental schools in different Trustee Districts.

B. Selection and Appointment. Except for the Enterprise Strategic Forecasting subcommittee action group, members of action groups shall be appointed by their respective Strategic Forecasting subcommittees, subject to notification to and approval by the Strategic Forecasting Committee.

C. Term and Tenure.

1. Action Groups of the Dentist, Tripartite and Professional/Public Subcommittees. Members of action groups of the Dentist, Tripartite and Professional/Public subcommittees shall serve a term of two (2) years and may be eligible for one additional term for a total tenure of four (4) years if they remain within their member category (i.e., faculty, executive director, new dentist, student or dental industry or dental service organization representative) at the time of their appointment to a second term.*

2. Enterprise Strategic Forecasting Subcommittee.

* To stagger the terms of the members of the action groups so that fifty percent (50%) of the action group members turn over each year, the initial terms of certain of the action group members shall vary from the regular two (2) year term. In each of the Dentist and Professional/Public Strategic Forecasting subcommittee action groups, two (2) ADA members, two (2) executive directors, one (1) faculty member, one (1) new dentist and one (1) student shall have an initial term of three (3) years; the term of those positions shall thereafter revert to the two (2) year term specified in this provision. In each of the action groups of the Tripartite Strategic Forecasting subcommittee, one (1) executive director from each trustee district and one (1) dental service organization representative shall have an initial term of three (3) years; the term of those seats shall then revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.
a. The House of Delegates members of the Enterprise Strategic Forecasting subcommittee shall serve a term of two (2) years and may be reappointed once for a total tenure on the subcommittee of four (4) years.*

b. Board of Trustee members of the Strategic Forecasting Committee shall serve one (1) term of two (2) years and shall not be eligible for reappointment to the subcommittee.

D. Removal. A member of a Strategic Forecasting subcommittee action group may be removed by the applicable Strategic Forecasting subcommittee for any of the causes enumerated in Section I.D.1., above. When considering the removal of any Strategic Forecasting action group member, the Strategic Forecasting subcommittee shall follow the procedures outlined in Section I.D.2., above.

E. Vacancies. Should a vacancy on an action group occur, the respective Strategic Forecasting subcommittee shall appoint a successor action group member who processes the same qualifications as the previous member, subject to notification to and approval of the Strategic Forecasting Committee. If the successor member remains eligible, the successor member may be reappointed for a single full action group term of two (2) years.

F. Powers. Each action group shall have the power to:

1. Direct activities to achieve specific and defined objectives.

2. Name consultants as necessary to assist the action group in addressing its assigned objectives; and

3. Request additional staff as necessary to complete its assigned objectives.

G. Duties. Each action group shall have the following duties:

1. Recommend members to serve on the Strategic Forecasting subcommittees.

2. Provide insights on future trends, outlook and goals to its Strategic Forecasting subcommittee.

3. Provide information, as applicable, to its Strategic Forecasting subcommittee relating to the following areas:
   a. Generational trends and social engagement;
   b. Science and research;
   c. Fiscal management and financial projections;
   d. Dental industry and trends;
   e. Practice trends;
   f. Advocacy;
   g. Current and future social cultural trends and technological interactions; and

* To stagger the terms of the House of Delegates members of the Enterprise Strategic Forecasting subcommittee so that fifty percent (50%) of such members turn over each year, the initial terms of two members shall be three years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.
h. Other areas as may be assigned by the Strategic Forecasting subcommittees.

4. Provide metrics to measure and define future strategic goals for the Association.

5. Assist its Strategic Forecasting subcommittee in completing tasks within its assigned area of responsibility as requested by the Strategic Forecasting subcommittee.

H. Meetings.

1. Regular Meetings. Each action group shall hold a minimum of four (4) meetings per year. The number and dates of regular meetings to be held for the following year shall be determined in advance by the chair of the action group.

2. Special Meetings. Special meetings of the action group may be called at any time either by the chair or at the request of a majority of the members of the action group, provided notice is given to each member in advance of the meeting.

3. Place of Meetings. Regular and special meetings shall be held virtually via one or more suitable communications platforms.

I. Quorum. A majority of the voting members of an action group shall constitute a quorum for that group.

J. Chair. The chair of the Dentist, Tripartite and Professional/Public action groups shall be selected annually by the chair of the action group’s respective Strategic Forecasting subcommittee from among the action group’s voting members. The chair of the action group shall be eligible to serve two terms as chair if continuing as a voting member of the action group at the conclusion of the initial term as chair. The Strategic Forecasting Committee chair shall serve as the chair of the Enterprise action group.

Dental Team Membership (Council on Membership Resolution 209, Board of Trustees Resolution 209B and Reference Committee A Resolution 209RC): The Reference Committee reported as follows:

The Reference Committee heard extensive testimony in support of, and in opposition to, Resolution 209 and 209B.

After lengthy discussion, the Reference Committee recommended focusing on member dentists, and not creating a new membership category. Should the House of Delegates decide to establish a new membership category for auxiliary staff, the Reference Committee submits for consideration 209RC.

The wording of Resolution 209RC has been approved by the Speaker of the House of Delegates and the Chair of the Council on Ethics, Bylaws and Judicial Affairs.

209RC. Resolved, that Chapter I. MEMBERSHIP, Section 10. CLASSIFICATION, of the ADA Bylaws be amended by addition of a new classification “Team Member” as follows:

Section 10. CLASSIFICATION. The members of this Association shall be classified as follows:

Active Members
Life Members
Retired Members
Student Members
Honorary Members
Provisional Members
International Members
Team Members

and be it further

Resolved, that Chapter I. MEMBERSHIP, Section 20. MEMBERSHIP ELIGIBILITY, of the ADA
Bylaws be amended by addition of the following new Subsection “H” to read as follows:

H. TEAM MEMBER. An individual who is ineligible for any other classification of membership and meets the following criteria:

a. Is recommended in their application by an ADA member dentist;
b. Resides in the United States or its territories; and
c. Maintains membership in good standing in this Association.

The Association may conduct a review of the licensure status of an applicant for team membership to determine if the applicant’s license to practice (if any) has been suspended or revoked for any of the reasons listed in Chapter XI, Section 20, of these ADA Bylaws and, if so, the Association has the discretion to deny membership to the applicant. Applicants seeking membership as team members shall not be entitled to appeal denial of membership in the Association.

and be it further

Resolved, that Chapter I. MEMBERSHIP MATTERS, Section A. Membership, Privileges and Benefits, of the ADA Governance and Organizational Manual be amended by addition of the following new Subsection “8. Team Members” to read as follows:

8. Team Members: Team Members shall receive the following privileges and benefits:

a. An annual membership card;
b. A no cost subscription to the electronic versions of The Journal of the American Dental Association and ADA News;
c. Access to team members content and discounts on ADA CE, products, services, SmileCon and other events;
d. Eligibility for election as a member of the Council on Membership;
e. Such other benefits and services as the Board of Trustees may from time to time make available to team members.

and be it further

Resolved, that Chapter I. Membership Matters, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 1. Dues, of the ADA Governance and Organizational Manual be amended by addition of a new subsection “h. Team Members” to read as follows:

h. Team Members. The dues of team members shall be set from time to time by the Board of Trustees.

and be it further

Resolved, that Chapter I. Membership Matters, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 2. Special Assessments, of the ADA Governance and Organizational Manual be amended by addition of a new subsection “h. Team Members” to read as follows:

h. Team Members. Team members shall be exempt from the payment of special assessments.

and be it further

Resolved, that Chapter VIII, Councils, Section A. Members, Selections, Nominations and Elections, Subsection 1. Composition, of the ADA Governance and Organizational Manual be amended by adding a new subsection “d. Council on Membership” to read as follows:

d. Council on Membership shall be composed of nineteen (19) members selected as follows: one (1) member from each trustee district whose terms of office shall be staggered in such a manner that four (4) members will complete their terms each year.
except every fourth year when five (5) members shall complete their terms, one (1) new dentist member recommended by the New Dentist Committee and nominated by the Board of Trustees, and one (1) team member recommended by the Council on Membership and nominated by the Board of Trustees.

and be it further

Resolved, that existing subsection d. Remaining Councils, Chapter VIII, Section A.1. of the ADA Governance and Organizational Manual be relettered as subsection "e."

and be it further

Resolved, that Chapter VIII. Councils, Section A. Members, Selections, Nominations and Elections, Subsection 2. Term and Tenure, of the ADA Governance and Organizational Manual be amended as follows (new language underscored):

2. Term and Tenure. The term of service recommended by the New Dentist Committee and nominated by the Board of Trustees elected to serve on councils shall be one (1) year; however, such members shall be limited to four (4) one year terms of council service during the period they are characterized as new dentists.

The term of service for a team member elected to serve on the Council on Membership shall be one (1) year; however, such members shall be limited to two (2) one year terms of council service.

and be it further

Resolved, the foregoing ADA Bylaws and ADA Governance and Organizational changes take effect at adjournment sine die of the 2023 House of Delegates.

Dr. Butler moved Resolution 209RC in lieu of Resolution 209 (Supplement:2058) and Resolution 209B (Supplement:2060) with the Committee Recommendation to Vote No.

Dr. Kyle D. Bogan, Ohio, chair of the Council on Membership, moved to refer Resolution 209RC to the appropriate agency with a report back to the 2023 House of Delegates.

In speaking to the motion to refer, Dr. Bogan stated, "This House of Delegates has just passed one of the most comprehensive changes to our governance structure that has ever been passed in order to make us a more agile association that can better respond to the needs and desires of our members. … Our newly approved strategic forecasting process asks us to be laser-focused on our member dentists’ perspective through a research-led, data-driven responsiveness to market opportunities. As leaders of this organization, we all have a responsibility to represent the voice of the member and not let our own bias dictate our actions and votes. The Council [on Membership] did that through research and data collection from our very own member dentists. I would like to remind the House that our members have spoken quite clearly through our research. Sixty-seven percent of our members said that the ADA should add a dental team membership, and when we asked why, they told us. Fifty-seven percent cited CE related benefits. Twenty-two percent cited team building and unity. And ten percent told us they valued advocacy-related benefits. In addition, we serve the dental team members and 80 percent of them told us they want to be a member of the American Dental Association. The main excitement for joining for them centered around access to the products and services that the ADA provides, the professional credibility that being a member of the organization for dental professionals would provide, and the hope that it helps with team relations and their relations with their dentists.”

Further, Dr. Bogan said, "Resolution 209 was an opportunity to move our ADA forward into a future we can work together in a profession-focused manner to truly represent the changing face of dentistry. We finally have an ADA member app after about seven years that can act as a vehicle connecting dentists, team members, industry partners, laboratory professionals and many more with the American Dental Association. Maybe we shouldn’t let it take another seven years to continue to move the Association forward. In closing, my hope was that when they looked back at the 2022 House of Delegates, it would be said that we had the collective vision and courage to truly represent the dental profession as a whole. There is no association more
qualified to be the voice of the entire dental profession, with the dentist at the head of the team, than the American Dental Association. And I truly believe that the new day at the ADA involves us being that voice for dentistry as a whole, including our dental team members. Let’s keep that forward thinking momentum going.”

Dr. Prabu Raman, Missouri, spoke in support of the motion to refer, stating, “It is an important step that needs to be considered, and I believe the communication could have been better. There are a lot of concerns that could have been addressed better. And, more importantly, the strategic forecasting issue took up all the oxygen. … This important one did not get enough consideration, so I believe giving it a year to go back to the Council, come back with a tweak based on the comments that they have would better serve our association than just, you know, vote it off.”

Dr. George H. Clayton, Tennessee, spoke against the motion to refer. He said, “…A referral only continues to take up the valuable time of this Association that should be working to provide tangible member benefits to address the loss of market share. …”

Dr. Brooke M. Fukuoka, Idaho, spoke in support of the motion to refer, stating, “How many of us sitting here heard about strategic forecasting seven or so months ago and had a ton of time to learn everything about it? … Now, how many of us have heard this about membership for the first time during the House of Delegates as these resolutions came out? It may have been worked on for four years, but I have not had the opportunity to give input for more than a few weeks. And I feel like with such a big decision, shifting the demographics of our membership, that’s something that should be in planning with a much larger group of people for a much larger time. … Why can’t we start small and take baby steps to this and maybe have at least one presentation on it before we vote.”

Dr. Kerri T. Simpson, West Virginia, spoke in support of the motion to refer, stating, “… whenever someone speaks about us spending money or time or resources, we’ve worked on this long enough, yes. However, during this, we have heard some great feedback, so within the next year, it’s not that we’re going to spend more time or money on this. We’re going to adjust a few things and move on and be agile to actually come up with a better resolution.”

Dr. Robert S. Roda, Arizona, spoke in support of the motion to refer. He said, “…The reason I didn’t want to just vote ‘yes’ for this is that it needs more tweaking, more consultation with the states that have this. And I believe that either the Council on Membership or perhaps some body in this new strategic group would be able to fix this up and actually make it very useful for the states and the advocacy efforts in the state government.”

Dr. Mark M. Johnston, Michigan, spoke against the motion to refer, stating, “…It’s just that the SFC will have an opportunity to take a look at what is our priority items. If this makes the top tier of priority items, then this research is 13 months that the Membership Committee has spent on it. What we brought back forward and the SFC will promote it or research it and then promote it, but if we just decided that the SFC is what’s going to decide what our priorities are, let’s see if this continues to be a priority item for them and if it’s worth our time, money, effort to work on it in the future.”

Further pro and con discussion on the motion to refer ensued. Individuals speaking against the motion to refer commented that Resolution 209RC had been debated long enough and that the House of Delegates was prepared to vote on whether or not to adopt the Resolution. Individuals speaking in support of the motion to refer commented that Resolution 209RC addresses important issues and that more work could be done to provide information to the delegates in 2023 and make changes to the proposed Resolution.

A motion was made to vote immediately on the motion to refer. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, the motion to refer was not adopted.

On vote, the motion to adopt Resolution 209RC in lieu of Resolution 209 and Resolution 209B was not adopted.
The Speaker asked if any delegate wished to move Resolution 209 or Resolution 209B. Neither resolution was moved.

Report of Reference Committee A (Budget, Business, Membership and Administrative Matters)

The Report of Reference Committee A was presented by Dr. Robert E. Butler, Missouri, chair. The other members of the Committee were: Dr. Frank C. Barnashuk, New York; Dr. Daniel W. Fridh, Indiana; Dr. Sherry R. Gwin, Mississippi; Dr. Mark M. Johnston, Michigan; Dr. Heather M. Keeling, Maine; Dr. Casey C. Lynn, Florida; Dr. Leland R. Panec, California; and Dr. Carmen P. Smith, Texas.

Consent Calendar (Reference Committee A Resolution 200): The Reference Committee reported as follows:

The appended Resolution 200 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 200, 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 extracted and considered separately.

200. Resolved, that the recommendations of Reference Committee A on the following resolutions be accepted by the House of Delegates.

Resolution 203—(Adopt)—Amendment of the Policy, Transparency (Supplement:2000) 
$: None
COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 204—(Adopt)—Amendment of the Policy, Utilization of Multi-Council Task Forces (Supplement:2001) $. None
COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 207—(Adopt)—Proposed Policy, Retirement Account Distributions for Educational Expenses (Supplement:2044) $. None
COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 208—(Adopt)—Proposed Resolution to Reauthorize Task Force to Eliminate Barriers for Underrepresented Minorities in the Dental Profession (Supplement:2050) 
$: 45,000
COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 210— (Adopt)—COVID-19 Pandemic Effects on Maintaining Continuity of ADA Membership (Supplement:2063) $. None
COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 211— (Adopt)—Data on New Dentist Changes Between Practice Modalities During the 10-Year New Dentist Time Period (Supplement:2135) $. None
COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 212— (Adopt)—Insurance for Paid Extended Leave (Supplement:2137) $. None
COMMITTEE RECOMMENDATION: Vote Yes.
Resolution 213RC—(Adopt Resolution 213RC in lieu of Resolution 213)—Improvements to the ADA Career Center National Job Board (Supplement:2138): ($50,000) Lost Revenue

COMMITTEE RECOMMENDATION: Vote Yes.

Dr. Butler moved Resolution 200 with the Committee Recommendation to Vote Yes.

Requests were made to remove the following resolutions from the Consent Calendar:

Resolution 210 removed by Dr. Stephen W. Robertson, Kentucky
Resolution 211 removed by Dr. Brian M. Schwab, Pennsylvania

Hearing no objection, the amended Resolution 200 was adopted by general consent.

200H-2022. Resolved, that the recommendations of Reference Committee A on the following resolutions be accepted by the House of Delegates.

Resolution 203—(Adopt)—Amendment of the Policy, Transparency (Supplement:2000) $: None

COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 204—(Adopt)—Amendment of the Policy, Utilization of Multi-Council Task Forces (Supplement:2001) $: None

COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 207—(Adopt)—Proposed Policy, Retirement Account Distributions for Educational Expenses (Supplement:2044) $: None

COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 208—(Adopt)—Proposed Resolution to Reauthorize Task Force to Eliminate Barriers for Underrepresented Minorities in the Dental Profession (Supplement:2050) $: 45,000

COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 210—(Adopt)—COVID-19 Pandemic Effects on Maintaining Continuity of ADA Membership (Supplement:2063) $: None

COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 211—(Adopt)—Data on New Dentist Changes Between Practice Modalities During the 10-Year New Dentist Time Period (Supplement:2135) $: None

COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 212—(Adopt)—Insurance for Paid Extended Leave (Supplement:2137) $: None

COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 213RC—(Adopt Resolution 213RC in lieu of Resolution 213)—Improvements to the ADA Career Center National Job Board (Supplement:2138): ($50,000) Lost Revenue

COMMITTEE RECOMMENDATION: Vote Yes.

Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 200H follows.

Consent Calendar Resolutions—Adopted/Adopted in Lieu of

Amendment of the Policy, Transparency

203H-2022. Resolved, that the ADA policy, Transparency (Trans.2009:404;2017:254) be amended as follows (additions are underscored; deletions are stricken):
Resolved, that action items and approved minutes of all open meetings of ADA councils, committees and of the Board of Trustees be promptly posted in the Members Only section on ADA.org, and be it further

Resolved, that the ADA, as the sole shareholder of ADABEL, shall direct the ADA Foundation, ADABEL and any other subsidiaries to post on ADA Connect or its equivalent for the House of Delegates, all approved minutes of Board meetings, and be it further

Resolved, that security in the Members Only section on ADA.org be enhanced as may be necessary so as to ensure that members will have exclusive access to the information contained in this Web site area.

Amendment of the Policy, Utilization of Multi-Council Task Forces

204H-2022. Resolved, that the ADA policy, Utilization of Multi-Council Task Forces (Trans.2001:447), be amended as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association utilize multi-council task forces when rapid responses are required to address emerging issues, and include the necessary expertise from members of relevant councils on these task forces as provided in Chapter XI, Section 10 of the Bylaws, the Bylaws, Chapter X, Section 20. Special Committee; and the Governance and Organizational Manual, Chapter X. Committees, Special Committees and Subcommittees.

Proposed Policy, Retirement Account Distribution for Educational Expenses

207H-2022. Resolved, that the American Dental Association supports allowing early withdrawals from tax-favored retirement savings accounts to be exempt from taxes and/or penalties when the funds are used to pay for an individual's dental education.

Proposed Resolution to Reauthorize Task Force to Eliminate Barriers for Underrepresented Minorities into the Dental Profession

208H-2022. Resolved, that the Task Force be reauthorized to facilitate the remaining work, which will include the development of an implementation plan, identification of metrics and milestones, and development of a maintenance cycle and communications approach, and be it further

Resolved, that the president consider continuity in the composition of the Task Force in his appointments, and be it further

Resolved, that the ADA invite diverse dental groups, including but not limited to American Association of Women Dentists, American Dental Education Association, National Dental Association, Society of American Indian Dentists, Hispanic Dental Association and Korean American Dental Association, to collaborate on the development of an online resource that will house a comprehensive list of pathway programs and resources to grow the pool of historically underrepresented racial/ethnic (HURE) applicants to dental school, and be it further

Resolved, that the Task Force investigate the establishment of a grant program to help support the expansion of current pathway programs that have demonstrated impact and success in increasing the pool of HURE applicants and report its findings to the 2023 House of Delegates.

Insurance for Paid Extended Leave

212H-2022. Resolved, that the appropriate ADA agency explore options to help employer dentists offer paid extended/family leave (such as insurance products) that can be purchased as a member benefit, and be it further

Resolved, that the appropriate ADA agency report back to the 2023 ADA House of Delegates.

Improvements to the ADA Career Center National Job Board

213H-2022. Resolved, that the appropriate American Dental Association (ADA) agencies investigate and implement improvements based on dentists’ needs to the ADA’s existing job placement programs that will entice ADA members to post job opportunities and attract dentists in the workforce to seek those job
opportunities, and be it further

Resolved, that the appropriate ADA agencies seek input from the American Student Dental Association, including but not limited to, ease of use, potential areas of improvement and marketability, and how best to promote this improved resource to ADA members and dental students, and be it further

Resolved, that a report be made to the 2023 House of Delegates.

Non-Consent Resolution

COVID-19 Pandemic Effects on Maintaining Continuity of ADA Membership (First Trustee District Resolution 210): The Reference Committee reported as follows:

The Reference Committee heard no testimony about Resolution 210.

The Reference Committee agrees with the First Trustee District and the Board of Trustees and supports adoption of Resolution 210.

210. Resolved, that Chapter I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 3. Acceptance of Back Dues and Special Assessments, of the GOVERNANCE AND ORGANIZATIONAL MANUAL OF THE AMERICAN DENTAL ASSOCIATION be amended by addition of the following third new paragraph (new language underscored):

3. Acceptance of Back Dues and Special Assessments. For purposes of establishing continuity of active membership to qualify for life membership, back dues and any special assessment, except as otherwise provided in the Bylaws, shall be accepted for not more than the three (3) years of delinquency prior to the date of application for such payment. The rate of such dues and/or any special assessment, except as otherwise provided in the Bylaws, shall be in accordance with Chapter I, Section 40 of the Bylaws.

For the purpose of establishing continuity of active membership in order to qualify for life membership, an active member, who had been such when entering upon active duty in one of the federal dental services but who, during such federal dental service, interrupted the continuity of active membership because of failure to pay dues and/or any special assessment and who, within one year after separation from such military or equivalent duty, resumed active membership, may pay back dues and any special assessment for any missing period of active membership at the rate of dues and/or any special assessment current during the missing years of membership.

Notwithstanding the foregoing, due to the effects of the COVID 19 pandemic in the U.S., members who resume their ADA membership by December 31, 2022 after missing either or both of the 2020-2021 and 2021-2022 membership years shall be considered to have maintained continuous membership with regard to the requirements for all ADA membership categories.

Dr. Butler moved Resolution 210 (Supplement:2063) with the Committee recommendation to Vote Yes.

Dr. Stephen W. Robertson, Kentucky moved to amend the last sentence in Resolution 210 by replacing the date “December 31, 2022” with “June 30, 2023.”

In speaking to the proposed amendment, Dr. Robertson said, “...we’re proposing to change the date from December 31, 2022, to June 30, 2023, and the reason for this is that by the time we get home and get our ducks in a row and try to act on the purpose of this, it’s really only going to leave us a few weeks to approach these members who did not pay their dues over the last couple years for whatever reason, whatever hardship. If we go to them with two or three weeks left in the year and ask them to pay dues for 2022 and then renew in January, most of them are probably just going to go, ‘I’m really not going to do that.’ So in the spirit of this, we feel if we can get these members to pay dues for the next year, they will still maintain the bridge to have their life membership, and I realize that maybe a lot of our rank and file members, this isn’t a life or death thing, but it is a carrot that we can use to get people to come back, which is what I view this as.”
On vote, the proposed amendment was adopted.

On vote, Resolution 210, as amended, was adopted.

**210H-2022. Resolved**, that Chapter I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 3. Acceptance of Back Dues and Special Assessments, of the GOVERNANCE AND ORGANIZATIONAL MANUAL OF THE AMERICAN DENTAL ASSOCIATION be amended by addition of the following third new paragraph (new language underscored and double underscored):

3. Acceptance of Back Dues and Special Assessments. For purposes of establishing continuity of active membership to qualify for life membership, back dues and any special assessment, except as otherwise provided in the Bylaws, shall be accepted for not more than the three (3) years of delinquency prior to the date of application for such payment. The rate of such dues and/or any special assessment, except as otherwise provided in the Bylaws, shall be in accordance with Chapter I, Section 40 of the Bylaws.

For the purpose of establishing continuity of active membership in order to qualify for life membership, an active member, who had been such when entering upon active duty in one of the federal dental services but who, during such federal dental service, interrupted the continuity of active membership because of failure to pay dues and/or any special assessment and who, within one year after separation from such military or equivalent duty, resumed active membership, may pay back dues and any special assessment for any missing period of active membership at the rate of dues and/or any special assessment current during the missing years of membership.

Notwithstanding the foregoing, due to the effects of the COVID 19 pandemic in the U.S., members who resume their ADA membership by December 31, 2022 or June 30, 2023 after missing either or both of the 2020-2021 and 2021-2022 membership years shall be considered to have maintained continuous membership with regard to the requirements for all ADA membership categories.

**Data On New Dentist Changes Between Practice Modalities During The 10-Year New Dentist Time Period** (Fifteenth District Resolution 211): The Reference Committee reported as follows:

The Reference Committee heard limited testimony, primarily in support of Resolution 211.

Such testimony included the desire to have DSO information segmented by state and to also have information on dentists practicing in multiple practice locations included in the data capture. It was also recommended that practice modalities beyond DSO be included in the data capture and shared as a part of the distribution process. The Reference Committee was assured by staff that these requests will be integrated in the data collection process.

**211. Resolved**, that the appropriate American Dental Association (ADA) agency collect data on new dentist practice location and modalities during the first 10-years of dental practice, and be it further

**Resolved**, that the data be grouped by solo practice; dentist owned and operated group practice including small, medium, and large groups; and Dental Support Organization practices with and without private equity ownership where possible, and be it further

**Resolved**, that the data be analyzed to examine trends in new dentist practice modalities, reasons why new dentists change modalities within the first 10-years, and to identify the factors impacting their practice choice at the end of 10 years, and be it further

**Resolved**, that the data be used by the Council on Membership and any appropriate ADA agency in its recruitment and retention activities, and be it further

**Resolved**, that the agency report its findings to the 2023 House of Delegates.

Dr. Butler moved Resolution 211 (Supplement:2135) with the Committee Recommendation to Vote Yes.

As a point of information, Dr. Brian M. Schwab, Pennsylvania, asked whether the type of data referenced in Resolution 211 is already being collected by the ADA Health Policy Institute.
At the request of the Speaker, Dr. Marko Vujicic, chief economist and vice president, Health Policy Institute, responded by saying, "...This has been on our research agenda, like Dr. Schwab has said. But it's not a one and done topic. It's something that requires continual data refreshes. So, we finally will have enough data in the coming year to dig deep into these important questions, so they're already on the research agenda. Very important. It's on our radar. It's been on our radar. So, we'll have those answers this year."

As a point of information, Dr. Mahmoud Jallad, Illinois, asked, "The financial impact is reported as zero. This will require staff time. How is that?"

At the request of the Speaker, Dr. Vujicic responded, "As I mentioned, because it's already baked into all our research programs for this coming year, there is no additional change. We were going to do this work."

Dr. Schwab spoke against Resolution 211, stating, "I move to vote against this resolution because of what Dr. Vujicic has told us."

Dr. Kyle D. Bogan, Ohio, moved to amend Resolution 211 in the second resolving clause by deleting the words "with and without private equity ownership where possible," so that the second resolving clause would read as follows:

Resolved, that the data be grouped by solo practice; dentist owned and operated group practice including small, medium, and large groups; and Dental Support Organization practices with and without private equity ownership where possible, and be it further

In speaking to the proposed amendment, Dr. Bogan said, "I think it's time that this House realizes that we're all dentists, and it doesn't matter for our employee dentists who owns the practice. I understand we want to know who goes into large group practices and those sorts of things, but breaking it down to who owns the practice, is it private equity or not, I think is an insult to our younger colleagues."

Dr. Daniel R. Miller, Michigan, spoke against the proposed amendment stating, "I work for a DSO that is backed by private equity. And a DSO with a private equity backing is different from a DSO without a private equity backing, so I believe that data would be important."

Further discussion in opposition to the proposed amendment ensued. Individuals speaking against the proposed amendment commented that it was important to collect specific data and that it would not be appropriate to leave out data that could be helpful in making decisions for the ADA membership. On vote, the proposed amendment was not adopted.

Dr. Rita M. Cammarata, Texas, spoke in support of Resolution 211, stating, "We appreciate everything HPI has done on this and we realize some of this data has been gathered. This merely formalizes it, ensures that it gets done and brings it back to the House and to membership and then we can get it out to states to utilize. …"

Dr. Brooke M. Fukuoka, Idaho, moved to amend Resolution 211, by deleting the second resolving clause in its entirety.

In speaking to the proposed amendment, Dr. Fukuoka, stated, "I think the appropriate ADA agency could decide on those categories, because we're leaving out people in public health. We're leaving out people in federally qualified health centers. We're leaving out people in hospitals. … And I know in the reference committee documents, it said it did address that, but I don't feel like the resolution itself does, and I think it would solve some of the things that we're talking about if we just strike the entire second resolved clause and let that ADA agency, perhaps in collaboration with the New Dentist Committee, decide what those categories should be."

Dr. Cammarata spoke against the proposed amendment. She said, "We do want specifics on this. And I agree, maybe we should have added more of those. Hopefully that…will be included in HPI's data gathering anyway..."
On vote, the proposed amendment was not adopted.

Dr. Bruce R. Hutchison, Virginia, spoke in support of Resolution 211, stating, “I think when the proceedings of this House are published, perception is reality, and I think our younger members are going to see outlined that we are actively pursuing their information to help them with their careers. And I think that’s an important statement to make.”

On vote, Resolution 211 was adopted.

211H-2022. Resolved, that the appropriate American Dental Association (ADA) agency collect data on new dentist practice location and modalities during the first 10-years of dental practice, and be it further
Resolved, that the data be grouped by solo practice; dentist owned and operated group practice including small, medium, and large groups; and Dental Support Organization practices with and without private equity ownership where possible, and be it further
Resolved, that the data be analyzed to examine trends in new dentist practice modalities, reasons why new dentists change modalities within the first 10-years, and to identify the factors impacting their practice choice at the end of 10 years, and be it further
Resolved, that the data be used by the Council on Membership and any appropriate ADA agency in its recruitment and retention activities, and be it further
Resolved, that the agency report its findings to the 2023 House of Delegates.

Report of Reference Committee B (Dental Benefits, Practice and Related Matters)

The Report of Reference Committee B was presented by Dr. Najia Usman, Ohio, chair. The other members of the Committee were: Dr. Lindsay M. Compton, Colorado; Dr. Jill C. Jenkins, Kansas; Dr. Zacharias J. Kalarickal, Florida; Dr. Rachel A. Maher, Delaware; Dr. James J. Phillips, Jr., Alabama; Dr. Brian M. Schwab, Pennsylvania; Dr. Paul J. Tronsgard, North Dakota; and Dr. Benjamin C. Youel, Illinois.

Consent Calendar (Reference Committee B Resolution 300): The Reference Committee reported as follows:

The appended Resolution 300 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 300, 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 extracted and considered separately.

300. Resolved, that the recommendations of Reference Committee B on the following resolutions be accepted by the House of Delegates.

Resolution 301—(Adopt)—Amendment of Policy, Explanation of Benefits (EOB) Statement and Identification of Claims Reviewers (Supplement:3000) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 302RC—(Adopt Resolution 302RC in lieu of Resolutions 302 and 302S-1)—Transparency in Provider Scorecards and Performance Reports (Supplement:3004) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 303RC—(Adopt Resolution 303RC in lieu of Resolution 303)—Advocacy for Dentists to Refer to Tobacco and Vaping Cessation QuitLines (Supplement:3018) $: 25,000
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 304RC—(Adopt Resolution 304RC in lieu of Resolution 304)—Social Media Reviews and Reputation Management (Supplement:3019) $: 6,500
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 305RC—(Adopt Resolution 305RC in lieu of Resolution 305)—Third Party Payer Contracting Practices (Supplement:3022) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Dr. Usman moved Resolution 300 with the Committee Recommendation to Vote Yes.

Hearing no objection, Resolution 300 was adopted.

300H-2022. Resolved, that the recommendations of Reference Committee B on the following resolutions be accepted by the House of Delegates.

Resolution 301—(Adopt)—Amendment of Policy, Explanation of Benefits (EOB) Statement and Identification of Claims Reviewers (Supplement:3000) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 302RC—(Adopt Resolution 302RC in lieu of Resolutions 302 and 302S-1)—Transparency in Provider Scorecards and Performance Reports (Supplement:3004) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 303RC—(Adopt Resolution 303RC in lieu of Resolution 303)—Advocacy for Dentists to Refer to Tobacco and Vaping Cessation QuitLines (Supplement:3018) $: 25,000
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 304RC—(Adopt Resolution 304RC in lieu of Resolution 304)—Social Media Reviews and Reputation Management (Supplement:3019) $: 6,500
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 305RC—(Adopt Resolution 305RC in lieu of Resolution 305)—Third Party Payer Contracting Practices (Supplement:3022) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Note: For the purpose of a fully documented record, the text of the resolution presented in Resolution 300H follows.

Consent Calendar Resolution—Adopted/Adopted in Lieu of

Amendment of Policy, Explanation of Benefits (EOB) Statement and Identification of Claims Reviewers

301H-2022. Resolved, that the ADA policy titled, Explanation of Benefits (EOB) Statement and Identification of Claims Reviewers (Trans.1995:610; 2015:243) be amended as follows (additions are underscored; deletions are stricken).

Explanation of Benefits (EOB) Statement and Identification of Claims Reviewers

Resolved, it is the ADA’s position that all communications from a third-party payer or other benefits administrator which attempt to explain the reason(s) for a benefit reduction or denial to beneficiaries of a dental benefits plan, include the following statement:

Any difference between the fee charged and the benefit paid is due to limitations in your dental benefits contract. Please refer to (insert pertinent provisions of summary plan description) of your summary plan description for an explanation of the specific policy provisions which limit or exclude coverage for the claim submitted.

and be it further
Resolved, that in reporting the benefit determination to the beneficiary, the following information be reported on the explanation of benefits statement:

1. The treatment reported on the claim by CDT codes as submitted by the dentist; and
2. A statement indicating how the submitted procedures were adjudicated.

and be it further

Resolved, that the ADAs model explanation of benefits statement be the basis for any national standard for EOB statements, and be it further

Resolved, that if when the EOB statements lists procedures CDT codes on which benefits were used to determined benefits that are different from submitted procedures what was submitted by the treating dentist then payers should not use apply frequency limits to the benefitted procedure code applied for adjudication to limit the frequency of that procedure, and be it further

Resolved, that in all correspondence between a third-party carrier and the patient regarding the patient’s dental claims, the carrier should provide the name, area code and telephone number of the individual who is acting on behalf of the carrier, and be it further

Resolved, that dentists reviewing claims submissions must be licensed in the United States, preferably within the jurisdiction of the dentist treating the patient in accordance with applicable state law.

Resolved, that the Council on Dental Benefit Programs work with third-party payers, plan purchasers, benefits consultants, and government agencies to implement this policy.

and be it further

Resolved, that the ADA policy titled Legislation to Require Dental Benefit Plans to Provide Dental Consultant Information (Trans.2010:546) be rescinded.

Transparency in Provider Scorecards and Performance Reports

302H-2022. Resolved, that the ADA Policy titled Dentist Rating by Third Parties (Trans.2014:455) be amended as follows (additions are underscored; deletions stricken).

Provider Dentist-Rating by Third Parties

Resolved, that the ADA opposes believes third-party dentist provider ratings systems based on cost or non-validated utilization patterns because they are inherently flawed, unreliable, and potentially misleading to the public, and be it further

Resolved, that the appropriate agencies of the Association inform third party payers of this opposition and urge will advise third parties, particularly those that publish ratings or rankings of dentists or dental practices based on selective and limited criteria, about ADA policies relating to ratings systems and encourage them not to include such ratings in their communications to the public, and be it further

Resolved, that the appropriate ADA agency prioritize legislative efforts to prevent the use of such flawed and misleading provider rating systems as part of dental insurance reform, and be it further

Resolved, that third parties who publish provider rating systems should clearly convey to the public that provider ratings are not based on care quality but rather practitioner conformity with dental plan design and cost containment for the insurance plans, and be it further

Resolved, that third parties who publish provider rating systems should be transparent regarding the methodology, provide detailed quarterly reports to the provider, provide a mechanism to appeal and improve provider scores as well as a mechanism to opt-out from being publicly rated.

Resolved, that the ADA pursue appropriate legal, administrative and other actions to oppose and prevent third parties from developing and using such inherently flawed, unreliable, and potentially misleading dentist ratings and ranking systems, and be it further

Resolved, that the ADA draft model legislation to oppose such objectionable dentist rating and ranking systems in federally-regulated dental benefits plans and support states in advocacy efforts to oppose such systems in state-regulated plans.

Creation of an ADA Task Force on Referral to Tobacco and Vaping Cessation QuitLines
303H-2022. Resolved, that the appropriate ADA Agency:

1. Establish relationships with each state’s QuitLine to gather accurate data on QuitLine referrals by dentists and other dental team members.
2. Facilitate a survey by state associations to understand QuitLine referrals by their members.
3. Increase tobacco and vaping cessation counseling and referral to QuitLines.

and be it further

Resolved, that the ADA Agency report back to the 2023 ADA House of Delegates.

Social Media Reviews and Reputation Management

304H-2022. Resolved, that the appropriate ADA agencies curate existing social media reputation management content to develop a Reputation Defense Toolkit to help dentists with the appropriate reaction to social media postings and reviews that are misleading or defamatory, to make the Reputation Defense Toolkit available as a member benefit and to initiate a plan to update the Toolkit as needed, and be it further

Resolved, that the ADA enter into discussions with social media platforms to assess the feasibility of revising user agreements to prohibit misleading or unverifiable posts and reviews, which cannot be responded to due to HIPAA limitations, and the creation of a fair and reasonable process for victims of such posts to appeal to social media platforms for expedited removal, to remove misleading or defamatory posts, and be it further

Resolved, that the ADA confirm the use of actuality of social media platforms using financial incentives to escalate the number of posts or their entering into financial contracts in order to have negative posts removed.

Third Party Payer Contracting Practices

305H-2022. Resolved, that the ADA urge that any amendments to existing third party payer contracts between a dentist and a third party payer, dental benefits administrator or a dental network leasing company require signature by the dentist, and be it further

Resolved, that such amendments with any and all changes to the contract terms, policy manual and fee schedule be communicated to the dentist via certified mail with at least 90 days notice prior to the date of implementation and to require the dentist’s signature to opt in, and be it further

Resolved, that when third party payers choose to establish a new network using the name, image and likeness of dentists participating in the carrier’s existing network, then dentists should be provided the opportunity to opt-in to such new networks, and be it further

Resolved, that notification of creation of such new networks be communicated to the dentist via certified mail with at least 90 day notice along with any and all changes to the contract terms, policy manual and the applicable fee schedule.

Report of Reference Committee C (Dental Education, Science and Related Matters)

The Report of Reference Committee C was presented by Dr. Rekha C. Gehani, New York, chair. The other members of the Committee were: Dr. Anthony C. Caputo, Arizona; Dr. Elizabeth A. Clemente, New Jersey; Dr. John C. Comisi, South Carolina; Dr. Roopali Kulkarni, Pennsylvania; Dr. Paul A. Lindauer, North Carolina; Dr. Cindy J. Lyon, California; Dr. Janis B. Moriarty, Massachusetts; and Dr. Richard M. Potter, Texas.

Consent Calendar (Reference Committee C Resolution 400): The Reference Committee reported as follows:

The appended Resolution 400 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 400, 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 extracted 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.

400. Resolved, that the recommendations of Reference Committee C on the following resolutions be accepted by the House of Delegates.

Resolutions:

- **Resolution 401**—(Adopt Resolution 401 in lieu of 401S-1)—Amendment of Policy Statement on Lifelong Learning (Supplement:4000) $: None
  COMMITTEE RECOMMENDATION: Vote Yes

- **Resolution 402**—(Adopt)—Amendment of Policy, Continuing Dental Education (Supplement:4003) $: None
  COMMITTEE RECOMMENDATION: Vote Yes

- **Resolution 403RC**—(Adopt Resolution 403RC in lieu of Resolution 403)—Amendment of the Policy, Acceptance of Formal Continuing Medical Education Courses Offered by ACCME Accredited Providers (Supplement:4007) $: None
  COMMITTEE RECOMMENDATION: Vote Yes

- **Resolution 404RC**—(Adopt Resolution 404RC in lieu of Resolution 404)—Amendment of the Policy on Use of Amalgam as Restorative Material (Supplement:4020) $: None
  COMMITTEE RECOMMENDATION: Vote Yes

- **Resolution 405**—(Adopt)—Amendment of the Policy on Scientific Assessment of Dental Restorative Materials (Supplement:4022) $: None
  COMMITTEE RECOMMENDATION: Vote Yes

- **Resolution 406RC**—(Adopt Resolution 406RC in lieu of Resolution 406)—Amendment of the Policy on Evidence-Based Dentistry (Supplement:4024) $: None
  COMMITTEE RECOMMENDATION: Vote Yes

- **Resolution 407B**—(Adopt Resolution 407B in lieu of Resolution 407)—Response to Resolution 65b-2021, Amendment of the Policy, Research Funds (Supplement:4030) $: None
  COMMITTEE RECOMMENDATION: Vote Yes

- **Resolution 408**—(Adopt)—Amendment of the Policy on Precapsulated Amalgam Alloy (Supplement:4044) $: None
  COMMITTEE RECOMMENDATION: Vote Yes

- **Resolution 409**—(Adopt)—Amendment of the Policy Statement on Complementary and Alternative Medicine in Dentistry (Supplement:4046) $: None
  COMMITTEE RECOMMENDATION: Vote Yes

  COMMITTEE RECOMMENDATION: Vote Yes

- **Resolution 411**—(Adopt)—Proposed Resolution in Response to Board Report 8: Electronic Archiving of State and Component Dental Publications (Supplement:4114) $: 293,500
  COMMITTEE RECOMMENDATION: Vote Yes

Dr. Gehani moved Resolution 400 with the Committee Recommendation to Vote Yes.
Requests were made to remove the following resolution from the Consent Calendar:

Resolution 411 removed by Dr. Jeff O. Capes, Georgia
Resolution 408 removed by Dr. Ramesh A.M. Gowda, California

Hearing no objection, the amended Resolution 400 was adopted by general consent.

400H-2022. Resolved, that the recommendations of Reference Committee C on the following resolutions be accepted by the House of Delegates.

Resolution 401—(Adopt Resolution 401 in lieu of 401S-1)—Amendment of Policy Statement on Lifelong Learning (Supplement:4000) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 402—(Adopt)—Amendment of Policy, Continuing Dental Education (Supplement:4003) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 403RC—(Adopt Resolution 403RC in lieu of Resolution 403)—Amendment of the Policy, Acceptance of Formal Continuing Medical Education Courses Offered by ACCME Accredited Providers (Supplement:4007) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 404RC—(Adopt Resolution 404RC in lieu of Resolution 404)—Amendment of the Policy on Use of Amalgam as Restorative Material (Supplement:4020) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 405—(Adopt)—Amendment of the Policy on Scientific Assessment of Dental Restorative Materials (Supplement:4022) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 406RC—(Adopt Resolution 406RC in lieu of Resolution 406)—Amendment of the Policy on Evidence-Based Dentistry (Supplement:4024) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 407B—(Adopt Resolution 407B in lieu of Resolution 407)—Response to Resolution 65b-2021, Amendment of the Policy, Research Funds (Supplement:4030) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 408—(Adopt)—Amendment of the Policy on Precapsulated Amalgam Alloy (Supplement:4044) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 409—(Adopt)—Amendment of the Policy Statement on Complementary and Alternative Medicine in Dentistry (Supplement:4046) $: None
COMMITTEE RECOMMENDATION: Vote Yes

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 411—(Adopt) Proposed Resolution in Response to Board Report 8: Electronic Archiving of State and Component Dental Publications (Supplement:4114) $: 293,500
COMMITTEE RECOMMENDATION: Vote Yes

Note: For the purpose of a fully documented record, the text of the resolution presented in Resolution 400H follows.
Amendment of Policy Statement on Lifelong Learning

401H-2022. Resolved, that the Policy Statement on Lifelong Learning (Trans.2000:467) be amended as follows (additions are underlined; deletions are stricken):

Policy Statement on Lifelong Learning

The Association advocates lifelong learning to enhance and update the knowledge base of dentists, to stimulate ongoing professional growth and development and to improve professional skills. Dentists have a responsibility to pursue lifelong learning throughout their professional careers. The Association recognizes that its members represent a broad community of interest and possess highly diverse learning styles that can be accommodated by a variety of educational methods. Members are encouraged to identify individual needs and develop and implement a plan to meet these needs. This plan may include, but not be limited to, staying current with professional literature, seeking current information applicable to one’s practice, and participating in formal continuing dental education activities. The increasing pace of change in technology and skills necessary to practice dentistry necessitates the continuous deliberate acquisition of knowledge and skills to provide the highest quality of oral health care. A professional should address a broad spectrum of topics to update their knowledge and skills in all appropriate areas of the profession.

The Association is committed to serving as a supportive resource to facilitate the lifelong learning process and continuing competency by assisting to assist members in identifying appropriate sources and mechanisms for meeting this responsibility for the benefit of the public and the profession. The Association encourages the investigation of new methods of supporting continuing competency of its members and urges state dental boards to not utilize methods such as mandated periodic in-office audits and/or comprehensive written examinations and/or clinical, patient-based competency assessments, manikin-based competency assessments, or virtual reality competency assessments as a means of measuring or assessing the continuing competency of dentists or as a requirement for license renewal. Continuing competency for renewal of state permits (such as anesthesia permits) may require ongoing competency assessments and office audits, in addition to specialty board requirements which may require regular competency assessment to maintain board certification.

and be it further
Resolved, that the ADA Policy on Lifelong Continuing Education (Trans.1999:941) be rescinded.

Amendment of Policy, Continuing Dental Education


Policy Statement on Continuing Dental Education

Definition of Continuing Dental Education: Continuing dental education consists of educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, clinical, and non-clinical related subject matter, including evidence-based dentistry and ethics. The objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education should strengthen the habits of critical inquiry, balanced judgment and ethics that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available.

Continuing education programs are typically designed for part-time enrollment and are of variable duration. In contrast to accredited advanced dental education programs, continuing dental education programs do not lead to eligibility for ethical announcements or certification in a specialty recognized
Acceptable Course Titles and Descriptions: Continuing education course titles and descriptions should be structured such that the titles and descriptions do not explicitly or implicitly infer that attendees can perform procedures beyond their legal scope of practice.

Acceptable Subject Matter: In order for specific course subject material to be acceptable for credit, the stated course objectives, overall curriculum design or topical outlines should be clearly stated. The information presented should enable the dental professional to enhance the oral health and well-being of the public, either directly or through improved effectiveness of operations in dental practice, or through expansion of present knowledge through research. The dental professional should be able to apply the knowledge gained within their professional capacity.

Acceptable Activities: Continuing education activities are conducted in a wide variety of forms using many methods and techniques which are sponsored by a diverse group of institutions and organizations, including formally structured educational content offered by accredited or approved providers, and other types of activities that state dental boards and/or legislatures may by law specify as acceptable. The Association urges the state dental boards to allow maximum flexibility for an individual to choose content and learning activities based on individual preferences, needs, interests and resources. Additionally, clinical credit should be awarded for all activities related to the delivery of dental procedures including those with ethical components and self-study activities.

Acceptable forms might include but are not limited to:

- participation in a formal continuing education course (a didactic and/or participatory activity to review or update knowledge of new or existing concepts and techniques)
- delivery of a formally structured continuing education course
- general attendance at a multi-day convention type meeting (a meeting held at the national, state or regional level which involves a variety of concurrent educational experiences)
- presentation at a poster session or table clinic
- authorship of publications (e.g., a book, a chapter of a book or an article or paper published in a professional journal)
- completion of self-study activities such as online courses and research, webinars, journal articles and downloadable books (individualized course of study which is structured and organized, but is available on an unscheduled and unsupervised basis; a method of providing feedback to the learner on performance or comprehension must be incorporated into the self-study activity)
- enrollment in a preceptor program (an independent course of study with a formally structured, preplanned and prescheduled curriculum where the participant observes and provides patient treatment using criteria and guidelines provided by the instructors; this type of study does not lead to an academic degree)
- academic service (e.g., instruction, administration or research related to undergraduate, postgraduate or graduate dental or allied dental training programs)
- presenting posters or table clinic
- membership on a state dental board or committee; participation in a state dental board, a board complaint investigation, peer review or quality care review procedures-evaluation
- successful completion of Part II of the National Board Dental Examination, a recognized dental specialty examination or the National Board Dental Hygiene Examination if taken after initial licensure successful completion of the Integrated National Board Dental Examination, fellowship/certification examinations in general dentistry or interest areas in general dentistry, a recognized dental specialty certification examination, the National Board Dental Hygiene Examination, or the Dental Assisting National Board (DANB) Examination
- participation in test development or calibration for written and clinical dental, dental hygiene and dental specialty certification examinations
— volunteering pro bono dental services or community oral health activities through a public health facility providing volunteer pro bono dental services at a non-profit entity or event
— participation in dental research as a principal investigator or research assistant
— attendance at a study club meeting that uses audio, video, live presentations or written materials
— dental coursework taken during postdoctoral education or a CODA-accredited residency program

and be it further
Resolved, that the ADA Policy on Titles and Descriptions of Continuing Education Courses (Trans.2014:463) be rescinded.

Amendment of the Policy, Acceptance of Formal Continuing Medical Education Courses Offered by ACCME Accredited Providers

403H-2022. Resolved, that the ADA Policy on Acceptance of Formal Continuing Medical Education Courses Offered by ACCME Accredited Providers (Trans.2010:576) be amended as follows (additions underlined; deletions stricken):

Acceptance of Formal Continuing Medical Education Courses Offered by ACCME or IPCE Accredited Providers

Resolved, that the American Dental Association urges state boards of dentistry to accept for licensure renewal purposes dentists’ participation in formal continuing medical education courses offered by continuing education providers accredited by the Accreditation Council for Continuing Medical Education (ACCME) or Joint Accreditation for Interprofessional Continuing Education (IPCE).

Amendment of the Policy on Use of Amalgam as Restorative Material

404H-2022. Resolved, that the ADA Policy Statement on Use of Amalgam as Restorative Material (Trans.1986:536) be amended as (additions underlined; deletions stricken):

Resolved, that the ADA recommends that clinicians review the risks and benefits of all restorative options with their patients, and that dental amalgam restorations continue to be used when appropriate for patient care, and be it further
Resolved, that the ADA supports the globally recognized need to reduce environmental mercury as set forth in the Minamata Convention on Mercury (September 2019) as a common good, and recognizes the responsibility of dentists to care for their patients’ well-being, in keeping with the ADA Principles of Ethics and Code of Professional Conduct, and be it further
Resolved, that based on current documented scientific research, the conclusions of conferences and symposiums on the biocompatibility of metallic restorative material, and upon joint reports of the Council on Dental Materials, Instruments and Equipment and the Council on Dental Therapeutics of the Association, the continued use of dental amalgam as a restorative material does not pose a health hazard to the nonallergic patient, and be it further
Resolved, that to advocate to a patient or the public the removal of clinically serviceable dental amalgam restorations solely to substitute a material that does not contain mercury is unwarranted and violates the ADA Principles of Ethics and Code of Professional Conduct, and be it further,
Resolved, that in those instances where state dental boards initiate proceedings on this question that the ADA cooperate in such proceedings by making available scientific personnel as expert witnesses.

Amendment of the Policy on Scientific Assessment of Dental Restorative Materials

405H-2022. Resolved, that the ADA Policy on Scientific Assessment of Dental Restorative Materials (Trans.2003:387) be amended as follows (additions underlined, deletions stricken):

Scientific Assessment of Dental Restorative Materials
Resolved, that although the safety and efficacy of dental restorative materials has been extensively researched, the Association, consistent with its Research Agenda Priorities and evidence-based practice, will continue to actively promote such research to ensure that the profession and the public have the most current, scientifically valid information on which to make choices about dental treatment requiring restorative materials, and be it further
Resolved, that the Association use its existing communications vehicles to educate opinion leaders, and policy makers, government agencies, and other communities of interest about the scientific methods used to assess the safety and efficacy of dental restorative materials, and be it further
Resolved, that the Association continue to promptly inform the public and the profession of any new scientific information that contributes significantly to the current understanding of dental restorative materials

Amendment of the Policy on Evidence-Based Dentistry

406H-2022. Resolved, that the ADA Policy Statement on Evidence-Based Dentistry (Trans.2001:462; 2012:469) be amended as follows (additions underlined; deletions stricken):

Policy Statement on Evidence-Based Dentistry

Introduction: In the early 1990s, a process for decision-making emerged in medicine and other health fields that relies on systematic approaches to summarize the large volume of literature to assist patients and health care providers with translating evidence into clinical practice. David Sackett and colleagues defined evidence-based medicine as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.”

Simply stated, evidence-based medicine is “the integration of the best research evidence with clinical expertise and patient values.” With rapidly evolving science and technology, dentistry has also faced the complex demands of integrating and effectively implementing changes in treatment modalities that can arise from new scientific evidence.

To address these challenges, the dental profession has endorsed an evidence-based approach to clinical practice and oral health care, which is commonly known as evidence-based dentistry (EBD). The American Dental Association (ADA) continues to pursue a leadership role in the field of EBD to help clinicians interpret and apply the best available evidence in everyday practice.

Definition of Evidence-Based Dentistry: The ADA defines the term evidence-based dentistry as an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise, and the patient’s treatment needs and preferences.

In adopting this definition for EBD, the ADA also recognizes that treatment recommendations should be determined for each patient by his or her dentist, and that patient preferences should be considered in all decisions. Dentist experience, diagnostic findings and other circumstances, such as patients’ characteristics, additionally should be considered in treatment planning and determining treatment needs. EBD does not provide a “cookbook” that dentists must follow, nor does it establish a standard of care. The EBD process must not be used to interfere in the dentist/patient relationship, nor is it to be used as a cost-containment tool by third-party payers.

ADA Center for Evidence-Based Dentistry Principles of Evidence-Based Dentistry: The Association supports the concept of evidence-based dentistry developed through systematic examination of the best available scientific data. In 2007, the Association established the ADA Center for Evidence-Based Dentistry to provide leadership in implementing initiatives related to EBD. Evidence-based dentistry provides a framework to help dentists use, appraise and apply research evidence in clinical practice.
A primary goal of evidence-based dentistry is to improve the quality of dental treatment and oral health care through the objective appraisal of the best available evidence and the development of systematic reviews and evidence-based guidelines and recommendations that can assist clinicians in the conscientious and judicious use of current best evidence, taking into consideration the patient’s preferences and values. Another goal of evidence-based dental practice is to improve clinicians’ skills in diagnosing oral and dental diseases and providing evidence-based treatment interventions that help achieve optimal outcomes for patients.

The ADA works to support clinicians in making decisions about the provision of patient-centered, evidence-based treatment and care to allow such decisions to be based on current best evidence, individual clinical expertise and the individual patient’s preferences and values. The ADA supports use of quality research findings to systematically build the evidence base used to inform delivery of care, treatment interventions and patient-important outcomes. The ADA also supports the following:

- encouraging incorporation of EBD recommendations in the practice of dentistry;
- supporting teaching about methodology of—and the findings from—EBD recommendations in dental schools;
- advancing policy that encourages patient care in alignment with EBD guidance, where appropriate, and suggests consideration be given to using EBD recommendations to contribute to the development of quality improvement measures;
- the development of EBD resources to guide the practice of dentistry;
- enhancing oral health equity and the equitable provision of patient-centered, evidence-based dental treatment; and
- the development of EBD recommendations that advance evidence-based diagnosis and patient-centered oral health care.

The ADA also recognizes that treatment recommendations should be determined for each patient by their dentist and that patient preferences should be considered in all decisions. Additionally, dentist experience, diagnostic findings and other patient circumstances should be considered in treatment planning and determining treatment needs. EBD does not provide a “cookbook” that dentists must follow, nor does it establish a standard of care. The EBD process must not be used to interfere in the dentist/patient relationship, nor is it to be used as a cost-containment tool by third-party payers.

To realize its vision of disseminating the best available evidence and helping practitioners implement EBD, the ADA Center for Evidence-Based Dentistry works in collaboration with the Council on Scientific Affairs to convene expert panels that review the collective research evidence and develop evidence-based clinical practice guidelines on key clinical issues. The Association will continue developing evidence-based clinical practice guidelines and working with collaborative groups to conduct systematic reviews, critically appraise the reviews and policies developed by other organizations, and develop mechanisms for translating and disseminating information to the membership.

EBD Resources: Detailed information on EBD, evidence-based clinical practice guidelines, systematic reviews, EBD terminology, courses/workshops, critical summaries of systematic reviews and other resources are available on the website of the ADA Center for Evidence-Based Dentistry (http://ebd.ada.org/). Concise, user-friendly EBD resources from the ADA Center for EBD and other organizations are useful resources that can assist practitioners with integrating the best available evidence with clinical expertise and the needs and preferences of the individual dental patient.

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Response to Resolution 65b-2021, Amendment of the Policy, Research Funds

407H-2022. Resolved, that the following policy titled Advancing Equity in Dental Research Funding be adopted:

Resolved, that the American Dental Association supports sustained, robust funding for basic, translational, and clinical oral and craniofacial health research to improve health outcomes in diverse populations across the lifespan, and be it further

Resolved, that the ADA supports robust efforts to create a diverse, equitable and inclusive dental research workforce that reflects the diversity of the nation and embodies dentistry’s values of diversity, equity and inclusion.

and be it further


Amendment of the Policy Statement on Complementary and Alternative Medicine in Dentistry


Policy Statement on Complementary and Alternative Medicine in Dentistry

The ADA, consistent with its commitment to evidence-based dentistry and the improvement of oral health, supports including complementary and alternative medicine therapies as an adjunct to traditional diagnostic and treatment approaches, as long as they are based on sound scientific principles and demonstrated clinical safety and effectiveness.

In September 2002, the National Center for Complementary and Alternative Medicine partnered with the National Institutes of Health (NIH) and the Agency for Healthcare Research and Quality to commission the Institute of Medicine (IOM) to convene a study committee to investigate scientific, policy and practice questions arising from the use of complementary and alternative medicine (CAM) therapies by the American public.1 The IOM committee’s final report1 describes the current use of CAM in the United States, the populations using them, a summary of current practices and policies, and the development of conceptual framework linked to research and decision-making. One of the key messages from the cited report states:

“The committee recommends that the same principles and standards of evidence of treatment effectiveness apply to all treatments, whether currently labeled as conventional medicine or CAM. Implementing this recommendation requires that investigators use and develop necessary common methods, measures, and standards for the generation and interpretation of evidence necessary for making decisions about the use of CAM and conventional therapies."

Historically, dentistry has evolved as a strong and respected profession based on sound science, a moral commitment of service to the public, and an ethical obligation to protect the health of the patient. The ADA strongly supports this tradition of dentistry as a profession rooted in constantly evolving scientific information and an ethical duty to act for the benefit of others.

The dental community has always been open to emerging diagnostic and treatment approaches that over the years have improved the oral health of the public, the health of the dental team and the practice of dentistry. The ADA, consistent with its commitment to evidence-based dentistry and the improvement of oral health, supports those diagnostic and treatment approaches that allow both patient and dentist to make informed choices among safe and effective options. The provision of
dental care should be based on sound scientific principles and demonstrated clinical safety and effectiveness.

The ADA is open to the idea of integrating new therapies in clinical practice, along with those that have already been tested and shown to be safe and effective in improving patient outcomes. However, the ADA also acknowledges that interventions which are considered CAM are usually understudied interventions that require further scientific testing and investigation to draw reliable conclusions about their safety, effectiveness and potential benefits beyond placebo.

Health care interventions, whether or not considered CAM, should be subject to testing using similar research standards and scientific rigor to provide a strong, evidence-based foundation for their safety and appropriate use. Within this context, the notion of CAM as a specific subset of interventions that belong to a specific discipline can be considered questionable.


Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists

Introduction

The Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties contain criteria that specialty applicants and the recognized specialty sponsoring organizations and certifying boards must meet in order to become and/or remain recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards (National Commission).

A specialty is an area of dentistry that has a separate, distinct and well-defined focus based on unique advanced knowledge, skills and training that has been formally recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards as meeting the "Requirements for Recognition of Dental Specialists" specified in this document. Dental specialties are recognized to protect the public, nurture the art and science of dentistry, and improve the quality of care in disciplines of dentistry in which advanced knowledge, skills and training are essential to maintain or restore oral health. It is the Association’s belief that the needs of the public are best served if the profession is oriented primarily to general practice. Specialties are recognized in those areas where advanced knowledge and skills are essential to maintain or restore oral health...

Not all areas in dentistry will satisfy the requirements for specialty recognition. However, the public and profession benefit substantially when non-specialty groups develop and advance areas of interest through education, practice and research. The contributions of such groups are acknowledged by the profession and their endeavors are encouraged.

Not all disciplines in dentistry will satisfy the requirements for specialty recognition and there should be no expectation that all disciplines in dentistry will meet the Requirements for Recognition of Dental Specialties. Disciplines of dentistry that are not currently recognized as a specialty by the National Commission and believe they can meet all of the Requirements for Recognition of Dental Specialties should contact the National Commission for a formal Application for Specialty Recognition. When making decisions related to specialty recognition, the National Commission will only determine compliance with the criteria outlined in the Requirements for Recognition.
If a discipline of dentistry is granted specialty recognition by the National Commission, following recognition of a specialty by the National Commission on Recognition of Dental Specialties and Certifying Boards a national board for certifying diplomates in accordance with the "Requirements for National Certifying Boards for Dental Specialists" must be established as specified in this document and recognized by the National Commission as the national certifying board for the specialty.

Association policies regarding ethical announcement of specialization and limitation of practice are contained in the ADA Principles of Ethics and Code of Professional Conduct.

Requirements for Recognition of Dental Specialties

A sponsoring organization seeking specialty recognition for in an area a discipline of dentistry that is not currently recognized as a dental specialty must be able to provide documented evidence that the discipline satisfies all the requirements. Requirements for Recognition of Dental Specialties specified in this section. Specialty sponsoring organizations recognized by the National Commission must be able to show continued compliance with the Requirements for Recognition of Dental Specialties specified in this section.

1. In order for an area a discipline of dentistry to become and/or remain recognized as a dental specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the proposed or recognized dental specialty; (b) in which the privileges to hold office and to vote on any issue related to the specialty are reserved for dentists who have either have completed an advanced education program that is a minimum of two (2) academic years in length accredited by the Commission on Dental Accreditation in that the proposed or recognized specialty or have sufficient educational and/or practice experience in that the specialty as deemed appropriate through written criteria established by the sponsoring organization and its certifying board; and (c) that demonstrates the ability to establish and maintain a certifying board, that if the sponsoring organization is not recognized by the National Commission, The recognized specialty sponsoring organization must continue to have a recognized certifying board that continually meets the Requirements for Recognition of National Certifying Boards for Dental Specialists in order to remain recognized.

2. A proposed or recognized specialty must be a distinct and well-defined field which that requires unique advanced knowledge, skills and training and skills beyond those commonly possessed by dental school graduates as defined by the Commission on Dental Accreditation’s Accreditation Standards for Dental Education Programs.

3. The scope of practice of the proposed or recognized specialty requires advanced knowledge, skills and training that: (a) in their entirety are separate and distinct from the knowledge, skills, and training required to practice in any recognized dental specialty; and (b) cannot be accommodated through minimal modification of any of the recognized dental specialty specialties.

4. The specialty applicant A proposed or recognized specialty must document scientifically, by valid and reliable statistical evidence/studies, that it: (a) actively contributes to new knowledge in the field; (b) actively contributes to professional education the educational needs of the discipline at the predoctoral, postdoctoral and continuing education levels; (c) actively contributes to research needs of the profession that establishes evidence-based validity of therapy used by practitioners in the proposed or recognized specialty; and (d) provides oral health services in the field of study for the public demonstrates a need for service that is not currently being met by general practitioners or any of the recognized dental specialties, each of which the specialty applicant must demonstrate would not be satisfactorily met except for the contributions of the specialty applicant.

5. A proposed or recognized specialty must directly have a direct benefit/impact some aspect of on clinical patient care and meet the needs of its patient population.

6. A proposed or recognized specialty must have Formal advanced education programs

7. Formal advanced education programs
accredited by the Commission on Dental Accreditation that are a minimum of two (2) academic years in length, of at least two years accredited by the Commission on Dental Accreditation must exist to provide the special knowledge and skills required for practice of the proposed specialty.

Requirements for Recognition of National Certifying Boards for Dental Specialists

In order to become, and remain, eligible for recognition by the National Commission on Recognition of Dental Specialties and Certifying Boards as a national certifying board for a dental specialty, the specialty shall—must have a recognized sponsoring organization that meets all of the elements of Requirement (1) of the Requirements for Recognition of Dental Specialties. A close working relationship shall—must be maintained between the recognized sponsoring organization and the certifying board. A certifying board seeking recognition must be able to provide documented evidence showing that it satisfies all the Requirements for Recognition of National Certifying Boards for Dental Specialties specified in this section.

Certifying boards recognized by the National Commission must be able to show continued compliance with all of the Requirements for Recognition of National Certifying Boards for Dental Specialties as specified in this section. Additionally, the following requirements must be fulfilled.

Organization of Boards:

(1) Each An applicant and a recognized certifying Board shall—must have no less than five (5) or—and no more than twelve (12) voting directors/officers designated on a rotation basis in accordance with a method approved by the National Commission on Recognition of Dental Specialties and Certifying Boards. Although the National Commission does not prescribe recommend a single method for selecting directors/officers of boards, members directors/officers may not serve for more than a total of nine (9) years. Membership on the board shall be in accordance with a prescribed method endorsed by the sponsoring organization. All board voting directors/officers shall—must be diplomats of that specific certifying board and only the sponsoring organizations of certifying boards may establish additional criteria/qualifications if they so desire.

(2) Each An applicant and a recognized certifying board shall submit in writing to the National Commission on Recognition of Dental Specialties and Certifying Boards a certification program that is sufficiently comprehensive in scope to and meets the needs of the diplomate practitioners in the recognized specialty and the profession and protects the public, requirements established by the American Dental Association for the operation of a certifying board. This statement should include evidence of sponsorship of the board by a national organization that meets all the elements of Requirement (1). Further, the certifying board must provide evidence of a close working relationship with a recognized specialty sponsoring organization that meets all of the Requirements for Recognition of Dental Specialties.

(3) Each An applicant and a recognized certifying board must shall submit to the National Commission on Recognition of Dental Specialties and Certifying Boards provide evidence of adequate financial support—viability to conduct its certification program of certification.

(4) Each An applicant and a recognized certifying board may outsource administrative duties to suitable external consultants and/or external agencies select suitable consultants or agencies to assist in its daily operations, such as the preparation and administration of examinations and the evaluation of records and examinations of candidates and/or examination functions. If the certifying board does outsource administrative and/or examination functions, the certifying board must submit documentation describing the process. External and internal Consultants consultants who participate in the development and/or administration of clinical-certiﬁcation examinations should—must be diplomas in the specialty that is being examined.
Operation of Boards:

(1) **Each** an applicant and a recognized certifying board **shall** must only certify qualified dentists as diplomats only in the speciality area of dental practice approved recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards for such certification. No more than one (1) certifying board shall be recognized by the National Commission for the certification of diplomats in a single area of practice recognized specialty area of practice.

(2) **Each** an applicant and a recognized certifying board **except** by waiver of the National Commission on Recognition of Dental Specialties and Certifying Boards **shall** must give at least one (1) examination in each calendar year and **shall** must announce such examination details at least six (6) months in advance of the examination. In extraordinary circumstances, recognized certifying boards may request a conditional waiver of exception from the National Commission.

(3) **Each** an applicant and a recognized certifying board **shall** must maintain a current list of its diplomates.

(4) **Each** an applicant and a recognized certifying board **shall** must submit annually to the National Commission on Recognition of Dental Specialties and Certifying Boards data relative to its financial viability and operations, applicant admission written examination procedures, candidate examination guidelines and procedures, written certification and recertification examination content, test construction and evaluation, and the reporting of results. Examination procedures and results should follow the Standards for Educational and Psychological Testing, including validity and reliability evidence. A diplomate in good standing may, upon written request, obtain a copy of the annual examination technical and financial reports of the certifying board. The recognized certifying boards will submit the required documentation on a cycle established by the National Commission.

(5) **Each** an applicant and a recognized certifying board **shall** must encourage require its diplomates to engage in lifelong learning and **shall** encourage continuous quality improvement.

(6) **Each** an applicant and a recognized certifying board **shall** must provide periodically to the National Commission on Recognition of Dental Specialties and Certifying Boards evidence of its examination and certification of a significant number of additional dentists in order to warrant its continuing approval of and continued recognition by the National Commission, on Recognition of Dental Specialties and Certifying Boards. The recognized certifying boards will submit the required documentation on a cycle established by the National Commission.

(7) **Each** an applicant and a recognized certifying board **shall** must bear full sole authority and responsibility for the conducting of its the certification programs, the evaluation of the qualifications and competence of those it certifies certified as diplomates, and the issuance of certificates.

(8) **Each** board shall require an annual registration fee from each of its diplomates intended to assists in supporting financially the continued program of the board.

Certification Requirements:

(1) **Each** an applicant and a recognized certifying board **shall** must require, for eligibility for certification as a diplomate, the successful completion of an advanced education program that is two (2) or more academic years in length accredited by the Commission on Dental Accreditation. of two or more academic years in length, as specified by the Commission.

Although full-time, continual attendance in a Commission on Dental Accreditation accredited advanced education program is desirable, the period of advanced study education need not be...
continuous, nor completed within successive calendar years. An advanced educational program equivalent to two (2) or more academic years in length, successfully completed on a part-time basis over an extended period of time as a graduated sequence of educational experience not exceeding four (4) calendar years, may be considered acceptable in satisfying this requirement. Short continuance and refresher continuation, refresher courses (educational experience only obtained through continuing education) and teaching experience in a specialty department in dental schools, a dental education facility will not be accepted in meeting any portion of this requirement.

Each A certifying board may establish an exception (alternative pathway) to the qualification requirement of completion of an advanced specialty education program that is two (2) or more academic years in length accredited by the Commission on Dental Accreditation for the unique candidate who has not met this requirement per se, but can demonstrate comparable educational and/or training requirements to the satisfaction of the certifying board, equivalent advanced specialty education. A certifying board must submit a separate petition to the National Commission on Recognition of Dental Specialties and Certifying Boards for permission to establish and/or revise such a policy on alternative pathways.

(2) An applicant and a recognized certifying board must establish its minimum requirements for years of practice in the area for which it grants certificates are granted. The years of advanced education in this area the discipline specific specialty may be accepted toward fulfillment of this requirement.

(3) An applicant and a recognized certifying board, in cooperation with its their recognized specialty sponsoring organization, shall must prepare and publicize its joint recommendations on the Commission on Dental Accreditation educational standards for the advanced educational programs for that specialty, and experience requirements which candidates will be expected to meet.

Non-Consent Resolutions

Proposed Resolution in Response to Board Report 8: Electronic Archiving of State and Component Dental Publications (Ninth Trustee District Resolution 411): The Reference Committee reported as follows:

The Reference Committee heard testimony in favor of and opposed to Resolution 411.

Those who supported the Resolution expressed concern that the scope of dental literature and the profession’s history are not being adequately archived and that the ADA is best suited to assume the lead role in this endeavor. They stated that the ADA’s Library & Archives can best support a more comprehensive archive for members and the profession by creating and maintaining a searchable digital archive for state and local publications and other resources that can assist with clinical decision making.

Those testifying in opposition to Resolution 411 suggested that a searchable digital archive hosted by the ADA for state and component publications is not a priority and that committing the initial investment to establish and support the ongoing, increasing expenses necessary to maintain such an archive should not be pursued at this time.

The Reference Committee discussed Board Report 8 and believed that state and local dental societies are willing to participate and share their publications so that ADA members may have full text access without additional fees or increased staff support for them. However, costs for state and local dental societies to participate in the program are unclear.

The Reference Committee considered all of the testimony and concluded that establishing and sustaining a searchable digital archive for state and local publications is an important resource of current and historical data for the membership as well as the state and local dental societies. The Committee supported that the ADA Library & Archives and Board of Trustees should report metrics on the use of the
searchable digital archive via the Annual Report to the House of Delegates. The Reference Committee recommends adoption of Resolution 411.

**411. Resolved**, that the ADA establish a searchable digital archive of State and Component Publications through Digital Commons, and be it further

**Resolved**, that the appropriate agency report back to the HOD annually with an assessment of the program's success in supporting the Association's Strategic Vision and recommendations on the continuing support of this archive, and be it further

**Resolved**, that report metrics should include: the number of participating publications, the number of unique articles archived, the search and download activity for its content, and requests for the republication of the content.

Dr. Gehani moved Resolution 411 (*Supplement:4114*) with the Committee Recommendation to Vote Yes.

Dr. Jeff O. Capes, Georgia, spoke against Resolution 411, stating, “We are launching a new ADA structure with strategic forecasting. We have heard it will allow us to readily assess our programs to determine their direct member benefit, are they aligned with our mission. My concern with Resolution 411 is to commit over $1.5 million in the first five years on the program where solutions potentially already exist. Second, we talk about membership. We’ve all heard this is the future of the ADA, we must correct our decline. Then I ask our membership, our new dentists, this House of Delegates, how will this program drive membership? So, does spending $1.5 million on this program target our membership? Is this staying laser focused on correcting our membership decline? I think not. We need to get our house in order first, and it starts by voting ‘no’ on this resolution.”

Dr. Gabriel B. Holdwick, Michigan, spoke in support of Resolution 411, stating, “A searchable digital archive supports our Association’s strategic objectives and giving members access to the content they want when they need it. And I hear the comments about whether or not this promotes membership or not. And all of our internal data in the Michigan Dental Association, out of all the benefits that we offer, our members consistently rank our journal as one of the biggest benefits that they have across all segments of our membership, both more seasoned and newer dentists alike, and so it is no coincidence that that factors into our high market share in Michigan that we enjoy. And, quite frankly, as a new dentist, it came as a surprise to me that we don’t categorize our professional literature that could be utilized across states where we could utilize materials from other states in our own journals to increase that member benefit to our own members at home.”

Dr. Alan Rothstein, New Jersey, spoke against Resolution 411. He said, “We’re talking about archiving of state and component dental publications, an estimated expenditure of the $293,500, in year one, which will probably exponentially grow over time. That $1.5 million estimate by my esteemed colleague from Georgia seems to be fairly low. But to digitize and catalog writings that are by in large from unrefereed journals seem to be an imprudent use of the ADA resources.”

Dr. Michael Maihofer, Michigan, spoke in support of Resolution 411, stating, “You know, studies have shown that the most effective member engagement, the most valuable member buy-in takes place not at the national ADA level, sometimes not even at the state level, early at the component or the local level. It’s also been shown that component societies and state societies that publish member publications have a stronger, more engaged membership and actually serve to strengthen their state and national organizations. This open access, searchable platform will strengthen our membership and that stronger membership will be reflected in greater overall market share. And increased members mean increased income. And there is your return on investment. … this resolution has some built in safeguards. We’re an evidence-based profession. And the second resolving clause states, ‘that the appropriate agency report back to the HOD annually with an assessment of the program’s success in supporting the Association’s strategic vision and recommendations on the continuing support of the archive’. So, if this platform fails to meet the House’s expectations, they always have the ability to stop it. We’re talking about less than a $3 per member investment to preserve and make accessible the literature and history of our profession. … if we, the ADA, are who we say we are, America's advocate for oral health, then we have a duty, a responsibility to preserve and share our dental literature. No one else will do it for us.”
Dr. Sara E. Stuefen, Iowa, spoke against Resolution 411, stating, “Although District 10 respects the intent of this resolution, we have significant concerns about the cost implications of this undertaking. Throughout this meeting we discussed the decrease in membership, decrease in income, and the need for an SFC to work in setting the strategic direction of our Association. Our district does not feel that this resolution will increase member value enough to warrant its cost and believes that this project could be evaluated in the future by stakeholders from all levels of the tripartite if the outcome is still desired.”

Dr. Brendan P. Dowd, New York, spoke in support of Resolution 411. He said, “As has been mentioned previously over the last couple of days, we are scientists, and we need to preserve and make easily accessible our peer-reviewed scientific articles. We are already behind five years since Medline, and by extension PubMed, are not being indexed since 2017. This makes it extremely difficult for our research dentists from being cited, which helps their work be continually utilized. It is a lifeline to further research and research funds with measurable metrics when they do this. I trust the ADA staff and appreciate the work they have done in this area. Their research led to Digital Commons as the best solution, which by the way, is used by 600 institutions. Advantages include searches, the full text on content, content index and Google Scholar and Google, unlimited storage and a number of other positive advantages. For those that don’t think this is a problem, the New York State Dental Journal, which, in my opinion, is a well-respected journal, publishes approximately 25 articles per year out of 70 to 75 admissions. We only have approximately 20 submissions this year because of this problem. People do not want to put their articles in our journals because of this because it’s not cited. We are scientists. This is very important to us to preserve the profession and have our articles in perpetuity for people to use.”

Further pro and con discussion ensued. Individuals speaking in support of Resolution 411 commented that Digital Commons is an affordable way to archive state and local society journals, and that these journals are significant for members to gain valuable information provided in the journals of other states. Individuals speaking against Resolution 411 commented that dental journals from some states and components might not provide scientific value and that there are search engines already available on the internet that members can instead utilize.

A motion was made to vote immediately on Resolution 411. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 411 was adopted.

411H-2022. **Resolved,** that the ADA establish a searchable digital archive of State and Component Publications through Digital Commons, and be it further

**Resolved,** that the appropriate agency report back to the HOD annually with an assessment of the program's success in supporting the Association's Strategic Vision and recommendations on the continuing support of this archive, and be it further

**Resolved,** that report metrics should include: the number of participating publications, the number of unique articles archived, the search and download activity for its content, and requests for the republication of the content.

Amendment of the Policy on Precapsulated Amalgam Alloy (Council on Scientific Affairs Resolution 408): The Reference Committee reported as follows:

The Reference Committee heard no testimony regarding Resolution 408. As such, the Reference Committee supports the Resolution, as written, and urges adoption of Resolution 408.

408. **Resolved,** that the ADA Policy on Precapsulated Amalgam Alloy (Trans.1994:676) be amended as follows (additions underlined; deletions stricken):

Precapsulated Amalgam Alloy

**Resolved,** that the ADA **strongly** recommends that dentists eliminate the use of bulk dental mercury and bulk amalgam alloy and that when using amalgam, dentists use only precapsulated amalgam alloy, also referred to as encapsulated amalgam alloy, in their dental practices.
Dr. Gehani moved Resolution 408 (Supplement:4044) with the Committee Recommendation to Vote Yes.

Dr. Ramesh A.M. Gowda, California, spoke against Resolution 408, stating, “On one hand, we talk about evidence-based dentistry. On the other, the data is not clear on if one is better than the other. Also, why are we over-regulating ourselves. Disposable capsules add to contaminated waste. Bulk dispensers still use capsules, but they are reusable.”

Dr. Mai Ly Doung, Arizona, member of the Council on Scientific Affairs, spoke in support of Resolution 408. She said, “I wanted to share with the House that the language as it reads in the resolution reflects the verbiage in the Minamata Convention.”

The Speaker asked if there was any further discussion on Resolution 408; there was none. On vote, Resolution 408 was adopted.

408H-2022. Resolved, that the ADA Policy on Precapsulated Amalgam Alloy (Trans.1994:676) be amended as follows (additions underlined; deletions stricken):

Precapsulated Amalgam Alloy

Resolved, that the ADA strongly recommends that dentists, eliminate the use of bulk dental mercury and bulk amalgam alloy and that when using amalgam, they dentists use only precapsulated amalgam alloy, also referred to as encapsulated amalgam alloy, in their dental practices.

Report of Reference Committee D (Legislative, Health, Governance and Related Matters)

The Report of Reference Committee D was presented by Dr. Matthew J. Messina, Ohio, chair. The other members of the Committee were: Dr. Patrick M. Grogan, District of Columbia; Dr. Denise D. Hale, Illinois; Dr. Irene V. Hilton, California; Dr. Bertram J. Hughes, Florida; Dr. Jill Shelton Wagers, Idaho; Dr. Drew M. Vanderbrook, Texas; Dr. Ryan M. Vaughn, Georgia; and Dr. Daniel J. Wilguess, Oklahoma.

Consent Calendar (Reference Committee D Resolution 500) The Reference Committee reported as follows:

The appended Resolution 500 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 500, 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 extracted and considered separately.

500. Resolved, that the recommendations of Reference Committee D on the following resolutions be accepted by the House of Delegates.

Resolution 501—(Adopt)—Rescission of the Policy, National Health Service Corps Policy on Scholarships and Loan Repayments (Supplement:5001) $: None

COMMITTEE RECOMMENDATION: Vote Yes

Resolution 502—(Refer)—Amendment to the Policy, Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Supplement:5004) $: None

COMMITTEE RECOMMENDATION: Vote Yes on Referral
Resolution 502S-1—(Refer)—Amendment to the Policy, Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Supplement:5004a) $: None
COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 503RC—(Adopt Resolution 503RC in lieu of Resolution 503)—Amendment to the Policy, Dissemination of Information Contrary to Science (Supplement:5006) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 505—(Adopt)—Supporting Increased Resources for Department of Veterans Affairs Dental Care (Supplement:5009) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 506—(Adopt)—Proposed Policy, Federal Student Loan Forgiveness (Supplement:5011) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 507RC—(Adopt Resolution 507RC in lieu of Resolutions 507, 507B and 507BS-1)—Proposed Policy, Oral-Systemic Health Integration (Supplement:5014) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 508RC—(Adopt Resolution 508RC in lieu of Resolution 508)—Revision of Policy Entitled “Guidelines for Dental Advertising” (Supplement:5015) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 510—(Adopt)—Medicaid Dental Loss Ratios: Accountability and Oversight (Supplement:5017) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 511—(Adopt)—Advocacy for Tax Policy Advantageous to the Practice of Dentistry (Supplement:5019) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 512—(Adopt)—Amendment of the Election Commission and Campaign Rules (Supplement:5021) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 513—(Adopt)—Report of the Medicaid Task Force (Supplement:5030) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 514RC—(Adopt Resolution 514RC in lieu of Resolution 514)—Inclusion of Confidentiality Statement on Meeting Agenda (Supplement:5037) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 515RC—(Adopt Resolution 515RC in lieu of Resolution 515 and 515S-1)—Amendments to Chapter VIII of the Governance and Organizational Manual of the American Dental Association (Supplement:5040) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 516—(Adopt)—Fair Delegate Allocation for Federal Dental Services (Supplement:5042) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 517—(Adopt)—Amendment to the Governance Manual Regarding Interim Services for New Applicants (Supplement:5066) $: None
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 518RC—(Adopt Resolution 518RC in lieu of Resolution 518)—Establishment of a Special Committee on ERISA (Supplement:5067) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Dr. Messina moved Resolution 500 with the Committee Recommendation to Vote Yes.

Requests were made to remove the following resolutions from the Consent Calendar:

Resolution 514RC removed by Dr. Jill M. Burns, Indiana
Resolution 507RC removed by Dr. Michael A. Ungerleider, Connecticut
Resolution 512 removed by Dr. Michael A. Ungerleider, Connecticut

Hearing no objection, the amended Resolution 500 was adopted by general consent.

500H-2022. Resolved, that the recommendations of Reference Committee D on the following resolutions be accepted by the House of Delegates.

Resolution 501—(Adopt)—Rescission of the Policy, National Health Service Corps Policy on Scholarships and Loan Repayments (Supplement:5001) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 502—(Refer)—Amendment to the Policy, Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Supplement:5004) $: None
COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 502S-1—(Refer)—Amendment to the Policy, Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Supplement:5004a) $: None
COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 503RC—(Adopt Resolution 503RC in lieu of Resolution 503)—Amendment to the Policy, Dissemination of Information Contrary to Science (Supplement:5006) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 505—(Adopt)—Supporting Increased Resources for Department of Veterans Affairs Dental Care (Supplement:5009) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 506—(Adopt)—Proposed Policy, Federal Student Loan Forgiveness (Supplement:5011) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 507RC—(Adopt Resolution 507RC in lieu of Resolutions 507, 507B and 507BS-1)—Proposed Policy, Oral-Systemic Health Integration (Supplement:5014) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 508RC—(Adopt Resolution 508RC in lieu of Resolution 508)—Revision of Policy Entitled “Guidelines for Dental Advertising” (Supplement:5015) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 510—(Adopt)—Medicaid Dental Loss Ratios: Accountability and Oversight (Supplement:5017) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 511—(Adopt)—Advocacy for Tax Policy Advantageous to the Practice of Dentistry (Supplement:5019) $: None
COMMITTEE RECOMMENDATION: Vote Yes
Resolution 512—(Adopt)—Amendment of the Election Commission and Campaign Rules (Supplement:5021) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 513—(Adopt)—Report of the Medicaid Task Force (Supplement:5030) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 514RC—(Adopt Resolution 514RC in lieu of Resolution 514)—Inclusion of Confidentiality Statement on Meeting Agenda (Supplement:5037) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 515RC—(Adopt Resolution 515RC in lieu of Resolution 515 and 515S-1)—Amendments to Chapter VIII of the Governance and Organizational Manual of the American Dental Association (Supplement:5040) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 516—(Adopt)—Fair Delegate Allocation for Federal Dental Services (Supplement:5042) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 517—(Adopt)—Amendment to the Governance Manual Regarding Interim Services for New Applicants (Supplement:5066) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Resolution 518RC—(Adopt Resolution 518RC in lieu of Resolution 518)—Establishment of a Special Committee on ERISA (Supplement:5067) $: None
COMMITTEE RECOMMENDATION: Vote Yes

Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 500H follows.

Consent Calendar Resolution—Adopted/Adopted in Lieu of

Rescission of the Policy, National Health Service Corps Policy on Scholarships and Loan Repayments


Amendment to the Policy, Dissemination of Information Contrary to Science

503H-2022. Resolved, that the policy titled Dissemination of Information Contrary to Science (Trans.2006:342) be amended as follows (additions underscored; deletions stricken):

Resolved, the ADA urges constituent and component societies to that it is the position of the American Dental Association that dentists rely on the preponderance of peer-reviewed, evidenced-based science, as that is relevant and available, when advocating positions with state and local governmental authorities.

Supporting Increased Resources for Department of Veterans Affairs Dental Care

505H-2022. Resolved, that the following policy be adopted:

Supporting Increased Resources for Department of Veterans Affairs Dental Care

Resolved, that the American Dental Association supports the Veteran Administration Dental Services’ endeavors to achieve optimal oral health for veterans through an increase in funding,
specifically dedicated to Veteran Administration dental services, that is sufficiently funded by Congress and administered to ensure access to care and improving the oral health of veterans.

Proposed Policy, Federal Student Loan Forgiveness

506H-2022. **Resolved**, that it is the position of the American Dental Association (ADA) that dentists should not be excluded from government relief of public and commercial student loan debt without obligation or condition, and be it further

**Resolved**, that the following principles guide the ADA efforts to shape specific student loan forgiveness proposals:

1. Education debt associated with graduate and professional programs should be eligible.
2. Any means testing should account for regional differences in cost of living and purchasing power.
3. The consideration for eligibility and amount of forgiveness should account for the cost, length and rigor of dental education programs.

Revision of Policy Entitled “Guidelines for Dentist Advertising”

508H-2022. **Resolved**, that the ADA policy entitled “Guidelines for Dentist Advertising” (Trans.1979:647) be amended as follows (additions underscored):

**Resolved**, that the American Dental Association offer its assistance to constituent dental societies and encourage them to cooperate with state boards of dental examiners and/or appropriate state agencies in the development and maintenance of meaningful guidelines based on rules and regulations related to dentist advertising.

Medicaid Dental Loss Ratios: Accountability and Oversight

510H-2022. **Resolved**, that the American Dental Association recommends that U.S. Centers for Medicare & Medicaid Services (CMS) publish a state by state assessment of managed care organizations with the percentage of allocated Medicaid funding that is being spent on dental services, and be it further

**Resolved**, that the American Dental Association recommends that CMS require each state Medicaid agency to monitor the dental loss ratio among their contractors.

Advocacy for Tax Policy Advantageous to the Practice of Dentistry

511H-2022. **Resolved**, that the American Dental Association oppose tax policies that would unduly burden the practice of dentistry, and support tax policies that would benefit dentists.

Report of the Medicaid Task Force

513H-2022. **Resolved**, that the Medicaid Task Force be re-authorized for an additional year to complete the work described in its 2022 Report and Appendix 2 (Worksheet:5091) (ADA Medicaid Reform Priority Agenda), and be it further

**Resolved**, that the president be urged to reappoint the current Task Force members with the addition of two dental school deans for insights from the dental education perspective, and be it further

**Resolved**, that the Task Force report its recommendations to the 2023 ADA House of Delegates.

Amendments to Chapter VIII of the Governance and Organizational Manual of the American Dental Association

515H-2022. **Resolved**, that The Governance and Operational Manual, Chapter VIII. COUNCILS, Section A.2., Section B.3., and Section E. be amended as follows (additions underscored, deletions stricken through):

2. Term and Tenure. The term of service recommended by the New Dentist Committee and nominated by the Board of Trustees elected to serve on councils shall be one (1) year; however, such members shall be limited to four (4) one year terms of council service during
the period they are characterized as new dentists. The term of the member nominated by the
New Dentist Committee on councils on which they are voting members, as well as
committees of the Board of Trustees shall be one year, with the member being eligible to
serve up to four (4) single year terms, for a maximum tenure of four years.

***

3. A member shall not be eligible for appointment to another council or commission for a period
of two (2) years after completing a previous council or commission appointment, except that
a member who serves no more than fifty percent (50%) of their maximum tenure of four (4)
one year terms of council service while they are serving as the nominee of the New Dentist
Committee will be exempted from the requirement to wait two years before being eligible to
serve on another council.

***

E. Term of Office. Except for members of the Council on Members Insurance and Retirement
Programs whose term of office shall be three (3) years, the term of office of members of councils
shall be four (4) years except as otherwise provided in the Bylaws or this Governance Manual.
Except for (i) members of the Council on Members Insurance and Retirement Programs whose
tenure on the council shall be limited to two terms of three (3) years, and (ii) members serving as
the nominee of the New Dentist Committee who serve two (2) single year terms or less are
eligible thereafter to serve one four (4) year term as a representative of a Trustee District of the
ADA or other participating dental organization, the tenure of a member of a council shall be
limited to one (1) term of four (4) years except as otherwise provided in the Bylaws or this
Governance Manual. The current recipient of the Gold Medal Award for Excellence in Dental
Research shall serve on the Council on Scientific Affairs until the award is bestowed on the next
honoree.

Fair Delegate Allocation for Federal Dental Services

516H-2022. Resolved, that the ADA Manual of the House of Delegates be amended as follows to
allocate a minimum of two delegates to each of the Federal Dental Services (additions underscored;
deletions struck).

Representation of Constituents and Periodic
Reapportionment of Delegates and Alternate Delegates

A. Goal of Delegate Apportionment
The allocation of the remaining delegates over the minimum number of delegates allocated to each
constituent and the District of Columbia Dental Society shall be made pursuant to the delegate
allocation methodology set forth in this section of the Manual of the House of Delegates. The goals of
the delegate apportionment scheme adopted by the ADA is to: (i) achieve as close to proportional
representation of active, life and retired members of constituents and federal dental services (Army,
Air Force, Navy, Veterans Affairs and Public Health Service) as possible while providing for the
minimum representational requirements set forth in the Governance and Organizational Manual of the
American Dental Association (Governance Manual); (ii) provide for representation of the American
Student Dental Association; and (iii) maintaining the size of the House of Delegates as close to 473
delegates as possible while meeting the other goals recited in this herein.

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

1. **The Target Delegate Number.** For purposes of allocating delegates, the target number of delegates to be used in calculating the allocation is four hundred seventy-three (473). From that target number two delegates will be deducted for each constituent and federal dental service except that only a single delegate will be deducted from each of the Colegio de Cirujanos Dentistas de Puerto Rico and the Virgin Islands Dental Association unless the number of members in either of those societies is equal to or greater than the number of members in the smallest state constituent, in which case a minimum of two (2) delegates will be deducted from the target delegate number for that entity. One delegate is deducted from the target delegate number for each of the five (5) dental services, except that a minimum of two (2) delegates will be deducted for any federal dental service where the number of members is equal to or greater than the number of members in the smallest state constituent. In addition, five (5) delegates will be deducted from the target delegate number for the American Student Dental Association. For purposes of the delegate allocation methodology set forth in the Manual of the House of Delegates, the remaining number of delegates in the target number of delegates following the deductions of delegates listed above from the target number of delegates shall be referred to as the “net delegate allocation pool.”

2. **Allocation to the American Student Dental Association.** Five (5) delegates shall be allocated to the American Student Dental Association regardless of the number of members.

3. **Determination of the True Proportional Delegate Counts for each Constituent and each Federal Dental Service.** Divide each constituent’s and each federal dental service’s total membership by the total constituent and federal dental service membership of the Association. Multiply the resulting percentage of membership for each constituent and federal dental service by the target number of delegates set forth in section B.1. of this methodology less the number of delegates allocated to the American Student Dental Association in section B.2. of this allocation methodology. The resulting true proportional delegate numbers will be used later in the delegate allocation methodology.

4. **Determination of Constituents and Federal Dental Services that Qualify to Receive More than the Minimum Delegate Allocation.**
   a. Divide the total constituent and federal dental service membership of the Association by the target number of delegates set forth in section B.1. of this allocation methodology less the number of delegates allocated to the American Student Dental Association in section B.2. of this methodology. Compare the resulting number against the membership numbers for the Colegio de Cirujanos Dentistas de Puerto Rico, and Virgin Islands Dental Association and Public Health Service if they received a single delegate pursuant to the review performed in section B.1. of this allocation methodology. If the membership numbers of any of those entities are less than the result of the calculation, allocate the number of delegates deducted from the target delegate allocation number for each such entity and exclude those entities from the remaining steps of the delegate allocation methodology.
   b. Take the result of the calculation performed in section B.4.a. of this allocation methodology and multiply it by two (2). Compare the resulting number against the membership numbers for each constituent society and each federal dental service for which two (2) delegates were deducted from the target delegate allocation number in section B.1. of this methodology. If the membership of any of those constituent societies and federal dental services are less than that number, allocate the number of delegates
deducted from the target delegate allocation number for each such entity and exclude those entities from the remaining steps of the delegate allocation methodology.

5. **Calculation of Non-Minimum Membership Total.** Subtract the total membership numbers of each constituent and federal dental service identified as being excluded from the remaining steps of the delegate allocation methodology from the total constituent and federal dental service membership of the Association. The resulting nonminimum membership total will be used in the remaining delegate allocation methodology steps.

6. **Allocation of Remaining Delegates.**
   a. Divide each remaining constituent’s and federal dental service’s membership by the non-minimum membership total determined in section 5, above, to arrive at their percentages of the non-minimum membership total.
   b. Calculate the remaining number of delegates to be allocated by subtracting from the target number of delegates listed in section B.1. of this allocation methodology the delegates allocated to the American Student Dental Association in section B.2. of this methodology and the delegates allocated by the minimum allocation steps in sections B.4.a. and B.4.b., above.
   c. For each remaining constituent and federal dental service, multiply its percentage of the non-minimum membership total determined by the calculation in section B.6.a., above, and the remaining number of delegates to be allocated as determined by the calculation in section B.6.b. of this allocation methodology. Round the result to the nearest whole number.
   d. For each remaining constituent and federal dental service, multiply the resulting percentage of membership obtained in section B.3. above, by the target number of delegates specified in section B.1., above, less the number of delegates allocated to the American Student Dental Association pursuant to section B.2. of this methodology and round the result to the nearest whole number.
   e. For each remaining constituent and federal dental service, subtract the result obtained in section B.6.d. of this allocation methodology from the result obtained in section B.6.c. hereof. If the result is negative, use the result obtained in section B.6.d. as that constituent’s allocated delegate total. If the result is zero or positive, use the result obtained in section B.6.c. of this methodology as that constituent’s allocated delegate total.

7. **Finalize the Delegate Allocation.** Add together the final delegate allocations for the constituents, federal dental services and the American Student Dental Association determined through the calculations of sections B.2., B.4.a., B.4.b. and B.6.e. of this allocation methodology. The result is the total delegates allocated. The total delegates allocated should vary no more than five six percent (56%) from the target number of delegates set forth in paragraph B.1. of this subsection.

8. **Calculating the Fairness Ratio.** Divide each constituent’s and each federal dental service’s percentage of total delegates (the constituent’s allocated delegates divided by the total delegates allocated as determined by the calculation set forth in subparagraph B.7 of this methodology less the number of delegates allocated to the American Student Dental Association) by its percentage of total membership as calculated in B.3., above. Except for those constituents that only receive the minimum number of allocated delegates, the resulting “fairness ratio” should deviate by a small amount on either side of 1, with 1 representing a perfectly proportional delegate allocation. The fairness ratio for constituents and federal dental services that receive only the minimum allocation of delegates may deviate from 1 to a
larger degree because those constituents and federal dental services may be
overrepresented.

C. Suspension of The Representation of a Constituent
The representation of a constituent in the House of Delegates may be suspended by a two-thirds
(2/3) affirmative vote of the House of Delegates present and voting upon a determination by the
House of Delegates that the constitution or bylaws of the constituent violate the Constitution or
Bylaws of this Association. Any such suspension shall not be in effect until the House of Delegates
has voted that the constitution or bylaws of the constituent violate the Constitution or Bylaws of this
Association and the constituent has one (1) year following notification of the specific violation within
which to correct the violation.

Amendment of this section of the Manual of the House of Delegates shall be by a two-thirds (2/3)
affirmative vote of the delegates present and voting.

and be it further
Resolved, that the ADA Governance Manual, Chapter II. CONSTITUENT AND COMPONENTS, Section
B.2., be amended as follows:

2. Privilege of Representation.
   a. Delegates. Each state constituent, and the District of Columbia Dental Society and each
      federal dental service shall be entitled to a minimum of two (2) delegates in the House of
      Delegates. Each territorial constituent and each federal dental service shall be entitled to
      a minimum of two (2) delegates in the House of Delegates if its total membership is equal to or
      greater than the size of the smallest state constituent; otherwise the territorial constituent or
      federal dental service shall receive one (1) delegate. The remaining number of delegates

Amendment to the Governance Manual Regarding Interim Services for New Applicants

517H-2022. Resolved, that Chapter I: MEMBERSHIP MATTERS of the Governance and Organizational
Manual of the American Dental Association be amended by deletion of Section C: Interim Services for
Applicants, as follows:

CHAPTER I. MEMBERSHIP MATTERS

   C. Interim Services for Applicants. A dentist who has submitted a complete application for active
      membership in this Association and the appropriate constituent and component, if such exist, may on
      a one-time, interim basis: receive complimentary copies of The Journal of the American Dental
      Association and the ADA News, have access to the ADA.org member-only content areas and
      purchase items at the member rate through the ADA Catalog. Such interim services shall terminate
      when the membership application has been processed or within six (6) months of the application
      submission, whichever is sooner. Applicants shall have no right of appeal from a denial of
      membership in the Association.

Establishment of a Special Committee on ERISA

518H-2022. Resolved, that a Special Committee be convened to develop a broad-reaching strategy for
improving patient protections in dental plans regulated under ERISA, and be it further
Resolved, that the Special Committee be comprised of representation of 11 members with 2
representatives from each of the following groups: the Board of Trustees, Council on Dental Benefit
Programs, Council on Government Affairs, and 5 at-large ADA Member Dentists with dental benefits
advocacy expertise, with such representatives and the Special Committee chair appointed by the ADA
President. Individuals with dental benefits advocacy expertise can be utilized as consultants to the
Special Committee at the discretion of the Chair.
Resolved, that the Special Committee meet electronically and shall submit a report to the 2023 ADA House of Delegates.

Consent Calendar—Resolutions Referred

Amendment to the Policy, Activity to Stop Unlicensed Dental or Dental Hygiene Practice

502. Resolved, that the policy titled Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Trans.1999:949) be amended as follows (additions underscored; deletions stricken):

Resolved, that each constituent dental society be urged to support enactment of legislation which gives each Board of Dental Examiners the means to stop the illegal practice of dentistry or dental hygiene by an unlicensed person the American Dental Association supports the position that states should stop the illegal practice of dentistry or dental hygiene until a valid license is issued or the matter is resolved by a court of law.

502S-1. Resolved, that the following policy titled Timely Prosecution of Unlicensed Individuals Practicing Dentistry or Dental Hygiene be adopted:

Resolved, that state attorneys general should be expeditious in prosecuting individuals who are practicing dentistry or dental hygiene without a license, and be it further
Resolved, that state dental boards should be empowered to deliver and enforce cease and desist orders and press charges for practicing dentistry or dental hygiene without a proper license, and be it further
Resolved, that individuals charged with practicing dentistry or dental hygiene without a license should be prosecuted to the fullest extent of the law.

and be it further
Resolved, that the policy titled Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Trans.1999:949) be rescinded.

Reference Committee Comment. The Reference Committee recommends referring the amended policy Resolutions 502 and 502S-1 back to the Council on Government Affairs and other appropriate ADA agencies. The Committee carefully considered the policy with the amendments proposed. The Committee understands the reasons for pursuing an amended policy because state attorneys general, for various reasons, may not prioritize the prosecution of unlicensed practice. The issue of state dental board enforcement of state laws directed to the unlicensed practice of dentistry and dental hygiene has been and remains a controversial and unsettled area of law since the US Supreme Court’s decision in North Carolina Board of Dental Examiners vs. Federal Trade Commission (2015). Given the present state of the law, and recognizing that the organizational structures of state dental boards vary widely throughout the United States, the Committee has come to the conclusion that this policy and the changes proposed to it, raise myriad issues that need further investigation and discussion. This is because pursuing the proposed amended policy may have unintended consequences for state dental boards such as exposing volunteer state board members to onerous personal liability. This is true under the current state of the law even if the board in a particular state is authorized by the state legislature to enforce state statutes against the unlicensed practice of dentistry or dental hygiene.

Non-Consent Resolutions

Inclusion of Confidentiality Statement on Meeting Agenda (Board of Trustees Resolution 514 and Reference Committee D Resolution 514RC): The Reference Committee reported as follows:

The Reference Committee received no testimony on Resolution 514. However, in reviewing the Resolution, the Reference Committee was unsure whether the term “ADA volunteer agency” encompassed the House of Delegates. Because the background statement for the resolution indicated that the Resolution was directed to the Board of Trustees and Councils, to resolve any potential
ambiguity, the Reference Committee added language specifically excluding the House of Delegates from the requirement to sign a non-disclosure agreement. However, because the Committee believes that including the confidentiality statement on all ADA agendas is beneficial, it revised the first resolving clause of Resolution 514 to require that the statement should be included on ADA agendas.

514RC. Resolved, that the following reminder concerning the treatment of ADA confidential information be included on all ADA meeting agendas.

Members of the [Insert Name of Agency] and ADA staff are reminded that any sensitive or confidential information or material that is disclosed or discussed during the meeting must remain confidential and members shall not disclose that sensitive or confidential information to any individual or entity to whom access has not been provided by the ADA in the ordinary course of its operations and dealings. Divulging ADA confidential information without approval is a violation of the ADA Member Conduct Policy (Trans.2011:530; 2020:335).

and be it further

Resolved, that the ADA nondisclosure agreement be signed by all members of any ADA volunteer agency, excluding the House of Delegates, each year as a reminder of the existing duty of confidentiality.

Dr. Messina moved Resolution 514RC in lieu of Resolution 514 (Supplement:5037) with the Committee Recommendation to Vote Yes.

Dr. Jill M. Burns, Indiana, moved to amend Resolution 514RC in the second resolving clause by replacing the words “any ADA volunteer agency, excluding the House of Delegates” with the words “the ADA Board of Trustees, Councils and Committees” so that the second resolving clause would read as follows:

Resolved, that the ADA nondisclosure agreement be signed by all members of any ADA volunteer agency, excluding the House of Delegates, the ADA Board of Trustees, Councils and Committees each year as a reminder of the existing duty of confidentiality.

In speaking to the amendment, Dr. Burns stated, “What we were discussing is that ‘agency’ seems kind of vague and that excluding the House of Delegates is a negative, and as we all know, we all have a fiduciary duty that includes confidentiality. So, we decided to change the language to ‘the ADA Board of Trustees, Councils and Committees’ to take the place of the struck through language.

Dr. Daniel J. Gesek, Jr., Florida, proposed a secondary amendment to add the word ‘commissions’ so that the second resolving clause would read as follows:

Resolved, that the ADA nondisclosure agreement be signed by all members of any ADA volunteer agency, excluding the House of Delegates, the ADA Board of Trustees, Councils, Commissions, and Committees each year as a reminder of the existing duty of confidentiality.

The Speaker stated that a question was asked on whether the commissions have their own rules. At the request of the Speaker, Dr. Anthony Ziebert, senior vice president, Division of Education and Professional Affairs confirmed that commissions have their own rules.

Dr. Gesek withdrew his proposed secondary amendment.

On vote, the proposed amendment was adopted.

On vote, Resolution 514RC, as amended, was adopted in lieu of Resolution 514.

514H-2022. Resolved, that the following reminder concerning the treatment of ADA confidential information be included on all ADA meeting agendas.

Members of the [Insert Name of Agency] and ADA staff are reminded that any sensitive or confidential information or material that is disclosed or discussed during the meeting must remain confidential and members shall not disclose that sensitive or confidential information to any individual
or entity to whom access has not been provided by the ADA in the ordinary course of its operations and dealings. Divulging ADA confidential information without approval is a violation of the ADA Member Conduct Policy (Trans.2011:530; 2020:335).

and be it further

**Resolved**, that the ADA nondisclosure agreement be signed by all members of any ADA volunteer agency, excluding the House of Delegates, the ADA Board of Trustees, Councils and Committees each year as a reminder of the existing duty of confidentiality.

**Proposed Policy, Oral-Systemic Health Integration** (Council on Advocacy for Access and Prevention Resolution 507, Board of Trustees Resolution 507B, Fifth Trustee District Resolution 507BS-1 and Reference Committee D Resolution 507RC): The Reference Committee reported as follows:

The Reference Committee heard testimony on Resolutions 507, 507B, and 507BS-1. The testimony was generally positive; however, many commenters suggested a laundry list of surgical procedures was too limited. Commenters suggested expanding the language to address overall health, not just identifying specific systemic diseases, and including the word “treatment” in the body of the resolution. The Reference Committee therefore recommends adoption of Resolution 507RC, in lieu of Resolutions 507, 507B, and 507BS-1.

**507RC. Resolved**, that the ADA supports and encourages treatment to optimize a patient’s oral health status prior to organ transplants, joint replacements, cardiac surgery and other medical procedures

and be it further

**Resolved**, that the ADA supports and encourages research, collaboration and appropriate treatment discussions between dentists and other health care providers to help identify systemic diseases which are strongly suspected to have a direct relationship to a patient’s oral health.

Dr. Messina moved Resolution 507RC in lieu of Resolution 507 (*Supplement:5014*), Resolution 507B (*Supplement:5014*) and Resolution 507BS-1 (*Supplement:5014a*) with the Committee Recommendation to Vote Yes.

Dr. Keri E. Discpolo, Massachusetts, moved to amend Resolution 507RC in the second resolution clause by deleting the words "strongly" and "direct" so that the second resolving clause would read as follows:

**Resolved**, that the ADA supports and encourages research, collaboration and appropriate treatment discussions between dentists and other health care providers to help identify systemic diseases which are strongly suspected to have a **direct** relationship to a patient’s oral health.

In speaking to the proposed amendment, Dr. Discpolo stated, “We would like to make this statement a little bit more broad to encompass all health that can affect oral health and systemic health. We consider it a bidirectional relationship. So, we’d like to have it to be a more broad statement in order to encompass all of the areas it can.”

Dr. Shailee J. Gupta, Texas, chair of the Council on Advocacy for Access and Prevention, stated that the Council supports the proposed amendment.

On vote, the proposed amendment was adopted.

On vote, Resolution 507RC, as amended, was adopted.

**507H-2022. Resolved**, that the ADA supports and encourages treatment to optimize a patient’s oral health status prior to organ transplants, joint replacements, cardiac surgery and other medical procedures

and be it further

**Resolved**, that the ADA supports and encourages research, collaboration and appropriate treatment discussions between dentists and other health care providers to help identify systemic diseases which are strongly suspected to have a direct relationship to a patient’s oral health.
Amendment of the Election Commission and Campaign Rules (Council on Ethics, Bylaws and Judicial Affairs Resolution 512): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees and supports adoption of the following resolution.

512. Resolved, that the Election Commission and Campaign Rules be amended as shown in Appendix 1 (Worksheet:5084) (additions underscored).

Dr. Messina moved Resolution 512 (Supplement:5021) with the Committee Recommendation to Vote Yes.

Dr. Raymond K. Martin, Massachusetts, moved to amend Resolution 512 in Item 3. of Appendix 1, Election Commission and Campaign Rules, as follows (additions double underlined; deletions double stricken):

3. **A Each year, a copy of the current Campaign Rules shall be distributed, signed and acknowledged by to all the ADA trustees and elective officers with the agenda and organizational material provided at the first meeting of the Board of Trustees following adjournment of the House of Delegates. It is the responsibility of each candidate to inform their campaign committee members, the constituent Executive Directors within their trustee districts and other constituent staff within their trustee districts who are assisting the campaign of these Campaign Rules within fourteen (14) days of the candidate’s formation of a campaign committee or announcement of candidacy, whichever first occurs.**

In speaking to the proposed amendment, Dr. Martin stated, “This is designed to promote fairness and equity for all potential candidates as they progress through their time on the Board. And it essentially is not unlike signing a conflict of interest policy… So, it helps everybody out by everyone knowing what the rules of the road are as they go through their terms.”

Dr. Michael A. Ungerleider, Connecticut, spoke in support of the proposed amendment. He said, “… it basically is to level the playing field. Some of the larger districts and ones with bigger budgets tend to be able to skew the field a bit. And this is just to make sure everybody’s playing by the rules and everybody’s equal.”

On vote, the proposed amendment was adopted.

On vote, Resolution 512, as amended, was adopted.

512H-2022. Resolved, that the Election Commission and Campaign Rules be amended as shown in Appendix 1 (Worksheet:5084) (additions underscored and double underscored).

[See page 90 for Appendix 1, as amended]

Announcement

The Speaker announced that the remaining items on the agenda were the installation ceremony and approval of the 2023 membership dues. The Speaker requested that the House adjourn for lunch and reconvene at 1 p.m. for the Third Session of the House of Delegates.

Adjournment

Mr. Nicholas Koutrakis, American Student Dental Association, moved to adjourn the Second Meeting of the House of Delegates. Without objection, the Speaker declared the Second Meeting of the ADA House of Delegates adjourned at 11:12 a.m., Tuesday, October 18, 2022.
Third Meeting of the ADA House of Delegates

Call to Order: The Third Meeting of the 163rd Annual Session of the ADA House of Delegates was called to order at 1 p.m., Tuesday, October 18, 2022, 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. Cesar R. Sabates, president
Dr. Maria C. Maranga, first vice president
Dr. Seth A. Walbridge, chair, New Dentist Committee
Dr. Paul R. Leary, trustee, Second District
Dr. Susan Becker Doroshow, trustee, Eighth District
Dr. James D. Stephens, trustee, Thirteenth 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. James M. Boyle, III, trustee, Third District
Dr. Frank J. Graham, trustee, Fourth District
Dr. Marshall H. Mann, trustee, Fifth District
Dr. Michael D. Medovic, trustee, Sixth District
Dr. Chad R. Leighty, trustee, Seventh District (not in attendance)
Dr. Michele M. Tulak-Gorecki, Ninth District
Dr. Scott L. Morrison, trustee, Tenth District
Dr. Terry Fiddler, trustee, Twelfth District
Dr. Brett Kessler, trustee, Fourteenth District
Dr. Craig S. Armstrong, trustee, Fifteenth District
Dr. Gary D. Oyster, trustee, Sixteenth District
Dr. Rudolph T. Liddell, trustee, Seventeenth District
Dr. Mark E. Bronson, first vice president
Dr. Ted Sherwin, treasurer
Dr. Raymond A. Cohlmia, executive director

The Speaker recognized Dr. Sabates for the purpose of installing the new officers and trustees. Prior to installing these individuals, Dr. Sabates recognized the Speaker for his service.

The following new officers and trustees were introduced:

Dr. Brendan P. Dowd, trustee, Second District
Dr. Randall C. Markarian, trustee, Eighth District
Dr. John E. Hisel, Jr., trustee, Eleventh District
Dr. Karin Irani, trustee, Thirteenth District
Dr. David J. Manzanares, second vice president
Dr. James E. Lee, chair, New Dentist Committee

Installation of Officers and Trustees. Dr. Sabates installed Dr. George R. Shepley, Maryland, as ADA President; Dr. Linda J. Edgar, Washington, as ADA President-elect; Dr. David J. Manzanares, New Mexico, as second vice president; Dr. James E. Lee, as chair of the New Dentist Committee; Dr. W. Mark Donald,
Mississippi, as speaker of the House of Delegates; and Drs. Brendan Dowd, Randall Markarian, John Hisel and Karin Irani as new trustees. Dr. Sabates extended congratulations to the new officers and trustees.

Additionally, Dr. Sabates asked the members of the House of Delegates, and they collectively agreed, to pledge their support by accepting assignments when called upon, by bringing forward the opinions and concerns of the members in their districts and by engaging in open and honest debate on issues.

**Presentation to Dr. Sabates:** Dr. Shepley, as the newly installed ADA President, presented Dr. Sabates with the insignia of past president and a certificate of appreciation recognizing his dedication to the Association and the dental profession.

**Presentation of Dr. George Shepley:** Dr. Shepley addressed the members of the House of Delegates. He commented on dentistry’s successes and challenges, saying “Our current motto is not one for resignation, timidity, or defeat. It’s a chance to be what we’ve always been—intentional, diligent and willing to do the work. We are repositioning ourselves for success in dentistry’s new day. How else should we move forward, if not daringly?” He stated, “We should venture to be wise and bold in our journey, specifically in three priority areas: as champions of optimal health, as individual educators and collective advocates, and embracing cultural change in our business and our community.” As part of optimal health, Dr. Shepley commented on the overconsumption of sugar and its effects from caries to diabetes, a challenge which presents an opportunity for medical-dental collaboration. He also commented on education and advocacy including taking time during patient visits to educate patients on good oral health and its relationship to overall health, and educating lawmakers by “telling them the story of who we are, who we serve and why our work matters.” Dr. Shepley also commented on the challenge to fill dental hygienist positions and said, “… the ADA has taken a multifaceted approach… In addition to offering resources that support dentists as excellent employers… Within the tripartite, many local and state societies are launching recruitment and training programs to bring more dental professionals into the marketplace. It may not happen overnight, but the situation will improve with all of us working together.”

Dr. Shepley commented on cultural changes on two fronts: “in our business and in our professional community.” He said, “… I think of the ADA like an old house. The foundation is solid. It’s structurally sound. But it could stand to be updated. It’s got good bones, yet there’s always work to do. … On recent visits to dental schools, I’ve gotten to know the generation of leaders in academia, research, technology and clinical care. These bright minds want to be involved, but they won’t join the ADA as an obvious next step after dental school the way my generation did. We need to earn their membership. … We need to showcase the tangible value and values that we provide, and we need to create a welcoming environment that they want, that they need and are proud to be a part of.” He stated, “At the ADA, we are taking care of people, whether they’re patients, whether they’re our peers. This means meeting them where they are and acknowledging our ability to be forces for good.”

The installation ceremony concluded following Dr. Shepley’s remarks.

**Remarks of the Chair of the American Dental Political Action Committee (ADPAC):** Dr. Brad W. Barnes, Illinois, chair of the American Dental Political Action Committee, expressed appreciation to members of the House of Delegates for their generous donations as well as the many others who donated to ADPAC during the annual meeting.

**Report of the Standing Committee on Credentials, Rules and Order:** Dr. Todd R. Christy, Committee chair, announced the presence of a quorum and read the ADA Disclosure Policy.

As a point of information, Dr. John L. Gibbons, Washington, asked for a financial projection for net loss or expenses related to 2022 SmileCon, not including the cost of the House of Delegates.

At the request of the Speaker, Dr. Ted Sherwin, treasurer, responded, saying, “So the answer is, we don’t complete numbers, assessment of this meeting, until next year... There is a number of different factors to account for. So, we won’t have those until sometime early next year. …”
Unfinished Business

Report of Reference Committee A (Continued)

Dr. Robert E. Butler, chair, Reference Committee A, returned to the podium to present the Reference Committee’s remaining items of business.

Approval of 2023 Budget (Board of Trustees Resolution 201)

The Treasurer, Dr. Ted Sherwin, reported updated budget projections. He reported that the financial implications of the House adopted resolutions were $1,171,000, which could be covered by an additional dues increase of $12. Dr. Sherwin also said that if the $800,000 start-up cost of the strategic forecasting initiative were taken out of reserves, the additional dues to cover the House adopted resolutions would be $4.

Dr. Andrew B. Brown, Florida, moved that the Board of Trustees be urged to take the $800,000 start-up cost of the strategic forecasting initiative out of reserves. On vote, the motion was adopted.

The Speaker called for the House to stand at ease. The Board of Trustees gathered next to the dais to consider taking $800,000 out of reserves to fund the start-up cost of the strategic forecasting initiative.

The Speaker announced that the Board of Trustees agreed to take the $800,000 out of reserves to begin the strategic forecasting initiative.

On vote, Resolution 201 was adopted.

201H-2022. Resolved, that the 2023 Annual Budget of revenues and expenses, including net capital requirements, be approved.

Establishment of Dues Effective January 1, 2023 (Board of Trustees Resolution 202): The Reference Committee reported as follows:

The Reference Committee heard no testimony regarding Resolution 202.

The Reference Committee concurs with the Board of Trustees and supports adoption of Resolution 202.

202. Resolved, that the dues of ADA active members shall be $596.00, effective January 1, 2023.

Dr. Butler moved Resolution 202 (Supplement:2134) with the Committee Recommendation to Vote Yes.

Resolution 202 required a sixty percent affirmative vote.

Dr. Daniel W. Hall, South Carolina, moved to amend Resolution 202 by changing the proposed dues from $596 to $600.

In speaking to the amendment, Dr. Hall stated, “Given what our Treasurer has said about how we have the actions of the House, we have voted to expand the services that we offer. That is a $4 increase that we would need to offset for the budgetary impact. So I would like us to discuss that, please.”

On vote, the proposed amendment was adopted.

On vote, Resolution 202, as amended, was adopted.

202H-2022. Resolved, that the dues of ADA active members shall be $596.00 $600.00, effective January 1, 2023.

Concluding Remarks of the Speaker: The Speaker made the following statement:
The actions of this House of Delegates are no longer the opinions, wishes or suggestions or recommendations of any individual, committee or officer but are now the actions of the entire House of Delegates. And as this House of Delegates is authorized under the Association’s Bylaws to act for the entire association, they are the actions of the entire Association. It is now incumbent upon every member of this Association to accept the actions of this House of Delegates as the actions of the American Dental Association.

Recognition of Retiring Delegates and Alternate Delegates: The Speaker requested that all retiring delegates and alternate delegates stand; the House applauded the individuals in recognition of their service.

Adjournment

Dr. Michael J. Safian, Connecticut, moved to adjourn the 163rd Annual Session of the ADA House of Delegates. Without objection, the Speaker declared the 163rd Annual Session of the ADA House of Delegates adjourned sine die at 2:15 p.m., on Tuesday, October 18, 2022.
The Election Commission is composed of three members: the immediate past President, and the chair and vice chair of the Council on Ethics, Bylaws and Judicial Affairs (CEBJA). The chair of CEBJA serves as the Election Commission chair. The Speaker and the President-elect’s campaign manager or appointee will serve as consultants to the Election Commission, each without the right to vote. Except as provided below, in the event that one of the members is unavailable, a replacement member will be selected by the chair of the Election Commission in consultation with the Election Commission. In the event that the chair is unavailable due to a conflict with a candidate, the vice chair of CEBJA shall serve as chair and shall appoint a replacement member in consultation with the Election Commission. In the event that both the chair and vice chair of CEBJA are unavailable due to conflicts with a candidate, the senior class of CEBJA shall select replacement members and the chair of the Election Commission.

The Election Commission is charged with (1) overseeing and adjudicating contested issues arising under the Election Commission Rules Governing the Conduct of Campaigns for all ADA Elective Officers (the Campaign Rules); (2) informing anyone identified as being under a disciplinary sentence of suspension or probation for violating their duties to the constituent society within whose jurisdiction the member practices or to this Association that they are ineligible to seek elective or appointive office while under that disciplinary sentence; (3) referring any dispute of eligibility to CEBJA; (4) informing the House of any violation of the Campaign Rules; (5) reviewing and proposing revisions to the Campaign Rules as required; and (6) receiving summaries of campaign revenues and expenses from candidates for all ADA elective offices.

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

The following Campaign Rules govern the announcement and conduct of campaigns for ADA elective officers. These Campaign Rules will be distributed annually to all candidates, delegates, alternate delegates and other parties of interest. Candidates for elective officers are expected to abide by the Campaign Rules.

Procedures Concerning Interpretation and Distribution of the Campaign Rules

1. To the extent one or more candidates has a question concerning the interpretation of the Campaign Rules or whether a particular activity is prohibited or permitted under the Campaign Rules, the following procedures shall be followed:
   a. Prior to contacting the Election Commission concerning the question or interpretation, candidates and/or their campaign managers shall communicate and attempt in good faith to reach a consensus on the question.
   b. If a consensus cannot be reached:
      i. The campaign that raised the issue shall contact the Election Commission (copying the other candidates and their campaign managers) via a brief and succinct email, state the question or interpretation that has arisen and that the campaigns were unable to reach a consensus on the issue and provide the campaign's position on the issue presented.
      ii. Within three business days of the receipt of the email referenced in Paragraph b.i, above, any other campaign desiring to do so shall send the Election Commission a brief and succinct email setting forth that campaign's position on the question or interpretation presented to the Election Commission.

2. Any communications from a candidate to the Election Commission regarding these Campaign Rules shall be submitted to the chair of the Election Commission via email addressed to electioncommission@ada.org or by such other means as the Election Commission may from time-to-time specify.

3. A Each year, a copy of the current Campaign Rules shall be distributed, signed and acknowledged
by to all the ADA trustees and elective officers with the agenda and organizational material provided at the first meeting of the Board of Trustees following adjournment of the House of Delegates. It is the responsibility of each candidate to inform their campaign committee members, the constituent Executive Directors within their trustee districts and other constituent staff within their trustee districts who are assisting the campaign of these Campaign Rules within fourteen (14) days of the candidate’s formation of a campaign committee or announcement of candidacy, whichever first occurs.

4. In order to better familiarize ADA delegates and alternate delegates with the Campaign Rules, a succinct summary of the most important portions of the Campaign Rules will be posted each year in the House of Delegates library on ADA Connect.

Agreements between Candidates

4. Candidates can negotiate and enter into any agreement concerning the conduct of a campaign for elective officer that does not contravene and is not in conflict with any of the Campaign Rules contained herein; agreements between candidates that narrow any of the provisions of these Campaign Rules or agreements by which the candidates forego any campaign activities permitted under these Campaign Rules are permissible. The negotiation and enforcement of any such agreement will be the responsibility of the candidates. The Election Commission will neither facilitate nor enforce any such agreement.

Announcing Candidacy

5. Candidates for President-elect and Second Vice President shall formally announce their intent to run for office on the final day of the annual session immediately preceding their candidacy. A formal announcement shall include, at a minimum, the name of the candidate and an identification of the office being sought. Prior to this formal announcement, candidates may freely campaign within their own trustee districts. Campaign activities outside a candidate’s own trustee district shall begin only after the official announcement at the annual session. Candidates for President-elect and Second Vice President not formally announcing their candidacies on the last day of the annual session immediately preceding their candidacy shall not be permitted to campaign outside their own trustee districts but shall be permitted to be nominated for elective office at the annual session of the House of Delegates pursuant to Chapter VI., Section B.1. of the Governance Manual of the American Dental Association (Governance Manual).

6. Announcements of candidacies for the offices of Treasurer and Speaker of the House of Delegates shall be as stated in Chapter VI. Section B.2. and B.3., respectively, of the Governance Manual.

Travel and Meeting Attendance

7. Candidates for the office of President-elect shall limit their campaign travel to attending state and/or district annual meetings and/or leadership conferences and annual session district caucus meetings to which all candidates have been invited. The procedures for attendance at such events shall be as follows:

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

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

   c. District caucuses and state constituent societies shall issue timely invitations to the President-elect candidates through the Office of the Executive Director.
d. President-elect candidates shall negotiate a mutually agreeable travel schedule. It is the responsibility of the candidate and/or the campaign managers, through coordination among the campaigns, to determine the candidates' availability and respond directly to the inviting organizations. Except for conflicts due to a religious holiday observed by one or more of the candidates, candidates shall vote on whether to accept an invitation, with a majority needed to accept; a tie vote will result in accepting the invitation. A religious holiday conflict with a single candidate shall result in all the candidates declining the invitation.

e. Candidates who have scheduling conflicts prohibiting personal attendance at a district or caucus event may, at their option, participate in the event via electronic audio or audiovisual means available to both the candidate and the event’s sponsor.

f. After a meeting has been accepted, if an emergency arises and a candidate must cancel their attendance, the remaining candidates may attend as planned. Candidates who cancel their attendance at an event due to an emergency may, at their option, participate in the event via electronic audio or audiovisual means available to both the candidate and the event’s sponsor.

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

a. All candidates to make presentations;

b. Caucuses freedom to assess candidates; and

c. Each candidate to respond to questions.

10. Notwithstanding any of these Campaign Rules, nothing in these Rules shall prevent a candidate from traveling on a personal basis or attending a meeting, conference or other event as an official ADA representative. Campaigning while personally traveling or attending events as an ADA representative is strictly prohibited. When traveling personally or as an ADA representative, candidates shall notify other candidates of such travel as soon as possible once the travel has been scheduled.

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

Publications and Media

12. News articles on and interviews of a candidate are permissible if published by a state dental journal. Online state dental journal news articles on and interviews of a candidate are permissible. Articles about a candidate’s intention to run for office are permissible. Articles about why one person would make a better candidate are not permissible.

13. When announcing their candidacy for elective officer, except for the candidate's constituent and component, candidates shall notify all organizations and groups to which they belong of their candidacy and shall request that during the campaign such organizations and groups refrain from distributing or publishing any information or material referencing the campaign or the candidate’s candidacy.

14. Candidates shall not participate in interviews on their leadership capacity with leadership or national journals that will be published within the timeframe of their campaign. Candidates shall not
knowingly seek to have their name, photo, appearance, and writings published in national trade or non-peer reviewed publications or websites during the campaign, and shall avoid submitting articles in non-peer reviewed paper or electronic publications. Candidates who are participants in a speaker’s bureau or earn revenue by speaking nationally or regionally shall avoid all unnecessary self-promotion during the campaign related to national speaking engagements.

Use of Social Media

14. In order to facilitate providing information to delegates and alternate delegates by candidates, after announcement of their candidacy, any candidate may establish a closed-group Facebook page for purposes of disseminating information about the candidate’s campaign and interacting with delegates and alternate delegates concerning campaign-related subjects and issues. Any such closed-group Facebook page instituted by a candidate shall comply with these Campaign Rules and shall also be governed by the ADA’s Social Media Policy and the Social Media Posting Protocol for ADA Officers and Trustees. In the event of a conflict between these Campaign Rules, the Social Media Policy and the Social Media Posting Protocol for ADA Officers and Trustees, these Campaign Rules control.

   a. The Election Commission will determine the appropriate administrative settings for the closed-group campaign Facebook page that candidates may use for campaign-related posts. Those settings will be communicated by the Election Commission to the candidates shortly after the candidates announce their intention to run for elective officer.

   b. Only delegates, alternate delegates, campaign staff and Election Commission members and staff shall be invited to join a candidate’s closed-group campaign Facebook page.

   c. Shortly after a candidate’s candidacy is announced, the ADA will provide the known email addresses of delegates and alternate delegates. Using that list, invitations to join the closed-group page may be issued via email by a candidate who wishes to initiate a closed-group campaign Facebook page. Invitations to join the closed-group page may also be sent to the candidate’s campaign staff and shall be sent to members and staff of the Election Commission.

   d. Following the compilation of the list of certified delegates and alternate delegates who will attend the House of Delegates session at which the election will occur, the ADA will send the candidate an updated list of certified delegates and alternate delegates that the candidate may use to send a second closed-group campaign Facebook page invitation so that newly listed delegates and alternate delegates may join the candidate’s closed-group campaign Facebook page.

   e. Only material that is relevant to the campaign shall be posted on a candidate’s closed-group campaign Facebook page. No posts that are negative to any opposing candidate or that may be considered to be negative campaigning shall be permitted on the closed-group campaign page. Any candidate who develops a closed-group campaign Facebook page shall be responsible for the monitoring of posts to the page to ensure that posts comply with these Campaign Rules and that the posts are consistent with the ADA’s Social Media Policy and the Social Media Posting Protocol for ADA Officers and Trustees.

   f. No surveys or polls shall be used or conducted via a candidate’s closed-group campaign Facebook page.

   g. Interactions between a candidate and delegates and alternate delegates using the candidate’s closed-group campaign Facebook page shall not count toward any limits on a candidate’s contact with individual delegates and alternate delegates contained in these Campaign Rules.

15. Except for the closed-group campaign activity on Facebook specified in Paragraph 14, above,
there shall be no campaigning using any social media platform or application.

16. Personal, non-campaign use of social media by candidates during the campaign for elective officer is permitted but candidates shall not post information or material relating to the campaign on personal social media sites. Candidates shall review their personal social media site settings to ensure that privacy and security settings are set to allow review and deletion of any third party post, and candidates shall frequently monitor their own personal Facebook pages and other personal social media sites and delete any posts that references the campaign or the candidate's campaign activities or posts that can be tagged for distribution to third party sites.

Campaign Literature and Communications to Delegates and Alternate Delegates

17. No printed campaign-related material may be distributed in the House of Delegates or to delegates and alternate delegates.

18. Candidates may prepare a piece of campaign literature to be electronically distributed to the delegates and alternate delegates following a candidate's announcement of candidacy for elective officer. Such campaign literature shall be sized so that if printed the literature is no larger than four single-sided sheets of 8½ x 11 inch paper. If desired, a second piece of campaign literature of similar length may be electronically distributed to the delegates and alternate delegates following the candidates' receipt from the ADA of the final list of certified delegates and alternate delegates.

19. Each candidate may prepare a video to be distributed as described below to delegates and alternate delegates and other members of the House of Delegates.

20. Each piece of literature and any video developed by any candidate shall be submitted to the ADA for review and approval prior to being distributed. Such literature review may take up to five (5) business days to complete. Video reviews will be completed as quickly as possible but are dependent on the length of the video. The candidates shall obtain permissions to use the likeness or image of any non-familial third party that appears in a piece of campaign literature or in any video. Candidates shall state that such permissions have been obtained when submitting the literature and any video for review. The permission should be retained by the candidates and submitted to the ADA only if requested.

21. Each candidate is permitted to individually communicate with each delegate and alternate delegate a single time via an electronic communication (i.e., email) for the purpose of campaigning, electioneering and soliciting votes following the receipt from the ADA of the list of certified delegate and alternate delegate contact information. A third party vendor may be used to send such electronic communications so long as the privacy of the email addresses and identities of the recipients are maintained and preserved and there is no ability to reply to all the recipients of the electronic communication. At each candidate's option, the candidate's electronic communication may contain the campaign literature and/or video referenced in these Campaign Rules, either by embedding or attaching the literature and/or the video to the electronic communication or by providing a hyperlink or hyperlinks that connect to the literature and/or the video that is stored in a remote location maintained by or on behalf of the candidate.

22. Each campaign is permitted to individually initiate a telephonic (phone call or text) communication with each delegate and alternate delegate a single time for the purpose of campaigning, electioneering and soliciting votes following the receipt from the ADA of the list of certified delegate and alternate delegate contact information.

23. Nothing in these Campaign Rules shall prevent a candidate from communicating regarding matters within the specific duties of the candidate's position as an ADA officer, member of the Board of Trustees, task force or workgroup, as long as the communication is strictly related to such responsibilities and is not used for campaigning, electioneering or soliciting votes.

24. Candidates may each schedule up to three (3) telephone or video conferencing forums or town hall events during the campaign. A candidate desiring to hold up to three (3) telephone or video
conferencing forums or town hall events shall communicate to the ADA the date of each event and the times at which each such event shall commence and end, together with the instructions and contact information necessary for participants to email and/or call with the questions they would like asked during the telephonic town hall. The ADA will announce the telephone or video conferencing town hall information to delegates and alternate delegates via ADA Connect and provide the information to Election Commission members and staff. Candidates may also publicize the telephonic town halls they sponsor on any closed-group campaign Facebook page that they maintain.

25. The agenda for a candidate's telephonic town hall meeting(s) shall be the prerogative of the candidate, with the candidates being permitted to provide opening and closing statements and whether follow-up questions are permitted. The length of the telephonic town hall event is also discretionary with the candidate.

26. No negative campaigning or negative comments concerning opposing candidates shall be permitted to be made by the candidate or any participant posing questions or making comments during the town hall event. Candidates shall be responsible for ensuring that a screening mechanism is employed during the town hall event so that broadcasting participant comments or questions that violate this provision is avoided.

Contributions

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

28. The sending of a brief note acknowledging a financial contribution or thanking a host of a campaign event to those contributors or hosts outside of the candidate's district is permitted, as long as no additional campaign message is included. Such thank you notes may be sent on campaign letterhead or a notecard containing the campaign logo; envelopes for the thank you note may contain an identification of the campaign or the campaign logo.

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

30. Candidates for all ADA elective offices should submit a summary of campaign contributions and expenses to the Election Commission at the end of the campaign.

Violations

31. In the event a violation of the Campaign Rules is determined by the Election Commission to have occurred more than fourteen (14) days prior to the House of Delegates convening, then the Election Commission, if it cannot resolve the violation between the candidates, shall post a report of the violation in the House of Delegates section on ADA Connect. In addition, an email reporting on any such violations will be sent by the Election Commission to each certified delegates and alternate delegates with a working email address on file with the ADA on or about fourteen (14) days prior to the convening of the House of Delegates.

32. In the event a violation of the Campaign Rules is determined by the Election Commission to have occurred in the period from fourteen (14) days prior to the convening of the House of Delegates through the elections of elective officers, then the Election Commission, if it cannot resolve the violation between the candidates, shall report those violations to the House of Delegates. The report
will be given orally by the Election Commission chair (or a designee of the Election Commission if the chair is absent from the House of Delegates session) at the first meeting of the House. If violations occur after that meeting, and before the election, then a report of such violations shall be read to each caucus by a designee of the Election Commission.

33. **Should an allegation of a Campaign Rules violation against an individual or entity not affiliated with a campaign be made, the Election Commission shall review the allegation and determine if a violation has occurred. If so, the campaign and candidate affected by the infraction will be notified, and shall be responsible for contacting the individual or entity involved and using their best efforts to curtail the violation.**

34. **In addition to the foregoing notifications of violations, all violations of the Campaign Rules that occur shall be reported orally at the House of Delegates meeting by the Election Commission.**