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2008

Transactions

149th Annual Session

San Antonio, Texas

October 17-21, 2008

2008

Transactions

149th Annual Session

San Antonio, Texas

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American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

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Minutes of the Board of Trustees

February 9-12

April 13-15

June 7-10

August 10-12

October 5-7

October 21

December 8-10

Notes

Minutes of the Board of Trustees

February 9-12, 2008

InterContinental San Juan Resort and Spa

San Juan, Puerto Rico

Call to Order: The third session of the Board of Trustees was called to order by President Mark J. Feldman on Saturday, February 9, 2008, at 2:00 p.m., in the InterContinental San Juan Resort & Spa, Atlantic Room, San Juan, Puerto Rico.

Roll Call: The following officers and trustees were present: Drs. Mark J. Feldman, John S. Findley, Jane S. Grover, O. Andy Elliott, J. Thomas Soliday, Edward Leone, Jr., James B. Bramson, Donald I. Cadle, Jr., William R. Calnon, Robert A. Faiella, Raymond Gist, William G. Glecos, Kathryn Kell, S. Jerry Long, Dennis E. Manning, Jeanne M. Nicolette, Marie C. Schweinebraten, Charles L. Smith, Mary Krempasky Smith, Murray D. Sykes, Ronald L. Tankersley, R. Wayne Thompson, Kenneth Versman and Russell I. Webb.

Staff members present were: Ms. Mary Logan, chief operating officer; Dr. Albert Guay, chief policy advisor; Mr. William Zimmermann, chief financial officer; Ms. Tamra Kempf, chief legal counsel; Ms. Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Mr. Robert Owens, chief information officer; Mr. William Prentice, senior vice president, Government and Public Affairs; Dr. John Luther, senior vice president, Dental Practice and Professional Affairs; Mr. Barkley Payne, executive director, American Dental Association Foundation; and Ms. Beril Basman, managing vice president, Strategic Management.

Closed Session

A closed session of the Board of Trustees was called to order prior to convening the regular session. Those in attendance included the President, President-elect, First Vice President, Second Vice President, Treasurer, Speaker of the House of Delegates, members of the Board of Trustees, the Executive Director and the Chief Operating Officer. The closed session ended at 2:00 p.m. with the regular session beginning immediately afterwards.

Preliminary

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

B-1-2008. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Mail Ballot Actions: In accordance with the *Organization and Rules of the Board of Trustees*, which requires that all mail or fax ballots (or actions) be recorded in the minutes of the next regular Board session, the following resolution was adopted by mail ballot.

Approval of Minutes of Previous Session

B-2-2008. Resolved, that the minutes of the December 9-11, 2007, session of the Board of Trustees be approved.

Achieve Effective Advocacy

Report of the Council on Ethics, Bylaws and Judicial Affairs: Progress Report Relating to the American Association of Dental Examiners (AADE) Guidelines on Unprofessional Conduct Involving Sexual Boundaries Violations: Dr. Feldman provided an overview of CEBJA's report on its work to develop a Q&A on the AADE's sexual boundary guidelines. The Board expressed its ongoing support for the need for the ADA to educate the members on these new guidelines, their implications and why the issue has become significant and expressed its appreciation for the work of CEBJA on this issue. The Board also expressed support for the development of several additional questions and answers that provide more information and context, as well as for the educational plans that the Council on Dental Practice is developing. The Board adopted the following amended resolution with the proviso that additional questions and answers be prepared by staff (and shared with the Board and CEBJA).

B-5-2008. Resolved, that the "ADA Alert on the AADE's New Guidelines on Unprofessional Conduct Involving Sexual Boundary Violations" be approved, with the proviso that staff develop additional questions and answers providing more information and context.

Report of the Chief Legal Counsel: Litigation and Other Matters: Ms. Kempf updated the Board on litigation and other legal matters.

Report of Dr. Mary Krempasky Smith, Liaison to the American Dental Political Action Committee: Dr. Smith provided a report on the new ADPAC dues and the related FEC compliance issues. She urged the Board to support ADPAC's decision, noting the strong support ADPAC has offered to help states comply with the FEC rules. Staff was asked to develop talking points to help Board members who are approached about this in their states.

Report of the Senior Vice President, Dental Practice and Professional Affairs: Dental Labs: Is There a Crisis?: Dr. Luther summarized a report asking the question whether there is (and how do we know there is) a crisis in the health of the dental lab industry. The Board engaged in a spirited discussion about these issues. It was noted that considering exactly what a crisis would look like in the profession is important in the process of preparing a survey. The Board then adopted the contingency fund request for a \$20,000 survey of ADA members to better determine whether or not members in private practice are experiencing, or will experience, a dental laboratory crisis in terms of workforce, education/training, patient safety, supply/demand or quality.

Report of the Chief Policy Advisor: Update on the System for Assessing the Effectiveness of Medicaid and SCHIP Programs: Dr. Guay presented an update on the project to develop a simple system for assessing the effectiveness of the Medicaid and SCHIP Programs. The Board adopted the following resolution.

B-7-2008. Resolved, that the proposed ADA System for Assessing the Effectiveness of the Medicaid and SCHIP Programs be circulated to the recognized specialty organizations and the Academy of General Dentistry for comments, and those comments and any modifications to the System be reported to the Board of Trustees at its April 2008 meeting.

Build Dynamic Communities

Update on ADA Relationship with the Colegio de Cirujanos Dentistas de Puerto Rico and Related Matters: The Board heard reports from Dr. Sykes, Ms. Kempf and Mr. Prentice about the various aspects of the complex membership and other issues. The Board concluded that the ADA should not provide the funding for their proposed public affairs activity related to proposed collective bargaining legislation, principally because of the problems with the proposed legislation and the FTC's recent opposition to it.

Create and Transfer Knowledge

Report on the Meeting with American Student Dental Association Trustees: Dr. Feldman reported on the recent meeting held with ASDA trustees regarding a proposed joint research study to determine the possible need for dental education reform, including the possibility of a fifth year in dental school. The Board considered a motion to postpone the proposed resolution for the study until April, which was defeated. The Board then continued its lengthy discussion. The Board adopted the contingency fund request for the research study.

The Board then adopted Resolution B-6, Report on the Status of the 2008 Operating Contingency Fund and Approval of Supplemental Appropriation Requests, to ratify all of the contingency fund requests before the Board.

B-6-2008. Resolved, that the following appropriations be made from the 2008 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services
(Cost Center 090-1050-XXX) \$31,500

Research Survey on Dental Education Reform: This ADA funded survey will gather opinions of students, faculty and practitioners on the need for dental education reform, including the possibility of a fifth year of education for dental school. The mail survey will be a maximum of three pages long, and will be sent to a sample of 5,000 students/faculty/practitioners using standard Survey Center methodology of three mailings plus a phone call reminder in order to maximize response.

The background and reasons for this request are described in the Report on the Meeting with the American Student Dental Association Trustees. The cost for conducting the survey would be \$31,500 and allocated to the following line item:

Expense		
520020	Outside Services	\$16,900
525010	Telephone Usage	9,100
525020	Postage, Mailing & Freight	<u>5,500</u>
	Total Expenses	\$31,500

No Funding Alternative was submitted.

Division of Dental Practice/Professional Affairs
(Cost Center 090-1500-XXX) \$20,000

Survey of Dentists on Their Use of Dental Labs: The purpose of this supplemental appropriation request is for funding for a random sample mail survey of 3,000 dentists in private practice concerning their use of dental labs. The survey will gather objective data that will help the ADA better determine whether or not our members in private practice are experiencing, or expect to experience, a dental labs crisis in terms of workforce, education, patient safety, supply of dental labs, and quality of dental lab work. This information is currently unavailable.

This request supports *ADA Strategic Plan (2007-2010)* Goal: Achieve Effective Advocacy, Objective 1. Preserve the dentist as the leader of a team which provides comprehensive oral health care services in any health care system.

This survey will help to answer questions concerning a potential crisis in the dental lab industry relating to workforce, education, quality, and patient safety. The data will help the Association design policies and activities to deal with these issues.

Expense

520020	Outside Services	\$14,000
525010	Telephone Usage	2,900
525020	Postage, Mailing & Freight	<u>3,100</u>
	Total Expenses	\$20,000

No Funding Alternative was submitted.

Lead in the Advancement of Standards

American Public Health Association (APHA) Proposed Policy on Prophylactic Removal of Third Molars: The Board reviewed and discussed the proposed American Public Health Association policy on the prophylactic removal of third molars. The Board requested that the Executive Director send a request to the Council on Scientific Affairs to conduct an evidence-based systemic review of this issue in 2009, with a funding request to go through the 2009 budget process.

Attain Excellence in Operations

Report on the Board of Trustees 2008 Priority Project Metrics: The Board reviewed the work that it did in December to create a draft list of 2008 priority project metrics. The Board added the CDEL/CEBJA Ethics project and CODA Task Force to the list.

1. **Native American Summit** (Goal: Achieve Effective Advocacy/Objective 1: Preserve the dentist as leader of the team)
2. **Universal Coverage Task Force** (Goal: Achieve Effective Advocacy/Objective 1: Preserve the dentist as head of team)
3. **Membership initiative** (Goal: Build Dynamic Communities/Objective 1: Achieve a net growth in membership market share of at least 0.5% annually with ultimate goal of 75% by 2010)
 - **Identify and develop “membership – magnet” issues to motivate NEW membership growth– tentative new idea/would support membership initiative.** (Goal: Build Dynamic Communities/Objective 1: Achieve a net growth in membership market share of at least 0.5 annually with ultimate goal of 75% by 2010)
4. **Access Summit** (Goal: Build Dynamic Communities/Objective 2: Explore new categories of ADA membership)
5. **Health Literacy Initiative** (Goal: Create and Transfer Knowledge/Objective 2: Increase understanding of oral health by the public, other health professions and legislators)
6. **EBD Center Initiatives** (Goal: Create and Transfer Knowledge/Objective 3: Increase the Association’s value to the profession annually)
7. **CDHC pilots** (Goal: Lead in the Advancement of Standards/Objective 2: Promote annually, through various forums)
8. **Electronic Health Record** (Goal: Lead in the Advancement of Standards/Objective 3: Participate, annually, in the leading national and international standards development organization)
9. **Branding initiative** (Goal: Attain Excellence in Operations/Objective 2: Explore and implement at least three new and innovative means to achieve direct member input)
10. **MRM implementation (ADA Internal, operational project)** (Goal: Attain Excellence in Operations/Objective 4: Examine and optimize the ADA processes)
11. **CDEL/CEBJA Ethics Project** (Goal: Lead in the Advancement of Standards/ Objective 1: Promote adherence to the ADA Principles of Ethics and Code of Professional Conduct through at least one initiative annually, for the safe, appropriate and effective delivery of care.)
12. **CODA Task Force** (Goal: Lead in the Advancement of Standards/ Objective 2. Promote annually, through various forums, current U.S. educational standards; innovation; and lifelong learning curricula in dental and auxiliary programs in order to meet changing patient treatment needs.)

Report on 2008 Mega Topic Schedule: The Board reviewed the ideas for the open (June) mega issue topic. Three of the proposed topics were highlighted as favorites (ethics/commercialism; third-party issues; silo-busting/combined with women's practice patterns). A new item, "How do we become the trusted source" in the new social networks, was also added as a potential mega topic. It was agreed that the President, President-elect, Executive Director and Chief Operating Officer will review the topics and select the one that will work best for breadth, speakers, the four strategic questions, and the like.

Organizational/Other

Report of the Chief Financial Officer: Transfer of 2007 Operating Surplus to Reserves: The Board adopted Resolution B-3 to transfer the final audited operating surplus from the General Fund to the Reserve Division Investment Account as soon as Grant Thornton signs off on the certification of the 2007 financial statements. The preliminary, unaudited surplus is \$3,838,633.

B-3-2008. Resolved, that the final audited operating surplus be transferred from the ADA General Fund to the ADA Reserve Division Investment Account as soon as Grant Thornton signs off on the certification of the 2007 financial statements.

Recommended Increase in Volunteer Per Diem for 2009: The Board adopted the following resolution to increase volunteer per diem in 2009 to \$100.00.

B-4-2008. Resolved, that the per diem allowance for ADA volunteers be increased to \$100 effective January 1, 2009.

De-Brief of Silo-Busting Meeting and Next Steps: The Board de-briefed on the silo-busting meeting and next steps. It was suggested that the name of the conference change. The value of the reverse mentoring was highlighted. More table rotation was suggested.

New Business

Replacement of Windows in the Washington, D.C. Office: The Board adopted the following resolution to authorize, if needed, \$180,000 in capital funding from the 2008 capital contingency fund for replacement windows on the two sides of the 11th and 12th floors of the D.C. Office building during the renovation of those floors.

B-8-2008. Resolved, that, if needed, capital funding of \$180,000 be appropriated from the 2008 Capital Contingency Fund for replacement windows on two sides of the 11th and 12th floors of the Washington, D.C. Office building.

Adjournment

The Board of Trustees adjourned *sine die* at 5:15 p.m.

Notes

Minutes of the Board of Trustees

April 13-15, 2008

Headquarters Building, Chicago

Call to Order: The fourth session of the Board of Trustees was called to order by President Mark J. Feldman on Sunday, April 13, 2008, at 8:20 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: The following officers and trustees were present: Drs. Mark J. Feldman, John S. Findley, Jane S. Grover, O. Andy Elliott, Edward Leone, Jr., James B. Bramson, Donald I. Cadle, Jr., William R. Calnon, Robert A. Faiella, Raymond Gist, William G. Glecos, Kathryn Kell, S. Jerry Long, Dennis E. Manning, Jeanne M. Nicolette, Marie C. Schweinebraten, Charles L. Smith, Mary Krempasky Smith, Ronald L. Tankersley, R. Wayne Thompson, Kenneth Versman and Russell I. Webb. Drs. J. Thomas Soliday and Murray D. Sykes were unable to attend.

Staff members present were: Beril L. Basman, managing vice president, Strategy Management; Albert H. Guay, chief policy advisor; Tamra S. Kempf, chief legal counsel; Laura A. Kosden, managing vice president and publisher, Publishing; Mary K. Logan, chief operating officer; John R. Luther, senior vice president, Dental Practice/Professional Affairs; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Laura M. Neumann, senior vice president, Education/Professional Affairs; Robert L. Owens, chief information officer; Barkley R. Payne, executive director, ADA Foundation; William M. Prentice, senior vice president, Government and Public Affairs; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; and William T. Zimmermann, chief financial officer.

Also in attendance for all or parts of the meeting were: James H. Berry, associate publisher, Publishing; Karen B. Burgess, director, Committee on the New Dentist; Daniel M. Conley, manager, Executive Communications; Richard Quinn Dufurrena, Hillenbrand Fellow; Michael Glick, editor, *JADA*; Jon B. Holtzee, director, State Government Affairs; Judy L. Jakush, editor, *ADA News*; Lewis N. Lampiris, director, Council on Access, Prevention and Interprofessional Relations; and Wendy J. Wils, associate general counsel, Legal Affairs.

Closed Sessions: Closed sessions of the Board of Trustees were held at various times during the meeting. Those in attendance included the elective officers and members of the Board of Trustees and the chief legal counsel.

Preliminary

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

B-9-2008. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Report on Mail Ballot Actions: In accordance with the *Organization and Rules of the Board of Trustees*, which requires that all mail or fax votes be recorded in the minutes of the next regular Board session, the following resolution was adopted unanimously by mail ballot.

B-10-2008. Resolved, that the minutes of the February 9-12, 2008, session of the Board of Trustees be approved.

Approval of Consent Calendar: A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent

calendar. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution.

B-28-2008. Resolved, that the resolutions contained on the Consent Calendar be approved and reports be accepted.

Achieve Effective Advocacy

Report on the February 2008 Meeting with Representatives of the Joint Commission on National Dental Examinations, the Southern Regional Testing Agency and the Western Regional Examining Board: The Board reviewed a report summarizing a meeting hosted by ADA in February 2008 to facilitate discussion among licensure testing agencies to encourage changes in examinations that would promote mutual recognition of exams by state boards. The Board adopted the following resolution as amended.

B-23-2008. Resolved, that the Council on Dental Education and Licensure be requested to review item #4 in the *Agenda for Change* and consider proposed amendments that reflect current ADA policies on the use of human subjects in clinical examinations, and the curriculum integrated format, and be it further **Resolved**, that the Council also consider the remaining proposed action items in the report, and be it further

Resolved, that the Council forward its recommendations to the Board of Trustees at its June 2008 meeting.

Joint Report of the Department of State Government Affairs and Legal Affairs: Tooth Whitening by Non-Dentists: Mr. Prentice reported on concerns from ADA members about the prevalence of tooth-whitening services in non-dental office settings, such as mall kiosks. Mr. Holtzee reported on actions taken by the states to address this issue, including dental board decisions, attorney general opinions, dental practice act provisions and dental board rules. The Department of State Government Affairs is developing ideas for model legislation from the states that have had success. Ms. Kempf reported on legal strategies that dental societies can take to help protect the public. Dr. Meyer commented on safety matters. After discussion, the Board adopted the following resolution as amended.

B-27-2008. Resolved, that an action plan of potential ADA activities regarding over-the-counter (OTC) tooth whitening services be developed for consideration by the Board at its June meeting.

Report of Dr. Kathryn A. Kell, Liaison to the Commission on Dental Accreditation: Dr. Kell reported on the January 31–February 1, 2008 meeting of the Commission on Dental Accreditation (CODA). The meeting included a discussion of House of Delegates Resolution 39H-2007 that urged CODA to reconsider the terms in the Accreditation Standards for Dental Hygiene Education Programs and recommended that the term Dental Hygiene Diagnosis be dropped from the Standards. After that discussion, CODA referred this issue to the Dental Hygiene Review Committee for further consideration and alternative language. The Board discussed submission of comments to the Dental Hygiene Review Committee. The Board urged the President to communicate to CODA and restate the concerns of the House of Delegates as stated in Resolution 39H, which urged the Commission to reconsider and revise the hygiene standards by substituting the term “dental hygiene diagnosis” with “dental hygiene assessment” to more accurately reflect the scope of the training and licensure of the dental hygienist in the process of providing dental care to patients.

Update on Recent Developments Related to the Discovery of Lead in a Foreign Manufactured Dental Crown: Mr. Prentice updated the Board on recent developments related to a news report from Columbus, Ohio about an Ohio woman whose foreign manufactured dental crown was found to contain trace elements of lead. The story has been covered by local news outlets around the country, but has not yet received attention from the national media. Dr. Meyer reported on the results of scientific testing conducted by the ADA on a number of crowns ordered from a variety of sources. While testing continues, results available at this time indicate that there is no release of lead from them under high temperatures or the introduction of acids. Dr. Feldman announced that the ADA is sending a letter to the National Association of Dental Laboratories to address the ADA’s views about NADL’s handling of media reports relating to the lead issue. Mr. Prentice

indicated that this is not yet a priority issue for the Congress. Mr. Holtzee reported that this issue has received more attention at the state level. Point of origin legislation has been an issue already in a number of states. After discussion, the Board approved a motion to refer the report entitled "Update on Recent Developments Related to the Discovery of Lead in a Foreign Manufactured Dental Crowns" to the Council on Dental Practice with a request that it look at and address, with input from other appropriate Association agencies, safety issues; need for new ADA policy; and the development of an educational brochure for both dentists and patients. The Council is further requested to submit a report to the Board for consideration at its June 2008 meeting with the possibility of a joint report from CDP and the Board to the 2008 House of Delegates.

Workforce Concept Paper (CONFIDENTIAL): Dr. Feldman presented a confidential concept paper for Common Models Regarding New Providers in Dentistry. The Board discussed this paper in the context of the ADA's two workforce models – the CDHC and OPA. After discussion, the Board considered a motion to send a letter thanking ADHA for attending the meeting, advising ADHA that ADA has no plans for immediate partnership (on new workforce models), and referring the idea of midlevel provider to the appropriate agency. The Board subsequently adopted a motion to postpone the previous motion to the June Board meeting.

Report of the Senior Vice President, Government and Public Affairs: Public Affairs Update (and Minnesota): Mr. Prentice and Mr. Holtzee reported on recent legislative developments in Minnesota to create an Advanced Dental Hygiene Practitioner midlevel provider. The ADA is assisting the Minnesota Dental Association in its opposition to this legislation. Public opinion research has shown that sizable majorities of voters in Minnesota support the ADHP concept. Given the national economic conditions, state governments are facing budgetary pressures that could influence many state legislatures to consider ADHPs or other workforce concepts as less expensive ways to address the dental access problems than increasing funding for Medicaid and SCHIP.

Report of Dr. Donald I. Cadle and Dr. William R. Calnon: Update on Task Force on CODA Activities: Dr. Cadle and Dr. Calnon reported on the last meeting of the CODA Task Force. The final report of the Task Force will be presented to the Board in June. The report contains 33 recommendations that address problems with the structure and functionality of CODA.

Informational Reports: The following reports were received by the Board (*consent calendar action*):

- Report of Dr. Russell I. Webb, ADEA Commission on Change and Innovation in Dental Education
- Report of the Chief Policy Advisor: Pay-for-Performance Update
- Update on Workforce Models: Community Dental Health Coordinator and Oral Preventive Assistant Project
- Report of Dr. Kathryn A. Kell, Senior Trustee Representative to the ADAF; Update on the ADA Foundation, Dental Education: Our Legacy – Our Future and the \$100 Million Campaign for Innovations

Build Dynamic Communities

Report of the Council on ADA Sessions: Nomination of Chairs of the 2009 Committee on Local Arrangements: The Board adopted the following resolution (*consent calendar action*).

B-24-2008. Resolved, that the following nominations of the chairpersons to serve on the 2009 Committee on Local Arrangements made by Dr. Calbert Lum with the concurrence of the Hawaii Dental Association be approved.

- Dr. Edward Ho, Vice-Chair
- Dr. Derek Ichimura, Co-Chair, Program Coordinating Committee
- Dr. Glen Okihira, Co-Chair, Registration & Special Services Committee
- Dr. Alan Tamashiro, Co-Chair, Hospitality Committee
- Dr. Russell Tom, Co-Chair, Registration & Special Services Committee

Dr. Gary Uriu, Co-Chair, Program Coordinating Committee
Dr. Albert Yamamoto, Co-Chair, Hospitality Committee

Report of the Council on ADA Sessions: Nomination of the 2010 Council Chair: The Board adopted the following resolution (*consent calendar action*).

B-25-2008. Resolved, that Dr. Stephen Carstensen is appointed chair of the Council on ADA Sessions for the year 2010 and to serve as chair designate immediately upon appointment.

Informational Reports: The following reports were received by the Board (*consent calendar action*):

Report of Dr. Dennis E. Manning, Liaison to the Council on Communications
Report of Dr. Marie C. Schweinebraten, Liaison to the Council on Membership
Report of Dr. Jeanne M. Nicolette, Liaison to the Council on ADA Sessions
Report of Dr. Kathryn A. Kell, Liaison to the Committee on International Programs and Development
Report of Dr. Robert A. Faiella, Liaison to the Council on Members Insurance and Retirement Programs

Lead in the Advancement of Standards

Report of the Joint Commission on National Dental Examinations: Research and Development Activities: The JCNDE requests that the Board approve expenditures for the research and development projects and small grant projects that have been approved by the JCNDE. The Board adopted the following resolution (*consent calendar action*).

B-22-2008. Resolved, that expenditures from the Joint Commission on National Dental Examinations Research and Development Fund be approved for implementation of the proposed research and development activities as summarized in the appendix of the Joint Commission's report to the Board of Trustees, and be it further

Resolved, that expenditures from the Joint Commission on National Dental Examinations Innovative Assessment Methods Research Grant Program be approved to support the two proposed research studies approved for the 2006-2007 and 2007-2008 funding cycles.

Informational Report: The following report was received by the Board (*consent calendar action*):

Report of Dr. Robert A. Faiella, Liaison to the Standards Committee on Dental Informatics

Attain Excellence in Operations

Report of the FDI Advisory Committee: Dr. Feldman reported on the ADA FDI delegation meeting held on the morning of April 13, 2008 to consider the recommendations of the FDI Advisory Committee regarding nominations to the FDI council and committee structure. Dr. Feldman announced that the delegation cast an equal number of votes for Dr. Kathryn Kell and Dr. Howard Jones to be the ADA's nominee to the FDI council. Prior to voting, both candidates were allowed to deliver a brief statement to the Board in support of their respective nominations. Dr. Kell voluntarily agreed to recuse herself from voting. The Board defeated a motion to compel Dr. Schweinebraten, Fifth District Trustee, to recuse herself from voting. The Board subsequently voted to endorse and support Dr. Kathryn Kell as FDI Councilor at the 2008 FDI World Dental Congress in Stockholm. The Board also voted to endorse the following recommendations of the FDI Advisory Committee.

- That the ADA endorse and support Dr. D. Gregory Chadwick (North Carolina) in his bid for re-election as FDI Speaker at the 2008 FDI World Dental Congress in Stockholm.
- That the ADA endorse and support Dr. Kathryn Kell (Iowa), to serve as the 2008 ADA nominee for the position of FDI Councilor.
- That the ADA endorse and support Dr. Sally Hewett (Washington) in her bid for election as a member of the Education Committee at the 2008 FDI World Dental Congress in Stockholm.

- That if Dr. T. Howard Jones resigns as a member of the Dental Practice Committee this year, the ADA endorse and support Dr. Kathleen Roth (Wisconsin) as the next ADA candidate for this committee.
- That the ADA support Dr. Richard Haught (Oklahoma) as the next National Liaison Officer (a four year term) immediately following the adjournment of the 2008 FDI World Dental Congress in Stockholm.
- ADA should consider putting forward another candidate for the World Dental Development & Health Promotion Committee in 2009 and recommendation(s) will be requested from the ADA International Development Subcommittee.
- ADA should consider running a candidate for the Communications and Member Support Committee in 2009.
- An ADA member has not held the position of President of the FDI since the late 1980s, and should give serious consideration for the position opening in 2011.

Report on the Status of the 2008 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: The Board adopted the following resolution as amended.

B-26-2008. Resolved, that the following appropriations be made from the 2008 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of ADA Publishing
(Cost Center 090-1700-XXX)

Market Research and Strategy for Redesign of ADA.org - \$123,000

Division of Corporate Relations & Strategic Marketing Alliances
(Cost Center 090-1800-XXX)

Support for the Smile Healthy Support Program - \$38,700 (WITHDRAWN)

Division of Administrative Services
(Cost Center 090-1050-XXX)

Future of Health Care/Universal Coverage Task Force Survey - \$47,600

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

American Indian/Alaska Native Strategic Workgroup - \$61,650

Approved April 2008 Supplemental Requests: \$232,250

Contingency Fund Balance: \$596,450

Organizational/Other

Report on Kellogg Foundation Request to ADA for Input on Study of DHATS: Dr. Feldman reported on a request from the Kellogg Foundation for the ADA to provide two representatives to participate in a National Advisory Committee to oversee an independent study of the Dental Health Aide Therapist program in Alaska. This committee is to provide advisory information in the study design and execution. The study itself will be done by an independent third party. After discussion, the Board approved a motion to recommend ADA participation in the Advisory Committee by directing the ADA President to appoint two representatives to serve on the committee. Dr. Feldman appointed Dr. Mary Krempasky Smith and Dr. Robert Brandjord to the committee.

Informational Reports: The following reports were received by the Board (*consent calendar action*):

Report of the President-Elect
Report of the Treasurer

New/Unfinished Business

The Board directed the Divisions of Legal Affairs, Science and Dental Practice to review all corporate sponsorship matters, including Oral CDx, and report back to the Board of Trustees. Corporate Relations, and other appropriate agencies, will be asked to contribute their expertise and insights to this process as appropriate.

All unfinished business from the April 2008 meeting of the Board of Trustees was postponed to the June 2008 Board meeting.

Special Appearances/Special Orders of Business

The following special appearances and special orders of business were conducted during the Board meeting:

Appearance of ADHA Officers, Ann Battrell, executive director; Jean Connor, president; and Diann Bomkamp, president-elect (CONFIDENTIAL): Representatives of the American Dental Hygienists Association delivered a presentation to the Board. The Workforce Concept Paper was discussed between representatives of the ADA and the American Dental Hygienists Association and the Board reiterated its commitment to its two new workforce models. Ms. Jean Connor discussed the midlevel provider models set forth in the workforce concept paper. Noting differences between the CDHC model favored by the ADA and the ADHP model favored by the ADHA, Ms. Connor emphasized the need for ADA and ADHA to work together toward common goals. Ms. Ann Battrell discussed three criteria the ADHA considers important for any new workforce model: accredited education, licensure and direct access. Ms. Battrell indicated that ADHA does not support independent practice. Currently, in 20 states, a patient can access the services of a hygienist without seeing a dentist first. However, the data on success stories in states with direct access is very anecdotal.

Mega Issue Discussion – What is the Potential Impact of Changing Demographics on ADA and Tripartite Organized Dentistry? Presenters: Ms. Lisa Gardner, consultant, Organizational Effectiveness; Dr. John Wilhelm, Infant Welfare Society of Chicago; Mr. Wayne Stephens, American Student Dental Association; Ms. Susana Sandoval, Association Forum of Chicagoland; Ms. Kelly Redmond, Institute for Diversity in Health Management: The Board participated in a mega-issue discussion about the impact of changing demographics on the dental profession. A panel of experts shared their perspectives on diversity and inclusion. Ms. Burgess reported on diversity trends affecting dentistry, noting that most of the growth in the profession since 1993 appears to come from women and minority segments of the population and these trends are expected to accelerate in the years ahead. Ms. Lisa Gardner, an organizational effectiveness consultant, discussed successful diversity and inclusion strategies for corporations. Mr. Wayne Stephens, president of the American Student Dental Association, discussed diversity efforts within ASDA. Dr. John Wilhelm, executive director of the Infant Welfare Society, shared his experiences serving a diverse population in a public health department. Ms. Susana Sandoval of the Association Forum of Chicagoland discussed the Forum's Diversity Workforce Partnership and asked ADA to join the partnership. Ms. Kelly Redmond of the Institute for Diversity in Health Management discussed her efforts to promote diversity in healthcare management through initiatives such as a scholarship program, an internship program, a certificate program for diversity in healthcare management and the launching of a benchmarking study for diversity in healthcare management. Ms. Redmond also expressed interest in partnering and collaborating with ADA. Following the presentations, Ms. Gardner facilitated a strategic Board discussion about how to create a pipeline of diverse candidates for leadership roles in organized dentistry. Key issues and suggestions that came from the discussion included:

- Reach out to the student population to encourage them to get involved in the ADA at an early age, making a smooth transition from ASDA.
- Encourage minority students to pursue a career in dentistry – reaching out as early as high school. Potential incentive programs include student loan repayment assistance and internship programs.
- Provide non-traditional students an alternate career path into dentistry and support to complete their dental education.

Appearance of Mr. Wayne Stephens, president, American Student Dental Association: Mr. Stephens delivered a presentation to the Board. Ms. Burgess distributed copies of the most recent edition of *Mouth*, an ASDA journal publication dedicated to ethics. Mr. Stephens described the 2008 dental student population and the concerns of current ASDA members and the mission and strategic plan of ASDA and how they serve the various needs of ASDA members.

Adjournment

The Board of Trustees adjourned *sine die* on April 15, 2008 at 12:00 p.m.

Notes

Minutes of the Board of Trustees

June 7-10, 2008

Headquarters Building, Chicago

Call to Order: The fifth session of the Board of Trustees was called to order by President Mark J. Feldman on Saturday, June 7, 2008, at 1:05 p.m. in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: The following officers and trustees were present: Drs. Mark J. Feldman, John S. Findley, Jane S. Grover, O. Andy Elliott, J. Thomas Soliday, Edward Leone, Jr., Donald I. Cadle, Jr., William R. Calnon, Robert A. Faiella, Raymond Gist, William G. Glecos, Kathryn Kell, S. Jerry Long, Dennis E. Manning, Jeanne M. Nicolette, Marie C. Schweinebraten, Charles L. Smith, Mary Krempasky Smith, Murray D. Sykes, Ronald L. Tankersley, R. Wayne Thompson, Kenneth Versman and Russell I. Webb.

Staff members present were: Beril L. Basman, managing vice president, Strategy Management; Albert H. Guay, chief policy advisor; Tamra S. Kempf, chief legal counsel; Laura A. Kosden, managing vice president and publisher, Publishing; John R. Luther, senior vice president, Dental Practice/Professional Affairs; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Laura M. Neumann, senior vice president, Education/Professional Affairs; Robert L. Owens, chief information officer; Barkley R. Payne, executive director, ADA Foundation; William M. Prentice, senior vice president, Government and Public Affairs; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Wayne R. Wendling, managing vice president, Health Policy Resources Center; and William T. Zimmermann, chief financial officer.

Also in attendance for all or parts of the meeting were: James H. Berry, associate publisher, Publishing; Jerome K. Bowman, public affairs counsel, State Government Affairs; Rosemary Brandt, controller, Assistant to Chief Financial Officer; Helen Cherrett, director, Center for International Development and Affairs; Daniel M. Conley, manager, Executive Communications; Thomas E. Conway, senior manager, Dental Terminology and Special Projects; Richard Quinn Dufurrena, Hillenbrand Fellow; Michael Glick, editor, *JADA*; Gary Grzesiak, manager, Budgeting; Jason Hansen, legislative liaison, State Government Affairs; Judy L. Jakush, editor, *ADA News*; Ron Polaniecki, manager, Dental Society Services; Matthew Warren, manager, Electronic Claims; Leslee Williams, director, Council on Communications; and Wendy J. Wils, associate general counsel, Legal Affairs.

Attorney-Client Sessions: Attorney-client sessions of the Board of Trustees were held at various times during the meeting.

Preliminary

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

B-31-2008. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar: A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution.

B-32-2008. Resolved, that the resolutions contained on the Consent Calendar, as amended, be approved and reports be accepted.

Report on Mail Ballot Actions: In accordance with the *Organization and Rules of the Board of Trustees*, which requires that all mail or fax votes be recorded in the minutes of the next regular Board session, the following resolution was adopted unanimously by mail ballot.

B-38-2008. Resolved, that in accordance with the ADA *Bylaws*, Dr. Danielle Ruskin be selected to fill the unexpired term of Dr. Kate Gilson on the Committee on the New Dentists.

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

B-39-2008. Resolved, that the minutes of the April 13-15, 2008, session of the Board of Trustees, as presented, be approved.

Achieve Effective Advocacy

April 2008 Agenda Item: Report of the Chief Policy Advisor: Follow-up to the December 2007 Board of Trustees Mega Discussion: Dr. Guay reported on the recommendations for action that were proposed by speakers at the December 2007 Mega-Issue Discussion on dentistry's future relationship with medicine. The Board considered a resolution to strengthen and expand ongoing ADA dialogues with other medical organizations. After discussion, the Board adopted the following resolution as amended.

B-11-2008. Resolved, that the appropriate agency of the Association establish a vehicle for a dialogue with the medical community concerning the formulation and promotion of the evolving role of dentistry in the health care system. Any group formed should include, at least, representatives from the American Medical Association, the American Academy of Pediatrics, the American Academy of Family Practice, and the American Academy of Otolaryngology, and be it further

Resolved, that a progress report be submitted to the Board of Trustees for consideration at its June 2009 meeting.

The Board considered a resolution to open discussion with the American Hospital Association about hospital-based training for dentists. After discussion, the Board adopted the following resolution as amended.

B-12-2008. Resolved, that the appropriate agencies of the Association establish an ongoing dialogue concerning hospital-based training programs for dentists and dental students with the American Hospital Association (AHA) through the AHA representative on the Council on Access, Prevention and Interprofessional Relations, and be it further

Resolved, that a progress report be submitted to the Board of Trustees for consideration at its June 2009 meeting.

The Board considered a resolution to partner with an insurance company for the purpose of obtaining data on the effects of enhanced dental benefits for patients with certain diseases or conditions. After discussing and dividing the resolution, the Board adopted a motion to refer Resolution B-13a to the Council on Dental Benefit Programs (CDBP) with a report back to the Board in December 2008.

B-13a. Resolved, that the appropriate agency of the Association seek information, to the extent possible, from the insurance industry on the effect on costs as a result of enhanced dental benefits for individuals with certain diseases or conditions.

The Board rejected a motion to refer B-13b to CDBP with a report back to the December 2008 Board meeting. The Board subsequently did not adopt Resolution B-13b.

B-13b. Resolved, that, unless adequate objective data on the effect of enhanced dental benefits for individuals with certain diseases or conditions are available, the Association seek to partner with an insurance carrier(s) in objective research to determine that effect.

The Board considered a resolution to collaborate with the American Diabetes Association and other appropriate organizations on updating our Patients with Diabetes publication. After discussion, the Board adopted the following resolution as amended.

B-14-2008. Resolved, that the appropriate agency of the Association seek to collaborate with the American Diabetes Association and other appropriate organizations to make recommendations regarding the ADA Oral Health Care Series, Patients With Diabetes publication, and be it further **Resolved**, that a progress report be submitted to the Board of Trustees for consideration at its August 2009 meeting.

April 2008 Agenda Item: Report of the Council on Communications: Development of Success Measures for Council on Communications: Ms. Leslee Williams reported on the progress of the Council on Communications in its new role pursuant to the directives of Resolution 29H-2006 Development of Success Measures for Council on Communications. The Board provided positive feedback and support of its expanded role.

April 2008 Agenda Item: Report of Dr. Ronald L. Tankersley, Liaison to the Council on Ethics, Bylaws and Judicial Affairs: Dr. Tankersley reported on the meeting of the Council on Ethics, Bylaws and Judicial Affairs that took place on April 3-4, 2008.

April 2008 Agenda Item: Report of the Council on Ethics, Bylaws and Judicial Affairs (CEBJA): Progress Report Relating to the AADE Professional Boundary Guidelines: Dr. Tankersley, in his capacity as the Board of Trustees' liaison, reported on CEBJA's revised Question and Answer document intended to notify ADA members about professional boundary guidelines developed by the American Association of Dental Examiners (AADE). The revised version is more concise than the original version and, in CEBJA's view, will not give members the impression that the ADA endorses or supports the AADE Guidelines. After discussion, the Board adopted the following resolution.

B-29-2008. Resolved, that the Board of Trustees approves the "ADA Q&A on the AADE's New Guidelines on Unprofessional Conduct Involving Sexual Boundary Violations" as presented (Appendix 2) in lieu of the question and answer format approved by the Board of Trustees at its February 2008 meeting, which included the proviso that staff develop additional questions and answers providing more information and context, as noted in Resolution B-5-2008.

Dr. Tankersley also reported on a recommendation by the Council on Ethics, Bylaws and Judicial Affairs to propose a revised Dental Patient Rights and Responsibilities statement to the 2008 House of Delegates to consider as ADA policy. The Board declared the following resolution moot since it had already been transmitted to the 2008 House of Delegates through the annual report of CEBJA.

B-30. Resolved, that the following resolution be transmitted to the 2008 House of Delegates.

Resolved, that the American Dental Association Dental Patient Rights and Responsibilities statement (Appendix 2) be adopted as policy of the Association, and be it further

Resolved, that constituent and component societies be encouraged to use the ADA Dental Patient Rights and Responsibilities statement as a guide in developing a, or revising an existing, patient rights and responsibilities statement, and be it further

Resolved, that constituent and component societies encourage their members to make available the patient rights and responsibilities statement to each patient and to post it conspicuously in their offices and clinics.

Report of the Council on Dental Education and Licensure: Proposed Amendments to the Agenda for Change: Dr. Neumann reported on modifications proposed by the Council on Dental Education and Licensure to make the *Agenda for Change in the Clinical Licensure Examination Process* consistent with ADA policy. Per the Board's request, the Council is proposing an amendment to Item #4 of the Agenda for Change and recommending that the proposed amendment be circulated to the American Dental

Education Association (ADEA), the American Association of Dental Examiners (AADE) and the American Student Dental Association (ASDA) for their approval. The Board adopted the following resolution.

B-35-2008. Resolved, that item #4 of the 1997 *Agenda for Change in the Clinical Licensing Examination Process* be amended to more accurately reflect ADA policy regarding the use of human subjects/patients in clinical licensing examinations by adding a sentence that states,

The use of a curriculum integrated format (CIF) in clinical licensing examinations provides an appropriate use of patients as it allows students to use patients of record within the patient's prescribed treatment plan.

and by replacing the term "human subjects" with the word "patients" wherever it appears as shown (underline=additions, ~~strike through~~=deletions):

4. Minimize the use of ~~human subjects~~ patients in clinical licensure examinations, but, where ~~human subjects~~ patients are used, ensure that the safety and protection of the patient is of paramount importance and that patients are procured in an ethical manner. The use of a curriculum integrated format (CIF) in clinical licensing examinations provides an appropriate use of patients as it allows students to use patients of record within the patient's prescribed treatment plan.

so that the new item #4 would read:

4. Minimize the use of patients in clinical licensure examinations, but, where patients are used, ensure that the safety and protection of the patient is of paramount importance and that patients are procured in an ethical manner. The use of a curriculum integrated format (CIF) in clinical licensing examinations provides an appropriate use of patients as it allows students to use patients of record within the patient's prescribed treatment plan.

and be it further

Resolved, that these proposed amendments be forwarded to the American Dental Education Association, American Association of Dental Examiners and the American Student Dental Association for their consideration and approval.

Report of the Chair of the Ad Hoc Committee on Licensure: A Uniform Exam: Dr. Feldman reported on the conclusions of the Ad Hoc Committee on Licensure that examined the similarities and differences in clinical licensure examinations to encourage conformity and mutual acceptance by state boards of dentistry. After discussion, the Board approved a motion to refer this report and the following resolution to the Chair of the Ad Hoc Committee on Licensure and report back to the August 2008 Board meeting.

B-47. Resolved, that the ADA Board of Trustees request that the American Association of Dental Examiners (AADE) distribute the information in this report to state boards of dentistry for their consideration and discussion, and be it further

Resolved, that if the AADE is unwilling/unable to distribute the information, the ADA will distribute it to the state boards of dentistry.

Note: The Board requested more detailed information on the statement on lines 33-34 on the similarity of regional examinations and to look at the language in the second resolving clause.

Action Plan by the Division of Government and Public Affairs, Dental Practice/Professional Affairs, Science and Legal Affairs: Advocacy Strategies Concerning Tooth Whitening Services by Non-Dentists: Mr. Prentice presented the legislative and regulatory options contained in a draft advocacy action plan developed by ADA staff for state dental societies to deal with the issue of non-dentists offering tooth whitening services. Ms. Kempf reported on the summary of Legal Division plans and a survey of constituent dental societies contained in the action plan. Dr. Meyer spoke about the

potential safety concerns addressed in the action plan. Staff recommended that the proposals in the action plan be shared at the upcoming conference call for state officers and executives as well as the Constituent Counsel Workshop. After discussion, the Board adopted the following resolution.

B-46-2008. Resolved, that the advocacy action plan, as set forth in the *Action Plan by the Divisions of Government and Public Affairs, Dental Practice/Professional Affairs, Science, and Legal Affairs: Advocacy Strategies Concerning Tooth Whitening Services by Non-Dentists*, be approved, and be it further

Resolved, that the information and ideas set for in the *Action Plan by the Divisions of Government and Public Affairs, Dental Practice/Professional Affairs, Science, and Legal Affairs: Advocacy Strategies Concerning Tooth Whitening Services by Non-Dentists*, be shared with the constituent dental societies and other interested members of the dental community.

April 2008 Agenda Item: Report of the Managing Vice President, Corporate Relations and Strategic Marketing Alliances: Annual Report on Corporate Sponsorship of ADA Programs: Mr. Mickel reported on ADA programs and activities sponsored by corporations, including the dollar amounts of those sponsorships, for 2007.

April 2008 Agenda Item: Workforce Paper and ADHA Follow Up (CONFIDENTIAL): The Board approved a motion to correspond with the American Dental Hygienists Association confirming the ADA's commitment to its CDHC and OPA models. The Board subsequently adopted the following resolution.

B-50-2008. Resolved, that the Board of Trustees form a task force to develop strategies to proactively address dental hygiene issues that incorporate both national and regional (state) differences and concerns, and that the task force utilizes as many agencies of the ADA as needed to gather information on current practices and input into the future, and be it further

Resolved, that the task force to be appointed by ADA President in consultation with President-elect to include but not be limited to Trustees, members of the House of Delegates and council members, and be it further

Resolved, that the task force report back to the Board with a progress report at its December 2008 meeting and a final report by May 2009.

Report of Dr. Kathryn A. Kell, Senior Trustee Representative to the ADA Foundation: Update on the ADA Foundation, Dental Education – Our Legacy Our Future, and the \$100 Million Campaign for Innovations: The Board considered a written report submitted by Dr. Kell. Dr. Feldman discussed the Give Kids A Smile Awards Gala held on May 13, 2008, in Washington, D.C. at the Mellon Auditorium. The Board held extensive discussions about the 2008 Give Kids A Smile Gala and expressed concerns about the date of the event and that it may have conflicted with taking full advantage of the Washington Leadership Conference. The Board approved a motion to send direction to the Give Kids A Smile Advisory Board to present a program to ADPAC and the Council on Government Affairs on the benefits of the GKAS Gala being held during the Washington Leadership Conference, and that the GKAS Advisory Board report to the ADA Foundation Board, through its trustee liaison and to the Board of Trustees at its October 2008 meeting.

Report of the Council on Dental Practice: Issues Related to the Dental Laboratory Industry in 2008: Dr. Luther reported on current issues related to the dental laboratory industry and the National Association of Dental Laboratories on lead in crowns. Dr. Meyer updated the Board on PRC testing of porcelain dental crowns in the wake of the Chinese outsourced crowns controversy. ADA tests on crown materials are ongoing.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

April 2008 Agenda Item: Report of Dr. Jane Grover, Liaison to the Joint Commission on National Dental Examinations

April 2008 Agenda Item: Report of the Council on Access, Prevention and Interprofessional Relations: Give Kids A Smile Annual Report

April 2008 Agenda Item: Report of Dr. Donald I. Cadle, Liaison to the Council on Government Affairs
April 2008 Agenda Item: Report of the Senior Vice President, Government and Public Affairs: Public Affairs Update (and Minnesota)
Report of Dr. O. Andy Elliott, Liaison to the Alliance of the American Dental Association
Report of the Senior Vice President, Government and Public Affairs: Federal Legislative, Regulatory and Public Affairs Update
Report of Dr. William G. Glecos, Liaison to the Council on Dental Education and Licensure
Report of Dr. Donald I. Cadle, Jr., Liaison to the Council on Government Affairs

Build Dynamic Communities

April 2008 Agenda Item: Report on a New ADA International Strategic Approach: Dr. Kell reported on a new ADA international strategic approach proposed by the Committee on International Programs and Development. The proposal recommends areas of focus for the ADA international approach to include membership/business development, intellectual property/standards and humanitarian efforts; dividing nations into a three tier network; and a new structure for the Committee on International Programs and Development and the Health Volunteers Overseas subcommittee of the CIPD in support of this approach. After discussion, the Board adopted the following resolution.

B-16-2008. Resolved, that the ADA Board of Trustees approves and supports the adoption of the Association's International Strategic Approach as outlined in the report, which classifies an international operational focus and a method for evaluating and implementing international opportunities as they correspond to the suggested country classification criteria, and be it further **Resolved,** that the Committee on International Programs and Development be revised as outlined in Appendix 1, effective immediately, and be it further **Resolved,** that the ADA/HVO Steering Committee be re-named and revised as outlined in Appendix 1, effective immediately, and be it further **Resolved,** that the *Organization and Rules of the Board of Trustees*, Section "Standing Committees" be amended by deleting the subsection "Committee on International Programs and Development" in its entirety and inserting the following new subsection:

Committee on International Programs and Development (CIPD)

Mission

To advise the ADA Board of Trustees and ADA agencies regarding the ADA's international activities, the alignment of these activities with the Association's strategic plan, and the positioning of the ADA as an active partner in the global oral health arena, with the ultimate goal of contributing to improvements in global oral health.

Composition (nine members)

- Chair of the ADA International Development Subcommittee
- A member of the international oral health development community
- A member of the international oral health scientific research community
- A member of the international dental education community
- A member of the dental industry with experience in international business
- Two members of the ADA with broad international experience/expertise, at least one of whom is a private practitioner
- A member of the Board of Trustees who is currently involved in FDI activities
- ADA Chief Policy Advisor
- (The ADA President and President-Elect shall serve as ex officio).

Members will be appointed by the President on the basis of their abilities to inform the committee, provide insight, and make recommendations on international issues affecting the profession.

Chair

The President shall appoint a Chair for the committee.

Term

The term for committee members would be four years and they would be eligible for a second four-year term.

Meetings

The Committee will meet at least once annually (in person or through electronic or telephonic means).

Duties

- Advise and provide an overview to the Board of Trustees on matters regarding international oral health in order to improve alignment between the ADA strategic plan and its international humanitarian, IP/content, and business initiatives and commitments.
- Guide and foster the ADA's interactions with international organizations that are committed to improving worldwide oral health in order to ensure the ADA is an active partner in the global dental community.
- Identify opportunities and develop ideas for ADA participation in international programs and meetings that will advance the status of the dental profession and contribute to the worldwide exchange of knowledge and experience in oral health matters.

Report of the Managing Vice President, Corporate Relations and Strategic Marketing Alliances: Corporate Sponsorship Policy Amendment: The Board considered a written report submitted by Mr. Mickel. Dr. Feldman discussed efforts by the Board of Trustees to develop a new corporate sponsorship policy for the ADA. The Board adopted interim guidelines for ADA staff regarding all Association corporate relations programs that, among other actions, strengthened the wall between the ADA Seal of Acceptance and all corporate sponsorship activities and reiterated the line between ADA and ADA Foundation activities. After discussion, the Board adopted the following resolution.

B-34-2008. Resolved, that the ADA Corporate Relationship Policies be amended by addition of Guidelines for Commercial Support of ADA Continuing Education Activities.

The Board approved a motion to request the Legal Division and the Board Liaisons, with input from the appropriate agencies, to develop, consistent with the *ADA's Constitution and Bylaws* and the ADA's status as a not-for-profit association, proposed updated policies and procedures relating to the ADA's corporate relations activities for the Board's consideration at its August 2008 meeting. The president appointed Drs. Findley and Manning as Board liaisons.

Report of the Council on ADA Sessions: Nominations of Honorary Officers of the 2008 Committee on Local Arrangements: This report requests approval by the Board on the nominations of the 2008 Honorary Officers of the Committee on Local Arrangements. The Board adopted the following resolution (*consent calendar action*).

B-37-2008. Resolved, that the nominations for honorary officers of the 2008 Committee on Local Arrangements submitted by the General Chair, with the concurrence of the Texas Dental Association and San Antonio Dental Society, be approved.

Report of Standing Committee on Diversity: Dr. Tankersley reported on the selection of candidates and alternates for the 2008-2009 class of the Institute for Diversity in Leadership. After discussion, the Board adopted the following resolutions.

B-48-2008. Resolved, that the following 12 candidates be approved to participate in the 2008-09 class of the ADA Institute for Diversity in Leadership:

Becerra, Karen, San Diego, California

Bol, Ruth, Venice, California
Dobee, Sheila, Fremont, California
Hogan, Rachael, Bellingham, Washington
Jhaveri, Virendra, Old Westbury, New York
Kinnard, Timothy, Oklahoma City, Oklahoma
Medrano, Lauro, Brooklyn, New York, 1994
Otero, Cesar, Elk Grove Village, Illinois
Soto, Lisandra, Portage, Michigan
Tarrazzi, Irene, Miami, Florida
Williams, Kevin, Spartanburg, South Carolina
York, Alyssa, Phoenix, Arizona

B-49-2008. Resolved, that the following three candidates be approved as alternates to participate in the 2008-2009 class of the ADA Institute for Diversity in Leadership:

Champen-Washington, April, Raytown, Missouri
Turner, Kim, East Point, Georgia
Zschaschel, Diana, Los Angeles, California

Report of the Senior Vice President, Division of Membership, Tripartite Relations and Marketing: Follow-up on the April 2008 Mega-Issue Discussion: Ms. Toyama reported on the status of discussion issues captured in the April mega-issue discussion on changing demographics. After discussion, the Board referred the *Follow-up Report on the April 2008 Mega Issue Discussion – Changing Demographics Update* to the Council on Membership noting that this topic is a priority for the Board and requested that the Council provide recommendations to the Board for its February 2009 session.

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of Dr. Jane S. Grover, Liaison to the American Student Dental Association

Create and Transfer Knowledge

Report on the Paffenbarger Research Center (PRC) External Review: Dr. Meyer reported on the recommendations of the Paffenbarger Research Center External Review Panel following a broad-based examination of the relevancy of PRC and its programs to the present and future role and mission of the ADA. After discussion, the Board adopted the following resolution as amended.

B-40-2008. Resolved, that the Board of Trustees reviewed and filed the report of the PRC External Review Panel, and be it further

Resolved, that the Council on Scientific Affairs utilize this report and additional resources in developing a future mission and vision statement, to maximize the relevancy of PRC, to evaluate current facilities and equipment to conduct the new mission and vision, and to aggressively identify candidates for the position of Senior Director, and be it further

Resolved, that the report and recommendations [of the PRC External Review Panel] be forwarded to the Council on Scientific Affairs to develop a plan of action, milestones and budget for review and consideration by the ADA Board of Trustees. In developing the plan, the Council should not be limited to the recommendations of the PRC External Review Panel and should refer issues such as those involving human resources to appropriate agencies of the ADA, and be it further

Resolved, that a report be presented to the Board for consideration at its December 2008 meeting.

April 2008 Agenda Item: Report of Dr. Mary Krempasky Smith, Liaison to the Dental Economic Advisory Group: Dr. Mary Krempasky Smith discussed the use of economic metrics to evaluate the development of midlevel providers. Dr. Smith also discussed the effect of travel burden on the problem of rural public oral health disparities.

April 2008 Agenda Item: Report of the Dental Economics Advisory Group: Recent Activities: Dr. Mary Krempasky Smith recommended increasing Board representation on the Dental Economics Advisory Group to two representatives for two-year appointments. After discussion, the Board approved a motion that the president will appoint two trustee representatives with staggered two-year terms to the Dental Economics Advisory Group.

Report of the Council on Scientific Affairs: Activity Update: Dr. Meyer updated the Board on recent activities of the Council on Scientific Affairs and the Center for Evidence-Based Dentistry.

Report of the Salivary Diagnostics Workgroup: Council on Scientific Affairs Mega-Issues Discussion on Salivary Diagnostics: Dr. Findley reported on the activities of the Salivary Diagnostic Workgroup, established by the ADA Board of Trustees at its December 2007 meeting. Dr. Meyer reported on some of the major issues raised in the April 2008 Council on Scientific Affairs mega-issue discussion on salivary diagnostics. The discussion was intended to help inform the work of the Workgroup. The Board discussed the potential impact of salivary diagnostics on dentists, including compensation issues, liability issues and the comfort level of ADA members using this new technology.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

April 2008 Agenda Item: Report of the Health Policy Resources Center: The Changing Distribution of Dentists and Membership Dues
Report on Dental Practice Management Curriculum Symposium

Lead in the Advancement of Standards

April 2008 Agenda Item: Report of the Chief Policy Advisor and Senior Vice President, Dental Practice/Professional Affairs: Addressing Risk Assessment in Dental Care: Dr. Guay reported on risk assessment and its use in dental treatment, including predictive modeling, a new risk assessment modeling system being utilized by insurance companies to eliminate benefits to individuals with a proclivity for a disease. The Board considered four resolutions to address the issue of risk assessment.

The Board considered a resolution to give consideration to including a codification of the risk for oral diseases in future SNODENT revisions. After discussion, the Board adopted the following resolution.

B-17-2008. Resolved, that the Association, in revising the Systematized Nomenclature of Dentistry (SNODENT), give consideration to including a codification of the risk for oral diseases.

The Board considered a resolution to include in its Research Agenda support for research on the risk factors for oral diseases and the development of evidence-based assessment instruments. After discussion, the Board adopted the following resolution.

B-18-2008. Resolved, that the Association include in its Research Agenda support for research on the risk factors for oral diseases and the development of evidence-based assessment instruments.

The Board considered a resolution to consider convening in 2009 a conference/workshop on risk assessment in dental practice. After discussion, the Board adopted the following resolution.

B-19-2008. Resolved, that the ADA Councils on Scientific Affairs and Dental Practice consider convening in 2009 a conference/workshop on risk assessment in dental practice, including communicating risk assessment information to patients.

The Board considered a resolution to consider drafting policy recommendations related to oral disease risk assessment that will protect patients and dentists. After discussion, the Board adopted the following resolution as amended.

B-20-2008. Resolved, that the Chief Policy Advisor, in consultation with the Councils on Scientific Affairs, Dental Practice and Dental Benefit Programs draft policy recommendations related to oral disease risk assessment that will protect patients and dentists, and present a progress or final report.

Report of the Electronic Health Records Work Group: Professionals Participation in the Development of E-HR Content: Dr. Glecos proposed that the ADA convene a one-day meeting with the dental specialty organizations, the Academy of General Dentistry and other stakeholders to develop standardized content for the dental portion of the Electronic Health Record. Attendees would be invited via ADA.org as well as the more traditional methods for inviting attendees. After discussion, the Board adopted the following resolution.

B-41-2008. Resolved, that the ADA sponsor a one-day meeting on issues related to the Health Information Technology (HIT) Government Initiatives, the National Health Information Infrastructure (NHII), EHRs and terminology, and be it further **Resolved**, that the nine nationally recognized specialty organizations, the Academy of General Dentistry and other dental or medical organizations that are stakeholders in the dental portions of the health record be invited (via an announcement on ADA.org) to nominate and provide funding for, one volunteer representative and one staff member from their respective organizations to attend this meeting.

Report of the ADA Advisory Committee on Evidence-Based Dentistry: Proposal for Continued Coordination of Evidence-Based Dentistry Programs: Dr. Meyer recommended that the ADA Advisory Committee on Evidence-Based Dentistry be expanded by two members. After discussion, the Board adopted the following resolution as amended.

B-45-2008. Resolved, that the composition of the ADA Advisory Committee on Evidence Based Dentistry be increased by the addition of two members: one from the Council on Government Affairs and one from the Council on Communications, and be it further **Resolved**, that \$12,600 be included in the 2009 budget of the Center for Evidence-Based Dentistry to fund one meeting of the ADA Advisory Committee on Evidence-Based Dentistry at the ADA Headquarters Building.

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of Dr. William R. Calnon, Liaison to the Council on Dental Benefit Programs

Attain Excellence in Operations

Report of the Publishing Division: ADA Vendor Showcase E-mail: Ms. Kosden reported on a proposal to change the ADA's Vendor Showcase e-mail policies. The current ADA policy requires members to opt-in to receive product e-mails. The new policy would allow the ADA to send the e-mails to all members, while giving them the option to opt-out. This policy change has the potential to increase revenues significantly. After discussion, the Board adopted the following resolution.

B-36-2008. Resolved, that the "opt-in" provision presently existing in the ADA Vendor Showcase e-mail program be eliminated, allowing three e-mails per month to be delivered to the entire list of members and subscribers.

Report of the Publishing Division: Operations Assessment: Ms. Kosden reported on the results of an independent assessment of Publishing Division operations conducted by publishing consultant Greenhouse Associates. After discussion, the Board requested that the staff of the Publishing Division prepare a report with recommendations and an action plan to be submitted to the Board of Trustees for consideration at its August 2008 meeting. Ms. Kosden asked the Board to send any concerns to her so that she can address them in the report.

Report of Chief Legal Counsel: Registered Agent for the Association: Ms. Kempf reported that the ADA is required to appoint a new registered agent who lives in Illinois. The Board adopted the following resolution.

B-42-2008. Resolved, that the Board of Trustees authorizes the appointment of Tamra S. Kempf, Chief Legal Counsel, as the Registered Agent for the American Dental Association.

Report on the Status of the 2008 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: Dr. Leone reported on the 2008 Operating Contingency Fund. The 2008 Contingency Fund has a balance of \$596,450 heading into the June Board of Trustees meeting. For this meeting, 2008 Contingency Fund requests submitted total \$213,550. Approval of the appropriation requests would leave the 2008 Contingency Fund with a balance of \$382,900. If alternative funding of \$26,000 is accepted, the Contingency Fund will have a balance of \$408,900. Based on a review of the details provided in the supplemental requests, the Board adopted the following resolution.

B-44-2008. Resolved, that the following appropriations be made from the 2008 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Legal Affairs
(Cost Center 090-1150-XXX)

Council on Ethics, Bylaws and Judicial Affairs Dental Student Ethics Video Program - \$5,000

Division of Technology, Sales & Standards
(Cost Center 090-1450-XXX)

EHR Workgroup Participation in Task Force Meetings - \$9,550

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

Donation of Practice Management and Marketing Resources to U.S. Dental Schools - \$64,700

Division of Administrative Services
(Cost Center 090-1050-XXX)

Executive Director Search - \$134,300

The Board Accepted Alternate Funding in the Amount of \$26,000

**Approved June 2008 Supplemental Requests \$187,550
net of alternative funding**

Contingency Fund Balance \$408,900

Organizational/Other

April 2008 Agenda Item: Amendment of the *Organization and Rules of the Board of Trustees:*

Recording of Proceedings: Dr. Feldman reported on a proposed amendment to the *Organization and Rules of the Board of Trustees* that would require the audio recordings of Board meetings to be retained for a longer period of time. After discussion, the Board adopted the following resolution as amended.

B-15-2008. Resolved, that the *Organization and Rules of the Board of Trustees*, section entitled, Record of Proceedings, be amended to read as follows:

Record of Proceedings: The Executive Director shall be responsible for electronically recording the regular and special meetings of the Board of Trustees. These recordings shall be used in the preparation of the minutes of the meetings. Further, the Executive Director shall be responsible for preparing the minutes, subject to the approval of the Board of Trustees. When corrections are submitted, these corrections shall be subject to the approval of the Board of Trustees. The

Executive Director shall destroy or erase the recordings of each Board meeting no sooner than the conclusion of the meeting of the House of Delegates or one year, whichever is longer.

April 2008 Agenda Item: Report of the Chief Financial Officer: 2007 Audited Financial Information: Dr. Leone reported on the 2007 audited financial statements for the ADA and its subsidiaries. The Board adopted the following resolution.

B-21-2008. Resolved, that the audit reports of the American Dental Association and Subsidiaries, American Dental Association Foundation; American Dental Political Action Committee; ADA Business Enterprises, Inc., and the Headquarters Building Operating Expenses Report for the years ended December 31, 2007 and 2006; and the American Dental Association Foundation Single Audit Reports for the year ended December 31, 2007 as audited by Grant Thornton, be accepted and placed on file.

Nomination for the ADA Distinguished Service Award (Confidential – Closed Session): Dr. Feldman reported on the nomination of Dr. Leslie Seldin for the 2008 ADA Distinguished Service Award. The Board adopted the following resolution.

B-33-2008. Resolved, that the 2008 Distinguished Service Award be presented to Dr. Leslie Seldin.

Nomination for ADA Honorary Membership (Confidential – Closed Session): Dr. Feldman reported on the nominations of Dr. Per-Ingvar Brånemark and Dr. Yun Po Zhang for honorary membership of the ADA. The Board adopted the following resolution.

B-43-2008. Resolved, that in accordance with ADA *Bylaws*, Chapter VII, Section 90 (G), the following individuals be elected to Honorary Membership of the American Dental Association.

Dr. Yun Po Zhang
Dr. Per-Ingvar Branemark

Report of the President (CONFIDENTIAL): The Board considered a written report submitted by President Mark J. Feldman. Ms. Toyama discussed a recent initiative by the American Dental Assistants Association (ADAA) to explore the ADA's interest in a potential affiliation. The form of the affiliation is not defined but could include partnership or merger. After discussion, the Board approved a motion that the ADA respond favorably to the ADAA, and further resolved, that the Council on Dental Practice and Council on Membership jointly examine the opportunity and report back to the Board.

Dr. Mary Krempasky Smith inquired about ADA compliance with the section of the Alaska Settlement Agreement that calls for ADA to work towards the establishment of the CDHC via pilot programs. The Board referred to the National Coordination and Development Committee the question of establishing a CDHC training program in Alaska. Ms. Karen Hart, the key ADA staff person, will report back to the Board. Mr. Prentice updated the Board on the Indian Health Care Improvement Act, which will be reintroduced in a more Democratic Congress with a new administration.

Dr. Guay reported on a proposal by the Robert Woods Johnson Foundation to provide a grant for a pilot project to look at the feasibility of collaboration between public health centers and private practitioners. The ultimate goal is to approach the foundation for a pilot project in a rural area. The Board indicated that this project should be developed further and turned into a formal resolution for the Board.

April 2008 Agenda Item: Summary of the Board's December 2007 Comments on the Status of the Future of Dentistry Report Recommendations (CONFIDENTIAL): Ms. Basman reviewed the Board comments relating to the December 2007 status report on the *Future of Dentistry* recommendations. The Board objected to the phrase "reasonable progress" in the four items about trying to work with insurance companies since progress in this area has been minimal. After discussion, the Board approved a motion to refer third-party issues contained in the report to the Council on Dental Benefit Programs with a report back to the Board. If further clarification is needed, it was suggested that Dr. Jack Brown be contacted.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report on Delegate Allocations for 2009-2011
 Report of the President-Elect
 Report of the Treasurer

New/Unfinished Business

2010 Dental Meeting (CONFIDENTIAL): Ms. Owings reported on the status of the 2010 ADA annual session.

Pocket Calendar: Dr. Feldman reported on the results of a survey relating to the ADA Pocket Calendar. After discussion, the Board approved a motion to restore the printed version of the ADA Pocket Calendar to the budget until the new electronic calendar is established.

Wisconsin Medicaid: Mr. Prentice updated the Board on a Wisconsin regulation that would allow dental hygienists to bill Medicaid directly.

Michael Graham: Mr. Prentice reported that Michael Graham of the ADA's Washington office is leaving this week for Kuwait.

Head Start: Mr. Prentice updated the Board on Head Start dental screenings.

OralCDx: Dr. Feldman updated the Board on a new tent card and brochure that were submitted by Oral CDx. The Board reviewed a letter from the Council on Scientific Affairs and Oral CDx's response to that letter.

Special Appearances/Special Orders of Business

The following special appearances and special orders of business were conducted during the Board meeting.

Consideration of 2009 Budget: Board Report 2: ADA Operating Account Financial Affairs and Recommended Budget Fiscal Year 2009: Dr. Leone reported on the proposed 2009 ADA operating budget. The Board reviewed the divisional budgets and a series of new program decision packages for each division. No changes were made to the divisional base budgets. The Board discussed the 2009 new program packages, taking into consideration the funding recommendations of the Administrative Review Committee. The Board recommended a \$14 dues increase which is below the annual rate of inflation and which is consistent with the Association's long-term financial strategy of dues stabilization. A final report including the proposed dues increase will be completed for the August 2008 Board meeting with subsequent submission to the 2008 House of Delegates. Talking points on the 2009 Annual Budget and the value of the ADA Chicago and DC properties will be developed to assist Officers and Trustees in discussions with their constituents. After discussion, the Board voted unanimously to transmit the following resolution to the House of Delegates.

Resolved, that the dues of ADA active members shall be five hundred twelve dollars (\$512.00) effective January 1, 2009.

April 2008 Agenda Item: Appearance of Dr. Kevin S. Hardwick, chair, Committee on International Programs and Development: Report on a New ADA International Strategic Approach: Dr. Kevin S. Hardwick delivered a presentation to the Board on the development of a new strategic approach that is designed to provide a sense of cohesion to the ADA's disparate international activities.

Dr. Glick Editorial: Dr. Long inquired about the editorial autonomy of the *JADA* editor in light of Dr. Glick's recent *JADA* editorial on midlevel providers. Dr. Glick explained that the editor represents many

different stakeholders and does not behold the editorship to the policies of the professional association. Ms. Kosden indicated that all candidates for the *JADA* editor position asked about editorial policy and shared her perspective that they would not have accepted the job if their autonomy were restricted. Several members of the Board expressed the view that limitations on the autonomy of the *JADA* editor would do more harm than good.

April 2008 Agenda Item: Appearance of Representatives of Grant Thornton, Frank Jakosz and Jim Cunningham: Mr. Frank Jakosz and Mr. Jim Cunningham appeared on behalf of Grant Thornton to answer questions from the Board relating to the 2007 audited financial statements of the ADA and its subsidiaries.

Report of the Task Force on the Commission on Dental Accreditation: Final Task Force Report: Drs. Cadle and Calnon reviewed the conclusions and recommendations of the final report of the Task Force on the Commission on Dental Accreditation. After discussion, the Board approved a motion to accept the report and request that the President and President-elect appoint a Board workgroup to develop resolutions for transmittal to the 2008 House of Delegates. Drs. Cadle, Calnon, Webb, Glecos and Kell were appointed to the workgroup. The Board subsequently approved a motion to release the task force report.

Report of the Future of Health Care/Universal Coverage Task Force 2007-2008: Dr. Charles L. Smith reported on the Future of Health Care/Universal Coverage Task Force. The Board reviewed the report and suggested minor revisions. After discussion, the Board approved a motion to transmit the task force report and the appendices to the 2008 House of Delegates. The task force will develop draft resolutions for policy changes for the Board to consider at its August meeting and transmit to the House of Delegates for consideration at the 2008 annual meeting.

Health Policy Resources Presentation: Quick Response Network: Mr. Warren delivered a presentation to the Board on the Membership Quick Response Network, comprised of a panel of dentists that would provide the Survey Center with quick member input on policy development questions. The QRN fills a niche between focus groups and surveys. Funding for the Quick Response Network will be requested in a 2009 Survey Center Decision Package.

Adjournment

The regular session of the Board of Trustees was adjourned for the purpose of convening the Shareholder Meeting of ADA Business Enterprises, Inc. and the Member Meeting of the ADA Foundation, respectively.

The Board of Trustees adjourned *sine die* on June 10, 2008, at 10:50 a.m.

Appendix 1

Committee on International Programs and Development (CIPD)

Mission

To advise the ADA Board of Trustees and ADA agencies regarding the ADA's international activities, the alignment of these activities with the Association's strategic plan, and the positioning of the ADA as an active partner in the global oral health arena, with the ultimate goal of contributing to improvements in global oral health.

Composition (nine members)

- Chair of the ADA International Development Subcommittee
- A member of the international oral health development community
- A member of the international oral health scientific research community
- A member of the international dental education community
- A member of the dental industry with experience in international business
- Two members of the ADA with broad international experience/expertise, at least one of whom is a private practitioner
- A member of the Board of Trustees who is currently involved in FDI activities
- ADA Chief Policy Advisor
- (The ADA President and President-Elect shall serve as ex officio).

Members will be appointed by the President on the basis of their abilities to inform the committee, provide insight, and make recommendations on international issues affecting the profession.

Chair

The President shall appoint a Chair for the committee.

Term

The term for committee members would be four years and they would be eligible for a second four-year term.

Meetings

The Committee will meet at least once annually (in person or through electronic or telephonic means).

Duties

- Advise and provide an overview to the Board of Trustees on matters regarding international oral health in order to improve alignment between the ADA strategic plan and its international humanitarian, IP/content, and business initiatives and commitments.
- Guide and foster the ADA's interactions with international organizations that are committed to improving worldwide oral health in order to ensure the ADA is an active partner in the global dental community.
- Identify opportunities and develop ideas for ADA participation in international programs and meetings that will advance the status of the dental profession and contribute to the worldwide exchange of knowledge and experience in oral health matters.

Note: Within the Committee there is currently one subcommittee, the ADA International Development Subcommittee, but additional ad hoc committees can be established for specific topics.

ADA International Development Subcommittee

Mission

To manage the ADA's international humanitarian outreach programs and to identify and initiate new development opportunities as appropriate.

Composition (eight members)

The ADA International Development Subcommittee, a subcommittee of the CIPD, is composed of eight members who have extensive international humanitarian or development work.

Chair

The subcommittee members will appoint their own chair.

Term

The term for subcommittee members would be four years and they would be eligible for a second four-year term.

Meetings

The subcommittee will meet at least once annually (in person or through electronic or telephonic means).

Duties

- Work with Health Volunteers Overseas (HVO) to initiate, manage, and place volunteer dentists in appropriate international training and education programs.
- Work in partnership with other national dental associations and international organizations, host governments and institutions, and local health care professionals to identify and implement a broad range of humanitarian oral-health programs.
- Develop educational programs and symposiums for ADA members so as to increase volunteerism and awareness of international oral-health needs in underserved populations.
- Promote practices and procedures that are both relevant and realistic and include, when appropriate, a focus on public health and prevention.
- Respond to requests for support of appropriate development opportunities when they are presented.
- Implement innovative, effective programs that meet the needs of the host country and/or institutions. Programs will be appropriate for the local oral-health care system and infrastructure, will be sustainable, and have the goal of building local oral-health care capacity, and should not create dependence.
- Recruit qualified, committed, culturally sensitive ADA members as volunteers.
- Serve as liaison to other international volunteer organizations such as the Global Health Council.
- Oversee the Certificate of Recognition for Volunteer Service in a Foreign Country.

International Business Development (IBD) Staff Work Group

Roles and Responsibilities

The International Business Development (IBD) staff work group, under the auspices of the Center for International Development & Affairs (CIPD), will be responsible for developing a draft international business plan (containing international revenue goals) for CIPD's consideration, and thereafter, for implementing and executing the plan approved by CIPD, consistent with the ADA's Constitution and Bylaws. The business plan must ultimately be submitted to, and approved by, the Committee on International Programs and Development.

The IBD work group will consist of staff from relevant ADA departments and will provide input and assistance to CIPD staff. By harnessing expertise from key departments within the ADA, the IBD Staff Work Group will more efficiently carry out the strategies of the international business plan. Each staff representative on the IBD Staff Work Group will officially serve as the respective department/division liaison and ensure that all relevant information is communicated to and from the department/division. IBD members also will be responsible for following through on the specific tasks that impact their area as well as the many cross-functional tasks that cut across departments/divisions. Since consistency and coordination among departments will be the key to success, CIDA will assume the lead role of the IBD Staff Work Group to facilitate a more uniform approach, enhance the ADA brand, and more efficiently allocate resources. CIDA will use its international expertise to orchestrate the various activities of the work group, to evaluate external opportunities that come into the Association, to provide guidance on international business practices and cultural norms, and to recommend best practices. Continuing to develop and manage positive business relationships in the international community will allow CIDA to provide appropriate guidance and direction to the members of the IBD work group in order that they may carry out their tasks and realize their objectives.

IBD Work Group members will develop periodic metrics and milestones for consideration and approval by CIDA. CIDA will, in turn, consolidate the reporting and submit a comprehensive IBD report to senior management. CIDA will also provide senior management with recommendations on international business matters.

CIDA also will provide reports to the Committee on International Programs and Development in order to inform the Committee, to seek guidance from the Committee, and to secure approvals on the ADA's international business activities, as appropriate. An annual report on international business activities will also be provided to the Board of Trustees.

Meetings

The IBD Staff Work Group will meet at least quarterly.

Composition

At least one staff representative from each of the following departments:

- Center for International Development and Affairs (CIDA)
- Center for Continuing Education and Lifelong Learning (CELL)
- Council on ADA Sessions (CAS)
- Membership and Marketing
- Policy
- Publishing
- Salable Materials
- Science

Appendix 2

ADA Q&A on the AADE's New Guidelines on Unprofessional Conduct Involving Sexual Boundary Violations

1. Who developed these Guidelines?

The American Association of Dental Examiners (AADE).

2. When were these Guidelines adopted?

The Guidelines were approved by the AADE General Assembly at its annual meeting in September 2007, and then sent to state boards of dentistry in November 2007.

3. What role did the ADA have in the development of these Guidelines?

These are not ADA Guidelines, nor did the ADA develop or recommend them.

4. Does the ADA have a published statement on sexual boundaries?

Yes. The *ADA Principles of Ethics and Code of Professional Conduct*, Principle 2, Nonmaleficence ("do no harm"), Section 2.G. states:

Personal Relationships with Patients. Dentists should avoid interpersonal relationships that could impair their professional judgment or risk the possibility of exploiting the confidence placed in them by a patient.

5. Do the AADE Guidelines address only the conduct of dentists?

No, they also include the conduct of dental hygienists and other members of the dental health care team.

6. Have these Guidelines been enacted by state licensing boards?

The AADE Guidelines are only suggestions to state dental boards. Several state legislature and licensing agencies have already adopted laws and regulations as they relate to dental professionals and patients, and some of those adopted regulations are more stringent than those proposed in the AADA Guidelines.

7. What can I do?

You may wish to contact your state and/or local dental society, or your state board of dentistry for information.

8. Where can I get a copy of the AADE Guidelines?

They are available for purchase from the AADE at <http://www.aadexam.org/aade.htm>.

Minutes of the Board of Trustees

August 10-12, 2008

Headquarters Building, Chicago

Call to Order: The sixth session of the Board of Trustees was called to order by President Mark J. Feldman on Sunday, August 10, 2008, at 9:40 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: The following officers and trustees were present: Drs. Mark J. Feldman, John S. Findley, Jane S. Grover, O. Andy Elliott, J. Thomas Soliday, Edward Leone, Jr., Donald I. Cadle, Jr., William R. Calnon, Robert A. Faiella, Raymond Gist, William G. Glecos, Kathryn Kell, S. Jerry Long, Dennis E. Manning, Jeanne M. Nicolette, Marie C. Schweinebraten, Charles L. Smith, Mary Krempasky Smith, Murray D. Sykes, Ronald L. Tankersley, R. Wayne Thompson, Kenneth Versman and Russell I. Webb.

Staff members present were: Beril L. Basman, managing vice president, Strategy Management; Albert H. Guay, chief policy advisor; Tamra S. Kempf, chief legal counsel; Laura A. Kosden, managing vice president and publisher, Publishing; John R. Luther, senior vice president, Dental Practice/Professional Affairs; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Laura M. Neumann, senior vice president, Education/Professional Affairs; Robert L. Owens, chief information officer; Barkley R. Payne, executive director, ADA Foundation; William M. Prentice, senior vice president, Government and Public Affairs; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Wayne R. Wendling, managing vice president, Health Policy Resources Center; and William T. Zimmermann, chief financial officer.

Also in attendance for all or parts of the meeting were: James H. Berry, associate publisher, Publishing; Daniel M. Conley, manager, Executive Communications; Richard Quinn Dufurrena, Hillenbrand Fellow; Steven P. Geiermann, senior manager, Access, Community Oral Health Infrastructure and Capacity; Judy L. Jakush, editor, *ADA News*; C. Michael Kendall, associate general counsel, Legal Affairs; David M. Preble, director, Council on Dental Benefit Programs; and Wendy J. Wils, associate general counsel, Legal Affairs.

Attorney-Client Sessions

Attorney-client sessions of the Board of Trustees were held at various times during the meeting.

Preliminary

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

B-52-2008. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar: A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution.

B-53-2008. Resolved, that recommendations on reports and resolutions contained on the Consent Calendar be approved, as amended.

Approval of Minutes of Previous Session: The Board adopted the following resolution.

B-54-2008. Resolved, that the minutes of June 7-10, 2008, session of the Board of Trustees, as amended, be approved.

House of Delegates

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

Report 2 of the Board of Trustees to the House of Delegates—ADA Operating Account Financial Affairs and Recommended Budget Fiscal Year 2009 (*Supplement:2000*): The Board transmitted Report 2 and the appended resolutions to the House of Delegates.

Resolution 14—Approval of 2009 Budget (Supplement:2044). The Board transmitted Resolution 14 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Resolution 15—Recommended Dues Change (Supplement:2045). The Board transmitted Resolution 15 to the House of Delegates with the following comment and recommendation to vote yes. (*Vote: Unanimous*)

After carefully evaluating all strategic considerations, the Board voted to propose a dues level of \$512 for 2009. The recommended \$14.00 dues increase is less than a 3% inflationary increase. The Board believes that the proposed budget and dues increase are consistent with the Association's long-term financial strategy of dues stabilization.

This dues increase amount does not reflect any House actions that may be adopted with financial implications and funded through membership dues.

Report 6 of the Board of Trustees to the House of Delegates—Association Reserve Policy (*Supplement:2046*): The Board transmitted Report 6 and the appended resolutions to the House of Delegates with the recommendation to vote yes.

Resolution 17—Long-Term Financial Strategy of Dues Stabilization (Supplement:2053): The Board transmitted Resolution 17 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Resolution 59-2007—ADA Reserves (Supplement:2054): The Board transmitted Resolution 59-2007 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Missouri Dental Association Resolution 13—Laptop Computers at the ADA House of Delegates (*Supplement:2060*): The Board transmitted Resolution 13 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (*Vote: Unanimous*)

The Board of Trustees appreciates the resolutions submitted by the Missouri Dental Association (Resolution 13) and the Committee to Study the Introduction of Business in the House of Delegates (Resolutions 19 and 20). It believes these resolutions basically address similar issues—the transition from a paper format to an electronic format for House of Delegates materials (worksheets, Manual of the House of Delegates, reference committee reports). The Board is also aware that this transition is desired by many delegates and state dental societies and believes that as a major health care professional organization, the ADA should seek to reduce its carbon footprint by employing best environmental business practices.

The Board realizes that the transition to an entirely electronic format will take time and that there are many issues that will need to be considered, including technical support during the meetings of the House, needs of delegates for paper materials during the transition period, etc.

The Board therefore submits the following substitute Resolution 13B and recommends that it be adopted in lieu of Resolutions 13, 19 and 20.

13B. Resolved, that distribution of House of Delegates materials be transitioned to an electronic format no later than 2012, and be it further

Resolved, that the Board of Trustees develop a timeline for the transition, identifying all appropriate details and issues, and be it further

Resolved, that an informational report be submitted to the 2009 House of Delegates on the transition and related issues.

Report of the Committee to Study the Introduction of Business in the House of Delegates

(*Supplement:2062*): The Board transmitted the Committee report and appended resolutions to the House of Delegates.

Resolution 19—Distribution of House of Delegates Meeting Materials (Supplement:2068): The Board of Trustees appreciates the work of the Committee in addressing Resolution 28H-2007 and developing a proposal for managing the timely distribution of materials to delegates, as presented in Resolutions 19 and 20. The Board considered these resolutions along with Resolution 13 (*Supplement:2060*) from the Missouri Dental Association. The Board supports the adoption of Substitute Resolution 13B (*Supplement:2061*) to address a process that will transition to electronic materials for the House, the most efficient and environmentally responsible method for managing the timely distribution of materials. Therefore, the Board recommends that Resolution 19 not be adopted. (*Vote: Unanimous*)

Resolution 20—Amendment of the ADA Bylaws Regarding the Introduction of New Business (Supplement:2069): The Board of Trustees appreciates the work of the Committee in addressing Resolution 28H-2007 and developing a proposal for managing the distribution of materials to delegates at the annual session, as presented in Resolutions 19 and 20. The Board considered these resolutions along with Resolution 13 (*Supplement:2060*) from the Missouri Dental Association. The Board supports the adoption of Substitute Resolution 13B (*Supplement:2061*) to address a process that will transition the House to electronic materials, the most efficient and environmentally responsible method for managing the timely distribution of materials. The Board also believes that with an electronic process for managing House materials, the *Bylaws* amendment proposed in Resolution 20 is not necessary. Therefore, the Board recommends that Resolution 20 not be adopted. (*Vote: Unanimous*)

Report 3 of the Board of Trustees to the House of Delegates—Renovation of Tenant and Association Occupied Space (*Supplement:2071*): The Board transmitted Report 3 to the House of Delegates (*consent calendar action—No Board discussion*). (*Vote: Unanimous to Transmit*)

Report 4 of the Board of Trustees to the House of Delegates—Information Technology Initiatives, Expenditures and Estimated Costs, and Anticipated Future Projects (*Supplement:2077*): The Board transmitted Report 4 to the House of Delegates (*consent calendar action—No Board discussion*). (*Vote: Unanimous to Transmit*)

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

Council on Dental Benefit Programs Resolution 1—Amendment to the Policy, “Authority for the Code on Dental Procedures and Nomenclature” (*Supplement:3000*): The Board transmitted Resolution 1 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Dental Benefit Programs Resolution 2—Amendment to the Policy, “Development of ADA Diagnostic Coding” (*Supplement:3003*): The Board was notified by the chair of the Council on Dental Benefit Programs that the Council has withdrawn this resolution.

Council on Dental Benefit Programs Resolution 3—Amendment to the Policy, “Standards for Dental Benefit Plans” (*Supplement:3005*): The Board transmitted Resolution 3 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Dental Benefit Programs Resolution 4—Amendment to the Policy, “Reporting of Dental Procedures to Third Parties” (*Supplement:3009*): The Board transmitted Resolution 4 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Dental Benefit Programs Resolution 5—State No Fault and Workers’ Compensation Programs (*Supplement:3011*): The Board transmitted Resolution 5 and the substitute Resolution 5S-1 to the House of Delegates with the following comment and recommendation to adopt Resolution 5S-1 in lieu of Resolution 5 (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

The Board is in agreement with the rationale behind the Council’s clarification of principle 7, and the editorial changes to principles 1 and 2 in Resolution 5 and, therefore, recommends the adoption of Resolution 5S-1 in lieu of Resolution 5.

5S-1. Resolved, that the American Dental Association, together with its constituent and component societies, urge state no fault and workers’ compensation programs to include dental coverage for workplace and motor vehicle injuries, and be it further

Resolved, that the ADA supports application of the following principles in legislation governing state no-fault and workers’ compensation programs:

1. that the objective of such programs should be to restore to health those patients requiring treatment as the result of a workplace or motor vehicle ~~injury~~ injuries
2. that such programs should allow patients to choose their own dentist of record for dental treatment needed as a result of ~~work-related~~ workplace or motor vehicle injuries
3. that coverage for treatment include or take into account the need for ongoing maintenance, repairs to, or replacements of prosthetic restorations needed as result of workplace or motor vehicle injuries
4. that treatment of pre-existing medical or dental conditions should be covered when the injury exacerbated the condition, or treatment of the condition is necessary as part of the final therapy to make the injured party whole
5. that such programs should accept and use the ADA *Code on Dental Procedures and Nomenclature* and the ADA Dental Claim Form when processing dental claims for workplace and motor vehicle injuries
6. that the timeframes for reimbursement or payment on claims for dental treatment resulting from workplace and motor vehicle injuries be in accordance with the state prompt payment laws where applicable
7. that ~~neither the patient nor the dentist~~ should bear no financial loss as a result of receiving ~~or providing~~ treatment ~~for injuries~~ resulting from workplace or motor vehicle ~~accidents~~ injuries
8. that the dentist should be compensated for care rendered in accordance with the dentist’s regular fee schedule, developed by the individual dentist for such work
9. that such programs should make available an appeals process to patients and dentists for benefits determinations made on claims resulting from workplace or motor vehicle injuries

Council on Scientific Affairs Resolution 12—Revision of ADA Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry (*Supplement:3013*): The Board transmitted Resolution 12 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Fourteenth Trustee District Resolution 16—Protection of the Patient-Doctor Relationship (*Supplement:3020*): The Board transmitted Resolution 16 to the House of Delegates with the following comment and recommendation adopt Resolution 16B in lieu of Resolution 16. (*Vote: 14 Yes—Drs. Cadle, Calnon, Faiella, Findley, Grover, Kell, M.K. Smith, Long, Manning, Schweinebraten, C. Smith, Tankersley, Thompson, Versman; 6 No—Drs. Elliott, Gist, Glecos, Nicolette, Sykes, Webb*)

The Board gratefully acknowledges the work of the Fourteenth Trustee District and its desire to determine the effects of managed care on the patient-doctor relationship and the delivery of dental care. Studies in the literature point to a complex relationship that involves both doctor and patient perceptions, independent of

each other. The potential issues may involve economics, ethics, liability and anti-trust, in addition to the likelihood of the project's success, at the very least. The Board believes that the proposed study has the potential to be a valuable resource for future policy and advocacy initiatives; however, it will require a focused direction. Therefore, the Board recommends the adoption of the following substitute Resolution 16B in lieu of Resolution 16.

16B. Resolved, that the ADA conduct an initial study, utilizing outside consultants to collect unbiased data, in order to determine the potential and scope of a subsequent study, to determine what effect managed care contracts have on the patient-doctor relationship, and how such contracts may affect the delivery of dental care, and be it further

Resolved, that the ADA President create a 12-member task force, which will include at least one member from the Council on Dental Practice, one member from the Council on Dental Benefit Programs, one member from the Council on Government Affairs, and two members from the Board of Trustees, to determine the focus of the initial study, review the results of the initial study and to recommend further actions or studies which would subsequently be referred to appropriate agencies or councils to develop and support any potential legislative initiatives or strategies, and be it further

Resolved, that the data from the initial study, any analysis thereof, and recommendations by the task force be presented to the Board of Trustees for its consideration in connection with the ADA's Strategic Plan, with a report to the 2009 House of Delegates.

Council on Access, Prevention and Interprofessional Relations Supplemental Report 1 to the House of Delegates—Activities to Improve Oral Health Literacy (*Supplement:3022*): The Board transmitted the supplemental report and appended resolutions to the House of Delegates.

Resolution 24—Communication and Dental Practice (Supplement:3026). The Board transmitted Resolution 24 to the House of Delegates (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Resolution 25—Health Literacy Research (Supplement:3027). The Board transmitted Resolution 25 to the House of Delegates (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Resolution 26—Health Literacy Strategic Communication Plan (Supplement:3023). The Board transmitted Resolution 26 to the House of Delegates (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 2 to the House of Delegates—American Indian/Alaska Native Oral Health Access Summit (*Supplement:3029*): The Board transmitted the supplemental report and appended Resolution 27 to the House of Delegates (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Dental Benefit Programs Supplemental Report 1 to the House of Delegates—Update on Dental Tourism (*Supplement:3035*): The Board transmitted the supplemental report and appended Resolution 28 to the House of Delegates (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Report 12 of the Board of Trustees to the House of Delegates—Dental Quality Alliance (*Supplement:3050*): The Board transmitted Report 12 and the appended Resolution 34 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

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

Fifth Trustee District Resolution 35—Re-Examination of Mid-Level Providers as Relates to the Academy of General Dentistry White Paper (*Supplement:4000*): The Board transmitted Resolution 35 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 3 Yes—Drs.*)

Schweinebraten, Sykes, Versman; 17 No—Drs. Cadle, Calnon, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Manning, Nicolette, C. Smith, Tankersley, Thompson, Webb)

Report 15 of the Board of Trustees to the House of Delegates—Recommendations on the Report of the Task Force on the Commission on Dental Accreditation (*Supplement:4002*): The Board transmitted Report 15 and the appended Resolution 37 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Report 10 of the Board of Trustees to the House of Delegates—Update on the Community Dental Health Coordinator Pilot Program (*Supplement:4037*): The Board transmitted Report 10 and the appended Resolution 39 to the House of Delegates with the recommendation to vote yes. (*Vote: 19 Yes—Drs. Cadle, Calnon, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Manning, Nicolette, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb; 1 No—Dr. Schweinebraten*).

Report 5 of the Board of Trustees to the House of Delegates—International Consultation and Accreditation (*Supplement:4059*): The Board transmitted Report 5 to the House of Delegates (*consent calendar action—no Board discussion*). (*Vote: Unanimous to Transmit*)

Report 8 of the Board of Trustees to the House of Delegates—Update on the Oral Preventive Assistant Curriculum Project (*Supplement:4063*): The Board transmitted Report 8 to the House of Delegates. (*Vote: Unanimous to Transmit*)

Reports and Resolutions Relating to the Reference Committee on Membership and Planning Council on Membership Resolution 10—Parallel Membership Categories (*Supplement:5000*): The Board transmitted Resolution 10 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Membership Resolution 11—Four-Year Recent Graduate Reduced Dues Program (*Supplement:5002*): The Board transmitted Resolution 11 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Report 11 of the Board of Trustee to the House of Delegates—Annual Report of the Standing Committee on the New Dentist (*Supplement:5003*): The Board transmitted Board Report 11 and the appended Resolution 31 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Thirteenth Trustee District Resolution 36—Market Research Project (*Supplement:5009*): The Board transmitted Resolution 36 to the House of Delegates with the following comment and recommendation to vote yes on referral. (*Vote: Unanimous*)

The Board applauds the California Dental Association's extensive market research efforts and agrees that a comprehensive, tripartite understanding of members' needs is critical to the success of an association's recruitment and retention efforts. The Council on Membership supports this priority, through a membership marketing research agenda; conducting various types of in-depth member research (quantitative, qualitative and conjoint analysis). Various projects have been completed over the past two years, including surveys conducted to gain an understanding of the needs and opinions of members and nonmembers, as well as target markets (new and reinstated members, graduate students, federal dentists) and critical issues that the profession faces.

The Board agrees that an assessment of market research needs would be a valuable first step and recommends that CDA's research be compared to ADA's completed and planned member research in order to ensure that the outcome of the proposed study is meaningful and provides a return on investment. The Council may wish to reach out to CDA and gain a deeper understanding of its research and desired outcome. This can be accomplished through the marketing research function within the ADA's centralized marketing department, under the leadership and direction of the Council on Membership. Therefore, the Board

recommends that Resolution 36 be referred to the Council on Membership for further study and report to the Board at its April 2009 meeting.

Council on Membership Supplemental Report 1 to the House of Delegates—Recent Council Activities (*Supplement:5011*): The Board transmitted the supplemental report to the House of Delegates (*consent calendar action—no Board discussion*). (*Vote: Unanimous to Transmit*)

Report 7 of the Board of Trustees to the House of Delegates—Annual Report of Strategic Planning Activities (*Supplement:5010*): The Board transmitted Report 7 to the House of Delegates (*consent calendar action—No Board discussion*). (*Vote: Unanimous to Transmit*)

Reports and Resolutions Relating to the Reference Public Affairs, Legal and Legislative Matters

Report of the Future of Healthcare/Universal Coverage 2007-2008 Task Force to the House of Delegates—Universal Healthcare Reform (*Supplement:6000*): The Board transmitted the task force report to the House of Delegates. (*Vote: Unanimous to Transmit*)

Supplement to the Report of the Future of Healthcare/Universal Coverage 2007-2008 Task Force to the House of Delegates—Universal Healthcare Reform (*Supplement:6088*): The Board transmitted the supplemental report and appended Resolution 38 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Ethics, Bylaws and Judicial Affairs Resolution 7—Amendment to the Preamble to the ADA Principles of Ethics and Code of Professional Conduct (*Supplement:6099*): The Board transmitted Resolution 7 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Ethics, Bylaws and Judicial Affairs Resolution 8—Amendment to the Preamble to the ADA Principles of Ethics and Code of Professional Conduct (*Supplement:6101*): The Board transmitted Resolution 8 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Ethics, Bylaws and Judicial Affairs Resolution 9—ADA Principles of Ethics and Code of Professional Conduct (*Supplement:6103*): The Board transmitted Resolution 9 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Board of Trustees Resolution 18—ADA Delegate Allocation (*Supplement:6118*): The Board transmitted Resolution 18 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Communications Supplemental Report 1 to the House of Delegates—Recent Council Activities (*Supplement:2125*): The Board transmitted the supplemental report and appended resolutions to the House of Delegates with the recommendation to vote yes.

Resolution 29—Video Podcasts (*Supplement:6129*): The Board transmitted Resolution 29 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Resolution 30—Liaison Relationships with ADA Agencies (*Supplement:6130*): The Board transmitted Resolution 30 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Dr. Joseph F. Hagenbruch, Delegate, Resolution 32—The Inherent Commitment and Duty-Bound Obligation of Dentists to Ensure for the Protection and Well-Being of the Public in All Dental Care Related Matters (*Supplement:6131*): The Board transmitted Resolution 32 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 1 Yes—Dr. Schweinebraten; 19 No—Drs.*)

Cadle, Calnon, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Manning, Nicolette, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb)

Report 9 of the Board of Trustees to the House of Delegates—Report on Dental Amalgam Activities (*Supplement:6135*): The Board transmitted Report 9 to the House of Delegates (*consent calendar action—no Board discussion*). (*Vote: Unanimous to Transmit*)

Report 14 of the Board of Trustees to the House of Delegates—Integrity and Ethics in Dental Education (*Supplement:6141*): The Board transmitted Report 14 to the House of Delegates with the following comment and recommendation to vote yes. (*Vote: Unanimous to Transmit*)

Upon consideration of the report of the Joint Subcommittee, the Board of Trustees approved the continuation of the Joint Subcommittee to continue the activities summarized in its Action Plan (Appendix B), and also authorized to expand the Joint Subcommittee's scope to also address ethics and integrity issues facing dental practitioners as well as dental students and faculty members. In light of the expanded scope of the Joint Subcommittee's activities, the Board of Trustees also called for the expansion of the Joint Subcommittee to include representation from the Council on Dental Practice. Finally, the Board of Trustees agreed to urge the Speaker of the House of Delegates to make an annual statement respecting ethics and integrity at the Opening Session of the House of Delegates (Res. B-78-2008).

Financial Implications: A request for funding of \$30,150 to support the 2008-09 activities of the Joint Subcommittee was included in the 2009 budget proposal approved by the Board of Trustees in June 2008 for consideration by the House of Delegates. The inclusion of the Council on Dental Practice in the activities of the Joint Subcommittee will result in an additional financial implication of \$4,500.

Annual Reports

The following Annual Reports were reviewed by the Board (*consent calendar action*):

- Council on Access, Prevention and Interprofessional Relations
- Council on ADA Sessions
- Council on Communications
- Commission on Dental Accreditation
- Council on Dental Benefits Program
- Council on Dental Education and Licensure
- Council on Dental Practice
- Council on Ethics, Bylaws and Judicial Affairs
- Council on Government Affairs
- Council on Members Insurance and Retirement Programs
- Council on Membership
- Joint Commission on National Dental Examinations
- Council on Scientific Affairs
- ADA Foundation
- ADA Foundation Paffenbarger Research Center at the National Institute of Standards and Technology
- ADA Foundation Research Institute
- ADA Business Enterprises, Inc.

Nominations to ADA Councils and Commissions

The Board annually submits to the House of Delegates nominations for membership to ADA councils and commissions. The Board reviewed the list of nominees for councils and commissions along with their respective qualifications. When necessary, the Board balloted on those council positions open to any trustee district. Subsequently, the Board adopted the list of nominees and voted to transmit the following resolution to the House of Delegates. (*Vote: Unanimous*)

33. Resolved, that the nominees for membership on ADA Councils, Commissions, and the Committee on the New Dentist submitted by the Board of Trustees in accordance with Chapter VII, Section 110(H) of the *Bylaws* be elected.

Access, Prevention and Interprofessional Relations

Dr. Nolan W. Allen, FL
 Dr. Gerald J. Ciebien, IL
 Dr. Eleanor A. Gill, MS
 Dr. David R. Holwager, IN
 Dr. Sidney A. Whitman, NJ
 AMA Representative (TBD)
 AHA Representative (TBD)

ADA Sessions

Dr. Randy G. Fussell, NC
 Dr. Mark C. Huberty, WI
 Dr. David K. Okano, WY
 Dr. Kent H. Percy, GA
 Dr. Richard K. Rounsavelle, CA

Communications

Dr. Pamela S. Berlanga, TX
 Dr. W. Carter Brown, SC
 Dr. Thomas J. Olinger, CA
 Dr. Anita Elliott, AZ
 Dr. Hugh T. Wunderlich, FL

Dental Accreditation

Dr. J. Steven Tonelli, MA

Dental Benefits

Dr. Lauri Passeri, PA
 Dr. David M. Prator, AK
 Dr. James G. Richeson, Jr., DC
 Dr. Wilkie J. Stadeker, GA
 Dr. Stephen C. Ura, NH

Dental Education and Licensure

Dr. James W. Antoon, FL
 Dr. Charles E. Johnson, IL

Dental Practice

Dr. Charles W. D'Aiuto, FL
 Dr. Jamie L. Sledd, MN
 Dr. Roger K. Newman, MT
 Dr. Judee Tippett-Whyte, CA
 Dr. Mark R. Zust, MO

Ethics, Bylaws and Judicial Affairs

Dr. Partrick J. Foy, MN
 Dr. Kevin A. Henner, NY ad interim
 Dr. Marilyn S. Lantz, MI
 Dr. David H. McCarley, TX
 Dr. L. Stephen Ortego, LA
 Dr. Kent G. Palcanis, AL

Government Affairs

Dr. John S. Buchheister, MI
 Dr. Kim U. Jernigan, FL
 Dr. John J. Mooney, CT
 Dr. Ronald G. Testa, IL
 Dr. Richard A. Weinman, GA

Membership

Dr. Nancy R. Rosenthal, PA
 Dr. T. D. Moore, MS
 Dr. Jonathan W. Rich, KY
 Dr. Brett S. Thomsen, NE
 Dr. Lisa Vouras, MA

Members Insurance and Retirement Programs

Dr. George B. Dorris, Jr., FL
 Dr. Craig A. Eisenhart, PA
 Dr. Steven R. Fink, NJ
 Dr. Spencer S. Jilek, WA
 Dr. Mark J. Weinberger, NY

New Dentist

Dr. Keri L. Miller, AL
 Dr. Clint E. Newman, TN
 Dr. Danielle Ruskin, MI
 Dr. Sarah A. Tevis, TX
 Dr. Eric G. Unkenholz, SD

Scientific Affairs

Dr. John W. Hellstein, IA
 Dr. Charles Streckfus, TX
 Dr. John Timothy Wright, NC
 Dr. John J. Sauk, Jr., KY

Miscellaneous House Matters

Report 1 of the Board of Trustees to the House of Delegates: Association Affairs and Activities
 (*Supplement:1000*): The Board transmitted Report 1 to the House of Delegates. (*Vote: Unanimous to Transmit*)

Achieve Effective Advocacy

Report of the Chair of the Ad Hoc Committee on Licensure: A Uniform Exam: The Board considered a report submitted by the Ad Hoc Committee on Licensure that examined similarities and differences in clinical licensure examinations to encourage conformity and mutual acceptance by state boards of dentistry. Dr. Neumann reported on edits made to this report by the chair of the Ad Hoc Committee on Licensure since the June 2008 Board meeting. The Board was asked to approve the distribution of the information in this report to state boards of dentistry for their consideration and discussion. After discussion, the Board adopted the following resolution.

B-59-2008. Resolved, that the ADA Board of Trustees distribute the information in this report (Report of the Chair of the Ad Hoc Committee on Licensure: A Uniform Exam) to state boards of dentistry for their consideration and discussion.

Report of the Senior Vice President, Division of Government and Public Affairs: Annual Review of ADA Spokespersons: The Board adopted the following resolution (*consent calendar action*).

B-60-2008. Resolved, that the following ADA National Spokespersons be invited to serve as dental spokespersons through the 2009 annual session.

Consumer Advisors

Ada S. Cooper, D.D.S., New York, N.Y.
Sally Cram, D.D.S., Washington, DC
Kimberly A. Harms, D.D.S., Farmington, MN
Edmond R. Hewlett, D.D.S., Los Angeles, CA
Maria Lopez Howell, D.D.S., New Braunfels, TX
Matthew Messina, D.D.S., Fairview Park, OH
Richard Price, D.M.D., Waban, MA
Leslie W. Seldin, D.D.S., New York, NY

Technical Experts

Alan A. Boghosian, D.D.S., Chicago, IL (Dental Materials)
James Broome, D.D.S., Birmingham, Alabama, (Dental Materials)
Joe H. Camp, D.D.S., Charlotte, NC (Endodontics)
Regina Cobb, D.M.D., Kingman, Arizona, (Scope of Practice)
Gregory N. Connolly, D.M.D., Belmont, MA (Tobacco)
Terry Dickinson, D.D.S., Richmond, VA (Access)
Terence E. Donovan, D.D.S., Hillsborough, N.C. (Dental Materials)
Mary J. Hayes, D.D.S., Chicago, IL (Pediatric Dentistry)
Anthony Iacopino, D.M.D., Winnipeg, Manitoba in Canada, (Geriatric Oral Health; Fluoridation)
Marjorie K. Jeffcoat, D.M.D., Philadelphia, PA (Periodontics)
Kim Jernigan, D.M.D., Pensacola, Florida, (Scope of Practice)
J. David Johnson, Jr., D.D.S., Oak Ridge, TN (Oral & Maxillofacial Surgery)
J. Robert Kelly, D.D.S., M.S., DMedSc, Farmington, CT (Dental Materials)
J. Rodway Mackert, D.M.D., Ph.D., Augusta, GA (Dental Amalgam)
Chris Miller, PhD., Indianapolis, IN (Dental Unit Water Lines)
John A. Molinari, PhD., Detroit, MI (Infection Control/Dental Unit Water Lines)
Jeff Morley, D.D.S., San Francisco, CA (Cosmetic Dentistry)
Howard L. Needleman, D.M.D., Needham, MA (Child Abuse)
Roy C. Page, D.D.S., Seattle, WA (Periodontics)
Robert M. Pick, D.D.S., Chicago, IL (Lasers/Dental Implants)
Howard F. Pollick, D.D.S., M.P.H., San Francisco, CA (Fluoridation)
Heber Simmons, Jr., D.D.S., Jackson, MS (Pediatric Dentistry)
Sol Silverman, Jr., D.D.S., San Francisco, CA (Oral Cancer/HIV)

Susan Tiede, D.D.S., Missoula, Montana, (Fluoridation)
 Joel Weaver, D.D.S., PhD, Columbus, OH (Anesthesia)

Report of the Senior Vice President, Government and Public Affairs: Federal Legislative, Regulatory and Public Affairs Update: Mr. Prentice updated the Board on the activities of the State Public Affairs Initiative. Due to recent requests for support from Florida and Indiana, the public affairs program might be over budget by the end of the year. Mr. Prentice reported that the joint request by the ADA and the Alaska Native Tribal Health Consortium (ANTHC) to add a second dentist to the dental subcommittee of the Community Health Aide (CHAP) Board in Alaska was denied by the Indian Health Service regional director. Efforts are already underway to reverse this decision.

Report of Dr. Kathryn Kell, Liaison to the Commission on Dental Accreditation: Dr. Kell reported on the meeting of the Commission on Dental Accreditation that took place on July 30-31, 2008. The Board discussed the proposed revised standards for dental hygiene education that will be open for comment by the communities of interest, with comments due in time for the July 2009 CODA meetings. The Board approved a motion to ask all councils to send comments to the Board which will be consolidated for written submission to CODA.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of Dr. Murray Sykes, Liaison to the Council on Dental Practice
 Report of Dr. Dennis E. Manning, Liaison to the Council on Communications
 Report of Dr. Kathryn Kell, Senior Trustee Representative to the ADA Foundation: Update on the ADA Foundation, Dental Education – Our Legacy Our Future, Campaign for Innovation and Give Kids a Smile
 Report of Dr. O. Andy Elliott, Medicaid Symposium
 Report of the Managing Director, Public Affairs: Response to Resolution 37H-2007: Interim Guidance on Fluoride Intake for Infants and Young Children
 Report of Dr. Charles L. Smith, Liaison to the Council on Access, Prevention and Interprofessional Affairs

Build Dynamic Communities

Report of the Council on Membership: 2009 Strategic Promotional Incentive for Dentists Practicing in a Public Health Setting: Ms. Toyama reported on a proposal from the Council on Membership to offer a strategic promotional incentive to dentists in public health settings for the 2009 membership year. After discussion, the Board adopted the following resolution.

B-74-2008. Resolved, that any nonmember dentist who practices clinical dentistry or administers a dental program in a public health setting such as a community health center, school health center, or state and local health department, and is not eligible for direct ADA membership, be eligible to receive a one-time fifty percent (50%) dues reduction for the 2009 ADA membership year as a Board of Trustees approved strategic promotional incentive.

Report of the Work Group on Corporate Relations: Proposed Updates to the ADA's Corporate Relations Documents: Drs. Findley and Manning updated the Board on the progress of the Work Group on Corporate Relations. The Work Group has reviewed and made proposed modifications to several of the association's most important corporate relations documents, including its most widely circulated contract templates involving various corporate relationships. The Work Group will have an additional report for the Board at its December meeting. The Board adopted the following resolution.

B-79-2008. Resolved, that the Work Group on Corporate Relations continue to update and conform ADA contracts, licenses, and other documents so that they reflect ADA corporate relations policies and procedures, and be it further

Resolved, that the Work Group on Corporate Relations provide the Board at its December meeting with any additional recommendations concerning policy and procedural changes that the Group, after further study, determines would improve the ADA's Corporate Relations Program.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of Dr. Dennis E. Manning, ADA Representative to the Samuel Harris National Museum of Dentistry

Report of Dr. Marie Schweinebraten, Liaison to the Council on Membership

Report of Dr. Russell Webb, Liaison to the Committee on the New Dentist

Report of Dr. Jane Grover, NDA Annual Session

Create and Transfer Knowledge

Report of the Council on Scientific Affairs: Activity Update: This report provides the CSA-proposed 2008-2009 ADA Research Agenda for Board approval and updates on recent CSA and Division of Science program and meeting activities. The Board adopted the following resolution (*consent calendar action*).

B-75-2008. Resolved, that the 2008-2009 Research Agenda entitled "Research of Importance to the Practicing Dentist," developed by the Council on Scientific Affairs, be approved.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Annual Report of the Health Policy Resources Center

Center for Continuing Education and Lifelong Learning Annual Report

Lead in the Advancement of Standards

Report of the Senior Vice President, Dental Practice/Professional Affairs: Ratification of ADA Dental Content Committee Recommendations to Amend its Operating Procedure: The Board is asked to ratify recommendations from the ADA DeCC concerning amending its Operating Procedures by inclusion of a Conflict of Interest policy statement and enabling alternative arrangements for its annual meeting. The Board adopted the following resolution (*consent calendar action*).

B-56-2008. Resolved, that there be a Conflict of Interest policy statement in the Dental Content Committee (DeCC) operating procedures document, and be it further

Resolved, that the requirements for an in-person DeCC annual meeting be amended to enable alternative meeting arrangements at the Chair's discretion, and be it further

Resolved, that the appropriate ADA agencies prepare any modifications to the DeCC Operating Procedures necessary and appropriate to accommodate these recommendations.

Report of the Preliminary Results of the 2008 Opinion Survey on the Dental Education Experience: As part of his presentation for the Board of Trustees mega issue discussion, Dr. Edward Vigna reported on the preliminary results of the 2008 Opinion Survey on the Dental Education Experience.

Informational Report: The following report was received by the Board (*consent calendar action*).

Annual Report of the Department of Dental Informatics

Attain Excellence in Operations

Report of the Chief Information Officer: Access to the Board of Trustees' Email: The Board considered a report submitted by Mr. Owens regarding the security of the ADA's e-mail system. Dr. Feldman reported on a proposed policy that would establish a protocol for requesting access to ADA Board and Officer e-mail

accounts. Any request for Board e-mails would be directed to the President and the President-Elect. After discussion, the Board adopted the following resolution.

B-58-2008. Resolved, that all requests to access ADA Board e-mail be forwarded directly to the President and President-Elect for consideration, and be it further
Resolved, that the ADA President and President-Elect will provide the CIO written notice of approval before any access is granted, and be it further
Resolved, that for technical support purposes relating to the Board of Trustees, or as requested by the ADA Board Member for troubleshooting purposes, the owner of the account must be notified and give approval prior to any access by IT personnel.

Report on the Status of the 2008 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: Dr. Leone reported on the 2008 Operating Contingency Fund. The 2008 Contingency Fund has a balance of \$408,900 heading into the August Board of Trustees meeting. For this meeting, 2008 Contingency Fund requests submitted total \$98,150. Approval of the appropriation requests would leave the original 2008 Contingency Fund with a balance of \$310,750. Based on a review of the details provided in the supplemental requests, the Board adopted the following resolution.

B-57-2008. Resolved, that the following appropriations be made from the 2008 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Health Policy Resources Center
 (Cost Center 090-1550-XXX)

Intensive Contacts for Non-Respondents to the 2008 Distribution of Dentists Survey - \$56,700

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

Support for the American Academy of Pediatrics 2008 National Summit on Oral Health - \$10,000

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

Dental Hygiene Task Force - \$31,450

Report of the Council on ADA Sessions: Nomination of the General Chair of the 2010 Committee on Local Arrangements (CONFIDENTIAL): The Board adopted the following resolution (*consent calendar action*).

B-76-2008. Resolved, that the nomination of Dr. Roger Nofsinger to serve as general chair of the 2010 Committee on Local Arrangements made by the Florida Dental Association in collaboration with the Central Florida District Dental Society be approved.

Report of the Publishing Division: New ADA Dental Buying Guide Proposal: Ms. Kosden reported on a proposal to collaborate with Dentalcompare to produce and host an ADA-branded buyer's guide on ADA.org. Unlike the current buying guide on ADA.org which produces no revenue, the new buying guide is anticipated to generate a significant amount of revenue for the ADA. The Board discussed the advertising review standards for the buying guide and requested that staff prepare research on Dentalcompare. After discussion, the Board adopted the following resolution as amended.

B-62-2008. Resolved, that the Board of Trustees approve the launch in 2009 with Dentalcompare of the new ADA Dental Buying Guide, which will be produced and hosted by Dentalcompare, and be it further

Resolved, that the Publishing Division enter into an agreement concerning the new ADA Dental Buying Guide, on terms acceptable to the ADA, with Dentalcompare, and be it further

Resolved, that one element of the ADA contract terms will specifically express that the ADA reserves the right to undertake scientific, legal and ethical review of any ads.

Report of the Publishing Division: Advertising Sales and Review Policies: The Board considered a report submitted by Ms. Kosden. Dr. Versman, in his role as liaison with Publishing, reviewed the advertising standards and advertising review process for ADA publications, consistent with the Board's Interim Guidance on the Corporate Relations Program.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of the Publishing Division: Publisher's Response to Consultant's Assessment
Report of the Strategic Planning Committee

Organizational/Other

Report of the Chief Financial Officer: Reappointment of Grant Thornton as ADA Auditor: The Board considered a report submitted by Mr. Zimmermann regarding the reappointment of Grant Thornton as ADA auditor for the 2008 audit cycle. Dr. Leone reported that the Audit Committee has expressed concern about the relationship between Grant Thornton and the ADA. The Board directed the Audit Committee to study this ongoing relationship and gather and review data regarding applicable industry and/or government guidelines and regulations, as well as organizational practices regarding auditor relationships and rotation. After discussion, the Board adopted the following resolution as amended.

B-55-2008. Resolved, that Grant Thornton be reappointed as the accounting firm to provide audit and tax services to the Association, its subsidiaries and affiliates for the 2008 audit cycle which ends in August 2009, and be it further

Resolved, that the Audit Committee study the advantages and disadvantages of maintaining an ongoing relationship with any accounting firm engaged for audit and tax services and report its findings to the Board of Trustees no later than the April 2009 meeting.

Nominations to ADPAC Board of Directors: The Board adopted the following resolution (*consent calendar action*).

B-77-2008. Resolved, that the following nominees to the American Dental Political Action Committee Board of Directors be approved:

Dr. Edward Feinberg, New York (District 2)
Dr. Loren J. Feldner, Illinois (District 8)
Dr. Richard A. Huot, Florida (District 17)
Dr. Gordon R. Isbell, III, Alabama (District 5)
Dr. Kenneth McDougall, North Dakota (District 10)
Dr. Jay R. Wells, III, Pennsylvania (District 3)

Appointment of Consultants: The Board considered a report on the appointment of consultants to the councils and commissions. The Board approved a motion to suspend the Board rules to vote on the proposed resolutions while in attorney-client session. The Board adopted resolutions B-64 and B-70 as amended and resolutions B-65 through B-69 and B-71 through B-73 as presented.

B-64-2008. Resolved, that the consultants to the Council on Access, Prevention and Interprofessional Relations be approved for terms ending with the 2009 annual session.

B-65-2008. Resolved, that Dr. David S. Dodell, Scottsdale, Arizona be approved as a consultant to the Council on Communications for a term ending with the 2009 annual session.

B-66-2008. Resolved, that the consultants to the Council on Dental Benefit Programs be approved for terms ending with the 2009 annual session.

B-67-2008. Resolved, that the consultants to the Council on Dental Education and Licensure be approved for terms ending with the 2009 annual session.

B-68-2008. Resolved, that the consultants to the Council on Dental Practice be approved for terms ending with the 2009 annual session.

B-69-2008. Resolved, that the Council on Ethics, Bylaws and Judicial Affairs has reviewed its need for consultants and requests the appointment of the following two consultants to serve until the 2009 annual session.

Jones, Kenneth D., Jr., D.D.S., J.D., Mansfield, OH
 Waugh, W. Scott, D.D.S., Edmond, OK

B-70-2008. Resolved, that the consultants to the Council on Scientific Affairs be approved for terms ending with the 2009 annual session.

B-71-2008. Resolved, that the consultants to the Joint Commission on National Dental Examinations be approved for terms ending with the 2009 annual session.

B-72-2008. Resolved, that the consultants to the Committee on the New Dentist be approved for terms ending with the 2009 annual session.

B-73-2008. Resolved, that the consultants to the Committee on International Programs and Development be approved for term ending with the 2009 annual session.

Note: The names of the consultants in Resolutions B-64 through B-73 are attached as Appendix 1.

Report of the President: The Board considered a report submitted by President Mark J. Feldman. Ms. Toyama updated the Board on recent developments relating to a potential affiliation between the ADA and the American Dental Assistants Association. The Councils on Membership and Dental Practice are jointly studying the issue and will report back to the Board at a future date. Dr. Luther indicated that the ADAA is seeking closer collaboration with the ADA, but is not interested in a merger.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of the Treasurer
 Report of the President-Elect

New/Unfinished Business

Information Technology Committee: Dr. Cadle reported on a proposal to establish an Information Technology Committee as a standing committee of the Board of Trustees. After discussion, the Board adopted the following resolution as amended.

B-80-2008. Resolved, that an Information Technology Committee be established as a standing committee of the Board of Trustees, and be it further
Resolved, that the following description of the composition, terms of members, frequency of meetings and committee duties be included in the *Organization and Rules of the Board of Trustees*.

Information Technology Committee

Composition. The Information Technology Committee shall consist of four trustees, with expertise in the area of technology, representing each trustee class; the President-Elect; the Executive Director; and President.

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

Meetings. The Committee will meet at least three times a year.

Duties. The duties of the Committee shall be:

1. to determine the impact of information technology (IT) on dental practice and the profession and provide recommendations to the Board on identification, strategy and prioritization of IT activities;
2. to review and provide recommendations to the Board on ADA Web strategy;
3. to review an inventory of Association information technology projects for the Board of Trustees;
4. to communicate related strategic information through the Board to the Strategic Planning Committee;
5. to review and provide recommendations on IT innovations that will enable the Board of Trustees to function at the highest level;
6. to maintain communication pathways between the Board of Trustees, House of Delegates and members;
7. to enable and support an electronic format for the House of Delegates to conduct business; and
8. to review financial implications and metrics of IT projects throughout the Association.

2010 Dental Meeting: Dr. Feldman updated the Board on the status of the 2010 ADA Annual Session.

National Library of Medicine: Dr. Feldman reported that the ADA is considering a new license agreement with the National Library of Medicine for use with the new SNODENT codes. The Board discussed the ramifications of signing the new agreement and the importance of protecting the ADA's intellectual property was also discussed. The Board requested that the Council on Dental Benefit Programs review the proposed SNODENT contract and report its findings to the Board at its October 2008 session.

Communication between ADA Delegates and ADA Staff: Dr. Feldman discussed recent incidents in which individual ADA delegates have been communicating directly with ADA staff and in some instances consuming a considerable amount of staff time. Dr. Feldman recommended that the Board establish a protocol for communications between delegates and staff. The Board supported a policy that questions from delegates regarding major issues should be directed to the appropriate trustee for response and if further information is required, the trustee will work with the officers and staff.

Special Appearances/Special Orders of Business

Presentation of the Chief Policy Advisor, Health Care – The Grand Plan: Dr. Guay reported on the "grand plan" for the future structure of the American health care system that was revealed by insurance companies and health plans during the Pay for Performance Summit held in California on February 27-29, 2008. This plan reassigns responsibility for the various levels of care and appears to set the stage for a transformation of dentistry. The Board discussed the need to educate members about the terminology that is used and to reevaluate definitions relating to levels of care and classification of providers. The Board directed Dr. Guay to develop a report and recommendations for a future Board meeting.

MRM Presentation: Mr. Owens delivered a presentation on the Member Relationship Management Initiative.

Mega Issue Discussion: How can the dental community and stakeholders best prepare future dentists to address the challenges and opportunities of the 21st century dentistry, and define the types of experiences that would qualify: The Board engaged in a mega issue discussion about how the dental community and stakeholders can best prepare future dentists to address the challenges and opportunities of the 21st century. Three speakers presented their perspectives on dental education. Dr. Charles N. Bertolami, dean of New York University College of Dentistry and president of American Dental Educators Association, shared his perspective on the educational experience of dental students, who he says are engaged in a new way of knowing called funneling, or learning in snippets. Dr. Edward Vigna presented preliminary results of an opinion survey on extending or expanding the dental education model. A final report of the survey results will be provided at the October 2008 Board of Trustees meeting. Dr. Steve Geiermann, senior manager for the Council on Access, Prevention and Interprofessional Relations, explored opportunities for dental students within the dental public health infrastructure. Following the speaker presentations, Dr. Laura Neumann facilitated a Board discussion on what the ADA can do to improve the readiness of young dentists. The Board will follow up on this discussion at its December meeting.

Hillenbrand Fellow Presentation: Dr. Guay reported on the activities of the 2008 Hillenbrand Fellow, Dr. Quinn Dufurrena, who will soon assume leadership of the Idaho Dental Association as its executive director. Dr. Dufurrena delivered a presentation on teledentistry innovations and regulatory considerations. Dr. Dufurrena recommended that the ADA create a policy for how to deal with teledentistry regulations.

Report on Recent American Medical Association Apology for History of Racial Inequality (CONFIDENTIAL): Dr. Feldman reported that the ADA recently received an official request from the National Dental Association to issue an apology for its history of racial inequality. Ms. Toyama reviewed background material from the American Medical Association about how the AMA made its decision to issue a formal apology for its past history of racial inequality toward African-American physicians. The Board indicated that the ADA should respond to the NDA's request with an acknowledgement letter and concluded that it is important to continue dialogue with the NDA on the subject of racial inequality. Ms. Toyama will draft a response letter.

Community Dental Health Coordinator and Oral Preventive Assistant Reports Presentation: Dr. Robert Brandjord, ADA past-president and chair of the ADA CDHC Task Force, delivered a presentation on the Community Dental Health Coordinator pilot program. The Board reviewed the current funding status as well as anticipated additional financial implications for the ongoing operations and evaluation of the pilot sites and made a recommendation that the ADA commit to long-term financial support of the program. After discussion, the Board adopted a motion to allocate up to \$5 million in the budget for the CDHC program.

Dr. Brandjord delivered a presentation on the development of the Oral Preventive Assistant curriculum. The Board reviewed the information on the completed OPA curriculum and affirmed its support for the OPA concept. After discussion, the Board adopted the following resolution.

B-63-2008. Resolved, that appropriate staff develop the operational mechanisms for making the OPA curriculum materials available to state dental associations and educational institutions and provide a report to the Board in September 2009 on the dissemination and utilization of the OPA curriculum.

The Board considered a resolution to approve next steps for program implementation and evaluation of the CDHC program. After discussion, the Board adopted the following resolution.

B-61-2008. Resolved, that the CDHC Implementation and Evaluation Committee engage with appropriate outside agencies to conduct a comprehensive evaluation of the CDHC pilots, and be it further **Resolved,** that the CDHC Philanthropic Committee pursue funding opportunities with organizations, foundations, the pilot sites and other entities to support this effort, and be it further **Resolved,** that the CDHC Implementation and Evaluation Committee and the Philanthropic Committee provide a progress report on the status of the CDHC pilot project, including any additional implications for the Association, to the Board of Trustees by August 2009.

The Board requested that Dr. Brandjord's update on the CDHC Pilot program be presented to the delegates and alternates prior to the first meeting of the House of Delegates. This update will take place on Friday, October 17, from 11:00 to noon at the Henry B. Gonzalez Convention Center, Ballroom C, in San Antonio.

Adjournment

The regular session of the Board of Trustees was adjourned for the purpose of convening the Member Meeting of the ADA Foundation.

The Board of Trustees adjourned *sine die* on August 12, 2008 at 2:15 p.m.

Appendix 1

List of Approved Consultants by Agency

Council on Access, Prevention and Interprofessional Relations

Arola, Patricia E., D.D.S., F.A.G.D., M.H.A., C.H.E., Fredericksburg, VA
 Barbell, Phillip, D.D.S., Coral Springs, FL
 Barsley, Robert, D.D.S., J.D., Baton Rouge, LA
 Bass, Robert, D.D.S., J.D., Shreveport, LA
 Baur, Cynthia, Ph.D., Atlanta
 Beauchamp, K. Jean, D.D.S., Clarksville, TN
 Beemsterboer, Phyllis, Ed.D., Atlanta
 Berkey, Douglas, D.M.D., M.P.H., M.S., Centennial, CO
 Bestgen, Susan C., D.D.S., Jamaica Plains, MA
 Carpenter, William M., D.D.S., M.S., San Francisco
 Coffee, Larry M., D.D.S., Denver
 Crall, James J., D.D.S., Sc.D., Los Angeles
 Crawford, Robert N., Jr., D.D.S., St. Petersburg, FL
 Crews, Karen M., D.M.D., Jackson, MS
 Edwards, Twana, D.D.S., Chicago
 Epstein, Joel B., D.M.D., M.S.C., Chicago
 Farrell, Christine, R.D.H., M.P.A., Lansing, MI
 Fenton, Sanford J., D.D.S., M.S.D., Memphis, TN
 Fitzler, Sandra, R.N., Washington
 Folse, Gregory, J., D.D.S., Lafayette, LA
 Glassman, Paul, D.D.S., M.A., M.B.A., San Francisco
 Glick, Michael, D.M.D., M.S., Mesa, AZ
 Grenevicki, Lance, D.D.S., Melbourne, FL
 Griffiths, Jill, B.A., Hartford, CT
 Helgeson, Michael, D.D.S., Minneapolis
 Horbelt, Carlton, D.D.S., F.A.D.P.D., F.A.C.D., Arlington, TN
 Horowitz, Alice, Ph.D., Chevy Chase, MD
 Huffines, Randy F., D.D.S., Johnson City, TN
 Hurst, Peter S., M.S., M.Sc., B.D.S., L.D.S., F.D.S., R.C.S.Ed., Chicago
 Hyde, James N., M.A., S.M., Boston
 Jones, Robert D., D.D.S., Chestertown, MD
 Kleponis, Jerome A., D.M.D., Danville, PA
 Krol, David M., M.D., F.A.A.P., New York
 Kumar, Jayanth V., D.D.S., Albany, NY
 Kuthy Raymond, D.D.S., M.P.H., Iowa City, IA
 Lauf, Robert C., D.D.S., Mayville, ND
 Levy, Steven M., D.D.S., M.P.H., Iowa City, IA
 Makrides, Nicholas S., D.M.D., M.A., M.P.H., Washington
 Marshall, Teresa A., Ph.D., R.D., Iowa City, IA
 McMinn, Wallin E., D.D.S., Livonia, MI
 Mecklenburg, Robert E., D.D.S., M.P.H., Potomac, MD
 Milner, William E., D.D.S., Greensboro, NC
 Moore, Peter E., D.D.S., Bellevue, WA
 Mouden, Lynn D., D.D.S., M.P.H., Little Rock, AR
 Moyer, David J., D.D.S., M.D., South Portland, ME
 Nehring, Mark, D.M.D., Rockville, MD
 Nelson, Steven R., D.D.S., M.S., Denver
 Patton, Lauren L., D.D.S., Chapel Hill, NC
 Pollick, Howard, B.D.S., M.P.H., San Francisco
 Rankin, Kathleen Vendrell, D.D.S., Dallas

Reeves, Tom, P.E., Snellville, GA
Roser, Steven M., D.M.D., M.D., Atlanta
Rozier, R. Gary, D.D.S., M.P.H., Chapel Hill, NC
Rudd, Rima, Sc.D., Boston
Schwartzberg, Joanne, M.D., Chicago
Shay, Kenneth, D.D.S., M.S., Ann Arbor, MI
Shenkin, Jonathan D., D.D.S., M.P.H., Bangor, ME
Silverman, Sol, Jr., D.D.S., M.A., San Francisco
Smith, William A., Ed.D., Washington
Tinanoff, Norman, D.D.S., Baltimore, MD
Tomar, Scott L., D.M.D., Dr.P.H., Gainesville, FL
Whiston, David A., D.D.S., Arlington, VA
Wolf, Michael S., Ph.D., Chicago
Zajkowski, Mark, D.D.S., South Portland, ME

Council on Communications

Dodell, David S., D.M.D., Scottsdale, AZ

Council on Dental Benefit Programs

Friedel, Alan E., D.D.S., Hollywood, FL
Jaworski, Stephen J., D.M.D., New Bethlehem, PA
Schripsema, Thomas J., D.D.S., Albuquerque, NM
Simpson, Stephen P., D.D.S., Hudson, OH

Council on Dental Education and Licensure

Assael, Leon, A., D.M.D., Portland, OR
Barna, Julie Ann, D.M.D., Lewisburg, PA
Berg, Joel H., D.D.S., M.S., Seattle
Binder, Robert E., D.M.D., Newark, NJ
Brysh, Stanley L., D.M.D., Madison, WI
Buchanan, Judith Ann Thomson, D.M.D., Minneapolis
Butler, Marsha, D.D.S, Piscataway, NJ
Butler, William O., M.S., San Antonio
Chaffin, Jeffrey, D.D.S., Falls Church, VA
Cohen, Donald M., D.M.D., Gainesville, FL
Coke, John M., D.D.S., Birmingham, AL
Crow, Heidi C., D.M.D., Buffalo, NY
Cunningham, Kari, B.S., Cleveland
Cuttino, Charles L., III, D.D.S., Richmond, VA
Davis, Dana, Ph.D., Oklahoma City
Davis, Elaine L., Ph.D., Buffalo, NY
Demby, Neal A., D.M.D., Brooklyn, NY
Dixon, Debra A., D.M.D., Edwardsville, IL
Felton, David A., D.D.S., Chapel Hill, NC
Gapson, Bryan, D.D.S., Milwaukee
Garcia, Ernest L., D.D.S., Marysville, CA
Glicksman, Milton A., D.M.D., Dartmouth, MA
Goodis, George T., D.D.S., M.S., Grosse Pointe Woods, MI
Hauck, Chuck, M.F.A., Iowa City, Iowa
Isackson, Dee A., D.D.S., Bothell, WA
Johnson, Melina, Jackson, MS
Kluender, Randy L., D.D.S., Thornton, CO
Kobs, John H., III, D.D.S., Holland, MI

Kosinski, Ronald W., D.M.D., New Hyde Park, NY
 Llano, Charles D., D.D.S., Lakeland, FL
 Levitan, Marc E., D.D.S., Mt. Pleasant, SC
 Mashni, Michael, D.D.S., Fullerton, CA
 Mazurat, Randall D., D.D.S., M.D.E., Winnipeg, Canada
 Merin, Robert, D.D.S., Woodland Hills, CA
 Moyer, David J., D.M.D., South Portland, ME
 Myles, Steven, B.S., Washington
 Ramer, John P., D.D.S., Brookfield, WI
 Roeder, Leslie, D.D.S., Houston
 Rosenberg, Morton B., D.M.D., Boston
 Rowland, Michael L., Ph.D., Columbus, OH
 Santucci, Michael L., D.D.S., Belvidere, IL
 Seigel Harold S., D.D.S., Falls Church, VA
 Sinkford, Jeanne C., D.D.S., Washington
 Stoute, Gregory A., D.M.D., Boston
 Sullivan, C. Larry, Ph.D., Kansas City, MO
 Swanson, Jennifer, B.S. Chicago
 Tomlinson, Ken, B.S.B.A, Gainesville, FL
 Yarborough, Craig S., D.D.S., M.B.A., San Francisco
 Zucker, Kenneth J., D.D.S., St. Paul, MN

Council on Dental Practice

Adams, Benjamin S., D.D.S., Greenville, SC
 Adams, Roger J., D.M.D., M.S., M.B.A., Draper, UT
 Ahearn, David J., D.D.S., Westport, MA
 Andrews, Nancy A., R.D.H., B.S, Costa Mesa, CA
 Baring, Carol, R.D.H., Boerne, TX
 Barrett, Edward J., B.Sc., D.D.S., M.Sc., F.R.C.D.(C), Toronto, Canada
 Bavitz, J. Bruce, D.M.D., F.A.C.D., Lincoln, NE
 Beemsterboer, Phyllis, R.D.H., M.S., Ed.D., Portland, OR
 Berman, Marvin H., D.D.S., Bannockburn, IL
 Bernstein, Ben, Ph.D., Oakland, CA
 Blaes, Joseph A., D.D.S., F.A.C.D., Fenton, MO
 Burk, James, D.D.S., Sodus, NY
 Calderbank, Susan (Olson), D.M.D., Greenville, PA
 Carney, Kerry K., D.D.S., Benicia, CA
 Caruso, Timothy J., P.T., M.B.A., M.S., CERT, M.D.T., Addison, IL
 Casas, Michael J., D.D.S., M.S.C., Diplomate PEP Dent, F.R.C.D.(C), Toronto, Canada
 Christensen, Russell, D.D.S., Las Vegas
 Couture, Donna, R.D.A., Vacaville, CA
 Crossley, Harold L., D.D.S., Ph.D., Cambridge, MD
 Crystal, David, D.D.S., Bound Brook, NJ
 Davis, Karen, Pottstown, PA
 Dawson, Thomas W., D.D.S., Arlington, TX
 Di Angelis, Anthony, D.M.D., M.P.H., Minneapolis
 Donley, Timothy G., D.D.S., Bowling Green, KY
 Donovan, Terry, D.D.S., Pasadena, CA
 Drelich, Elaine V., D.D.S., Binghamton, NY
 Erlich, Andrew, Ph.D., Paradise Valley, AZ
 Farman, Allan, B.D.S., L.D.S.R.C.S., Ph.D., Ed.S., M.B.A., D.Sc., Diplomate
 A.B.O.M.R., Diplomate J.B.O.M.R., Louisville, KY
 Fetner, Alan E., D.M.D., Jacksonville, FL
 Feuerstein, Paul, D.M.D., North Billerica, MA
 Fields, Henry, D.D.S., Columbus, OH

Fiocchi, Maria F., D.D.S., M.S., M.S. Diplomate, American Board of Periodontology,
 Beaumont, TX
 Folse, Gregory J., D.D.S., Lafayette, LA
 Fondriest, James F., D.D.S., Lake Forest, IL
 Fong, Cynthia, R.D.H., M.S., Jacksonville, FL
 Fung, Eric Y. K., Ph.D., Lincoln, NE
 Gilson, Kate C., D.D.S., Waukesha, WI
 Glick, Michael, D.M.D., Newark, NJ
 Golan, Howard, D.D.S., New Hyde Park, NY
 Gold, Phillip, C.D.T., Atlanta
 Goodis, Charles, D.D.S., Albuquerque, NM
 Govoni, Mary M., C.D.A., R.D.A., R.D.H., M.B.A., Okemos, MI
 Gremillion, Henry A., D.D.S., M.A.G.D., Gainesville, FL
 Gropper, Jerome M., D.D.S., St. Augustine, FL
 Haering, Harold, D.M.D., Fort Meyers, FL
 Hamilton, James C., D.D.S., Ann Arbor, MI
 Hawkins, Melvin, D.D.S., Alberta, Canada
 Hollander, Craig, D.D.S., M.S., St. Louis
 Howard, Cindy, R.D.H., Harlan, KY
 Howard, H. Fred, D.M.D., Harlan, KY
 Howe, Brian J., D.M.D., Madison, WI
 Hunt, Richard F., III, D.D.S., Rocky Mount, NC
 Hupp, James, D.M.D., Madison, MS
 Ignelzi, Michael A., Jr., D.D.S., Ph.D., Jamestown, NC
 Isaacs, S.O., D.M.D., Stone Mountain, GA
 Ismail, Amid I., B.D.S., M.P.H., D.P.H., M.B.A., Ann Arbor, MI
 James, Tamara M., M.A., C.P.E., Durham, NC
 Jankowski, Richard L., D.D.S., Lansing, MI
 Kane, William T., D.D.S., M.B.A., Dexter, MO
 Kenny, David J., B.Sc., D.D.S., Ph.D., F.R.C.D.(C), Toronto, Canada
 Kessler, Brett H., D.D.S., Denver
 Kracht, Curtis A., D.D.S., Marshfield, WI
 Krische, Matthew F., D.D.S., Lawrence, KS
 Le, Thimy D., D.M.D., M.E., C.C.S., Westminster, CA
 LeSage, Brian P., D.D.S., F.A.A.C.D., Beverly Hills, CA
 Lott, Kaneta, D.D.S., Atlanta
 Lynch, Denis P., D.D.S., Ph.D., Milwaukee
 Lyon, H. Edward, D.D.S., Gainesville, FL
 Maguire Fink, Beverly, R.D.H., Fairfax Station, VA
 Malamed, Stanley F., D.D.S., Los Angeles
 Maletta, John A., D.D.S., M.S., West Des Moines, IA
 Mattson, Cynthia, C.P.A., Roy, UT
 McClellan, Martin, D.D.S., M.S., B.A., Peoria, IL
 Melrod, David, D.D.S., Washington
 Miller, Chris H., Ph.D., Westfield, IN
 Molinari, John A., Ph.D., Northville, MI
 Morgan, William R., D.D.S., Paragould, AR
 Morton, Bill, M.A., C.G., Bellevue, WA
 Murphy, Mark T., D.D.S., F.A.G.D., Rochester, MI
 Myers, Kenneth E., D.D.S., Falmouth, ME
 Obucina, Lillian, D.D.S., J.D., Chicago
 O'Neill, Mary E., M.A., M.F.T., Woodacre, CA
 Oreskovich, Michael, M.D., F.A.C.S., Seattle
 Otomo-Corgel, Joan, D.D.S., M.P.H., Manhattan Beach, CA
 Pace, T. Kim, D.D.S., Clarksville, TN
 Parikh, Purvak V., B.D.S., Santa Rosa, CA

Patton, Troy, C.P.A., Indianapolis
Pavlik, Edward, D.D.S., M.S., Olympia Fields, IL
Penrod, Valerie, Sacramento, CA
Pope, Theodore R., D.D.S., Englewood, OH
Pourhamidi, Jaleh, D.M.D., M.D.Sc., Cert. Orthodontics, Henderson, NV
Prinsell, Jeffrey R., D.M.D., Marietta, GA
Puckett, Kimberly Godwin, Rocky Mount, NC
Ranalli, Dennis N., D.D.S., M.D.S., Pittsburgh
Rhim, Chang W., D.D.S., Orland Park, IL
Roberson, John B., D.M.D., Hattiesburg, MS
Rothman, Christopher M., D.D.S., Birmingham, AL
Rouse, Jeffrey S., D.D.S., San Antonio
Ruiz, Jose-Luis, D.D.S., F.A.G.D., Burbank, CA
Ryan, Marie E., D.D.S. Ph.D., Laurel Hollow, NY
Samaranayake, Lakshman, Sai Ying, Pun Hong Kong
Sammon, Patrick, Ph.D., Salt Lake City
Sangrik, Larry, D.D.S., Chardon, OH
Schonfeld, Stephen E., D.D.S., Eureka, CA
Scofield, JoAnn, M.S., R.D.H., Dallas
Sharifi, M. Nader, D.D.S., M.S., Chicago
Shaw, Robert R., D.M.D., Spokane, WA
Sherman, Donald S., D.M.D., Sudbury, MA
Shirley, Jack, D.D.S., San Antonio
Shoup, Randolph K., D.D.S., Fishers, IN
Small, Bruce, D.M.D., M.A.G.D., Lawrenceville, NJ
Smith, Brian K., D.D.S., M.D., Lakewood, OH
Smyth, Thomas W., D.D.S., Mankato, MN
Sorenson, Dale A., D.D.S., Newburgh, IN
Sperber, Norman (Skip), D.D.S., San Diego
Steinberg, Barbara J., D.D.S., Margate, NJ
Steinberg, Steven C., D.D.S., Skokie, IL
Steinberg, Teri, D.D.S., Skokie, IL
Stewart, Debra, D.D.S., Houston
Streid, Timothy J., B.S., C.P.A., Peoria, IL
Suzuki, Jon B., D.D.S., Ph.D., M.B.A., Philadelphia
Svirsky, John A., D.D.S., M.Ed., Richmond, VA
Swanson, Kelli Jaecks, R.D.H., M.A., Salem, OR
Szarejko, Mark J., D.D.S., F.A.G.D., Palm Harbor, FL
Talley, Robert H., D.D.S., Henderson, NV
Tarantola, Gregory J., D.D.S., Miami
Tekavec, Carol D., C.D.A., R.D.H., Pueblo, CO
Termechi, Omid D., D.D.S., Cedarhurst, NY
Tilton, Jon W., D.D.S., Wichita, KS
Trushkowsky, Richard D., D.D.S., F.A.G.D., F.I.C.D., Staten Island, NY
Vogt, Meryl, D.D.S., Lincoln, NE
von Heimburg, Petra, D.D.S., J.D., Barrington, IL
Wathen, William, D.M.D., Weatherford, TX
Weaver, Joel M. II, D.D.S., Ph.D., Westerville, OH
Werner, Robert A., M.D., M.S., Ann Arbor, MI
West, John D., D.D.S., M.S.D., P.S., Tacoma, WA
White, Joel M., D.D.S., M.S., San Francisco
Williamson, Richard A., B.S., D.D.S., M.S., Iowa City, IA
Wilson, Elizabeth Jean, B.S., R.D.H., Gallipolis, OH
Winker, Wade G., D.D.S., Eustis, FL
Wright, Robin, M.A., Evanston, IL
Zablotsky, Nevin, D.M.D., Shelburne, VT

Zuknick, Stephen, D.M.D., Brandon, FL
Zornosa, Ximena, D.M.D., Peachtree City, GA

Council on Scientific Affairs and Center for Evidence-based Dentistry

Ahlstrom, Robert H., D.D.S., M.S., Reno, NV
Anusavice, Kenneth J., D.M.D., Ph.D., B.S., Gainesville, FL
Armitage, Gary C., D.D.S., M.S., San Francisco
Bader, James, D.D.S., M.P.H., Chapel Hill, NC
Bakdash, Bashar, D.D.S., M.P.H., M.S.D., Minneapolis
Bayne, Stephen C., Ph.D., Chapel Hill, NC
Beck, James, Ph.D., Chapel Hill, NC
Boghosian, Alan A., D.D.S., Chicago
Bradford, Peter, Ph.D., Buffalo, NY
Brantley, William A., Ph.D., Columbus, OH
Brooks, Sharon L., D.D.S., Ann Arbor, MI
Browning, William D., D.D.S., M.S., Augusta, GA
Brunette, Donald M., Ph.D., Vancouver, BC, Canada
Byrne, B. Ellen, D.D.S., Ph.D., Richmond, VA
Carlson, David, Ph.D., Dallas
Carpenter, William M., D.D.S., M.S., San Francisco
Casamassimo, Paul, D.D.S., Columbus, OH
Chan, Jarvis T., D.D.S., Ph.D., Houston
Chee, Winston W.L., B.D.S., Pasadena, CA
Ciancio, Sebastian G., D.D.S., Buffalo, NY
Clark, Morris S., D.D.S., F.A.C.D., Denver
Cleveland, Jennifer L., D.D.S., M.P.H., Chamblee, GA
Cochran, David L., D.D.S., M.S., Ph.D., San Antonio
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Notes

Minutes of the Board of Trustees

October 5-7, 2008

Headquarters Building, Chicago

Call to Order: The seventh session of the Board of Trustees was called to order by President Mark J. Feldman on Sunday, October 5, 2008, at 9:15 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: The following officers and trustees were present: Drs. Mark J. Feldman, John S. Findley, Jane S. Grover, O. Andy Elliott, J. Thomas Soliday, Edward Leone, Jr., Donald I. Cadle, Jr., William R. Calnon, Robert A. Faiella, Raymond Gist, William G. Glecos, Kathryn Kell, S. Jerry Long, Dennis E. Manning, Jeanne M. Nicolette, Marie C. Schweinebraten, Charles L. Smith, Mary Krempasky Smith, Murray D. Sykes, Ronald L. Tankersley, R. Wayne Thompson, Kenneth Versman and Russell I. Webb.

Staff members present were: Beril L. Basman, managing vice president, Strategy Management; Albert H. Guay, chief policy advisor; Tamra S. Kempf, chief legal counsel; Laura A. Kosden, managing vice president and publisher, Publishing; John R. Luther, senior vice president, Dental Practice/Professional Affairs; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Laura M. Neumann, senior vice president, Education/Professional Affairs; Robert L. Owens, chief information officer; Barkley R. Payne, executive director, ADA Foundation; William M. Prentice, senior vice president, Government and Public Affairs; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Wayne R. Wendling, managing vice president, Health Policy Resources Center; and William T. Zimmermann, chief financial officer.

Also in attendance for all or parts of the meeting were: James H. Berry, associate publisher, Publishing; Jerome K. Bowman, public affairs counsel, State Government Affairs; Helen Cherrett, director, Center for International Development and Affairs; Thomas E. Conway, senior manager, Dental Codes and Special Projects; Michael Glick, editor, *JADA*; Judy L. Jakush, editor, *ADA News*; David M. Preble, director, Council on Dental Benefit Programs; James Willey, director, Council on Dental Practice; and Wendy J. Wils, senior associate general counsel, Legal Affairs.

Attorney-Client Session: Attorney-client sessions of the Board of Trustees were held at various times during the meeting.

Preliminary

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

B-82-2008. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar: A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution.

B-83-2008. Resolved, that recommendations on reports and resolutions contained on the Consent Calendar be approved, as amended.

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

B-84-2008. Resolved, that the minutes of August 10-12, 2008, session of the Board of Trustees, as presented, be approved.

House of Delegates

Reports and Resolutions Related to the Reference Committee on Budget, Business and Administrative Matters

Fifth Trustee District Substitute for Resolution 59-2007—ADA Reserves (*Supplement:2054a*): The Board transmitted Resolution 59-2007S-1 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 2 Yes—Drs. Schweinebraten, Thompson; 18 No—Drs. Cadle, Calnon, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Manning, Nicolette, C. Smith, Sykes, Tankersley, Versman, Webb*)

Successful execution of the long-term financial strategy of dues stabilization is dependent upon the financial flexibility provided by strong reserves. Strong reserves generate greater dividends and interest income for the operating budget, allow an annual operating budget limited to an inflationary dues increase to have a deficit funded by reserves, and allow the ADA to react immediately to natural disasters, significant one-time organizational needs, and issues of national significance without reliance on dues or special assessments. The Board has very successfully executed the dues stabilization strategy because of the flexibility provided by the stricken words in Resolution 59-2007. Such flexibility would be severely limited if the Board were required to use the prior year's surplus and any excess reserve funds above the target level to fund a deficit budget for the following year. As noted in the background section of Board Report 6, prior to 2005 the Board was urged to use any reserve funds (including any prior year surplus) in excess of the target level in developing the following year's budget. Such policy made the restoration of historically depleted reserves strictly dependent upon investment returns.

Seventeenth Trustee District Resolution 59—Hyperlink Embedding in Policy Statements

(*Supplement:2082*): The Board transmitted Resolution 59 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

First Trustee District Resolution 65—Level of ADA Reserves (*Supplement:2083*): The Board transmitted Resolution 65 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 1 Yes—Dr. Faiella; 19 No—Drs. Cadle, Calnon, Findley, Elliott, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Manning, Nicolette, Schweinebraten, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb*)

The Board believes that the risk assessment and benchmarking study in Board Report 6 (*Supplement: 2046*) clearly support a reserve target of 50% or more. A reserve target of 50% should satisfy the financial needs and circumstances of the Association as long as the Board is allowed the flexibility to strategically manage reserve balances above the target level in developing annual operating budgets in accordance with the long-term financial strategy of dues stabilization. The Board fervently hopes that adoption of Resolutions 17 and 59-2007 will provide clear long term strategic direction for the management of reserves and end the repeated discussions of reserve levels by the House in recent years.

Sixteenth Trustee District Resolution 66—Periodic Review of ADA Reserve Policy (*Supplement:2086*):

The Board transmitted Resolution 66 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: Unanimous*)

Reserves are a key to successful execution of the Association's long-term financial strategy of dues stabilization, both to generate interest and dividends for inclusion in the annual budget, and more importantly to provide the financial flexibility to keep dues increases at or below inflation. Thus, reserves and the Association's reserve policy are already a major consideration in developing both the ADA strategic plan and the annual operating budget. Because reserves are so thoroughly integrated with the dues stabilization strategy and the annual budgeting process, reserve positions and policies are constantly monitored and evaluated. The Board also agrees that the dues stabilization strategy and reserve policy should be consistent with the Association's strategic plan. Any changes in the ADA's reserve policy, whether determined in

conjunction with the tri-annual strategic planning process or the annual budgeting process, will be reported to the House of Delegates for appropriate approval.

Sixteenth Trustee District Resolution 67—Proposed Resolutions with Financial Implications

(*Supplement:2088*): The Board transmitted Resolution 67 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 1 Yes—Dr. Tankersley; 19 No—Drs. Cadle, Calnon, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Manning, Nicolette, Schweinebraten, C. Smith, Sykes, Thompson, Versman, Webb*)

The Board very much respects the interest articulated by the 16th District, which is to achieve greater consistency in the voting requirements regarding resolutions with a significant financial impact and the annual approval of active member dues. However, the Board is concerned that stating a threshold amount will politicize the process in a manner that could unduly encumber the House of Delegates in its work. For example a resolution with a \$1.8 or \$1.9 million dollar financial impact could be amended to trigger the 2/3rds voting requirement. Likewise, the reverse strategy could occur as well. The Board is also mindful that *Sturgis* indicates that as a general rule it is unwise to require more than a majority vote to commit an organization to a course of action. Specifically, *Sturgis* states, in relevant part, (page 131): “Some people mistakenly assume that the higher the vote required to take an action, the greater protection of the members. Instead, the opposite is true. Whenever a vote of more than a majority is required to take an action, control is taken away from majority and given to a minority. For example, when a two-thirds vote is required, the minority need be only one-third plus one member to defeat the proposal. Thus, a minority is permitted to overrule the will, not only of the majority, but of almost two-thirds of the members...This is minority, not majority, rule...” Therefore, the Board recommends against adoption of this resolution.

Report 17 of the Board of Trustees to the House of Delegates—Compensation and Contract Relating to the Former Executive Director (*Supplement:2089*): The Board transmitted Report 17 to the House of Delegates (*consent calendar action—No Board discussion*). (*Vote: Unanimous to Transmit*)

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

Board of Trustees Substitute for Resolution 16B—Protection of the Patient-Doctor Relationship

(*Supplement:3021a*): The Board transmitted Resolution 16BS-1 to the House of Delegates with the following comment and recommendation to adopt Resolution 16BS-1 in lieu of Resolutions 16 and 16B. (*Vote: 18 Yes—Drs. Cadle, Calnon, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Manning, Schweinebraten, C. Smith, Tankersley, Thompson, Versman, Webb, 2 No—Drs. Nicolette, Sykes*)

Upon further consideration, the Board reexamined Resolution 16. The Board gratefully acknowledges the work of the Fourteenth Trustee District and its desire to determine the effects of managed care on the patient-doctor relationship and the delivery of dental care. Studies in the literature point to a complex relationship that involves both doctor and patient perceptions, independent of each other. The potential issues to be studied, beyond the threshold issue of the likelihood of the project’s success, may involve economics, ethics, liability and anti-trust. The Board believes that the proposed study has the potential to be a valuable resource for future policy and advocacy initiatives; however, it believes the study can be overseen by a smaller group than a 12-member task force and that the Board should receive periodic status reports on the project. Therefore, the Board recommends the adoption of the following substitute Resolution 16BS-1 in lieu of Resolutions 16 and 16B.

16BS-1. Resolved, that the ADA conduct a study utilizing outside consultants to conduct a literature search and collect unbiased data to determine whether and to what extent managed care contracts may have affected the patient-doctor relationship and/or the delivery of dental care, and be it further **Resolved**, that the ADA President-elect, three members of the Board of Trustees and one representative each from the Councils on Dental Practice, Dental Benefit Programs and Government Affairs, in addition to the ADA President, oversee the study, the activities of the consultant and to give periodic status reports to the Board of Trustees, and be it further

Resolved, that the Councils on Dental Practice, Dental Benefit Programs and Government Affairs will each review the results of the study at their first meeting after its completion and make any necessary recommendations to develop and/or support any legislative initiatives in light of the results of the study to the Board of Trustees for further action, and be it further

Resolved, that an updated status report on the study will be provided to the 2009 House of Delegates, and be it further

Resolved, that the data from the study, any analysis thereof, and any legislative initiatives, in connection with the ADA's Strategic Plan, recommended by the Board of Trustees, will be compiled in a final report to the House of Delegates.

Council on Access, Prevention and Interprofessional Relations Substitute for Resolution 26—Health Literacy Strategic Communication Plan (*Supplement:3028*): The Board transmitted Resolution 26S-1 to the House of Delegates with the recommendation to vote yes on the substitute (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Sixteenth Trustee District Substitute for Resolution 28—Update on Dental Tourism

(*Supplement:3042a*): The Board transmitted Resolution 28S-1 to the House of Delegates with the following comment and recommendation to adopt Resolution 28S-1B in lieu of Resolutions 28S-1. (*Vote: 19 Yes—Drs. Cadle, Calnon, Faiella, Findley, Elliott, Gist, Grover, Kell, M.K. Smith, Long, Manning, Nicolette, Schweinebraten, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb, 1 No—Dr. Glecos*)

The Board gratefully acknowledges the work of the Sixteenth Trustee District and its desire to protect the public from adverse outcomes that may occur associated with dental tourism. The Council on Dental Benefit Programs surveyed numerous ADA agencies in an exemplary, "silo-busting" manner and received a consistent message that the Association should focus on the positive aspects of dental care in this country in its response to dental tourism. These include the concept of a dental home where one can receive a continuity of care and access readily available remedies if problems arise, accredited education and a robust licensure system, to name a few. Also, considering that the issue of dental tourism may be significantly different from state to state, the response may vary according to states' needs. The Board believes that the ADA should primarily focus its message on the positive aspects of dental care in the U.S. and that states formulate individualized responses as they deem necessary. That being said, the Board recognizes the potential benefit of compiling information relevant to dental tourism to be used in a lawful manner and notes for the House's information that the appropriate ADA agencies will develop a form that may be used to submit information, both positive and negative, that will be prominently posted on ADA.org.

Certain assumptions had to be made in order to estimate the financial implication of 28S-1, including the number of organizations that may participate. The financial implication estimate is based on one meeting at ADA Headquarters, including one representative each from the Council on Dental Benefit Programs, the Council on Government Affairs, the Council on Communications and five constituent societies, two ADA trustees, the HPRC, and the following external agencies would be invited to send one representative at their own expense: the American Medical Association, AARP and the American Hospital Association. A consultant would need to be retained to develop a shared repository that can be used by all the organizations at an estimated cost of \$15,000. Continuing maintenance costs for the hosting of the repository is estimated at \$25,000, with the understanding that a repository shared among several organizations should not be an ADA in-house repository. If no other organizations are involved besides the ADA, the repository should be able to be handled in-house, with no financial implication. Therefore, the Board recommends that Resolution 28S-1B be adopted in lieu of Resolution 28S-1.

28S-1B. Resolved, that the following definition of dental tourism be adopted:

Dental tourism is the act of traveling to another country for the purpose of obtaining dental treatment.

and be it further

Resolved, that the appropriate agencies of the ADA continue to promote the importance of a dental home while working for increased affordable access to dental care and freedom of choice so that every American who needs dental care can receive it, and be it further

Resolved, that the appropriate agencies of the ADA establish a repository of information relevant to dental tourism, that the information be collected in a manner that protects patient confidentiality and that the information is used in a lawful manner, and be it further

Resolved, that the appropriate agencies of the ADA increase efforts to provide patients, insurance companies and plan purchasers with credible information and resources about quality dental care, including follow-up, delivered by professionals with accredited education, and be it further

Resolved, that in keeping with the ADA position on freedom of choice, patients seeking dental care outside of the U.S. should do so voluntarily, and that prior to travel, be urged to arrange for local follow-up care to ensure continuity of care upon return to the U.S., and be it further

Resolved, that patients who have insurance coverage for dental care performed outside the U.S. should confirm with their insurer and/or employer that follow-up treatment is covered upon return to the U.S., and be it further

Resolved, that patients choosing to travel outside the U.S. for dental care should seek information about the potential risks of combining certain procedures with long flights and vacation activities, and be it further

Resolved, that the transfer of patient records to-and-from facilities outside the U.S. should be consistent with current privacy and security guidelines.

Board of Trustees Supplement to Report 12—A Dental Quality Alliance (*Supplement:3054*): The Board transmitted the Supplemental report to the House of Delegates. (*Vote: Unanimous to Transmit*)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 3 to the House of Delegates: Amendment of ADA Bylaws Regarding the Duties of the Council (*Supplement:3063*): The Board transmitted the Supplemental report and appended Resolution 40 to the House of Delegates with the recommendation to vote *yes* (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 4 to the House of Delegates: Sources of Tobacco Use Prevention and Cessation Materials (*Supplement:3068*): The Board transmitted the Supplemental report and appended Resolution 41 to the House of Delegates with the recommendation to vote *yes* (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Second Trustee District Resolution 46—ADA Member Access to Cochrane Library (*Supplement:3071*): The Board transmitted Resolution 46 to the House of Delegates with the recommendation to vote *yes* (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Alaska Dental Society Resolution 52—Efficacy of Compliance with OSHA Standards (*Supplement:3074*): The Board transmitted Resolution 52 to the House of Delegates with the following comment and recommendation to vote *no*. (*Vote: Unanimous*)

The Board agrees that preventing or minimizing pollution from dental offices, including waste from disposables, is crucial to protecting the environment. Proactive measures such as the use of efficient lighting and heating, reducing the use of paper, following good housekeeping practices and chemical inventory control, training staff and following best management practices for dental office waste, all help minimize the potential impact on the environment and on natural and economic resources. Manufacturers of dental and medical disposables should be strongly encouraged to develop environmentally responsible plastic products that include recyclable materials. The Board feels that the following information should be considered regarding Resolution 52.

Considering the total cost in manpower, water, electricity and increased risk of disease transmission from improper reprocessing and the potential increased exposure from surfaces that cannot be adequately disinfected with chemicals, it may not only be more cost-effective but also more environmentally sound to accept a certain level of plastic medical waste. The release of chemical waste to the environment resulting

from the sterilization and disinfection of dental devices is also a potential concern. Each dental office must consider a balance between: sterilizable items or single-use; surface barriers or surface disinfectants; etc.

For clarification on the implementation of infection control procedures, the ADA first recommended such procedures in the 1970s following the identification of HBV as an occupational hazard for dentists. Development and implementation of the CDC infection control recommendations for health care facilities (universal precautions) occurred in the mid-1980s. These concepts were applied to dental practice in collaboration with the ADA. The OSHA Bloodborne Pathogens Standard followed in 1992. The current CDC infection control recommendations for dentistry were published in December 2003 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>).

In developing the 2003 recommendations, it is important to note that the CDC conducted a critical review of the literature and ranked their recommendations based on the quality of the available scientific evidence. Also of note is that it would not be possible to conduct randomized controlled trials to study the effectiveness of standard precautions today because of patient safety concerns.

Until 1987, incidents of HBV transmission from chronic carrier dentists to patients were reported regularly. Since then (and before the Acer HIV case) there have been no cluster cases reported for HBV among dentists. Vaccination against HBV does not have an impact on this observation.

The CDC reports that, "The National Notifiable Diseases Surveillance System (NNDSS) indicates a 96% decline in hepatitis B viral infections among health care workers over a 17-year period from nearly 11,000 cases in 1983 to fewer than 400 in 1999." This decrease may have significant financial impact: a recent study found that the overall cost to manage reported exposures was from \$71 to \$4,838 and concluded that the best way to manage these costs was to avoid exposures.¹ The intent of standard precautions is to avoid exposures when treating all patients, and ensure patient and provider safety.

Similarly, HCV and HIV are at extremely low levels (below the general population) among dentists and cannot be prevented through immunization. The best protection from known and emerging infections in the health care environment is use of standard precautions.

The ADA seeks opportunities to collaborate with federal agencies and other stakeholders on both environmental and infection control issues. The ADA is also committed on its own to studying and providing information to its members about such issues

Some examples that apply to the focus of Resolution 52 include:

- The ADA provided input and data collected at the ADA Health Screening program in support of the 2003 CDC infection control guidelines for dental health-care settings.
- The ADA adopted a statement on infection control in dentistry in March 2004 recognizing the 2003 CDC guidelines as a comprehensive and evidence-based source for infection control practices relevant to the dental office.
- ADA specifically referred to disposable dental products in a 1991 policy (Use of Biodegradable Materials in Manufacture and Packaging of Disposable Dental Products [1991:585]). The ADA continues to encourage its members to work in their local communities to support initiatives that will have a positive impact on our environment (Health Hazards of Air and Water Pollution [1969:325]).

Other examples of ADA's efforts to work with federal agencies to address environmental concerns are: the development of ADA Best Management Practices for amalgam waste; ANSI/ADA Specification 109 (Procedures for Storing Dental Amalgam Waste and Requirements for Amalgam Waste Storage/Shipment

¹ O'Malley EM, Scott RD 2nd, Gayle J, Dekutoski J, Foltzer M, Lundstrom TS, Welbel S, Chiarello LA, Panlilio AI. Costs of management of occupational exposures to blood and body fluids. *Infect Control Hosp Epidemiol.* 2007 Jul;28(7):774-82. Epub 2007 May 25.

Containers); and guidelines for recycling lead silver from radiograph packets and fixer solution (*JADA* vol. 134, pp.1095-96).

In summary, the Board supports that, whenever practical, reducing the use of plastic dental disposables should be encouraged and promoted. Regarding infection control procedures, the Board believes that the 2003 CDC recommendations and the disease surveillance results support the efficacy and use of standard precautions. Therefore, the Board recommends that Resolution 52 not be adopted.

Alaska Dental Society Resolution 53—Implementation of Rating Scale for Published Articles (*Supplement:3077*): The Board transmitted Resolution 53 to the House of Delegates with the following comment and recommendation to vote *no* (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

The Board agrees with the spirit of the proposal and places a high priority on the ADA's evidence-based dentistry initiatives. Additionally, *JADA* is committed to continuous improvement in an effort to strengthen the profession's premier journal and aid members' understanding of the scientific literature. One step taken in this process was Editor Dr. Michael Glick's appointment last year of Dr. James Bader (research professor, Operative Dentistry, School of Dentistry, University of North Carolina, Chapel Hill) as *JADA*'s first associate editor of Evidence-Based Dental Practice. Dr. Bader also volunteers his time and expertise to the ADA Center for Evidence-Based Dentistry.

Good progress has been made on the initiatives described in the 2007 Board comment to Resolution 43 (*Supplement 2007:4110*). Currently the ADA Center for Evidence-Based Dentistry uses level-of-evidence rating scales in articles developed by the Center and/or the Council on Scientific Affairs and published in *JADA* and ADA.org. These include rating scales used in Critical Summaries (this new feature is now scheduled to begin in *JADA* in early 2009) to rate the quality of the evidence presented in a systematic review, and a scale developed by Shekelle, 1999¹ that is currently being used for ADA evidence-based clinical recommendations. Of note is that the Center for EBD has commissioned an advisory group to determine if another rating system for evidence-based clinical recommendations is needed to replace the Shekelle system.

Both the Critical Summaries (those published in *JADA* and others that will be available online only) and the Clinical Recommendations will be posted on the new EBD Web site set to launch in spring of 2009. Twenty-one ADA Evidence Reviewers were trained in 2008 and are actively working on development of Critical Summaries for *JADA* and the EBD Web site.

Evidence-based dentistry is evolving as an approach to oral health care and includes critical appraisal of the literature as one step within the process of treatment decision-making. While there are multiple systems available to rate the level of evidence, one standardized system cannot be identified to rate the level of evidence in the wide variety of articles published in *JADA*. The Board cautions that a ranking of each article published in *JADA* is not feasible or appropriate.

A rating system for all articles has the potential to lead to bias, subjectivity and oversimplification, whereas for the benefit of our patients and profession, strong analysis and critical thinking skills are necessary. In the September 2008 issue of *JADA*, associate editor Dr. Bader wrote about the challenges and responsibilities involved in "keeping critical." Part of the answer is to be skeptical and apply our critical appraisal skills, as well as our common sense. Another part of keeping critical is to "proactively select information on which to act." Scientific studies should be reproduced and validated. One study reported in *JADA* or any other source cannot answer a clinically important question in most cases. To practice evidence-based care effectively, all sources of clinical information should be taken into account, as may be found in a systematic review of the literature.

¹ Shekelle PG, Woolf SH, Eccles M, Grimshaw J. Clinical guidelines: developing guidelines. *BMJ* 1999;318(7183):593-6.

Development of the Critical Reviews feature in *JADA* and the new EBD Web site at ADA.org are well underway. A significant amount of useful information is also currently available online at the interim EBD Web site at www.ada.org/goto/ebd. With the resources available and in development, and in light of the Board's comment about a single rating system for *JADA*, the Board recommends that Resolution 53 not be adopted.

First Trustee District Resolution 55—Overhead of a Dental Practice (*Supplement:3079*): The Board transmitted Resolution 55 to the House of Delegates with the following comment and recommendation to adopt Resolution 55B in lieu of Resolution 55 (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

The Board gratefully acknowledges the work of the First Trustee District and its desire to present dentists' salaries in a manner similar to that which is used in corporate representations. The Board notes that the Survey Center distinguishes between unincorporated and incorporated practices in its reporting. The Board also wishes to point out that the Survey Center currently reports "total salaries, wages, commissions and bonuses of shareholder dentists" in incorporated practices in the overhead of the dental practice in the 2006 Survey of Dental Practice, Annual Expenses of Operating a Private Practice, Table 5, Table 11, Table 17 and several other tables in the same report. However, the Board also notes that the Survey Center has not included "total salaries, wages, commissions and bonuses of shareholder dentists" in the overhead of dental practices for incorporated practices in the Survey Center publication, 2006 Survey of Dental Practice, Income from the Private Practice of Dentistry, Table 79 and several other tables in the report. Therefore, the Board recommends the adoption of the following substitute Resolution 55B in lieu of Resolution 55.

55B. Resolved, that the ADA Survey Center make appropriate efforts to incorporate "total salaries, wages, commissions and bonuses of shareholder dentists" as dental practice overhead expenses in reporting expenses as a percent of gross billings for incorporated practices in all Survey Center publications, as appropriate, according to established reporting standards, and be it further
Resolved, that the Survey Center clearly identify in titles and text when "total salaries, wages, commissions and bonuses of shareholder dentists" are not included in dental practice overhead expenses for unincorporated practices in Survey Center publications in those instances where established reporting standards do not permit the inclusion of this category of expense in dental practice overhead, and be it further
Resolved, that these changes be implemented in Survey Center publications released in 2009.

Fourteenth Trustee District Resolution 57—"Failed Appointment" Code (*Supplement:3081*): The Board transmitted Resolution 57 to the House of Delegates with the following comment and recommendation to vote yes on referral. (*Vote: Unanimous*)

The Board gratefully acknowledges the work of the Fourteenth Trustee District and its desire to facilitate the documentation of this important information. The Board notes, however, that the *Code on Dental Procedures and Nomenclature* is currently maintained by the Code Revision Committee (CRC) which does not have purview over administrative codes. Therefore, the Board recommends that Resolution 57 be referred to the appropriate ADA agencies to evaluate the concept of administrative codes and report to the 2009 House of Delegates.

Fourteenth Trustee District Resolution 58—Going Green (*Supplement:3083*): The Board transmitted Resolution 58 to the House of Delegates with the following comment and recommendation to adopt Resolution 58B in lieu of Resolution 58 (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

The Board agrees with the Fourteenth Trustee District and its desire to create a "Going Green" initiative for the profession of dentistry. The Board believes that this initiative can be developed with a report to the 2009 House without the added expense and delay associated with an environmental impact study. The Board believes that undertaking a full analysis of "the environmental impact of dental offices on resource consumption and waste disposal" would be both costly and complicated, and could even generate data that might potentially be used by some as a means for advocating for greater regulation of the dental office. The Board does not believe that such a study is needed to develop the practical recommendations that would be contained in a "Going Green" initiative for the profession. The Board further is aware that the Council on

Dental Practice has discussed “Going Green” previously as one of its mega-issue discussion topics, and has already begun to develop preliminary “Going Green” concepts for the dental office. The Council on Dental Practice anticipates that a one-year project to develop a “Going Green” initiative for dentistry may require additional and specific consultant services to support the efforts of staff. The estimated \$20,000 financial implication associated with this proposed initiative is based on previous experiences with general consulting projects. Therefore, the Board recommends the adoption of Resolution 58B in lieu of Resolution 58.

58B. Resolved, that the Council on Dental Practice undertake a one-year project to develop a “Going Green” initiative for the dental office with recommendations that are simple and practical to implement, in order to minimize adverse environmental impacts and promote responsible resource use by the profession, and be it further

Resolved, that a report on the “Going Green” initiative be presented to the 2009 House of Delegates.

Fourteenth Trustee District Resolution 62—Future of Dental Laboratory Technology Conference

(*Supplement:3085*): The Board transmitted Resolution 62 to the House of Delegates with the following comment and recommendation to adopt Resolution 62B in lieu of Resolution 62. (*Vote: Unanimous*)

The Board agrees with Fourteenth Trustee District and its desire to convene a conference regarding the future of dental laboratory technology. The Board believes that the listing of interested stakeholders should be expanded to include members from the ADA Board of Trustees, the Council on Dental Education and Licensure, the Prosthodontic Forum and an open category representing at-large ADA members. The Board also believes that for budgetary reasons the number of interested stakeholders should be restricted to two representatives from each of the ten specifically identified stakeholder groups. The Board further understands that the preliminary budget for the conference includes honoraria for up to six additional subject experts/presenters. These subject experts/presenters may or may not be chosen from the pool of conference participants. The preliminary budget also anticipates that ten additional staff members may attend the conference, five from the ADA and five from the outside stakeholder groups. Subject to these clarifications regarding the proposed laboratory technology conference, the Board recommends the adoption of Resolution 62B in lieu of Resolution 62.

62B. Resolved, that the American Dental Association convene a conference of interested stakeholders, to discuss the current state of dental laboratory services, training in the U.S. and to consider actions each organization could take to insure that the quality of prosthetic services delivered in the U.S. remains high in the future. The ADA will be represented by two members from each of the following: the ADA Board of Trustees, the Council on Dental Practice, the Council on Scientific Affairs, the Council on Dental Education and Licensure and four (4) members chosen at large, and be it further

Resolved, that an invitation for two (2) participants each will be issued to: the Commission on Dental Accreditation, the Prosthodontic Forum, the Academy of General Dentistry, the National Association of Dental Laboratories, the American Dental Education Association, and the American Student Dental Association, and be it further

Resolved, that additional outside stakeholders may attend as observers at their own expense, subject to the space limitations of the conference location, and be it further

Resolved, that the conference will consider but not be limited to the following subjects:

- adequacy of undergraduate dental school training and examination in prosthetic techniques
- workforce concerns, the state of education and alternative training models for dental technologists
- the changing marketplace for dental prosthetic solutions
- scope and impact of off-shore dental laboratory outsourcing
- safety and regulatory concerns related to dental laboratories
- future needs

and be it further

Resolved, that a report be prepared for the 2009 House of Delegates and shared with participating agencies, with recommended actions and activities for the ADA to address the profession’s present and future needs for prosthetic services and dental technology support.

Fourteenth Trustee District Resolution 63—Promotion of ADA Policy, “Standards for Dental Benefit Plans” (*Supplement:3088*): The Board transmitted Resolution 63 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 4 Yes—Drs. Calnon, Long, Thompson Versman, 16 No—Drs. Cadle, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, M.K. Smith, Manning, Nicolette, Schweinebraten, C. Smith, Sykes, Tankersley, Webb*)

The Board gratefully acknowledges the work of the Fourteenth Trustee District and its desire to promote the adoption of the Standards for Dental Benefit Plans. The Board also notes that the Council on Dental Benefit Programs has reviewed the policy this year as reflected in its Resolution 3, Amendment to the Policy, “Standards for Dental Benefit Plans” (*Supplement:3005*). The Council promotes these standards in numerous ways currently, including negotiations with benefit plan carriers and administrators, support for questions or complaints from ADA members and *ADA News* articles. The Board believes, however, that metrics on the acceptance of these standards by dental benefit plans would be extremely difficult, if not impossible to determine, with the overwhelming number of dental benefit plans in the marketplace and the difficulty of determining if acceptance of standards is reflected in the contracts. Therefore, the Board recommends that Resolution 63 not be adopted.

Fifth, Sixteenth and Seventeenth Trustee Districts Resolution 69—Development of Access to Care Plan (*Supplement:3090*): The Board transmitted Resolution 69 to the House of Delegates with the following comment and recommendation to adopt Resolution 69B in lieu of Resolution 69. (*Vote: 16 Yes—Drs. Calnon, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Nicolette, C. Smith, Tankersley, Thompson, Versman, Webb, 4 No—Drs. Cadle, Manning, Schweinebraten, Sykes*)

The Board agrees that access to oral health care is a complex matter that requires a multi-facet response if the issue is to be resolved.

The Council on Access, Prevention and Interprofessional Relations (CAPIR) has been reflecting upon this issue as well. The Council was successful in organizing and convening the recent 2008 Medicaid Symposium, which provided insights into the challenges faced by dentists who successfully provide care to Medicaid patients within their private practice settings. The Council has developed the framework for the 2009 Access to Care Summit, which will include a broad spectrum of stakeholders in order to consolidate information about current events focused on improving access to care activities, develop a coordinated strategy for addressing access to oral health care challenges and establish metrics for activities related to the defined strategies.

Just as the fall 2007 American Indian/Alaskan Native Summit produced an action plan with outcomes that are beginning to improve access to care among Native populations, it is anticipated that similar outcomes and results will arise from the Access to Care Summit. The Council’s National Oral Health Literacy Advisory Committee is making significant progress in collecting baseline data on dentists’ knowledge, attitudes and beliefs regarding oral health literacy, evaluating what dental schools teach specific to health literacy, and in developing continuing education programs to assist members understand how to improve their skill in communicating with a wide variety of patients.

The Council has conducted an internal survey of resources and revisited its mission and vision statement. In light of this review, the Council is proposing an amendment to its *Bylaws* duties, which are being brought before the House of Delegates in Resolution 40 (*Supplement:3065*).

The Board commends the Council on its efforts to assume a leadership role in recommending policies, advising other ADA agencies and developing programs focused on access to care. The Board believes that CAPIR is the primary agency dedicated to provide leadership, vision and coordination of the ADA’s activities to advance oral health within the health delivery system. Therefore, the Board recommends the adoption of Resolution 69B in lieu of Resolution 69.

69B. Resolved, that the Council on Access, Prevention and Interprofessional Relations assess current ADA programs, projects and activities specific to access to care and similar activities conducted outside

of the ADA and develop a draft access Strategic Work Plan to be presented to the 2009 ADA House of Delegates, and be it further

Resolved, that the Strategic Work Plan include goals, implementation steps, policy recommendations, strong evaluation components, and monitoring plans to facilitate setting realistic timelines, guidelines and budgets, and be it further

Resolved, that the Strategic Work Plan serve as vehicle to enlist collaborative action to improve access to care by a broad stakeholder community.

Seventeenth Trustee District Resolution 73—ADA Policy on Tooth Whitening Administered by Non-Dentists (*Supplement:3093*): The Board transmitted Resolution 73 to the House of Delegates with the following comment and recommendation to adopt Resolution 73B in lieu of Resolution 73. (*Vote: Unanimous*)

The Board shares the concern over tooth whitening by non-dentists. The Association already makes available to the states resources on various approaches to this issue, including model language and an overview of how different states have dealt with it. The Board offers a substitute resolution for two reasons.

First, the federal Food and Drug Administration (FDA) has failed to classify bleaching products as a device, drug or cosmetic and, as a result, has not regulated this product class in any way. The Board believes that in addition to activity at the state level, the Association should petition the FDA to classify tooth bleaching products and regulate them accordingly. The Board believes this can be done with existing resources.

Second, whether and how to regulate bleaching by non-dentists (other than the ultimate consumer) is a state issue and any lobbying for regulation and enforcement should be done by the constituent societies. Therefore, the Board's substitute urges state societies to take steps to prevent the practice of dentistry by non-dentists. As stated above, the Association will continue to offer resources to states which undertake this effort. In addition, the Board recognizes that not all state dental boards have taken a position on this issue and therefore clarifies the resolution to urge the states to support legislation or regulation that application of bleaching agents constitutes the practice of dentistry.

Finally, the Board is aware of the present state of the economy and the very tight budgets under which state governments will operate in the coming year. Because of this economic condition, any legislative effort calling for a new commitment of funds may face immediate hurdles. For this reason, the Board's substitute omits the final resolving clause of the original resolution calling for lobbying of state governments to commit resources to enforcement of state practice acts. The Board believes that the constituent societies are better placed to recognize whether lobbying for additional resources will be productive or will hamper efforts to address the issue of tooth whitening by non-dentists. Therefore, the Board recommends the adoption of Resolution 73B in lieu of Resolution 73.

73B. Resolved, that the American Dental Association supports educating the public on the need to consult with a licensed dentist to determine if bleaching is an appropriate course of treatment, and be it further

Resolved, that the Council on Scientific Affairs compile scientific research to describe treatment considerations for dentists prior to the tooth whitening procedure in order to reduce the incidence of adverse outcomes and report these findings to all state dental associations, and be it further

Resolved, that the American Dental Association petition the Food and Drug Administration to properly classify tooth bleaching agents in light of the report from the Council on Scientific Affairs, and be it further

Resolved, that the American Dental Association urges constituent societies, through legislative or regulatory efforts, to support the proposition that the administering or application of any intra-oral chemical for the sole purpose of whitening/bleaching of the teeth by whatever technique, save for the lawfully permitted self application and application by a parent and/or guardian, constitutes the practice of dentistry and any non-dentist engaging in such activity is committing the unlicensed practice of dentistry.

Council on Access, Prevention and Interprofessional Relations Supplemental Report 5 to the House of Delegates: Recent Council Activities (*Supplement:2096*): The Board transmitted the Supplemental

report to the House of Delegates (*consent calendar action—no Board discussion*). (*Vote: Unanimous to Transmit*)

Council on Scientific Affairs Supplemental Report 1 to the House of Delegates—ADA Caries Classification Conference Update (*Supplement:3117*): The Board transmitted the Supplemental report to the House of Delegates (*consent calendar action—No Board discussion*). (*Vote: Unanimous to Transmit*)

Report 16 of the Board of Trustees to the House of Delegates: Dental Workforce Model: 2006-2030 (*Supplement:3116*): The Board transmitted Report 16 to the House of Delegates (*consent calendar action—No Board discussion*). (*Vote: Unanimous to Transmit*)

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

Sixteenth Trustee District Substitute for Resolution 37—Implementation of Recommendations in the CODA Task Force Report (*Supplement:4004a*): The Board transmitted Resolution 37S-1 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 1 Yes—Dr. Long; 19 No—Drs. Cadle, Calnon, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, M.K. Smith, Manning, Nicolette, Schweinebraten, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb*)

The Board believes that it is important to provide a mechanism to encourage and support CODA in its review and implementation of recommendations from the Task Force Report. The committee will also provide a mechanism for direct communication on progress back to the ADA.

Twelfth Trustee District Substitute for Resolution 39—Financial Support for CDHC Model (*Supplement:4042a*): The Board transmitted Resolution 39S-1 to the House of Delegates with the following comment and recommendation to vote yes. (*Vote: 19 Yes—Drs. Cadle, Calnon, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Manning, Nicolette, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb; 1 No—Dr. Schweinebraten*)

The Board agrees with the Twelfth District's alternative language. The substitute language better reflects the Board's intent for up to \$5 million to be committed to support the full implementation and evaluation of the CDHC pilot programs over the next five years, if funds are not granted by external entities.

Sixteenth Trustee District Substitute for Resolution 39—Financial Support for CDHC Model (*Supplement:4042b*): The Board transmitted Resolution 39S-2 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: Unanimous*)

The Board believes that potential for success of the CDHC model workforce initiative will be substantially diminished by piece-mealing the components of the demonstration project. Management of the online curriculum and evaluation cannot proceed as independent activities without fully supported pilot sites. These sites were carefully selected for their unique characteristics to demonstrate the applicability of the model and it is not feasible to expect local communities with access problems to provide resources to support start-up costs. However, it is more likely that external support can be obtained to sustain programs based on ADA's commitment and a track record of initial success.

The Board supports a financial commitment to fund the project over the next five years, if necessary, to properly conduct and evaluate the pilot training programs, while continuing aggressive efforts to seek external funding from sources such as foundations, corporations and government agencies.

American Academy of Oral and Maxillofacial Pathology, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American Association of Public Health Dentistry and American College of Prosthodontists Resolution 70—Joint Commission on National Dental Examinations Use of Pass/Fail on National Board Exams (*Supplement:4072*): The Board transmitted

Resolution 70 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (*Vote: Unanimous*)

The Board appreciates the challenges facing advanced education programs in evaluating applicants and acknowledges the beliefs of educators involved in advanced education that the National Board scores have provided an effective evaluation tool for students, dental schools and the dental profession. While understanding the Joint Commission's rationale for its recent policy decisions, the Board is concerned that no clear alternative assessment tools are currently available to fill the void. The Board believes that more time is needed to allow stakeholders to dialogue about alternative information and assessment models that would meet the needs of advanced education programs and others who have traditionally used National Board results for a variety of purposes beyond licensure. The Board, therefore, recommends the following substitute resolution.

70B. Resolved, that the ADA House of Delegates urge the Joint Commission on National Dental Examinations (JCNDE) to retain its current system of score reporting and delay implementation of its policy of reporting only pass/fail results from the National Board Exams until such time as alternative assessment models are available to education programs and other stakeholders.

Reports and Resolutions Related to the Reference Committee on Membership and Planning

Second Trustee District Resolution 42—Student Block Grant Program (*Supplement:5019*): The Board transmitted Resolution 42 to the House of Delegates with the following comment and recommendation to adopt Resolution 42B in lieu of Resolution 42. (*Vote: Unanimous*)

The Board of Trustees applauds the constituent societies' efforts to engage dental students in organized dentistry and supports these efforts through the ADA student block grant program. The purpose of the program is to increase conversion rates to membership upon graduation by encouraging personal outreach with students at the state level.

The grants have been a valuable resource for state societies as they reach out to the profession's future members. In New York, the dental school population ranges from a low of 40 to more than 350 students per class year. New York University is the largest school by a wide margin with 1,295 students enrolled in 2007-2008, which is approximately 7% of the total dental student population and 613 more students than the next largest school. Nationally, in 2007-2008, there were five dental programs with total enrollment above 500 (New York University, Tufts University, University of Southern California, Boston University and the University of Pennsylvania).

Currently, the ADA student block grant program provides state societies with \$3,000 per dental school for student programs that include a personal outreach component held on behalf of organized dentistry. The budget for the program is \$153,000. Last year, 32 states (of 36 eligible) applied for \$131,500 of the available funds. In 2006, 33 states participated in the block grant program and received nearly \$134,000 of the available funds. Not all state societies take advantage of the available grant funds. As of September 10, 2008, only five states have submitted reimbursement forms for the year. As in the past, it is anticipated that most forms will reach the ADA in December.

The Board understands that events held at some of the larger schools have limited options as funds are depleted quickly. In an attempt to improve the scope and effectiveness of student outreach programs in these larger schools, the Board recommends the adoption of Resolution 42B in lieu of Resolution 42.

42B. Resolved, that the current \$3,000 per dental school limit for distribution to constituent dental societies under the ADA student block grant program be increased to \$5,000 for any dental school with a total enrollment greater than 500 students and \$6,000 for enrollments greater than 750 as of January 1 of the prior budget year.

Second Trustee District Resolution 43—Mandate Tripartite Membership for Graduate

Student/Resident Members (*Supplement:5021*): The Board transmitted Resolution 43 to the House of Delegates with the following comment and recommendation to vote yes on referral. (*Vote: Unanimous*)

The Board understands the importance of attracting graduate students into tripartite membership and the reality that some may not choose to become tripartite members on completion of their graduate program. While requiring tripartite membership at all three levels of the tripartite is a requirement for licensed dentists practicing at a state or other jurisdiction of the United States, it is not required for dental students.

In 2005, as part of the comprehensive membership study completed by the Council on Membership, a survey was conducted to determine how many constituent societies had various membership categories. The survey found that of the 40 dental societies that responded to the survey, 36 indicated that licensed graduate students were allowed to become active members.

Additionally, the Council on Membership is forwarding Resolution 10 (*Supplement:5001*) to the House of Delegates which urges constituent societies to develop opportunities for direct members to join the tripartite by creating parallel membership categories at the state and local levels to mirror those available at the ADA level. If Resolution 10 is adopted by the 2008 House of Delegates, states would be encouraged to develop membership categories such as a category for graduate student/resident members, which would provide graduate students/residents the opportunity to be a direct member or to have a tripartite experience by becoming a member of their state and/or local society.

The proposed *Bylaws* changes may have unintended consequences. Since many graduate students may either 1) not be licensed or 2) be licensed in a state other than where they are doing their graduate training, they would likely be ineligible for membership in the state in which they are practicing. While the proposed bylaws amendment offers a possible solution, the impact on students and dental societies is unknown. Additionally, while there may be graduate students who plan to continue their career in the location of the graduate/residency program; there may also be many who plan to return to another state or leave the country. As such, the Board believes that it is important for the Council on Membership to study the implications of the *Bylaws* change and report to the Board of Trustees in 2009.

Thirteenth Trustee District Resolution 50—Lower Electronic Dues Payment Program Threshold

(*Supplement:5024*): The Board transmitted Resolution 50 to the House of Delegates with the following comment and recommendation to adopt Resolution 50B in lieu of Resolution 50 (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

The Board agrees that eliminating barriers to ADA membership benefits all levels of the tripartite. There is no *Bylaws* requirement that establishes the 50% threshold, but rather an administrative policy that was established to manage installment dues processing. In 1999, when the *Bylaws* were changed to allow for active and active life members to participate in an installment dues payment program, an administrative decision was made by the ADA to only accept partial payments from constituent societies for active and active life members who would be paying at least 50% of the full dues amount in order to be able to handle the volume of partial payments that the ADA was expected to receive as a result of this *Bylaws* change.

Many constituent societies utilize some form of dues installment program, but not all constituent societies administer it in the same manner as the California Dental Association. Some constituent societies are administrated by allowing for automated electronic transfer of funds, some by automatically charging the payment to a pre-approved credit card, and some by check payments. Those states that handle credit card payments are provided a credit card processing fee rebate of 2% of the total credit card payments made. It is difficult to estimate what the financial impact would be to rebate the state societies on any additional credit card payments incurred as a result of accepting partial payments for members paying 25%, or \$125 in 2008, in dues owed to the ADA who chose to participate in an installment program. However, the amount is expected to be minimal.

From an administrative perspective, since 1999, programming has been put in place to allow payments to be expedited and dues payments can be applied directly into the Tripartite System (TS) at the ADA. This has eliminated much of the costly manual payment processing that was done previously. The administrative costs

associated with handling the anticipated additional partial payments for active members expected to pay \$125 or more in dues to the association each year could be absorbed at the ADA.

The graduate student category of membership is the only active member category at this time that is expected to pay less than 25% (\$125) of the full active dues amount and as such, would not be eligible for installment payments. Further, it would not be practical or economically sound to allow someone who owes \$30 for graduate student dues to make monthly installments.

The Board believes the resolution is addressing an administrative policy, not a bylaws requirement. Since a change to this administrative policy can be made without further discussion and can be made beginning with the 2009 membership year, the Board recommends adoption of Resolution 50B in lieu of Resolution 50.

50B. Resolved, that the ADA support the concept of lowering the administrative minimum payment for acceptance of installment payments for dues for active members to 25% of the full active dues amount.

Twelfth Trustee District Resolution 54—Allocation of Student Block Grant Program Funds

(Supplement:5026): The Board transmitted Resolution 54 to the House of Delegates with the following comment and recommendation to adopt Resolution 54B in lieu of Resolution 54 (*consent calendar action—no Board discussion*). *(Vote: Unanimous)*

The Board applauds the student outreach efforts of the Kansas Dental Association (KDA) and encourages other constituent societies without dental schools in their states to conduct similar student activities if not already doing so. The Board agrees that student outreach is vital to the future success of the ADA.

Through the current Student Block Grant Program, constituent societies with dental schools in their state are eligible to apply for up to \$3,000 annually in grant funding for each school to conduct student outreach activities. The activities must include personal outreach with students to be eligible for funding. Funding is distributed through reimbursement following the activities. In addition to including a personal interaction, constituent societies must complete the Reimbursement Request Form in its entirety, include original receipts for all expenses and meet the annual deadline to be eligible for funding. The budget for the program in 2008 is \$153,000. Last year, 32 constituents (of 36 eligible) applied for \$131,500 of the available funds. In 2006, 33 constituent societies participated in the Student Block Grant program and received nearly \$134,000 of the available funds. Not all constituent societies with dental schools in their states are taking advantage of the available grant funds.

As per the resolution, constituent societies would be eligible for up to \$3,000 total, regardless of the number of schools involved. The Board agrees with this approach. Although the current program reimburses constituent societies with dental schools up to \$3,000 for student outreach per school, it would not be appropriate to apply the per school allowance to non-dental school states. Therefore to avoid confusion and simplify the reimbursement process, the Board recommends a maximum reimbursement of \$3,000 funding per year for constituent societies without a dental school within their boundaries, regardless of the number of schools included in outreach activities.

There are 16 states without a dental school so the potential budgetary impact to offer these constituent societies \$3,000 each in block grant funding would be \$48,000 annually or a total of \$201,000 for the Student Block Grant Program. There is little historical data available on student activities in non-dental school states so it is difficult to forecast to what extent these states will use the grant. However, approximately 85% of the budgeted grant funding was reimbursed in 2007 (or \$131,508.55). Also, considering that only six of the 16 constituent societies have schools nearby (within 200 miles) and accounting for a few more enthusiastic efforts, it is possible that only eight of the 16 non-dental school constituent societies will take full advantage of the funding.

In addition to building future memberships, another benefit of the Student Block Grant program could be to “plant the seed” to alleviate dentist shortages in certain areas. For example, constituent societies could

use funding to help recruit fourth year students to practice in their states, which could be especially beneficial to states that face shortages, like Alaska.

Regardless of the types of activities funded by the grant, state societies without dental schools must follow current Student Block Program requirements, including a personal outreach component. States whose activities do not include a personal interaction with students will not be eligible for reimbursement.

The Board anticipates moderate usage of the expanded grant program and supports the student outreach efforts of constituent societies without dental schools in their states. Therefore, the Board recommends adoption of the following substitute resolution in lieu of Resolution 54.

54B. Resolved, that the American Dental Association amend the Student Block Grant Program to allow a constituent dental society that does not have a dental school within its state boundaries to be eligible for total funding of up to \$3,000 per year for the purpose of student outreach and recruitment activities, provided that the society adheres to all the Student Block Grant Program criteria, including the requirement of a personal outreach component within each activity.

Report 20 of the Board of Trustees to the House of Delegates—Membership Practices and Proposed National Summit on Diversity in Dentistry (*Supplement:5029*): The Board transmitted Report 20 and the appended Resolution 71 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Reports and Resolutions Relating to the Reference Committee on Public Affairs, Legal and Legislative Matters

Sixth Trustee District Substitute to Resolution 38—Universal Healthcare Reform (*Supplement:6091a*): The Board transmitted Resolution 38S-1 to the House of Delegates with the following comment and recommendation to vote yes on the substitute (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Eighth Trustee District Resolution 44—Medicaid Provider Numbers for Dental Facilities (*Supplement:6156*): The Board transmitted Resolution 44 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (*Vote: Unanimous*)

The Board agrees with the Eighth Trustee District that organized dentistry should do what it can to facilitate volunteerism by dentists in public clinics or similar facilities. A question remains, though, as to whether a clinic can bill Medicaid for covered services provided by a dentist who volunteers his or her services. According to the Centers for Medicare and Medicaid Services (CMS), the federal agency that regulates the Medicaid program, there is no federal rule requiring individual dentists to obtain a Medicaid provider number. On the other hand, states are free to establish this requirement as a method to assure that a dentist is properly credentialed. The Board believes that it would be very useful to have the ADA identify the various impediments that make it difficult for facilities to bill for services provided by dentists who volunteer their services to public clinics and similar facilities and work with constituent dental societies, government agencies, and others to make necessary legislative/regulatory adjustments. As such, the Board recommends the following substitute resolution.

44B. Resolved, that the ADA identify the various impediments, at both the federal and state levels, that make it difficult for facilities to bill for services provided by dentists who volunteer their services to public clinics and similar facilities and work with constituent dental societies, government agencies, and others to make necessary legislative/regulatory adjustments.

Second Trustee District Resolution 45—Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs (*Supplement:6158*): The Board transmitted Resolution 45 to the House of Delegates with the following comment and recommendation to vote yes. (*Vote: Unanimous*)

The Board agrees that additional resources to expand the number of dental residencies will be helpful for the profession and for improving access for underserved populations. The ADA has policy that expressly calls for the ADA to seek increased federal support for CODA accredited postdoctoral training programs (Increased Support for Postgraduate Training Programs, *Trans.*2005:337) and the ADA has lobbied for many years to enhance such funding. This resolution, which speaks specifically about one form of post-doctoral programs, is in concert with current policy and activities.

Delegate Joseph F. Hagenbruch Resolution 48—ADA Intellectual Property Licensing Protocol

(*Supplement:6160*): The Board transmitted Resolution 48 to the House of Delegates with the following comment and recommendation to adopt Resolution 48B in lieu of Resolution 48. (*Vote: 19 Yes—Drs. Cadle, Calnon, Faiella, Findley, Elliott, Gist, Grover, Kell, M.K. Smith, Long, Manning, Nicolette, Schweinebraten, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb; 1 No—Dr. Glecos*)

While the Board supports the concept proposed by the resolution, it has concerns that the resolution may be overly broad in several aspects. In the proposed substitute, the term “non-de minimus” has been inserted to make clear the Board’s intention. Further, the Board has procedures for determining when a vote should be recorded and would prefer to retain that flexibility, and has therefore stricken the language pertaining to the utilization of a ballot vote. Therefore, the Board offers the following substitute resolution in lieu of Resolution 48.

48B. Resolved, that the ADA Board of Trustees, in connection with any proposed non-de minimus grant by the ADA of rights in or to ADA intellectual property, require the ADA council(s) having substantive knowledge of the intellectual property to be involved from the beginning in discussions concerning the proposed grant, to review the terms of such proposed grant and to make recommendation(s) to the Board of Trustees on the proposed grant, and be it further

Resolved, that the ADA Board of Trustees, after having considered the recommendations of the appropriate ADA council(s), when appropriate, make a determination concerning the proposed grant.

Eleventh Trustee District Resolution 49—Compliance with the Settlement Agreement Regarding the Lawsuit Challenging Dental Health Aide Therapist (DHAT)

(*Supplement:6163*): The Board transmitted Resolution 49 to the House of Delegates with the following comment and recommendation to vote yes. (*Vote: Unanimous*)

While the Board disagrees with some of the assertions made in the background statement submitted with this resolution, we agree with the Eleventh Trustee District that the House of Delegates deserves a report on the status of the terms of last year’s settlement agreement with the ANTHC.

Eleventh Trustee District Resolution 51—Removing Soda Pop and Other Sugar Beverages from the USDA Food Stamp Program

(*Supplement:6166*): The Board transmitted Resolution 51 to the House of Delegates with the following comment and recommendation to adopt Resolution 51B in lieu of Resolution 51. (*Vote: 19 Yes—Drs. Cadle, Calnon, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, Long, Manning, Nicolette, Schweinebraten, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb; 1 No—Dr. M.K. Smith*)

The Board agrees with the intent of discouraging the purchase of sugar based beverages with little or no nutritional value. Since 2004, the ADA has been working with the National Alliance for Nutrition and Activity (NANA), a voluntary coalition of more than 120 national and 160 state and local organizations — including the Alaska Department of Health and Social Service’s Nutrition Unit, the Alaska Division of Public Health, the Alaska Native Tribal Health Consortium Diabetes Program, and the Alaska Seafood Marketing Institute.

The purpose of the coalition is to improve the nutrition standards and public education components of all United States Department of Agriculture (USDA) programs. The coalition’s advocacy efforts have not been restricted to just the Food Stamp Program. They have also advocated stronger standards for the federal School Meal Program and the Women, Infant, and Children’s Program (WIC), and others. In addition, the coalition is advancing stronger nutrition standards in schools as its priority. It has done so in the context of Congressional priorities on childhood obesity and in light of stiff opposition from the soda pop industry. It includes, at the ADA’s urging, a commitment to prohibit or otherwise reduce access to soda pop in schools, which would impact more children than would an exclusive focus on a single government program.

Supported by the Council on Government Affairs, the ADA has leveraged NANA's membership and resources to advocate for a range of nutrition-related policies. For example, the ADA worked with NANA to advance the Child Nutrition Promotion and School Lunch Protection Act (S. 771), which would tie the nutritional requirements for federally reimbursable school meals to the latest nutrition science. It would also compel schools receiving federal school meal funds to require these standards for all foods sold on their campuses during school hours (including foods available for purchase through vending machines, school stores, and a la carte). More recently, as part of the 2007 Farm Bill Reauthorization (S. 2302), the ADA sought to enhance the effectiveness of Food Stamp Nutrition Education (FSNE) programs by allowing state Food Stamp Programs to use education, marketing and population-based public health approaches to promote healthy eating for low-income Americans.

These activities are consistent with existing ADA policy Preventive Health Statement on Nutrition and Oral Health (*Trans.*1996:682), which calls upon the ADA to "encourage the appropriate government agencies to prevent the distribution of non-nutritious and highly cariogenic foodstuffs under federal nutrition service programs," as well as advocating for continued federal support for programs that provide nutrition services and education.

Finally, it is important to note that the USDA's Food and Nutrition Service (the federal agency with jurisdiction over the food stamp program) expressly rejects prohibitions that prevent food stamp recipients from using their benefits to buy foods with limited nutritional value, as stated in a March 1, 2007, document titled "Implications of Restricting the Use of Food Stamp Benefits." The agency concluded that such a prohibition was unworkable and would be ineffective because no clear standard exists for defining foods as healthy or not healthy (foods contain many components that can affect health); implementation of food restrictions would increase program complexity (enforcement would rest with employees at check out counters in 160,000 stores and there are more than 300,000 food products on the market); restrictions may be ineffective in changing purchasing behavior (about 70% of participants use some of their own money to buy food); and there is no evidence that food stamp participation contributes to poor diet quality or obesity (recipients are no more likely than higher income consumers to choose foods with little nutritional value). The agency supports the use of incentives (rather than restrictions) and education to empower participants to make better decisions. All this must be kept in mind as the ADA proceeds with its efforts.

To address the concerns raised by the Eleventh Trustee District and to ensure those concerns are effectively addressed, the Board offers the following substitute resolution in lieu of Resolution 51.

51B. Resolved, that the ADA encourage specialty dental organizations and constituent dental societies to join the National Alliance for Nutrition and Activity (NANA) to support efforts to improve the nutrition standards and public education components of all United States Department of Agriculture (USDA) programs, and be it further

Resolved, that the ADA take all necessary steps to lobby the U.S. Congress and the U.S. Department of Agriculture to institute a ban on the purchase of soda pop and other sugar based beverages which derive more than 51% of their calories from sugar or natural sweeteners with no other nutritional value than providing calories, with food stamps.

Fifteenth Trustee District Resolution 60—Public Affairs Initiative Regarding the Dental Profession

(*Supplement:6170*): The Board transmitted Resolution 60 to the House of Delegates with the following comment and recommendation to adopt Resolution 60B in lieu of Resolution 60 (*consent calendar action—no Board discussion*). (*Vote: Unanimous*)

The Board recognizes the need to educate key audiences, including public officials, the media, other stakeholder groups and so-called "opinion leader" segments of the public about the complexity of the care that dentists provide and the intensive, doctoral education and post-graduate training needed to provide this care. The Board further recognizes that the current environment, in which numerous proposals are emerging to improve access to care for the underserved by having non-dentists perform surgical procedures, only underscores the need to deliver this message. The Board also points out that many of these concepts are consistent with the Association's brand strategy, and that many current ADA external communication vehicles already include them, either explicitly or implicitly.

It is so important to build this understanding among key audiences, that the Board believes that it should be woven into the ADA's external communications at every opportunity, rather than as a small, stand-alone campaign. Clearly, the Washington Leadership Conference is a critical venue for transmitting this message to the federal government. However, the Board further suggests that the specific methods of delivering this message should be left to the volunteers and staff with expertise in communication, rather than having the House prescribe them.

Note that the financial implication reflects the cost only of a printed handout for the Washington Leadership Conference referenced in the second resolving clause.

The Board therefore offers the following substitute resolution in lieu of Resolution 60:

60B. Resolved, that all appropriate agencies of the Association identify opportunities to educate, on a continual basis, law and policymakers, the media, other stakeholder groups and, to the extent possible, the voting public about the complexity of dental treatment, the dentist's unique ability to deliver that treatment safely and the education and training needed to become a dentist. The messages to be communicated should include, but not be limited to:

- The dentist's role in safeguarding patient health and safety during clinical dental procedures;
- The importance of a broad-based pre-doctoral science background to enable dentists to understand scientific and technical information, and translate that knowledge to the clinic for the benefit of the patient;
- The benefits to the patient of having an identifiable "dental home" with a dentist as the head of the dental team; and
- The importance of dental education and research in advancing the knowledge of oral health matters, and the dentist's essential role in that process.

and be it further

Resolved, that the Washington Leadership Conference be utilized as a venue for the implementation of a portion of this initiative by directing and equipping the attending dentists to speak effectively to elected officials and their staffs about the value that dentists bring to clinical dental care, as well as the dentist's role in meeting the challenges of access to care, and be it further

Resolved, that appropriate agencies of the Association will draft and present to the Board of Trustees, by its February 2009 meeting, a plan recommending other target audiences for these messages and the best ways to reach them.

Fourteenth Trustee District Resolution 61—Coordination of Benefits Reform (*Supplement:6173*): The Board transmitted Resolution 61 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Sixteenth Trustee District Resolution 64—Booklet on Dental Prevention and Dental Disease (*Supplement:6174*): The Board transmitted Resolution 64 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 1 Yes—Dr. M.K. Smith; 19 No—Drs. Cadle, Calnon, Faiella, Findley, Elliott, Gist, Glecos, Grover, Kell, Long, Manning, Nicolette, Schweinebraten, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb*)

The Board is in agreement with the Sixteenth District that physicians play a critical role in assuring optimal dental health for their patients. The Board is also aware that the medical community is actively engaged in dialogue and collaboration with the dental community in addressing gaps in both medical and dental curricula regarding the medical dental interface. "Contemporary Issues in Medicine: Oral Health Education," a report developed by the American Association of Medical Colleges (AAMC), provides both information and guidelines on what medical students need to know about oral health in relation to general health. This report is part of the AAMC's Medical School Objectives Project (MSOP) initiative to develop consensus around appropriate medical student learning objectives. A second report, "Curriculum and Clinical Training for

Physicians and Dentists,” was developed jointly by the American Dental Education Association (ADEA) and AAMC and provides dental educators with information as to what dentists should know about the impact of oral health on systemic health.

It should also be noted that the Society of Teachers of Family Medicine has developed a curriculum entitled “Smiles for Life.” This is a comprehensive curriculum for primary care clinicians originally developed for Family Practice Residency Programs to assist these programs meet requirements mandating education of family practice physicians in oral health. However, the materials can also be easily implemented in the medical school setting. The curriculum can be found at <http://www.smilesforlife2.org/?CFID=440866&CFTOKEN=29171772> and will be made available on ADA.org. Pocket cards and personal data assistant applications summarizing key point-of-care information on child oral health, adult oral health and dental emergencies are available on the website.

In light of the growing body of literature and materials available to assist physicians, residency programs and medical students in understanding their role in assuring that the dental needs of their patients are being addressed, the Board feels that there would be no need to develop an additional booklet for medical students. Therefore, the Board recommends that Resolution 64 not be adopted.

Eleventh Trustee District Resolution 72—Amendment of ADA Bylaws for Selection of Alternate Delegates (*Supplement:6176*): The Board transmitted Resolution 72 to the House of Delegates with the recommendation to vote yes. (*Vote: 18 Yes—Drs. Cadle, Calnon, Faiella, Findley, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Nicolette, Schweinebraten, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb; 1 No—Dr. Manning; 1 Absent—Dr. Elliott*)

Report 21 of the Board of Trustees to the House of Delegates—ADA Policy on Mid-Level Dental Providers (*Supplement:6178*): The Board transmitted Report 21 and the appended resolutions to the House of Delegates.

Resolution 74—ADA’s Position on Dental Mid-Level Provider (*Supplement:6180*): The Board transmitted Resolution 74 to the House of Delegates with the recommendation to vote yes. (*Vote: 19 Yes—Drs. Cadle, Calnon, Faiella, Findley, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Manning, Nicolette, Schweinebraten, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb; 1 Absent—Dr. Elliott*)

Resolution 75—ADA Support for Constituent Societies in Dealing with Dental Mid-Level Provider Proposals (*Supplement:6181*). The Board transmitted Resolution 75 to the House of Delegates with the recommendation to vote yes. (*Vote: 19 Yes—Drs. Cadle, Calnon, Faiella, Findley, Gist, Glecos, Grover, Kell, M.K. Smith, Long, Manning, Nicolette, Schweinebraten, C. Smith, Sykes, Tankersley, Thompson, Versman, Webb; 1 Absent—Dr. Elliott*)

Council on Government Affairs Supplemental Report 1 to the House of Delegates—Recent Council Activities (*Supplement:6182*): The Board transmitted the Supplemental report to the House of Delegates (*consent calendar action—No Board discussion*). (*Vote: Unanimous to Transmit*)

Report 18 of the Board of Trustees to the House of Delegates—Response to Resolution 37H-2007 on Interim Guidance on Fluoride Intake for Infants and Young Children (*Supplement:6184*): The Board transmitted Report 18 to the House of Delegates (*consent calendar action—No Board discussion*). (*Vote: Unanimous to Transmit*)

Report 19 of the Board of Trustees to the House of Delegates—Annual Report on the State Public Affairs Program (*Supplement:6197*): The Board transmitted Report 19 to the House of Delegates (*consent calendar action—No Board discussion*). (*Vote: Unanimous to Transmit*)

Board of Trustees

Achieve Effective Advocacy

Report on Potential Partnership with the Environmental Protection Agency to Promote ADA Best Management Practices:

Mr. Bowman reported on a proposed partnership among the ADA, the Environmental Protection Agency and the National Association of Clean Water Agencies to promote voluntary compliance with ADA's best management practices. After discussion, the Board adopted the following resolution.

B-87-2008. Resolved, that appropriate staff shall continue to pursue an agreement among the ADA, the EPA and the National Association of Clean Water Agencies to promote voluntary compliance by dentists with ADA's BMPs, with the final agreement subject to review by the Legal Division, the President and President Elect.

Report of the Council on Government Affairs: Recent Activities: Mr. Prentice reported on a recommendation by the Council on Government Affairs for the ADA to actively pursue lobbying activities with other entities to uphold established ADA policy to terminate the McCarran-Ferguson Act. After discussion, the Board adopted resolution B-90 as amended and resolution B-91 as presented.

B-90-2008. Resolved, that the ADA Board of Trustees direct legal and staff resources to initiate and offer assistance and dialogue with communities of interest to further alterations of the McCarran-Ferguson Act. This is to include continual and timely Council on Government Affairs updates of potential strategies for legal and/or legislative interventions to uphold established ADA policy in regard to the termination of the McCarran-Ferguson Act, and be it further

Resolved, that the ADA actively lobby the Federal Trade Commission (FTC) to amend its guidance affecting provider collaborations to permit greater collaboration among practitioners to help dentists more effectively compete, thus benefiting patients, in a marketplace that is increasingly dominated by carriers, and be it further

Resolved, that the Board of Trustees reprioritize its agenda to gather as much information as possible for a presentation at its December meeting as a mega-issue discussion to enable the Board to have a full understanding of the McCarran-Ferguson Act.

B-91-2008. Resolved, that in an effort to enhance its advocacy networks and the advocacy networks of constituent societies, the ADA shall:

1. Reach out to ADA member dentists working in health centers and/or those working as private practitioners who are Medicaid providers for participation in the ADA grassroots program.
2. Develop coalitions with national organizations that have mutually shared oral health access goals and objectives with the ADA.
3. Encourage constituent societies to reach out to ADA member dentists working in health centers and/or those working as private practitioners who are Medicaid providers for participation in the ADA grassroots program.
4. Encourage constituent societies to develop coalitions with state organizations that have mutually shared oral health access goals and objectives with the ADA and the constituent society.

Report of Dr. Donald I. Cadle, Jr., Liaison to the Council on Government Affairs: The Board considered a report submitted by Dr. Cadle regarding the Council on Government Affairs meeting that took place on September 4, 2008.

Report of Dr. Mary Krempasky Smith, Liaison to American Dental Political Action Committee: Dr. Smith delivered an oral report on the activities of the American Dental Political Action Committee.

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update

Build Dynamic Communities

Report of the Senior Vice President, Government and Public Affairs and the Executive Director, ADA Foundation: Give Kids A Smile Gala: The Board adopted the following resolution (*consent calendar action*).

B-88-2008. Resolved, that the 2009 Give Kids A Smile Gala be held May 12, 2009, subject to approval by the ADA Foundation's Board of Directors, and shall be coordinated with the Washington Leadership Conference.

Report of Dr. Jane S. Grover, Liaison to the American Student Dental Association: The Board considered a report submitted by Dr. Grover. Dr. Tankersley reported on efforts by the Academy of General Dentistry to increase collaboration with the American Student Dental Association and to aggressively court ASDA members as a pipeline for future membership in the AGD.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of Dr. Ronald Tankersley, Liaison to the National Foundation of Dentistry for the Handicapped
Report of Dr. Robert A. Faiella, Liaison to the Council on Members Insurance and Retirement Programs

Create and Transfer Knowledge

Report of the Senior Vice President, Membership, Tripartite Relations and Marketing: Proposal for Social Networking Pilot for Council on Membership Members and Alumni: The Board adopted the following resolution (*consent calendar action*).

B-89-2008. Resolved, that the Board of Trustees approve use of a pilot social networking site through Facebook for Council on Membership members and alumni for one year to be administered by Council on Membership staff, and be it further

Resolved, that the results of this pilot program be reported to the Board of Trustees at its August 2009 meeting.

Report of Dr. Russell I. Webb: ADEA Commission on Change and Innovation in Dental Education Oversight Committee: Dr. Webb reported on the meeting of the ADEA Commission on Change and Innovation in Dental Education Oversight Committee that took place in Washington, D.C. on July 28, 2008.

Report of Dental Economics Advisory Group Activities: Dr. Kell reported on various issues discussed at the recent Dental Economics Advisory Group (DEAG) meeting held on September 4-5, 2008.

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of the Council on Scientific Affairs: Activity Update

Lead in the Advancement of Standards

Report of the Results of the 2008 Opinion Survey on the Dental Education Experience: The Board adopted the following resolution (*consent calendar action*).

B-96-2008. Resolved, that the Report of the 2008 Opinion Survey on the Dental Education Experience be provided to the American Dental Education Association, American Student Dental Association and appropriate ADA agencies for their information and consideration, and be it further

Resolved, that the Board express its appreciation and ongoing commitment to participate with ADEA and the Commission on Change and Innovation in Dental Education to enhance predoctoral education, and be it further

Resolved, that the Board of Trustees encourage appropriate councils and constituent societies to review proposed changes in predoctoral education standards and provide their comments to the Commission on Dental Accreditation.

Attain Excellence in Operations

Report of the 2008 ADA/FDI Delegation: The Board adopted the following resolution (*consent calendar action*).

B-85-2008. Resolved, that the *Organization and Rules of the Board of Trustees* sections entitled “FDI World Dental Federation Delegation,” “FDI Advisory Committee” and “USA National Liaison Officer to the FDI World Dental Federation” be amended as follows:

FDI World Dental Federation Delegation: The ADA/FDI Delegation shall consist of ten delegates. The delegates shall be the current President, the President-elect, the Immediate Past President, the Previous Immediate Past President, a fourth-year trustee, a third-year trustee, a second-year trustee, a first-year trustee, the USA National Liaison Officer, who shall serve as chair and spokesperson and a presidential appointee. There shall be two alternate delegates, the Executive Director and one additional presidential appointee, who may be a member of the ADA with broad international experience.

In the event a delegate position becomes vacant, the President shall appoint an ADA trustee for the unexpired portion of the term.

Within thirty (30) days following the close of the annual congress of the FDI World Dental Federation, the USA National Liaison Officer shall submit a written report containing observations and/or recommendations from the delegation that will be of assistance to the Committee on International Programs and Development and ultimately the Board of Trustees in guiding the course of the Association’s future relationship to the FDI. The Board shall annually appropriate a sum to finance the delegation.

FDI Advisory Committee: The advisory group will be composed of the President, the Immediate Past President, a member of the Board of Trustees who is a member of the ADA/FDI Delegation, an ADA/FDI Council Member, and the USA National Liaison Officer, as chair of the ADA/FDI Delegation. The President-elect and the Executive Director shall serve as ex-officio, non-voting members of the Committee.

The role of the Advisory Committee is to help set the stage for a multi-year strategy, coordinate FDI activities, and develop long-term leadership and greater consistency from year to year. It will also serve as a vehicle to review nominations for vacancies on the FDI Council and Standing Committees and, if necessary, identify persons with expertise in specific areas of interest, and then present potential candidate(s) to the ADA/FDI Delegation, who will ultimately forward recommended candidates to the Board of Trustees for approval.

USA National Liaison Officer to FDI World Dental Federation: The following guidelines and procedures will govern the nomination, selection and duties of the USA National Liaison Officer to the FDI World Dental Federation:

1. The FDI Advisory Committee will identify for the ADA/FDI Delegation candidates for the position of USA National Liaison Officer. From the candidate(s) identified, the Delegation will make a recommendation to the ADA Board of Trustees.
2. The USA National Liaison Officer will serve for a period of four years beginning each year immediately following adjournment of the FDI World Dental Congress.

3. The USA National Liaison Officer will serve as the personal contact and link between the ADA and its membership and the FDI, and will be the driving force in the promotion of the FDI World Dental Congress and FDI publications.
4. The USA National Liaison Officer will serve as an official ADA/FDI delegate to the FDI World Dental Congress.
5. The USA National Liaison Officer will serve as chair and spokesperson for the delegation and, at the direction of the President, will also be responsible for delegation meetings and reports.

Report of the Status on the 2008 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: Dr. Leone reported on the 2008 Operating Contingency Fund. The 2008 Contingency Fund has a balance of \$310,750 heading into the October Board of Trustees meeting. For this meeting, 2008 Contingency Fund requests submitted total \$10,000. Approval of the appropriation requests would leave the original 2008 Contingency Fund with a balance of \$300,750. Based on a review of the details provided in the Supplemental requests, the Board adopted the following resolution.

B-94-2008. Resolved, that the following appropriations be made from the 2008 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the Supplemental appropriation requests.

Center for International Development and Affairs
(Cost Center 090-1050-XXX)

ADA Humanitarian Award- \$10,000

Report of the Center for International Development and Affairs: Recent Activities: Ms. Cherrett reported on the activities of the Center for International Development and Affairs.

Organizational/Other

Report on Appointment of Council Chairs: The Board adopted the following resolution (*consent calendar action*).

B-86-2008. Resolved, that the following individuals be appointed to serve as chairs for the 2008-09 term.

Dr. Lindsey A. Robinson, Council on Access, Prevention and Interprofessional Relations
Dr. Peter J. Carroll, Council on Communications
Dr. Joseph F. Hagenbruch, Council on Dental Benefit Programs
Dr. Denis E. Simon, Council on Dental Education and Licensure
Dr. Frank J. Graham, Council on Dental Practice
Dr. William G. Leffler, Council on Ethics, Bylaws and Judicial Affairs
Dr. Joseph P. Crowley, Council on Government Affairs
Dr. Susan Becker Doroshov, Council on Membership
Dr. George P. Hoffmann, III, Council on Members Insurance and Retirement Programs
Dr. Michael P. Rethman, Council on Scientific Affairs
Dr. Brandon R. Maddox, Committee on the New Dentist

Additional Nomination to ADA Councils and Commissions: The Board adopted the following resolution (*consent calendar action*).

B-92-2008. Resolved, that nomination of Dr. Kevin T. Flaherty be transmitted to the House of Delegates for approval as the American Medical Association's representative to the Council on Access, Prevention and Interprofessional Relations.

Report of the Council on ADA Sessions: Annual Session Site Recommendation for 2010: The Board adopted the following resolution (*consent calendar action*).

B-97-2008. Resolved, that the recommendation of the Council on ADA Sessions to hold the Association's 2010 annual session in Orlando, FL, October 9-13, 2010, be approved.

Proposed 2010 Board of Trustees Meeting Dates: The Board adopted the following resolution (*consent calendar action*).

B-98-2008. Resolved, that the following Board of Trustees meeting dates for the year 2010 be approved.

February 7-9, 2010
 April 18-20, 2010
 June 6-8, 2010
 July 25-27, 2010
 September 26-28, 2010
 October 13, 2010
 December 5-7, 2010

and be it further

Resolved, that Resolution B-51-2007, (*Trans.2007:289*), approving the previous 2010 Board meeting dates, be rescinded.

Report of the Council on ADA Sessions: Proposed Change in Dates for the 2011 Annual Session: The Board adopted the following resolution (*consent calendar action*).

B-99-2008. Resolved, that the dates for the 2011 Annual Session to be held in Las Vegas, Nevada, be Monday, October 10- Friday, October 14, 2011, and be it further

Resolved, that the previous dates of Monday, October 24-Friday, October 28, 2011, be rescinded.

Report of the President: Dr. Feldman reported on the results of the Crest/Oral-B public opinion survey, which will be released at the ADA annual session in San Antonio. Ms. Kosden reported on an ongoing matter with the Indian edition of JADA. Dr. Feldman reported on the status of the ADA.org redesign.

Report of the President-elect: The Board considered a report submitted by Dr. Findley. Dr. Tankersley discussed a presentation regarding the McCarran-Ferguson Act that took place during the September 2008 Council on Government Affairs meeting.

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of Dr. S. Jane Grover, First Vice President: California Dental Student Access to Care Forum

New/Unfinished Business

Bylaws Inquiries Regarding Relationship between the House of Delegates and Board of Trustees: Ms. Kempf reported on a series of ADA *Bylaws* questions submitted by an ADA delegate, Dr. Ronald Testa, about the relationship between the House of Delegates and the Board of Trustees. Ms. Kempf composed a response to each question and put the questions and answers in the form of a memo that will be sent to the entire House of Delegates. These responses are derived with input from an outside legal opinion.

Report of the Chief Legal Counsel: Plan Amendments Relating to Current Inclusion of Severance Pay in ADA Retirement Plan and Parity Plan: Ms. Kempf reported on proposed changes to the ADA Retirement Plan and Parity Plan relating to the inclusion of severance pay in the calculation of retirement benefits. Due to a recent amendment to IRS regulations applicable to retirement plans, it is necessary to eliminate severance pay from the calculation of pension benefits in order to qualify as a safe harbor plan for the purposes of satisfying nondiscrimination rules. In view of the exclusion of severance pay from pension calculations, it was recommended by the Finance and Pension Committee that the maximum matching

contribution for the ADA 401(k) Plan be increased from \$500 to \$1,000. After discussion, the Board adopted the following resolution.

B-93-2008. Resolved, that the ADA Retirement Plan eliminate the inclusion of severance pay, and the period of time over which severance is payable, in the calculation of pension benefits. (This amendment would not apply retroactively to participants who have already terminated, but would be applied prospectively after required notices are given to participants), and be it further

Resolved, that in order to offset the exclusion of severance pay from pension calculations, increase the maximum matching contribution under the ADA 401(k) Plan from \$500 to \$1,000, effective January 1, 2009, and be it further

Resolved, that the ADA adopt a policy of not including severance pay in the final calculation of the Restoration Amount for terminated participants in the Parity Plan.

Update on Our Legacy, Our Future Campaign: Mr. Payne updated the Board on the status of the *Our Legacy, Our Future* fundraising campaign. The campaign was suspended temporarily to address concerns from dental schools that the ADA's fundraising effort may have an impact on their fundraising campaigns. Efforts are underway to develop a new prospect management protocol and to further cultivate trust with the dental schools. Mr. Payne plans to meet with dental school deans at the annual session in San Antonio. The Board expressed its continued commitment to the campaign and its support for the new protocol. Mr. Payne will prepare talking points and distribute them to the Board before the annual session.

Investment Reports: In response to an inquiry from Dr. Kell, Dr. Leone reported that the reserve fund is down due to the recent stock market variances.

Alliance of the American Dental Association: Dr. Elliott reported on a request from the Alliance of the American Dental Association to support the Screen Out! and Smoke Free Movies Campaign. The Board approved a motion to support the objectives of the Screen Out! and Smoke Free Movies Campaign as presented in the following resolution submitted by the Alliance of the American Dental Association.

Whereas, tobacco use is the leading cause of preventable death and disability in the United States, and

Whereas, youth ages 12-17 comprise 11 percent of the population, but are 20 percent of movie audiences, and

Whereas, most U.S. movies with tobacco imagery are rated G, PG or PG-13, and

Whereas, exposure to on-screen smoking and tobacco in movies recruits more than one-third of all new adolescent smokers, and

Whereas, each year Hollywood recruits an estimated 390,000 new teen smokers and nearly 120,000 will die due to tobacco-related diseases, and

Whereas, the U.S Centers for Disease Control and Prevention in 2002, 2003, and 2005 listed smoking in movies as a primary reason why the decline in teen smoking rates has stalled, and

Whereas, the World Health Organization, American Medical Association, AMA Alliance, American Heart Association, American Lung Association, American Legacy Foundation, American Academy of Pediatrics, American Academy of Allergy, Asthma and Immunology, Society for Adolescent Medicine and others endorse getting smoking and tobacco imagery out of movies rated G, PG and PG-13;

Now, therefore, it be resolved that the **American Dental Association of Chicago, IL on October 7, 2008** endorses the four objectives of the Screen Out! and Smoke Free Movies campaign:

(1) Rate new movies with smoking "R," with the sole exceptions being when the tobacco presentation clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent the smoking of a historical figure;

(2) Require producers to certify on-screen that no one in the production received anything of value in consideration for using or displaying tobacco;

(3) Require strong anti-smoking public service announcements to appear before any movie presentation and on or within packaging of any movie that depicts tobacco use, regardless of rating;

(4) Require producers to stop identifying tobacco brands in their movies.

And, lastly, be it Resolved that this Resolution will be incorporated into the minutes of the ADA Board of Directors.

Special Appearances/Special Orders of Business

Presentation by Dr. Keith Suchy, chair, Council on Government Affairs: Dr. Suchy delivered an oral report on the activities of the Council. He urged the Board to invite the Council chair annually during the Board's December meeting to convey the Council's legislative and regulatory priorities for upcoming year. Dr. Suchy indicated that this would also enable the Board to respond to CGA's list of priorities and provide invaluable guidance on an early proactive basis.

Presentation by Dr. Jeffrey Parrish, chair, American Dental Political Action Committee: Dr. Parrish delivered an oral report on the activities of ADPAC. He expressed his concern about understaffing of ADPAC. Particularly the inability to track donors who'd given in the past because there is no staff to develop a database of those individuals. He urged the Board to authorize funds to hire a temporary worker to establish this database and create a permanent position to maintain it. Dr. Parrish also expressed his concern regarding the structure of the Web site and the difficulty it causes in making contributions online.

Adjournment

The regular session of the Board of Trustees was adjourned for the purpose of convening the Member Meeting of the ADA Foundation.

The Board of Trustees adjourned *sine die* on October 7, 2008 at 1:15 p.m.

Notes

Minutes of the Board of Trustees

October 21, 2008

Henry B. Gonzalez Convention Center, San Antonio, Texas

Call to Order: The first session of the new Board of Trustees was called to order by President John S. Findley on Tuesday, October 21, 2008, at 11:00 a.m., in Room 209, Henry B. Gonzalez Convention Center, San Antonio, Texas.

Roll Call: The following officers and trustees were present: Drs. John S. Findley, Ronald L. Tankersley, O. Andy Elliott, Thomas Sullivan, Edward Leone, Jr., J. Thomas Soliday, William R. Calnon, Robert A. Faiella, Raymond F. Gist, William G. Glecos, S. Jerry Long, Samuel B. Low, Dennis E. Manning, Charles H. Norman, W. Ken Rich, Marie Schweinebraten, Mary Krempasky Smith, Charles L. Steffel, Murray D. Sykes, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna and Russell I. Webb.

Staff members present were: Beril Basman, managing vice president, Strategic Management; Helen Cherrett, director, Center for International Development and Affairs; Albert H. Guay, chief policy advisor; Tamra Kempf, chief legal counsel; Laura Kosden, managing vice president and publisher, Publishing; John Luther, senior vice president, Practice/Professional Affairs; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Licensing; R. Barkley Payne, executive director, ADA Foundation; William Prentice, senior vice president, Government and Public Affairs; Laura M. Neumann, senior vice president, Education/Professional Affairs; Robert L. Owens; chief information officer, Information Technology, Standards and Salable Materials; Wendy-Jo Toyama, senior vice president, Membership, Marketing and Tripartite Relations; Wayne Wendling, managing vice president, Health Policy Resources Center; and William T. Zimmermann, chief financial officer.

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

B-100-2008. Resolved, that the agenda on page 1 of the Board Manual be approved as the official order of business for the current session.

Structure and Operation of 2008-09 Board of Trustees

Amendments to the *Organization and Rules of the Board of Trustees*: It was noted that the document, *Organization and Rules of the Board of Trustees*, is customarily presented for the Board's approval at the New Board session. Significant modifications to the *Rules* were approved during the year by the Board and include revisions to the composition of the Committee on International Programs and Development, FDI World Dental Federation Delegation and FDI Advisory Committee; and the addition of a new standing committee: Information Technology Committee. Other changes regarding the Board *Rules* included:

- Pending the approval of the 2009 budget, stipend amounts will be as follows: Trustees, \$53,700; Vice Presidents and Speaker, \$41,300; and Treasurer, \$80,800.
- Updated language to the section, "Record of Proceedings," extending the length of time recordings of meetings can be stored before destroying.

Dr. Findley noted that an in-depth review of the Board's *Rules* would be conducted at the December Board meeting.

The Board adopted the following resolution:

B-101-2008. Resolved, that the *Organization and Rules of the Board of Trustees*, as amended, be approved.

Council/Commission Liaison Assignments: In accordance with the *Organization and Rules of the Board of Trustees*, the President assigns members of the Board to serve as council liaisons, with the responsibility of reviewing the programs and activities of a specified Association council/commission. Accordingly, President Findley made the following liaison assignments to ADA councils and commissions, noting that additional appointments would be forthcoming.

Access, Prevention and Interprofessional Relations	Dr. Mary Krempasky Smith
ADA Sessions	Dr. W. Ken Rich
Communications	Dr. William Calnon
Dental Accreditation	Dr. Marie Schweinebraten
Dental Benefit Programs	Dr. Murray Sykes
Dental Education and Licensure	Dr. Dennis Manning
Dental Practice	Dr. Russell Webb
Ethics, Bylaws and Judicial Affairs	Dr. S. Jerry Long
Government Affairs	Dr. William Glecos
Membership	Dr. R. Wayne Thompson
Members Insurance and Retirement Programs	Dr. Edward Vigna
National Dental Examinations	Dr. O. Andy Elliott
Scientific Affairs	Dr. Robert Faiella
New Dentist	Dr. Kenneth Versman

Delegation to the FDI World Dental Congress: The following individuals were appointed by President Findley to serve as the delegation to the 2009 FDI World Dental Congress to be held in Singapore.

Delegates

Dr. Richard Haught, chair and delegation spokesperson
Dr. John Findley, president
Dr. Ronald Tankersley, president-elect
Dr. Mark Feldman, immediate past president
Dr. Kathleen Roth, previous immediate past president
Dr. Raymond Gist, fourth-year trustee
Dr. Russell Webb, third-year trustee
Dr. Kenneth Versman, second-year trustee
Dr. Ken Rich, first-year trustee
Dr. Edward Vigna, presidential appointment

Alternate Delegates

Dr. Sally Hewett
Executive Director

FDI Advisory Committee:

Dr. John Findley, president
Dr. Mark Feldman, immediate past president
Dr. Raymond Gist, member of the Board and ADA/FDI Delegation
Dr. Kathryn Kell, ADA/FDI Council Member
Dr. Richard Haught, USA National Liaison Officer
Dr. Ronald Tankersley, president-elect
Executive Director

Appointment of Standing Committees: The Board of Trustees has eight standing committees: Audit, Compensation, Diversity, Finance, International Programs and Development, New Dentist, Pension and Strategic Planning. Appointments to these committees are made by the president, unless otherwise noted, subject to the approval of the Board of Trustees. In accordance with the *Bylaws*, the Committee on the New Dentist consists of active members from each trustee district who are selected by the Board of Trustees and confirmed by the House of Delegates.

Accordingly, President Findley made the following appointments to the standing committees of the Board of Trustees for 2008-09.

Audit Committee

Dr. Edward Leone, Jr., chair
 Dr. Ronald L. Tankersley
 Dr. Raymond F. Gist
 Dr. Dennis E. Manning
 Dr. S. Jerry Long
 Dr. Charles L. Steffel
 Dr. John S. Findley, *ex officio*

Diversity Committee

Dr. Raymond F. Gist, chair
 Dr. William R. Calnon
 Dr. Kenneth J. Versman
 Dr. Samuel B. Low

Compensation Committee

Dr. Murray D. Sykes, chair
 Dr. Edward Leone, Jr.
 Dr. Ronald L. Tankersley
 Dr. Russell I. Webb
 Dr. Robert A. Faiella
 Dr. W. Ken Rich
 Dr. John S. Findley, *ex officio*

Finance Committee

Dr. Edward Leone, Jr., chair
 Dr. Ronald L. Tankersley
 Dr. Marie C. Schweinebraten
 Dr. Mary Krempasky Smith
 Dr. R. Wayne Thompson
 Dr. Charles H. Norman, III
 Dr. John S. Findley, *ex officio*

Pension Committee

Executive Director, chair
 Dr. John S. Findley
 Dr. Ronald L. Tankersley
 Dr. Edward Leone, Jr.
 Mr. William Zimmermann
 Ms. Kathy Bell
 Ms. Tamra Kempf

International Programs and Development

Dr. Kathryn A. Kell, chair
 Dr. Sally Hewett
 Dr. Gary Leff
 Dr. Kevin Hardwick
 Dr. John Clarkson
 Dr. Madeline Monaco
 Dr. Hilton Israelson
 Dr. Russell I. Webb
 Dr. Al Guay
 Dr. Ronald L. Tankersley, *ex officio*
 Dr. John S. Findley, *ex officio*

Strategic Planning Committee

Dr. Teri Barichello, chair
 Dr. Carol Summerhays
 Dr. Daniel Klemmedson
 Dr. Dennis Engel
 Dr. William G. Glecos
 Dr. William R. Calnon
 Dr. S. Jerry Long
 Dr. Charles H. Norman, III
 Dr. Ronald L. Tankersley
 Dr. Wayne Wendling
 Dr. Brandon Maddox
 Ms. Beril Basman

Information Technology Committee

Dr. Marie C. Schweinebraten
 Dr. Russell I. Webb
 Dr. R. Wayne Thompson
 Dr. Edward J. Vigna
 Dr. Ronald L. Tankersley
 Dr. John S. Findley
 Executive Director

Following review of the appointments made by President Findley, the Board of Trustees adopted the following resolution.

B-102-2008. Resolved, that the appointments to the standing committees of the Board of Trustees as made by the President be approved.

New Dentist *Ex Officio* Appointments to ADA Councils/Commissions: In accordance with the ADA *Bylaws*, Chapter VII, Section 140e, the duties of the Committee include serving as *ex officio* members, without the power to vote, on councils and commissions of the Association. The following one-year *ex officio* appointments to ADA councils and commissions were presented by President Findley for the Board's

consideration. In addition, a liaison appointment was presented for the American Dental Political Action Committee.

B-103-2008. Resolved, that members of the Committee on the New Dentist be approved as *ex officio* members of ADA councils and commissions and the American Dental Political Action Committee, without the power to vote, as follows:

Council on Access, Prevention and Interprofessional Relations	Dr. Jennifer Davis
Council on ADA Sessions	Dr. Benjamin S. Adams
Council on Communications	Dr. Garrick J. Lo
Council on Dental Education and Licensure	Dr. Ian J. Paisley
Council on Dental Benefit Programs	Dr. Robert S. Leland
Council on Dental Practice	Dr. Stacey E. Swilling
Council on Ethics, Bylaws and Judicial Affairs	Dr. Jennifer J. Jerome
Council on Government Affairs	Dr. Ioanna G. Mentzelopoulou
Council on Membership	Dr. Christopher G. Liang
Council on Members Insurance and Retirement Programs	Dr. Jeremy M. Albert
Council on Scientific Affairs	Dr. Christopher G. Liang (November) Dr. Robert S. Leland (March) Dr. Danielle R. Ruskin (July)
American Dental Political Action Committee	Dr. Deepinder "Ruchi" Nijjar

Appointment of Representatives to Other Organizations, Committees and Task Forces: The following appointments of representatives to other organizations and members of other committees were also made by President Findley.

Official Observer to the American Medical Association House of Delegates	Dr. David Whiston
Official Observer to the American Hospital Association Annual Meeting	Dr. Lindsey A. Robinson, CAPIR chair
Liaison to the American Student Dental Association	Dr. Samuel B. Low
Liaison to the Alliance of the American Dental Association	Dr. Thomas Sullivan
Presenter of Board Reports to the House of Delegates	Dr. Murray D. Sykes
American Dental Political Action Committee Board of Directors	Dr. Raymond F. Gist
Norton Ross Selection Committee	Dr. Murray D. Sykes
Dental Economic Advisory Group Liaisons	Dr. Mary Krempasky Smith Dr. Charles L. Steffel

Dr. Samuel Harris National Museum of Dentistry, Board of Visitors	Dr. Dennis E. Manning
National Foundation of Dentistry for the Handicapped Board of Directors	Dr. O. Andy Elliott, II
Gold Medal Award Selection Committee	Dr. Raymond F. Gist
Dental Content Committee	Dr. Mary Krempasky Smith, chair Dr. Charles H. Norman, III
Evidence-Based Dentistry Advisory Committee	Dr. William G. Glecos, chair Dr. R. Wayne Thompson
Western Regional Examining Board (WREB) Exam Review Committee	Dr. Ron Lemmo
American Board of Dental Examiners (ADEX)	Dr. Richard Haught
Essential Oral Health Care Needs Task Force	Dr. Robert A. Faiella
Saliva Work Group	Dr. William R. Calnon, chair Dr. William G. Glecos
Give Kids A Smile Advisory Board	Dr. S. Jerry Long
Smile Healthy Advisory Panel	Dr. William G. Glecos Dr. R. Wayne Thompson Dr. Samuel B. Low
Electronic Health Record (EHR)	Dr. Robert A. Faiella, chair Dr. Mary Krempasky Smith Dr. S. Jerry Long
Mega Issue Discussion Work Group	Dr. Samuel B. Low
Commission on Change and Innovation in Dental Education	Dr. Russell I. Webb
Standards Committee on Dental Informatics	Dr. Robert A. Faiella
Corporate Relations Workgroup	Dr. Dennis E. Manning
Publishing Liaison	Dr. Dennis E. Manning

Nominee for Board of ADA Not-for-Profit Subsidiary: The following nomination to the not-for-profit subsidiary was made by President Findley:

ADA Foundation	Dr. Charles L. Steffel
ADABEI	Dr. Charles L. Steffel

Sessions of the Board of Trustees, 2008-09: The Board adopted the following resolution confirming meeting dates for 2008-09:

B-104-2008. Resolved, that the sessions of the 2008-09 Board of Trustees be as follows:

December 8-10, 2008	August 2-4, 2009
February 15-17, 2009 (Board Retreat)	September 21-23, 2009
April 19-21, 2009	October 6, 2009
June 14-16, 2009	December 6-8, 2009

Adjournment

The Board adjourned *sine die* at 11:20 a.m.

Notes

Minutes of the Board of Trustees

December 8-10, 2008

Headquarters Building, Chicago

Call to Order: The second session of the Board of Trustees was called to order by President John S. Findley on Monday, December 8, 2008, at 9:00 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: The following officers and trustees were present: Drs. John S. Findley, Ronald L. Tankersley, O. Andy Elliott, Thomas E. Sullivan, J. Thomas Soliday, Edward Leone, Jr., William R. Calnon, Robert A. Faiella, Raymond Gist, William G. Glecos, S. Jerry Long, Samuel B. Low, Dennis E. Manning, Charles H. Norman, W. Ken Rich, Marie C. Schweinebraten, Mary Krempasky Smith, Charles L. Steffel, Murray D. Sykes, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna and Russell I. Webb.

Staff members present were: Beril L. Basman, managing vice president, Strategy Management; Albert H. Guay, chief policy advisor; Tamra S. Kempf, chief legal counsel; Laura A. Kosden, managing vice president and publisher, Publishing; John R. Luther, senior vice president, Dental Practice/Professional Affairs; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Laura M. Neumann, senior vice president, Education/Professional Affairs; Robert L. Owens, chief information officer; Barkley R. Payne, executive director, ADA Foundation; William M. Prentice, senior vice president, Government and Public Affairs; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Wayne R. Wendling, managing vice president, Health Policy Resources Center; and William T. Zimmermann, chief financial officer.

Also in attendance for all or parts of the meeting were: Helen Cherrett, director, Center for International Development and Affairs; Daniel M. Conley, manager, Editorial Services; Michael Glick, editor, *JADA*; Karen Hart, director, Council on Dental Education and Licensure; Judy L. Jakush, editor, *ADA News*; and Wendy J. Wils, senior associate general counsel, Legal Affairs.

Attorney-Client Sessions

Attorney-client sessions of the Board of Trustees were held at various times during the meeting.

Preliminary

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

B-105-2008. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar: A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution as amended.

B-106-2008. Resolved, that the resolutions contained on the Consent Calendar be approved and reports be accepted.

Report on Approval of Mail Ballot Actions: In accordance with the *Organization and Rules of the Board of Trustees*, which requires that all mail or fax votes be recorded in the minutes of the next regular Board session, the following resolutions were adopted unanimously by mail ballot.

B-107-2008. Resolved, that Dr. Gregory L. Baber be approved as a member of the Council on Access, Prevention and Interprofessional Relations.

B-108-2008. Resolved, that following ASDA consultants be approved for terms ending as noted below.

- Committee on the New Dentist (Jill Shonka, Iowa, 2009)
- Council on ADA Sessions (Wayne Stephens, Columbia, 2009)
- Council on Access, Prevention and Interprofessional Relations (Jared Young, Nova Southeastern 2009)
- Council on Communications (Anna Fedak, Nova Southeastern, 2009)
- Council on Dental Benefit Programs (Allison Tar Crutchfield, Arizona, 2009)
- Council on Dental Education and Licensure (Anushka Refai, Southern Illinois, 2009)
- Council on Dental Practice (Amanda Hochstein, Columbia, 2010)
- Council on Ethics, Bylaws and Judicial Affairs (Michael C. Meru, Southern California, 2009)
- Council on Government Affairs (Sonia Karamchandani, South Carolina, 2009)
- Council on Members Insurance and Retirement Programs (Amy Truong, Minnesota, 2009)
- Council on Membership (Dustin Janssen, Baylor, 2009)
- Council on Scientific Affairs (Wesley Shute, Buffalo, 2010)
- American Dental Political Action Committee (Gail Garrett, San Francisco, 2010)
- Commission on Dental Accreditation (Matt Davis, Nebraska, 2009)
- Joint Commission on National Dental Examinations (Kari Cunningham, Case Western, 2010)

Approval of Minutes of Previous Sessions: The Board adopted the following resolutions (*consent calendar action*).

B-114-2008. Resolved, that the minutes of October 5-7, 2008, session of the Board of Trustees, as presented, be approved.

B-117-2008. Resolved, that the minutes of October 21, 2008, session of the New Board of Trustees, as presented, be approved.

Center for International Development and Affairs

Report of the Committee on International Programs and Development: ADA Humanitarian Award: The Board adopted the following resolution (*consent calendar action*).

B-110-2008. Resolved, that Dr. Robert Kinsaul, Alabama, be approved as the second recipient of the ADA Humanitarian Award.

Informational Report: The following report was received by the Board (*consent calendar action*).

Report on the 2008 FDI Annual World Dental Congress

Dental Education/Professional Affairs

Update on the Community Dental Health Coordinator Pilot Training Programs: Ms. Hart updated the Board on the Community Dental Health Coordinator (CDHC) Pilot Training Programs. Dr. Gist reported on the development of CDHC pilot programs in Michigan and proposed legislative changes that would allow pilot sites in Michigan to continue. Mr. Prentice reported that the Michigan Dental Association has applied for public affairs support to get this legislation passed.

Report of Dr. Dennis E. Manning, Liaison to the Council on Dental Education and Licensure: The Board considered a written report submitted by Dr. Manning.

Dental Practice/Professional Affairs

Report of the Council on Dental Benefit Programs: Recommendation on SNODENT License for the International Health Terminology Standards Development Organization (IHTSDO): The Board adopted the following resolution.

B-115-2008. Resolved, that the ADA demand that the IHTSDO (International Health Terminology Standards Development Organization) remove all ADA intellectual property from SNOMED CT, and be it further

Resolved, that the ADA monitor to ensure that there is no infringement by the IHTSDO of ADA intellectual property.

Report of the Council on Access, Prevention and Interprofessional Relations: Update on Recent Council Activities: The Board considered a written report submitted by the Council on Access, Prevention and Interprofessional Relations. Ms. Toyama updated the Board on the expansion of GlaxoSmithKline Consumer Healthcare funding for the OralLongevity educational campaign.

Report of the Council on Dental Benefit Programs: Development of a Dental Quality Alliance: The Board considered a written report submitted by the Council on Dental Benefit Programs. The report conveyed the Council's opinion that the American Dental Association should participate in the Dental Quality Alliance (DQA) proposed by the Centers for Medicare and Medicaid Services (CMS), and the ADA should participate contingent on having an authoritative leadership role.

Informational Update of the Task Force on the Dental Team: Dr. Gist reported on the September 2008 meeting of the Task Force on the Dental Team. Mr. Prentice updated the Board on the Oral Health Practitioner (OHP) legislation in Minnesota.

Report of the Councils on Dental Practice and Scientific Affairs: Caries Risk Assessment Forms for the Dental Practice: Dr. Meyer reported on recommendations made by the Councils on Dental Practice and Scientific Affairs for Board action relating to caries risk assessment forms for the dental office. The Board directed that reports containing action items or recommendations requiring Board approval, be submitted in the proper resolution format. After discussion, the Board adopted the following resolution.

B-122-2008. Resolved, that the Board of Trustees approves the Caries Risk Assessment Forms developed by the Council on Dental Practice and Council on Scientific Affairs, and be it further **Resolved**, that these forms be available for download from ADA.org as soon as possible after the Board's December 2008 session, and be it further

Resolved, that the Board authorize a caries risk conference for the purpose of providing consistent information to the profession, to be held following an adequate period of time (of at least six months) to allow for the collection and assessment of data on the tools' utility to end users.

Report of the Council on Dental Practice: Development of a Dental Quality Alliance: The Board considered a written report submitted by the Council on Dental Practice. In its report, the Council recommended to the Board that the ADA take the leadership role in the establishment of and involvement in a Dental Quality Alliance.

Report of Dr. Russell I. Webb, Liaison to the Council on Dental Practice: Dr. Webb discussed the presentations made by representatives of the American Dental Assistants Association (ADAA) and the American Dental Hygienists Association (ADHA) during the November 2008 meeting of the Council on Dental Practice.

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of the Council on Dental Benefit Programs: Effect on Costs as a Result of Enhanced Dental Benefits for Individuals with Certain Diseases or Conditions

Finance

Report on the Status of the 2009 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: Dr. Leone reported on the 2009 Operating Contingency Fund. A Contingency Fund of \$800,000 was authorized in the 2009 budget. For this meeting, 2009 Contingency Fund requests total \$120,050. Approval of the appropriation requests would leave the original 2009 Contingency Fund with a balance of \$679,950. The Board voted to reduce funding for the 2009 Evidence-Based Dentistry Champion Conference from \$10,600 to \$7,500. The Board approved an additional appropriation request to provide \$22,450 for the Executive Director Search. The Board approved total supplemental requests in the amount of \$139,400 leaving a balance of \$660,600. Based on a review of the details provided in the supplemental requests, the Board adopted the following resolution as amended.

B-112-2008. Resolved, that the following appropriations be made from the 2009 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services

(Cost Center 090-1050-XXX)

Strategic Planning/Environmental Scan and Collaborative Research Analysis - \$50,000

Division of Science/Professional Affairs

(Cost Center 090-1650-XXX)

ADA Funding for the Gold Medal Award - \$30,000

Division of Dental Practice/Professional Affairs

(Cost Center 090-1500-XXX)

Task Force on the Dental Team - \$29,450

Division of Dental Practice/Professional Affairs

(Cost Center 090-1500-XXX)

2009 Evidence-Based Dentistry Champion Conference - \$7,500

Human Resources

(Cost Center 090-1050-003)

Executive Director Search - \$22,450

Total Approved 2009 Supplemental Funding - \$139,400

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Final Report on the Status of the 2008 Operating Contingency Fund

Final Report of the 2008 Capital Contingency Fund

Foundation (ADA)

Report of Dr. Marie Schweinebraten, Senior Trustee Representative to the ADA Foundation: Update of the ADA Foundation, Dental Education: Our Legacy – Our Future, Campaign for Innovation and Give Kids A Smile Expansion: Dr. Schweinebraten reported on the new strategic plan for the Give Kids A Smile expansion project. Dr. Schweinebraten also discussed the funding shortfall for the 2009 Health Screening Program. Mr. Payne reported that Wrigley is interested in being a major sponsor. Mr. Payne also indicated that a modified health screening program could be implemented if full funding does not materialize.

Government and Public Affairs

Report of the Council on Communications: Approval of Video Podcast Hosts: The Board adopted the following resolution (*consent calendar action*).

B-111-2008. Resolved, that Dr. Ruchi Nijjar and Eric Grove be approved to serve as hosts of the ADA oral health video podcast program for the public.

Report of the Council on Government Affairs: Advocacy Team Assignments: In a special appearance before the Board, Dr. Joseph Crowley, chair of the Council on Government Affairs, reviewed a draft list of advocacy team assignments for 2009 legislative and regulatory priorities. After discussion, the Board adopted the following resolution.

B-113-2008. Resolved, that the Board of Trustees approves the Advocacy Team Assignments for ADA Government and Public Affairs Division's Federal and State Legislative and Regulatory Priorities for 2009.

Report of the Council on Government Affairs: Development of a Dental Quality Alliance: In a special appearance before the Board, Dr. Joseph Crowley, chair of the Council on Government Affairs, reported that the Council met via conference call in November 2008 to consider the Dental Quality Alliance and subsequently recommended that the ADA should participate in the Dental Quality Alliance contingent upon having an authoritative leadership role.

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: The Board considered a written report submitted by Mr. Prentice. In a special appearance before the Board, Dr. Joseph Crowley, chair of the Council on Government Affairs, reported on various ongoing legislative and regulatory activities, including a myriad of dental health related bills currently pending before Congress. The Board requested that an article be published in *ADA News* early in 2009 to help members understand which dental health related bills in Congress are supported by the ADA.

Legal

Report of the Chief Legal Counsel: Adoption of Joint Venture Policy: Dr. Leone reported on a proposed joint venture policy that would require the ADA to evaluate any participation in joint ventures and take steps to safeguard the ADA's tax exempt status with respect to any joint venture arrangements. This policy was drafted in response to the newly revised IRS Form 990, which includes a new section that requires tax-exempt organizations like the ADA for the first time to disclose much of their internal governance practices, including many of their policies and procedures. A joint venture policy is not required by law, but can be helpful in governing the ADA as a way to monitor and protect its tax-exempt status. The Board adopted the following resolution.

B-116-2008. Resolved, that the ADA Board of Trustees hereby adopts the appended Joint Venture Policy.

(See Appendix 1 for the Joint Venture Policy).

Report on the Workgroup on Corporate Relations: The Board adopted the following resolution as amended.

B-118-2008. Resolved, that the draft "Guidelines Governing the American Dental Association's Corporate Relationships," are adopted as the principles and rules governing all of the ADA corporate relationships with the exception of item 16 which will be sent back to the committee for revision, and be it further

Resolved, that net revenues received from Corporate Relations activities shall offset the Foundation grant and be used to fund the charitable and educational activities of the American Dental Association Foundation and shall not be included in the general revenues of the Association, and be it further

Resolved, that the Division of Science is authorized to fill a vacant staff position with an individual having a background in both science and marketing and whose job description shall include primary responsibility for Advertising Review from the scientific perspective, and be it further

Resolved, that the Smile Healthy Advisory Group is directed to revisit and reexamine all aspects of the Smile Healthy program to determine whether the general concept behind it has a scientific basis and is sustainable from a practical marketing standpoint. Such reexamination shall include, but is not limited to, a critical review of the premise of the program – is the focus about products that “promote oral health” or should a lesser standards such as “is not harmful to your oral health” be permitted. In addition, the Smile Healthy Advisory Group should undertake a critical review of the current proposal from the International Life Sciences Institute (ILSI) to the ADA concerning the identification by the ILSI of potential Smile Healthy product categories and the development by ILSI of standards for products within those categories. The Advisory Group shall report its findings and recommendations at the February Board meeting.

(See Appendix 2 for the Guidelines Governing the American Dental Association’s Corporate Relationships).

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of Dr. S. Jerry Long, Liaison to the Council on Ethics, Bylaws and Judicial Affairs

Membership, Tripartite Relations and Marketing

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of Dr. O. Andy Elliott, Liaison to the Alliance of the American Dental Association
Update on National Summit on Diversity in Dentistry

Policy/Strategic Management

Report of the Chief Policy Advisor: A Dental Quality Alliance: Dr. Guay reported on potential ADA participation and leadership in the development of a Dental Quality Alliance proposed by the Centers for Medicare and Medicaid Services. Dr. Guay also summarized three separate reports submitted by the Councils on Government Affairs, Dental Practice and Dental Benefit Programs with their recommendations concerning the Dental Quality Alliance. After discussion, the Board adopted Resolution B-120 as amended. The Board adopted Resolution B-121 as presented.

B-120-2008. Resolved, that the American Dental Association should participate in the Dental Quality Alliance (DQA) proposed by the Centers for Medicare and Medicaid Services (CMS) contingent upon the Association having an authoritative leadership role in the development and operation of the Alliance documented in written communication from the appropriate official at the CMS, and be it further **Resolved**, that the Council on Dental Benefit Programs in coordination with the Board of Trustees take the lead in the CMS proposal and that Council on Dental Practice and Council on Government Affairs be active in monitoring DQA activities and receive regular reports on the DQA.

B-121-2008. Resolved, that the Association initiate an educational program at the appropriate time aimed at informing members about the Dental Quality Alliance and the rationale for the Association’s participation and leadership in its development and operation, using available communication vehicles and resources.

Report on the Board of Trustees’ 2008 Priority Project Metrics: The Board considered a written report submitted by Ms. Basman. The appended list of Significant 2009 Initiatives contained in the report was used during a priority planning break-out session facilitated by Dr. Teri Barichello to assist the Board in identifying possible 2009 priorities and metrics.

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of the Chief Policy Advisor: Recent Activities with the Canadian Dental Association

Science and Professional Affairs

Report of the Council on Scientific Affairs: Future of Paffenbarger Research Center: Dr. Meyer provided the Board with a preliminary assessment of the most crucial issues facing the Paffenbarger Research Center (PRC). This report was prepared in response to the Board's request for the Council on Scientific Affairs to develop information and recommendations on the future of the PRC for the Board's consideration. The Council will present a plan of action, milestones and budget for review by the Board at its April 2009 session. The Board adopted the following resolution.

B-109-2008. Resolved, that the report titled "Report of the Council on Scientific Affairs: Future of Paffenbarger Research Center" be shared with the ADA Foundation with the request that the ADAF explore sources of potential additional funding to meet the needs of PRC while its grant-supported programs are rebuilt.

Report of the Council on Scientific Affairs: Activity Update: The Board considered a written report submitted by the Council on Scientific Affairs.

Report of Dr. Robert A. Faiella, Liaison to the Council on Scientific Affairs: Dr. Faiella reported on the major issues that were discussed during the November 2008 meeting of the Council on Scientific Affairs.

Technology, Standards and Sales

Report of the Chief Information Officer: Technology, E-Communication and Web Updates: This informational report provided an overview of the ADA's web technology tools, electronic communications activities, and ADA.org initiatives. It outlined what has transpired to date, current capabilities, and future goals with planned timelines. Additionally, Mr. Owens reported on efforts to update the ADPAC web site in response to various concerns raised by the ADPAC chair, Dr. Jeffrey Parrish, during the October 2008 Board meeting. Dr. Tankersley discussed the expanded utilization of podcasts at the ADA.

Report of Dr. Robert A. Faiella, Liaison to the Standards Committee on Dental Informatics: The Board considered a written report submitted by Dr. Faiella.

Organizational/Other

Report of the President: The Board considered a written report submitted by Dr. Findley.

Review of the Criteria for Nominees to ADA Councils, Commissions and the Committee on the New Dentist Report: Dr. Findley reported on the criteria developed by ADA councils and commissions which outline the credentials and qualifications desired in nominees for council appointments.

Report of Sesquicentennial Planning Activities: The Board adopted the following resolution (*consent calendar action*).

B-119-2008. Resolved, that after all expenses have been identified and paid, the ADA donate to the ADA Foundation funds equal to any reduction in the ADA's budgeted net expense of \$139,650 from the Sesquicentennial account to the ADA Foundation for charitable purposes.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of the President-elect
Report of the Treasurer

New/Unfinished Business

Commission on Dental Accreditation: Dr. Schweinebraten updated the Board on the implementation of the CODA Task Force Initiatives.

UCCI Fee Schedule: Dr. Glecos requested that Board members provide him with any information in the pipeline regarding a fee schedule that UCCI is producing.

Special Appearances/Special Orders of Business

Presentation by J. Keith Murnighan, Ph.D. Kellogg School of Management: Dr. Keith Murnighan of Northwestern University's Kellogg School of Management delivered a presentation about the importance of building trust and creating transparency in the effective leadership of teams.

Leadership Development Session: Dr. Sheila Sheinberg of The Center for Life Cycle Sciences facilitated a leadership development exercise about crafting a high energy, high performance leadership team.

McCarran-Ferguson Act: Dr. Versman discussed the ADA's concerns about antitrust and the McCarran-Ferguson Act, noting that the ADA's current policies support the repeal of the McCarran-Ferguson antitrust exemption. Ms. Kempf briefed the Board about the McCarran-Ferguson Act and the insurance industry's partial exemption from U.S. antitrust laws. Ms. Kempf pointed out that repealing the McCarran-Ferguson Act and subjecting the insurance industry to closer antitrust scrutiny could have a number of effects beneficial to dentists and their patients including the potential to expose and curb abuses and to put the insurance companies in a much more defensive mode. Mr. Prentice indicated that antitrust is a high priority issue for Government Affairs this year. Ms. Kempf invited Board members to provide her with feedback regarding a new Legal Division booklet titled "McCarran-Ferguson Act – Some Key Points for ADA Members."

Appearance by Dr. Joseph Crowley, chair, Council on Government Affairs: Dr. Crowley delivered an oral report on the activities of the Council on Government Affairs. Dr. Crowley also presented reports on advocacy team assignments, the development of a dental quality alliance, and an update on federal and state legislative, regulatory and public affairs activities.

Priority Initiative and Metrics for 2009: Dr. Teri Barichello, chair of the Strategic Planning Committee, facilitated a priority planning exercise that allowed the Board to identify priority initiatives for 2009 and success measures (metrics) for each of these initiatives. The Board reviewed a list of Significant 2009 Initiatives and made recommendations for possible priority items in 2009 to support the ADA Strategic Plan. The Board assigned measurable benchmarks for some of the possible top initiative priorities. These metrics will make it possible to quantify implementation success and momentum in 2009.

Adjournment

The Board of Trustees adjourned *sine die* on December 10, 2008, at 12:00 p.m.

Appendix 1

JOINT VENTURE POLICY

This Joint Venture Policy of the American Dental Association (the "Association") requires that the Association evaluate its participation in any proposed joint ventures or similar arrangements and take steps to safeguard the Association's exempt status with respect to such arrangements.

1. **Venture or Arrangement.** This Policy applies to any joint ownership or contractual arrangement (a "venture or arrangement") through which there is an agreement to jointly undertake an investment activity, an exempt-purpose activity, or an unrelated trade or business activity, without regard to: (a) whether the Association controls the venture or arrangement; (b) the legal structure of the venture or arrangement; or (c) whether the venture or arrangement is taxed as a partnership or as an association taxable as a corporation for federal income tax purposes. This Policy does not apply to a venture or arrangement which meets both of the following conditions:
 - (i) 95% or more of the venture's or arrangement's income for its tax year ending with or within the Association's tax year consists of: (i) dividends, interest, and annuities; (iii) royalties; (iii) rent from real property and incidental related personal property; or (iv) capital gains or losses from the sale of property regardless of whether or not any of the property of the venture or arrangement is debt-financed, and
 - (ii) the primary purpose of the Association's contribution to, or investment or participation in, the venture or arrangement is the production of income or appreciation of property.

2. **Safeguards to protect the Association's exempt status.** The Association will: (a) submit all proposed ventures or arrangements for review by the Division of Legal Affairs prior to entering into such proposed venture or arrangement; (b) negotiate in its transactions and arrangements with other members of the venture or arrangement such terms and safeguards adequate to protect the Association's exempt status; and (c) take steps to safeguard the Association's exempt status with respect to the venture or arrangement. Some examples of safeguards include:
 - (i) control over the venture or arrangement sufficient to ensure that it furthers the exempt purpose of the Association;
 - (ii) requirements that the venture or arrangement gives priority to exempt purposes over maximizing profits for the other participants;
 - (iii) that the venture or arrangement not engage in activities that would jeopardize the Association's exemption; and
 - (iv) that all contracts entered into with the Association be on terms that are arm's length or more favorable to the Association except to the extent such terms further the exempt purposes of the Association.

The safeguards are of particular importance when one or more of the parties to the venture or arrangement is a taxable person.

Appendix 2

GUIDELINES GOVERNING THE AMERICAN DENTAL ASSOCIATION'S CORPORATE RELATIONSHIPS

As the premier professional organization representing dentistry as well as the nation's leading advocate for the public's oral health, the ADA is presented with frequent opportunities for collaboration with for-profit corporations in connection with oral health related programs, such as public awareness and fund raising campaigns. In many instances the ADA is approached by outside entities proposing such relationships, and in other cases the ADA may itself actively seek corporate sponsors or joint venture opportunities.

When governed in accordance with the ADA's Mission and Vision Statements as well as these Guidelines that flow from them, such collaborative relationships can result in synergies that greatly benefit the public while at the same time enhance and advance the ADA's longstanding reputation for science based objectivity and professional integrity. The overarching consideration when evaluating potential involvement with a for-profit corporation in a corporate relations setting is that any such involvement must reinforce rather than compromise the ADA's foundational precepts.

In pursuing or responding to corporate relations opportunities ADA staff must always evaluate them from the ADA's perspective. An outside corporate entity never becomes the "client" of an ADA staff member in any sense of that word, no matter how closely staff may work with the corporate entity's employees on a potential collaborative program, how cordial discussions with corporate personnel are, or how attractive the corporate opportunity may appear. Although this may seem self-evident, it is important to continually remind oneself of this because employees of for-profit corporations will assuredly, and appropriately, seek to maximize the benefits available to their employer from a relationship with the ADA. ADA staff, therefore, must do the same for the ADA.

The numbered Guidelines that follow are intended to be specific and practical. While additional guidance concerning the ADA's corporate relations policies and procedures is to be found in other ADA documents, such as the documents of Agreement that formalize the various types of corporate relationships that the ADA enters into, these Guidelines comprise the controlling principles to be used both for evaluating potential corporate relationship and joint venture opportunities as well as for administering those that are eventually undertaken.

The admonition that these Guidelines are to be referred to and used by ADA staff in every corporate relationship setting cannot be over emphasized. Merely paying lip service to the Guidelines will subvert their vital purpose and so placing them on a shelf to gather dust will not be tolerated. The fact is, actively and consistently applying the Guidelines will greatly assist in managing the expectations of potential corporate participants, thereby heading off misunderstandings at the "front end" that might otherwise squander ADA resources – and even threaten to diminish the ADA's reputation – if they had to be rectified at the "back end."

1. Any relationship that the ADA enters into with a for-profit corporation must be wholly consistent with the ADA's Mission and Vision Statements which are, respectively:

ADA Mission Statement

The ADA is the professional association of dentists committed to the public's oral health, ethics, science and professional advancement; leading a unified profession through initiatives in advocacy, education, research and the development of standards.

ADA Vision Statement

The American Dental Association: The oral health authority committed to the public and the profession.

This first and overarching Guiding Principle should make it apparent that no matter how lucrative they might be or how much free press they might garner for the ADA there are certain corporate relationships that would be totally unacceptable to it. For example, a corporate alliance with a tobacco or alcoholic beverage company would not be in keeping with ADA core values.

In addition, because of the singular position the ADA enjoys in the oral health field and the fact that millions of people look to it for objective, science-based answers to their questions about oral health issues, it must always be absolutely clear to everyone that the ADA does not endorse products, including those of its corporate sponsors, and that its name and reputation are not for sale.

2. Corporate relationship opportunities are to be presented to and evaluated by the permanent Corporate Relations Work Group comprising two Board members appointed by the ADA President. The Work Group must be informed and kept frequently updated about any potential corporate relations opportunity from the time an initial contact is made with the potential corporate sponsor candidate.
3. Although it has become a very loosely and widely used marketing term, the word “partner” can carry significant legal implications and should be used only where explicit authorization has been given to do so by the Board of Trustees. The term “Strategic Partner” is an instance where use of the term has been approved because it has a clearly defined meaning in the ADA Corporate Relations program. Terms that may be appropriate to describe the ADA’s involvement with third-party for profit entities include: “working with,” “sponsor,” “co-sponsor,” “collaborative,” “cooperative,” “aligned,” “participate with,” and “joint effort.” The use of proper terminology is especially important in the corporate relations context because the associated activities so frequently have a high public profile.
4. **The Seal of Acceptance Program** and the corporate relations function must operate wholly independently from one another, and preservation of the Seal Program’s reputation for integrity and objectivity must take precedence over any corporate relations consideration. All inquiries regarding the ADA Seal of Acceptance program are to be directed to Science and not discussed by any other staff unless Science staff requests input. This is *always* to be the case regardless whether the company whose product(s) has/have been awarded the Seal, or which has applied for the Seal, is also, e.g., a Strategic Partner, CE Sponsor, or is cooperating with the ADA in a public awareness campaign.

For decades, the Seal of Acceptance has truly represented the gold standard for certification mark programs in which an organization having acknowledged expertise in a particular field evaluates the products of entities unrelated to it and, if a product meets the organization’s published standards, the producing entity is permitted to display the organization’s certification mark on the qualifying product. In a legitimate, trustworthy certification mark program like the Seal program, all applicants for certification must be treated equally. No aspect of the certification process, such as how long the deliberations over a particular submission take, can be influenced by corporate contributions or sponsorships.

Obviously, any corporate relationship activity that may give the impression that the “Seal is for sale” must be avoided at all costs. Determinations by the Council on Scientific Affairs concerning whether to award the Seal to a particular product are always made purely on the basis of the Council’s scientific evaluation, and anything that might undercut that impression is inimical to the greater interests of the ADA.

5. In keeping with the principles described in #3 immediately above, advertisements for products bearing the Seal must be submitted to the ADA prior to publication and are to be critically reviewed by Science staff regardless of where they are to be published. The ads are to be evaluated *solely* by the Science Division, except in those instances that require consultation with other expert areas within the ADA. Companies whose products have been awarded the Seal of Acceptance are given explicit instructions concerning how the Seal may be used in product advertising and on labels, and must sign the Seal Agreement in which they agree, among other things, to be bound by those instructions or risk losing their product’s Accepted status.
6. Any advertising submitted to an ADA publication should be reviewed by content experts, namely, Science, Practice, and Legal, before it appears. The fact that a company contributes financially to the

ADA has no bearing on whether an advertisement suffers from science, image, or legal deficiencies. The potential income that may be derived from an advertisement or from future advertising by the same advertiser is also irrelevant when determining whether an advertisement meets the ADA's advertising standards. Advertisers may be asked to confirm certain advertising claims in writing, which writing may be required to include supporting technical references and details. In connection with financial offerings or sweepstakes, advertisers may be asked to confirm in writing that they have complied with all federal and state statutes and regulations concerning such offerings.

Advertising review is a crucial corporate relations task that is central to maintaining the ADA's stellar reputation. The ADA's goal with respect to advertising in its publications or on its website or in special advertising vehicles such as blast emails to members is to provide ADA members and other readers with dependable information about a wide range of products and services. Advertisements containing representations that the advertiser cannot support with credible scientific or technical information can mislead readers and are unfair to other ADA advertisers who refrain from making overblown, unsubstantiated claims.

7. The ADA Foundation, qualifying under section 501(c)(3) of the Internal Revenue Code, is the ADA's charitable arm and, as such, should exist separately from the Corporate Relations activities of the ADA, a 501(c)(6) entity. There should be arms-length dealing between these two separate entities, preferably with separate legal counsel for each being present when appropriate. In any instance where it is proposed that the ADA or the ADA Foundation provide services or other benefits to the other, such proposal should be reviewed by Legal and, if approved from the legal perspective, should be memorialized in a Letter Agreement or other contract document.

Although there will frequently be close interaction between ADA and ADA Foundation staff, there are important tax and other legal reasons for maintaining two separate entities. Indeed, it is because of the special legal treatment available to a properly constituted and administered charitable foundation that the ADA established the ADAF in the first place. Despite the facts that the respective entities are headquartered in the same building and the Foundation and its staff are integral to the ADA's mission and culture, it is extremely important to observe the legal separation of the Foundation from the ADA even though the distinction itself and the practical steps necessary to preserve it may sometimes appear formalistic or even trivial.

8. No ADA staff at any level is permitted to agree to an express or implied product endorsement in the absence of express Board approval.

Rarely, if ever, will the ADA endorse a for-profit entity's product or services, and only the Board of Trustees has the authority to take such a step. While it may be unlikely that ADA staff would ever make a positive, albeit ineffective, representation that the ADA would endorse a product or service in connection with a corporate relations undertaking, it is imperative that staff members choose their language very carefully when communicating with a for-profit entity to make sure that the entity is under no misapprehension about the subject. All too often what one party thinks it is saying and another party thinks it is hearing are quite different. The ADA's strict "no endorsement" policy should be explained politely but unambiguously during the initial discussions with a potential corporate sponsor. After all, there is no value in wasting everybody's time engaging in negotiations that are based on mistaken understandings and assumptions.

9. In connection with collaborative public awareness campaigns with for-profit entities, Science, Practice, and Legal are to review all campaign related advertisements in accordance with the provisions contained in the ADA standard Agreement used for such collaborative relationships, and to review any product or service advertising conducted by the corporate cosponsor(s) of the campaign during the campaign's pendency. In the latter case, such review shall be aimed at ensuring that no statements or claims are made that are contrary to ADA policies or positions, or that the ads are so similar to advertising materials for the campaign that they blur the distinction between the campaign and the for-profit's commercial activities, or that in any other way might compromise the interests of ADA members.

10. Corporate Relations, which may be approached concerning potential public awareness campaigns or may be involved in identifying potential opportunities for such campaigns, shall report to the Board of Trustees concerning such potential opportunities, regardless of the preliminary stage of the evaluation process, at the next regular Board Meeting following the identification of such potential opportunity and shall provide status updates thereafter in subsequent Corporate Relations Board Reports. Also, from the preliminary stage onward, Corporate Relations shall seek Legal, Science, and Practice input concerning evaluations of potential corporate relations opportunities.
11. Staff is not permitted to make “verbal agreements” with any third party in connection with potential or ongoing corporate relationships.

There shall be no oral or written agreements made by staff in connection with a corporate relationship and that purport to override or contradict the formal Agreement establishing the corporate relationship unless approved in advance by the Board of Trustees. For example, all corporate relations agreements used by the ADA will clearly provide that the ADA has sole discretion over the use of its name, trademarks, and issued statements, that it is entitled to review all materials containing such ADA property prior to publication in connection with the corporate relationship, and that the ADA’s word on the subject is final. Any supposed waiver of these requirements or of any part of them, by ADA staff without prior approval by the Board of Trustees would be void and may constitute grounds for employee discipline.

12. Formal negotiations concerning potential corporate relationships are to include participation by Legal from the outset.
13. From time to time as the Board of Trustees may direct, the Legal Division, with input from the appropriate agencies, shall review, revise, and supplement these Guidelines and/or other protocols, standard agreements, and procedures governing the ADA Corporate Relations Program.
14. Regardless how closely ADA staff may work with their counterparts at a for-profit entity in connection with a corporate relations activity, staff should never share internal communications such as emails, memos, or reports with such entities unless prior approval to do so has been obtained from the Executive Director and Legal. In no event should an email chain containing emails from an ADA attorney ever be provided to non-ADA personnel.
15. Any undisclosed relationship that an ADA member has with a for-profit entity that is being evaluated by the ADA in connection with a potential corporate relationship constitutes a potential conflict of interest and should be immediately reported to the ADA. In addition, a conflict of interest situation would arise if a potential or existing corporate sponsor offers, whether expressly or by implication, any special benefit or consideration to an ADA staff member. Any such offer should be declined and immediately reported to the ADA.

DEFINITIONS AND CONCEPTS USED IN CONNECTION WITH ADA CORPORATE RELATIONS

Nonprofit organizations are increasingly supplementing their fundraising and public communications efforts with new marketing strategies. At the same time, for-profit corporations are sensitive to the fact that their customers and shareholders expect them to be responsible corporate citizens, not just by refraining from doing harm, **but also by positively engaging in issues of public concern. These developments have** created a situation wherein nonprofits are increasingly finding themselves being courted by for-profit companies with proposals for “strategic partnerships” or “marketing alliances,” that are billed as attractive ways for the nonprofits to increase revenue or charitable giving as well as to heighten their public profiles.

But because of the vastly different natures of nonprofit organizations, on the one hand, and for-profit corporations, on the other hand, it is sometimes the case that for profits are more savvy when it comes to sophisticated consumer marketing than are nonprofits. It is also important to note again that the legitimate goal of a for-profit entity is to maximize its sales. This can lead to problems for a nonprofit participant unless clear definitions of various marketing terms are understood by both sides. For example, as is explained

further below, what the ADA means when it uses the term “co-branding,” may be quite different from what a corporate sponsor or collaborator would like it to mean. While it is usually merely a matter of two equally valid but different perspectives, where such different perspectives may conflict, it is the job of ADA staff to make sure that the ADA’s perspective prevails in order to protect the ADA’s interests in its reputation and image. Staff involved in any aspect of corporate relations should thus have a working knowledge of these terms as they are defined and applied in the context of the ADA’s corporate relationships.

The marketing terms most likely to be encountered in connection with ADA corporate relationships are:

Cause-Related Marketing— In cause-related marketing (“CRM”) a for-profit corporation and a nonprofit organization publicly associate with the expressed intention of promoting at least one of the company’s products or services. A portion of the sales revenue for the identified products or services is then donated by the company to the nonprofit or to an identified charitable cause supported by the nonprofit. CRM allows a corporate sponsor to enhance its brands’ images and increase sales while, at least in theory, the nonprofit partner obtains additional funding and name recognition. CRM became a common marketing concept when in 1983 American Express promised to make a contribution to the Statue of Liberty restoration effort for every use of an American Express Credit Card. Advertising for products involved in a CRM campaign usually include statements such as: “For every _____ sold, a contribution will be made by [name of corporation] to the [name of nonprofit entity]” or “[name of corporation] will donate 5¢ from the sale of each _____ to the _____ [name of nonprofit entity].”

The ADA and the William Wrigley Company entered into a CRM agreement in which, during a given period, Wrigley agreed to donate a percentage of its sales of certain Accepted chewing gum products to the Give Kids A Smile program.

CRM should not be confused with “product endorsement” or “co-branding” even though the nonprofit’s name is used in connection with the sale of the for-profit corporation’s product. This is because the advertising for a properly administered CRM campaign makes clear the relationship between the for-profit corporation and the non-profit organization and the basis for the campaign. So long as the products that form the basis for a CRM campaign are not contrary to the ADA’s policies and positions, opportunities for such campaigns can be explored. As with any other potential corporate relationship, CRM proposals must be evaluated to determine whether they would compromise the ADA’s reputation by, for example, creating the appearance that the association has been “bought off.” If there is the possibility of such an appearance then the opportunity must be declined no matter how lucrative it may appear.

CRM is not “social marketing,” which is the use by nonprofits to impact societal behavior such as “stop smoking” or “don’t drive drunk” campaigns. Likewise, CRM is not “corporate philanthropy” wherein a corporation makes financial or in-kind donations to a nonprofit without expectation of any direct corporate gain.

Certification Program— In contrast to a blanket product endorsement, a respected nonprofit may establish a certification program based on its special technical or scientific expertise in a particular field. The certification, usually indicated on product packaging by a certification mark, is most often directed to a specific, well-defined aspect of a company’s product, is based on an analysis of scientific or technical evidence, and is available to any producer who meets the uniformly applied objective criteria established by the nonprofit. The integrity of a certification mark program depends on its equal treatment of all applicants, and a federal certification mark registration can be challenged if the program does not provide such equal treatment. A successful certification mark program can raise revenue for the nonprofit and help it market itself to the public. For-profit companies that seek and obtain certification for their product(s) should be bound by clear rules as to what representations they can make in their advertising materials about the certification and about how the nonprofit’s certification mark can be depicted. As is explained further below, a certification mark program does not constitute an instance of “co-branding” by a nonprofit and a for-profit entity whose product has been certified. A certification mark program can be adopted and administered only by an entity that does not use the certification mark for its own products or services (contrast with “trademark,” below).

Co-Branding— When the term “co-branding” is applied sloppily it may lead reasonable persons to conclude that the ADA has joined with a for-profit company in a commercial product promotion venture, and may even be a co-producer of the product. The appearance of the Seal of Acceptance on product packaging and in product advertising **does not** constitute co-branding, nor does the appearance of the ADA’s name in connection with advertising mentioning the award by the Council on Scientific Affairs of the Seal. In this latter situation, however, staff must be careful in reviewing such advertising that no misimpression of co-branding is reasonably possible.

Pursuant to written agreements, the ADA may enter into co-branding relationships with for-profit corporations for certain non-commercial purposes, such as in the case of public health awareness campaigns. In those instances, the “co-branding” is undertaken in connection with the campaign itself, and not in relation to any particular product. One way to avoid confusion in this regard is to develop a unique trademark or logotype for use by the parties, perhaps in connection with the campaign. One example of where this was done with great success is the OralLongevity™ initiative.

As with the term “endorsement,” the term “co-branding” should only be applied where such a relationship with a company has been *formally authorized* by the Board of Trustees and has been made the subject of a written agreement approved by Legal.

Endorsement— A product (or service) endorsement is a written or spoken blanket testimonial from a prominent person or organization that attests to a product’s desirability or superiority. An endorsement may be used aggressively to market a company’s products and will often form the basis for a high-profile advertising campaign. The ADA does not endorse commercial products or services, and the association may subject itself to serious criticism if it appears that it is doing so. Also, a product endorsement, or even the appearance of one, may pose potential risks to the association’s intellectual property, tarnish its reputation for scientific and professional objectivity, increase its exposure to legal claims by third parties, affect its tax exempt status, and ultimately reduce its market power for all of these reasons.

The term “endorsement” is sometimes incorrectly applied by those referring to an ADA certification indicated by the Seal of Acceptance certification mark. The concepts of a limited certification under the Seal Program, on the one hand, and of a product endorsement, on the other hand, are very different from one another. A product endorsement is almost always broad and non-specific, is not made on the basis of technical or scientific evaluation, and is usually exclusive. In contrast, a certification of the type made pursuant to the Seal Program is usually directed to a specific, well-defined aspect of the product, is based on an analysis of scientific evidence, and is available to any producer who meets the established and uniformly applied objective criteria. A product endorser can, in effect, hold an “auction,” and award its endorsement to the highest bidder. The integrity of a certification mark program depends on its equal treatment of all applicants and a federal certification mark registration can be challenged if it does not provide such equal treatment.

Although the ADA does not endorse commercial products or services, it does from time to time endorse certain causes, proposals, or programs that it concludes are in the members’ or the public’s interest. The determination as to which such causes, proposals, or programs the ADA chooses to endorse is made by the Board of Trustees. Thus, unless there has been a formal declaration of “endorsement,” ADA staff should not use the term in connection with ADA corporate relations activities.

Event Sponsorships— Event sponsorships are marketing activities specifically designed around an event to raise awareness or funds for a cause or to promote a company or product. An example is the Avon Breast Cancer 3-Day event that promotes awareness of breast cancer and raises funds for breast cancer research.

Joint Venture— A joint venture is an association of persons or entities that together undertake a specific commercial enterprise and does not involve a continuing relationship between or among the parties. Frequently, the parties to a joint venture establish a new legal entity to carry out the joint enterprise. While the term usually applies to a particular kind of relationship between or among for-profit entities, a nonprofit may enter into an appropriate joint venture so long as its exclusive purpose is in keeping with the nonprofit’s tax exempt mission. The term “joint venture” should not be loosely applied by staff to refer to co-sponsorships, collaborative awareness campaigns and the like. As with the term “partner” discussed below,

the incorrect use of the term “joint venture” can create confusion and could subject the ADA to unwarranted criticism that, for example, it was involved in the promotion and sale of commercial products.

Partner— The terms “partner” and “strategic partner” carry significant legal and business implications. Although the terms are widely used, the incorrect use of the words to describe corporate relationships could have unintended consequences.

A “partner” is an individual or entity that is united with another or others in an activity or sphere of a common interest toward specified goals.

A “strategic partner” is a participant in a joint venture or long-term business relationship. Typically, an organization that is larger and more established will join forces with a smaller, less established entity for their mutual benefit. Although the larger organization may have more financial resources, the smaller entity may have something of value such as name recognition or intellectual property that will benefit the larger company. Strategic partners should have an agreement with a narrow purpose and do not get involved with the others’ overall business. At the ADA, the term “strategic partner” is used as a term of art in connection with a particular program.

Given the legal and business implications these terms can generate, they should be used only in instances where explicit authorization has been given to do so. Alternative and more appropriate terms that may be used to describe the ADA’s involvement with a third-party entity include: working with, sponsor, collaborative, cooperative, and aligned.

Trademark— A trademark includes any word, name, symbol, or device, or any combination thereof, used, or intended to be used, in commerce to identify and distinguish the goods of one manufacturer or seller from goods manufactured or sold by others, and to indicate the source of the goods. If the owner stops use of the mark for an extended period it can become “abandoned” and the owner will lose its rights in it. A service mark, of course, is the same sort of device used to identify services, and the term “trademark” is often used to refer to both types of marks. Because they indicate source or sponsorship, a trademark owner must be vigilant with respect to how its trademark is being used. Usually, cases of outright appropriation and infringement are not difficult to identify, but misuse of a nonprofit’s marks by a corporate sponsor, even where wholly unintentional, can lead to confusion as to source or sponsorship, thereby threatening the good will built up.

Adopted December 2008

Minutes of the House of Delegates

October 17-21

Notes

Minutes of the 149th Annual Session of the American Dental Association House of Delegates

October 17-21, 2008

Henry B. Gonzalez Convention Center, San Antonio, Texas

Friday, October 17, 2009

First Meeting

Call to Order: The first meeting of the 149th American Dental Association House of Delegates was called to order by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, Maryland, on Friday, October 17, 2008, at 3:30 p.m., in the Henry B. Gonzalez Convention Center, San Antonio, Texas.

Invocation and Pledge: An invocation was offered by First Vice President, Dr. Jane S. Grover, Michigan, which was followed by the reciting of the Pledge of Allegiance by the members of the House of Delegates.

Introduction of Officers: The Speaker introduced the following officers of the Association who were seated on the dais: Dr. Edward Leone, Jr., treasurer; Dr. John S. Findley, president-elect; Dr. Mark J. Feldman, president; Dr. Jane S. Grover, first vice president; and Dr. O. Andy Elliott, II, second vice president.

Introduction of Former Presidents and Distinguished Guests: The Speaker introduced the former presidents of the Association who were seated in the House of Delegates. Guest who were introduced were: Dr. Deborah Stymiest, president, Canadian Dental Association; Mr. Claude Paul Boivin, executive director, Canadian Dental Association; Dr. Victor Guerrero, president, Mexican Dental Association; Dr. Jaime Edelson, president-elect, Mexican Dental Association; Dr. Burton Conrod, president, FDI World Dental Federation; Dr. Roberto Vianna, president-elect, FDI World Dental Federation; and Dr. David Alexander, executive director, FDI World Dental Federation.

Dr. Burton Conrod, president, FDI World Dental Federation addressed the House of Delegates.

Introduction of the Committee on Local Arrangements Chair: Dr. Pamela S. Berlanga, Texas, chair of the Local Arrangements Committee, welcomed the delegates and alternate delegates to the state of Texas and acknowledged the hundreds of Texas volunteers that made this meeting possible.

At the request of the Board of Trustees, the Speaker read the following ethics statement:

As members of the legislative and governing body of the American Dental Association, we want to be reminded of our responsibility to act with integrity and exercise our powers and perform our duties relating to the professional matters in a manner consistent with the *Principles of Ethics and Code of Professional Conduct* of the Association. By acting ethically and with integrity over the course of this annual session, we can be certain that our legislative obligations and decision-making authority will be discharged in keeping with the profession's fiduciary obligations. Finally, we must also be mindful of our responsibility for professionalism and respect to each other in our work and deliberations. The ADA's Professional Conduct Policy that appears in the *Manual of the House of Delegates* speaks to the fact that professionalism is the standard for communication throughout this Association.

Report of the Committee on Credentials, Rules and Order: Dr. A. David May, Texas, presented the Report of the Standing Committee on Credentials, Rules and Order (*Supplement:1027*). The other members of the Committee were: Dr. John H. Gerding, Illinois; Dr. Milton A. Glicksman, Massachusetts; Dr. Betty N. Hughes, Florida; Dr. William Karp, New York; Dr. Norman V. Palm, Michigan; Dr. David M. Prator, Alaska; Dr. Gary L. Roberts, Louisiana; and Dr. J. Ted Sherwin, Virginia.

Dr. May reported that the Committee received requests to waive the rules relating to the credentialing of new delegates and alternate delegates. The Committee considered these requests to be the result of extenuating circumstances. Accordingly, the Committee recommended that the rules be waived and the following individuals be credentialed as follows:

New Delegates

Dr. W. Brian Powley, Arizona
Dr. Mary Jane Hanlon-Rogers, Massachusetts
Dr. Edwin Del Valle-Sepulveda, Puerto Rico
Dr. Augusto Garcia-Aguirre, Puerto Rico

New Alternate Delegates

Dr. David Eichler, Alaska
Dr. Kenneth Peters, Colorado
Dr. Lewis Walker, Florida
Dr. John Roberts, Indiana
Dr. Joseph Kenneally, Maine
Dr. E. Jane Gillette, Montana
Dr. Michael Arvystas, New York
Dr. Richard Dunham, New York
Dr. Judith Purcell, New York
Dr. Marsha Pyle, Ohio
Dr. Debra Stewart, Texas
Dr. Bryan Anderson, Washington

New/Acting Executive Director

Mr. Kevin Earle, Arizona

New/Acting Secretaries

Dr. Gary Umeda, Hawaii
Dr. Charles Steffel, Indiana

The Speaker asked if there were any objections to credentialing the above mentioned individuals; hearing none, the Speaker declared the credentials granted.

Dr. May reported the presence of a quorum and continued with the presentation of the Committee's report.

Approval of the Minutes of the 2007 Session of the House of Delegates (Standing Committee on Credentials, Rules and Order Resolution 21): Dr. May moved the adoption of Resolution 21 (*Supplement:1034*). On vote, Resolution 21 was adopted.

21H-2008. Resolved, that the minutes of the 2007 annual session of the House of Delegates, as published in *Transactions 2007*, pages 357-468, be approved.

Adoption of Agenda and Order of Agenda Items (Standing Committee on Credentials, Rules and Order Resolution 22): Dr. May moved the adoption of Resolution 22 (*Supplement:1035*). On vote, Resolution 22 was adopted.

22H-2008. Resolved, that the agenda as printed in the *2008 Manual of the House of Delegates and Supplemental Information* be adopted as the official order of business for this session, and be it further

Resolved, that with the consent of the House of Delegates, the Speaker be authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.

Referral of Reports and Resolutions (Standing Committee on Credentials, Rules and Order Resolution 23): Dr. May moved the adoption of Resolution 23 (*Supplement:1036*).

Before calling for the vote on Resolution 23, the Speaker announced that the following resolutions were withdrawn by their sponsors.

Withdrawn Resolutions

Resolution 2 (*Reports:50; Supplement:3003*)—Amendment to the Policy, “Development of ADA Diagnostic Coding,” withdrawn by the Council on Dental Benefit Programs.

Resolution 59-2007S-1 (*Supplement:2054a*)—Substitute for Resolution 59-2007: ADA Reserves, withdrawn by the Fifth Trustee District.

Resolution 37S-1 (*Supplement:4004a*)—Substitute for Resolution 37: Implementation of Recommendations in the CODA Task Force Report, withdrawn by the Sixteenth Trustee District.

Resolution 76 (*Supplement:4074*)—Suspension of International Consultation and Accreditation Advisory Committee, withdrawn by the Fifth, Sixteenth and Seventeenth Trustee Districts.

On vote, Resolution 23 was adopted.

23H-2008. Resolved, that the preliminary and supplemental list of referrals submitted by the Speaker of the House of Delegates be approved.

Prior to concluding the Committee’s report, Dr. May called reminded secretaries of the delegations of their responsibility for completing the delegate and alternate delegate substitution forms in order to allow for an accurate attendance record. Dr. May also called the House’s attention to the times and locations for reference committee hearings, reviewed the rules regarding the introduction of new business, and reminded everyone that proxy voting is not permitted in the House of Delegates.

Report of the President: The Speaker introduced President Mark J. Feldman for the purpose of presenting his report to the House of Delegates. The Speaker referred the report (*Supplement:5031*) to the Reference Committee on Membership and Planning.

Special Order of Business

Presentation of the Distinguished Service Award: President Feldman presented the 2008 Distinguished Service Award to Dr. Leslie Seldin. The Distinguished Service Award is the highest honor the ADA Board of Trustees confers on any individual in any given year. A brief acceptance speech was given by Dr. Seldin.

Reports of the Board of Trustees to the House of Delegates

Report 1 of the Board of Trustees to the House of Delegates: Association Affairs and Activities (*Supplement:1000*): Dr. Charles L. Smith, trustee, Sixth District, presented Report 1, which included recognition of the Council on ADA Sessions and the Committee on Local Arrangements for their efforts in organizing the annual meeting. A moment of silence was observed in memory of former ADA officials and colleagues who passed away since the last session of the House.

Nominations to Councils and Commissions (Board of Trustees Resolution 33): Dr. Smith presented the nominations of the Board of Trustees to ADA councils and commissions. The Speaker called for additional nominations; there were none. On vote, Resolution 33 (*Supplement:1025*) was adopted.

33H-2008. Resolved, that the nominees for membership on ADA councils, commissions and the Committee on the New Dentist submitted by the Board of Trustees in accordance with Chapter VII, Section 110(H) of the *Bylaws* be elected.

The members of the House of Delegates recognized the retiring members of councils and commissions who were seated in the House.

Continuing, Dr. Smith noted that Reports 2 through 21 of the Board of Trustees to the House of Delegates had been referred by the Speaker to the appropriate reference committees as indicated on the Updated General Index to the resolution worksheets.

Nomination of Officers and Trustees

President-elect: The Speaker called for nominations for the office of president-elect. Dr. Donald I. Cadle, Jr., Florida, was nominated by Dr. Larry Nissen, Florida. Dr. Ronald L. Tankersley, Virginia, was nominated by Dr. Bruce Hutchison, Virginia. The Speaker called for additional nominations; there were none. Acceptance speeches were subsequently given by the president-elect candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, October 20.

Second Vice President: The Speaker called for nominations, in alphabetical order, for the office of second vice president. Dr. Lisa Howard, Maine, was nominated by Dr. James Schmidt, Maine. Dr. Thomas Sullivan, Illinois, was nominated by Dr. Joseph Unger, Illinois. The Speaker called for additional nominations; there were none. Acceptance speeches were given by the candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, October 20.

Speaker of the House of Delegates: President Feldman assumed the chair for the purpose of calling for nominations for the office of Speaker of the House of Delegates. Dr. J. Thomas Soliday, Maryland, was nominated for the office by Dr. Morris Antonelli, Maryland. Hearing no other nominations, Dr. Feldman declared Dr. Soliday duly elected as Speaker of the House of Delegates.

District Trustees: The Speaker announced the following caucus results for district trustee:

Sixth District: Dr. W. Ken Rich, Kentucky
Seventh District: Dr. Charles L. Steffel, Indiana
Tenth District: Dr. Edward J. Vigna, South Dakota
Sixteenth District: Dr. Charles H. Norman, North Carolina
Seventeenth District: Dr. Samuel B. Low, Florida

The Speaker declared Dr. Rich, Dr. Steffel, Dr. Vigna, Dr. Norman and Dr. Low duly elected as trustees of their respective districts.

Dr. Soliday also announced that the elections for the office of president-elect and second vice president would be held on Monday, October 20. See pages 420 for election results.

New Resolutions

Dr. Soliday announced the following new resolutions and their respective reference committee referrals.

Eighth Trustee District Resolution 17S-1 (*Supplement:2053a*), Substitute for Resolution 17: Long-Term Financial Strategy on Dues Stabilization, referred to the Reference Committee on Budget, Business and Administrative Matters.

Third Trustee District Resolution 80 (*Supplement:3140*), Availability of Survey Results, referred to the Reference Committee on Dental Benefits, Practice, Science and Health.

Third Trustee District Resolution 79 (*Supplement:4076*), Dentists Education in a Changing Environmental Marketplace, referred to the Reference Committee on Dental Education and Related Matters.

Fifth Trustee District Resolution 82 (*Supplement:4077*), Economic Study of Expanded Workforce Models, referred to the Reference Committee on Dental Education and Related Matters.

Fourteenth Trustee District Resolution 81 (*Supplement:5038*), Membership Category for Disabled Dentists, referred to the Reference Committee on Membership and Planning.

Third Trustee District Resolution 78 (*Supplement:6216*), Development of Print and Electronic Media for "Dental Care While Traveling," referred to the Reference Committee on Public Affairs, Legal and Legislative Matters.

Third Trustee District Resolution 80 (*Supplement:3140*), Availability of Survey Results, referred to the Reference Committee on Dental Benefits, Practice, Science and Health.

Fifth Trustee District Resolution 75S-1 (*Supplement:6181a*), Amendment to Resolution 75: ADA Support for Constituent Societies in Dealing with Dental Mid-Level Provider Proposals, referred to the Reference Committee on Public Affairs, Legal and Legislative Matters.

Fifth Trustee District Resolution 77 (*Supplement:6214*), Economic Stimulus Program to Increase Patient Awareness for the Need for Dental Care in a Down Economy, referred to the Reference Committee on Public Affairs, Legal and Legislative Matters.

Fifth Trustee District Resolution 83 (*Supplement:6217*), Proposed Resolution Regarding "Mid-Level Provider" Definition, referred to the Reference Committee on Public Affairs, Legal and Legislative Matters.

Fourteenth Trustee District Resolution 49S-1 (*Supplement:6165a*), Substitute for Resolution 49: Compliance with the Settlement Agreement Regarding the Lawsuit Challenging Dental Health Aide Therapist (DHAT), referred to the Reference Committee on Public Affairs, Legal and Legislative Matters.

Recess: The first meeting of the House recessed at 5:00 p.m. in preparation for an attorney-client session.

Attorney-Client Closed Session

Call to Order: An attorney-client session was convened at 5:00 p.m. by the Speaker of the House of Delegates. Prior to this session, guests and staff, with the exception of Ms. Tamra Kempf, ADA Chief Legal Counsel, were requested to leave the meeting room. The first meeting of the House adjourned at 6:00 p.m.

Monday, October 20, 2008

Second Meeting

Call to Order: The second meeting of the 149th Annual Session of the ADA House of Delegates was called to order at 8:00 a.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday.

Introduction of Trustees: The Speaker introduced the 17 trustees of the American Dental Association who were seated with their delegations.

Presentation of Honorary Membership: The Speaker recognized President Mark Feldman for the presentation of Honorary Membership to the following individuals:

Dr. Per-Ingvar Brånemark, Sweden
Dr. Yun Po Zhang, New Jersey

Report of the Standing Committee on Credentials, Rules and Order: Dr. A. David May, chair, Texas, reported that the Committee received a request relating to the credentialing of a new delegate. The Committee considered this request to be the result of extenuating circumstances. Accordingly, the Committee recommended that Dr. Frederick Wetzell, New York, be credentialed as a new delegate. Hearing no objections, credentials were granted.

Dr. May reported the presence of a quorum.

Announcements: The Speaker announced that any New Business resolutions received will be considered after the reports of the reference committees at the last meeting of the House.

Presentation of the Treasurer: Dr. Edward Leone, Jr., presented his annual report to the House of Delegates. He reported on the status of the Association's financial affairs, stating that "through efficient management, we were able to conclude the year with a significant surplus of income over expenses. ... the challenge will be greater this year since financial market performance has taken its toll on reserve fund yields. The 2009 budget is, however, in a strong position. ..."

Priority Agenda Items

Dr. Steve Robertson, Kentucky, requested that Resolution 74RC be added to the Priority Agenda.

Hearing no objection the Speaker granted the request and noted that it would be the last item of the priority agenda.

Report of the Reference Committee on Budget, Business and Administrative Matters

The priority items contained in the Report of the Reference Committee on Budget, Business and Administrative Matters were presented by Dr. Ronald P. Lemmo, chair, Ohio. The other members of the Committee were: Dr. Jack A. Aughenbaugh, Pennsylvania; Dr. Dwyte E. Brooks, Nevada; Dr. Robert A. Coleman, Michigan; Dr. Kathy T. Gibson, Texas; Dr. Kevin M. Keating, California; Dr. John J. Mooney, Connecticut; Dr. H. Warren Whitis, Arkansas; and Dr. Laura Williams, Washington.

Recommended Dues Change (Board of Trustees Resolution 15): The Reference Committee reported as follows.

The adoption of the budget discussed separately is closely tied to consideration of a dues increase. The Committee heard considerable testimony about the current challenges in the economy and how they might impact the member dentist. While sensitive to these concerns, the Committee believes a \$14 dues increase is necessary to continue the Association's valuable programs. The Committee is supportive of the financial strategy of dues stabilization and believes the recommended dues increase of \$14, which is below inflation, would be consistent with that strategy. Given recent events in the financial markets, reserves have fallen below the current 40% target so that funding a budget deficit from reserves would not be prudent.

The Committee is aware that the House is considering several resolutions with financial impact that will require careful consideration, especially given the need for a funding mechanism. If resolutions with financial impact require funding above the recommended dues increase of \$14 the Committee recommends that the 2009 budget be referred back to the Board for presentation of a balanced budget consistent with the long-term strategy of dues stabilization.

Therefore, the Committee supports the Board's recommendation of a \$14 dues increase.

15. Resolved, that the dues of ADA active members shall be five hundred twelve dollars (\$512.00), effective January 1, 2009.

Dr. Lemmo moved that consideration of Resolution 15 be postponed until the last order of business on Tuesday, October 21.

Resolution 15 (*Supplement:2045*) was postponed definitely to the final order of business of the 2008 House of Delegates.

As a point of inquiry, Dr. Bryan Edgar, Washington, asked the Speaker at what point would the House be able to remove items from the consent calendar.

The Speaker said, "... Once we take care of the priority agendas, ...we will take care of the different consent calendars, starting with Budget, the way they are listed in the program ... every delegate will have the right to take something off that consent calendar at that particular time, and they will be considered in that order."

As a point of information, Dr. Mark J. Weinberger, New York, asked the Treasurer if information more recent than September 30 was available on the level of ADA reserves.

Dr. Leone said, "Unfortunately, I do not have any additional information to share with you. The one thing that I think we can all understand as a body, based on all of the reading that we do and all of the exposure we have to the news media, is that the condition of the reserve fund is lower now than it was on September 30, but I cannot give you an accurate number."

Approval of the 2009 Budget (Board of Trustees Resolution 14): The Reference Committee reported as follows.

The Reference Committee deliberated the budget at length. The Committee believes that the Board of Trustees presented a fiscally responsible budget with limited spending increases that provides great value to the membership.

The pressing issues facing dentistry require the ADA to be a strong advocate which is facilitated by a strong financial foundation which should not be compromised by cutting valuable programs.

Therefore, the Reference Committee recommends that the 2009 budget be adopted.

14. Resolved, that the 2009 Annual Budget of revenues and expenses, including net capital requirements be approved.

Dr. Lemmo moved the adoption of Resolution 14 (*Supplement:2044*).

Dr. H. Todd Cubbon, Illinois, moved that the proposed budget be returned to the Board of Trustees for revision with the recommendation that the expenses for the 2009 budget be reduced to \$115,227,200. In speaking to this, Dr. Cubbon said, "This is not ... a request to cut existing programs. It is only an attempt to contain the spending for the 2009 year to the 2008 levels. I am confident that our Board ... can achieve this objective, and I feel that it is this House's responsibility to its membership to achieve this goal."

The Speaker stated, "Just so the House knows that when we're discussing the budget, we are discussing a preliminary budget. This budget will come back to the House right before the dues to be adopted as the final budget. ..."

Dr. Robert E. Butler, Missouri, spoke in favor of the motion saying, "The shared sacrifice makes employees and members incredibly loyal to this wonderful organization. The sacrifices should be across the board. ..."

Dr. Laura Williams, Washington, spoke against the motion saying, "As dentists, we are business people. Good business people know the value of investing in their businesses. We realize we must put good money into good equipment, staff in order to maintain the value and vitality of our practices. We also know that it's much easier to maintain our investments rather than to rebuild them. The same is true of our ADA. ... We need to put money into our organization's programs and staff in order to maintain vitality and prosper. ..."

Dr. Kevin M. Keating, California, spoke in favor of returning the budget saying, "I am a member of that same Reference Committee ... I believe we can make these cuts without affecting current membership value and benefits, and it sends a clear message to our members under challenging times that this organization is nimble and quick enough to respond to these economic times and send a budget back that does not have an adverse impact on our members."

Dr. Robert A. Coleman, Michigan, spoke against the motion, saying, "I was also a member of the Reference Committee on Budget, Business and Administrative Matters, and I just want to assure this House that when we heard the testimony at the Reference Committee, we did hear the emotional and sensitivity and symbolic arguments as far as referring this budget back, and we ... I just want to let you know that we took all that into consideration in our deliberations."

Dr. Steven Dater, Michigan, spoke in support of the proposed budget being returned to the Board of Trustees, saying, "I'd like to recommend that ... looking at not increasing spending for certain programs, but holding it at the levels which wouldn't cut them. And I'd also like to see, if things are cut, the outcomes of some of the programs we've approved. We don't get to see if programs we have approved in the past, what they're doing, and I would like some of that feedback."

In response, the Treasurer said, "I would like to remind the House that the sense of this resolution that we are hearing right now would mandate that the Board of Trustees produce a budget that has no dues increase. It eliminates that Resolution 15, the recommended \$14. And I would just suggest to the House that this particular motion as it's sitting on the House floor for discussion right now is perhaps a little bit premature in that we do not have a sense of the House regarding the 17 decision packages that are contained within the budget and the 23 resolutions that have a financial impact. ..."

Dr. Mark J. Weinberger, New York, speaking against returning the budget, said, "There is no question we need to be responsible when it comes to the budget, but this is nearly an untenable situation. What this would mean is that when someone proposed any resolution on this floor with financial implications, the only responsible thing to do at that point would be to explain where they thought the money would come from for this, not simply send it back to the Board. ... You want to keep this at this level, but there has got to be a way to finance all the programs. ... The information needs to be accurate and you need to find out if you put it back at this level and refer it to the Board, whether they think they can actually work with this situation."

Extensive discussion ensued. Dr. Jolene O. Paramore, Florida; Dr. G. Lewis Mitchell, Jr., Alabama; Dr. Joseph E. Sokolowski, Missouri; and Dr. Marshall H. Mann, Georgia, spoke in favor of the motion to return the budget back to the Board of Trustees.

Dr. H. Warren Whitis, Arkansas; Dr. Dwyte E. Brooks, Nevada; and Dr. Thomas S. Kelly, Ohio; spoke against the motion to return the budget to the Board of Trustees.

As a point of information, a delegate asked whether it would be possible to make a motion to postpone definitely.

The Speaker responded saying, "I wouldn't accept the postpone definitely on this, but you can postpone the budget if you want. But this is a recommendation and the House has to decide on whether they want this recommendation so we can go forward with it. ..."

The delegate responded saying, "I believe Dr. Leone's comments were cogent. I believe that this discussion, if the Board needs to do this, can't happen until we go through all the decision packages that have budgetary implication, so, therefore, this discussion should happen after we decide that so the Board has some sense of how to get that to happen if, indeed, that is the will of this House."

ADA President, Dr. Mark Feldman spoke to the House saying, "This is information for the House, because there still does seem to be confusion. You could accomplish what you want to do by just not voting for that right now because this is the preliminary budget. It will come back to you as the final order of business when the dues increase is being considered to adopt the final budget. What I am suggesting is, as the Treasurer said, let's let the process unfold and do the final budget at the end."

As a point of order, Dr. Paul F. Kattner, Illinois, said, "My understanding of the standard code is that this motion to postpone definitely cannot interrupt."

In response, the Speaker said, "You're absolutely right, it cannot interrupt. ... But he was asking a question."

Dr. Alan E. Friedel, Florida, spoke to the inquiry, saying, "I believe that postponing this would, in fact, perhaps create a problem. It looks to me that the intent of this was to go back to the base budget as presented to ask the Board of Trustees to reduce those ... at least some of the items within that budget. If, in fact, at the very end of the House, the House is discussing the level of dues and the number, ultimately, the ultimate end product of that would likely be taking money from reserves itself rather than paring the numbers in the budget. And so I believe postponing it would not afford the Board the opportunity to look at the budget, and, therefore, make those kinds of changes."

The Speaker did not accept the motion to postpone.

Dr. Edwin S. Mehlman, Rhode Island, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to return the budget to the Board of Trustees with a recommendation that the expenses for the 2009 budget be reduced to \$115,227,200 was adopted.

Dr. Peter P. Korch, Pennsylvania, suggested that, in order to save time, it wasn't necessary that the Reference Committee chairs read the Committee's background statements. The Speaker indicated that it is the prerogative of the chair and the Reference Committee by majority vote to determine whether the information is pertinent.

As a point of clarification, Dr. Lemmo added, "In reality, these statements were actually created by the Reference Committee. They are not background. They are the context of what the decision ... the Reference Committee made their decision was and felt unanimously important that the House heard that in order to put it in perspective."

Dr. Risa Samuels, New York, asked the Speaker if it would be possible to know the exact tally on the vote to return the budget.

The Speaker asked that those numbers be displayed before the House, saying, "it was 230, yes, and 229, no. So that makes it, if I add right, 459. ... out of the 464 members, I believe, in this House. ... plus, the fact that the chair of the Reference Committee, who is a delegate, really didn't get a chance to exercise his vote."

As a point of information, Dr. Theodore R. Pope, Ohio, said, "Mr. Speaker, It just came to my attention that one of our representatives was at a microphone and did not get back to his seat in time for your vote. You did not allow him enough time and, therefore, he's requesting that the vote be retaken."

The Speaker responded by saying, "Ladies and gentleman, a division has been called. In order to be fair, I will take another vote, and I am going to give our Chair a chance to get to his place and he can vote."

As a point of information, Dr. Bryan C. Edgar, Washington, questioned the need for calling a division and asked whether the electronics were working properly.

The Speaker confirmed that the electronics had been tested and stated, "You can still call a division if there is in doubt whether the count was correct. And the Chair has the opportunity to have everybody stand up here and have our tellers count them or we can take another vote with the machine."

As a point of information, Dr. Matthew J. Campbell, California, said, "I feel that everyone was given fair time. Because we now later find out people didn't vote, I know I would appeal from the decision of the Chair. I think the vote was accurate."

In response, the Speaker said, "You have that right, sir. The decision of the Chair has been appealed. We are going to take a vote on this first ... Those in favor of sustaining the decision of the Chair to allow another vote, you will press one. Those who do not wish to sustain the decision of the Chair, press two."

As a point of information, a delegate said, "In my opinion, the point was not whether the count was accurate but whether the rights of the individual members of this House were exercised."

The Speaker responded by saying, "You're absolutely right ... The decision of the Chair was to allow this to happen. As the delegate just mentioned, the decision of the Chair was that there [were] some members whose rights, fundamental rights to vote [were] not permitted because I took the vote too fast, they didn't get back and also the Reference Committee Chair did not have a chance to get up there."

In response the delegate stated, "I would disagree with the appeal on the grounds that the member was not given adequate time to get back to his voting position, because you held a vote on whether to hold an immediate vote or not, which gave everybody plenty of time to return to their seats. ..."

Dr. Cesar R. Sabates, Florida, asked for a point of information, saying "I have been in this House for maybe eight to ten years; I have never seen a Reference Committee Chair leave the podium to vote. How has that been handled in the past?"

The Speaker responded, saying, "As a member of this organization, as a delegate, he had the right like every other member to vote, and he did not get his ... the delegate mentioned that a couple other people did not have the right to vote, and I looked over at the chair, and he said, 'me too.' Then he has that right, and because of that, the Chair is making this decision."

On vote, the decision of the Chair was upheld.

On vote, the motion to return the budget to the Board of Trustees with a recommendation that the expenses for the 2009 budget be reduced to \$115,227,200 was adopted.

Announcement of Election Results: The Speaker announced that Dr. Ronald L. Tankersley, Virginia, had been elected ADA president-elect. Both Dr. Tankersley and Dr. Donald Cadle, Jr., Florida, addressed the House of Delegates.

The Speaker also announced that Dr. Thomas E. Sullivan, Illinois, had been elected ADA second vice president. Both Dr. Sullivan and Dr. Lisa Howard, Maine, addressed the House of Delegates.

Long-Term Financial Strategy of Dues Stabilization (Board of Trustees Resolution 17, Eighth Trustee District Resolution 17S-1 and Reference Committee on Budget, Business and Administrative Matters Resolution 17RC): The Reference Committee reported as follows.

The Committee is supportive of the long-term financial strategy of dues stabilization. This philosophy promotes the discipline of measured and predictable dues increases rather than occasional steep raises. The Committee felt that more specifically defining the basis for the annual inflationary increase to be applied to dues would further clarify the strategy and therefore recommends the following substitute resolution.

17RC. Resolved, that the Board be urged to develop annual budgets and manage the Association's finances and reserves in accordance with the long-term financial strategy of dues stabilization. The dues stabilization strategy seeks to achieve long-term dues stability by keeping annual dues increases at or below the level of inflation, based upon the Chicago Consumer Price Index (CPI) average for the prior three years. The strategy does not call for automatic inflationary dues increases.

Dr. Lemmo moved the adoption of Resolution 17RC in lieu of Resolutions 17 (*Supplement:2053*) and 17S-1 (*Supplement:2053a*).

Dr. Ronald G. Testa, Illinois, moved to amend Resolution 17RC by deleting "be urged to" in the first sentence.

On vote, the proposed amendment to delete the words "be urged to" was adopted.

Dr. Richard M. Peppard, Texas, moved to further amend Resolution 17RC by striking the word "increases" in the second sentence and replacing it with the word "adjustments."

Dr. Peppard spoke to the proposed amendment by saying, "We may have the opportunity to decrease at some point in time, but this gives us flexibility."

Dr. Robert S. Roda, Arizona, spoke against the proposed amendment saying, "I would stand against changing that to 'adjustments,' because that would mean that if the Board, for whatever reason, needed to lower the dues, they couldn't lower it any more than inflation and it doesn't seem to make good sense and limits us."

Dr. Charles L. Silvius, Massachusetts, also speaking in opposition, said, "It would seem to me that it's contradictory and the only reason to be concerned about the rate of inflation is in regards to an increase, not a decrease."

On vote, the motion to strike the word "increases" and replace it with the word "adjustments" was not adopted.

On vote, Resolution 17RC, as amended, was adopted in lieu of Resolutions 17 and 17S-1.

17H-2008. Resolved, that the Board develop annual budgets and manage the Association's finances and reserves in accordance with the long-term financial strategy of dues stabilization. The dues stabilization strategy seeks to achieve long-term dues stability by keeping annual dues increases at or below the level of inflation, based upon the Chicago Consumer Price Index (CPI) average for the prior three years. The strategy does not call for automatic inflationary dues increases.

As a point of information, Dr. Robert M. Peskin, New York, asked, "The reason I got up related to Resolution 17RC and clearly, I do not want to revisit the resolution ... It's really an inquiry as to the mechanics of what we just did by removing the words 'be urged to.' It's my understanding that as the administrative arm of the Association, the Board of Trustees is entrusted to do things related to administration, such as developing a budget. And I've always been under the impression that the House does not have the ability to direct the Board with regard to issues relating to administration. I am just curious as to why we are no longer following that paradigm."

In response, the Speaker said, "Well, it is the duties of the House and the duties of the Board in the *Bylaws* that they develop an annual budget and manage the Association's finances and reserves. And I

guess they just want to make sure that they are saying that this is done in long-term financial strategy and make sure it is a policy there. And they want to use the Consumer Price Index from Chicago, which wasn't made clear before which index they were using, so I think that's why we adopted that."

Report of the Reference Committee on Dental Education and Related Matters

The priority items contained in the Report of the Reference Committee on Dental Education and Related Matters were presented by Dr. Linda K. Himmelberger, chair, Pennsylvania. The other members of the Committee were: Dr. Lawrence Bailey, New York; Dr. Brian O. Coleman, Florida; Dr. Augusto C. Garcia-Aguirre, Puerto Rico; Dr. Gary N. Herman, California; Dr. Barbara L. Mousel, Illinois; Dr. Debra A. Peters, Michigan; Dr. Stephen F. Schwartz, Texas; and Dr. Zack D. Studstill, Alabama.

Implementation of Recommendations in the CODA Task Force Report (Board of Trustees Resolution 37 and Reference Committee on Dental Education and Related Matters Resolution 37RC): The Reference Committee reported as follows.

The Reference Committee heard testimony in support of Resolution 37 and concurs with its intent; however, the Reference Committee discussed at length the seriousness of the issues surrounding certain aspects of the current accreditation process. In addition, the Reference Committee wishes to emphasize that the recommendations of the Task Force on CODA should be viewed by CODA in the context of the body of the report as it considers the recommendations. Therefore, the Reference Committee recommends adoption of the following Resolution 37RC in lieu of Resolution 37.

This resolution supports the ADA Strategic Plan Goal: Achieve Effective Advocacy.

37RC. Resolved, that the American Dental Association out of its deep concern about aspects of the accreditation process strongly urges the ADA Commission on Dental Accreditation to accept and implement the Report of the Task Force on CODA, and be it further
Resolved, that the American Dental Association urges CODA to work with all interested parties to implement the recommendations as they are reflected in the body of the Report, and be it further
Resolved, that the President of the ADA appoint a committee for the express purpose of monitoring and assisting CODA in implementing the recommendations of the Task Force Report, and be it further
Resolved, that this committee consist of a chair, three members of the Board of Trustees and three members of the House of Delegates, and be it further
Resolved, that this committee provide updates to the Board of Trustees at each of its 2008-2009 meetings prior to the 2009 House, and be it further
Resolved, that the ADA urges CODA to provide a comprehensive report to the 2009 House detailing progress on the implementation of the recommendations of the Task Force Report.

Dr. Himmelberger moved the adoption of Resolution 37RC in lieu of Resolution 37 (*Supplement:4004*).

Dr. Francis A. Connor, Jr., Rhode Island, moved to amend the fourth resolving clause to read as follows:

Resolved, that this committee consist of a chair, three members of the Board of Trustees and three members of the House of Delegates and that at least two of these committee members shall be dental educators, and be it further

In speaking to the proposed amendment, Dr. Connor said, "We feel that ... the individuals involved in dental education would help the whole process looking at the CODA issues. This is going to be a very major topic, and we'd like this to include members appointed by the president of the ADA who are educators."

The Speaker asked Dr. Connor to clarify if two additional members are to be added to the committee.

Dr. Connor responded by saying, "We don't want to add members to the committee. All we're saying is that in the structure of the committee, wherever they come from, at least two of them be involved in dental education. We're not adding extra members."

Dr. Ronald J. Hunt, Virginia, past CODA Commissioner and president-elect of the American Dental Education Association, spoke to the amendment saying, "I would just like to ask the House of Delegates to consider as it puts forward this oversight committee to help the Commission on Dental Accreditation implement these many recommendations that we do actually support, that we include in the membership of that oversight committee communities of interest other than just the ADA, that one of the more prominent constituents involved with the Commission on Dental Accreditation is the American Dental Education Association and its member dental educators."

Dr. Lee R. Cohen, Florida, speaking against the amendment said, "Let's be clear, the intent of the committee is to oversee the implementation of the recommendations of the report of the Task Force in an objective fashion. Educators are already represented on the Commission and they were part of the Task Force that developed the recommendations. The committee simply requires stakeholders whose skill-set is for monitoring and oversight, not developing policy."

Dr. Paula K. Friedman, Massachusetts, past president of the American Dental Education Association, spoke in support, saying, "... We appreciate the comprehensive report by the CODA Task Force and its 34 recommendations an acknowledgement of the importance of the accreditation process in the education of the world's best dentists. The resolution proposes the appointment of a committee to monitor and assist CODA in implementing the recommendations of the Task Force. The amended language would provide dental educators with representation in the monitoring process as a community of interest in the accreditation process. ...We have checked with Association counsel and there is no legal or policy issue that precludes this language."

Dr. Stephen F. Schwartz, Texas, spoke against the amendment saying, "Let's not forget that this Task Force Report, although it included all interested parties, is a product of the American Dental Association, and, therefore, ... if we wanted to amend this to include all stakeholders, we could have a pretty big oversight committee ..."

Dr. Bryan C. Edgar, Washington, current CODA Commission member, also spoke against the proposed amendment.

On vote, the proposed amendment adding the words "and that at least two of these committee members shall be dental educators" was not adopted.

On vote, Resolution 37RC was adopted in lieu of Resolution 37.

37H-2008. Resolved, that the American Dental Association out of its deep concern about aspects of the accreditation process strongly urges the ADA Commission on Dental Accreditation to accept and implement the Report of the Task Force on CODA, and be it further

Resolved, that the American Dental Association urges CODA to work with all interested parties to implement the recommendations as they are reflected in the body of the Report, and be it further

Resolved, that the President of the ADA appoint a committee for the express purpose of monitoring and assisting CODA in implementing the recommendations of the Task Force Report, and be it further

Resolved, that this committee consist of a chair, three members of the Board of Trustees and three members of the House of Delegates, and be it further

Resolved, that this committee provide updates to the Board of Trustees at each of its 2008-2009 meetings prior to the 2009 House, and be it further

Resolved, that the ADA urges CODA to provide a comprehensive report to the 2009 House detailing progress on the implementation of the recommendations of the Task Force Report.

Financial Support for CDHC Model (Board of Trustees Resolution 39, Twelfth Trustee District Resolution 39S-1, Sixteenth Trustee District Resolution 39S-2 and Reference Committee on Dental Education and Related Matters Resolution 39RC): The Reference Committee reported as follows.

The Reference Committee heard testimony on Resolutions 39 and 39S-1. No testimony was presented on 39S-2. The Reference Committee concurs with the Twelfth District and the Board of Trustees' intent for up to \$5 million to be committed to support the full implementation and evaluation of the CDHC pilot programs over the next five years, if funds are not granted by external entities. Further, the Committee believes that the Oral Preventive Assistant skill sets significantly differ from the expanded function dental assistant skill sets. The Committee further believes that the CDHC skill sets will be valuable in both community and private practice settings. Accordingly, the CDHC training modules should be made available to states as soon as the first cycle of the curriculum is successfully completed.

This resolution supports the ADA Strategic Plan Goals: Achieve Effective Advocacy and Lead in the Advancement of Standards.

39RC. Resolved, that the ADA commit up to \$5 million to support the continuation of the CDHC pilot programs in order to evaluate the effectiveness of the CDHC model, and be it further

Resolved, that the ADA identify outside funding for the three pilot sites, project support, equipment and supplies, and be it further

Resolved, that as soon as possible following the evaluation of the first cycle of a successful CDHC curriculum, the CDHC curriculum modules be made available for possible integration into expanded function dental assistant programs, and be it further

Resolved, that the ADA assist states as they develop workforce models, and be it further

Resolved, that the CDHC Philanthropic Committee and the CDHC Implementation and Evaluation Committee report annually to the House of Delegates for the duration of the pilot programs.

Before moving the resolution, Dr. Himmelberger said, "I'd like to further clarify that the project is already funded for 2009 from the moneys that were previously allocated. I know there has been some discussion on that."

Dr. Himmelberger moved that Resolution 39RC be adopted in lieu of Resolution 39 (*Supplement:4042*), Resolution 39S-1 (*Supplement:4042a*) and Resolution 39S-2 (*Supplement:4042b*).

Dr. H. Michael Kaske, Wisconsin, as a point of information asked, "In fairness of this highly debated issue, and to alleviate any confusion on this important issue ... I would ask that our Treasurer and our President explain to our body the immediate financial implications on the budget before us this year and in the out years."

In response, the Treasurer said, "I have been around visiting some of the caucuses and fielding questions on this very matter, and when I say next year, I am a forward looking guy, so I'm talking about 2010. No impact at all on the 2009 budget and, of course, I think what we all need to recognize is that you're talking about here perhaps spending up to \$5 million to make this program work. We know from the information that we have been given that this is money that needs to be disbursed over an extended period of years, approximately four looking forward from year 2010. We also know that the projected obligations are around \$1.9 million for 2010; approximately, \$2 million just to touch over that for 2011; significantly reducing after that to just to touch over \$900,000 for 2012; and then \$126,000 for 2013 to execute the entire project. We really don't know just yet what funds are out there to help us deal with this issue as it comes along in 2010 for this House to consider. But, clearly, based on discussions that you have just recently had, you recognize that there are three sources or avenues that we can use to meet financial commitments that we may make. Certainly, looking at the reserve funds is a possibility. ... Another aspect of this is perhaps to look at trying to incorporate some of this into a dues structure, or even, at least by my bias and thinking, perhaps considering a special assessment, but all of that 2010 and beyond."

Dr. Feldman also commented by saying, "I think our Treasurer explained it very well, but I just think we need to re-emphasize, because I also fielded many questions. The funding for 2009 next year has already

been committed by last year's House out of that \$2 million from the reserves. You saw that on the Treasurer's slide this morning, so in the current budget that you just referred back to the Board, there is no additional funds for the CDHC other than what you voted in 2007. If, in fact, when the budget is presented by the Board to you next year, they decide to fund some of that CDHC out of dues, it will be limited to a maximum of any kind of an inflationary increase based on the policy that you just adopted. At that point you, as the final say in all of this, will determine where those funds come from. We also do anticipate the very likely possibility of getting outside funding, so we think that there is a good possibility of both corporate and Foundation funding and we would be presenting this to you on a year-by-year basis. ..."

Dr. Ron Collins, Texas, asking for clarification, said, "In specifically the last resolving clause about the annual report back to the House of Delegates, I would like some information. I think our Vice President can give us that, as to how we are going to measure the effectiveness of these four beta sites before we start and when we end, specifically how are we going to measure the education level, how we impact the disease level and possibly how can we measure the value that the people feel they're getting."

With the permission of the Chair, Dr. Jane S. Grover responded by saying, "We are going to be measuring some outcomes based on, from a community health center standpoint, the number of Medicaid children and these are tracked by percentages by state of those that are getting care, preventive care and completed treatment plans. We are going to track the number of home visits and family education programs. We are going to track the in-service completion rate with community organizations who have had contact with the CDHC. We are going to look at an increased number of recall patients. We are going to look at a decreased number of broken appointments. I can go on, but I think you get the picture."

Dr. Collins asked, "I'd also like to know a little bit about how we might assess elevating the education level of that population. How are we going to do that after? Any thought given to that?"

In response, Dr. Grover said, "Yes, many community workers, such as the CDHC, will have documented family education visits, including pre and post testing or survey results that show that families understand the value of oral health."

Dr. Marshall H. Mann, Georgia, asking for clarification said, "Our President just used the term Foundation. I'd like to ask him, does that include the ADA Foundation?"

In response, Dr. Feldman said, "The ADA Foundation has already contributed some money to the development of the curriculum, and they could be a source of funding for future developments. So the answer to that would be yes."

Dr. N. Tyrus Ivey, Georgia, requested that debate on this issue, excluding procedural questions at the front microphones, be at least thirty minutes in length or until the last person has spoken, whichever is less.

The Speaker said, "This is a two-thirds vote to extend debate. We will allow no motions to close debate during that period of time. And you also said you want that to exclude discussion at the front up here on information? That makes it difficult for the Speaker here to time all that. ... Let's make it just a set period of time, so I can watch the timer here."

Dr. Ivey asked for an extra five minutes.

The Speaker said, "You can put whatever you want, but this House has to vote whether they want that or not. How much time do you want?"

In response, Dr. Ivey said, "I will stay with thirty minutes and rely on the Chair of the House."

As a point of information, Dr. Marshall H. Mann, Georgia, asked, "If the money, the \$5 million, is used as collateral ... to get funding from other sources and it is not included in the budget, correct, this year, will we have the opportunity if that money from other sources is not coming, will we have an opportunity to vote on this next year?"

In response, Dr. Mark Feldman said, "This House always has the opportunity to take a vote. One year's House does not bind the following year's House. So the answer would be yes."

The Speaker said, "So we have before us a motion that is a subsidiary motion to extend the length of time that we debate this issue to thirty minutes or until there is no one standing at the microphones, whichever comes first. ... It's a two-thirds vote, because you're limiting the rights of this House to make its own decision when it wants to stop. Does everybody understand that?"

Dr. Ivey spoke to the motion saying, "I bring this issue to the House just in order to make certain that the House does not leave either side out from appropriate debate. This is an important issue that we have spent hours on at this meeting and it would be very unfortunate if we came in and deprived somebody from the opportunity to say what their representatives at home have sent them here to say."

On vote, the motion to extend debate to at least thirty minutes or until there is no one standing at the microphones to debate any further was not adopted.

Dr. Donna Thomas Moses, Georgia, spoke to the resolution saying, "I understand when Dr. Brandjord explains the need for an individual who will go out into the community to educate, communicate and generate a level of appreciation for dental care. I do not, however, understand why we are spending millions of dollars to train clinical skills when this will realistically place the CDHC chairside and not out into the community. It seems to me the CDHC may then need a true community dental health worker to go out into the community to bring patients in."

Dr. Jamie L. Sledd, Minnesota, in speaking to the resolution said, "This CDHC will be out in the community, and I very much respect that this is a significant investment that we are asking our members to make, but when we look at the big picture, when we break this down as a potential yearly commitment, it is a very small investment to make when we look at what our alternatives are. We have the ADHP knocking at our door. We don't know what the scope of practice will be. We don't know what the supervision will be of the ADHP. We do know what that scope and supervision will be of the CDHC. This is in the best interest of the ADA members and the citizens of all of our states."

Dr. Mark S. Ritz, Georgia, said, "Five million dollars is a large amount of money to commit to a program that may or may not enhance access to care. I wonder how the CDHC will encourage dentists to participate in Medicaid. How will the CDHC improve access in an area where there are no dentists? Our biggest problems lie in the areas of funding and dentist distribution. These should be our first priorities. Furthermore, the CDHC model might actually become a talking point for the ADHA and similar models. How will legislators react to the statement that the American Dental Association already proposes a similar model except ours can do more and is better? I ask you to consider these issues carefully."

Dr. William J. Moore, California, spoke in support saying, "I rise representing a united California delegation ... We had many questions when we started this meeting, but now we have unity in supporting 39RC and we ask the House to support us in this effort with three points to consider. Many states, including California, led the effort to get this program rolling with an 80% support level from this House two years ago. Second, that overwhelming level of support led many states and constituents to already begin legislative efforts to use this model. They took us at our word ... Lastly, now we need to put our money where our mouths are. ... At this moment we are all officers of the American Dental Association. We must think beyond our local and individual state and district needs to those of our national organization and to those of the citizens of the United States."

Dr. Carol M. Wolff, Georgia, spoke in opposition saying, "In the last few days, I have talked to many people from all over the country and while the sentiment is that we need some type of community help to reach out to the areas that are under served, there is much confusion and doubt as to the value of the CDHC program. It's more than just a band-aid and not affixed to the problems that exist. And it's an expensive band-aid at that. ... Since this program is already funded through next year, I feel we should hold off on committing five million dollars, and who knows where it is going to come from, until we have a better plan and proven outcomes."

Dr. Ivey, Georgia, said, "I think we understand a part of the sentiment of the House, but I would like to suggest to the House that sometimes you need to go back and read the background on Resolution 82, and you need to take the time to ask your own questions. Leadership is one thing, but being told what to do is another. I would suggest in many instances along this issue, we have been told what to do and we consider it leadership to follow. The CDHC can only be successful if it morphs into something else, which has not been defined. The skills that it does perform will have a difficult time finding place for people who want to be willing to fund this issue. ... We have had this issue on the table for two years. If this issue is deemed viable by the foundations of this country who are looking for innovative change in health care, they would be flocking to this proposal. The truth of the matter is, if you had them, you would know about them today, because it would take the heat off of this Association for all this five million dollar worry. ..."

Dr. Amid I. Ismail, Michigan, said, "I have been with this process for about four years, and I have attended many, many meetings. This is the only model that provides integrated dental care where the dentist is the decision maker. The other models that are on the table and propose, in states like Minnesota, Maine, New Hampshire are not. The dentist does not play a role as the decision maker. It's a model that combines community health workers with clinical skills which are both needed in rural areas and areas where access is limited. It increases the capacity of dentists to reach out and expand their reach into communities. It's a model that has been endorsed by community health workers, the federally qualified health system and others. There are political ramifications of not approving the studies and the evaluation, in that we will not have an alternative other than ADHP, and I'm sure that tomorrow there will be a lot of press releases about the ADA abandoning its investment of maybe about a million dollars in resources and staff and money to develop a project and then leaving it, and that will have significant consequences for the ADA, the House of Delegates and the dental profession."

Dr. Paul A. Gosar, Arizona, moved to substitute Resolution 39RCS-1 for Resolution 39RC.

39RCS-1. Resolved, that the ADA commit up to \$5 million to support the continuation of the CDHC pilot programs in order to evaluate the effectiveness of the CDHC model, and be it further
Resolved, that the ADA identify outside funding for the three pilot sites, project support, equipment and supplies, and be it further
Resolved, that as soon as possible ~~following the evaluation of the first cycle of a successful CDHC curriculum~~ the CDHC curriculum modules be made available for possible integration into expanded function dental assistant programs, and be it further
Resolved, that the ADA assist states as they develop workforce models, and be it further
Resolved, that the CDHC Philanthropic Committee and the CDHC Implementation and Evaluation Committee report annually to the House of Delegates for the duration of the pilot programs.

Dr. Gosar spoke to the substitute resolution saying, "The Fourteenth agrees with the intent of 39. One problem that we see is the availability of the modules to those that need it first and now, before the studies are concluded. ... So we would like to see this as a substitution."

Dr. Linda K. Himmelberger, Pennsylvania, chair, Reference Committee on Dental Education and Related Matters, spoke to the substitute resolution saying, "The Reference Committee was very intentional about including the language that we wanted to wait for the first cycle to be completed. We believe that it won't be two and a half years; it will be 18 months. What should the monies that we want to expend going forward have to do with the evaluation and assessment of outcomes to modify those curriculum modules that are already out there as we see the impact on the communities? And we felt it would be ill advised to have those modules into the community before they have been completely assessed, evaluated and the outcomes judged."

Dr. Barbara L. Mousel, Illinois, member of the Reference Committee, said "I, too, agree that we need to get some information back as soon as possible regarding these modules. I think it will assist our states in trying to figure out what part of this program may be best for their individual needs."

Dr. Ivey, Georgia, asked for the financial impact of Resolution 39RCS-1.

The Speaker responded that there was no financial impact to the resolution.

Dr. Richard A. Weinman, Georgia, spoke against the substitute resolution saying, "When we passed this, we passed this program as a pilot program, and this would be to me like when they introduce a new drug, and they don't allow the drug to go out to the public before we know the serious side effects. If we send some of these modules out before we know what the outcomes of them are we even have the possibility of causing harm to the general public. So we need to study these in a proper method before we go."

Dr. Stephen F. Schwartz, Texas, member of the Reference Committee, also spoke against the substitute resolution saying, "We are an evidence-based association. Everything we do is moving toward science-based protocol, and for us to release modules that have not been evaluated would be a mistake."

Dr. Amid I. Ismail, Michigan, spoke in support saying, "We need to send a very strong majority voice in support of the CDHC program. And if that brings people in, then I would support it. Giving the modules to the states to choose and use it is fine. The modules are based on the current information we have in terms of dentistry as well as community health workers. So I support sharing the modules for states to decide what to do with them, but we proceed with the CDHC pilot program and the evaluation in total to have evidence-based data after two years and after three years and four years."

Dr. Gosar, Arizona, spoke in favor of the substitute resolution saying, "... This does not compromise our study. It does not compromise our integrity but gets a voice out there that is on the ground ready to roll."

Dr. Ronald S. Bowen, Utah, said, "This is not a drug. This is not something that needs to be tested to a great extent in order to be a benefit. In the Fourteenth District, we're not facing this in 18 months. We're not facing this in two years. We're facing this today. We need the tools, however crude they may or may not be, to fight this problem. We've lost the problem in Alaska that's caused the problem, so please give us the implements to fight it here in the lower 48."

Dr. Gary N. Herman, California, spoke in favor of the substitute resolution saying, "The makers of the amendment are concerned because they do have a problem and they have a problem now. My feeling is that this would be additional information. If it is applied in the districts that need it now, it is additional data that could be used to provide validations for the program."

Seeing no one else at the microphones, the Speaker called for the vote on substituting Resolution 39RCS-1 for Resolution 39RC.

On vote, Resolution 39RCS-1 was substituted for Resolution 39RC.

Dr. Jeffrey M. Cole, Delaware, spoke in opposition to Resolution 39RCS-1 saying, "My state has been very active in fighting legislation and in trying to get legislation to help us in solving the access to care issue. The other thing I've realized is that they don't understand dentistry the way this House does, however, I saw a lot of confusion over the last few days, a lot of misrepresentations, a lot of discussion. In my legislature when faced with the CDHC or the ADHP, I'm afraid of what they might come up with. Supporting 39RCS-1 is going to hurt us in our state with our legislative efforts, and I ask everyone to vote against this."

Dr. Christopher Connell, Ohio, moved to amend Resolution 39RCS-1, fifth resolving clause, as follows:

Resolved, that the CDHC Philanthropic Committee and the CDHC Implementation and Evaluation Committee report with a financial update annually and outcomes assessment when available annually ~~with a~~ to the House of Delegates for the duration of the pilot programs.

Dr. Connell spoke to the amendment saying, "It would appear that there are two very important issues to this House of Delegates; one is financial matters, and the other is this very new CDHC concept. While I certainly don't want to tie the hands of the implementation and evaluation committee and tell them how to do their job, I do think that these two elements need to be specifically asked for in the reporting mechanism to

better track the progress of this new and important concept and evaluate this large expenditure over the period of time.”

On vote, the proposed amendment was adopted.

Dr. Richard A. Huot, Florida, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 39RCS-1 as amended was adopted in lieu of Resolution 39, 39S-1 and 39S-2.

39H-2008. Resolved, that the ADA commit up to \$5 million to support the continuation of the CDHC pilot programs in order to evaluate the effectiveness of the CDHC model, and be it further

Resolved, that the ADA identify outside funding for the three pilot sites, project support, equipment and supplies, and be it further

Resolved, that as soon as possible the CDHC curriculum modules be made available for possible integration into expanded function dental assistant programs, and be it further

Resolved, that the ADA assist states as they develop workforce models, and be it further

Resolved, that the CDHC Philanthropic Committee and the CDHC Implementation and Evaluation Committee report with a financial update annually and outcomes assessment when available to the House of Delegates for the duration of the pilot programs.

Report of the Reference Committee on Public Affairs, Legal and Legislative Matters

The priority items contained in the Report of the Reference Committee on Public Affairs, Legal and Legislative Matters were presented by Dr. Orin W. Ellwein, chair, South Dakota. The other members of the Committee were: Dr. David C. Anderson, Virginia; Dr. Sally Cram, District of Columbia; Dr. Scott Eder, West Virginia; Dr. Burton W. Job, Ohio; Dr. Herbert L. Ray, Pennsylvania; Dr. Dan H. Singley, Jr., Mississippi; Dr. Darrell T. Teruya, Hawaii; and Dr. James D. Wood, Jr., California.

Universal Healthcare Reform (Future of Health Care/Universal Coverage 2007-2008 Task Force Resolution 38 and Sixth Trustee District Resolution 38S-1): The Reference Committee reported as follows.

The Reference Committee heard testimony in support of Resolution 38S-1 and the need for the ADA to be at the table to provide relevant expertise when health care reform is addressed by Congress. The Reference Committee believes that Resolution 38S-1 provides the necessary guidance to the Association's leadership and staff. Therefore, the Reference Committee recommends that Resolution 38S-1 be adopted.

38S-1. Resolved, that the following be adopted as the Association's policy on health care reform and the inclusion of oral health care in any health care reform proposal:

IMPROVING ORAL HEALTH IN AMERICA

ORAL HEALTH IS ESSENTIAL FOR A HEALTHY AMERICA

DENTAL CARE IS ESSENTIAL TO OVERALL HEALTH. Americans cannot be healthy without it.

HEALTH CARE IS A SHARED RESPONSIBILITY. No law, regulation or mandate will improve the oral health of the public unless policymakers, patients and dentists work together with a shared understanding of the importance of oral health and its relationships to overall health.

PREVENTION PAYS. The key to improving and maintaining oral health is preventing oral disease. Community-based preventive initiatives, such as community water fluoridation and school-based screening and sealant programs are proven and cost-effective measures. These should be integral

to oral health programs and policies, and will provide the greatest benefit to those at the highest risk of oral disease.

IMPROVING ORAL HEALTH LITERACY MAKES PATIENTS BETTER STEWARDS OF THEIR OWN HEALTH. Patients, parents, pregnant women, care-givers and others need to understand the importance of good oral health, oral hygiene fundamentals, diet and nutritional guidelines, the need for regular dental care and, in many cases, how to navigate the system to get dental care.

PATIENTS NEED A DENTAL HOME. All patients should have an ongoing relationship with a dentist with whom they can collaboratively determine preventive and restorative treatment appropriate to their needs and resources.

ACCESS IS A KEY TO GOOD ORAL HEALTH

IMPROVING ORAL HEALTH IN AMERICA REQUIRES A STRONG PUBLIC HEALTH INFRASTRUCTURE TO OVERCOME OBSTACLES TO CARE. The current dental public health infrastructure is insufficient to address the needs of disadvantaged groups. Efforts to improve access to dental care require investment in the nation's public health infrastructure. The ADA recognizes that community-based disease prevention programs must be expanded and barriers to personal oral health care eliminated, if we are to meet the needs of the population.

REIMBURSEMENT MATTERS. Increased access to care for people covered by government-assisted dental programs depends on fair and adequate provider reimbursement rates. The vast majority of government programs are so seriously under-funded that dentists cannot recover the cost of materials used in providing care.

IMPROVING ACCESS IN UNDERSERVED AREAS REQUIRES EXTRA-MARKET INCENTIVES. Federal, state and local governments must develop financial incentives, such as student loan forgiveness, tax credits or other subsidies, to encourage dentists to locate their offices in areas that cannot otherwise support private dental practice.

PATIENTS WITH THE GREATEST NEED MUST BE FIRST IN LINE FOR CARE. Under-funded government programs fail to provide minimally adequate care to all they purport to cover. Funding should be prioritized so that those with the greatest need and those who will most benefit from care are first in line. For example, people needing emergency care and children needing diagnostic and preventive care should take precedence over other underserved groups.

COST-EFFECTIVE ALLOCATION OF LIMITED GOVERNMENT FUNDS IS ESSENTIAL. ~~The relentless upward spiral of health care spending heightens the fierce competition among policy priorities for public dollars.~~ With very limited government resources, children, pregnant women, the vulnerable elderly and individuals with special needs should receive diagnostic, preventive and emergency care. Adult emergency care should also be covered. Limited government resources should allow for additional routine dental care coverage for all underserved populations as well as diagnostic and preventive for adults. With sufficient funding, complex or comprehensive care should also be covered.

THE GOVERNMENT MUST FUND PUBLIC HEALTH BENEFIT PROGRAMS ADEQUATELY. Programs such as Medicaid and the State's Children Health Insurance Program (SCHIP) must ensure that vulnerable children and adults with inadequate resources have access to essential oral health care. Programs such as Medicaid must cover dental benefits for adults. Children in low-income families who are not eligible for Medicaid must have access to essential oral health care through SCHIP. Eligibility should reflect regional differences in the cost of living and purchasing power.

WE MUST BUILD ON CURRENT SUCCESSES

OPEN MARKETS ENSURE COMPETITION AND INNOVATION. The dental private practice delivery system, which operates almost entirely separate from its medical counterpart, serves the vast majority of Americans well. While a fully-functional public health infrastructure is essential, efforts to broaden access to care for people who currently are underserved would be best accomplished by bringing more people into the private practice system.

PRIVATE DENTAL BENEFITS WORK. Benefits should be administered by independent companies, selected in the open market. Experience in other countries has shown that a single-payer system would stifle access, innovation and reduce the quality of patient care.

UNIVERSAL DENTAL COVERAGE MANDATES WILL NOT SOLVE THE ACCESS TO CARE PROBLEM. Many dental diseases and conditions are preventable with patient compliance and are inexpensive in relation to cost of restoration, therefore Developing federal and state government programs that address not only funding but also non-economic barriers to care are necessary. The great majority of Americans already have access to dental care, and millions can afford care without having dental benefits. The government can use tax policy to encourage small employers and individuals to purchase dental benefit plans in the private sector or develop cooperative purchasing alliances for the segment of the population with privately-funded care.

FOSTERING THE NEXT GENERATION OF DENTISTS MUST BE A PRIORITY. Having a sufficient number of dentists to provide care to all who require it depends upon a number of critical factors, including sufficient government support of dental higher education, overcoming current faculty shortages, providing affordable student loan programs, advanced public health training and ensuring the financial viability of dental practices.

PATIENTS MUST RECEIVE CARE FROM A PROPERLY EDUCATED AND TRAINED ORAL HEALTH WORKFORCE. The U.S. dental delivery system owes much of its success to the team model, which includes dental hygienists and assistants working under the supervision of a licensed dentist. While many underserved communities might benefit from the addition of specially trained, culturally-prepared dental support personnel, appropriate education, training and dentist supervision is essential to ensure quality dental care.

and be it further

Resolved, that the Association's previous policy on health system reform, "The American Dental Association's Position on Health System Reform" (*Trans.* 1993:664; 1994:656), be rescinded.

Dr. Ellwein moved the adoption of Resolution 38S-1 (*Supplement:6091a*) in lieu of Resolution 38 (*Supplement:6089*).

Dr. Mark V. Walker, Washington, moved to amend the first resolving clause so it would read as follows:

Resolved, that the following be adopted as the Association's policy on oral health care reform for utilization during discussion on health care reform ~~and the inclusion of oral health care in any health care reform proposal~~:

In speaking to the proposed amendment, Dr. Walker said, "I applaud the Task Force work on this document. I think it is an excellent document and also support the Sixth District 38S-1. I think we should be vigilant and ready to go in the health care debate, but what I'm trying to point out here is that we may not actually be included in the first wave of health care reform. ...any discussions in the reform would be based on this document. And, to me, the issue that's at heart is that we may not, in fact, need to be available during the first go around. We might be able to let the government mess up the first go around and thereby be in a better position for the second or third if needed. I haven't heard either presidential candidate talk about dentistry health care reform at this particular point in time. In the meantime, I think we should educate our

legislators and policymakers that dentistry is different than medicine in terms of the health care delivery system, and its financial remuneration system. ...”

On vote, the proposed amendment was adopted.

Dr. Gerald Gelfand, California, moved to amend the paragraph titled UNIVERSAL DENTAL COVERAGE MANDATES WILL NOT SOLVE THE ACCESS TO CARE PROBLEM by substituting the word “treatment” for “restoration” so that the paragraph would read as follows:

UNIVERSAL DENTAL COVERAGE MANDATES WILL NOT SOLVE THE ACCESS TO CARE PROBLEM. Many dental diseases and conditions are preventable with patient compliance and are inexpensive in relation to cost of treatment restoration, therefore Developing federal and state government programs that address not only funding but also non-economic barriers to care are necessary. The great majority of Americans already have access to dental care, and millions can afford care without having dental benefits. The government can use tax policy to encourage small employers and individuals to purchase dental benefit plans in the private sector or develop cooperative purchasing alliances for the segment of the population with privately-funded care.

Dr. Gelfand spoke to the proposed amendment saying, “I believe it is self explanatory. ‘Treatment’ is more appropriate terminology. Not all treatment is restorative. I believe it’s a better word to use.”

On vote, the proposed amendment was adopted.

Dr. Jane Gillette, Montana, moved to amend the paragraph titled PATIENTS WITH THE GREATEST NEED MUST BE FIRST IN LINE FOR CARE by adding the words “pregnant women” after the words “emergency care” and before “and children” so that the new paragraph would read as follows:

PATIENTS WITH THE GREATEST NEED MUST BE FIRST IN LINE FOR CARE. Under-funded government programs fail to provide minimally adequate care to all they purport to cover. Funding should be prioritized so that those with the greatest need and those who will most benefit from care are first in line. For example, people needing emergency care, pregnant women, and children needing diagnostic and preventive care should take precedence over other underserved groups.

In speaking to the amendment, Dr. Gillette said, “It is well established in the literature that there’s a direct correlation between the health of pregnant women and her unborn child. This applies to oral, as well as general health. Not only are women in general responsible for the transmission of infection of caries to their children, but they are also responsible for the transfer of knowledge of the importance of oral health and they are also the gatekeepers for the utilization of dental services by their children. Because the scientific evidence is repeatedly demonstrated improving oral health during pregnancy can reduce the burden of the disease in children, I strongly recommend addition of this concept to the resolution.”

On vote, the proposed amendment was adopted.

Dr. Craig A. Eisenhart, Pennsylvania, moved to amend the first resolving clause by deleting the word “reform” after the words “policy on oral health care.” So the new language would read as follows:

Resolved, that the following be adopted as the Association’s policy on oral health care ~~reform~~ for utilization during discussions on health care reform:

On vote, the proposed amendment was adopted.

Dr. Monica Hebl, Wisconsin, asking for a point of clarification said, “Do we have any other Association policy on oral health care? Because we’re saying that this is our policy on oral health care, because we removed the word ‘reform.’ And I just want to make sure that we don’t have any policies that might conflict with this policy.”

In response, the Speaker said, "Well, there is such a thing, if there is a minor policy that we have overlooked ... this will take precedence over that, and it will by implication. It will be rescinded. ... If the Chair and this Committee wants to speak, I am certainly willing to ask them. ... The question was, does this universal health care, 38S-1, we're getting ready to vote on, did you look at all the other health care policies and there is nothing in conflict with this on that we need to know of?"

Dr. Smith responded by saying, "there are other policies on the books. These were the ones that were involved in the creation and needed to be deleted, changed or amended that dealt with the policies. I don't believe it is going to be in conflict with any other policies."

On vote, Resolution 38S-1 as amended was adopted in lieu of Resolution 38

38H-2008. Resolved, that the following be adopted as the Association's policy on oral health care for utilization during discussions on health care reform:

IMPROVING ORAL HEALTH IN AMERICA

ORAL HEALTH IS ESSENTIAL FOR A HEALTHY AMERICA

DENTAL CARE IS ESSENTIAL TO OVERALL HEALTH. Americans cannot be healthy without it.

HEALTH CARE IS A SHARED RESPONSIBILITY. No law, regulation or mandate will improve the oral health of the public unless policymakers, patients and dentists work together with a shared understanding of the importance of oral health and its relationships to overall health.

PREVENTION PAYS. The key to improving and maintaining oral health is preventing oral disease. Community-based preventive initiatives, such as community water fluoridation and school-based screening and sealant programs are proven and cost-effective measures. These should be integral to oral health programs and policies, and will provide the greatest benefit to those at the highest risk of oral disease.

IMPROVING ORAL HEALTH LITERACY MAKES PATIENTS BETTER STEWARDS OF THEIR OWN HEALTH. Patients, parents, pregnant women, care-givers and others need to understand the importance of good oral health, oral hygiene fundamentals, diet and nutritional guidelines, the need for regular dental care and, in many cases, how to navigate the system to get dental care.

PATIENTS NEED A DENTAL HOME. All patients should have an ongoing relationship with a dentist with whom they can collaboratively determine preventive and restorative treatment appropriate to their needs and resources.

ACCESS IS A KEY TO GOOD ORAL HEALTH

IMPROVING ORAL HEALTH IN AMERICA REQUIRES A STRONG PUBLIC HEALTH INFRASTRUCTURE TO OVERCOME OBSTACLES TO CARE. The current dental public health infrastructure is insufficient to address the needs of disadvantaged groups. Efforts to improve access to dental care require investment in the nation's public health infrastructure. The ADA recognizes that community-based disease prevention programs must be expanded and barriers to personal oral health care eliminated, if we are to meet the needs of the population.

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IMPROVING ACCESS IN UNDERSERVED AREAS REQUIRES EXTRA-MARKET INCENTIVES. Federal, state and local governments must develop financial incentives, such as student loan

forgiveness, tax credits or other subsidies, to encourage dentists to locate their offices in areas that cannot otherwise support private dental practice.

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PATIENTS MUST RECEIVE CARE FROM A PROPERLY EDUCATED AND TRAINED ORAL HEALTH WORKFORCE. The U.S. dental delivery system owes much of its success to the team model, which includes dental hygienists and assistants working under the supervision of a licensed dentist. While many underserved communities might benefit from the addition of specially trained,

culturally-prepared dental support personnel, appropriate education, training and dentist supervision is essential to ensure quality dental care.

and be it further

Resolved, that the Association's previous policy on health system reform, "The American Dental Association's Position on Health System Reform" (*Trans.*1993:664; 1994:656), be rescinded.

ADA's Position on Dental Mid-Level Provider (Board of Trustees Resolution 74 and Reference Committee on Public Affairs, Legal and Legislative Matters Resolution 74RC): The Committee reported as follows:

The Reference Committee heard considerable testimony about a wide array of issues affecting potential changes to the dental team. The Reference Committee felt that the term "dental mid-level provider" was potentially confusing in this resolution. Therefore, the Reference Committee views this resolution as establishing criteria by which the propriety of any proposed new member of the dental team should be judged.

74RC. Resolved, that the ADA's position on any proposed new member of the dental team shall be based upon a determination of need, sufficient education and training, supervision by a dentist, and a scope of practice that ensures the protection of the public's oral health.

Dr. Ellwein moved that Resolution 74RC be adopted in lieu of Resolution 74 (*Supplement*:6180).

Dr. Richard A. Weinman, Georgia, spoke in opposition saying, "... By creating a definition, we, the ADA, give the appearance that we support this position. This has the potential to be one of the most harmful things we can do. I work regularly with legislators from state and federal levels, and they don't read the fine print. When they hear, we, the ADA, have a definition for mid-level provider; they will assume we endorse it."

Dr. Stephen W. Robertson, Kentucky, moved to substitute 74RCS-1, as follows, for Resolution 74RC.

74RCS-1. Resolved, that the ADA's position on a dental mid-level provider shall be based upon a determination of need, sufficient education, training, supervision by a dentist and a scope of practice that ensures the protection of the public's oral health, and be it further

Resolved, that a mid-level dental provider be defined as any oral health provider whose training and responsibilities are between those of ADA-recognized dental team members (community dental health coordinators, oral preventive assistants, dental assistants, expanded function dental assistants and dental hygienists) and those of a licensed dentist.

Dr. Robertson spoke to the substitute resolution saying, "What we are doing, actually, is we are going back to the original motion and adding the definition of mid-level provider, which is actually the Board's definition of mid-level provider, which is included in the background ... In doing this, we are defining that a mid-level provider should be under the supervision of a dentist and we're also defining that a CDHC and an OPA are not a mid-level provider, which I think there's still some confusion about, so we thought by doing this and bringing it forward, we could define some terms so that maybe we could have a more level discussion."

Dr. Douglas S. Hadnot, Montana, spoke in favor of the substitute resolution saying, "I think it is absolutely essential that we be able to talk about mid-level providers. I see this as one of the most important issues that our association is going to have to deal with in the immediate future. ... and simply by talking about them, we're not validating them and we're not accepting them. The resolution, basically, sets the parameters and the guidelines for the American Dental Association to evaluate these various proposals and respond appropriately. We need our Association on our side in this battle, and I think that this resolution will help us to do that."

The Speaker said, "... This 74RCS-1, it is the Chair's feeling that the first resolving clause is a policy and the second one is a definition. I wanted to make sure that you know you have two different things here. You've got a policy, and if I'm reading this correctly, you're working on a definition. ... So if this definition is

adopted it will become our policy ... and then we will have to remove those disclaimers in our glossary. Does everybody understand this?"

Dr. James D. Wood, Jr., California, spoke in opposition to the proposed amendment saying, "... I was a member of the Reference Committee. During the Reference Committee deliberations, we heard that the ADA is on record with Congress that we are not in favor of a mid-level provider. As such, the Reference Committee asked to add a prominent disclaimer in the glossary in the Report of the Future of Health Care Universal Task Force, that the definition of a mid-level provider is not ADA policy. Now, the Sixth District is asking to redefine mid-level provider, and, as such, this definition will become ADA policy. We heard considerable testimony against the concept of a mid-level provider, and now the Sixth District wants to lift the definition from the report and put in into ADA policy. We just feel that's a ... conflict. We don't ... I don't agree with that. I also believe that we may be inadvertently opening the door to organized dental hygiene to ... further their scope of practice proposals."

A delegate from the floor also spoke in opposition saying, "The Reference Committee did an excellent job in dealing with the definition of a mid-level provider. And to wordsmith this in the House is fraught with difficulties. ... It creates unwanted interest and [an] unwanted situation for the DHATs and others to find a place in a definition that has been hastily provided."

Dr. Glen D. Hall, Texas, asked for a point of information saying, "The area between the parentheses is that supposed to be just a laundry list of what we have now? And what's the purpose of the parenthetical expression?"

To clarify, the Speaker said, "...What he's asking is, is the parentheses in the second resolving clause ... is that just a laundry list of the things that you're mentioning here as recognized dental team members? Is that what it is, sir?"

Dr. Robertson responded by saying, "Yes, as it originally came from the Board, who I don't think hastily prepared it. I would tell you that we talked a lot about the items that were in the parentheses there, discussed whether or not lab technicians should be involved and ... we just picked the ones that were under discussion. The Chair's already made the point that some things may need to be removed if this becomes policy."

Dr. Hall responded by saying, "My question would be that if in the future we had additional team members, we would have to go back and modify the definition."

In response the Speaker said, "What you'd have to do is just add enough members."

Dr. Hall asked, "On the final line, it asks, or references, a licensed dentist. I just wanted to know if all dentists who are practicing in the United States are, in fact, licensed, particularly those who might be in education?"

The Speaker said, "I think everybody knows that not everybody is licensed, I would believe. I don't see anybody coming up here rushing to answer that. But the Chair will say that from my knowledge, we, I'm sure we have some people who may not be licensed who may be, in some form, an educator or advisor, companies or something of that nature. ... I just can't tell you that for sure."

Dr. Monica Hebl, Wisconsin, asked for a point of clarification saying, "Did you say that the disclaimer was removed because there's no asterisk in this current amendment? Why was the disclaimer removed?"

In response, President Feldman said, "I am going to try and clarify, and the maker of the motion can certainly correct me. But I think this was stated earlier here at the microphone. The intention, as I see this resolution, basically, is to combine two different things. You have the policy statement that was originally before the Reference Committee before they modified it and changed 'dental mid-level provider' to 'any proposed member of the dental team,' so they just took that original resolution that we proposed to the Reference Committee and then they took the definition directly out of the glossary. And they wanted to do that because they didn't want this definition to not be Association policy. When it is in the glossary, it contains

the disclaimer. If, in fact, you pass this 74RCS-1, what you would be doing is removing that definition from the glossary which had the disclaimers and placing it as Association policy. And that was their argument that they wanted you to do, and that's what you are up for consideration now. So if it stays in the glossary, it has the disclaimer. If you pass 74RCS-1, it comes out of the glossary with the disclaimer and becomes part of Association policy; is that correct?"

In response, Dr. Hebl said, "If you put the asterisk back on the amended resolution?"

Dr. Feldman responded, "I don't think you have to. I don't think you have to go through this debate. Just leave it in the glossary."

Dr. Joseph F. Hagenbruch, Illinois, asked for a point of information saying, "Would it be appropriate from this microphone to request of you that we split these two resolved clauses into two different issues?"

The Speaker indicated it could be split, but would take the request after discussion of the pending amendment.

Dr. David C. Anderson, Virginia, speaking in opposition to the amendment said, "... this muddies the water so much more than what we have come up with that I don't understand how this could possibly help anyone. I would ask people to oppose this strongly."

Dr. Richard A. Weinman, Georgia, spoke in opposition of defining mid-level provider as ADA policy.

Dr. Philip H. Hunke, Texas, spoke in support of 74RCS-1 saying, "I think that this organization ... takes great pride in being proactive. This is a very important subject, the mid-level provider. There are many people that wanted to have definitions and positions on this. I think that it's imperative that we leave this annual session with a formal position, and I speak in favor of this."

Dr. Valerie B. Peckosh, Iowa, said, "I am concerned with the ADA's continued use and now defining of the term of a 'mid-level dental provider.' I feel this is validating an entire class of providers that doesn't exist currently. I understand that Congress and others are placing DHATs in that category; however, I feel that the DHAT is a separate entity from the current recognized dental team. The DHAT was a specific solution to a unique problem, not the creation of a new class of dental provider. By simply putting this term in writing, and in our words 'ADA policy' or not, the more we are enabling the creation of this new mid-level dental provider."

Dr. Gerald Gelfand, California, spoke against 74RCS-1 saying, "I think it's vague and unclear. By listing all the auxiliaries, it suggests that there is a hierarchy of auxiliaries, and by using the work 'between' as opposed to 'within,' it also suggests that the mid-level provider falls right below the dentist."

Dr. Bryan C. Edgar, Washington; Dr. Richard W. Dycus, Tennessee; Dr. Mark R. Zust, Missouri; Dr. Pete B. Higgins, Alaska; and Dr. Matthew J. Neary, New York, spoke in support of the substitute resolution.

Dr. Tyrus Ivey, Georgia; Dr. Pamela Z. Baldassarre, New Hampshire; Dr. Burton Job, Ohio; and Dr. W. C. Brown, South Carolina, spoke in opposition of the substitute resolution.

Dr. Herbert L. Ray, Pennsylvania, also spoke against the substitution saying, "I served on this Reference Committee. ... What we took into consideration was, number one, the Task Force had it right in creating a list of glossaries to be used, and these words are going to be used whether we define them or not. So what we felt was, leaving the definition of a mid-level provider within the format of the glossary, and after placing a footnote, a disclaimer within the glossary that this is strictly a definition, nothing more than a definition ... By bringing the mid-level into this, we now are making it part of policy. We specifically took the word mid-level out of the policy in order to give us some flexibility. That way, if another acronym for another level of dental provider comes about, we still address that with the original resolution."

Dr. James L. Schmidt, Maine, spoke in support saying, "I applaud all of you that have state legislative bodies that respect and approve who you are and what you do. We, unfortunately, are not one of those. By

next January, Maine state legislature will define this for us if my American Dental Association doesn't do it. And I would really support this resolution."

On vote, the motion to substitute Resolution 74RCS-1 for Resolution 74RC was not adopted.

Dr. Douglas S. Hadnot, Montana, moved to substitute Resolution 74RC with the following:

Resolved, that the ADA shall continue to evaluate a dental mid-level provider based upon a determination of need, sufficient education, training, supervision by a dentist and a scope of practice that ensures the protection of the public's oral health.

In speaking to the substitution, Dr. Hadnot said, "As opposed to the previous substitution that we discussed, which would have made it ADA's position or ADA's policy ... my recommended substitute would allow the ADA to continue to evaluate the various mid-level provider proposals that may come forward. It doesn't say that we're taking a position on anything, but that we are going to evaluate those and be able to discuss them in light of the parameters and guidelines that are included in the resolution. What I have concern about in the original 74RC, is that it only allows the ADA to really talk about a new member of the dental team, and I don't want an ADHP as a member of my dental team. So my substitution will allow us to talk about those kinds of things that are beyond what we're really looking for."

Speaking in opposition to the proposed substitution, a delegate said, "I am opposed to this amendment for several reasons. First, we just went through a very large exercise trying to not narrow ourselves down to any particular set of words and here we are going back to a mid-level provider that we have one definition, but we still have not universally accepted it. ... Second, if you read the way 74RC is constructed, it gives you the broadest possible avenue to explore literally anything, any new key member. Now, whether the gentleman who made this substitution cares to call a CDHC a key member or doesn't is immaterial, because what it is, it is part of the entire dental team concept of the ADA and, again, based on determination of need, sufficient education, training, supervision by the dentist and scope of practice. In other words, we are embracing all discussion, not narrowing discussion."

On vote, the motion to substitute was not adopted.

Dr. Alan E. Friedel, Florida, moved to amend Resolution 74RC by adding the words "an individual supervised by a dentist and be" after the words "shall be" and before "based upon" and by deleting the words "supervision by a dentist" so that the amendment would read as follows:

Resolved, that the ADA's position on any proposed new member of the dental team shall be an individual supervised by a dentist and be based upon a determination of need, sufficient education and training, ~~supervision by a dentist~~, and a scope of practice that ensures the protection of the public's oral health.

In speaking to the proposed amendment Dr. Friedel said, "... when we talk about a decision based upon a determination, what that means is, that we will look at various criteria and those criteria will be in play for discussion. To my mind, it is an absolute bedrock principle that any member of a dental team who is not a dentist be supervised by a dentist. This is not something that I want as a group of criteria that we look at back and forth while making a decision as to whether or not we want to accept one. For me, supervision by a dentist is so important that it needs to be stated up front that any provider who is not supervised by a dentist would not be even considered."

Dr. David C. Anderson, Virginia, spoke in support of the amendment saying, "I would consider this a most friendly amendment. I think it even strengthens an already wonderful amendment. I would urge people to vote for it."

On vote, the proposed amendment to Resolution 74RC was adopted.

Dr. Jonathan B. Knapp, Connecticut, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 74RC as amended was adopted in lieu of Resolution 74.

74H-2008. Resolved, that the ADA's position on any proposed new member of the dental team shall be an individual supervised by a dentist and be based upon a determination of need, sufficient education and training, and a scope of practice that ensures the protection of the public's oral health.

Report of the Reference Committee on Budget, Business and Administrative Matters (continued)

The balance of the Report of the Reference Committee on Budget, Business and Administrative Matters was presented by Dr. Ronald P. Lemmo, chair, Ohio.

Consent Calendar (Reference Committee on Budget, Business and Administrative Matters Resolution 85):
The Reference Committee reported as follows.

The Reference Committee on Budget, Business and Administrative Matters presents the following consent calendar for consideration of the House of Delegates. The appended Resolution 85 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 85, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately. Any resolution identified as a priority item will be automatically removed from this consent calendar and considered separately.

85. Resolved, that the recommendations of the Reference Committee on Budget, Business and Administrative Matters on the following resolutions be accepted by the House of Delegates.

Resolution 59-2007—ADOPT in lieu of Resolution 65 (*ADA Reserves, Supplement:2054*) (Significant Long-Term Impact)

Resolution 13B—ADOPT in lieu of Resolution 13 (*Laptop Computers at the ADA House of Delegates, Supplement:2061*) \$ None

Resolution 19—ADOPT (*Distribution of House of Delegates Meeting Materials, Supplement:2068*) \$25,000 beginning in 2010

Resolution 20—ADOPT (*Amendment of the ADA Bylaws Regarding the Introduction of New Business, Supplement:2069*) \$: None

Resolution 59—ADOPT (*Hyperlink Embedding in Policy Statements, Supplement:2082*) \$: None

Resolution 66—NOT ADOPT (Periodic Review of ADA Reserve Policy, *Supplement:2086*) \$: None

Resolution 67—NOT ADOPT (Proposed Resolutions with Financial Implications, *Supplement:2088*) \$: None

Dr. Lemmo moved the adoption of Resolution 85.

Dr. Thomas S. Kelly, Ohio, requested that Resolution 59-2007 and Resolution 19 be removed from the consent calendar.

Dr. Ronald G. Testa, Illinois, requested that Resolution 20 and Resolution 66 be removed from the consent calendar.

The Speaker said, "We have four resolutions that have been removed. ... That's what we are going to take in order. So you have before you now the remainder of the consent calendar with a motion to adopt."

Dr. Jolene O. Paramore, Florida, asked to remove 13B from the consent calendar.

On vote, Resolution 85 as amended was adopted.

85H-2008. Resolved, that the recommendations of the Reference Committee on Budget, Business and Administrative Matters on the following resolutions be accepted by the House of Delegates.

Resolution 59—ADOPT (*Hyperlink Embedding in Policy Statements, Supplement:2082*) \$: None

Resolution 67—NOT ADOPT (*Proposed Resolutions with Financial Implications, Supplement:2088*) \$: None

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 85H-2008 follows:

ADOPTED

59H-2008. Resolved, that where appropriate, electronic versions of policy statements should be embedded with hyperlinks to supporting documents, references and media, and be it further **Resolved**, that such accompanying supporting material should be reviewed with the same care as the actual policy statement before publication by the appropriate ADA agencies.

NOT ADOPTED

66. Resolved, that the ADA Reserve Policy be reviewed by the Board of Trustees at least every three years to maintain a position consistent with the ADA Strategic Plan, budgeting process and current Association goals and report to the House of Delegates at the time of review.

ADA Reserves (Board of Trustees Resolution 59-7007 and First Trustee District Resolution 65): The Reference Committee reported as follows.

The Reference Committee appreciates the work undertaken by the Board of Trustees in studying the Association's reserve policy and is supportive of Resolution 59-2007.

59-2007. Resolved, that the Board be urged to maintain the ADA's liquid reserves at a targeted level of 50% of the Association's annual budgeted operating expenses, and to consider any excess in developing the following year's annual operating budget consistent with the long-term strategy of dues stabilization taking into consideration any known contingent use of reserves. Liquid reserves are defined as the total uncommitted balance of the Reserve Division Investment Account, and be it further **Resolved**, that Resolution 26H-2005, Association Reserve Policy (*Trans.2005:294*), be rescinded.

Dr. Lemmo moved the adoption of Resolution 59-2007 (*Supplement 2054*) in lieu of Resolution 65 (*Supplement:2083*).

Dr. Thomas S. Kelly, Ohio, moved to amend Resolution 59-2007 by inserting the words "achieve and then" between the words "urged to" and "maintain" in the first resolving clause so the amended language would read:

Resolved, that the Board be urged to achieve and then maintain the ADA's liquid reserves at a targeted level of 50% of the Association's annual budgeted operating expenses, and to consider any excess in developing the following year's annual operating budget consistent with the long-term strategy of dues stabilization taking into consideration any known contingent use of reserves. Liquid reserves are defined as the total uncommitted balance of the Reserve Division Investment Account, and be it further

In speaking to the amendment, Dr. Kelly said, "The resolution, as it is written right now is urging the Board to maintain a level that we currently don't have. So you can't maintain something that you don't have. The idea is to achieve that first and then to maintain it."

Dr. John J. Mooney, Connecticut, said, "I'm concerned about the words 'then maintain' because at Reference Committee we had significant discussions that we should never use dues to increase our reserve account, and when you use the words 'then maintain' I guess, in a year that happened now, how do we get back to that, whatever percentage we eventually agree on, we would have to raise dues. Can I get clarification from the Treasurer?"

Dr. Leone responded by saying, "Certainly based on the resolution that was passed regarding the philosophy of dues stabilization, you're correct. Up to now that has not been the practice of the House of Delegates and certainly has not been my recommendation as Treasurer or past Treasurers, as I'm aware. And so is it possible? Yes. As a matter of practice, has it been engaged? No."

Dr. Edward J. Weisberg, Virginia, speaking against the proposed amendment said, "I would recommend that we not adopt this amendment, because this would put the wording, taking a target away, and saying, once we achieve this level, we must maintain it. Extraordinary times like we're in now, where the market drops and our portfolio level drops, this would trigger and maintain instead of having a goal."

A delegate from the floor spoke to the amendment saying, "This does not take the word 'target' out of here. The resolution as it would read would be that the Board be urged to achieve and then maintain the ADA's liquid reserves at the targeted level, so it does not take the word 'target' out of this, and it doesn't tie the hands of the Board that way."

Dr. Mark J. Weinberger, New York, spoke in opposition saying, "I would not like to see the word 'achieve' in there. The past policies have been very clear, even going back to the 2005 resolution. You want a target level. I agree with our Treasurer, the problem with 'achieve' is you might include dues to achieve that. I'm very weary of that. I would like to target that level and leave the word 'target' there and not the word 'achieve.'"

Dr. J. M. Thomas, Indiana, spoke in support of the proposed amendment saying, "For the gentleman earlier who had a problem with the word 'maintain,' the word 'maintain' is already in the RC. It is not being added by the three words that we're putting in."

Dr. Christopher Connell, Ohio, speaking in support of the amendment said, "The word 'achieve' is necessary because currently, as our Treasurer pointed out, we aren't at a 50% level, we would first need to achieve it before we could maintain it."

Dr. Stephen W. Robertson, Kentucky, spoke against the amendment saying, "... to imply achieve right now, we have people who were panicking earlier about a potential \$14 dollar dues increase, and I mean, it would take a pretty substantial assessment or dues increase to raise us from 35% to 50[%]. And I just don't think that now is the time to have something like this on the books."

Dr. Kelly responded by saying, "A couple points in these amendments here. The 'achieved' does not give a timeline of when this has to be achieved. It could be achieved over a period of time. It doesn't have to happen this year. It is to achieve a target. In order to reach a target, you must strive to achieve that target. ..."

Dr. Marshall H. Mann, Georgia, spoke in opposition saying, "Mr. Speaker, I believe when you insert the word 'achieve' you still are going to have the dues maintain the reserves. We should not use dues money to maintain the reserves."

Dr. Dwyte E. Brooks, Nevada, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the proposed amendment to insert the words “achieve and then” between the words “urged to” and “maintain” in the first resolving clause was not adopted.

Dr. Bryan C. Edgar, Washington, moved to amend Resolution 59-2007 by changing the liquid reserve target level from “50%” to “40%” and inserting “above 50%” between “any excess” and “in developing” in the first resolving clause so the amended language would read:

Resolved, that the Board be urged to maintain the ADA’s liquid reserves at a targeted level of ~~50%~~ 40% of the Association’s annual budgeted operating expenses, and to consider any excess above 50% in developing the following year’s annual operating budget consistent with the long-term strategy of dues stabilization taking into consideration any known contingent use of reserves. Liquid reserves are defined as the total uncommitted balance of the Reserve Division Investment Account, and be it further

Speaking to the proposed amendment, Dr. Edgar said, “I believe strongly in ... a strong reserve level and our Treasurer gave us an elegant presentation on how those reserves are used and where we are with reserves currently. I realize that with the market conditions, our reserves are lower than what they were a year ago. However, at that point in time, we had a conversation about establishing a reserve level of 50%, and there was some concern within this House over that level, and if you go back historically many years ago, our reserve level was below 30%. And we set a goal to get the reserves to 30%. Then we came back in, I believe, 2005, and set another goal to get our reserve level to 40%. And then in 2007, we came back and we established that level of 50%. ... How much is enough? When we have fixed reserves and liquid reserves that total over a \$100 million, then I would concede that we should leave the level at 40% and then use a trigger of 50% to put moneys back into our operating budget. ... I don’t believe reserves should be used, even if we balance the budget...”

Dr. Larry F. Browder, Alabama, spoke to the amendment saying, “All of the debate that was made against a dues increase could apply to increasing our reserve level from 40 to 50%. I just feel that it is insensitive to our members for us to do this in these economic times. It simply sends the wrong message, and it is the wrong time to send the message.”

A delegate from the floor spoke in opposition saying, “If you look back and remember 2005, 2006 and 2007 House policies, and we had an earlier slide that the Treasurer put up. Dr. Leone, you showed that at one point our reserves went back above 50%, not by choice, but because investments are variable. We had a measure that was sent back to the Board for study. They studied the reserve levels of 13 different associations. Two of those associations had reserve levels that were 100% of their liquid assets. We had one resolution come into this House at the start of our deliberations asking for a 100% reserve level and a method to get there over the next five or six years. It would be very inappropriate, and think of the situation we would be [in] if our reserves at the start of this particular market cycle had not been at 50% and instead were at 40%. Right now the likelihood is that our reserve levels are between 32 and 33%. Given that, we would be achieving a reserve level of approximately 24%, which would be uncomfortably low for this Association.”

Dr. Dwyte E. Brooks, Nevada, spoke saying, “I sat on the Reference Committee, and I have particular interest in seeing our reserve be at around 50%. Having served as the Treasurer of the Nevada Dental Association, we saw our reserves wiped out in a single year. If we hadn’t had very good reserves, I think we would have actually faced seeing our entire state association go under. ... the Treasurer likes to see us have an operating surplus each year, so the reserves can increase, but it is not something that is consciously done out of ... any dues increase... I agree with the previous gentleman that we have had a ... good reserve to weather this downturn. I’m not sure that we want to not see it keep going at a high level.”

Dr. Jolene O. Paramore, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the proposed amendment was not adopted.

Dr. Rob R. Lovell, Michigan, spoke in opposition to Resolution 59-2007 saying, "At last year's discussion in front of the House, we heard a distinguished delegate from Alabama imply ... that the targeted number of 40% was perhaps picked up by throwing a dart at a dart board. In Board Report 6, it states that there are no generally accepted accounting principles and that no one provided any guidelines. Yet in a recent visit to our own library at the American Dental Association, there was a book that the librarian found for me. ...entitled 'Financial Responsibilities of Nonprofit Boards' and it's from the Board Source Governor Series. On page three, paragraph two, addressing satisfactory reserves, a CPA, Andrew Lang, writes, 'practically speaking, 35 to 40% of a year's expenses should provide sufficient breathing room for nonprofits with reasonably stable sources of incomes.' So it appears that ... this ... has been looked at, and, in fact, we are currently following what has been accepted and recommended."

Dr. Thomas S. Kelly, Ohio, moved to amend Resolution 59-2007 by substituting the word "maintain" with the word "target" and deleting the word "targeted" after the words "ADA's liquid reserves at a", so the new language would read as follows:

59-2007. Resolved, that the Board be urged to ~~maintain~~ target the ADA's liquid reserves at a ~~targeted~~ level of 50% of the Association's annual budgeted operating expenses, and to consider any excess in developing the following year's annual operating budget consistent with the long-term strategy of dues stabilization taking into consideration any known contingent use of reserves. Liquid reserves are defined as the total uncommitted balance of the Reserve Division Investment Account, and be it further

On speaking to the proposed amendment, Dr. Kelly said, "I don't think you can maintain something that you don't currently have."

On vote, the proposed amendment was adopted.

Dr. G. Lewis Mitchell, Jr., Alabama, said, "... The resolution is pretty much irrelevant and moot, because we are well below the target level of 40%. And it could take us several years to get to 40% ... So I would encourage this House to stick with present ADA policy and stick with 40%."

Dr. Bryan C. Edgar, Washington, spoke in support of Resolution 59-2007 as amended.

Dr. J. Ted Sherwin, Virginia, spoke in support of the resolution saying "...Remember last year this House voted ... to go to 50% but requested that our administration do an exhaustive study on reserves. The study showed that when you looked at associations that were very closely in keeping to the kinds of things the ADA do[es], that most or all of those have reserves, liquid reserves that are higher than 50%. In fact, the two most common ones had 100% reserves. So 50% is a moderate request and it was the sentiment of the House last year. So please keep that in mind."

Dr. Mark A. Bauman, New York, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority vote.

On vote, Resolution 59-2007 as amended was adopted in lieu of Resolution 65.

59-2007H-2008. Resolved, that the Board be urged to target the ADA's liquid reserves at a level of 50% of the Association's annual budgeted operating expenses, and to consider any excess in developing the following year's annual operating budget consistent with the long-term strategy of dues stabilization taking into consideration any known contingent use of reserves. Liquid reserves are defined as the total uncommitted balance of the Reserve Division Investment Account, and be it further

Resolved, that Resolution 26H-2005, Association Reserve Policy (*Trans.*2005:294), be rescinded.

Laptop Computers at the ADA House of Delegates (Missouri Dental Association Resolution 13 and Board of Trustees Resolution 13B): The Committee reported as follows:

The Reference Committee decided to consider Resolutions 13 and 13B separately from Resolutions 19 and 20 because the matters addressed are sufficiently different. Although the Committee understands that the transition to an electronic format may require some time, it is hopeful that progress can be made prior to the 2012 meeting.

13B. Resolved, that distribution of House of Delegates materials be transitioned to an electronic format no later than 2012, and be it further

Resolved, that the Board of Trustees develop a timeline for the transition, identifying all appropriate details and issues, and be it further

Resolved, that an informational report be submitted to the 2009 House of Delegates on the transition and related issues.

Dr. Lemmo moved the adoption of Resolution 13B (*Supplement:2061*) in lieu of Resolution 13 (*Supplement:2060*).

Dr. Matthew J. Campbell, Jr., California, spoke in opposition to Resolution 13B saying, "I am a little troubled by this, because the way I am reading this, in the first resolved, we are saying that we will have this in place by 2012 before the study has even been done to see how feasible it is. We have looked at this in California, and we found that some of the costs just for electricity to bring into the room, the ballrooms where we're having the House were astronomical. So I'd like to see us not tie us into having to do this by 2012, rather, let's see what the study says first and give us the option to do that. ..."

Dr. Campbell moved to amend the first resolving clause by adding "pursuant to a favorable study" after the words "no later than 2012" so the amended first resolving clause would read:

Resolved, that distribution of House of Delegates materials be transitioned to an electronic format no later than 2012, pursuant to a favorable study, and be it further

Dr. H. Todd Cubbon, Illinois, spoke in support of the proposed amendment saying, "With intimate knowledge of the cost of dropping lines in exhibit halls from a mid-winter meeting in Chicago, I can assure you that Dr. Campbell's estimation is not anywhere near what it would cost to do electric and electronic access. And I think that we very seriously need to study this before we make any demand on a time limit."

Dr. Kenneth J. Weinand, Missouri, spoke in support of the proposed amendment saying, "I would support this also. Because of the fact that we can get this on ADA.org, we may not have to have all the costs of the electricity and everything. ..."

Dr. W. C. Brown, South Carolina spoke in opposition of the proposed amendment.

Dr. Robert M. Peskin, New York, speaking in support of the proposed amendment said, "I support the amendment ... I think there are costs associated with this that may not be necessarily to members as in terms of dues, but to the individual members who may have to bear the brunt of printing and duplicating their own information prior to coming to a House if that is what they choose to do. I think the idea of looking at this in a study is appropriate. And I think that we may ultimately decide this is something we do want to do or maybe we don't want to do, but to tie our hands in that first resolving clause I think may be a little too premature, and I would urge us to consider the amendment as proposed."

Dr. Dwyte E. Brooks, Nevada, speaking in opposition of the proposed amendment said, "I sat on the Reference Committee, and we had a lot of discussion about this. One of the things in the mega discussion was that we are trying to set up so that we operate more like the younger generation. And we move at an incredibly slow pace when it comes to technology, and the accomplishing of these goals could actually be done in months, but we have put the study out for years to try to assess things that we should be able to, in

an information technology age, come up with very, very quickly. And to even move it out further, it is just amazing how much is going to pass us before we even get a study back.”

Dr. Gregory E. Phillips, Indiana, speaking to the amendment said, “... I don’t read that this says that the materials need to be available within the House, just that the House materials need to be available, and I believe that is already there.”

Dr. Richard M. Peppard, Texas, asked for a point of information saying, “We have already moved to having laptops in our House of Delegates, and I’ve already checked with our executive director, and the big cost that we were facing is if we had gone to wireless network. But in order to power this arena that you are in was about \$10,000 dollars more for our budget. And our House felt that it was a reasonable thing to do. Our Board has gone for it. So we have gone ahead and moved our House of Delegates to this very thing that you’re asking to study favorably.”

On vote, the motion to amend Resolution 13B was adopted.

Dr. Rob R. Lovell, Michigan, spoke in opposition to the Resolution 13B as amended saying, “... I am very tech savvy. The past two years in this House, I have actually attended the meeting electronically and attempted to use my computer in lieu of my papers. This year I’m using my papers. Take it for what it’s worth.”

As a point of information, Dr. Jonathan B. Knapp, Connecticut, asked, “Do we have any approximations on costs for doing the mailings that are required to accomplish the business of this House?”

In response, Dr. Soliday said, “For the first set of worksheets, depending on the amount of material, it varies from \$5,000 to \$7,000.”

Dr. Kenneth J. Weinand, Missouri, spoke in support of the resolution saying, “I am just the opposite of the last delegate ... I brought my laptop. I don’t have my book. Everything’s on my computer. It works great. I don’t have to carry any papers. And also, 96% of the dentists already have computers in their home. And, also, I’m on the Board of Trustees for Missouri and we have laptops and at Council on Membership we have laptops. And they work great, so I approve this resolution.”

A delegate from the floor spoke to the amendment saying, “Last Saturday at the Reference Committee, a pointed question was asked what the cost of these books were, and we were told \$30,000 dollars to print and put them together and \$10,000 to mail.”

In response, the Speaker said, “Sir, what they said is that it is around \$30,000 dollars, but that is including printing and mailing. When I told ... mailing is a separate cost. So printing is \$30,000 dollars. Hopefully that answers your question.”

Dr. Bruce Tandy, Connecticut, speaking in favor of the resolution said, “I want to make two points. I speak in favor of this resolution. In terms of we’re also not including the amount of staff time in terms of the cost here. Number two, we have to look forward as this group ages and we replace this House with a younger generation, they are not going to want to be carrying around that 20-pound brick of papers that they have. They are used to working technologically. They would prefer that too.”

Dr. Donald C. Simpson, Arizona, moved to further amend Resolution 13B by addition of a third resolving clause to read as follows:

Resolved, that printed materials will still be available for any delegate upon request.

In speaking to the amendment, Dr. Simpson said, “I have great difficulty working a computer as fast as I can work the paper. I’m used to that to. That is my bias. That’s my training. Maybe I would require it a few times and then transition myself over. The \$40,000 dollars, if you figure it out per member, that’s less than a first class stamp per ADA member. So, the cost of sending this out to those who request it would be even

less. And I think it is just a courtesy to those of us who still prefer paper and can work more efficiently to do that, make it available.”

On vote the proposed amendment to add a third resolving clause was adopted.

Dr. Dennis A. Burns, Ohio, moved to amend by striking “no later than 2012” from the first resolving clause so the amended first resolving clause would read:

Resolved, that distribution of House of Delegates materials be transitioned to an electronic format ~~no later than 2012~~ pursuant to a favorable study, and be it further

In speaking to the proposed amendment, Dr. Burns said, “I think it is incongruous here. It says, ‘electronic format not later than 2012 pursuant to a favorable study.’ I don’t think there should be a timeline. Let’s get the study, find out what the recommendation is, and then put a date on it.”

On vote the proposed amendment was not adopted.

Dr. Mark S. Chaney, Louisiana, moved to vote immediately. Seeing no one else at the microphones, the Speaker called for the vote on Resolution 13B.

On vote, Resolution 13B as amended was adopted in lieu of Resolution 13.

13H-2008. Resolved, that distribution of House of Delegates materials be transitioned to an electronic format no later than 2012, pursuant to a favorable study, and be it further

Resolved, that the Board of Trustees develop a timeline for the transition, identifying all appropriate details and issues, and be it further

Resolved, that printed materials will still be available for any delegate upon request, and be it further

Resolved, that an informational report be submitted to the 2009 House of Delegates on the transition and related issues.

Adjournment: Dr. Sheryl K. Kane, Air Force, moved to adjourn the House of Delegates until 1:20 p.m.

On vote, the motion was adopted and the Second Meeting of the House adjourned at 12:03 p.m.

Monday, October 20, 2008

Third Meeting

Call to Order: The third meeting of the House of Delegates was called to order at 1:20 p.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday.

Withdrawn Resolutions: The Speaker announced the Fifth Trustee District request to withdraw Resolution 83, Proposed Resolution Regarding “Mid-Level Provider” Definition (*Supplement:6217*). Hearing no objection, Resolution 83 was withdrawn.

Also, the Speaker announced the request made by the Fifth Trustee District to withdraw Resolution 35, Re-Examination of Mid-Level Providers as Related to the Academy of General Dentistry White Paper (*Supplement:4000*). Hearing no objection, Resolution 35 was withdrawn.

Report of the Standing Committee on Credentials, Rules and Order: Dr. David May, chair, Texas, reported the presence of a quorum.

Report of the Reference Committee on Budget, Business and Administrative Matters (continued)

Distribution of House of Delegates Meeting Materials (Committee to Study the Introduction of Business in the House of Delegates Resolution 19): The Reference Committee reported as follows.

The Reference Committee heard testimony in opposition to combining consideration of Resolutions 19, 20, 13 and 13B. The Committee concurred with that procedural approach.

After consultation with the Speaker of the House of Delegates focusing on timing of implementation, the Committee believes this resolution can be implemented by 2010. Therefore, the Committee recommends adoption of Resolution 19.

19. Resolved, that beginning in 2010, in order to expeditiously transmit business to the members of the House of Delegates, resolution worksheets will be distributed using a process that gives delegates the option of receiving materials either in a paper or electronic format, and be it further

Resolved, that the Board of Trustees be urged to schedule its pre-annual session meeting so that it concludes no less than 20 days prior to the first meeting of the House of Delegates, beginning with its October 2010 meeting.

Dr. Lemmo moved the adoption of Resolution 19 (*Supplement:2068*).

Dr. Michael J. Link, Virginia, moved to amend by deleting the second resolving clause, saying, "By having the pre-annual Board of Trustees moved to no less than 20 days prior to the House of Delegates and any new resolutions introduced by any trustee districts would then be delivered at the opening session, which will potentially give this House 30 days of new resolutions, either by paper or electronic means, which will not give proper pre-review by either the Board of Trustees or the House of Delegates."

Dr. Robert M. Peskin, New York, member, Committee to Study the Introduction of Business in the House of Delegates, said, "... This deletion, essentially, of the second resolving clause here ... is in tremendous conflict with the charge that was given to our Committee coming up with a mechanism whereby information that is given to members of the House of Delegates is given to them in an expeditious manner. So I would ask this House at least give us the opportunity to look at the whole resolution before we start playing with it..."

Seeing no one else at the microphones, the Speaker called for the vote on deleting the second resolving clause.

On vote, the amendment was not adopted.

Dr. Jolene O. Paramore, Florida, moved to amend by deletion and by adding a second resolving clause that would read as follows:

Resolved, that beginning in 2010, in order to expeditiously transmit business to the members of the House of Delegates, resolution worksheets will be distributed ~~using a process that gives delegates the option of receiving materials either in an a paper or~~ electronic format, and be it further

Resolved, that the ADA provide electrical power for the House of Delegates chamber, and be it further

Resolved, that the Board of Trustees be urged to schedule its pre-annual session meeting so that it concludes no less than 20 days prior to the first meeting of the House of Delegates, beginning with its October 2010 meeting.

Dr. Lemmo indicated that this amendment would have a financial implication.

Dr. Robert M. Peskin, New York, requested a point of information, saying, "... This whole topic is on the distribution of House of Delegates materials to the members of the House. Resolution 13B, which we already discussed, addressed the whole issue of the electronic transmission, the fact that there is going to be some type of study and the time frame that's associated with this. ... This is not about transmission electronically, but how they are collected. I don't think this resolution is germane."

The Chair ruled the proposed amendment out of order.

As a point of information, Dr. Leone, treasurer, reported that the proposed amendment's financial implication is approximately \$43,000, starting in 2010.

Dr. Paramore requested a point of information, saying, "It would reduce by at least \$30,000, the processing of the printing materials, but I do understand and respect your decision."

Dr. Peskin, speaking to Resolution 19 said, "Last year this House ... was concerned about being inundated by the heavy amount of paperwork once we got to the meeting. ... The President appointed a Committee, and we looked at this in great detail ... The intent here is the issue of introduction of new business and how to change the timeline so that all the information can be discussed by the Board of Trustees in a timely enough fashion so that it can then be distributed to the members of the House prior to coming to the meeting ... rather than getting it once they arrived. In order to accomplish that, we came up with the language that you see appearing in Resolution 19, and the issue here is expeditious transmission of that information. In order to accomplish that, the Committee believed that the best way to do this was for the Board of Trustees to be urged to schedule its pre-annual session meeting so that it concludes with enough time so that information can then be transmitted to the members of the House prior to the departure from their home to come to this meeting. ..."

Dr. H. Todd Cubbon, Illinois, said, "... our district supports this, and Dr. Peskin spoke very eloquently towards it, and it does only deal with the issue of timing, basically, so that there is an adequate time for the Board to review these and get them to us in an adequate time for us to review them before we arrive here. ..."

Dr. Alan E. Friedel, Florida, said, "For a body that only meets once a year, to me it would have a very chilling effect if our caucuses felt as if there was an impediment to entering new business that might come before the House ... at a late date because of their ability to caucus. ..."

In response, the Speaker said, "... to remind you, sir, it is Resolution 20 that really deals with that. But we can go forward with this."

Dr. Kenneth J. Weinand, Missouri, spoke in support saying, "I think the goal here is to not have us arrive with a whole pack of papers. That's our whole goal on 13, 19 and 20. ... so that if you have a computer and you use it a lot, then you can bring your laptop and have it there or you can get the papers here, whatever you chose. ..."

On vote, Resolution 19 was adopted.

19H-2008. Resolved, that beginning in 2010, in order to expeditiously transmit business to the members of the House of Delegates, resolution worksheets will be distributed using a process that gives delegates the option of receiving materials either in a paper or electronic format, and be it further **Resolved**, that the Board of Trustees be urged to schedule its pre-annual session meeting so that it concludes no less than 20 days prior to the first meeting of the House of Delegates, beginning with its October 2010 meeting.

Amendment of the ADA Bylaws Regarding the Introduction of New Business (Committee to Study the Introduction of Business in the House of Delegates Resolution 20): The Reference Committee reported as follows.

The Reference Committee discussed the process for introducing new business to the House of Delegates and was supportive of the approach offered in Resolution 20. Therefore, the Committee recommends adoption of Resolution 20.

20. Resolved, that the ADA *Bylaws*, Chapter V. HOUSE OF DELEGATES, Section 130. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, be amended by deleting the existing

subsection e. INTRODUCTION OF NEW BUSINESS in its entirety, and inserting the following new subsection e. INTRODUCTION OF NEW BUSINESS:

e. INTRODUCTION OF NEW BUSINESS. No new business shall be introduced into the House of Delegates less than two (2) days prior to the pre-annual session meeting of the Board of Trustees.

No new business shall be introduced into the House of Delegates at the first meeting of the House of Delegates except when such new business is submitted by a Trustee District and is permitted to be introduced by a majority affirmative vote of the delegates present and voting. The motion introducing such new business shall not be debatable.

No new business shall be introduced into the House of Delegates at the last meeting of a session except when such new business is submitted by a Trustee District and is permitted to be introduced by a two-thirds (2/3) affirmative vote of the delegates present and voting. The motion introducing such new business shall not be debatable. Approval of such new business shall require a majority vote except new business introduced at the last meeting of a session that would require a bylaw amendment cannot be adopted at such last meeting. Reference committee recommendations shall not be deemed new business.

and be it further

Resolved, that the foregoing amendments take effect January 1, 2010.

Dr. Lemmo moved the adoption of Resolution 20 (*Supplement:2069*).

Dr. Peskin speaking on Resolution 20, said, "... In the process of putting this resolution together, [the Committee was] trying to understand exactly what the mechanism was in terms of how Trustee Districts meet, how caucuses meet, how Councils meet, how the Board meets, so that we had a full view of how this entire process worked. It was our belief that by moving the deadline for the submission of information to the Board of Trustees to a time two days prior to that pre-annual session meeting, that would then give them the time to be able to digest those resolutions and those reports and be able to come up with a recommendation that would be made known to everyone in the House in that distribution of materials prior to the House of Delegates. Any later ... would tax that system significantly. ..."

Dr. H. Todd Cubbon, Illinois, spoke in support of Resolution 20.

Dr. Ralph L. Howell, Jr., Virginia, spoke in opposition saying, "Virginia, according to our bylaws, our annual meeting is actually in September. So our caucus is one of those that meet after this, which kind of puts a constraint on time. Because we just passed the previous policy that urges the Board to meet not less than 20 days prior to, we could initially have about a month's period of time before information is actually given to individuals which would be introduced that first day of the House, therefore, if anything was actually introduced, you got a month of time that has lapsed. ... it really puts the delegates at a disadvantage, because there are some things that can happen that we won't be able to vote on."

Dr. Dennis A. Johnson, Oregon, said, "I'd like to speak against this resolution, and I'd like to point out that we went through many, many comments about trusting the Board's decision with our finances with many, many issues, and I would like to remind this House that this was unanimously recommended a 'no' vote by the Board of Trustees."

Dr. Steven M. Dater, Michigan, said, "Actually, the Board, when they looked at this, thought 13B would take it, and it was brought back to us because we didn't want to lose the work of the Committee. It's two separate issues, and the Ninth District ... wholeheartedly support[s] this."

Dr. Bryan C. Edgar, Washington; Dr. Alan E. Friedel, Florida, and Dr. Edward J. Weisberg, Virginia, spoke in opposition.

Dr. J. M. Thomas, Indiana, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 20 was not adopted since it did not receive a two-third (2/3) affirmative vote.

Periodic Review of ADA Reserve Policy (Sixteenth Trustee District Resolution 66): The Reference Committee reported as follows.

The Reference Committee agrees with the recommendation of the Board of Trustees and recommends not adopting Resolution 66.

66. Resolved, that the ADA Reserve Policy be reviewed by the Board of Trustees at least every three years to maintain a position consistent with the ADA Strategic Plan, budgeting process and current Association goals and report to the House of Delegates at the time of review.

Dr. Lemmo moved Resolution 66 (*Supplement:2086*).

Dr. Edward J. Weisberg, Virginia, said "... We have been told numerous times that the Board consistently reviews the reserve policy. However, as members of the House, we receive very little information about the reserve policy. What is our percentage of equities, what is our percentage in fixed securities? We are generally rarely given a dollar figure of what our reserves are. We are merely given a percentage, and this merely asks the Board, at least every three years, to give an accounting to the House of our reserve policy, what it is, how it's divided, so that we, as members of the House, can better evaluate what is going on with the reserve policy. I would recommend that we adopt this resolution."

Dr. J. Ted Sherwin, Virginia, said, "How many times have we heard how important clarity and transparency is in our organization. We just received a really thorough review of our policy on reserves this year at the request of the House last year. It makes a lot of sense for us, at least on a three-year basis, to get an update ..."

Dr. Mark J. Weinberger, New York, said, "I would speak against this resolution. I think the Board more than every three years comes to us with reports. The budget is available to everybody. ..."

Through the Chair, Dr. Leone said, "... This could be accomplished on an annual basis by just a small addition to Board Report 2 without complicating things too much. And I think perhaps that suggestion is what influenced the recommendation of the Reference Committee on this particular issue. ..."

On vote, Resolution 66 was not adopted.

Report of the Reference Committee on Dental Benefits, Practice, Science and Health (continued)

The balance of the Report of the Reference Committee on Dental Benefits, Practice, Science and Health was presented by Dr. Steven Gounardes, chair, New York.

Consent Calendar (Reference Committee on Dental Benefits, Practice, Science and Health Resolution 87): The Reference Committee reported as follows.

The Reference Committee on Dental Benefits, Practice, Science and Health presents the following consent calendar for consideration by the House of Delegates. The appended Resolution 87 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 40 as submitted. By adopting Resolution 87 the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

87. Resolved, that the recommendations of the Reference Committee on Dental Benefits, Practice, Science and Health on the following resolutions be accepted by the House of Delegates.

Resolution 1—ADOPT (*Amendment to the Policy, "Authority for the Code on Dental Procedures and Nomenclature," Supplement:3000*) \$: None

Resolution 3—ADOPT (*Amendment to the Policy, "Standards for Dental Benefit Plans," Supplement:3005*) \$: None

Resolution 4—ADOPT (*Amendment to the Policy, "Reporting of Dental Procedures to Third Parties," Supplement:3009*) \$: None

Resolution 5RC—ADOPT in lieu of Resolutions 5 and 5S-1 (*"State No Fault and Workers' Compensation Programs"*) \$: None

Resolution 12—ADOPT (*Revision of ADA Policy Statement on Bloodborne Pathogens, Infection Control, and the Practice of Dentistry, Supplement:3013*) \$: None

Resolution 16BS-1—ADOPT in lieu of Resolutions 16 and 16B (*Protection of the Patient-Doctor Relationship, Supplement:3021a*) \$81,300

Resolution 24—ADOPT (*Communication and Dental Practice, Supplement:3026*) \$: None

Resolution 25—ADOPT (*Health Literacy Research, Supplement:3027*) \$: None

Resolution 26S-1—ADOPT in lieu of Resolution 26 (*Health Literacy Strategic Communication Plan, Supplement:3028a*) \$25,000

Resolution 27—ADOPT (*American Indian/Alaska Native Strategic Workgroup, Supplement:3033*) \$31,250

Resolution 28S-1B—ADOPT in lieu of Resolutions 28 and 28S-1 (*Update on Dental Tourism, Supplement:3042b*) \$: None

Resolution 34RC—ADOPT in lieu of Resolution 34 (*A Dental Quality Alliance*) \$23,400

Resolution 40—ADOPT (*Amendment of the ADA "Bylaws" Regarding the Duties of the Council on Access, Prevention and Interprofessional Relations, Supplement:3065*) \$: None

Resolution 41—ADOPT (*Sources of Tobacco Use Prevention and Cessation Materials, Supplement:3070*) \$: None

Resolution 46—ADOPT (*ADA Member Access to Cochrane Library, Supplement:3072*) \$: None

Resolution 47RC—ADOPT in lieu of Resolution 47 (*Inclusion of Comprehensive Dental Examination in Health Care Policies*) \$: None

Resolution 52—NOT ADOPT (*Efficacy of Compliance with OSHA Standards, Supplement:3074*) \$: None

Resolution 53—NOT ADOPT (*Implementation of Rating Scale for Published Articles, Supplement:3077*) \$: None

Resolution 55B—ADOPT in lieu of Resolution 55 (*Overhead of a Dental Practice, Supplement:3080*) \$: None

Resolution 57—REFER to the appropriate ADA agencies to evaluate the concept of administrative codes and report to the 2009 House of Delegates ("*Failed Appointment*" Code, Supplement:3082) \$: None

Resolution 58B—ADOPT in lieu of Resolution 58 (*Going Green*, Supplement:3084) \$20,000

Resolution 62RC—ADOPT in lieu of Resolutions 62 and 62B (*Future of Dental Laboratory Technology Conference*) \$29,600

Resolution 63—NOT ADOPT (*Promotion of ADA Policy, "Standards for Dental Benefit Plans,"* Supplement:3088) \$: None

Resolution 69B—ADOPT in lieu of Resolution 69 (*Development of Access to Care Action Plan*, Supplement:3091) \$5,900

Resolution 73B—ADOPT in lieu of Resolution 73 (*ADA Policy on Tooth Whitening Administered by Non-Dentists*, Supplement:3094) \$: None

Resolution 80—ADOPT (*Availability of Survey Results*, Supplement:3140) \$160,000 per year in lost revenues

Dr. Gounardes moved the adoption of Resolution 87.

Dr. Christopher Connell, Ohio, requested the removal of Resolutions 16BS-1, 26S-1, 27, 34RC, 58B, 62RC, 69B and 80 from the consent calendar.

Dr. A. J. Smith, Utah, requested the removal of Resolutions 4 and 73B from the consent calendar.

Dr. James H. Reynierson, III, Georgia, requested removal of Resolution 47RC from the consent calendar.

Dr. David A. Tecosky, Pennsylvania, asked that Resolution 41 be removed from the consent calendar.

Dr. Steven I. Snyder, New York, asked that Resolution 5RC be removed from the consent calendar.

Dr. Mark E. Bronson, Ohio, requested removal of Resolution 57 from the consent calendar.

On vote, Resolution 87, as amended, was adopted by a two-third (2/3) affirmative vote.

87H-2008. Resolved, that the recommendations of the Reference Committee on Dental Benefits, Practice, Science and Health on the following resolutions be accepted by the House of Delegates.

Resolution 1—ADOPT (*Amendment to the Policy, "Authority for the Code on Dental Procedures and Nomenclature,"* Supplement:3000) \$: None

Resolution 3—ADOPT (*Amendment to the Policy, "Standards for Dental Benefit Plans,"* Supplement:3005) \$: None

Resolution 12—ADOPT (*Revision of ADA Policy Statement on Bloodborne Pathogens, Infection Control, and the Practice of Dentistry*, Supplement:3013) \$: None

Resolution 24—ADOPT (*Communication and Dental Practice*, Supplement:3026) \$: None

Resolution 25—ADOPT (*Health Literacy Research*, Supplement:3027) \$: None

Resolution 28S-1B—ADOPT in lieu of Resolutions 28 and 28S-1 (*Update on Dental Tourism*, Supplement:3042b) \$: None

Resolution 40—ADOPT (*Amendment of the ADA “Bylaws” Regarding the Duties of the Council on Access, Prevention and Interprofessional Relations, Supplement:3065*) \$: None

Resolution 46—ADOPT (*ADA Member Access to Cochrane Library, Supplement:3072*) \$: None

Resolution 52—NOT ADOPT (*Efficacy of Compliance with OSHA Standards, Supplement:3074*) \$: None

Resolution 53—NOT ADOPT (*Implementation of Rating Scale for Published Articles, Supplement:3077*) \$: None

Resolution 55B—ADOPT in lieu of Resolution 55 (*Overhead of a Dental Practice, Supplement:3080*) \$: None

Resolution 63—NOT ADOPT (*Promotion of ADA Policy, “Standards for Dental Benefit Plans,” Supplement:3088*) \$: None

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 87 follows:

ADOPTED

1H-2008. Resolved, that the ADA’s policy on Authority for Code Revision (*Trans.1989:552*) be amended in the second resolving clause by deletion of the word “all” and addition of the words “in accordance with a process that reflects applicable legal and regulatory requirements (e.g., the Health Insurance Portability and Accountability Act of 1996)” such that the amended second resolving clause reads as follows (deleted language stricken through and new language underscored):

Resolved, that the Council on Dental Benefit Programs, with the approval of the Board of Trustees, have the authority to effect ~~all~~ changes to the *Code* in consultation with national dental organizations and the dental benefits industry in accordance with a process that reflects applicable legal and regulatory requirements (e.g., the Health Insurance Portability and Accountability Act of 1996), and be it further

3H-2008. Resolved, that the ADA’s policy on Standards for Dental Benefit Plans (*Trans.1988:478; 1989:547; 1993:696; 2000:458; 2001:428*), Paragraph 11, be amended by deletion of the words “‘Attending Dentist’s Statement’ (claim form)” and addition of the words “ADA Dental Claim Form” such that the amended paragraph reads as follows (deleted language stricken through and new language underscored):

11. Procedures for claims processing should be efficient and reimbursement should be prompt. The third-party payer should use or accept the American Dental Association’s ~~“Attending Dentist’s Statement” (claim form)~~ “ADA Dental Claim Form” and the ~~*Code of on Dental Procedures and Nomenclature*~~ that the Council on Dental Benefit Programs has approved after appropriate consultation with representatives of nationally recognized dental benefit organizations and the ADA-recognized dental specialty organizations.

12H-2008. Resolved, that the Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry (*Trans.1999:977,983; 2004:300*) be amended by deleting the last paragraph of the Introduction, which reads as follows:

Since the implementation of standard precautions in the United States as a main element of infection control, and with the exception of the Florida case-cluster where HIV may have been transmitted from a dentist to six patients, there have been no documented cases of HIV transmission from dentist to patient, patient to dentist, or patient to patient as a result of dental treatment. Similarly, since 1987

and the implementation of standard precautions, there have been no documented outbreaks of HBV or HCV associated with the practice of dentistry.

24H-2008. Resolved, that the ADA affirms that clear, accurate and effective communication is an essential skill for effective dental practice.

25H-2008. Resolved, that the ADA, through the Council on Access, Prevention and Interprofessional Relations and other appropriate agencies, urge the National Institutes of Health, including the National Institute of Dental and Craniofacial Research (NIDCR), to continue or expand its funding of health literacy research through the National Institutes of Health's multi-Institute health literacy program announcement.

28H-2008. Resolved, that the following definition of dental tourism be adopted:

Dental tourism is the act of traveling to another country for the purpose of obtaining dental treatment.

and be it further

Resolved, that the appropriate agencies of the ADA continue to promote the importance of a dental home while working for increased affordable access to dental care and freedom of choice so that every American who needs dental care can receive it, and be it further

Resolved, that the appropriate agencies of the ADA establish a repository of information relevant to dental tourism, that the information be collected in a manner that protects patient confidentiality and that the information is used in a lawful manner, and be it further

Resolved, that the appropriate agencies of the ADA increase efforts to provide patients, insurance companies and plan purchasers with credible information and resources about quality dental care, including follow-up, delivered by professionals with accredited education, and be it further

Resolved, that in keeping with the ADA position on freedom of choice, patients seeking dental care outside of the U.S. should do so voluntarily, and that prior to travel, be urged to arrange for local follow-up care to ensure continuity of care upon return to the U.S., and be it further

Resolved, that patients who have insurance coverage for dental care performed outside the U.S. should confirm with their insurer and/or employer that follow-up treatment is covered upon return to the U.S., and be it further

Resolved, that patients choosing to travel outside the U.S. for dental care should seek information about the potential risks of combining certain procedures with long flights and vacation activities, and be it further

Resolved, that the transfer of patient records to-and-from facilities outside the U.S. should be consistent with current U.S. privacy and security guidelines.

40H-2008. Resolved, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection A. COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS of the ADA *Bylaws* be amended by deleting existing duties a through l in their entirety and substituting in their place the following new duties a through k, which read as follows:

- a. To evaluate for the ADA trends in dental public health and access to care that enhance community oral health.
- b. To recommend policies, advise other ADA agencies and develop programs relating to access to care; population-based prevention, including community water fluoridation; and interprofessional relations.
- c. To provide advice and technical assistance to constituencies and communities to assess community oral health needs; develop coalitions and partnerships; and design, implement and evaluate programs to meet community oral health needs.
- d. To recommend policies, advise constituencies and communities, provide technical assistance and develop programs focused on building community oral health infrastructure and capacity, reducing oral health disparities and increasing access to care.
- e. To collaborate with internal and external stakeholders to create advocacy strategies regarding access to care, population-based prevention and interprofessional relations.
- f. To promote community outreach, cultural competence and oral health literacy.

- g. To foster and maintain liaisons with external stakeholders regarding population-based prevention and intervention strategies to improve oral health.
- h. To serve as liaison for the ADA with The Joint Commission and with The Joint Commission's corporate members and other national health care organizations.
- i. To recommend policies and formulate programs on issues pertaining to the relationship of dentistry to medicine, including interdisciplinary patient management, dentist-physician relations, oral health needs of patients with complex medical conditions and the oral-systemic relationship.
- j. To conduct activities to improve the health outcomes of patients requiring cooperative dental-medical management in hospitals, including active medical staff membership and clinical privileges, in ambulatory care centers, long-term care facilities and other interdisciplinary health care settings.
- k. To plan, develop, implement and evaluate programs that support the ADA's commitment to optimal oral health for all.

46H-2008. Resolved, that the ADA Board of Trustees be urged to explore negotiations with the Cochrane Collaboration to obtain full access to the Cochrane Library services by all ADA members.

55H-2008. Resolved, that the ADA Survey Center make appropriate efforts to incorporate "total salaries, wages, commissions and bonuses of shareholder dentists" as dental practice overhead expenses in reporting expenses as a percent of gross billings for incorporated practices in all Survey Center publications, as appropriate, according to established reporting standards, and be it further **Resolved**, that the Survey Center clearly identify in titles and text when "total salaries, wages, commission and bonuses of shareholder dentists" are not included in dental practice overhead expenses for unincorporated practices in Survey Center publications in those instances where established reporting standards do not permit the inclusion of this category of expense in dental practice overhead, and be it further

Resolved, that these changes be implemented in Survey Center publications released in 2009.

NOT ADOPTED

52. Resolved, that, using the evidence-based ranking system developed by Shekelle (1999), the ADA cause to be published a scientific study or review of the literature to indicate whether universal precautions as mandated for a dental clinic have scientific merit.

53. Resolved, that this House of Delegates direct the ADA to implement the system for ranking articles regarding the clinical practice of dentistry (after Shekelle, 1999) that reflects the level or degree of "evidence based dentistry" upon which each article is based on or before the publication of the July 2009 issue of *JADA* and the posting of the July 2009 ADA.org, and be it further **Resolved**, that the ADA urge all other publications, commercial, not-for-profit and educational that publish articles on or regarding clinical dental practice to implement this stratagem.

63. Resolved, that the ADA communicate the policy, Standards for Dental Benefits Plans (*Trans.* 1988:478; 1989:547; 1993:696; 2000:458; 2001:428), to members and to plan purchasers, promote their adoption, and that a report be prepared for the 2009 House of Delegates on these promotional activities and the acceptance of these standards by dental benefits plans.

Health Literacy Strategic Communication Plan (Council on Access, Prevention and Interprofessional Relations Resolutions 26 and 26S-1): The Reference Committee reported as follows.

The Reference Committee heard limited testimony on these resolutions. The Reference Committee agrees with the Council's desire to clarify the statement concerning the development of the five-year strategic action plan. Therefore, the Committee recommends the adoption of Resolution 26S-1 in lieu of Resolution 26. These resolutions support the ADA Strategic Plan Goals: Achieve Effective Advocacy; Create and Transfer Knowledge.

26S-1. Resolved, that the Council on Access, Prevention and Interprofessional Relations, in cooperation with other agencies, prepare a five-year strategic action plan to ~~address~~ improve the oral health literacy for of the Association, dentistry at large, policy makers and public and report to the 2009 House of Delegates.

Dr. Gounardes moved the adoption of Resolution 26S-1 (*Supplement:3028a*) in lieu of Resolution 26 (*Supplement:3028*).

Dr. Christopher Connell, Ohio, said, "... The reason I asked this to be pulled off the consent calendar ... was simply to have this House actively vote on expenditures of money in the budget. ..."

On vote, Resolution 26S-1 was adopted.

26H-2008. Resolved, that the Council on Access, Prevention and Interprofessional Relations, in cooperation with other agencies, prepare a five-year strategic action plan to improve the oral health literacy of the public and report to the 2009 House of Delegates.

American Indian/Alaska Native Strategic Workgroup (Council on Access, Prevention and Interprofessional Relations Resolution 27): The Reference Committee reported as follows.

The Reference Committee heard limited testimony on this resolution. The Reference Committee has made one editorial change to Resolution 27 by adding an "s" to the word "continue" on line 32. The Committee agrees with the Council and Board (*Supplement:3033*) and, therefore, recommends the adoption of Resolution 27. This resolution supports the ADA Strategic Plan Goals: Achieve Effective Advocacy; Build Dynamic Communities.

27. Resolved, that the Council on Access, Prevention and Interprofessional Relations, in cooperation with other appropriate agencies, continues to coordinate semi-annual meetings of the American Indian/Alaska Native Strategic Workgroup.

Dr. Gounardes moved the adoption of Resolution 27 (*Supplement:3033*).

On vote, Resolution 27 was adopted.

27H-2008. Resolved, that the Council on Access, Prevention and Interprofessional Relations, in cooperation with other appropriate agencies, continues to coordinate semi-annual meetings of the American Indian/Alaska Native Strategic Workgroup.

Sources of Tobacco Use Prevention and Cessation Materials (Council on Access, Prevention and Interprofessional Relations Resolution 41): The Reference Committee reported as follows.

The Reference Committee agrees with the Council and Board (*Supplement:3070*) and, therefore, recommends the adoption of Resolution 41. This resolution supports the ADA Strategic Plan Goals: Achieve Effective Advocacy and Create and Transfer Knowledge.

41. Resolved, that the American Dental Association urge dentists and health organizations to provide information or materials on tobacco use prevention or cessation to patients and consumers developed by credible and trustworthy sources with expertise in tobacco control, and be it further **Resolved**, that the ADA urge dentists and health organizations to avoid providing patients and consumers information or materials on tobacco use prevention or cessation developed by tobacco companies or other groups aligned with the tobacco industry, and be it further **Resolved**, that the Association not accept advertisements from tobacco companies or groups aligned with the tobacco industry in any of its official publications, including, but not limited to, *The Journal of the American Dental Association* and *ADA News*.

Dr. Gounardes moved the adoption of Resolution 41 (*Supplement:3070*).

Dr. Jeffrey J. Stasch, Kansas, moved to amend the third resolved clause by adding the words “concerning tobacco use prevention or cessation” after the words “tobacco industry.”

Dr. Donald A. Stoner, Pennsylvania, spoke in support of the proposed amendment.

Dr. Lindsey A. Robinson, California, and chair of the Council on Access, Prevention and Interprofessional Relations, said, “I support this amendment. I feel it brings a little more clarity to the third resolving clause ...”

On vote the motion to add the words “concerning tobacco use prevention or cessation” after the words “tobacco industry” in the third resolving clause was adopted.

On vote, Resolution 41, as amended, was adopted.

41H-2008. Resolved, that the American Dental Association urge dentists and health organizations to provide information or materials on tobacco use prevention or cessation to patients and consumers developed by credible and trustworthy sources with expertise in tobacco control, and be it further **Resolved**, that the ADA urge dentists and health organizations to avoid providing patients and consumers information or materials on tobacco use prevention or cessation developed by tobacco companies or other groups aligned with the tobacco industry, and be it further **Resolved**, that the Association not accept advertisements from tobacco companies or groups aligned with the tobacco industry concerning tobacco use prevention or cessation in any of its official publications, including, but not limited to, *The Journal of the American Dental Association* and *ADA News*.

Development of Access to Care Action Plan (Fifth, Sixteenth and Seventeenth Trustee Districts Resolution 69 and Board of Trustees Resolution 69B): The Reference Committee reported as follows.

The Reference Committee heard testimony from the Seventeenth Trustee District in support of Resolution 69B. The Committee agrees with the Board and concurs that the Council on Access, Prevention and Interprofessional Relations should assume the leadership role in recommending policies, advising other ADA agencies and developing programs and plans focused on access to care. Therefore, the Reference Committee recommends the adoption of Resolution 69B in lieu of Resolution 69. These resolutions support the ADA Strategic Plan Goal: Build Dynamic Communities.

69B. Resolved, that the Council on Access, Prevention and Interprofessional Relations assess current ADA programs, projects and activities specific to access to care and similar activities conducted outside of the ADA and develop a draft access Strategic Work Plan to be presented to the 2009 ADA House of Delegates, and be it further

Resolved, that the Strategic Work Plan include goals, implementation steps, policy recommendations, strong evaluation components, and monitoring plans to facilitate setting realistic timelines, guidelines and budgets, and be it further

Resolved, that the Strategic Work Plan serve as vehicle to enlist collaborative action to improve access to care by a broad stakeholder community.

Dr. Gounardes moved the adoption of Resolution 69B (*Supplement:3091*) in lieu of Resolution 69 (*Supplement:3090*).

On vote, Resolution 69B was adopted in lieu of Resolution 69.

69H-2008. Resolved, that the Council on Access, Prevention and Interprofessional Relations assess current ADA programs, projects and activities specific to access to care and similar activities conducted outside of the ADA and develop a draft access Strategic Work Plan to be presented to the 2009 ADA House of Delegates, and be it further

Resolved, that the Strategic Work Plan include goals, implementation steps, policy recommendations, strong evaluation components, and monitoring plans to facilitate setting realistic timelines, guidelines and budgets, and be it further

Resolved, that the Strategic Work Plan serve as vehicle to enlist collaborative action to improve access to care by a broad stakeholder community.

Amendment to the Policy, “Reporting of Dental Procedures to Third Parties” (Council on Dental Benefit Programs Resolution 4): The Reference Committee reported as follows.

The Reference Committee heard limited testimony on this resolution and agrees with the Council and Board (*Supplement:3009*) and, therefore, recommends the adoption of Resolution 4. This resolution supports the ADA Strategic Plan Goal: Lead in the Advancement of Standards.

4. Resolved, that the ADA’s policy on Reporting of Dental Procedures to Third Parties (*Trans.1991:637*) be amended in the third resolving clause by deletion of the word “as” and addition of the word “in” such that the amended third resolving clause reads as follows (deleted language stricken through and new language underscored):

Resolved, that since third-party payers are voting participants in the Association’s code revision process, the Association formally contact commercial carriers, service corporations, any and all other third-party payers and their agents who process dental claims, and vendors of electronic claims processing, to request that the ADA’s Code be used in ~~as~~ their claims processing systems, and be it further

Dr. Gounardes moved the adoption of Resolution 4 (*Supplement:3009*).

Dr. Thomas J. Schripsema, New Mexico, moved to refer Resolution 4 back to the Council on Dental Benefit Programs, saying, “It’s amazing sometimes how changing just a little two-letter word like ‘as’ to ‘in’ can have far reaching effects that weren’t anticipated initially, but by changing that ‘as,’ which is a verb phrase, to ‘in,’ which is now a preposition, we’re changing a policy that at one point was about claims processing systems now to policy that is just about using our code. And I think the original policy was making a statement about the kind of claims processing system that we would like to have. It’s a procedure based system as opposed to the other kinds of processing systems, like medicine, which is actually a condition-based processing system and is based on diagnostic codes and other kinds of things. And so it’s significant that in making this change, we are not embracing any other kind of system somebody might have and our only requirement is that they would use our code. ... And so, I think that by allowing the council to take a look at this in a little more depth and analyze exactly what kind of a policy change is being made by making this word change, they may be able to come up with something that accomplishes what they wanted, is not ambiguous, but also preserves ... our preference regarding claims processing systems.”

Dr. Stephen J. Jaworski, Pennsylvania, chair of the Council on Dental Benefit Programs, said “As I said at the Reference Committee, I don’t have a problem with this resolution as is, as it was taken out of the Reference Committee. However, I do agree with Dr. Schripsema that this probably isn’t the correct forum to address the concerns that he has. So I would urge the delegates that if they also have those doubts ... to vote for referral.”

Dr. A. J. Smith, Utah, speaking in favor of referral, said, “... If you look at the original resolution that was made in 1991, the ADA Code was to be, basically, the entire claims processing system. And that was the intent of that resolution at that time. Now we’re many years down the road and many of the third party payers have very sophisticated claims processing systems that may involve a lot of things other than the ADA Code. And I believe that the way this resolution has been changed, it could possibly be interpreted by those third parties as making the Code just a part, being included in their claims processing system. ...”

On vote, the motion to refer Resolution 4 to the Council on Dental Benefit Programs was adopted.

State No Fault and Workers’ Compensation Programs (Council on Dental Benefit Programs Resolutions 5 and 5S-1 and Reference Committee on Dental Benefits, Practice, Science and Health Resolution 5RC): The Reference Committee reported as follows.

The Reference Committee heard testimony on these resolutions and, following discussion, wishes to clarify the second resolving clause, principles 2, 3, 4 and 8. Therefore, the Reference Committee recommends the adoption of Resolution 5RC in lieu of Resolutions 5 and 5S-1. These resolutions support the ADA Strategic Plan Goal: Achieve Effective Advocacy. (Additions are shown by double underscoring; deletions are shown by double strikethroughs.)

5RC. Resolved, that the American Dental Association, together with its constituent and component societies, urge state no fault and workers' compensation programs to include dental coverage for workplace and motor vehicle injuries, and be it further

Resolved, that the ADA supports application of the following principles in legislation governing state no-fault and workers' compensation programs:

1. that the objective of such programs should be to restore to health those patients requiring treatment as the result of a workplace or motor vehicle ~~injury~~ injuries
2. that such programs should allow patients the freedom to choose their own dentist ~~of record for dental treatment needed as a result of work related workplace or motor vehicle injuries~~
3. that coverage for treatment include or take into account the need for present and future treatment ~~ongoing maintenance, repairs to, or replacements of prosthetic restorations~~ needed as result of workplace or motor vehicle injuries
4. that treatment of pre-existing medical or dental conditions should be covered when the injury exacerbated the condition, or treatment of the condition is necessary as part of the final therapy to ~~make the injured party whole~~ restore the patient's oral health
5. that such programs should accept and use the ADA *Code on Dental Procedures and Nomenclature* and the ADA Dental Claim Form when processing dental claims for workplace and motor vehicle injuries
6. that the timeframes for reimbursement or payment on claims for dental treatment resulting from workplace and motor vehicle injuries be in accordance with the state prompt payment laws where applicable
7. that ~~neither~~ the patient ~~nor the dentist~~ should bear no financial loss as a result of receiving ~~or providing~~ treatment ~~for injuries~~ resulting from workplace or motor vehicle ~~accidents~~ injuries
8. that the dentist should be compensated for care rendered in accordance with the dentist's regular treatment plan and existing fee schedule developed by the individual dentist for such work
9. that such programs should make available an appeals process to patients and dentists for benefits determinations made on claims resulting from workplace or motor vehicle injuries

Dr. Gounardes moved the adoption of Resolution 5RC in lieu of Resolutions 5 (*Supplement:3012*) and 5S-1 (*Supplement:3012a*).

Dr. Steven I. Snyder, New York, moved to amend by addition of the words "for treatment costs" after the words "no financial loss" to item number seven.

Dr. Snyder said, "... We want to make sure that it's understood it's for treatment costs alone."

On vote, the motion to amend by adding the words "for treatment costs" after the words "no financial loss" to item number seven was adopted.

Dr. Bernard J. Asdell, Indiana, moved to amend item number four by reinstating the words "make the injured party whole" and deleting the words "restore the patient's oral health."

Dr. Asdell said, "As an oral surgeon, quite often, we're working on areas of the maxillofacial region that don't necessarily pertain to the oral cavity ..."

Dr. Prabu Raman, Missouri, spoke against the amendment saying, "... we had a fair amount of discussion about this during the testimony at the Reference Committee meeting. The whole idea of trying to get away from the injured party whole, it seems to encompass a lot more than the mouth ... It seems to mention the

whole body, so we want to limit that to restoring the patients' oral health and make it more relevant to what we do."

On vote, the proposed amendment to item number four by reinstating the words "make the injured party whole" and deleting the words "restore the patient's oral health" was not adopted.

Dr. Bernard J. Asdell, Indiana, moved to amend item four by adding the words "and maxillofacial" between the words "oral" and "health."

Dr. Larry J. Moore, California, said, "I would like to point out that bullet number four says, 'the treatment of pre-existing medical or dental conditions,' and I think that this addition is entirely appropriate."

On vote, the motion to amend item number four by adding the words "and maxillofacial" between the words "oral" and "health" was adopted.

On vote, Resolution 5RC, as amended, was adopted in lieu of Resolution 5 and 5S-1.

5H-2008. Resolved, that the American Dental Association, together with its constituent and component societies, urge state no fault and workers' compensation programs to include dental coverage for workplace and motor vehicle injuries, and be it further

Resolved, that the ADA supports application of the following principles in legislation governing no-fault and workers' compensation programs:

1. that the objective of such programs should be to restore to health those patients requiring treatment as the result of a workplace or motor vehicle injuries
2. that such programs should allow patients the freedom to choose their own dentist
3. that coverage for treatment include or take into account the need for present and future treatment needed as result of workplace or motor vehicle injuries
4. that treatment of pre-existing medical or dental conditions should be covered when the injury exacerbated the condition, or treatment of the condition is necessary as part of the final therapy to restore the patient's oral and maxillofacial health
5. that such programs should accept and use the *ADA Code on Dental Procedures and Nomenclature* and the ADA Dental Claim Form when processing dental claims for workplace and motor vehicle injuries
6. that the timeframes for reimbursement or payment on claims for dental treatment resulting from workplace and motor vehicle injuries be in accordance with the state prompt payment laws where applicable
7. that the patient should bear no financial loss for treatment costs as a result of receiving treatment resulting from workplace or motor vehicle injuries
8. that the dentist should be compensated for care rendered in accordance with the dentist's treatment plan and existing fee schedule
9. that such programs should make available an appeals process to patients and dentists for benefits determinations made on claims resulting from workplace or motor vehicle injuries

A Dental Quality Alliance (Board of Trustee Resolution 34 and Reference Committee on Dental Benefits, Practice, Science and Health Resolution 34RC): The Reference Committee reported as follows.

The Reference Committee received testimony on Resolution 34, mostly agreeing with the need to follow through with the Centers for Medicare and Medicaid Services' (CMS) request, but emphasizing the need for caution. There were also suggestions for the Board of Trustees to include consultation with appropriate ADA agencies in its investigation and forward a report to the 2009 House of Delegates with recommendations for action.

Information clarifying the activities of the American Association of Oral and Maxillofacial Surgeons and the American Academy of Pediatric Dentistry with CMS was received. These groups have discussed the concept of quality improvements, but did not initiate any discussion of a Dental Quality Alliance

(DQA). It is assumed that if the ADA accepts a leadership role in the development of a DQA, it will use ADA policies as guidance.

The Committee agrees that the ADA should move forward with caution, and also believes that the Board should seek information in its investigation from other appropriate ADA agencies. The ADA should not delay action on this issue if a response is required by CMS by having to wait for a response of the 2009 House of Delegates. Therefore, the Reference Committee recommends the adoption of Resolution 34RC in lieu of Resolution 34. These resolutions support the ADA Strategic Plan Goals: Advocacy; Build Dynamic Communities.

34RC. Resolved, that the ADA shall explore accepting the leadership role offered by the Centers for Medicare and Medicaid Services in the development of a Dental Quality Alliance composed of stakeholders in the oral health care delivery system, and be it further

Resolved, that after obtaining additional and sufficient information, the Board of Trustees, in consultation with the appropriate ADA agencies, shall determine if such a role should be accepted by the ADA.

Dr. Gounardes moved the adoption of Resolution 34RC in lieu of Resolution 34 (*Supplement:3052*).

Dr. Gregory Y. Ogata, Washington, requested a point of information saying, "The House decides the future direction of the ADA, and in order to make the best possible decisions, we depend upon factual, accurate information of the background statements. With this resolution, we had some statements that were proved inaccurate, necessarily the endorsement by AAOMS [American Association of Oral and Maxillofacial Surgeons] and [American Academy of Pediatric Dentistry]. Who is supposed to vet this information prior to coming out to this august body and how can we prevent this from ever happening again, sir."

The Speaker asked who indicated that the information presented was inaccurate.

In response, Dr. Gounardes, said, "If you read the second paragraph on this report, it says information clarifying the activities of the American Association of Oral and Maxillofacial Surgeons and the American Academy of Pediatric Dentistry with CMS was received. These groups have discussed the concept of quality improvements, but did not initiate any discussion of a dental quality alliance. It is assumed that if the ADA accept a leadership role in the development of a DQA, it will use ADA policies as guidance. We did receive the communications, the letters that were given during the Reference Committee. The Reference Committee did review it and the necessary corrections were noted and processed."

In response, Dr. Ogata said, "But my question was, it was sent out as a resolution to all delegates written as background statement, which was proven inaccurate, which was corrected at the Reference Committee. Who is supposed to vet this information prior to being sent out as a resolution?"

The Speaker said, "The Councils and the directors who help generate these resolutions ... go over all this information and they usually send out to communities of interest and they send back in information. If we did not receive that information in time, but then they had the opportunity to discuss it in the Reference Committee, that's how it is going to be corrected. I understand your point."

President Mark Feldman said, "Just plain and simple, there was a mistake made on that. And as soon as we became aware of it, we immediately sent letters to Reference Committees to correct that. Normally that wouldn't have happened, but this one happened to slip through. So we apologize for that."

Dr. James H. Reynierson, III, Georgia, said, "I am a member of the Reference Committee ... and I stand ... in opposition to 34RC. The Reference Committee has couched its opinion with a number of words that the House should take to heart, words such as 'caution,' 'consultation,' 'send to appropriate ADA agencies' and all. ... By embracing a Dental Quality Alliance, I think it brings into account a number of things that we would be very concerned for ... the people we represent back in the field. To think that we would remove a patient from decision making and quality of care issues, I am very concerned about. To assume that evidence-based dentistry will take the place of a patient's opinion and trust and all, I am also very concerned about. ..."

Dr. A. J. Smith, Utah, moved to substitute Resolution 34RCS-1 for Resolution 34RC.

34RCS-1. Resolved, that the ADA shall explore ~~accepting the leadership role offered by the Centers for Medicare and Medicaid Services in the development of a Dental Quality Alliance composed of stakeholders~~ in the oral health care delivery system, and be it further **Resolved**, that after obtaining additional and sufficient information, the Board of Trustees, in consultation with the appropriate ADA agencies, shall determine if such a role should be adopted ~~accepted~~ by the ADA.

Dr. Smith said, "... We believe that it's the ADA that should be first and foremost in developing any kind of a Dental Quality Alliance and that the ADA should not be just accepting a leadership role offered by CMS."

Dr. Jeffrey Seiver, New York, requested a point of information saying, "... If this is adopted, do we know if the CMS is going to continue to form the Dental Quality Alliance, and, if so, is it going to be in direct conflict with whatever the ADA forms?"

President Mark Feldman said, "The information that we understand, because they have contacted us, is that they are very interested in doing this, and that our understanding would be that they would intend to continue to develop that. So that's why we are bringing this particular issue to the House of Delegates, because it's a departure from what we would normally do. And we normally don't get involved in quality assurance measures, but they've also contacted third-party payors for getting involved with it, and that is why we are telling you that we think it is important for the Board, which would be analyzing information on an ongoing basis to make that decision if you give them that authority to participate or not."

In response, Dr. Seiver said, "Just to clarify, so that if this is adopted, there is nothing stopping CMS from continuing a Dental Quality Alliance with an outside agency outside the ADA ..."

President Feldman said that was his understanding.

Dr. L. Stanley Brysh, Wisconsin, said, "I rise in favor of the proposed amendment, 34RCS-1. ... I am in favor of this because it removed CMS from the Resolution."

Dr. Jeffrey Seiver, New York, said, "I rise not in support of this amendment. I think the ADA needs to be a stakeholder and at the table, and I'm afraid that after hearing Dr. Feldman speak on this, that if this is adopted, CSM will continue and possibly not with the ADA at the table."

Dr. Thomas J. Schripsema, New Mexico, spoke in support of Resolution 34RCS-1.

Dr. David S. Samuels, Massachusetts, said, "I would speak against the amendment for the reason that if CMS is actually moving forward with this, they're actually offering us not just to be at the table, but to be at the head of the table. ..."

Dr. Alan E. Friedel, Florida, said, "I speak in favor of the amendment. I understand the previous speaker's feeling that sitting at the head of the table is important, but if you were sitting at the head of the table and the table is filled with people whose interests is contrary to your own, the head of the table is a meaningless chair. I would recommend that we maintain as much control as possible. ..."

Dr. Prabu Raman, Missouri; Dr. Thomas P. Floyd, Florida; and Dr. Richard A. Crinzi, Washington, spoke against the amendment.

Dr. A. J. Smith, Utah, said, "As I listened to the testimony, I think there's a major misunderstanding to the amendment and to what it really specifies. Certainly the amendment does not preclude our being at the table with CMS. What it does and what it suggests is that the ADA take a global look at DQAs and establishing a global outlook on that. That may include being at the table with CMS. And so that testimony that's been given saying that we wouldn't be at the table if we accept the primary amendment is very much not true. ..."

Dr. Glenn D. Hall, Texas, spoke in support of the primary amendment, saying "... [The Resolution] says, 'understanding that any such alliance will not succeed without ADA participation.' So I think if we give this group the leeway to determine the American Dental Association role, it would be my understanding that we would end up being the leaders. We get to choose the way it works, not CMS. We can determine who's invited or what role, if at all possible. That's what all this research is supposed to obtain, not limiting our role to just being at the head of the table ... but to maybe influence the entire process ..."

Dr. John Roberts, Indiana, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

With permission from the Chair, President Mark Feldman said, "I am the interim executive director. And I want you all to understand that my understanding of what you are about to vote on, if you accept it, would also allow us to consider being at the table with CMS. So that if next year you hear that we are in the DQA with CMS, I don't want to suddenly hear you violated House policy. That's the testimony that I heard from the microphones, and I just want to be sure we all have that understanding."

On vote, Resolution 34RCS-1 was substituted for Resolution 34RC.

Dr. Joseph F. Hagenbruch, Illinois, said, "I'd just like to point out, it's the government and third-party payers who sometimes put us in these precarious situations. ... We are the American Dental Association, and we can handle this thing. ... When someone says something about all third-party payers this or CMS that let us be in the driver's seat. I stand in favor of the resolution."

As a point of information regarding the meaning of the amended resolution, Dr. Gary S. Davis, Pennsylvania, said, "...it says 'with the appropriate ADA agencies, shall determine if such a role should be adopted,' ... I'd like to know what the makers of this resolution mean by 'if such a role be adopted.'"

Dr. A. J. Smith, Utah, said, "... What we are saying is that a role of exploring ... the development of a Dental Quality Alliance should be pursued, and we're wondering if that role should be adopted by the ADA. ..."

Dr. Gary S. Davis, Pennsylvania, moved to amend by adding the words "accepting the leadership role in" after the words "explore" in the first resolving clause so the amended first resolving clause would read as follows:

Resolved, that the ADA shall explore ~~accepting the leadership role offered by the Centers for Medicare and Medicaid Services in~~ the development of a Dental Quality Alliance ~~composed of stakeholders~~ in the oral health care delivery system, and be it further

Dr. Davis said, "I think it's an important part of what we're doing. We need to take the leadership role in a DQA."

Dr. Christopher J. Smiley, Michigan, said, "... I think that relative to this amendment and the exploring of the leadership role ... I disagree that we should be pursuing a leadership role here but that we should be at the table. ... I speak against this amendment. ..."

Dr. Daniel J. Klemmedson, Arizona, said, "I speak against the amendment. The way I read it ...if the ADA is exploring the development, we are the de facto leader. We don't want a leadership role. We are the leader."

Dr. Thomas P. Floyd, Florida, said, "I agree with the previous speaker. If we are the leader, we are driving the bus, we don't need this amendment. So I speak against this amendment."

Dr. Charles R. Weber, Pennsylvania, said, "I believe we do need the amendment in there. If we're going to be part of this, I'd rather be the leader."

Dr. John Roberts, Indiana, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the proposed amendment to add the words “accepting the leadership role in” after the word “explore” in the first resolving clause was not adopted.

Dr. Christopher J. Smiley, Michigan, moved to amend the second resolved clause, so the amended language would read as follows:

Resolved, that after obtaining additional and sufficient information, the Board of Trustees, in consultation with the appropriate ADA agencies, shall determine if a DQA should be pursued ~~if such a role should be adopted~~ ~~accepted~~ by the ADA.

Dr. Mark A. Crabtree moved to amend by deleting “a DQA” and replacing it with the word “participation.”

Dr. Lawrence R. Lawton, Washington, spoke in favor of replacing “DQA” with “participation” saying, “... to change it to ‘DQA’ at the end changes the whole focus of the thing. Whether or not you determine the DAQ will be established by the Commission rather than what the ADA wants to do, and it will be whether we want it or not, so ‘participation’ is the right word.”

Dr. Kerry K. Carney, California, requested a point of information saying, “... After we have done all of this and removed the names that we don’t want to see, and removed the initials that we don’t want to hear, will this make any difference on our ability to do what the original resolution asked us to do?”

President Mark Feldman said, “That was the point I was asking, and the answer I got ... and just so there’s no interpretation, misunderstanding ... this would not mandate the Board to do anything. This resolution, the way I’m interpreting it right now, would be that we’re exploring all these different things. But, in fact, after all that exploration, after all that consultation with other agencies, the Board of Trustees were to determine that it would be a good idea to get in a leadership role with the CMS, this resolution would not forbid them from doing that. And that’s what the maker of the resolution, when it first started, indicated. And that’s the way that it has been interpreted up here on the stage. ... If, in fact, you did not want us at all to participate with CMS, you should give us that direction. I have not heard that in a clear statement from the room.”

On vote the motion to replace “DQA” with “participation” was adopted.

Dr. Mark R. Zust, Missouri, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the primary amendment deleting the words “such a role should be adopted” with the words “if participation should be pursued” was adopted.

Dr. Alan E. Friedel, Florida, moved to amend by the addition of the words “or involvement with any” after the words “development of” and deletion of the word “a” after “development of” in the first resolved clause, and to add “and shall report back to the 2009 House of Delegates” after “by the ADA” in the second resolved clause so the proposed language would read as follows:

Resolved, that the ADA shall explore the development of, or involvement with any Dental Quality Alliance in the oral health care delivery system, and be it further

Resolved, that after obtaining additional and sufficient information, the Board of Trustees, in consultation with the appropriate ADA agencies, shall determine if participation should be pursued by the ADA, and shall report back to the 2009 House of Delegates.

Dr. Friedel said, "... Whether it is formed by CMS or any other organization, the American Dental Association needs to determine whether or not a ... seat at the head of the table, an involvement is, in fact, in the best interest of our profession and the patients that we serve. I also believe that once that information has been gathered ... that the magnitude of what this decision means is important enough that it comes back to this body to deliberate over it and make the final decision."

Dr. Joseph F. Hagenbruch, Illinois, requested a point of information, saying, "If these two amendments that he is making to resolve clauses were to pass, does that still allow the ADA ... if there are meetings that are in February or March, does that allow the ADA to send volunteers to participate in those meetings or not?"

President Mark Feldman said, "This is pretty interpretive at this point. But if, in fact, Dr. Friedel ... is asking that the ADA investigate and explore, the Board of Trustees investigates and explores, they can come to some conclusions, but they do not pull the trigger and do anything until it comes back to the 2009 House of Delegates. Now you have to understand that that does not mean that the rest of the world will wait until October 2009. So that is something that you and I have to debate and decide whether you want to do that."

Dr. Mark R. Zust, Missouri, said, "... The Reference Committee spoke at length on that idea of waiting until the 2009 House of Delegates for a report, and the Reference Committee decided that it could very well be a case of something happening after the train left the station, so to speak, so that's why the Reference Committee decided not to wait until 2009."

Dr. Howard M. Zolot, Massachusetts, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

As a point of information, a delegate asked if the Treasurer could provide what the fiscal implication would be by not being part of the DQA with CMS.

As a point of information, a delegate asked for further clarification of proposed amendment.

Dr. Friedel said, "... What we are talking about is ... when the American Dental Association explores issues, it is my belief that we have every right to reach out to other communities of interest to find out what they are doing in order to help determine what is in our best interest. If that means attending meetings that CMS is having to determine how this Dental Quality Assurance might work, I think we need to be there. ... We can, in fact, do it by gathering the information from those other bodies. But before agreeing that we will take a formal seat in any of these organizations, I believe it should come back before this House of Delegates."

President Feldman said, "The way that I would interpret this, is as I had stated, the Board of Trustees with utilization of all appropriate agencies will be gathering information. That might include working with other outside agencies such as CMS. They would sit at the table and talk, but they would not actively pull the trigger to participate until it's decided by the 2009 House of Delegates. And then I made the point that that does not mean the CMS might not start this process, start the Quality Alliance, but we could not actually formally sit at that table until October of 2009. And that's what you all have to decide to tell the Board what to do."

Through the Chair, Dr. Leone, treasurer, answered Dr. Davis's question by saying, "Given the very distinctive vagary of the discussion, the answer, unfortunately, has to be a bit vague. You know, this is a resolution that has a \$23,400 impact as it was originally written. And I'm being told that depending on the activity engaged in the development of the study and investigation, it may be higher. And so I would say for right now we ought to keep the \$23,400 on there, knowing we'll have to be careful, but may spend a little bit more."

On vote, the proposed amendment to add "or involvement with any" after the words "development of" and deletion of the word "a" after "development of" in the first resolved clause, and to add "and shall report back to the 2009 House of Delegates" after "by the ADA" in the second resolved clause was not adopted.

Dr. Michael H. Halasz, Ohio, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 34RCS-1, as amended, was adopted.

34H-2008. Resolved, that the ADA shall explore the development of a Dental Quality Alliance in the oral health care delivery system, and be it further

Resolved, that after obtaining additional and sufficient information, the Board of Trustees, in consultation with the appropriate ADA agencies, shall determine if participation should be pursued by the ADA.

Inclusion of Comprehensive Dental Examination in Health Care Policies (First Trustee District Resolution 47 and Reference Committee on Dental Benefits, Practice, Science and Health Resolution 47RC): The Reference Committee reported as follows.

The Reference Committee heard limited testimony on Resolution 47 and wishes to clarify the scope of the study to be conducted. Therefore, the Reference Committee recommends the adoption of Resolution 47RC in lieu of Resolution 47.

47RC. Resolved, that the American Dental Association Council on Dental Benefit Programs, and other appropriate agencies, conduct a study to determine the feasibility and ramifications of including coverage for one comprehensive dental examination with radiographs performed by a dentist yearly for all consumers covered by health insurance policies in the same way that vision and mental health services are covered, with a report to the 2009 House of Delegates.

Dr. Gounardes moved the adoption of Resolution 47RC in lieu of Resolution 47 (*Supplement:3073*).

Dr. Michael O. Vernon, Georgia, said, "I rise to speak against Resolution 47. I think we all can agree that medicine and medical insurance companies have done less than a wonderful job making the situation better for either their patients or the providers. ... We are the last of the health care fields that still has some control of our practice. By adding the procedures from our routine list of things that we do to the insurance, medical insurance, seems to me to be asking to change our working system to one that's a failing system. I don't think this needs to be studied. I think it needs to be defeated."

Dr. Mark R. Stetzel, Indiana, said, "I would like to oppose 47RC, as well. To examine inclusion of this, both radiographs and examinations in part of the medical insurance model would open the most basic and prevalent services to the medical coding system. This consideration, I think, would open our most important procedures and further position ourselves in a position that would potentially include that most part of our services into the part of health care that does not work."

Dr. Andrea Richman, Massachusetts, said, "I'm rising to speak in favor of Resolution 47RC. We think it's very, very likely that dental services will be included or might be included over the next several years in health care, and we think it's very important for the ADA to explore this possibility and study it and see what recommendations we might have. And I particularly draw your attention to ... where we specify 'dental examination with radiographs performed by a dentist,' I think ... we can maintain these principles and that will be a very important position for the ADA to take. ..."

Dr. Deborah S. Bishop, Alabama, said, "I would like to echo my predecessors wishes that we vote this down and also I'd like to call your attention, even though it only says the word 'study,' why do we want to waste our volunteers' precious time studying something that we know we don't want."

Dr. Alan B. Moore, Texas, spoke in opposition to Resolution 47RC.

Dr. Morris Antonelli, Maryland, said, "... We also speak of access. What a great thing to get 250 million people into dental offices with paid examinations and radiographs, get them into the system with the potential of becoming patients and getting access. We've talked a lot about access at this meeting. This is one way of achieving some of it, and it also is the reality that most Americans have their medical coverage through

insurance. ... Some of this discussion reminds me of discussions of 40 years ago about not having any dental insurance at all. ...”

Dr. Douglas J. Gordon, California, said, “... I have a foster daughter that came into my house at age 16. She lost three permanent first molars, had a huge cyst. She had medical coverage. She did not have dental. I think that plays to a message that you have to hear, that we, as dentists, do have to protect the patients. We have to protect the kids that don’t have access to dental care. ...”

Dr. Charles A. Sadler, Jr., Indiana, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 47RC was not adopted.

(See page 469 for discussion of Resolution 47.)

Protection of the Patient-Doctor Relationship (Fourteenth Trustee District Resolution 16, Board of Trustees Resolution 16B and 16BS-1): The Reference Committee reported as follows.

The Reference Committee agrees with the Board of Trustees (*Supplement:3021a*) and, therefore, recommends the adoption of Resolution 16BS-1 in lieu of Resolutions 16 and 16B. This resolution supports the ADA Strategic Plan Goal: Achieve Effective Advocacy.

16BS-1. Resolved, that the ADA conduct a study utilizing outside consultants to conduct a literature search and collect unbiased data to determine whether and to what extent managed care contracts may have affected the patient-doctor relationship and/or the delivery of dental care, and be it further **Resolved**, that the ADA President-elect, three members of the Board of Trustees and one representative each from the Councils on Dental Practice, Dental Benefit Programs and Government Affairs, in addition to the ADA President, oversee the study, the activities of the consultant and to give periodic status reports to the Board of Trustees, and be it further **Resolved**, that the Councils on Dental Practice, Dental Benefit Programs and Government Affairs will each review the results of the study at their first meeting after its completion and make any necessary recommendations to develop and/or support any legislative initiatives in light of the results of the study to the Board of Trustees for further action, and be it further **Resolved**, that an updated status report on the study will be provided to the 2009 House of Delegates, and be it further **Resolved**, that the data from the study, any analysis thereof, and any legislative initiatives, in connection with the ADA’s Strategic Plan, recommended by the Board of Trustees, will be compiled in a final report to the House of Delegates.

Dr. Gounardes moved the adoption of Resolution 16BS-1 (*Supplement:3021a*) in lieu of Resolutions 16 (*Supplement:3020*) and 16B (*Supplement:3021*).

Dr. Ronald B. Gross, Pennsylvania, said, “This is a perfect time to eliminate an \$81,300 expenditure on a project that I think is not worthy. This calls for a literature search and collecting unbiased data regarding this issue. All of us in this room have read the data that comes regarding managed care and its relationship. It’s impossible for it not to be unbiased. It’s written by the insurance companies or dentists involved with managed care firms or by dentists who are strictly in favor of fee-for-services dentistry. ...”

Dr. Gary S. Davis, Pennsylvania, said, “I hate to go back, but what did you tell us in our Reference Committee about when an ‘in lieu of’ resolution gets defeated? I thought something else happened.”

In response, the Speaker said, “... The point is well taken. When we have a resolution that has been in lieu of and it’s defeated, then the other resolution is before this House. I appreciate you pointing that out to me. ... I am going to take, since we’re discussing this one, and then I’ll go back to 47.”

Dr. Mark E. Bronson, Ohio, said, "The doctor-patient relationship is very important, but with this \$81,000 price tag that's associated with this for a study that I think, unfortunately, we may get information back that is going to lead to us spending more money, because the only other option once we get this information back is to either do nothing or to ... try to attempt to enact legislation. That's going to cost us more money, so I'm against this resolution."

Dr. Jeffrey H. Rempell, New Jersey, spoke against the resolution saying, "... I don't think it belongs in this House, because if you get one study, another study will disagree with it just as vehemently. And in lieu of what has happened with our budget, I would suggest also that it is extravagance at this point."

Dr. A. J. Smith, Utah, said, "... In all the years I have served in organized dentistry, the one question and the one issue that keeps coming back ... at least the dentists in my constituency will ask, what is the ADA doing about managed care. And I believe it's the perception of most of us who are in trenches ... that managed care does interfere in the doctor-patient relationship and this study is merely the first step in our being able to go back to our constituencies and actually say, the ADA is actively pursuing, first of all, some study and hopefully then there will be some other actions and policies and ways that we can influence the managed care processes that affect all of us in our individual offices. So I speak in favor of Resolution 16BS-1."

Dr. Alan B. Moore, Texas, spoke in opposition saying, "I think the price tag is a little too high. This year we do have to make some decisions about finances. This is one place we can. It's a great idea. It can come back next year. ..."

Dr. Paul A. Gosar, Arizona, member of the Council on Government Affairs, said, "In the worst of times, we see the intrusion into our private practices by insurance companies, and ... this is very important for us and the legislative arm to understand and provide legislative direction for you. This Council on Government Affairs needs this information in which to pursue policies on the Hill ... On behalf of the Council on Government Affairs, I recommend this resolution."

Dr. Thomas H. Price, Louisiana, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 16BS-1 was not adopted.

Dr. Gounardes moved Resolution 16B.

16B. Resolved, that the ADA conduct an initial study, utilizing outside consultants to collect unbiased data, in order to determine the potential and scope of a subsequent study, to determine what effect managed care contracts have on the patient-doctor relationship, and how such contracts may affect the delivery of dental care, and be it further

Resolved, that the ADA President create a 12-member task force, which will include at least one member from the Council on Dental Practice, one member from the Council on Dental Benefit Programs, one member from the Council on Government Affairs, and two members from the Board of Trustees, to determine the focus of the initial study, review the results of the initial study and to recommend further actions or studies which would subsequently be referred to appropriate agencies or councils to develop and support any potential legislative initiatives or strategies, and be it further

Resolved, that the data from the initial study, any analysis thereof, and recommendations by the task force be presented to the Board of Trustees for its consideration in connection with the ADA's Strategic Plan, with a report to the 2009 House of Delegates.

Dr. Kenneth J. Versman, Colorado, said, "I stand and speak on behalf of [Resolution] 16. ... It seems to me that we can all agree that our medical colleagues for years have suggested how fortunate we have been to stay out of managed care. ... The situation is such that the Council on Government Affairs wrote a letter to the Board of Trustees suggesting that we withdraw 16B ... because they needed that information for legislative activities that they wish to pursue. The Board ... came up with 16BS-1, which had considerable

reduced financial impact, while at the same time, would have given us the information to provide the Council, to provide the states, to provide the policy makers, to provide purchasers of insurance plans information that would detail how third parties continue to interfere with the doctor-patient relationship and how third parties interfere in the delivery of quality care. ...”

Dr. William L. Wright, Michigan, requested a point of information, saying, “It’s my understanding that the concept of ‘in lieu of’ means that when a resolution is moved and it’s defeated, that any other associated resolutions go away they don’t have to be dealt with unless someone comes to the mic and moves that resolution.”

In response, the Speaker said, “No ... if the resolution ‘in lieu of’ is adopted, the others go away. If it’s not adopted, you have to dispose of the other two resolutions you can’t just pigeonhole them and do nothing with them.”

Dr. Donald A. Stoner, Pennsylvania, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 16B was not adopted.

Dr. Gounardes moved Resolution 16.

16. Resolved, that the ADA conduct a study, utilizing outside consultants to collect unbiased data, in order to determine whether and to what effect managed care contracts have had on the patient-doctor relationship, and how such contracts may affect the delivery of dental care, and be it further **Resolved**, that the ADA President create a 12-member task force, which will include at least one member from the Council on Dental Practice, one member from the Council on Dental Benefit Programs, one member from the Council on Government Affairs, and two members from the Board of Trustees, to review the results of this study and to refer to appropriate agencies or councils to develop and support any legislative initiatives in light of the results of the study, and be it further **Resolved**, that the data from the study, any analysis thereof, and any legislative initiatives recommended by the task force be presented to the Board of Trustees for its consideration in connection with the ADA’s Strategic Plan, with a report to the 2009 House of Delegates.

Dr. Paul A. Gosar, Arizona, said, “We would have preferred the first one, but we also have ADA policy that asks for and demands the termination of McCarron-Ferguson Act. You must provide this information in which to uphold, to see if we can uphold that ADA policy which looks into this. This is the avenue to look into that. But we have been told ... by upcoming Congress, that if there exists such a time, it is now in the democratically controlled Congress. We already have existing ADA policy to the termination of the McCarron-Ferguson Act.”

Dr. Thomas J. Schripsema, New Mexico, moved to refer Resolution 16 to the appropriate agencies of the Association.

Dr. Alan B. Moore, Texas, spoke in support of referral saying, “... The price tag is quite heavy right now, but I think the idea shouldn’t be lost, and if we put it back into the system, I think maybe it will come back next year.”

Dr. Thomas H. Price, Louisiana, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 16 was referred to the appropriate ADA agency.

Inclusion of Comprehensive Dental Examination in Health Care Policies (First Trustee District Resolution 47 – continued): Dr. Gounardes moved Resolution 47.

47. Resolved, that the American Dental Association Council on Dental Benefit Programs, and other appropriate agencies, conduct a study to determine the feasibility of including coverage for one comprehensive dental examination with radiographs performed by a dentist yearly for all consumers covered by health insurance policies in the same way that vision and mental health services are covered, with a report to the 2009 House of Delegates.

Dr. Paul Kenworthy, Vermont, said, "Mr. Speaker, I rise to speak in favor of Resolution 47, and I think I'd like to emphasize that one of the very important points here is that this speaks to a dental examination with radiographs performed by a dentist versus another auxiliary."

Dr. Donald A. Stoner, Pennsylvania, spoke in opposition to Resolution 47, saying, "We do third molar extractions in our office. Since they are a medically covered procedure, every patient who has an HMO is ineligible to have their procedures done in my office. ..."

Dr. Larry J. Moore, California, said, "... There is an additional impediment when dental procedures are covered by medical insurers. The dental insurance company will often require a denial from the medical insurer before allowing the dental procedure to be covered. It creates a terrible patient flow problem. I speak against this resolution."

Dr. Douglas J. Gordon, California, said, "Speaking as an individual. ... The dentists of California fought long and hard to get SB1413 passed through our legislature, which mandates a dental exam of every child to allow them to attend kindergarten or first grade. In California, we recognize that our kids need to be taken care of. I would speak strongly to the fact ... that we've got kids out there under Medicaid programs that don't have access to dental care. ..."

Dr. Mark A. Crabtree, Virginia, speaking against Resolution 47 said, "The Reference Committee listened to the testimony that was there, and actually inserted some language there. That has already been defeated, which made it more palatable to more folks. So I think that if we go with this, it's much more onerous than it was before."

Dr. Burton W. Job, Ohio, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 47 was not adopted.

"Failed Appointment" Code (Fourteenth Trustee District Resolution 57): The Reference Committee reported as follows.

The Reference Committee agrees with the Board (Supplement:3082) and, therefore, recommends that Resolution 57 be referred to the appropriate ADA agencies to evaluate the concept of administrative codes and report to the 2009 House of Delegates. This resolution supports the ADA Strategic Plan Goal: Lead in the Advancement of Standards.

57. Resolved, that the Council on Dental Benefit Programs and the American Dental Association's representatives on the Code Revision Committee submit a request during the current code revision cycle to add a code for failed appointments to the Code on Procedures and Nomenclature.

Dr. Gounardes moved that Resolution 57 (*Supplement:3082*) be referred to the appropriate ADA agencies to evaluate the concept of administrative codes and report to the 2009 House of Delegates.

Dr. Glen D. Hall, Texas, spoke in favor of referral saying, "There might be an occasion where we can find a code that the American Dental Association can use without putting it through the CRC cycle. Referral will allow the Code Revision Committee or the Subcommittee on the Code to look into what other alternative coding might be available so that those that need this can have a universal code to use. ..."

Dr. Alan E. Friedel, Florida, said, "... An administrative code that is not included in an insurance process where the insurance companies have no ability to talk to us about how that code set would work, has a certain amount of allure to many members. ..."

Dr. David K. Okano, Wyoming, said, "As the sponsoring district for this resolution, we do support referral. ..."

Dr. Orin W. Ellwein, South Dakota, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 57 was referred to the appropriate ADA agencies to evaluate the concept of administrative codes and report to the 2009 House of Delegates.

Availability of Survey Results (Third Trustee District Resolution 80): The Reference Committee reported as follows.

The Reference Committee heard testimony in favor of this resolution and recommends the adoption of Resolution 80. This resolution supports the ADA Strategic Plan Goal: Create and Transfer Knowledge.

80. Resolved, that all Survey Center results be published in the "MEMBERS ONLY" section of the ADA website and there be no cost associated with this information for members of the ADA.

Dr. Gounardes moved the adoption of Resolution 80 (*Supplement:3140*).

Dr. Kent L. Vandehaar, Wisconsin, moved to amend by adding the words "executive summaries of" after "that" and replacing the words "this information" with the words "these summaries" so that the new language would read as follows:

Resolved, that executive summaries of all Survey Center results be published in the "MEMBERS ONLY" section of the ADA website and there be no cost associated with these summaries ~~this information~~ for members of the ADA.

Dr. Vandehaar said, "We are concerned about the projected loss of \$160,000 and we felt that it should be discussed. If you have executive summaries published, we feel that most members would get the information that they would want from this at no cost, yet we were concerned that still being able to generate some revenue from the Survey Center. ..."

Dr. Charles R. Weber, Pennsylvania, said, "I speak against this amendment. I think we would rather have the raw data and the complete survey. ..."

Dr. Mark E. Bronson, Ohio, requested a point of information, saying, "Can we get a financial implication of that change."

Through the Chair, Dr. Leone indicated that there would be no reduction in revenues if publishing executive summaries electronically.

As a point of order, a delegate from the floor asked, "When it states 'all Survey Center results,' are some of these Survey Center materials considered to be sensitive and confidential."

In response Dr. Wayne Wendling, managing vice-president, Health Policy Resources Center, said, "For the Survey Center results that are currently sold, they do not contain confidential information. Those survey results which are conducted that contain confidential information are not available for sale. They are proprietary and retained by the Council or the requesting party."

A delegate requested information on whether the \$160,000 was derived solely from members or commercial use of the Survey Center as well.

President Feldman said, "The \$160,000 figure represents what is just sold to members. And to make sure everybody is clear, if you do executive summaries, we do not feel we would lose that revenue. So that loss in revenue would come off if you adopt the executive summary substitute resolution."

Dr. Andrew G. Vorrasi, New York, requested a point of order, saying, "Could you please tell me what information would be included in an executive summary?"

Through the Chair, Dr. Wendling said, "... Currently, we prepare an executive summary of the surveys that are provided to the members of the Board, and to a few other parties, which contain maybe three or four highlights of the survey results, three to four what we believe are the most critical aspects of the results. And so it is our anticipation, based on what we've heard here, that the executive summary would be limited to those three or four highlights..."

Dr. Samuel E. Selcher, Pennsylvania, said, "I'd like to speak against this amendment. The original intent of this was to be a member benefit. Our dues are paid to collect this information. Now, I picked up this little book called 'Survey Center.' It has all of the surveys you may buy. For your information, if you desired all of the surveys ... they'll cost you \$8,400. ... I look at this as a tremendous potential member benefit that we can use to help recruit new members. ... Why should we be charging for this information? Do we not want informed members? And to give it to the individuals who say, why should I join the ADA? Join the ADA to get good information on setting up your practice, on operating your practice. ... Please defeat the first, accept the original. Let's make a member benefit. We can go back to our members and say we got your real membership benefit at a deal and then go on to the non-members and say, this is why you need to join."

Dr. Donald A. Stoner, Pennsylvania, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to amend by adding the words "executive summaries of" after the word "that" and replacing the words "this information" with the words "these summaries," was not adopted.

Dr. David F. Boden, Florida, moved to amend by addition of "all non-proprietary, non-ADA only" after the word "that." In speaking to the amendment, he said, "Well, again, I'm concerned. The question that I asked earlier, that we have been maybe inadvertently publishing sensitive material on the website, non-salable published material."

Dr. Glen D. Hall, Texas, requested a point of information, saying, "Are not all our materials proprietary?"

Dr. Wendling responded, "If I might clarify, periodically we'll conduct a survey for another organization, and under those circumstances, those results are only provided back to that organization. That's what I was referring to in proprietary. So it's a private proprietary contract with them. Of course, all ADA data is maintained confidential. If I might expand, all data through the surveys that we generate, conduct of ADA members and of the dental practice, all of that is maintained confidential and it only has been available through ... the reports that we have been selling."

The Chair asked for clarification on whether ADA survey information was proprietary.

In response, Dr. Wendling said, "I would have to have a strict legal interpretation of that. The surveys that we conduct of dental practice, dental fees, et cetera, those are all done internally. The data is maintained confidentially. They are part of the ADA's intellectual property, as I understand it, but there's another class of surveys that we conduct that ... we do for other organizations periodically, and when I am using the word proprietary, I was using it in that regard."

Dr. Glen D. Hall, Texas, said, "What I think what we want is non-confidential materials ... put on the website or made available to us. ..."

Dr. Jonathan B. Knapp, Connecticut, requested a point of information, saying “Is it not the intent to have all but non-proprietary and non-ADA information published.”

President Feldman said, “Let me try to clarify. We have been huddling with the Legal Division back here and the Practice Division. The way that this resolution... not that amendment, but what we have right now that you have directed us to do so far, you haven’t passed it yet, will be that all surveys that are conducted by the ADA will be able to be listed and published on our website free of charge to ADA members. As Dr. Wendling said to you, we sometimes do outside surveys for other organizations that pay us and those we could not list on our website free for ADA members. So this particular resolution would have to be reworded just to say that all non-confidential or non-outside, I believe that’s what we’re talking about, and maybe I’ll ask the legal department to get up and clarify. But the only thing that we could not publish free is the materials that we don’t own because we did it for somebody else.”

Dr. Jeffrey Seiver, New York, requested a point of information, saying, “How much currently non-dues revenue is generated by these surveys.”

The Speaker said, “\$160,000.”

Dr. Peter P. Korch, Pennsylvania, said, “I’m wondering if the maker of this amendment will accept a friendly amendment by deleting the words “non-proprietary” and “non-ADA only” and replacing them with “salable.”

President Feldman said, “The Legal Division has recommended that the proper way to do it would be that ‘all appropriate’ because we do have salable things that are sold to CODA, for example, so if you would accept saying ‘all appropriate’ it might be the best way to handle that. Take ‘salable’ out of it and use all ‘appropriate.’”

The Speaker asked if the maker of the primary amendment if he would be willing to withdraw the original amendment and replace with the word “appropriate.” In response, Dr. Boden agreed to withdraw the original amendment.

Dr. Jeffrey Seiver, New York, requested a point of information, saying, “... Is the \$160,000 ... coming from members or is that outside of the ADA.”

The Speaker confirmed members only.

Dr. Daniel B. Krantz, New Jersey, requested a point of information, saying, “I do not understand what the \$160,000 per year lost revenues means. If this resolution is defeated, does that mean that the deficit number is reduced by \$160,000.”

In response, the Treasurer said, “This particular resolution is a latecomer, and the financial impact of the resolution is not considered in the core budget for 2009. And so if this resolution were passed, yes, it would increase the deficit by \$160,000, because there would be a loss of revenue. ...”

On vote the motion to amend Resolution 80 by adding the word “appropriate” between the words “all” and “Survey Center” was adopted.

Dr. Charles R. Weber, Pennsylvania, said, “Actually, my dues do pay for the intellectual construction of this survey data. So I am a part owner of this data already, so that is why I would like the complete data and not just the ... summary. ...”

Dr. Christopher M. Tota, New York, moved to refer Resolution 80, as amended, to the appropriate ADA agency.

Dr. Donald A. Stoner, Pennsylvania and Dr. Samuel E. Selcher, Pennsylvania, spoke against referral.

Dr. Steven I. Snyder, New York, spoke in favor of referral.

Dr. Thomas W. Gamba, Pennsylvania, said, "Mr. Speaker, I think we have ... arrived at the appropriate wording, as being appropriate for the Survey Center. ... This is one way that we're moving in the electronic age toward the future in a nimble fashion. And I urge you to vote against referral and pass this resolution as it is amended."

Dr. Tota said, "I made the motion to refer. The reason I made the motion is, I do think that this is an excellent member benefit, but I also look up at the \$160,000 lost revenue. And I'm wondering ... how do we explain that to the members when we go \$160,000 further into debt without having done a true thorough study by the appropriate committee. ..."

Dr. Thomas V. Brady, Connecticut, said, "I'm membership chair in Connecticut and right now a dollar cost in these hard economic times when I'm trying to keep my membership and increase the membership, and I can tell them that I have this member benefit, that as was quoted, is worth \$8,400 sitting on the ADA's website, as a member, to access, if you have your ADA number is absolutely ridiculous that we have to wait another year in a time when we really are hurting for money. How are you going to convince our members to join with a dues increase when you're taking a way a dollar's worth of benefit? It doesn't make sense."

Dr. George R. Shepley, Maryland, said, "I think we are spending an inordinate amount of time on this, and to refer it back, what would the cost of that be in people's time and money? ... I filled a lot of these surveys out. They are an incredible pain to fill out. And I've always resented that I had to pay for them, and I think everybody else does, too, and I think our members should have access to them. I think we would make money in the long-run as a member value."

Dr. Gary O. Jones, Arizona; Dr. Bernard P. Dishler, Pennsylvania; and Dr. Robert R. Shaw, Washington, spoke in opposition to referral.

Dr. Linda C. Niessen, Texas, spoke in support of referral.

Dr. Julie A. Barna, Pennsylvania, said, "... All those who got a ticket for that mega issue discussion ... sat for two hours on what young dentists want; immediate results, immediate needs. ... I have a brand new partner who just graduated from ... dental school ... this is an advantage that she can get from her ADA dues; she's going to say, 'Wow, something that I can use right now.' Please don't refer this."

On vote, the motion to refer was not adopted.

A motion was made to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 80, as amended, was adopted.

80H-2008. Resolved, that all appropriate Survey Center results be published in the "MEMBERS ONLY" section of the ADA website and there be no cost associated with this information for members of the ADA.

Going Green (Fourteenth Trustee District Resolution 58 and Board of Trustees Resolution 58B): The Reference Committee reported as follows.

The Reference Committee heard testimony in favor of Resolution 58B. However, one member, speaking in favor of Resolution 58B, expressed concern that the scope of Resolution 58 had been reduced both in terms of estimating the impact of "Going Green" on the dental industry as a whole, and the number of ADA agencies specifically assigned to investigate the "Going Green" initiative. The Reference Committee believes that Resolution 58B is an appropriate and cost effective way to get started with "Going Green" and, therefore, recommends the adoption of Resolution 58B in lieu of Resolution 58. This resolution supports the ADA Strategic Plan Goal: Create and Transfer Knowledge.

58B. Resolved, that the Council on Dental Practice undertake a one-year project to develop a “Going Green” initiative for the dental office with recommendations that are simple and practical to implement, in order to minimize adverse environmental impacts and promote responsible resource use by the profession, and be it further

Resolved, that a report on the “Going Green” initiative be presented to the 2009 House of Delegates.

Dr. Gounardes moved the adoption of Resolution 58B (*Supplement:3084*) in lieu of Resolution 58 (*Supplement:3084*).

On vote, Resolution 58B was adopted in lieu of Resolution 58.

58H-2008. Resolved, that the Council on Dental Practice undertake a one-year project to develop a “Going Green” initiative for the dental office with recommendations that are simple and practical to implement, in order to minimize adverse environmental impacts and promote responsible resource use by the profession, and be it further

Resolved, that a report on the “Going Green” initiative be presented to the 2009 House of Delegates.

Future of Dental Laboratory Technology Conference (Fourteenth Trustee District Resolution 62, Board of Trustees Resolution 62B and Reference Committee on Dental Benefits, Practice, Science and Health Resolution 62RC): The Reference Committee reported as follows.

The Reference Committee heard testimony that Resolution 62B was a “good first step.” The Committee also heard and accepted testimony that the words “dental laboratory” should be inserted between the words “prosthetic” and “techniques” in the first bullet of Resolutions 62 and 62B. Therefore, the Reference Committee recommends the adoption of Resolution 62RC in lieu of Resolutions 62 and 62B. These resolutions support the ADA Strategic Plan Goal: Build Dynamic Communities.

62RC. Resolved, that the American Dental Association convene a conference of interested stakeholders, to discuss the current state of dental laboratory services, training in the U.S. and to consider actions each organization could take to insure that the quality of prosthetic services delivered in the U.S. remains high in the future. The ADA will be represented by two members from each of the following: the ADA Board of Trustees, the Council on Dental Practice, the Council on Scientific Affairs, the Council on Dental Education and Licensure and four (4) members chosen at large, and be it further

Resolved, that an invitation for two (2) participants each will be issued to: the Commission on Dental Accreditation, the Prosthodontic Forum, the Academy of General Dentistry, the National Association of Dental Laboratories, the American Dental Education Association, and the American Student Dental Association, and be it further

Resolved, that additional outside stakeholders may attend as observers at their own expense, subject to the space limitations of the conference location, and be it further

Resolved, that the conference will consider but not be limited to the following subjects:

- adequacy of undergraduate dental school training and examination in prosthetic dental laboratory techniques
- workforce concerns, the state of education and alternative training models for dental technologists
- the changing marketplace for dental prosthetic solutions
- scope and impact of off-shore dental laboratory outsourcing
- safety and regulatory concerns related to dental laboratories
- future needs

and be it further

Resolved, that a report be prepared for the 2009 House of Delegates and shared with participating agencies, with recommended actions and activities for the ADA to address the profession’s present and future needs for prosthetic services and dental technology support.

Dr. Gounardes moved the adoption of Resolution 62RC in lieu of Resolutions 62 (*Supplement:3086*) and 62B (*Supplement:3086*).

Dr. John D. Ball, Veterans Affairs, moved to amend by substituting the words “laboratory technicians” in the place of “technologists” in the second bullet of the fourth resolved clause and to also amend by substituting “laboratory technician” in the place of “technology” in the fifth resolved clause.

On vote, the proposed amendments were adopted.

On vote, Resolution 62RC, as amended, was adopted in lieu of Resolutions 62 and 62B.

62H-2008. Resolved, that the American Dental Association convene a conference of interested stakeholders, to discuss the current state of dental laboratory services, training in the U.S. and to consider actions each organization could take to insure that the quality of prosthetic services delivered in the U.S. remains high in the future. The ADA will be represented by two members from each of the following: the ADA Board of Trustees, the Council on Dental Practice, the Council on Scientific Affairs, the Council on Dental Education and Licensure and four (4) members chosen at large, and be it further **Resolved**, that an invitation for two (2) participants each will be issued to: the Commission on Dental Accreditation, the Prosthodontic Forum, the Academy of General Dentistry, the National Association of Dental Laboratories, the American Dental Education Association, and the American Student Dental Association, and be it further

Resolved, that additional outside stakeholders may attend as observers at their own expense, subject to the space limitations of the conference location, and be it further

Resolved, that the conference will consider but not be limited to the following subjects:

- adequacy of undergraduate dental school training and examination in prosthetic dental laboratory techniques
- workforce concerns, the state of education and alternative training models for dental laboratory technicians
- the changing marketplace for dental prosthetic solutions
- scope and impact of off-shore dental laboratory outsourcing
- safety and regulatory concerns related to dental laboratories
- future needs

and be it further

Resolved, that a report be prepared for the 2009 House of Delegates and shared with participating agencies, with recommended actions and activities for the ADA to address the profession’s present and future needs for prosthetic services and dental laboratory technician support.

ADA Policy on Tooth Whitening Administered by Non-Dentists (Seventeenth Trustee District Resolution 73 and Board of Trustees Resolution 73B): The Reference Committee reported as follows.

The Reference Committee heard testimony supporting action by the House of Delegates on this topic. One member suggested that the term “cosmetic whitening” be used in place of “bleaching” and “whitening.” In closed session the Reference Committee received information regarding the definition of “bleaching,” according to guidelines developed for the ADA Seal of Acceptance Program. Additionally, the Committee noted that the use of the term “cosmetic” may cause confusion since it may be interpreted as relating to either the clinical procedure or a regulatory category. For clarity, and to be consistent with the ADA Seal of Acceptance Program guidelines, the Reference Committee editorially changed the words “bleaching” and “whitening” to “whitening/bleaching,” the term used in the last resolving clause of Resolution 73B. The Reference Committee agrees with the Board and, therefore, recommends the adoption of Resolution 73B in lieu of Resolution 73.

73B. Resolved, that the American Dental Association supports educating the public on the need to consult with a licensed dentist to determine if whitening/bleaching is an appropriate course of treatment, and be it further

Resolved, that the Council on Scientific Affairs compile scientific research to describe treatment considerations for dentists prior to the tooth whitening/bleaching procedure in order to reduce the incidence of adverse outcomes and report these findings to all state dental associations, and be it further

Resolved, that the American Dental Association petition the Food and Drug Administration to properly classify tooth whitening/bleaching agents in light of the report from the Council on Scientific Affairs, and be it further

Resolved, that the American Dental Association urges constituent societies, through legislative or regulatory efforts, to support the proposition that the administering or application of any intra-oral chemical for the sole purpose of whitening/bleaching of the teeth by whatever technique, save for the lawfully permitted self application and application by a parent and/or guardian, constitutes the practice of dentistry and any non-dentist engaging in such activity is committing the unlicensed practice of dentistry.

Dr. Gounardes moved the adoption of Resolution 73B (*Supplement:3094*) in lieu of Resolution 73 (*Supplement:3093*).

Dr. David C. Lurye, Colorado moved to amend the fourth resolving clause to add the words “fabrication of any dental device, appliance or prosthesis or the” between the words “that the” and “administering” so the amended resolved clause would read:

Resolved, that the American Dental Association urges constituent societies, through legislative or regulatory efforts, to support the proposition that the fabrication of any dental device, appliance or prosthesis or the administering or application of any intra-oral chemical for the sole purpose of whitening/bleaching of the teeth by whatever technique, save for the lawfully permitted self application and application by a parent and/or guardian, constitutes the practice of dentistry and any non-dentist engaging in such activity is committing the unlicensed practice of dentistry.

The amendment was challenged as not being germane and was subsequently ruled out of order by the Speaker.

Seeing no one else at the microphones, the Speaker called for the vote.

On vote, Resolution 73B was adopted in lieu of Resolution 73.

73H-2008. Resolved, that the American Dental Association supports educating the public on the need to consult with a licensed dentist to determine if whitening/bleaching is an appropriate course of treatment, and be it further

Resolved, that the Council on Scientific Affairs compile scientific research to describe treatment considerations for dentists prior to the tooth whitening/bleaching procedure in order to reduce the incidence of adverse outcomes and report these findings to all state dental associations, and be it further

Resolved, that the American Dental Association petition the Food and Drug Administration to properly classify tooth whitening/bleaching agents in light of the report from the Council on Scientific Affairs, and be it further

Resolved, that the American Dental Association urges constituent societies, through legislative or regulatory efforts, to support the proposition that the administering or application of any intra-oral chemical for the sole purpose of whitening/bleaching of the teeth by whatever technique, save for the lawfully permitted self application and application by a parent and/or guardian, constitutes the practice of dentistry and any non-dentist engaging in such activity is committing the unlicensed practice of dentistry.

Dr. Mark R. Zust, Missouri, requested a point of information, saying, “I think that the idea of the all inclusive consent calendar is a wonderful idea. And I think that we have seen with this first consent calendar, there were several resolutions that were pulled off the consent calendar that received no debate and were passed by overwhelming majorities. I would charge the House to not pull something off the consent calendar that you’re not going to vote on.”

As a point of personal privilege, a delegate said, “Given the recent comment about several resolutions that were taken off the consent calendar, I just wanted to make the House and the Speaker aware, that I pulled a number of resolutions off the consent calendar for financial consideration only. ... Whether there was discussion or not, I think it’s important for this House to take its financial implications actively.”

Report of the Reference Committee on Dental Education and Related Matters (continued)

The balance of the Report of the Reference Committee on Dental Education and Related Matters was presented by Dr. Linda K. Himmelberger, chair, Pennsylvania.

Consent Calendar (Reference Committee on Dental Education and Related Matters Resolution 88): The Reference Committee reported as follows.

The Reference Committee on Dental Education and Related Matters presents the following consent calendar for consideration by the House of Delegates. The appended Resolution 88 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 88, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately. Any resolution identified as a priority item will be automatically removed from this consent calendar and considered separately.

88. Resolved, that the recommendations of the Reference Committee on Dental Education and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 70RC—ADOPT in lieu of Resolutions 70 and 70B (*JCNDE Use of Pass/Fail on National Board Dental Exams*) \$: None

Resolution 79—ADOPT (*Dentists Education in a Changing Environmental Marketplace, Supplement 4076*) \$: None

Dr. Himmelberger announced that Fifth Trustee District Resolution 82 (Supplement:4078) Economic Study of Expanded Workforce Models – was declared moot by the Speaker.

Dr. Himmelberger moved the adoption of Resolution 88.

Dr. Alan L. Felsenfeld, California, requested that Resolution 70RC be removed from the consent calendar.

On vote, Resolution 88, as amended, was adopted.

88H-2008. Resolved, that the recommendations of the Reference Committee on Dental Education and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 79—ADOPT (*Dentists Education in a Changing Environmental Marketplace, Supplement 4076*) \$: None

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 88 follows:

ADOPTED

79H-2008. Resolved, that the appropriate agencies of the ADA investigate the best means of providing educational opportunities in dental practice management that will help dental students and dentists adjust to a changing practice environment and report their findings and recommendations for action to the 2009 House of Delegates.

JCNDE Use of Pass/Fail on National Board Exams (AAOMP, AAPD, AAP, AAOMS, AAO, AAPHD, ACP Resolution 70, Board of Trustees Resolution 70B and Reference Committee on Dental Education and Related Matters Resolution 70RC): The Reference Committee reported as follows.

The Reference Committee heard testimony on Resolutions 70 and 70B from many of the stakeholders, including members of ASDA, ADEA and AADE who supported the development of alternative assessment tools, while acknowledging the need for additional time and expressing concern about the loss of currently used measures. Some dental specialty groups suggested retaining the current score reporting system. Therefore, the Reference Committee recommends adoption of Resolution 70RC in lieu of Resolutions 70 and 70B.

70RC. Resolved, that the ADA House of Delegates urges the Joint Commission on National Dental Examinations (JCNDE) to retain its current system of score reporting and delay implementation of its policy of reporting only pass/fail results from the National Board Dental Examinations until October 2011 to allow the communities of interest time to develop alternative assessment tools, and be it further **Resolved**, that the JCNDE consider collaborating with the education community to validate the use of the current examinations for purposes other than dental licensure.

Dr. Himmelberger moved that Resolution 70RC be adopted in lieu of Resolutions 70 (*Supplement:4073*) and 70B (*Supplement:4073*).

Dr. Larry J. Moore, California, moved to amend Resolution 70RC by substitution.

70RCS-1. Resolved, that the ADA House of Delegates urges the Joint Commission on National Dental Examinations (JCNDE) to modify or replace the current examination, to make it secure and to validate its use for quantitative scoring on or before November 1, 2011, and be it further **Resolved**, that the ADA House of Delegates urges the JCNDE to retain its current system of reporting standard scores from the National Board Dental Examinations until the new examination is available.

Dr. Moore said, "It's clear that neither the dental students nor the dental educators want a pass/fail examination for our dental national board. What is needed ... is an updated and relevant examination that measures the outcome of our system of dental education. This needs to be accomplished without imposing an additional test or multiple additional tests on our dental students. We believe this amendment addresses the concerns of all the communities of interest regarding both the security and the validity of the examination. We also believe that it address the reality of how the examination is actually used by these communities of interest."

Dr. Edwin S. Mehlman, Rhode Island, moved to postpone further discussion on 70RCS-1 and 70RC, saying, "This is such a radical change from the resolution that we have in front of us, that I would request that it be printed and we consider it tomorrow morning. ..."

On vote, the motion to postpone further discussion on 70RCS-1 and 70RC until a printed copy of Resolution 70RCS-1 became available was not adopted.

Dr. Ronald J. Hunt, Virginia, speaking against the substitute, said, "I testified before the Reference Committee on this resolution, testifying as a post CODA Commissioner and also as President-elect of the American Dental Education Association. ... The Reference Committee was responding to input from the American Association of Dental Examiners and from the American Dental Education Association, who were going to collaborate in the development of alternative methods of assessing applications for graduate programs so that we would not have to be reliant on the existing examinations. ..."

Dr. Arthur A. Dugoni, California, spoke in support of Resolution 70RCS-1 saying, "... It's an opportunity to correct a situation that has created an inappropriate environment for our outstanding students as a measure of initial competence. It also creates an environment that has a potential to compromise their integrity. We owe them something better in 2008. We also owe all our program directors another measure that is valid and reliable as they pursue their responsibilities. ..."

Dr. Samuel O. Dorn, Florida, said, "As a post graduate program director, I support this substitution. Right now this is the only objective evaluation method that we have for students. If we eliminate this, all we can evaluate them on is their interview. ..."

Dr. Julie A. Barna, Pennsylvania, requested the financial implication of the substitute resolution.

With permission from the Chair, Dr. Leone said, "... The ADA's budget will not be impacted. It would be the Joint Commission, but our expert up here, Dr. Laura Neumann, tells us that it would be extremely expensive."

A delegate from the floor requested a point of information saying, "Relative to the cost ... the American Association of Dental Examiners and the American Dental Education Association are going to collaborate on the development of the examination, not asking the ADA."

Mr. Wayne E. Stephens, American Student Dental Association, said, "I rise in support of the amendment ... Members of this House, exams for students today are no more enjoyable than when you were in dental school. However, ASDA believes and acknowledges the need for standardized measures to evaluate students. Our efforts at licensure reform brought to this very House have been directed at improving standardization. We recognized the need for an exam to determine competency for a general dentist. In addition, we recognize the need for specialty and other postgraduate programs to use a standardized measure to evaluate candidates' academic level. The current GCND exam was designed to meet the first objective, but it is not reliable for the second. We know that 40% of our graduating dental student members apply for postgraduate programs. The process is so competitive that the difference between being offered an interview and not being offered one could be the difference between making a score of 90 and a score of 92 on the examination. This is an unfortunate reality for students, particularly in light of the reports indicating that the scoring on the exam is not reliable for this purpose. Also, a number of schools are moving to a pass/fail model and moving away from GPAs to determine in their courses for dental schools. ... So we, therefore, are strongly in support of modifying the exam so that it is secure and that it accomplishes both of the objectives previously mentioned. ..."

Dr. Marsha Pyle, Ohio, chair, Joint Commission on National Dental Board Examinations, spoke against the substitute, saying, "The purpose of the Joint Commission, as defined by its bylaws, is to assist state dental boards in determining qualifications for candidates for licensure. Therefore, the Joint Commission is concerned about the use of scores for purposes for which the exams are not validated, reasons for which there is little or no evidence and also the security of the exam. Resolution 70RC provides for assisting the Joint Commission in addressing the use of the exams and allows for Joint Commission to explore broader options in considering the needs of advanced and specialty programs and collaboration on that. The substitute is more limiting."

Dr. Bryan C. Edgar, Washington, spoke against the substitute, saying, "This resolution that came out of the Reference Committee was a collaboration of the American Association of Dental Examiners, the American Dental Education Association and the Joint Commission on National Dental Exams. The testimony was that currently the exam is flawed, and I think all parties to this debate feel that way. But what I heard was, in 2008, we needed an exam vehicle to measure candidates to apply to advanced programs. This substitute does not change that. It does not change the current system. ... And so I submit to this House, that nothing will change if you stay with the RC resolution at this current time, and it will allow the dental education community sufficient time to develop the vehicle ... test it, and implement it."

Dr. Ron J. Seeley, North Dakota, said, "The Joint Commission's task is to determine minimum competency as it related to didactic skills for licensure of general dentists and hygienists to state licensing boards. That is what we are mandated to do. The fact that other bodies are using this test for other purposes is not scientifically valid nor appropriate. By going to a pass/fail system, what the Joint Commission can now move forward with protecting the integrity of those examinations so that general dentists and hygiene candidates can continue to be fairly evaluated for minimum competency for state licensure. What I would recommend is that ... those other bodies, including specialty programs and GPRs, to work towards other methods and processes that would fairly evaluate candidates for those specific programs. ..."

Dr. W. M. Tucker, Florida, said, "It's my understanding that there's always been a change and that now raw scores are being reported, not standard scores. This resolution recommends or demands that standard

scores be reported. People are already having problems now. This is a problem that needs to be solved today. I recommend that we approve this substitute resolution.”

Dr. Jeffrey M. Cole, Delaware, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 70RCS-1 was substituted for Resolution 70RC.

Dr. Robert E. Butler, Missouri, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 70RCS-1 was adopted in lieu of Resolutions 70 and 70B.

70H-2008. Resolved, that the ADA House of Delegates urges the Joint Commission on National Dental Examinations (JCNDE) to modify or replace the current examination, to make it secure and to validate its use for quantitative scoring on or before November 1, 2011, and be it further

Resolved, that the ADA House of Delegates urges the JCNDE to retain its current system of reporting standard scores from the National Board Dental Examinations until the new examination is available.

Report of the Reference Committee on Membership and Planning (continued)

The balance of the Report of the Reference Committee on Membership and Planning was presented by Dr. Raymond A. Cohlmiia, chair, Oklahoma.

Consent Calendar (Reference Committee on Membership and Planning Resolution 84): The Reference Committee reported as follows.

The Reference Committee on Membership and Planning presents the following consent calendar for consideration of the House of Delegates. The appended Resolution 84 lists all resolutions referred and considered by the Reference Committee along with the Committee’s recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 84, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 43 as submitted.

84. Resolved, that the recommendations of the Reference Committee on Membership and Planning on the following resolutions be accepted by the House of Delegates.

Resolution 10—ADOPT (*Parallel Membership Categories, Supplement:5001*) \$: None

Resolution 11—ADOPT (*Four-Year Recent Graduate Reduced Dues Program, Supplement:5002*) \$: None

Resolution 31—ADOPT (*Funding for Additional Council Liaisons, Supplement:5008*) \$7,750

Resolution 36—REFER to the Council on Membership for further study and report to the Board of Trustees at its April 2009 meeting (*Market Research Project, Supplement:5009*) \$: None

Resolution 42B—ADOPT in lieu of Resolution 42 (*Student Block Grant Program, Supplement:5020*) \$11,000 annually

Resolution 43—REFER to the Council on Membership for further study and report to the Board of Trustees in 2009 (*Mandate Tripartite Membership for Graduate Student/Resident Members, Supplement:5023*) \$: None

Resolution 50B—ADOPT in lieu of Resolution 50 (*Lower Electronic Dues Payment Program, Supplement:5025*) \$: None

Resolution 54RC—ADOPT in lieu of Resolutions 54 and 54B (*Allocation of Student Block Grant Program Funds*) \$48,000 annually

Resolution 71—ADOPT (*ADA Membership Practices and Proposed National Summit on Diversity in Dentistry, Supplement:5030*) \$52,300

Resolution 81—REFER to the Council on Membership (*Membership Category for Disabled Dentists, Supplement:5038*) \$: None

Dr. Cohlmia moved the adoption of Resolution 84.

Dr. Christopher Connell, Ohio, requested the removal of Resolutions 31, 42B, 54RC and 71 from the consent calendar.

On vote, Resolution 84, as amended, was adopted.

84H-2008. Resolved, that the recommendations of the Reference Committee on Membership and Planning on the following resolutions be accepted by the House of Delegates.

Resolution 10—ADOPT (*Parallel Membership Categories, Supplement:5001*) \$: None

Resolution 11—ADOPT (*Four-Year Recent Graduate Reduced Dues Program, Supplement:5002*) \$: None

Resolution 36—REFER to the Council on Membership for further study and report to the Board of Trustees at its April 2009 meeting (*Market Research Project, Supplement:5009*) \$: None

Resolution 43—REFER to the Council on Membership for further study and report to the Board of Trustees in 2009 (*Mandate Tripartite Membership for Graduate Student/Resident Members, Supplement:5023*) \$: None

Resolution 50B—ADOPT in lieu of Resolution 50 (*Lower Electronic Dues Payment Program, Supplement:5025*) \$: None

Resolution 81—REFER to the Council on Membership (*Membership Category for Disabled Dentists, Supplement:5038*) \$: None

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 84 follows:

ADOPTED

10H-2008. Resolved, that constituent societies be urged to develop opportunities for direct members to join the tripartite by creating parallel membership categories at the state and local levels to mirror those available at the ADA level.

11H-2008. Resolved, that the ADA urges constituent and component societies to adopt the ADA four-year reduced dues structure for recent dental school graduates.

50H-2008. Resolved, that the ADA support the concept of lowering the administrative minimum payment for acceptance of installment payments for dues for active members to 25% of the full active dues amount.

REFERRED

36. Resolved, that the ADA conduct an assessment of the market research needs within the Association, and be it further

Resolved, that based on this assessment, market data be collected on a variety of subjects and issues, including but not limited to, addressing the needs of a growing and varied membership, and be it further

Resolved, that the Board of Trustees be urged to fund the research project from Reserves.

43. Resolved, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection E. STUDENT MEMBERSHIP, subsection a. QUALIFICATIONS, of the ADA *Bylaws* be amended by addition as follows (new language underscored):

a. QUALIFICATIONS. A student member shall be (1) a pre-doctoral student of a dental school accredited by the Commission on Dental Accreditation of this Association, (2) a predoctoral student of a dental school listed in the World Directory of Dental Schools compiled by the FDI World Federation or (3) a dentist eligible for membership in this Association who is engaged full time in an advanced training course of not less than one academic year's duration in an accredited school or residency program and is a member in good standing of the constituent and component societies of this Association that (i) are within the territorial jurisdiction that issued the dentist's license, or (ii) in which the educational institution or residency program attended by the dentist is located, at the dentist's option.

and be it further

Resolved, that CHAPTER II. CONSTITUENT SOCIETIES, *Section 40. MEMBERSHIP*, of the ADA *Bylaws* be amended as follows (new language underscored):

A. The active, life, and retired membership of each constituent society, except as otherwise provided in these *Bylaws*, shall consist solely of dentists practicing within the territorial jurisdiction of the constituent society; dentists retired from active practice; dentists engaged in activities furthering the object of this Association; dentists serving on the faculty of a dental school or receiving compensation as a dental administrator or consultant within the jurisdiction of the constituent society but are licensed in another jurisdiction; and dentists in a federal dental service (provided that the federal dentist is either licensed in or serving within the confines of the constituent society's jurisdiction), provided that such dentists are active, life or retired members in good standing of a component of the constituent (except for the federal dentists), if such exists, and this Association. In addition, the student membership of each constituent society, except as otherwise provided in these *Bylaws*, shall consist of, but shall not be limited to, dentists who are engaged full-time in an advanced training course of not less than one academic year's duration in an accredited school or residency program and who have chosen to become members of such constituent society pursuant to Chapter I, Section 20E(a) of these *Bylaws*.

and be it further

Resolved, that CHAPTER III. COMPONENT SOCIETIES, SECTION 10. ORGANIZATION, of the ADA *Bylaws* be amended as follows (new language underscored):

A. Component societies may be organized in conformity with a plan approved by the constituent society of which they shall be recognized entities provided, however, that the active, life or retired members of each component society shall consist of dentists who are members in good standing of their respective constituent societies and of this Association. The plan adopted by the constituent society may or may not limit active membership in a component society to dentists who reside or practice within the geographic area of that component society. The student membership of a component society, except as otherwise provided in these *Bylaws*, shall consist of, but shall not be

limited to, dentists who are engaged full-time in an advanced training course of not less than one academic year's duration in an accredited school or residency program and who have chosen to become members of such component's constituent society pursuant to Chapter I, Section 20 E(a) of these Bylaws.

B. Each component society shall adopt and maintain a constitution and bylaws, which shall not be in conflict with, or limit, the *Constitution and Bylaws* of this Association or that of its constituent society, and shall file a copy thereof and any changes which may be made thereafter with the Executive Director of this Association.

and be it further

Resolved, that the foregoing changes to the ADA *Bylaws* take effect January 1, 2010.

81. Resolved, that the Council on Membership consider creation of a membership category for disabled dentists that do not meet the criteria for other membership categories, and that allows full participation as active members with a report to the 2009 House of Delegates.

Report of the President: The Reference Committee reported as follows.

On behalf of ADA members, staff and the profession, the Reference Committee thanks Dr. Feldman for his many years of service to the ADA and especially for this past year's double duty—as president and executive director. His enthusiastic commitment to and untiring work for our profession, the association and organized dentistry is exemplary.

The Reference Committee notes and fully supports Dr. Feldman's wish for a unified profession and tripartite during the challenging times facing dentistry and the country. As dentists, our common goal remains the best interests of our patients. We echo Dr. Feldman in noting that these are addressed through our advocacy activities, ethical practices, science-based positions and clear and relevant communications with the public and policymakers.

In particular, the Reference Committee notes Dr. Feldman's passion for addressing the access issues faced by both the public and the profession. It is likely that his belief in marrying the changing educational needs of the profession with a potential solution addressing parts of the access issue will continue to be debated as we move forward. We thank him for his care and vision toward the resolution of this complex issue.

Again, on behalf of ADA members, staff and the profession, the Reference Committee wishes Dr. and Mrs. Feldman many happy days ahead with their granddaughter and success in the next phase of Dr. Feldman's illustrious career in organized dentistry.

Funding for Additional Council Liaisons (Board of Trustees Resolution 31): The Reference Committee reported as follows.

The Reference Committee heard positive testimony for the intent of the resolution and understands the concerns regarding the financial impact of the resolution. However, the Reference Committee believes that the positive values of the resolution exceed that of the financial concerns.

31. Resolved, that an additional \$7,750 be allocated in the 2009 ADA annual budget to fund three additional members of the Committee on the New Dentist to serve as ex officio members of ADA councils.

Dr. Cohlmiya moved the adoption of Resolution 31 (*Supplement:5008*).

A motion was made to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 31 was adopted.

31H-2008. Resolved, that an additional \$7,750 be allocated in the 2009 ADA annual budget to fund three additional members of the Committee on the New Dentist to serve as ex officio members of ADA councils.

Student Block Grant Program (Second Trustee District Resolution 42 and Board of Trustees Resolution 42B): The Reference Committee reported as follows.

The Reference Committee concurs with the Board's recommendation.

42B. Resolved, that the current \$3,000 per dental school limit for distribution to constituent dental societies under the ADA student block grant program be increased to \$5,000 for any dental school with a total enrollment greater than 500 students and \$6,000 for enrollments greater than 750 as of January 1 of the prior budget year.

Dr. Cohlmya moved that Resolution 42B (*Supplement:5020*) be adopted in lieu of Resolution 42 (*Supplement:5019*).

A motion was made to vote immediately.

Seeing no one else at the microphones, the Speaker called for the vote.

On vote, Resolution 42B was adopted in lieu of Resolution 42.

42H-2008. Resolved, that the current \$3,000 per dental school limit for distribution to constituent dental societies under the ADA student block grant program be increased to \$5,000 for any dental school with a total enrollment greater than 500 students and \$6,000 for enrollments greater than 750 as of January 1 of the prior budget year.

Allocation of Student Block Grant Program Funds (Twelfth Trustee District Resolution 54, Board of Trustees Resolution 54B and Reference Committee on Membership and Planning Resolution 54RC): The Reference Committee reported as follows.

The Reference Committee heard testimony in reference to Resolutions 54 and 54B and, in order to clarify the intent of the program, offers Resolution 54RC.

54RC. Resolved, that the American Dental Association amend the Student Block Grant Program to fund a constituent dental society that does not have a dental school within its state boundaries to be eligible for reimbursement of up to \$3,000 per year for the purpose of student outreach and tripartite membership recruitment activities, provided that the society adheres to all the Student Block Grant Program criteria, including the requirement of a personal outreach component within each activity.

Dr. Cohlmya moved that Resolution 54RC be adopted in lieu of Resolutions 54 (*Supplement:5026*) and 54B (*Supplement:5027*).

Dr. Mark A. Bauman, New York, moved to vote immediately.

On vote, the motion to vote immediately was not adopted since it failed to receive a two-third (2/3) affirmative vote.

Dr. Samuel E. Selcher, Pennsylvania, said, "I would like to speak against this resolution. ... If you're a state with a dental school, you are recruiting students from other states into organized dentistry. Pennsylvania has three schools. As an example, this year's freshman class at Temple University has 27 states represented. We will recruit all of these students for organized dentistry. Many of them will go back to your states and join. If the intent was for each state, we all would have taken care of ourselves. Why it was formed was, we are recruiting people that are not from our state. It's appropriate for Pennsylvania to recruit

Pennsylvanians and for us to bear that expense. That's why the block grant was formed. By passing this resolution, you're abrogating that direction. ..."

A motion was made to adjourn. On vote, the motion to adjourn was not adopted.

Continuing the discussion on Resolution 54RC, Dr. Richard A. Weinman, Georgia, said, "I also speak against this. The intent also ... of the whole block grant is to recruit dental students to go into organized dentistry. The states that don't have dental schools ... are going to have to take a different track. ..."

Dr. Kevin D. Sessa, Colorado, requested a point of information saying, "I believe there is a lot of misconception surrounding the student block grant, how it's allocated and how it's received by a state. Do you think it would be possible to ask one of the members of ADA staff on Membership to give us a little history and clarify a bit the student block grant, how it works and how money is allocated to those state if requested."

Through the Chair, Ms. Wendy-Jo Toyama, senior vice president, Membership, Marketing and Tripartite Relations, said, "The block grant program is a reimbursement, so if you're a state society currently and you have a dental school within your boundaries, you fill out a form that demonstrates what you did to conduct one-to-one outreach to students, and you submit the amount of money that you spent, and you will be reimbursed up to \$3,000. ... Currently, if you do not have a dental school within your boundaries, you are not eligible to participate."

Dr. Joseph E. Ross, Pennsylvania, said, "... I have to question states that don't have schools within their boundaries, how they're going to logistically meet with these students because they're geographically apart from them."

Dr. Edwin S. Mehlman, Rhode Island, said, "... We don't have any schools in our state, but our dental association does keep in contact with every student who's in dental school that has Rhode Island ties. If they are, usually, they are in Boston, or at University of Connecticut, we invite them to come in for certain events. ... I don't know whether it costs \$100 or it costs \$1,000, but there is an expense to the association, and I think there are probably other associations without dental schools that do the same thing. ... I think it would be very fair to reimburse the expenses of the states that don't have dental schools who keep in touch with students who grew up in their state."

Dr. Alan L. Ferguson, Alabama, said, "I think this program has been working successfully for the last number of years without a \$48,000 increase, but it's not just a \$48,000 increase. Over ten years, it's a half a million dollar increase. So I think we can live without this in these times."

Dr. Steven B. Lee, Indiana, said, "... I think it's important to realize the difference between the RC resolution and the Board resolution. The two essential differences are the words 'reimbursement' that Wendy-Jo has already explained. And the second is the tripartite membership. We heard testimony in our Reference Committee about competing for dentists and dental students, and that's what we did not want to happen. ... Our intention was to make sure that this money goes towards tripartite recruitment and not dental student recruitment."

Dr. Edward Feinberg, New York; Dr. Lidia M. Epel, New York; Dr. James S. Torchia, Oklahoma; and Dr. Kevin D. Sessa, Colorado, spoke in support of Resolution 54RC.

Dr. Frederic C. Sterritt, New Jersey, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 54RC was adopted in lieu of Resolutions 54 and 54B.

54H-2008. Resolved, that the American Dental Association amend the Student Block Grant Program to fund a constituent dental society that does not have a dental school within its state boundaries to be eligible for reimbursement of up to \$3,000 per year for the purpose of student outreach and tripartite

membership recruitment activities, provided that the society adheres to all the Student Block Grant Program criteria, including the requirement of a personal outreach component within each activity.

ADA Membership Practices and Proposed National Summit on Diversity in Dentistry (Board of Trustees Resolution 71): The Reference Committee reported as follows.

The Reference Committee heard positive testimony for the intent of the resolution and understands the concerns regarding the financial impact of the resolution. However, the Reference Committee believes that the positive values of the resolution exceed that of the financial concerns. The Reference Committee moves the resolution with the recommendation to vote yes.

71. Resolved, that up to an additional \$52,300 be allocated in the 2009 ADA Budget for expansion of the National Dental Diversity Symposium.

Dr. Cohlmia moved the adoption of Resolution 71 (*Supplement:5030*).

Dr. Richard A. Weinman, Georgia, speaking in opposition to Resolution 71, said, "This program is currently funded for this year at \$20,000, and this resolution calls for a potential \$32,000 more to be put into the budget. Again, during these times, and we are trying to balance the budget and we just sent a budget back to our Board of Trustees. To expand an existing program that's working well, that has budgeting in this year's budget already that was considered by the Board of Trustees, should be sufficient. So adding another, over double the cost of the program to add another half day to the program, I feel is excessive."

Dr. Lidia M. Epel, New York, said, "It is very difficult to conceive that we would not want to expand the summit as necessary. People that are invited will not pay their way. ... We have known that for many years. We are discussing diversity, and I just want to bring out the fact that we are attempting this outreach so these individuals would become members of the ADA. ... There is commentary that says that the tripartite grassroots membership initiative that we initiated in 2001 has gained 12,014 new members. And most of this initiative has gone to the diversity groups. So, yes, it costs us money. How much more revenue are we going to achieve for the tripartite when we reach out to these communities and we have to invite them. They are our guests and we need to treat them in the way that we should."

Dr. H. Todd Cubbon, Illinois, requested a point of information, saying, "The testimony we've heard that there was a \$20,000 ongoing expense. This is indicating there is going to be an additional \$52,000. It would be a total of \$72,000. ... I think we need clarification."

President Feldman said, "Some of the information repeated in the microphone is not necessarily totally correct. This actually is a new program, something that we're doing next year for the first time. There was funding in the budget to do it. This additional money that's being requested was added by the Board of Trustees because we're looking to expand it and invite additional groups. And it's in response to things such as the letter we recently received from the National Dental Association. The Board felt it was necessary to expand this summit, try to expand it, and that's why we decided to bring that to you rather than just fund it through the contingency fund. ..."

Dr. Kenneth J. Weinand, Missouri, said, "I definitely support this because I think that it would pay dividends to our membership. And we need to address the diversity, and if we don't pass this, we need to send a letter and make sure that everybody understands it."

Dr. Gus. C. Vlahos, Virginia, said, "I speak in favor of the motion. It's the wrong thing that the ADA should be projecting that we're not in favor of diversity. We have increased membership in Hispanic dentists, Vietnamese dentists, Chinese dentists and African American dentists. We need to expand diversity ..."

As a point of information, a delegate asked whether, if defeated, Resolution 71 could be funded through the Board of Trustees' contingency fund.

President Mark Feldman said, "The budget contains every year a contingency fund and that's used by the Board through the course of the year to manage the Association for unexpected things that take place. Since we had anticipated this was going to take place, we bring it to you for approval. Yes, could it be funded from the contingency? It could, but if you as a House vote no on this, the Board is not going to overrule your decision and then decide to fund it from contingency fund. That's why we are bringing it to you to make a decision."

Dr. Ernest L. Garcia, California, said, "... I speak in favor of this resolution, because I have witnessed firsthand the value to CDA of engaging the leadership of diverse dental organizations in honest and open discourse on oral health issues that affect our respective communities. ..."

Dr. Edward Feinberg, New York, speaking in support of Resolution 71 said, "... We have one opportunity to have face-to-face contact with these people who can really make a difference and bring all these non-members to become ADA members. ..."

Dr. Raymond F. Gist, Ninth District Trustee, said, "I rise in favor of Resolution 71. ... The ADA has been striving to break silos within its structure and is doing a great job of it. Resolution 71 is going to give us a chance to break some silos that are outside of our structure, and I guarantee you that if we take this initiative, to invite our fellow professionals to join us, that we are going to have a united voice and that's going to benefit us with advocacy and practically every aspect of our administration. ..."

Dr. Joseph F. Sokolowski, Missouri, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 71 was adopted.

71H-2008. Resolved, that up to an additional \$52,300 be allocated in the 2009 ADA Budget for expansion of the National Dental Diversity Symposium.

Adjournment: Dr. Melanie Parker, California, moved to adjourn the third meeting of the House of Delegates. Hearing no objections, the Speaker declared the third meeting adjourned at 5:23 p.m.

Tuesday, October 21, 2008

Fourth Meeting

Call to Order: The fourth meeting of the House of Delegates was called to order at 8:00 a.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday.

Report of the Standing Committee on Credentials, Rules and Order: Dr. A. David May, chair, Texas, announced the presence of a quorum.

Special Order of Business – Installation Ceremony

Recognition of Retiring Officers and Trustees and Continuing Members of the Board of Trustees: The Speaker recognized the following retiring ADA officers and trustees.

Dr. Jane Grover, first vice president
Dr. Charles Smith, trustee, Sixth District
Dr. Jeanne Nicolette, trustee, Seventh District
Dr. Kathryn Kell, trustee, Tenth District
Dr. Donald Cadle, Jr., trustee, Seventeenth District

The continuing officers and members of the Board of Trustees were introduced:

Dr. Robert Faiella, trustee, First District
 Dr. William Calnon, trustee, Second District
 Dr. William Glecos, trustee, Third District
 Dr. Murray Sykes, trustee, Fourth District
 Dr. Marie Schweinebraten, trustee, Fifth District
 Dr. Dennis Manning, trustee, Eighth District
 Dr. Raymond Gist, trustee, Ninth District
 Dr. Mary Krempasky Smith, trustee, Eleventh District
 Dr. R. Wayne Thompson, trustee, Twelfth District
 Dr. Russell Webb, trustee, Thirteenth District
 Dr. Kenneth Versman, trustee, Fourteenth District
 Dr. S. Jerry Long, trustee, Fifteenth District
 Dr. O. Andy Elliott, II, trustee, first vice president
 Dr. Edward Leone, Jr., treasurer
 Dr. J. Thomas Soliday, speaker of the House of Delegates

Introduction of New Officers and Trustees: The following new officers and trustees were introduced.

Dr. W. Ken Rich, trustee, Sixth District
 Dr. Charles Steffel, trustee, Seventh District
 Dr. Edward Vigna, trustee, Tenth District
 Dr. Charles Norman, trustee, Sixteenth District
 Dr. Samuel Low, trustee, Seventeenth District
 Dr. Thomas Sullivan, second vice president

Presentation to Dr. Mark Feldman: The Speaker presented Dr. Feldman with the insigne of the office of past president and a certificate of appreciation.

Installation of New Officers and Trustees: Dr. Feldman installed Dr. Ronald L. Tankersley, Virginia, as president-elect; Dr. John S. Findley, Texas, as president; Dr. Thomas E. Sullivan, Illinois, as second vice president; and Dr. J. Thomas Soliday as speaker of the House of Delegates. Dr. Feldman installed the four newly elected trustees.

The installation ceremonies then concluded after the members of the House pledged their support by accepting assignments when called upon, by bringing forward the opinions and concerns of the members in their districts, and by engaging in open and honest debate on issues.

Presentation of Dr. John Findley: Following the installation of the officers and trustees, Dr. Findley addressed the members of the House. Highlighted in his remarks was the value that dentists place the highest emphasis on quality of care, the doctor-patient relationship, and protecting the freedom to choose one's dentist, practice unaffected by unlawful third-party interferences and without unwarranted government intervention and regulation. Furthermore, he reported that the Association was in a period of significant self-examination; expenditures should meet strict standards, the corporate relations program would be reviewed; and stressed that Council members would receive the full breadth of their *Bylaws* authority to become the informed sentinels for the profession and the Association.

Introduction of the Chair of the American Dental Political Action Committee: Dr. Jeffrey L. Parrish, chair, ADPAC, reported the ADPAC contributed almost \$2 million during the last campaign cycle, making the ADA one of the top PACs in the United States. He described how PAC monies are used to introduce and support dental related legislation.

Introduction of the President of the American Dental Association Foundation: Dr. Arthur A. Dugoni, president, ADA Foundation, provided an update on the Foundation's Dental Education, Our Legacy – Our Future campaign. As of this House, the campaign had 135 partners who work to raise awareness of the

needs for dental education, to promote a passion for philanthropy within the profession, and to deliver a call to action among dentists. It is anticipated that more than half a billion dollar will be raised by 2012.

Report of the Reference Committee on Public Affairs, Legal and Legislative Matters (continued)

The balance of the Report of the Reference Committee on Public Affairs, Legal and Legislative Matters was presented by Dr. Orin W. Ellwein, chair, South Dakota.

Consent Calendar: (Reference Committee on Public Affairs, Legal and Legislative Matters Resolution 86): The Reference Committee reported as follows.

The Reference Committee on Public Affairs, Legal and Legislative Matters presents the following consent calendar for consideration of the House of Delegates. The appended Resolution 86 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 86, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately. Any resolution identified as a priority item will be automatically removed from this Consent Calendar and considered separately.

The Standing Committee on Constitution and Bylaws approves the wording for Resolution 18 and Resolution 72.

86. Resolved, that the recommendations of the Reference Committee on Public Affairs, Legal and Legislative Matters on the following resolutions be accepted by the House of Delegates.

Resolution 6—ADOPT (*Patient Rights and Responsibilities, Supplement:6094*) \$: None

Resolution 7RC—ADOPT in lieu of Resolutions 7 and 8 (*Amendments to the Preamble to the ADA Principles of Ethics and Code of Professional Conduct*), \$: None

Resolution 9—ADOPT (*ADA Principles of Ethics and Code of Professional Conduct, Supplement:6103*) \$: None

Resolution 18—ADOPT (*ADA Delegate Allocation—2009-2011, Supplement:6119*) \$: None

Resolution 29—ADOPT (*Video Podcasts, Supplement:6129*) \$71,130 One-time

Resolution 30—ADOPT (*Liaison Relationships with ADA Agencies, Supplement:6130*) \$20,160 On-going

Resolution 32—NOT ADOPT (*The Inherent Commitment and Duty-Bound Obligation of Dentists to Ensure for the Protection and Well-Being of the Public in All Dental Care Related Matters, Supplement:6133*) \$31,000

Resolution 44B—ADOPT in lieu of Resolution 44 (*Medicaid Provider Numbers for Dental Facilities, Supplement:6157*) \$: None

Resolution 45RC—ADOPT in lieu of Resolution 45 (*Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs*), \$: None

Resolution 48B—ADOPT in lieu of Resolution 48 (*ADA Intellectual Property Licensing Protocol, Supplement:6161*) \$: None

Resolution 49RC—ADOPT in lieu of Resolutions 49 and 49S-1 (*Compliance with the Settlement Agreement Regarding the Lawsuit Challenging Dental Health Aide Therapist [DHAT]*), \$: None

Resolution 51RC—ADOPT in lieu of Resolutions 51 and 51B (*Removing Soda Pop and Other Sugar Beverages from the USDA Food Stamp Program*), \$: None

Resolution 60B—ADOPT in lieu of Resolution 60 (*Public Affairs Initiative Regarding the Dental Profession, Supplement:6171*) \$38,046

Resolution 61—ADOPT (*Coordination of Benefits Reform, Supplement:6173*) \$: None

Resolution 64—NOT ADOPT (*Booklet on Dental Prevention and Dental Disease, Supplement:6174*) \$1,600 One-time

Resolution 72—ADOPT (*Amendment of ADA Bylaws for Selection of Alternate Delegates, Supplement:6176*) \$: None

Resolution 75S-1—ADOPT in lieu of Resolution 75 (*Amendment to ADA's Position on Dental Mid-Level Provider, Supplement:6181a*) \$: None

Resolution 77—NOT ADOPT (*Economic Stimulus Program to Increase Patient Awareness for the Need for Dental Care in a Down Economy, Supplement:6214*) \$32,000

Resolution 78—ADOPT (*Development of Print and Electronic Media for "Dental Care While Traveling," Supplement:6216*) \$: None

Resolution 89—ADOPT (*Treatment of Future of Health Care/Universal Coverage 2007-2008 Task Force Report*), \$: None

Dr. Ellwein moved the adoption of Resolution 86.

Dr. Richard C. Black, Texas, requested that Resolution 60B be removed from the consent calendar.

Dr. James F. Walton, III, Florida, requested that Resolution 44B be removed from the consent calendar.

Dr. Matthew J. Neary, New York, requested that Resolution 45RC be removed from the consent calendar.

Dr. Glen D. Hall, Texas, requested that Resolution 6 be removed from the consent calendar.

Dr. Dan H. Singley, Jr., Mississippi, requested that Resolution 77 be removed from the consent calendar.

Dr. James W. Antoon, Florida, requested that 75S-1 be removed from the consent calendar.

On vote, Resolution 86 as amended was adopted.

86H-2008. Resolved, that the recommendations of the Reference Committee on Public Affairs, Legal and Legislative Matters on the following resolutions be accepted by the House of Delegates.

Resolution 7RC—ADOPT in lieu of Resolutions 7 and 8 (*Amendments to the Preamble to the ADA Principles of Ethics and Code of Professional Conduct*), \$: None

Resolution 9—ADOPT (*ADA Principles of Ethics and Code of Professional Conduct, Supplement:6103*) \$: None

Resolution 18—ADOPT (*ADA Delegate Allocation—2009-2011, Supplement:6119*) \$: None

Resolution 29—ADOPT (*Video Podcasts, Supplement:6129*) \$71,130 One-time

Resolution 30—ADOPT (*Liaison Relationships with ADA Agencies, Supplement:6130*) \$20,160 On-going

Resolution 32—NOT ADOPT (*The Inherent Commitment and Duty-Bound Obligation of Dentists to Ensure for the Protection and Well-Being of the Public in All Dental Care Related Matters, Supplement:6133*) \$31,000

Resolution 48B—ADOPT in lieu of Resolution 48 (*ADA Intellectual Property Licensing Protocol, Supplement:6161*) \$: None

Resolution 49RC—ADOPT in lieu of Resolutions 49 and 49S-1 (*Compliance with the Settlement Agreement Regarding the Lawsuit Challenging Dental Health Aide Therapist [DHAT]*), \$: None

Resolution 51RC—ADOPT in lieu of Resolutions 51 and 51B (*Removing Soda Pop and Other Sugar Beverages from the USDA Food Stamp Program*), \$: None

Resolution 61—ADOPT (*Coordination of Benefits Reform, Supplement:6173*) \$: None

Resolution 64—NOT ADOPT (*Booklet on Dental Prevention and Dental Disease, Supplement:6174*) \$1,600 One-time

Resolution 72—ADOPT (*Amendment of ADA Bylaws for Selection of Alternate Delegates, Supplement:6176*) \$: None

Resolution 78—ADOPT (*Development of Print and Electronic Media for "Dental Care While Traveling," Supplement:6216*) \$: None

Resolution 89—ADOPT (*Treatment of Future of Health Care/Universal Coverage 2007-2008 Task Force Report*), \$: None

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 86 follows:

ADOPTED

7H-2008. Resolved, that the *ADA Principles of Ethics and Code of Professional Conduct* be amended by the following addition to the Preamble (new language underscored):

Preamble - ADA Principles of Ethics and Code of Professional Conduct

The American Dental Association calls upon dentists to follow high ethical standards which have the benefit of the patient as their primary goal. In recognition ~~Recognition~~ of this goal, ~~and of the~~ education and training of a dentist, has resulted in society affording to the profession the privilege and obligation of self-government. To fulfill this privilege, these high ethical standards should be adopted and practiced throughout the dental school educational process and subsequent professional career.

The Association believes that dentists should possess not only knowledge, skill and technical competence but also those traits of character that foster adherence to ethical principles. Qualities of honesty, compassion, kindness, integrity, fairness and charity ~~complement~~ are part of the ethical education of a dentist and practice of dentistry and help to define the true professional. As such, each dentist should share in providing advocacy to and care of the underserved. It is urged that the dentist meet this goal, subject to individual circumstances.

The ethical dentist strives to do that which is right and good. The *ADA Code* is an instrument to help the dentist in this quest.

9H-2008. Resolved, that the *ADA Principles of Ethics and Code of Professional Conduct* be amended as proposed in the attached Appendix (*Supplement:6104-6177*).

18H-2008. Resolved, that Chapter V. HOUSE OF DELEGATES, Section 20. COMPOSITION, Subsection D. DELEGATE ALLOCATION, of the *ADA Bylaws* be amended by:

deleting on line 1223 the number "9" and substituting it with the number "10"
 deleting on line 1225 the number "17" and substituting it with the number "18"
 deleting on lines 1237 and 1238 the number "19" and substituting it with the number "20"
 deleting on line 1255 the number "10" and substituting it with the number "11"
 deleting on line 1256 the number "23" and substituting it with the number "24"
 deleting on lines 1264 and 1265 the number "63" and substituting it with number "67"
 deleting on line 1267 the number "6" and substituting it with the number "7"
 deleting on line 1274 the number "29" and substituting it with the number "30"
 deleting on line 1279 the number "9" and substituting it with the number "10"
 deleting on line 1282 the number "24" and substituting it with the number "25"

so the amended section reads as follows (deletions are struck through; additions are underlined):

D. DELEGATE ALLOCATION. Based on the representational requirements and goals set forth in Section 10C, the delegates are allocated as follows:

DISTRICT 1

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

DISTRICT 2

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

DISTRICT 3

Pennsylvania Dental Association, 18 delegates
 District Total: 18 delegates

DISTRICT 4

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

DISTRICT 5

Alabama Dental Association, 5 delegates
 Georgia Dental Association, ~~9~~ 10 delegates

Mississippi Dental Association, The, 3 delegates
District Total: ~~47~~ 18 delegates

DISTRICT 6

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

DISTRICT 7

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

DISTRICT 8

Illinois State Dental Society, ~~49~~ 20 delegates
District Total: ~~49~~ 20 delegates

DISTRICT 9

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

DISTRICT 10

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

DISTRICT 11

Alaska Dental Society, 2 delegates
Idaho State Dental Association, 3 delegates
Montana Dental Association, 2 delegates
Oregon Dental Association, 6 delegates
Washington State Dental Association, ~~40~~ 11 delegates
District Total: ~~23~~ 24 delegates

DISTRICT 12

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

DISTRICT 13

California Dental Association, ~~63~~ 67 delegates
District Total: ~~63~~ 67 delegates

DISTRICT 14

Arizona State Dental Association, ~~6~~ 7 delegates
Colorado Dental Association, 8 delegates
Hawaii Dental Association, 3 delegates
Nevada Dental Association, 3 delegates

New Mexico Dental Association, 3 delegates
 Utah Dental Association, 4 delegates
 Wyoming Dental Association, 2 delegates
 District Total: ~~29~~ 30 delegates

DISTRICT 15
 Texas Dental Association, 23 delegates
 District Total: 23 delegates

DISTRICT 16
 North Carolina Dental Society, The, ~~9~~ 10 delegates
 South Carolina Dental Association, 5 delegates
 Virginia Dental Association, 10 delegates
 District Total: ~~24~~ 25 delegates

DISTRICT 17
 Florida Dental Association, 21 delegates
 District Total: 21 delegates

AMERICAN STUDENT DENTAL ASSOCIATION,
 5 delegates

and be it further

Resolved, that the changes in the delegate allocation become effective January 1, 2009.

29H-2008. Resolved, that the ADA produce a year-long series of video podcasts on a variety of oral health topics for the public beginning in 2009.

30H-2008. Resolved, that the ADA maintain ongoing formal liaison relationships among the Council on Communications and the Council on Government Affairs, Council on Access, Prevention and Interprofessional Relations, Council on Scientific Affairs, Council on Dental Practice and establish an ongoing formal liaison relationship with the Council on Membership.

48H-2008. Resolved, that the ADA Board of Trustees, in connection with any proposed non-de minimis grant by the ADA of rights in or to ADA intellectual property, require the ADA council(s) having substantive knowledge of the intellectual property to be involved from the beginning in discussions concerning the proposed grant, to review the terms of such proposed grant and to make recommendation(s) to the Board of Trustees on the proposed grant, and be it further **Resolved**, that the ADA Board of Trustees, after having considered the recommendations of the appropriate ADA council(s), when appropriate, make a determination concerning the proposed grant.

49H-2008. Resolved, that a report and all documentation from the ADA Board of Trustees and ADA staff (which includes all relevant information from the Alaska Native Tribal Health Consortium) detailing the steps that have been undertaken to achieve compliance with each provision of the Alaska Settlement Agreement be provided as discussed below to the 2008 House of Delegates. This report and supporting documents should address the denial of a second dentist to the CHAP Board, and identify where compliance has not been achieved, or may not be achievable, and provide a date by which the ADA and ANTHC would be in complete compliance, and be it further **Resolved**, that the report will also include all available information concerning attempts by the Arizona Intertribal Council in 2008 or actions by any other Tribe to expand the Alaska Dental CHAP Program to the lower forty eight states; and be it further, **Resolved**, that this report be transmitted to the Speaker of the House and to each of the delegates assembled here by U.S. mail or e-mail on or before 31 December 2008, and that all supporting documentation be made available to Delegates and Alternates upon request.

51H-2008. Resolved, that the ADA encourage specialty dental organizations and constituent dental societies to join the National Alliance for Nutrition and Activity (NANA) to support efforts to improve the nutrition standards and public education components of all United States Department of Agriculture (USDA) programs, and be it further

Resolved, that the ADA take all necessary steps to lobby the U.S. Congress and the U.S. Department of Agriculture to institute a ban on the use of food stamps to purchase soda pop and other sugar based beverages which derive more than 51% of their calories from sugar or natural sweeteners.

61H-2008. Resolved, that the American Dental Association work with government agencies and dental carriers to enact coordination of benefit laws requiring that when a premium is paid and a claim submitted, that each benefit plan will pay the same amount they would allow if no other coverage was applicable up to 100% of the total claim, and be it further

Resolved, that the ADA encourage states to enact similar laws, and be it further

Resolved, that the ADA use its staff and resources to assist states in this process.

72H-2008. Resolved, that the ADA *Bylaws*, Chapter V. HOUSE OF DELEGATES, *Section 20. ELECTION OF DELEGATES AND ALTERNATE DELEGATES*, be amended as follows (new language underscored, deletions stricken through):

Section 20. ELECTION OF DELEGATES AND ALTERNATE DELEGATES: The officially certified delegates ~~and the alternate delegates~~ of each constituent society shall be elected or, in the case of officially certified alternate delegates, elected or selected, by one or more of the following methods:

1. By the membership at large of that constituent society;
2. By the constituent society's governing legislative body or in the case of alternate delegates, selected by the constituent society's board of directors, at the discretion of the constituent society; and
3. By a component with respect to the delegates representing that component.

Each federal dental service and the American Student Dental Association may establish its own method for selecting delegates.

78H-2008. Resolved, that the Council on Communications develop a plan to distribute "Dental Care While Traveling" by linking it from the ADA website to other websites, such as those of American Automobile Association and American Association of Retired Persons, seek earned media opportunities to convey the information in "Dental Care While Traveling" and explore the value of turning "Dental Care While Traveling" into a brochure that could be distributed in dental offices, and be it further

Resolved, that the results be reported to the 2009 House of Delegates.

89H-2008. Resolved, that the Future of Health Care/Universal Coverage Task Force report be accepted, and be it further

Resolved, that the appropriate agencies of the Association ensure that the report include a prominent disclaimer on each page of the informational glossary that states "This does not represent ADA policy and is for informational purposes only."

NOT ADOPTED

32. Resolved, that the American Dental Association take an unwavering position on access to and utilization of oral health care which, among other things, expressly states that dentists are those best educated and prepared to understand the many barriers encountered when considering the obstacles to providing dental care services for the underserved and are best able to lead discussion for meaningful solutions, and be it further

Resolved, that the ADA take immediate steps to appoint a special task force to re-explore more viable avenues to secure access to and utilization of dental care for the indigent, working-poor and Medicaid-eligible populations, without compromising the understood trust and obligation of dentists to protect and serve in all matters related to the dental health and well-being of the people of this nation, and be it further

Resolved, that the task force review and develop recommendations regarding all existing ADA efforts thus far, which may directly or indirectly be designed to create a multi-tiered dental care treatment infrastructure within this nation for report to the 2009 House of Delegates.

64. Resolved, that the appropriate ADA agencies, including the Council on Communications develop a prototype booklet as a primer on dental prevention and dental disease for distribution by the ADA to junior students in American medical schools, and be it further

Resolved, for the purpose of connecting with a relevance to medical education, that input on the foregoing prototype be sought from the appropriate agencies of the American Medical Association and/or the Association of American Medical Colleges, and be it further

Resolved, that the prototype should be made available to the 2009 House of Delegates for comment.

Patient Rights and Responsibilities (Council on Ethics, Bylaws and Judicial Affairs Resolution 6): The Reference Committee reported as follows.

The Reference Committee received testimony expressing concern over the use of the word "Rights" in the Dental Patients' Rights and Responsibilities Statement. The term "right" is not used here in a legal context but refers to a "suggested guide for the development of an appropriate doctor-patient relationship." As a result of the discussion concerning the intended use of the Statement, the Reference Committee recommends the adoption of Resolution 6.

6. Resolved, that the American Dental Association Dental Patient Rights and Responsibilities statement (Appendix 1 *Supplement:6096-6098*) be adopted as policy of the Association, and be it further

Resolved, that constituent and component societies be encouraged to use the ADA Dental Patient Rights and Responsibilities statement as a guide in developing a, or revising an existing, patient rights and responsibilities statement, and be it further

Resolved, that constituent and component societies encourage their members to make available the patient rights and responsibilities statement to each patient and to post it conspicuously in their offices and clinics.

Dr. Ellwein moved the adoption of Resolution 6 (*Supplement:6094*).

Dr. Glen Hall, Texas, moved to refer Resolution 6 to the Council on Ethics, Bylaws and Judicial Affairs saying, "... We're talking about the patients' rights to continuous and comprehensive care. While it may be a suggestion, this reader feels that as these are distributed to patients, they could feel that they have the right; since we've just told them to that they have the right. In addition, there are some other areas that, while I think the intent was good, the wording is less exacting than I think that we have experienced in much of our policy, and for this reason, I'm asking this House, and I so move to refer back to the Council for additional work."

Dr. Alan E. Friedel, Florida, spoke in support of referral saying, "I would agree that the document, in my opinion, needs some help. ... I would also like that the body of the association that looks at this perhaps to put this side-by-side of the doctors' rights and enumerate together that patients have rights and doctors, as well, have rights and responsibilities to our patients. And so, if this is referred, I believe that the document can be helped in that direction."

On vote, Resolution 6 was referred to the Council on Ethics, Bylaws and Judicial Affairs.

Medicaid Provider Numbers For Dental Facilities (Eighth Trustee District Resolution 44 and Board of Trustees Resolution 44B): The Reference Committee reported as follows.

The Reference Committee concurs with the Board and recommends that Resolution 44B be adopted.

44B. Resolved, that the ADA identify the various impediments, at both the federal and state levels, that make it difficult for facilities to bill for services provided by dentists who volunteer their services to public clinics and similar facilities and work with constituent dental societies, government agencies, and others to make necessary legislative/regulatory adjustments.

Dr. Ellwein moved the adoption of Resolution 44B (*Supplement:6157*) in lieu of Resolution 44 (*Supplement :6157*).

Dr. Lewis C. Walker, Florida, moved to amend by inserting language between the words “facilities” and “and” so the proposed language would read:

Resolved, that the ADA identify the various impediments, at both the federal and state levels, that make it difficult for facilities to bill for services provided by dentists who volunteer their services to public clinics and similar facilities as well as in private practice situations, where the licensee is either deceased or disabled and other volunteer dentists are assisting in continuation of the practice, and work with constituent dental societies, government agencies, and others to make necessary legislative/regulatory adjustments.

In speaking to the amendment, Dr. Walker said, “The need for this amendment is made evident by the recent passing of ADA former trustee Ray Klein. In assisting Ray’s spouse, Renee, in preparing the pediatric dental practice for transition, a problem emerged. The practice has a portion of Medicaid patients scheduled for treatment into January of 2009. In Florida, as in many states, the Dental Practice Act has provisions for a spouse to own the practice for 90 days for the purpose of transition. Medicaid does not have a parallel rule nor does Medicaid have a provision for a temporary provider number. The Medicaid provider number is personal and is terminated at the time of death. Each volunteer dentist assisting in the transition must have a Medicaid provider number for the purpose of billing. During a transition or in a continuation time, it is usually necessary to bill for care rendered. In the interested of access to continued care for these patients, a solution is needed or, in many communities, as in Florida, the care will be terminated.”

Dr. Joseph H. Hagenbruch, Illinois, said, “I think it’s a great idea, but I think maybe the individual who wants to make this amendment should maybe come next year with a new resolution, because I think his thoughts are germane, but not to this particular issue ... I don’t think we are talking about the same type of practice situations here. We’re talking about facilities that are not private practice facilities.”

On vote, the proposed amendment to add “as well as in private practice situations, where the licensee is either deceased or disabled and other volunteer dentists are assisting in continuation of the practice” was not adopted.

On vote, Resolution 44B was adopted in lieu of Resolution 44.

44H-2008. Resolved, that the ADA identify the various impediments, at both the federal and state levels, that make it difficult for facilities to bill for services provided by dentists who volunteer their services to public clinics and similar facilities and work with constituent dental societies, government agencies, and others to make necessary legislative/regulatory adjustments.

Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs (Second Trustee District Resolution 45 and Reference Committee on Public Affairs, Legal and Legislative Matters Resolution 45RC): The Reference Committee reported as follows.

The Reference Committee agrees with the need to enhance the resources available for dental residency and advanced education programs across the entire spectrum of dentistry.

45RC. Resolved, that the American Dental Association advocate for increased federal funding for general practice, pediatric and other dental specialty residency and advanced education dental programs to ameliorate national access to dental care issues and enhance opportunities for extended clinical training and experience.

Dr. Ellwein moved that Resolution 45RC be adopted in lieu of Resolution 45 (*Supplement:6159*).

Dr. Craig S. Ratner, New York, moved to substitute Resolution 45RCS-1 for Resolution 45RC.

45RCS-1. Resolved, that the American Dental Association advocate for increased federal funding for primary care postdoctoral training programs (i.e., general practice residencies [GPR], pediatric dentistry programs, and advanced education in general dentistry [AEGD] other dental specialty residency and advanced education dental programs) to ameliorate national access to dental care issues and enhance opportunities for extended clinical training and experience.

Dr. Ratner said, "The intent of the original resolution as submitted by the Second Trustee District was to enhance and increase the number and distributions of primary care training programs."

Dr. Timothy P. Levine, American Student Dental Association, spoke in support of the substitute saying, "... We'd like to emphasize this one point that the ultimate solution of the issue of access to care is going to require contribution far beyond just students and recent graduates. This problem will only be solved when it's embraced by the entire profession and when everyone from the first year dental students, all the way to retirees, are involved. ... We absolutely appreciate this resolution and its efforts to secure further funding and thoroughly support that goal."

Mr. Robert A. Seminar, New York, speaking in support of the substitute said, "GME is graduate medical education funding. That funding comes from the federal government and without that funding to general practices, to residencies across the board in every health delivery system, medicine, dentistry and podiatry, residencies in those hospitals would be sorely pressed and many of them would have to be cut back. ... In dentistry, I do appreciate that the federal government recognizes the need for increased residencies in dentistry across the board, and so dentistry is not capped. So we can increase these programs on a national level. ... It would be a reaffirmation by this House of Delegates to urge continued policy of the ADA. The primary care programs and residencies receive increased funding to reach out to the underserved, and it would be another reaffirmation to expand opportunities for clinical training and experience of our dental graduates."

Dr. Barry P. Setzer, Florida, spoke in support of the substitute saying, "As a pediatric dentist on the front line of access to care, I support increased funding for primary care, the blood and guts of dentistry, and support the increase of funding for these training programs."

Dr. James W. Antoon, Florida, said, "It's already ADA policy to support advance education programs. I think we must have this amendment to go back to the original intent of the resolution, which was to increase funding for primary care residency programs."

Dr. Richard M. Lofthouse, Wisconsin, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 45RCS-1 was substituted for Resolution 45RC.

On vote, Resolution 45RCS-1 was adopted in lieu of Resolution 45.

45H-2008. Resolved, that the American Dental Association advocate for increased federal funding for primary care postdoctoral training programs (i.e., general practice residencies [GPR], pediatric dentistry programs, and advanced education in general dentistry [AEGD] programs) to ameliorate national access to dental care issues and enhance opportunities for extended clinical training and experience.

Public Affairs Initiative Regarding the Dental Profession (Fifteenth Trustee District Resolution 60 and Board of Trustees Resolution 60B): The Reference Committee reported as follows.

The Reference Committee concurs with the Board and recommends that Resolution 60B be adopted in lieu of Resolution 60.

60B. Resolved, that all appropriate agencies of the Association identify opportunities to educate, on a continual basis, law and policymakers, the media, other stakeholder groups and, to the extent possible,

the voting public about the complexity of dental treatment, the dentist's unique ability to deliver that treatment safely and the education and training needed to become a dentist. The messages to be communicated should include, but not be limited to:

- The dentist's role in safeguarding patient health and safety during clinical dental procedures;
- The importance of a broad-based pre-doctoral science background to enable dentists to understand scientific and technical information, and translate that knowledge to the clinic for the benefit of the patient;
- The benefits to the patient of having an identifiable "dental home" with a dentist as the head of the dental team; and
- The importance of dental education and research in advancing the knowledge of oral health matters, and the dentist's essential role in that process.

and be it further

Resolved, that the Washington Leadership Conference be utilized as a venue for the implementation of a portion of this initiative by directing and equipping the attending dentists to speak effectively to elected officials and their staffs about the value that dentists bring to clinical dental care, as well as the dentist's role in meeting the challenges of access to care, and be it further

Resolved, that appropriate agencies of the Association will draft and present to the Board of Trustees, by its February 2009 meeting, a plan recommending other target audiences for these messages and the best ways to reach them.

Dr. Ellwein moved the adoption of Resolution 60B (*Supplement:6171*) in lieu of Resolution 60 (*Supplement:6170*).

Dr. Richard C. Black, Texas, moved to amend by adding the words, "in a manner that uses existing ADA resources" after the word "them" in the final resolving clause so the new language would read as follows:

Resolved, that appropriate agencies of the Association will draft and present to the Board of Trustees, by its February 2009 meeting, a plan recommending other target audiences for these messages and the best ways to reach them, in a manner that uses existing ADA resources.

In speaking to the amendment, Dr. Black said, "In the spirit of which this House is acting in a fiduciary responsibility, this amendment will basically remove the financial obligation of this resolution. Obviously, the Fifteenth District believes that is an excellent resolution and needs to happen, but we have been reassured that existing ADA resources will allow us to accomplish this goal."

On vote, the proposed amendment was adopted.

On vote, Resolution 60B, as amended, was adopted in lieu of Resolution 60.

60H-2008. Resolved, that all appropriate agencies of the Association identify opportunities to educate, on a continual basis, law and policymakers, the media, other stakeholder groups and, to the extent possible, the voting public about the complexity of dental treatment, the dentist's unique ability to deliver that treatment safely and the education and training needed to become a dentist. The messages to be communicated should include, but not be limited to:

- The dentist's role in safeguarding patient health and safety during clinical dental procedures;
- The importance of a broad-based pre-doctoral science background to enable dentists to understand scientific and technical information, and translate that knowledge to the clinic for the benefit of the patient;
- The benefits to the patient of having an identifiable "dental home" with a dentist as the head of the dental team; and
- The importance of dental education and research in advancing the knowledge of oral health matters, and the dentist's essential role in that process.

and be it further

Resolved, that the Washington Leadership Conference be utilized as a venue for the implementation of a portion of this initiative by directing and equipping the attending dentists to speak effectively to elected officials and their staffs about the value that dentists bring to clinical dental care, as well as the dentist's role in meeting the challenges of access to care, and be it further

Resolved, that appropriate agencies of the Association will draft and present to the Board of Trustees, by its February 2009 meeting, a plan recommending other target audiences for these messages and the best ways to reach them, in a manner that uses existing ADA resources.

ADA Support For Constituent Societies In Dealing With Dental Mid-Level Provider Proposals (Board of Trustees Resolution 75 and Fifth Trustee District Resolution 75S-1): The Reference Committee reported as follows.

The Reference Committee agrees with changes made to Resolution 75 in eliminating reference to mid-level providers in favor of the more flexible language found in Resolution 75S-1.

75S-1. Resolved, that the ADA public affairs and advocacy efforts should assist constituent societies in dealing with proposals to change the scope of practice for allied dental personnel by focusing on determining need, promoting sufficient education, training, supervision by a dentist and a scope of practice that ensures the protection of the public's oral health. The ADA should offer support to those constituent societies facing potential scope of practice changes to enable the best possible outcome.

Dr. Ellwein moved the adoption of Resolution 75S-1 (*Supplement:6181a*) in lieu of Resolution 75 (*Supplement:6181*).

Dr. James W. Antoon, Florida, moved to amend Resolution 75S-1 by moving the words "supervision by a dentist" from where it currently exists and inserting them between the words "focusing on" and "determining" so the amended language would read as follows:

Resolved, that the ADA public affairs and advocacy efforts should assist constituent societies in dealing with proposals to change the scope of practice for allied dental personnel by focusing on supervision by a dentist, determining need, promoting sufficient education, training, ~~supervision by a dentist~~ and a scope of practice that ensures the protection of the public's oral health. The ADA should offer support to those constituent societies facing potential scope of practice changes to enable the best possible outcome.

Dr. Antoon said, "If the most important aspect of our issues before our legislature is the well-being of our patients, perhaps the second most important matter is the preservation of the dental team. So in order to strengthen this statement, I think it's important that we emphasize under the supervision of the dentist rather than dental personnel."

A delegate from the floor spoke in opposition saying, "The problem with this amendment is that if we're presented with something that does not have supervision by a dentist in it, then this suggests that the ADA cannot assist and cannot be involved in the discussion. It does not advocate that we're going to want to deal with things where the dentist is not involved. It advocates that we need to assist states with what comes at them from someone other than the ADA. ..."

Dr. Antoon replied, "I just want to remind the House that supervision by a dentist can be direct supervision, indirect supervision, general supervision, tele-dentistry off-site supervision, so I don't think that issue is as important as that members of the dental team stay under the supervision of the dentist."

Dr. Josef N. Kolling, Michigan, said, "If you read it, it's no longer a reasonable sentence ... I don't think the amendment went into the right place."

On vote, the proposed amendment to Resolution 75S-1 to move "supervision by a dentist" from where it currently exists and insert it after "for allied dental personnel by focusing on" was not adopted.

Dr. Alan E. Friedel, Florida, moved to amend by removing the words “supervision of a dentist” and adding “maintaining supervision by a dentist” after the words “allied dental personnel” so the proposed language would read as follows:

Resolved, that the ADA public affairs and advocacy efforts should assist constituent societies in dealing with proposals to change the scope of practice for allied dental personnel, maintaining supervision by a dentist and by focusing on determining need, promoting sufficient education, training, ~~supervision by a dentist~~ and a scope of practice that ensures the protection of the public’s oral health. The ADA should offer support to those constituent societies facing potential scope of practice changes to enable the best possible outcome.

In speaking to the proposed amendment, Dr. Friedel said, “I do believe that one of our bedrock principles is that somewhere in decision-making on patients’ behalf the dentist, as captain of the team, must have an eye on what is going on, whether it be general supervision as we heard earlier, or more direct supervision. ...”

Dr. Rhonda R. Savage, Washington, spoke in opposition to the proposed amendment.

As a point of information, Dr. Daniel E. Kettman, Illinois, said, “I cannot see that this is substantively different than the last amendment, and wondered if it could be ruled out of order.”

In response, the Speaker said, “... I’m not totally disagreeing with you, but he is putting it in a different place and using a different word and, therefore, makes it different, and I’m not going to rule it out of order. ... We’re going to let the House make this decision. ...”

Dr. Gary S. Davis, Pennsylvania, as a point of information said, “Can someone please explain to me ... if a legislature presents an allied health personnel that does not have supervision by a dentist, are we even able to sit at the table and discuss it? I’m afraid that this change takes that away.”

In response, an ADA staff member said, “I believe the intent of this resolution is to ensure that it is in the State Public Affairs Program, that the ADA can go in and assist states regardless of proposal that is being discussed in an effort to try and improve the situation and to make it more in line with something that the ADA and the state constituent society can support.”

Dr. Davis further asked, “... can we sit down at the table, you know, like what’s going on in Minnesota now, and speak at the table with this clause ‘maintain supervision by a dentist,’ can we only discuss allied dental personnel that have supervision? Yes or No?”

The ADA staff member responded by saying, “... I think the intent of the person who posed it was to dictate that, yes.”

Dr. Thomas H. Price, Louisiana, moved to vote immediately. With no one else requesting to speak, the Speaker called for the vote on the amendment to Resolution 75S-1.

On vote, the proposed amendment to Resolution 75S-1 was not adopted.

Dr. Edward H. Segal, Illinois, moved to vote immediately. Again, with no one else requesting to speak, the Speaker called for the vote.

On vote, Resolution 75S-1 was adopted in lieu of Resolution 75.

75H-2008. Resolved, that the ADA public affairs and advocacy efforts should assist constituent societies in dealing with proposals to change the scope of practice for allied dental personnel by focusing on determining need, promoting sufficient education, training, supervision by a dentist and a scope of practice that ensures the protection of the public’s oral health. The ADA should offer support to those constituent societies facing potential scope of practice changes to enable the best possible outcome.

Economic Stimulus to Increase Patient Awareness for the Need for Dental Care in a Down Economy
(Fifth Trustee District Resolution 77): The Reference Committee reported as follows.

The Reference Committee agrees with the intent of Resolution 77. However, with the present economic downturn, the Reference Committee believes it is more fiscally responsible to rely on existing educational programs rather than expending the funds called for by the resolution.

77. Resolved, that the ADA conduct patient focus groups and other pertinent activities in at least four geographic areas of the U.S. to determine patient perceptions of the importance of accessing dental care and to test messages that motivate patients to access dental care during a slower economy and then use the findings to educate dentists on how to retain and recruit patients in this economic climate, and be it further

Resolved, that the ADA begin this process within 90 days of the close of the ADA House of Delegates, and be it further

Resolved, that the ADA consider using funds from the State Public Affairs Program for this purpose, and be it further

Resolved, that the ADA provide in a timely manner definitive programs and activities that member dentists, constituent societies and the ADA can utilize to urge patients to seek dental care.

Dr. Ellwein moved Resolution 77 (*Supplement:6214*).

Dr. Edward J. Green, Georgia, requested a point of information saying, "Mr. Speaker, the [third] resolved clause of Resolution 77 calls for the use of existing funds and initiatives from that State Public Affairs Program. However, Resolution 77 is listed as a currently budgeted item which would affect the deficit. Would an appropriate public affairs staff person speak to clarify this matter?"

With the permission of the Chair, an ADA staff person said, "As the resolution speaks to 'consider using,' meaning that the American Dental Association could choose not to use the State Public Affairs Program to fund that. That's why we put that financial impact on there. I believe, however, that we could use the State Public Affairs Program. We have a research budget where we do public opinion research, that we could find a way to layer on some questions in focus groups that would meet the needs of this resolution in a way that wouldn't cost the State Public Affairs Program additional money."

Dr. Edward J. Green, Georgia, spoke in support of Resolution 77 saying, "Current economic conditions affect patients and practices alike. I feel that it is in good faith to act on behalf of patients and member dentists. Resolution 77 calls for the development of innovative ways or initiatives to empower and alert patients not to neglect their dental needs during an economic downturn. Neglect only leads to an increase in oral health problems and more expensive treatment later. ..."

Dr. H. Todd Cubbon, Illinois, moved to amend the third resolving clause to remove the word "consider" so the new language would read as follows.

Resolved, that the ADA ~~consider~~ using funds from the State Public Affairs Program for this purpose, and be it further

Dr. Robert S. Roda, Arizona, spoke to the amendment saying, "If you get rid of the word 'consider,' then the grammar is incorrect. You'd also have to get rid of the word 'using' and put in the word 'use.'"

Dr. Burton W. Job, Ohio, Reference Committee member, requested clarification from staff saying, "... When we debated this, the impression we got was that the state governance affairs budget was already spoken for and there was no additional funds, because we thought very strongly that we do not want to spend additional ADA money on the project. Now I understand that it can be done. I just want a clarification to make sure we did not misunderstand."

Staff replied, "... We thought that we could do it by using existing research that we would be doing focus groups anyway, that we'd be able to layer on questions that speak to this resolution so that we'd be able to

get the two bangs for one buck. ... We have clearly, you know, in our State Public Affairs Program budget, we have a dedication of funds to do public opinion research and focus groups. We are working in a number of states and a number of different issues. We'll clearly be doing focus groups over the coming year, and we will be able to layer on to any focus group we do, questions that speak to this resolution so that we can accomplish the goals of this resolution."

On vote, the proposed amendment to remove the word "consider" and change the word "using" to "use" was adopted.

Dr. John Roberts, Indiana, and Dr. Bryan C. Edgar, Washington, spoke against the resolution.

Dr. Thomas S. Kelly, Ohio, said, "... In the first resolving clause, I find it offensive and self-serving that we're concerned about motivating patients for access to care during a slower economy. We should be motivating patients for access to care during any economy. And that the idea for dentists ... to educate dentists how to recruit and retain patients in this economic climate seems very self-serving."

Dr. H. Todd Cubbon, Illinois, requested a point of information saying, "I think it's self-evident that for clarity now we can remove the financial impact; is that correct?"

The Speaker said that was correct.

Dr. Mark S. Ritz, Georgia, spoke in support of Resolution 77, as amended, saying, "...Our members are reporting that more and more patients aren't scheduling necessary care. We all understand that postponing treatment will result in poorer outcomes for our patients. Messages that were successful last year might not have the same relevance today. ..."

Dr. Robert S. Roda, Arizona, moved to vote immediately.

On vote the motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote Resolution 77, as amended, was not adopted.

A brief discussion followed regarding the rules for conducting closed sessions of the House. The Speaker noted the session was called in accordance with House rules.

As a point of information a delegate had a question regarding Resolution 70RCS-1, specifically requesting clarification on where the money is coming from to pay for the new examinations?

In response, Dr. Leone said, "We have no provision for this in the budget. It has no financial impact right now, as far as we can tell."

Dr. Mark Feldman, also responded, saying, "... there is funding from the Joint Commission within the budget of the American Dental Association, and then they also produce revenues through the administration of the examination. This particular resolution urges them to modify or replace the current examination by 2011. So there's no financial implication currently on that, but it is very possible that it makes this House ... you might get a report back from them as to some costs that might be involved and then you might have to consider how you want to do that."

Report of the Reference Committee on Budget, Business and Administrative Matters (continued)

Approval of 2009 Budget (continued): Dr. Edward Leone, Jr., treasurer, presented his report on the final 2009 budget, saying "... What we did as a Board of Trustees is looked at our Strategic Plan and it is clear from the Strategic Plan ... that allocation of resources for goal six, Achieving Excellence in Operations, is where the money is. And so what the Board of Trustees has done, with an extremely high level of cooperation from key staff who are here with us, has determined adjustments that can be made under that

goal in order to achieve the target of expense that you dictated to us. ... with these adjustments on the expense side of the 2009 budget plan, we'll be running an approximate \$63,000 surplus if the information we're providing here is understandable and acceptable."

Proposed Expense Reductions:

Reduce operating and capital contingency funds 20%	\$ (250,000)
Reduce temporary help 20%	(120,000)
Reduce staff travel 15% (excluding annual session since it was already reduced in the budget)	(230,000)
Reduce capital expenditures	(340,000)
Reduce IT consulting	(100,000)
Implement a 30-day hiring freeze for staff	(275,000)
Eliminate Direct Reimbursement Program	(250,000)
Reduce Government Affairs decision package for additional National Advocacy Recourses	(369,000)
Suspend volunteer per diem increase for 2009	(167,000)
Eliminate Membership decision package for Tripartite Marketing Collaborative Program	<u>(99,000)</u>
<i>Total of Expense Reductions</i>	<i>\$ (2,200,000)</i>

Dr. Ronald Lemmo, chair, Reference Committee on Budget Business and Administrative Matters, moved that Resolution 14 (*Supplement:2044*), as recommended by the Board, be adopted.

14. Resolved, that the 2009 Annual Budget of revenues and expenses, including net capital requirements be approved.

Dr. Leone, noted that the target for expenses was \$115,277,200.

Dr. Bryan C. Edgar, Washington, requested a point of information, saying "... Could you advise us or this House as to, if this list of changes in the budget were to be desired to change any of the line items, would you explain how that's done?"

With the permission of the Chair, Dr. Leone responded, saying, "I think what you need to do is tell me what it is you have a concern over and, as the treasurer, I'll try to do my best to make those adjustments.

Dr. Edgar said, "Okay. I don't have concern over any specific line item, but I just want to know what the process is."

In response, the Speaker said, "The process would be you would have to make a motion with a recommendation to send it back to the Board to have it changed."

Dr. Idalia Lastra, Florida, requested a point of information saying, "The original resolution to send the budget back to the Board used a different number ... the original ongoing expenses in the budget proposed by the Board were \$117,427,200. The resolution was to bring it back at \$115,227,000, which is \$2.2 million, and I only see \$1.2."

Dr. Leone responded, saying, "The reason for that is that the differential between the projected revenues for the 2009 budget and the expense numbers you gave us, was \$700,000. And the House has only spent \$442,000 of that, and so that ... \$250,000, more or less, of projected revenue is put back against the deficit that you are talking about. ..."

In response, Dr. Lastra said, "I'm not sure that we asked for anything in revenue to be touched, only for expenses."

Dr. Leone said, "Yes, but anticipated revenues are reported in Board Report 2, and we have not made any changes in those. No. what I'm saying is, this House has been frugal in their deliberations this time, and whereas they could have spent up to \$700,000, a touch more, on the resolutions that they were approving, they only spent \$442,000, and that gave us a little additional projected revenue to put towards satisfying the target number that was in the resolution that came back to us."

Dr. Edward J. Weisberg, Virginia, requested a point of information saying, "The sesquicentennial is in the budget at \$258,000, \$125,000 of which is currently being funded by other sources. Is that \$258,000 a net figure or does the \$125,000 come out of the \$258,000?"

Dr. Leone said, "No, the \$125,000 has not been counted. It's not money in the bank yet, so we're being a little bit cautious is what that is."

Dr. Edward H. Segal, Illinois, requested a point of information saying, "... Could the Chair please comment on the Government Affairs decision package and clarify that a little bit?"

Dr. Leone responded by saying, "Those are consulting fees. We got the sense from the House of Delegates that you wanted to try to trim those where we could. That was an area we choose to do that for you."

Dr. Alvin W. Stevens, Jr., Alabama, requested a point of information saying, "Through the Chair, to Dr. Leone; ... if this budget is passed as presented to us, does this mean no dues increase?"

Dr. Leone responded by saying, "Absolutely no dues increase."

Dr. G. Lewis Mitchell, Jr., Alabama, spoke in support of Resolution 14, saying "... I want to thank personally and for the entire House of Delegates the treasurer and the Board of Trustees for listening to us, first, and being so responsible and doing a great job, and I thank you very much."

Dr. Steven W. Hogg, Oklahoma, moved to send the budget back to the Board with a request to reinstate the \$250,000 for direct reimbursement saying, "The direct reimbursement program originally started with \$2.65 million many years ago. It's down to \$250,000. That's the last infrastructure we have left to maintain fee for service practice of dentistry in America. To give you an idea of the return on investment on that \$250,000, every district in this House gets at least a 50 times return on that \$2 investment of the dues money. I see no reason to take that infrastructure and strike it. ..."

Dr. Glenn D. Hall, Texas, spoke in support of referral saying, "... I think this is the last shining example of how dental benefits should be administered, and while it might be a very small market share, we've seen things like health savings accounts and cafeteria plans move to provide patients with direct monies for which they can spend on health care. ... If we cannot save the full \$250,000, I urge the Board to try to at least preserve dental reimbursement somewhere, some way within the budget so that we can continue to promote it."

Dr. Christopher J. Smiley, Michigan, spoke in support of referral saying, "... What concerns me is the precedent here relative to governance. We're talking about eliminating an entire program. That is going to be eliminated without thoughtful consideration and debate about the merits of the program simply on a budgetary reason. ... Direct reimbursement has been debated before this House, and if we think back, it was funded at \$2.6 million, so that House saw the value in this. This program has been thoughtfully managed by the

Council on Dental Benefit Programs. It's now one percent of what the original program was funded at. ...If we are going to throw out a program, the House needs to thoughtfully debate it. ..."

Dr. Jamie L. Sledd, Minnesota, also spoke in support of referral.

As a point of information Dr. Rob R. Lovell, Michigan, said, "... If this passes for referral, will other input be allowed to be provided to the Board of Trustees such as, let's say, eliminate or implement a 60-day hiring freeze, prior to them going back to deliberate."

The Speaker responded by saying, "... The way the House Manual sets this up is, that every individual recommendation to the Board to send it back to the Board to consider, has to be weighed on its own merit and voted by a majority vote of this House. So, if there's another item, you'll have to do the same thing we're doing here."

A delegate from the floor requested a point of clarification saying, "Mr. Speaker, would that include suggestions from Dr. Leone that we do have a surplus from the monies that we did not spend to go back for a specific like direct reimbursement?"

With the permission of the Chair, Dr. Leone said, "Absolutely ... the way this shakes up right now, there's approximately a \$63,000 surplus, and clearly that can be used to balance the budget at zero."

Dr. Soliday added, "I would think that would give them flexibility. I don't really think you need to make a recommendation for that. I think, if it goes back for these other things, they will utilize anything they can to get the money."

An individual requesting a point of information asked, "Let me tell you that the Board of Trustees deliberated long and hard over these issues, questioned the staff regarding the details of every decision they made and, of course, what we're doing is sharing that information with you. We could be here until next week if we're going to micromanage each one of these items. You really do have to have a little bit of credibility with your Board of Trustees and allow them to operate this organization as the *Bylaws* dictates that they should. ..."

As a point of information, a delegate from the floor said, "... If this amendment passes to put back the direct reimbursement, could Dr. Leone let the House know approximately what effect that would have on the dues our members are paying?"

Dr. Leone said, "None. And the reason is this: first of all, we do have \$63,000 in surplus. Above and beyond that, you've heard a delegate allude to approximate \$125,000 subsidy we are projecting to come on the revenue side of the budget. I said we were being cautious and not using it because it is not yet in the bank. But it's very clear that it's going to come our way. ..."

Dr. Monica Hebl, Wisconsin, requested a point of information saying, "In the art of transparency, I know that you couldn't have been exact and put that list out there when we walked in, and it would have been exact, but you certainly had the idea of what it was you were going to cut, and so that we could have had a chance all morning to discuss what this meant and where we felt we needed to act and things, you maybe wouldn't have had these long lines at the microphone if you would have set that out on a table in the morning. ..."

The Speaker said he would take this under advisement.

Dr. Leone requested a point of information saying, "It is extremely difficult to do anything like this with any certainty until the last action of the House is taken on the last resolution that has financial impact. We have been adjusting this thing all morning and, as a matter of fact, putting programs back in as a result of the good stewardship all of you have shown in your deliberations."

Dr. J. Ted Sherwin, Virginia, requested a point of information, saying, "I couldn't hear Dr. Leone's explanation again of how we can end up still with a balanced budget and get most of the \$250,000 back to the direct reimbursement if we so wished. Would you review that once again?"

Dr. Leone responded saying, "The adjustments that we have suggested, based on revenue projections that are in your Board Report 2 for the 2009 budget plan, are yielding right now an approximate \$63,000 surplus. Above and beyond that, we've already had a delegate point out that we are expecting a subsidy of \$125,000. My response to that individual is that it's not yet in the bank, so we didn't count it ... Very clearly, we could put the surplus we have with that \$125,000 subsidy, perhaps adjust down direct reimbursement from 250 to 200 and still have very close to a balance budget. ..."

A delegate from the floor requested a point of information saying, "If the House wanted to expedite its business and try to pursue this line of thinking to balance the budget and get some monies back into DR, what would be the way of the House to do that?"

In response, the Speaker said, "...The motion is to send it back to restore the \$250,000. I think the treasurer is already telling you that they're working on it. If this House wants to do that, we will vote ..."

Dr. Mark Feldman added, "... If you pass the resolution to send the budget back to the Board and add \$250,000 for DR, that's what we're going to do. So if you want to do what [Dr. Leone] is suggesting, you should defeat that motion and then you would say return the budget to the Board with a recommendation of what Dr. Leone recommended."

A delegate from the floor asked, "If that were the case, could the maker of the motion to refer back to the Board, if he chose to see this as a friendly action by the House, could he remove that motion and then we ask the House to do that?"

Dr. Soliday said that he would accept a clarification from the maker.

Dr. Steven W. Hogg, Oklahoma, moved to amend his original amendment saying, "I would like to amend that to a friendly amendment, make it \$200,000."

Dr. Soliday accepted the recommendation.

Dr. Mark R. Stetzel, Indiana, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 14 was sent back to the Board with a request to reinstate the \$200,000 for direct reimbursement.

Recess: A brief recess was called. During this time the Board of Trustees met to discuss the request to reinstate the \$200,000 for direct reimbursement. After a brief meeting the HOD was called back to order.

With the permission of the Chair, Dr. Leone said, "... The consensus was 100% to make the adjustments that we just discussed and negotiated with the House. And so for your information, now what you're doing is hopefully approving a budget that has a very nominal \$11,000 deficit. ... One additional item of information that the Board of Trustees feels very strongly that you should know, is that the hiring freeze that's recommended exempts contract employees, the potential of hiring an Executive Director. ..."

Dr. Burton W. Job, Ohio, moved to vote immediately.

Having no other request to speak, the Speaker called for the vote on Resolution 14.

On vote, Resolution 14, as amended, was adopted.

14H-2008. Resolved, that the 2009 Annual Budget of revenues and expenses, including net capital requirements be approved.

Recommended Dues Change (Board of Trustees Resolution 15): The Reference Committee reported as follows.

The adoption of the budget discussed separately is closely tied to consideration of a dues increase. The Committee heard considerable testimony about the current challenges in the economy and how they might impact the member dentist. While sensitive to these concerns, the Committee believes a \$14 dues increase is necessary to continue the Association's valuable programs. The Committee is supportive of the financial strategy of dues stabilization and believes the recommended dues increase of \$14, which is below inflation, would be consistent with that strategy. Given recent events in the financial markets, reserves have fallen below the current 40% target so that funding a budget deficit from reserves would not be prudent.

The Committee is aware that the House is considering several resolutions with financial impact that will require careful consideration, especially given the need for a funding mechanism. If resolutions with financial impact require funding above the recommended dues increase of \$14 the Committee recommends that the 2009 budget be referred back to the Board for presentation of a balanced budget consistent with the long-term strategy of dues stabilization.

Therefore, the Committee supports the Board's recommendation of a \$14 dues increase.

15. Resolved, that the dues of ADA active members shall be five hundred twelve dollars (\$512.00), effective January 1, 2009.

Dr. Lemmo, chair, Reference Committee on Budget, Business and Administrative Matters, moved the adoption of Resolution 15 (*Supplement:2045*).

Dr. Michael Stablein, Illinois, moved to amend Resolution 15 by deleting the words "five hundred twelve dollars (\$512.00) and adding the words "four hundred ninety-eight dollars (\$498.00).

Dr. Mark A. Bauman, New York, moved to vote immediately.

With no other requests to speak, and hearing no objections, the Speaker called the vote on the proposed amendment to Resolution 15.

On vote, the proposed amendment was adopted.

With the permission of the Chair, Dr. Feldman addresses the House saying, "You're about to vote, obviously, on your dues amendment, and I am not stupid enough to say that I would oppose what you decided to do. However, I also think that it is fitting as my final remarks to you, they have some financial ... thoughts. Because I think that it is important for you to understand that I've been at this for eight years now, and every one of these eight years I have been told by a substantial group of this House that this is not the year to have a dues increase, as we've heard this year. You did adopt earlier at this House of Delegates a dues stabilization policy that calls for an inflationary maximum by the Board. Now, it's not an urge, you mandated them to give you no more than an inflationary dues increase. And I'm sure I know that they will bring you that next year, but if, again, as is your right, you then decide to have no dues increase, you will start that same spiral we entered into four or five years ago. Dues stabilization will only work as a partnership between the House of Delegates and the Board of Trustees that will allow for the small inflationary increases. Your Board will have extreme difficulty next year bringing you a budget limited to an inflationary dues increase of the CPI average for the last three years of Chicago, because they're going to start in a substantial hole based on the way our budget process is made. ... I support the fact that this year we're going to have no dues increase, and I applaud the way this House worked in partnership with the Board. ..."

On vote, Resolution 15, as amended, was adopted by a two-third (2/3) affirmative vote.

15H-2008. Resolved, that the dues of ADA active members shall be four hundred ninety eight dollars (\$498.00), effective January 1, 2009.

Concluding Remarks of the Speaker: The actions of the House of Delegates are no longer the opinions, wishes, suggestions or recommendations of any individual, committee or officer, but are now the actions of the entire House of Delegates. And as this House of Delegates is authorized under the 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 these facts into the House of Delegates as actions of the American Dental Association.

Adjournment *Sine Die*: Dr. Deepinder Ruchi K. Nijjar, California, moved to adjourn *sine die*. On vote, the House of Delegates adjourned *sine die* at 10:37 a.m.

Scientific Session

Notes

Scientific Session

Henry B. Gonzales Convention Center, San Antonio, Texas
October 17-21, 2008

The 2008 Annual Scientific Session was held October 17-21, 2008, at the Henry B. Gonzales Convention Center.

The scientific program was under the direction of the Council on ADA Sessions composed of the following members: Shinbori, Dennis D., *chair*, San Francisco, California; Skinner, Robert L., (2009 *chair designate*), Fort Smith, Arkansas; Berlanga, Pamela S., *ex officio*, San Antonio, Texas; Carstensen, Stephen W., Bellevue, Washington; Dubin, Gary K., Guilford, Connecticut; Dunn, Mary Beth, Clarence, New York; Feldman, James K., Washington, D.C.; Frey, John T., Belmont, Michigan; Heier, Ronald K., Malvern, Pennsylvania; Laing, Kevin M., Van

Wert, Ohio; Lum, Calbert M. B., *ex officio*, Honolulu, Hawaii; Lyman, Rise L., Lakehills, Texas; McCorkle, Hutson E., Orlando, Florida; Medovic, Michael D., Wheeling, West Virginia; Mohme, Edward H. (Chip), Norcross, Georgia; Remes, Michael C., Northfield, Minnesota; Smith, J. Christopher, *ex officio*, Charleston, West Virginia; Smith, Philip E., Lexington, South Carolina; Twesme, A. Ted, Las Vegas, Nevada; Williams, John R., Moline, Illinois; Donovan, Jim, *director*, Chicago, Illinois

The following were presenters at the 2008 Scientific Session:

Ahlstrom, Robert	Coluzzi, Donald	Hagenbruch, Joseph	Malamed, Stanley
Alexander, Roger	Conroy, Sarah	Hale, Lt. Col. Robert	Massad, Joseph
Allen, Edward	Cornett, Jack	Hansen, Henrik	Mattos Ozi, Joana
Armstrong, Richard	Crews, Karen	Harris, Joel	McArdle, Barry
	Cufaude, Jeffrey	Hawkins, J. Mel	McDonald, Thomas
Bahcall, James		Haywood, Van	Meyer, Daniel
Baker, Karen	Dayton, Dayna	Hein, Casey	Miles, Dale
Ball, John	DeNucci, Donald	Hempton, Timothy	Miles, Linda
Bambara, George	DePaola, Louis	Henson, Niki	Miller, Mark
Banta, Lois	DeVivo, Judith	Hewett, Sally	Molinari, John
Barghi, Nasser	DeWood, Gary	Hobdell, Martin	Moore, Paul
Bartlett, David	Dib, Luciano	Hoelscher, Diane	Murphy, Mark
Benjamin, Scott	Dorst, Jackie	Horowitz, Alice	
Blair, Charles	Drisko, Connie	Huffines, Randy	Niessen, Linda
Blake, Jen		Hyman, Mark	Northway, William
Bogart, Maj. Robert	Edwab, Robert		
Brady, Lee Ann	Emmott, Lawrence	Jablow, Martin	Obucina, Lillian
Brandon-Kelsch, Noel	Engelhardt-Nash, Debra	Jacobsen, Peter	Odiatu, Kary
Broman, Lt. Col. Jerry	Eubank, Jimmy	Jameson, John	Odiatu, Uche
Brott, Lizabeth		Jensen, Rod	Olmsted, John
Brucia, Jeff	Farman, Allan	Jones, Judith	
Brunson, W. David	Ferracane, Jack	Jovanovic, Sascha	Potter, Brad
Burgess, John	Feuerstein, Paul		Psaltis, Gregory
Burns, Sherry	Folse, Gregory	Kalmar, John	Pumphrey, David
Burton, Bruce	Fong, Cynthia	Kay, Laney	
		Kelly, Nancy	Rafetto, Louis
Camp, Joe	Garber, David	Kitchen, Michelle	Ramos Jr., Col. Van
Cardoza, Anthony	Gillette, Jane	Koerner, Karl	Ramos-Gomez,
Carmona, Richard	Goldstein, Martin	Kornman, Kenneth	Francisco
Carpenter, Bill	Gonzales, Col. Theresa	Kozlowski, Kenneth	Ratcliff, Steve
Caruso, Timothy	Goodacre, Charles		Reinhardt, John
Christensen, Gordon	Govoni, Mary	Lee, Jessica	Rempell, Jeffrey
Christopher, Bruce	Gray, Brian	Liberatore, Gregory	Rickles, Stephen
Ciancio, Sebastian	Greer, Mark H.K.		Rinaudo, Capt. Philip
Cochran, David	Gremillion, Henry	Mah, James	Rindler, Eric

Robbins, William
Rose, Louis
Rothman, David
Ruiz, Jose-Luis
Russo, James
Ryan, Maria

Schaeffer, Capt. James
Schwartz, Richard
Seiver, Jeffrey
Sensabaugh, Cindy
Sherman, Jeffrey

Smith, William
Sperandéo, Maria Luiza
Stewart, Debra
Suzuki, Jon
Svirsky, John
Swanson, Susan
Sweeney, Char

Tanaka, Terry
Taylor, George
Taylor, Lt. Col. Steve
True, Geri

Turchetta, Anastasia
Unthank, Michael
Van Dyk, William
Van Dyke, Thomas
Vandewalle, Col. Kraig

Wakefield, Charles
Warren, John
Wells, Anne
Wetzel, Frederick

White, Joel
Wilder, Rebecca
Willeford, Rick
Wilson, Thomas
Wong, David
Wood Jr., James
Wright, Robin

Yagiela, John
Zambon, Joseph

Directory

Officers, Trustees, Executive Staff, Councils, Commissions, Committee on Local Arrangements

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Feldman, Mark J., *president*,
Roslyn, New York
Findley, John S., *president-
elect*, Plano, Texas
Grover, Jane S., *first vice
president*, Jackson, Michigan
Soliday, J. Thomas, *speaker*,
House of Delegates,
Gaithersburg, Maryland
Leone, Edward, Jr., *treasurer*,
Denver, Colorado

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Cadle, Donald I., Jr., 2008,
Seventeenth District,
New Port Richey, Florida
Calnon, William R. 2010,
Second District,
Rochester, New York
Faiella, Robert A., 2011,
First District,
Osterville, Massachusetts
Gist, Raymond, 2009, *Ninth
District*, Flint, Michigan
Glecos, William G., 2009,
Third District, Erie,
Pennsylvania
Kell, Kathryn, 2008, *Tenth
District*, Davenport, Iowa
Long, S. Jerry, 2011,
Fifteenth District, Houston,
Texas
Manning, Dennis E., 2010,
Eighth District, Libertyville,
Illinois
Nicolette, Jeanne M., 2008,
Seventh District,
New Albany, Ohio
Schweinebraten, Marie C.,
2009, *Fifth District*, Duluth,
Georgia
Smith, Charles L., 2008,
Sixth District, Charleston,
West Virginia
Smith, Mary Krempasky, 2010,
Eleventh District,
Spokane, Washington
Sykes, Murray D., 2009,
Fourth District,
Silver Spring, Maryland

Tankersley, Ronald L., 2008,
Sixteenth District,
Newport News, Virginia
Thompson, R. Wayne, 2011
Twelfth District,
Shawnee, Kansas
Versman, Kenneth J., 2011,
Fourteenth District,
Aurora, Colorado
Webb, Russell I. 2010,
Thirteenth District,
Lincoln, California

Chief Legal Counsel

Kempf, Tamra

Chief Financial Officer

Zimmermann, William T.

Chief Policy Advisor

Guay, Albert H.

Chief Information Officer

Owens, Robert L.

Senior Vice Presidents

Luther, John (dental practice/
professional affairs)
Meyer, Daniel M. (science/
professional affairs)
Neumann, Laura M.
(education/professional
affairs)
Prentice, William M.
(government and public
affairs)
Toyama, Wendy-Jo
(membership, marketing and
tripartite relations)

Managing Vice Presidents

Basman, Beril L. (strategy
management)
Kosden, Laura A. (publishing)
Mickel, Clayton B.
(communications and
corporate relations)
Wendling, Wayne (health policy
resource center)

ADA Foundation

Payne, Barkley (executive
director)

Councils

Access, Prevention and Interprofessional Relations

Robinson, Lindsey A., 2009,
chair, Grass Valley, California
Lingle, Scott D., 2009 *vice chair*
Saint Paul, Minnesota
Antonelli, Morris, 2008,
Kensington, Maryland
Bordenave-Bishop, Susan,
2008, Peoria, Illinois
Boseman, J. Jerald, 2009,
Salt Lake City, Utah
Briskie, Daniel M., 2009,
Detroit, Michigan
Crabtree, Mark A., 2010,
Martinsville, Virginia
Davis, Gary S., 2011,
Shippensburg, Pennsylvania
Flaherty, Kevin T., 2008 (AMA),
Wausau, Wisconsin
Holm, Steven J., 2008,
Portage, Indiana
Homicz, A. J., 2011,
New Castle, New Hampshire
Lang, Melanie S., 2011,
Veradale, Washington
Low, Samuel B., 2008,
Gainesville, Florida
McCaslin, Alston J., VI, 2008,
Savannah, Georgia
Mentzelopoulou, Ioanna G.,
ex officio, New York,
New York
Miller, David J., 2011,
East Meadow, New York
Miller, Rodney E., Sr., 2008
(AHA), St. Thomas, U.S.
Virgin Islands
Oneacre, Lee P., 2010,
Carrollton, Texas
Stanislav, Leon E., 2010,
Clarksville, Tennessee
Stasch, Jeffrey, 2010,
Garden City, Kansas
Lampiris, Lewis N., *director*,
Chicago, Illinois

ADA Sessions

Shinbori, Dennis D., 2008, *chair*,
San Francisco, California
Skinner, Robert L., 2009
(2009 chair designate),
Fort Smith, Arkansas
Berlanga, Pamela S., *ex officio*,
San Antonio, Texas
Carstensen, Stephen W., 2010,
Bellevue, Washington
Dubin, Gary K., 2010,
Guilford, Connecticut
Dunn, Mary Beth, 2010,
Clarence, New York
Feldman, James K., 2009,
Washington, D.C.
Frey, John T., 2008,
Belmont, Michigan
Heier, Ronald K., 2011,
Malvern, Pennsylvania
Laing, Kevin M., 2011,
Van Wert, Ohio
Lum, Calbert M. B., *ex officio*,
Honolulu, Hawaii
Lyman, Rise L., 2010,
Lakehills, Texas
McCorkle, Hutson E., 2011,
Orlando, Florida
Medovic, Michael D., 2009,
Wheeling, West Virginia
Mohme, Edward H. (Chip),
2008, Norcross, Georgia
Remes, Michael C., 2011,
Northfield, Minnesota
Smith, J. Christopher, *ex officio*,
Charleston, West Virginia
Smith, Philip E., 2008,
Lexington, South Carolina
Twesme, A. Ted, 2008,
Las Vegas, Nevada
Williams, John R., 2009,
Moline, Illinois
Donovan, Jim, (Mr.), *director*,
Chicago, Illinois

Communications

Herwig, Larry D., 2008, *chair*,
Dallas, Texas
Austin, David N., 2009,
Shreveport, Louisiana
Bell, Alonzo M., 2008,
Alexandria, Virginia
Carroll, Peter J., 2009,
Philadelphia, Pennsylvania
Dodell, David S., 2008,
Scottsdale, Arizona

Ellison, Naomi L., 2008,
Santa Monica, California
Gellert, Jonathan R., 2011,
Lowville, New York
Giannini, Eugene T., 2011,
Washington, D.C.
Green, Edward J., 2010,
Albany, Georgia
Icyda, Teri-Ross, 2008,
Stuart, Florida
Knight, Judson M., 2009,
Lexington, Kentucky
Kolling, Josef N., 2011,
Ann Arbor, Michigan
Nielsen, David L., 2010,
Anchorage, Alaska
Paisley, Ian J., *ex officio*
Brighton, Colorado
Perrino, Thomas J., 2010,
Cincinnati, Ohio
Reardon, Gayle T., 2010,
Sioux Falls, South Dakota
Starsiak, Mary A., 2011,
Chicago, Illinois
Tandy, Bruce, 2009,
Vernon, Connecticut
Williams, Leslee, *director*,
Chicago, Illinois

Dental Benefit Programs

Jaworski, Stephen J., 2008,
chair, New Bethlehem,
Pennsylvania
Bishop, Deborah S., 2008,
Huntsville, Alabama
Cooley, Ralph A., 2009,
Conroe, Texas
Eversman, Philip J., 2011,
Avon, Indiana
Futrell, Harry C., 2011,
Panama City, Florida
Hagenbruch, Joseph F., 2009,
Harvard, Illinois
Halbur, Martin J., 2010,
Carroll, Iowa
Hansen, Henrik E., 2009,
Fairfield, California
Hight, James R., Jr., 2009,
Jackson, Tennessee
Klemmedson, Daniel J., 2011,
Tucson, Arizona
Mooney, John T. (Jack), 2008,
Pocatello, Idaho
Oettmeier, Bert W., 2010,
Leawood, Kansas

Plage, Robert G., 2010,
Wilmington, North Carolina
Rempell, Jeffrey H., 2008,
Clifton, New Jersey
Seiver, Jeffrey, 2010,
East Islip, New York
Smiley, Christopher J., 2011,
Grand Rapids, Michigan
Ura, Stephen C., 2008 *ad
interim*, Nashua,
New Hampshire
Preble, David M., *director*,
Chicago, Illinois

**Dental Education and
Licensure**

Maggio, Frank A., 2008 (AADE),
chair, Dundee, Illinois
Adams, Benjamin S., *ex officio*,
Greenville, South Carolina
First, Louise R., 2009 (ADA),
Florissant, Missouri
Haering, Harold J. (Hal), 2009
(AADE), Fort Meyers, Florida
Hupp, James R., 2010 (ADEA),
Jackson, Mississippi
Kanna, Stanwood H., 2010
(AADE), Kalaheo, Hawaii
Kennedy, Brian T., 2011 (ADA),
Troy, New York
Kiesling, Roger L., 2008 (ADA),
Helena, Montana
Lemmo, Ronald, 2008 (ADA),
Willoughby Hills, Ohio
Lobb, William K., 2009 (ADEA),
Milwaukee, Wisconsin
Meyerowitz, Cyril, 2011 (ADEA),
Rochester, New York
Miller, Jade A., 2010 (ADA),
Reno, Nevada
Perkins, David, 2011 (AADE),
Bristol, Connecticut
Rich, Barbara A., 2010 (ADA),
Cherry Hill, New Jersey
Schmidt, James L., 2011 (ADA),
Readfield, Maine
Simon, Denis E., (Chip), 2009
(ADA), Baton Rouge,
Louisiana
Young, Stephen K., 2008
(ADEA), Oklahoma City,
Oklahoma
Hart, Karen (Ms.), *director*,
Chicago, Illinois

Dental Practice

Shaw, Robert R., 2008, *chair*,
Spokane, Washington
Ahlstrom, Robert H., 2010,
Reno, Nevada
Carney, Kerry K., 2008,
Benicia, California
DeSnyder, Jerome J., 2010,
Plattsburgh, New York
Duncan, David A., 2009,
Amarillo, Texas
Gardner, H. Lee, Jr., 2011,
Hartsville, South Carolina
Glenn, Stephen O., 2011,
Tulsa, Oklahoma
Graham, Frank J., 2009,
Teaneck, New Jersey
Halasz, Michael H., 2011,
Kettering, Ohio
Howard, H. Fred, 2008,
Harlan, Kentucky
Jensen, Benjamin D., *ex officio*,
Yankton, South Dakota
Kenworthy, Paul F., 2009,
Burlington, Vermont
Larsen, Christopher C., 2011,
Moline, Illinois
Maletta, John A., 2008,
West Des Moines, Iowa
Ritz, Mark S., 2010,
Homerville, Georgia
Sameroff, Jeffrey B., 2009,
Pottstown, Pennsylvania
Vandehaar, Kent L., 2010,
Chippewa Falls, Wisconsin
Winker, Wade G., 2008,
Eustis, Florida
Willey, James L., *director*,
Chicago, Illinois

Ethics, Bylaws and Judicial Affairs

Smith, James F., 2008, *chair*,
Omaha, Nebraska
Black, Richard C., 2008,
El Paso, Texas
Boden, David F., 2010,
Port Saint Lucie, Florida
Fisch, Judith M., 2010,
Rutland, Vermont
Fontana, Nicholas A., 2008,
Troy, Michigan
Gamba, Thomas W., 2011,
Philadelphia, Pennsylvania
Henner, Kevin A., 2009 *ad interim*,
New York, New York

Leffler, William G., 2009,
Massillon, Ohio
Mattson, Rand T., 2009,
West, Roy, Utah
Nisselson, Harvey S., 2009,
Denville, New Jersey
Norbo, Kirk M., 2010,
Purcellville, Virginia
Sebelius, Carl L., Jr., 2011,
Memphis, Tennessee
Stein, Alan R., 2010,
Northridge, California
Tiersky, Terri S., 2011,
Chicago, Illinois
Waugh, W. Scott, 2008,
Edmond, Oklahoma
Wentworth, Rodney B., 2011,
Bellevue, Washington
Wolff, Carol M., 2008,
Atlanta, Georgia
Elliott, Thomas C., Jr., Esq.,
director, Chicago, Illinois

Government Affairs

Suchy, Keith W., 2008, *chair*,
Westchester, Illinois
Bertoch, Daniel A., 2008,
Tampa, Florida
Butler, Robert E., 2010,
Webster Groves, Missouri
Conaty, Thomas P., II, 2010,
Wilmington, Delaware
Condrey, James D., 2011,
Missouri City, Texas
Crowley, Joseph P., 2009,
Cincinnati, Ohio
Dow, Jeffrey, 2008,
Newport, Maine
Gamble, Howard R., 2008,
Sheffield, Alabama
Gosar, Paul A., 2009,
Flagstaff, Arizona
Harms, Kimberly, 2009,
Farmington, Minnesota
Kinzel, Timothy R., 2008,
Madison, Wisconsin
Klima, Rodney J., 2011,
Burke, Virginia
Kwasny, Andrew J., 2009,
Erie, Pennsylvania
Liang, Christopher G., *ex officio*,
Potomac, Maryland
McDonald, Fred T. (Tuck),
2010, Pine Bluff, Arkansas
Neary, Matthew J., 2011,
New York, New York

Parrish, Jeffrey L., 2001,
ex officio, Duvall, Washington
Schinnerer, Donald M., 2011,
San Ramon, California
Walker, Mark V., 2010,
Kent, Washington
Spangler, Thomas J., Jr.
director, Washington, D.C.

Membership

Baldassarre, Pamela Z., 2008,
chair, Bedford, New Hampshire
Auvenshine, Ronald C., 2009,
Houston, Texas
Benson, Sean A., 2010,
Baker City, Oregon
Buckenheimer, Terry L., 2010,
Tampa, Florida
Card, Rex B., 2011,
Raleigh, North Carolina
Christy, Todd R., 2011,
Berrien Springs, Michigan
Diaz, Walter D., 2008,
Maben, Mississippi
Doroshow, Susan Becker, 2009,
Skokie, Illinois
Eng, Laura M., 2008,
Saint Paul, Minnesota
Gehani, Chad P., 2009,
Jackson Heights, New York
Hughson-Otte, Virginia A., 2011,
Valencia, California
Kohler, Joseph J., III, 2008,
Erie, Pennsylvania
Lo, Garrick J., *ex officio*
Redmond, Washington
Martin, William F., III, 2011,
Towson, Maryland
Morledge, George B., III, 2010,
Little Rock, Arkansas
Nunokawa, Neil, 2009,
Wailuku, Hawaii
Weinand, Kenneth J., 2008,
Independence, Missouri
Zucker, William J., 2010,
Sandusky, Ohio
Toyama, Wendy-Jo Y., *director*,
Chicago, Illinois

Members Insurance and Retirement Programs

Feinberg, Maxine, 2008, *chair*,
Cranford, New Jersey
Abshere, Philip M., 2011,
Oklahoma City, Oklahoma

Axler, Jerrold H., 2008,
Wayne, Pennsylvania
Brewer, Kevin M., 2008,
Billings, Montana
Browder, Larry F., 2010,
Montgomery, Alabama
Cassella, Edmund A., 2009,
Honolulu, Hawaii
Cassat, D. Douglas, 2011,
San Diego, California
DerKazarian, Alan K., 2009,
Cambridge, Massachusetts
Gerber, C. Richard, 2011,
Saint Marys, West Virginia
Hoffmann, George P., III, 2009,
Piedmont, South Carolina
Imburgia, Louis A., 2011,
Park Ridge, Illinois
Lastra, Idalia, 2008,
Miami, Florida
Moore, Alan B., 2009,
Austin, Texas
Morrison, Scott L., 2010,
Omaha, Nebraska
Shall, Stephen M., 2010,
Toledo, Ohio
Wetzel, Frederick W., 2008,
Schenectady, New York
Zoutendam, Gary L., 2010,
Battle Creek, Michigan
Dwyer, David R., *director*,
Chicago, Illinois

Scientific Affairs

Rethman, Michael P., 2010,
chair, Kaneohe, Hawaii
Achterberg, Robert J., 2008,
Spokane Valley, Washington
Armstrong, Steve R., 2011,
Iowa City, Iowa
Buhite, Robert J., Sr., 2011,
Rochester, New York
Burgess, John O., 2011,
Birmingham, Alabama
Carter, Laurie C., 2009,
Midlothian, Virginia
Clark, Glenn, 2008,
Los Angeles, California
Crews, Karen M., 2010,
Jackson, Mississippi
Golub, Lorne M., 2010,
Stony Brook, New York
Gray, Brian J., 2008,
Washington, D.C.
Hargreaves, Kenneth M., 2009,
San Antonio, Texas

Hujoel, Philippe P., 2009,
Seattle, Washington
Jacobsen, Peter L., 2009,
San Francisco, California
Lingen, Mark W., 2010,
Oak Park, Illinois
Nijjar, Deepinder (Ruchi),
ex officio, Fremont, California
Socher, Jeffrey C., 2008,
Arlington Heights, Illinois
Taylor, George W., III, 2011,
Ann Arbor, Michigan
Wong, David T., 2010,
Los Angeles, California
Zentz, Ronald (D.D.S.), *senior
director*, Chicago, Illinois

Commissions

Dental Accreditation

Hutter, Jeffrey W., 2008 (AAE),
chair, Boston, Massachusetts
Koelbl, James, 2009 (ADEA),
vice chair, Pomona, California
Barrette, Bruce J., 2009
(AADE), Marinette, Wisconsin
Casamassimo, Paul, M.S., 2011
(AAPD), Columbus, Ohio
Crow, Heidi C., 2009
(AAHD/ADEA),
Buffalo, New York
Dolan, Teresa A., 2008
(AAPHD), Gainesville, Florida
Edgar, Bryan, 2010 (AADE),
Federal Way, Washington
Feldman, Cecile A., 2008
(ADEA), Newark, New Jersey
Gann, Gary, 2009 (NADL),
New Port Richey, Florida
Iacono, Vincent J., 2010 (AAP),
Stony Brook, New York
Joondeph, Donald R., 2011
(AAO), Bellevue, Washington
Kantor, Mel L., 2011 (AAOMR),
Newark, New Jersey
Kershenstein, Karen W., 2011
(Public Member),
Fairfax Station, Virginia
Leonard, Kathleen, 2011
(ADHA), Duluth, Minnesota
Louis, Patrick J., 2009
(AAOMS),
Birmingham, Alabama
McPherron, Sharon, 2008
(Public Member),
St. Louis, Missouri

Nalley, Logan, 2011 (AADE),
Augusta, Georgia
Nissen, Larry W., 2009 (ADA),
Merritt Island, Florida
Pelot, Reuben N., III, 2011
(ADA), Knoxville, Tennessee
Pickup, Jason, 2009,
(ADEA/ASDA),
North Las Vegas, Nevada
Reed, Michael, 2010 (ADEA),
Kansas City, Missouri
Ritcher, Mary K., 2010 (Public
Member), Mascoutah, Illinois
Roberts, Matthew B., 2008
(ADA), Crockett, Texas
Smith, Richard D., 2008
(AADE), Charleston,
West Virginia
Sullivan, Diana Macalus, 2008
(ADAA), Rosemount,
Minnesota
Tarver, E. Les, Jr., 2010 (ADA),
Monroe, Louisiana
Thomalla, Kenneth, 2010
(Public Member),
Orland Park, Illinois
Turner, Sharon, 2011 (ADEA),
Lexington, Kentucky
Woody, Ronald D., 2009 (ACP),
Dallas, Texas
Wright, John M., 2010
(AAOMP), Dallas, Texas
Ziebert, Anthony, *director*,
Chicago, Illinois

National Dental Examinations

Seeley, Ron J., 2010 (ADA),
chair, Williston, North Dakota
Christensen, Mark, 2009
(AADE), *vice chair*, Murray,
Utah
Byrne, Ellen B., 2012 (ADEA),
Richmond, Virginia
Calderbank, Susan, 2009
(AADE), Greenville,
Pennsylvania
Conard, George "Buck" D., Jr.,
2011 (AADE), Huntington,
West Virginia
Horn, Bruce D., 2010 (AADE),
Tulsa, Oklahoma
Leatherman Dixon, Barbara,
2010 (ADHA),
Salt Lake City, Utah
Pyle, Marsha A., 2009 (ADEA),
Solon, Ohio

Radack, Stephen T., III, 2011
(ADA), Erie, Pennsylvania
Schutze, Jonathan M., 2009
(ADA), Queensbury, New York
Sill, J. Stephen, 2012 (AADE),
Las Vegas, Nevada
Spielman, Andrew, 2011
(ADEA), New York, New York
St. Cyr, Zeno W., 2010 (Public),
Fort Washington, Maryland
Stephens, Wayne, 2009
(ASDA), New York, New York
Trinca, Samuel A., 2012
(AADE), Munroe, Louisiana
Kramer, Gene, (Ph.D.) *director*,
Chicago, Illinois

Standing Committee

New Dentist

Barrington, Jennifer J., 2008
chair, Waxahachie, Texas
Adams, Benjamin S., 2009,
Greenville, South Carolina
Albert, Jeremy M., 2011,
Palm Harbor, Florida
Davis, Jennifer, 2010,
Hummelstown, Pennsylvania
Dumas, John D., 2008,
McComb, Mississippi
Jensen, Benjamin D., 2008,
Yankton, South Dakota
Jerome, Jennifer J., 2011,
Akron, Ohio
Leland, Robert S., 2011,
Hanover, Massachusetts
Liang, Christopher G., 2010,
Potomac, Maryland
Lo, Garrick J., 2010,
Redmond, Washington
Maddox, Brandon R., 2009,
Springfield, Illinois
Mentzelopoulou, Ioanna G.,
2009, New York, New York
Nijjar, Ruchi (Deepinder), 2010,
Fremont, California
Paisley, Ian J., 2009,
Brighton, Colorado
Ruskin, Danielle R., 2008 *ad
interim*, Novi, Michigan
Smith, J. Christopher, 2008,
Charleston, West Virginia
Swilling, Stacey E., 2011,
Sheridan, Arkansas
Burgess, Karen B., *director*,
Chicago, Illinois

Committee on Local Arrangements

Berlanga, Pamela S.,
general chair
Beltrane, Sheryl A.,
program co-chair
Branch, Warren B.,
hospitality co-chair
Campos, Roger S., registration
& special services chair
Foster, James R., registration &
special services chair
Howell, Maria Lopez,
program co-chair
Macias, C. Roger,
hospitality co-chair
Masters, Lisa B., vice chair

Honorary Officers

Brucia, Jeff J.
Carnahan, Richard H., Jr.
Cole, James S.
Eggleston, Frank K.
Findley, John S.
Flaitz, Catherine M.
Israelson, Hilton
Kalkwarf, Kenneth L.
Linn, Mary Kay
Long, Jerry
Lyman, Risé L.
May, David
Rader, Charles E.
Shafer, Linda K.
Schwartz, Stephen F.

Annual Session Volunteers

Ables, Candy
Acton, Beatrice
Adkins, Jay
Alapag, Israel
Albritton, Mark
Aldape, Norma
Alexander, Courtney
Alexander, Peggy
Almquist, Peter
Altieri, Kevin
Alves, Loren
Anderson, Christopher
Anderson, Jennifer
Anderton, Robert
Andrews, John
Atique, Maria
Atwell-Chubb, Bette
Austin, Joshua
Ayoub, Elliot
Ayres, Christine

Baber, Sam
Badea, Luana
Baez, Martha
Bagg, Kathryn
Bailey, Eliane
Bainbridge, Jean
Ball, Rebecca
Barajas, Mary Lou
Barg, Angela
Baring, Carol
Barreiro, Erica
Barrow, Nadine
Barry, Stacey
Bastien, Joanne
Bauer, Brenda
Bechtold, Dixie
Beck, Tina
Bhatt, Avni
Block, Stacey
Bogan, Douglas
Bohnert, Lauren
Boland, Michael
Bolls, Charlotte
Bone, James
Bone, Jennifer
Bonner, Lydia
Bonnot, Joe
Bonnot, Sharon
Boubel, Phyllis
Bourgeois, Paula
Boyle, Joseph
Bradford, Jamie
Branch, Melissa
Burdine, John
Burgman, Sandra
Burnett, Tesa
Burns, Carolyn
Butcher, Percy
Byrd, Debbie

Cabaza, Judy
Canales, Sylvia
Candelario, Michelle
Canham, Leslie
Canham, Mike
Cantu, Margaret
Care, Ronald
Care, Stephanie
Carnahan, Richard, Jr.
Casarez, Vanessa
Castaned, Imelda
Castillo, Cindy
Chan, Michael
Chavez, Jairo
Chavez, Susana
Chester, Pam
Chi, Susan

Chou, Rae
 Clark, Melia
 Clayton, Carrie
 Clitheroe, Debbie
 Coker, Elbert
 Collins, Mariah
 Concepcion, Mae
 Conn, Linc
 Connor, Joseph
 Cook, Deena
 Cook, Jeremiah
 Cooper, James
 Coppola, W. T.
 Corbet, Jeff
 Corn, Priscilla
 Coss, Stanley
 Cottone, James
 Cox, David
 Crabtree, Ronald
 Crump, Brad
 Cruse, William
 Cruz Garza, Alma
 Cuevas, Mary

 Deahl, Glenda
 Deahl, Ruth
 Deahl, Samuel
 Deahl, Samuel, Jr.
 Denis, Misty
 Denny, Earl
 Diaz, Charie
 Diaz-Murphy, Deborah
 Dickerson, Cynthia
 Dill, Dallas
 Doerfler, Andy
 Doerre, David
 Donelson, James
 Douglas, Deirdre
 Downey, Belinda
 Duncan, Vicky
 Dwyer, Michael

 Eggleston, Frank
 Elizondo, Michelle
 Ellison, Lashay
 Enrique, Andrea
 Enriquez, Melissa
 Espinosa, Crystal
 Exinea, Jesse

 Fan, Stephen
 Faner, Madeline
 Faulks, Jill
 Fay, James
 Felan, Rosie
 Ferguson, Seena
 Ferro, Joe

Ferro, Lucinda
 Finlayson, Richard
 Fisher, Megan
 Flores, Mary
 Fontaine, Leanne
 Ford, Jennifer
 Ford, Leslie
 Frazer, Karen
 Frick, William
 Friedel, Melissa
 Fu, Jennifer
 Fuller, Jayne
 Fullerton, Tricia
 Fuqua, Michael
 Furney, Suzan
 Fusco, Kathleen

 Gamboa, Elsa
 Garcia, Elvia
 Garcia, Ginger
 Garcia, Iris
 Garcia, Jacqueline
 Garcia, Jose
 Garcia, Lupita
 Garcia, Melissa
 Garlick, Steven
 Garza-McCabe, Hayde
 Gates, Tiffany
 Gathany, Sandra
 George, Devie
 Gibson, Kathy
 Gildersleeve, John
 Girvan, Thomas
 Glass, Birgit
 Glenn, Randal
 Gomez, Eloy
 Gonzales, David
 Gonzales, Steele
 Gonzales-Hostetter, Jodie
 Gonzalez, Andre
 Gonzalez, Kacie
 Goodale, Charlotte
 Goodwin, Will
 Gotun, Tor
 Goulding, Michael
 Goven, Stuart
 Guerrero, Roseanna
 Guidry, John
 Guillen, Jenna
 Gutierrez, Hermelinda

 Haas, Yvette
 Haby, Carol
 Hallett, Parker
 Hansen, Carol
 Hansen, Nancy
 Hansen, Ralph

Hanson, Judy
 Harmon, Dana
 Harris, Michael
 Harrison, Thomas
 Hawkins, Chet
 Hayden, Susie
 Hayes, Rachael
 Haynes, Betty
 Haynes, Kristine
 Heinrich, David
 Heinrich-Null, Lisa
 Henderson, Amy
 Hermes, Charles
 Hernandez, Brandi
 Hernandez, Laura
 Hernandez, Yolanda
 Hicks, Beatriz
 Hill, Keith
 Hille, Diana
 Hoang, Tram
 Holleron, Barry
 Holmes, Darin
 Hooten, Janet
 Hooten, Jeran
 Howell, Candace
 Howell, Mark
 Hsu, Kassie
 Hua, Jack
 Huber, Michael
 Huddleston, Dorothy
 Hurley, Candace

 Ibarro, Cindy
 Infeld, Paul

 Jacks, Mary
 Jackson, Amy
 Janak, Patricia
 Janse, Scott
 Jeffries, Renie
 Jocius, Diane
 Johnson, Jo Ann
 Jones, Troy
 Juarez, Irene

 Kalp, Randy
 Kelley, Evelyn
 Kelly, Erin
 Kimes, Jonathan
 King, David
 Kirkham, Diane
 Kirkpatrick, Timothy
 Kondis, Stephen
 Kunik, Burt
 Kushner, Yana

 Lafor, Laura
 Larned, Derinda

Larue, Sean
 Lasho, Barbara
 Lasho, David
 Laswell, Harold
 Laufenburger, Deanna
 Laughlin, Deanna
 Laughlin, Kenneth
 Lawson, Kent
 Ledwig, Steven
 Lew, Christine
 Lew, Edwin
 Lin, Royana
 Little, Lee Ann
 Lo Monaco, Carmine
 Longoria, Richard
 Longoria, Zulema
 Lopez, Brisa
 Lopez, Cynthia
 Lopez, Larry
 Lopez, Monica
 Lorenzana, Eduardo
 Los, Stephen
 Lovelace, Teri
 Luce, Ernest
 Lujan, Sarah
 Luna, Angeline
 Lutes, Don

Macias, Esther
 MacNeill, Barbara
 Majors, Joe
 Maldonado, Stacy
 Maldonado-Buitrago, Ana
 Marie, Amelia
 Marsaw, Cora
 Marsh, Karen
 Martin, Cindy
 Martin, Ralph
 Martin, Sam
 Martin, Steven
 Martin, Edwin, Jr.
 Martinez, Leticia
 Martinez, Samantha
 Martinez, Yvonne
 Masters, Donald
 Masters, Sue
 Mathis, Lois
 May, A. David
 May, Lynda
 May, Marshall
 McAlister, Elizabeth
 McCarty, Michael
 McFee, Conrad
 McGann, Gregory
 McCarver, Chelsea
 McDougall, Kenneth
 McEntire, Wayne
 McKee, Susan

McKnight, Byron
 Medley, Christopher
 Mellard, James
 Mellard, Mary
 Mendoza, Eloisa
 Mercado, Erica
 Midkiff, Aaron
 Miller, Ernest, Jr.
 Mireles, Esther
 Mohamed, Farha
 Monarres, Alfonso
 Moore, Nancy
 Mora, Ruben
 Morgan, Don
 Morin, Elizabeth
 Morin, Ronald
 Morse, Donald

Nantz, Shirley
 Nantz, William
 Narro-Gonzales, Celeste
 Navarro, Minnie
 Negovetic, Karmela
 Nelson, H. Arthur
 Nelson, Kim
 Neuman, Howard
 Ngo, Soan
 Nguyen, Carol
 Nguyen, Mai-Tram
 Nguyen, Thu-Thuy
 Nichols, Kathleen
 Nield, Donald
 Nolan, Gregg
 Norling, Barry

Oelfke, Claudia
 Oelfke, Gregory
 Ojeda, Priscilla
 Oliveira, Erica
 Oreschnigg, Carolyn
 Orta, Mayra
 Ortega, Jesse
 Ortiz, Vanessa
 Orvananos, Sandra
 Osborne, Gregory

Pablos, Jackie
 Parel, Stephen
 Parks, Addie
 Parks, Wayne
 Patel, Hemandra
 Patel, Jayu
 Patel, Ulpa
 Peach, Sara
 Pena, Roxanne
 Pendergrass, Tyler
 Perez, Armando
 Perez, Lou

Perez, Yliana
 Person, James
 Phelps, Mary
 Philips, Frederick
 Pierpont, Hugh
 Pillers, Gary
 Pineda, Gracie
 Pinner, Jimmy
 Pippin, Lexi
 Plunkett, Frances
 Polanco, Gloria
 Porter, Gaby
 Porter, Pat
 Preece, Jamie

Quinn, Jennifer

Rader, Charles
 Raichel, Quinlan
 Ralston, Meikwan
 Ramirez, Christina
 Ramirez, Veronica
 Ramos, Francisco
 Ramsay, Dolores
 Rawls, H. Ralph
 Rayborn, Rachel
 Rea, F. Dee
 Rees, Ethel
 Rees, Kenneth
 Reisman, James
 Rhoden, Cheryl
 Ricketts, Gary
 Ricketts, Nita
 Riha, Kenneth
 Rinaudo, Paula
 Rivera, Cynthia
 Rivera, Diane
 Robinson, Delmer
 Rodriguez, Andrea
 Rodriguez, Flor
 Rodriguez, Gloria
 Rodriguez, Victor
 Roel, Danny
 Rollow, Janis
 Romo, Ron Ella
 Root, James
 Rosellini, R. Michael
 Ross Ridle, Ridley

Sabino, Anthony
 Sabino, Susan
 Sadowsky, June
 Salazar, Ernest
 Salazar-Mendoza, Sandra
 Salinas, Alex
 Samuel, Sarah
 Sanchez, Marian

Sandefur, Phillip
 Sandlin, Jason
 Santillan Rush, Kimberly
 Santos, Frank, Jr.
 Satsangi, Neera
 Scaff, Brian
 Schallhorn, Rachel
 Schmidt, Charles
 Schroder, Brian
 Schroder, Evelyn
 Schulz, Kay Lynn
 Schwartz, Ivy
 Scott, Dana
 Segovia, Norma
 Sehlke, Brandon
 Semple, Laurie
 Shaklee, Roberta
 Simmons, Mark
 Simpson, Felicia
 Singleton, David
 Skuravy, Susie
 Sloan, Patti
 Smith, Renia
 Smith, Robert
 Snead, Ramon, Jr.
 Solis, Melanie
 Soto, Teresa
 Staffel, Doris
 Staffel, Edward
 Stafford, Scott
 Starr, Felisha
 Startzell, James
 Steinberg, Matthew
 Stell, Effie
 Sterio, Thomas
 Stock, Frances
 Strubhart, Dana

Sullivan, Diane
 Sweet, Mary Jane

 Taft, Maida
 Taillet, Paige
 Tarr, Jill
 Taylor, Kathleen
 Taylor, Loraine
 Taylor, Patty
 Taylor, Rebecca
 Taylor, William 'Ben'
 Teague, Crystal
 Teja, Mehboob
 Torres, Carmen
 Torres, Veronica
 Treadaway, Judy
 Trevino, Javier
 Trevino, Veronica
 Troendle, G. Roger
 Trowbridge, Ron
 Tucker, Melissa
 Tullos, Liza

 Uribe, Tom
 Usai, Kelly

 Vahedi, Isabel
 Valderrama, Pilar
 Vallejo, Synthia
 Vance, Tomina
 Vargas, Adriana
 Vasquez, Priscilla
 Vaughn, Dennis
 Vaughn, Jennifer
 Vergara, George
 Verrett, Ronald
 Vickers, Vicki

Villalobos, Teodoro
 Villalpando, Selby
 Villarreal, Carmela
 Villarreal, Maria
 Villarreal, Terrie

 Walters, Carol
 Walters, Karen
 Walters, Glenn, Sr.
 Walton, William
 Watkins, Thomas
 Weed, Roger
 Weinman, Janice
 Wells, Cindy
 West, Courtney
 Wetz, Susan
 White, Robert
 Whitley, Leia
 Wier, Leighton
 Wiggins, Robert
 Wiler, Kristy
 Wilson, Martha
 Wood, Robert
 Woods, Wayne
 Woods, Winston
 Wright, Craig
 Wright, Edward
 Wuensch, Edward

 Yammine, Yammine
 York, Tammy

 Zamora, Carmen
 Zavala, Brenda
 Zboril, Ronald
 Zboril, Ruth

Appendix

Notes

Historical Record

The American Dental Association was organized at Niagara Falls, NY, August 3, 1859. President of this organizing convention was W.W. Allport and the Secretary was J. Taft. Permanent organization was effected in Washington, D.C. July 3, 1860, when the officers *pro tem* were succeeded by regularly elected officers. In 1861 no session was held, owing to the Civil War; since then, the

sessions have been held annually with the exception of 1945, when no session was held because of World War II. In 1897 the Association united with the Southern Dental Association, and the name was changed to the "National Dental Association," which name was retained until 1922, when the earlier name was resumed. A complete list of the officers and sessions follows.

American Dental Association

Corresponding Term	President	Recording Secretary	Date of Secretary	Place of Meeting	Meeting
1860-61	W. H. Atkinson	W. M. Rogers	J. Taft		No meeting
1861-62	W. H. Atkinson	W. M. Rogers	J. Taft	1862	Cleveland
1862-63	G. Watt	J. F. Johnson	J. Taft	1863	Philadelphia
1863-64	W. H. Allen	C. R. Butler	J. Taft	1864	Niagara Falls
1864-65	J. H. McQuillen	G. W. Ellis	J. Taft	1865	Chicago
1865-66	C. W. Spalding	L. D. Shepard	J. Taft	1866	Boston
1866-67	C. P. Fitch	A. Hill	J. Taft	1867	Cincinnati
1867-68	A. Lawrence	C. R. Butler	J. Taft	1868	Niagara Falls
1868-69	Jonathan Taft	J. McManus	Edgar Park	1869	Saratoga Springs
1869-70	Homer Judd	I. A. Salmon	M. S. Dean	1870	Nashville
1870-71	W. H. Morgan	I. A. Salmon	M. S. Dean	1871	White Sulphur Springs, WV
1871-72	G. H. Cushing	I. A. Salmon	M. S. Dean	1872	Niagara Falls
1872-73	P. G. C. Hunt	J. Taft	M. S. Dean	1873	Put-in-Bay, Ohio
1873-74	T. L. Buckingham	J. Taft	M. S. Dean	1874	Detroit
1874-75	M. S. Dean	G. L. Field	C. S. Smith	1875	Niagara Falls
1875-76	A. L. Northrop	J. H. McQuillen	C. S. Smith	1876	Philadelphia
1876-77	G. W. Keely	J. H. McQuillen	C. S. Smith	1877	Chicago
1877-78	F. H. Rehwinkel	M. H. Webb	M. S. Dean	1878	Niagara Falls
1878-79	H. J. McKellops	A. O. Rawls	G. H. Cushing	1879	Niagara Falls
1879-80	L. D. Shepard	M. H. Webb	G. H. Cushing	1880	Boston
1880-81	C. N. Pierce	A. M. Dudley	G. H. Cushing	1881	New York
1881-82	H. A. Smith	A. M. Dudley	G. H. Cushing	1882	Cincinnati
1882-83	W. H. Goddard	A. W. Harlan	G. H. Cushing	1883	Niagara Falls
1883-84	E. T. Darby	A. W. Harlan	A. H. Peck	1884	Saratoga Springs
1884-85	J. N. Crouse	A. W. Harlan	A. H. Peck	1885	Minneapolis
1885-86	W. C. Barrett	A. W. Harlan	G. H. Cushing	1886	Niagara Falls
1886-87	W. W. Allport	A. W. Harlan	G. H. Cushing	1887	Niagara Falls
1887-88	Frank Abbott	F. A. Levy	G. H. Cushing	1888	Louisville
1888-89	C. R. Butler	F. A. Levy	G. H. Cushing	1889	Saratoga Springs
1889-90	M. W. Foster	F. A. Levy	G. H. Cushing	1890	Excelsior Springs
1890-91	A. W. Harlan	F. A. Levy	G. H. Cushing	1891	Saratoga Springs
1891-92	W. W. Walker	F. A. Levy	G. H. Cushing	1892	Niagara Falls
1892-93	J. D. Patterson	F. A. Levy	G. H. Cushing	1893	Chicago
1893-94	J. D. Patterson	F. A. Levy	G. H. Cushing	1894	Old Point Comfort, VA
1894-95	J. Y. Crawford	E. E. Chase	G. H. Cushing	1895	Asbury Park, NJ
1895-96	J. Y. Crawford	E. E. Chase	G. H. Cushing	1896	Saratoga Springs
1896-97	James Truman	F. A. Levy	G. H. Cushing	1897	Old Point Comfort, VA

National Dental Association

Corresponding Term	President	Recording Secretary	Date of Secretary	Place of Meeting	Meeting
1897-98	Thomas Fillebrown	E. E. Chase	G. H. Cushing	1898	Omaha
1898-99	H. J. Burkhart	E. E. Chase	G. H. Cushing	1899	Niagara Falls
1899-1900B.	Holly Smith	E. E. Chase	G. H. Cushing	1900	Old Point Comfort, VA
1900-01	G. V. Black	M. E. Gallup	G. H. Cushing	1901	Milwaukee
1901-02	J. A. Libbey	J. D. Pfeiffer	G. H. Cushing	1902	Niagara Falls
1902-03	L. G. Noel	W. D. Tracy	A. H. Peck	1903	Asheville, NC
1903-04	C. G. Chittenden	C. S. Butler	A. H. Peck	1904	St. Louis (Business only)
1904-05	W. E. Boardman	C. S. Butler	A. H. Peck	1905	Buffalo
1905-06	M. F. Finley	C. S. Butler	A. H. Peck	1906	Atlanta
1906-07	A. H. Peck	B. L. Thorpe	C. S. Butler	1907	Minneapolis
1907-08	William Carr	B. L. Thorpe	C. S. Butler	1908	Boston
1908-09	V. E. Turner	H. C. Brown	C. S. Butler	1909	Birmingham
1909-10	B. L. Thorpe	H. C. Brown	C. S. Butler	1910	Denver
1910-11	E. S. Gaylord	C. W. Rodgers	H. C. Brown	1911	Cleveland
1911-12	A. R. Melendy	C. W. Rodgers	H. C. Brown	1912	Washington, DC
1912-13	F. O. Hetrick	C. W. Rodgers	H. C. Brown	1913	Kansas City, MO

Reorganized July 10, 1913

Term	President	General Secretary	Treasurer	Date of Meeting	Place of Meeting
1913-14	H. C. Brown	Otto U. King	H. B. McFadden	1914	Rochester, NY
1914-15	D. M. Gallie	Otto U. King	A. R. Melendy	1915	San Francisco (H of D only)
1915-16	T. P. Hinman	Otto U. King	A. R. Melendy	1916	Louisville
1916-17	L. L. Barber	Otto U. King	A. R. Melendy	1917	New York
1917-18	W. H. G. Logan	Otto U. King	A. R. Melendy	1918	Chicago
1918-19	C. V. Vignes	Otto U. King	A. R. Melendy	1919	New Orleans
1919-20	J. V. Conzett	Otto U. King	A. R. Melendy	1920	Boston
1920-21	H. E. Friesell	Otto U. King	A. R. Melendy	1921	Milwaukee

American Dental Association

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1921-22	T. B. Hartzell	Otto U. King	A. R. Melendy	1922	Los Angeles
1922-23	J. P. Buckley	Otto U. King	A. R. Melendy	1923	Cleveland
1923-24	W. A. Giffen	Otto U. King	A. R. Melendy	1924	Dallas
1924-25	C. N. Johnson	Otto U. King	A. R. Melendy	1925	Louisville
1925-26	Sheppard W. Foster	Otto U. King	A. R. Melendy	1926	Philadelphia
1926-27	Henry L. Banzhaf	Otto U. King	A. R. Melendy	1927	Detroit
1927-28	R. H. Volland	H. B. Pinney	A. R. Melendy	1928	Minneapolis
1928-29	Percy R. Howe	H. B. Pinney	R. H. Volland	1929	Washington, DC
1929-30	R. Boyd Bogle	H. B. Pinney	R. H. Volland	1930	Denver
1930-31	Robert T. Oliver	H. B. Pinney	R. H. Volland	1931	Memphis
1931-32	Martin Dewey	H. B. Pinney	R. H. Volland	1932	Buffalo
1932-33	G. Walter Dittmar	H. B. Pinney	R. H. Volland	1933	Chicago
1933-34	Arthur C. Wherry	H. B. Pinney	R. H. Volland	1934	St. Paul
1934-35	Frank M. Casto	H. B. Pinney	R. H. Volland	1935	New Orleans
1935-36	George B. Winter	H. B. Pinney	R. H. Volland	1936	San Francisco
1936-37	Leroy M.S. Miner	H. B. Pinney	R. H. Volland	1937	Atlantic City
1937-38	C. Willard Camalier	H. B. Pinney	R. H. Volland	1938	St. Louis
1938-39	Marcus L. Ward	H. B. Pinney	R. H. Volland	1939	Milwaukee
1939-40	Arthur H. Merritt	H. B. Pinney	R. H. Volland	1940	Cleveland

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1940-41	Wilfred R. Robinson	H. B. Pinney	R. H. Volland	1941	Houston
1941-42	Oren A. Oliver	H. B. Pinney	R. H. Volland	1942	St. Louis (H of D only)
1942-43	J. Ben Robinson	H. B. Pinney	R. H. Volland	1943	Cincinnati (H of D only)
1943-44	C. Raymond Wells	H. B. Pinney	R. H. Volland	1944	Chicago (H of D only)
1944-45	Walter H. Scherer	H. B. Pinney	R. H. Volland		No meeting
1945-46	Walter H. Scherer	H. B. Pinney	R. H. Volland	1946	Miami (H of D only)
1946-47	Sterling V. Mead	H. Hillenbrand	R. H. Volland	1947	Boston
1947-48	H. B. Washburn	H. Hillenbrand	R. H. Volland	1948	Chicago
1948-49	C. F. Minges	H. Hillenbrand	H. B. Washburn	1949	San Francisco
1949-50	Philip E. Adams	H. Hillenbrand	H. B. Washburn	1950	Atlantic City
1950-51	Harold W. Oppice	H. Hillenbrand	H. B. Washburn	1951	Washington, DC
1951-52	LeRoy M. Ennis	H. Hillenbrand	H. B. Washburn	1952	St. Louis
1952-53	Otto W. Brandhorst	H. Hillenbrand	H. B. Washburn	1953	Cleveland
1953-54	Leslie M. Fitzgerald	H. Hillenbrand	H. B. Washburn	1954	Miami
1954-55	Daniel F. Lynch	H. Hillenbrand	H. B. Washburn	1955	San Francisco
1955-56	Bernerd C. Kingsbury	H. Hillenbrand	H. B. Washburn	1956	Atlantic City
1956-57	Harry Lyons	H. Hillenbrand	H. B. Washburn	1957	Miami-Miami Beach
1957-58	William R. Alstadt	H. Hillenbrand	H. B. Washburn	1958	Dallas
1958-59	Percy T. Phillips	H. Hillenbrand	H. B. Washburn	1959	New York
1959-60	Paul H. Jeserich	H. Hillenbrand	H. B. Washburn	1960	Los Angeles
1960-61	Charles H. Patton	H. Hillenbrand	H. B. Washburn	1961	Philadelphia
1961-62	John R. Abel	H. Hillenbrand	P. H. Jeserich	1962	Miami Beach
1962-63	Gerald D. Timmons	H. Hillenbrand	P. H. Jeserich	1963	Atlantic City
1963-64	James P. Hollers	H. Hillenbrand	P. H. Jeserich	1964	San Francisco
1964-65	Fritz A. Pierson	H. Hillenbrand	E. Jeff Justis	1965	Las Vegas
1965-66	Maynard K. Hine	H. Hillenbrand	E. Jeff Justis	1966	Dallas
1966-67	William A. Garrett	H. Hillenbrand	E. Jeff Justis	1967	Washington, DC
1967-68	F. Darl Ostrander	H. Hillenbrand	R. K. Trueblood	1968	Miami Beach
1968-69	Hubert A. McGuirl	H. Hillenbrand	R. K. Trueblood	1969	New York
1969-70	Harry M. Klenda	C. G. Watson	R. K. Trueblood	1970	Las Vegas
1970-71	John M. Deines	C. G. Watson	H. S. Eberhardt	1971	Atlantic City
1971-72	Carl A. Laughlin	C. G. Watson	H. S. Eberhardt	1972	San Francisco
1972-73	Louis A. Saporito	C. G. Watson	H. S. Eberhardt	1973	Houston
1973-74	Carlton H. Williams	C. G. Watson	J. W. Etherington	1974	Washington, DC
1974-75	L. M. Kennedy	C. G. Watson	J. W. Etherington	1975	Chicago
1975-76	Robert B. Shira	C. G. Watson	J. W. Etherington	1976	Las Vegas
1976-77	Frank F. Shuler	C. G. Watson	J. H. Pfister	1977	Miami Beach
1977-78	Frank P. Bowyer	C. G. Watson	I. L. Kerr	1978	Anaheim
1978-79	Joseph P. Cappuccio	J. M. Coady	J. J. Houlihan	1979	Dallas
1979-80	I. Lawrence Kerr	J. M. Coady	R. H. Griffiths	1980	New Orleans
1980-81	John J. Houlihan	J. M. Coady	R. B. Dixon	1981	Kansas City, MO
1981-82	Robert H. Griffiths	J. M. Coady	D. E. Bentley	1982	Las Vegas
1982-83	Burton H. Press	J. M. Coady	J. L. Bomba	1983	Anaheim
1983-84	Donald E. Bentley	J. M. Coady	A. L. Ryan	1984	Atlanta
1984-85	John L. Bomba	J. M. Coady	A. Kobren	1985	San Francisco
1985-86	Abraham Kobren	T. J. Ginley	J. A. Devine	1986	Miami Beach
1986-87	Joseph A. Devine	T. J. Ginley	J. A. Saddoris	1987	Las Vegas
1987-88	James A. Saddoris	T. J. Ginley	A. A. Dugoni	1988	Washington, DC
1988-89	Arthur A. Dugoni	T. J. Ginley	R. M. Overbey	1989	Honolulu
1989-90	R. Malcolm Overbey	T. J. Ginley	E. J. Truono	1990	Boston
1990-91	Eugene J. Truono	T. J. Ginley	G. T. Morrow	1991	Seattle
1991-92	Geraldine T. Morrow	W. E. Allen	J. H. Harris	1992	Orlando
1992-93	Jack H. Harris	J. S. Zapp	J. F. Mercer	1993	San Francisco
1993-94	James H. Gaines	J. S. Zapp	J. F. Mercer	1994	New Orleans
1994-95	Richard W. D'Eustachio	J. S. Zapp	J. F. Mercer	1995	Las Vegas
1995-96	William S. Ten Pas	J. S. Zapp	J. F. Mercer	1996	Orlando
1996-97	Gary Rainwater	J. S. Zapp	R. M. Rosas	1997	Washington, DC

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1997-98	David A. Whiston	J. S. Zapp	R. M. Rosas	1998	San Francisco
1998-99	S. Timothy Rose	J. S. Zapp	R. M. Rosas	1999	Honolulu
1999-2000	Richard F. Mascola	J. S. Zapp	R. M. Rosas	2000	Chicago
2000-01	Robert M. Anderton	J. B. Bramson	M. J. Feldman	2001	Kansas City, MO
2001-02	D. Gregory Chadwick	J. B. Bramson	M. J. Feldman	2002	New Orleans
2002-03	T. Howard Jones	J. B. Bramson	M. J. Feldman	2003	San Francisco
2003-04	Eugene Sekiguchi	J. B. Bramson	M. J. Feldman	2004	Orlando
2004-05	Richard Haught	J. B. Bramson	M. J. Feldman	2005	Philadelphia
2005-06	Robert M. Brandjord	J. B. Bramson	M. J. Feldman	2006	Las Vegas
2006-07	Kathleen Roth	J. B. Bramson	Edward Leone	2007	San Francisco
2007-08	Mark J. Feldman		Edward Leone	2008	San Antonio

Living Former Presidents, American Dental Association

Term	President	Term	President
1976-1977	Frank F. Shuler	1996-1997	Gary Rainwater
1978-1979	Joseph P. Cappuccio	1997-1998	David A. Whiston
1982-1983	Burton H. Press	1998-1999	S. Timothy Rose
1986-1987	Joseph A. Devine	2000-2001	Robert M. Anderton
1988-1989	Arthur A. Dugoni	2001-2002	D. Gregory Chadwick
1991-1992	Geraldine T. Morrow	2002-2003	T. Howard Jones
1992-1993	Jack H. Harris	2003-2004	Eugene Sekiguchi
1993-1994	James H. Gaines	2004-2005	Richard Haught
1994-1995	Richard W. D'Eustachio	2005-2006	Robert M. Brandjord
1995-1996	William S. Ten Pas	2006-2007	Kathleen Roth
		2007-2008	Mark J. Feldman

Attendance Record

	REGISTERED				MEETINGS			
	1	2	3	4	1	2	3	4
Air Force								
Delegates 2								
Graham, Gar S., Andrews Air Force Base, MD	•	•	•	•	•			
Langsten, Robert E., Crestview, FL	•	•	•	•	•			
Alternates								
Bergeron, Brian E., Eagle River, AK	•							
Kane, Sheryl K., N. Las Vegas, NV	•							
Alabama								
Delegates 5								
Gamble, Howard R., Sheffield	•	•	•	•	•			
Johnson, Hiram L., Tuscaloosa	•	•	•	•	•			
Mitchell, G. Lewis, Jr., Gadsden	•	•	•	•	•			
Stevens, Alvin W. Jr., Birmingham	•	•	•	•	•			
Studstill, Zack D., Montgomery	•	•	•	•	•			
Alternates								
Bishop, Deborah S., Huntsville	•							
Browder, Larry F., Montgomery	•							
Ferguson, Alan L., Birmingham	•							
Palcanis, Kent G., Birmingham	•							
Thomas, E. Gaines, Mobile	•							
Alaska								
Delegates 2								
Higgins, Pete B., Fairbanks	•	•	•	•	•			
Prator, David M., Wasilla	•	•	•	•	•			
Alternates								
Eichler, David, North Pole	•							
American Student Dental Association								
Delegates 5								
Hyvonen, Macy R., Butte, MT	•	•	•	•	•			
Scott, Tyler, Columbus, OH	•	•	•	•	•			
Stephens, Wayne E., New York, NY	•	•	•	•	•			
Truong, Amy H., Saint Paul, MN	•	•	•	•	•			
Vakil, Shamik S., Chicago, IL	•	•	•	•	•			
Alternates								
Janssen, Dustin S., Shallowater, TX	•							
Levine, Timothy P., Farmington, CT	•							
Pfeffer, Lindsay A., Glensville, PA	•							
Raum, Rhett, Lafayette, TN	•							
Refai, Anushka M., Saint Louis, MO	•							
Arizona								
Delegates 6								
Cobb, Regina, Kingman	•	•	•	•	•			
Gosar, Paul A., Flagstaff	•	•	•	•	•			
Jones, Gary O., Mesa	•	•	•	•	•			
Klemmedson, Daniel J., Tucson	•	•	•	•	•			
Roda, Robert S., Scottsdale	•	•	•	•	•			
Turnbull, Thomas W., Flagstaff	•	•	•	•	•			
Alternates								
Gaylord, William C., Flagstaff	•							
Hughes, Mark B., Glendale	•							
Powley, W. Brian, Paradise Valley	•	•						
Shanahan, Bryan J., Flagstaff	•							
Simpson, Donald C., Sierra Vista	•							
Snyder, Randolph A., Yuma	•							
Arkansas								
Delegates 4								
Bell, David J., Arkadelphia	•	•	•	•	•			
Grammer, Frank C., Fayetteville	•	•	•	•	•			
Skinner, Robert L., Fort Smith	•	•	•	•	•			
Whitis, H. Warren, Osceola	•	•	•	•	•			
Alternates								
Chase, Timothy D., Monticello	•							
Fiddler, Terry L., Conway	•							
Hinson, Lee, Little Rock	•							
Jines, Gene, Little Rock	•							
Army								
Delegates 2								
Czerw, Russell, San Antonio, TX	•	•	•	•	•			
Hennessy, Bernard J., Nolanville, TX	•	•	•	•	•			
Alternates								
Chaffin, Jeffrey G., Stafford, VA	•							
Scott, Arthur C., Fairfax Station, VA	•							
California								
Delegates 63								
Bocks, Charles R., III, San Jose	•	•	•	•	•			
Brattesani, Cynthia, San Francisco	•	•	•	•	•			
Campbell, Matthew J., Jr., Sacramento	•	•	•	•	•			
Carney, Kerry K., Benicia	•	•	•	•	•			
Cassat, D. D., San Diego	•	•	•	•	•			
Creasey, Jean L., Nevada City	•	•	•	•	•			
Daby, Robert C., Sacramento	•	•	•	•	•			
Davidson, Daniel G., San Francisco	•	•	•	•	•			
Dugoni, Arthur A., San Francisco	•	•	•	•	•			
Ehrler, Clelan G., Fontana	•	•	•	•	•			
Ellison, Naomi L., Santa Monica	•	•	•	•	•			
Feldman, Roddy N., Green Valley	•	•	•	•	•			
Felsenfeld, Alan L., Los Angeles	•	•	•	•	•			
Finney, Debra S., Folsom	•	•	•	•	•			
Garcia, Ernest L., Marysville	•	•	•	•	•			
Gelfand, Gerald, Woodland Hills	•	•	•	•	•			
Gordon, Douglas J., El Sobrante	•	•	•	•	•			
Graham, Edward T., Stockton	•	•	•	•	•			
Greenlaw-OTOole, Julie L., Walnut Creek	•	•	•	•	•			
Hall, La Juan, Antioch	•	•	•	•	•			
Hansen, Henrik, Fairfield	•	•	•	•	•			
Herman, Gary N., Valley Village	•	•	•	•	•			
Hobby, Dennis W., Modesto	•	•	•	•	•			
Holtzman, Jennifer H., Los Angeles	•	•	•	•	•			
Hughson-Otte, Virginia A., Santa Clarita	•	•	•	•	•			
Kalebjian, Dennis M., Fresno	•	•	•	•	•		+	•
Keating, Kevin M., Sacramento	•	•	•	•	•			
Lee, Natasha A., San Francisco	•	•	•	•	•			
Maldonado, Philip B., Covina	•	•	•	•	•			
Mead, Ronald B., San Luis Obispo	•	•	•	•	•			
Moore, Larry J., Chino Hills	•	•	•	•	•			
Moore, William J., Red Bluff	•	•	•	•	•			
Moreno, Janice G., Lodi	•	•	•	•	•			
Namazikhah, M. S., Woodland Hills	•	•	•	•	•			
Nijjar, Deepinder Ruchi K., Fremont	•	•	•	•	•			
Olinger, Thomas J., La Mesa	•	•	•	•	•			
Parker, Melanie, San Diego	•	•	•	•	•			
Patel, Sanjay, Pittsburg	•	•	•	•	•			
Pickering, Stephen, San Mateo	•	•	•	•	•			
Robinson, Lindsey A., Grass Valley	•	•	•	•	•			
Rollofson, Donald P., Elk Grove	•	•	•	•	•			
Schinnerer, Donald M., San Ramon	•	•	•	•	•			
Schneider, Michael J., Manhattan Beach	•	•	•	•	•			
Sciarr, Joseph P., Woodland Hills	•	•	•	•	•			
Scott, Brian E., Palo Alto	•	•	•	•	•			
Senseny, Charlotte L., Torrance	•	•	•	•	•			
Soderstrom, Andrew P., Modesto	•	•	•	•	•			
Stein, Alan R., Northridge	•	•	•	•	•			
Steiner, Ann, Yucaipa	•	•	•	•	•			
Stephens, James D., Palo Alto	•	•	•	•	•			
Stewart, Thomas H., Bakersfield	•	•	•	•	•			
Stratigopoulos, George J., San Diego	•	•	•	•	•			
Sugiyama, Janice, Carpinteria	•	•	•	•	•			
Summerhays, Carol G., San Diego	•	•	•	•	•			
Surabian, Stanley R., Fresno	•	•	•	•	•			
Szotko, Scott O., San Diego	•	•	•	•	•			
Terlet, Ariane R., Berkeley	•	•	•	•	•			
Tippett-Whyte, Judee, Stockton	•	•	•	•	•		+	•
Toy, Bruce G., Stockton	•	•	•	•	•			
Whitcher, Bruce L., San Luis Obispo	•	•	•	•	•			
Wood, James D., Jr., Cloverdale	•	•	•	•	•			

	REGISTERED						REGISTERED				
	1	2	3	4	1		2	3	4		
Yanase, Rex R., Torrance	•	•	•	•	•	Florida					
Yarborough, Craig S., San Francisco	•	•	•	•	•	Delegates 21					
Alternates						Allen, Nolan W., Clearwater	•	•	•	•	•
Berick, Joel D., San Diego	•	•	•	•	•	Bell, Howard C., Jacksonville	•	•	•	•	•
Burg, Samuel B., Santa Maria						Bertoch, Daniel A., Tampa	•	•	•	•	•
Chan, Raymond K., San Lorenzo						Buckenheimer, Terry L., Tampa	•	•	•	•	•
Gandhi, Devang, Los Angeles	•	•	•	•	•	D'Aiuto, C. W., Longwood	•	•	•	•	•
Habjan, Denise A., Santa Ana	•	+	+	+	+	Dixon, Mervyn J., Fort Lauderdale	•	•	•	•	•
Hakimi, Nicky, Roseville						Ferris, Robert T., Altamonte Springs	•	•	•	•	•
Hurowitz, Donna B., San Francisco	•		+	+	+	Fisher, Howard E., Fort Walton Beach	•	•	•	•	•
Lee, Arlene, Los Angeles						Floyd, Thomas P., West Palm Beach	•	•	•	•	•
Lloyd, Jeffrey D., Alta Loma						Friedel, Alan E., Hollywood	•	•	•	•	•
Lowe, Oariona, Corona	•	•	+	•	•	Hoffman, Charles W., Jupiter	•	•	•	•	•
Marble, William L., Woodland						Hughes, Betty N., Saint Petersburg	•	•	•	•	•
Pisacane, John M., San Jose						Icyda, Teri-Ross, Stuart	•	•	•	•	•
Rockwell, Sean M., Grass Valley	•	•	•	•	+	Jernigan, Kim U., Pensacola	•	•	•	•	•
Vyas, Narendra G., Fontana						Lastra, Idalia, Miami	•	•	•	•	•
Colorado						Low, Samuel B., Gainesville	•	•	•	•	•
Delegates 8						Miller, Paul R., New Port Richey	•	•	•	•	•
Hanck, John J., Fort Collins	•	•	•	•	•	Nissen, Larry W., Merritt Island	•	•	•	•	•
Hurst, Jeffery M., Lakewood	•	•	•	•	•	Sabates, Cesar R., Coral Gables	•	•	•	•	•
Lurye, David C., Winter Park	•	•	•	•	•	Starkey, Douglas L., West Palm Beach	•	•	•	•	•
Morrow, Robert L., Walsh	•	•	•	•	•	Walton, James F., III, Tallahassee	•	•	•	•	•
Murray, Rhett L., Aurora	•	•	•	•	•	Alternates					
Nelson, Steven R., Denver	•	•	•	•	•	Ackley, Eva F., New Port Richey	•				
Schoemaker, Jeane L., Fort Morgan	•	•	•	•	•	Addabbo, Frank M., Orlando	•				
Sessa, Kevin D., Boulder	•	•	•	•	•	Antoon, James W., Rockledge	•				
Alternates						Boden, David F., Port Saint Lucie	•				
Benke, Robert J., Greeley	•					Cohen, Lee R., Palm Beach Gardens	•				
Hargreaves, Olinga, Denver	•					Coleman, Brian O., Winter Park	•				
Helland, Eric T., Woodland Park	•					Dorn, Samuel O., Plantation	•				
Peters, Kenneth S., Highlands Park	•					Dorris, George B., Jr., Shalimar	•				
Peterson, Jerry D., Dillon	•					Eggatz, Michael D., Weston	•				
Salcetti, Jeanne M., Colorado Springs	•					Erbes, Donald C., Gainesville	•				
Scarpella, Pasco W., Brighton	•					Huot, Richard A., Vero Beach	•				
Winquist, Heidi E., Boulder	•					Jordan, John R., Jr., West Palm Beach	•				
Connecticut						Liano, Charles D., Lakeland	•				
Delegates 7						Pansick, Ethan A., Delray Beach	•				
Duchan, Brian S., Westport	•	•	•	•	•	Paramore, Jolene O., Panama City	•				
Egan, Michael R., Glastonbury	•	•	•	•	•	Paul, John H., Lakeland	•				
Knapp, Jonathan B., Bethel	•	•	•	•	•	Romer, Mark A., Sunrise	•				
Malon, Carolyn, Farmington	•	•	•	•	•	Setzer, Barry P., Jacksonville	•				
Mooney, John J., Putnam	•	•	•	•	•	Stevenson, Richard A., Jacksonville	•				
Tandy, Bruce, Vernon Rockville	•	•	•	•	•	Walker, Lewis C., Ponte Vedra Beach	•				
Urillo, Stephanie, Southington	•	•	•	•	•	Winker, Wade G., Eustis	•				
Alternates						Georgia					
Barton, Tatiana, Stamford	•					Delegates 9					
Brady, Thomas V., Westbrook	•					Broderick, Thomas R., Savannah	•	+	+	+	+
Cloutier, Dean G., New Haven	•					Cook, Henry L., Sr., Pine Mountain	•	+	+	+	+
Davis, Jon G., Fairfield	•					Green, Edward J., Albany	•	+	+	+	+
Koral, Kurt, Orange	•					Greenway, Bradley K., Norcross	•	+	+	+	+
Picone, Joseph A., Plantsville	•					Ivey, N. Tyrus, Macon	•	+	+	+	+
Schreibman, Robert M., Glastonbury	•					Moses, Donna Thomas, Carrollton	•	+	+	+	+
Delaware						Ritz, Mark S., Homerville	•	+	+	+	+
Delegates 2						Vernon, Michael O., Augusta	•	+	+	+	+
Cole, Jeffrey M., Wilmington	•	•	•	•	•	Weinman, Richard A., Atlanta	•	+	+	+	+
Ralston, William H., Newark	•	•	•	•	•	Alternates					
Alternates						Dufresne, Joseph V., Mineral Bluff	•	+	+	+	+
Calhoun, Charles D., Newark	•					Field, Thomas C., Gainesville	•	+	+	+	+
Gregory, Victor L., Jr., Wilmington	•					Fussell, J. Timothy, Douglas	•	+	+	+	+
District of Columbia						Mann, Marshall H., Rome	•	+	+	+	+
Delegates 2						Percy, Kent H., Marietta	•	+	+	+	+
Cram, Sally, Washington	•	•	•	•	•	Reynierson, James H., III, Martinez	•	+	+	+	+
Singer, Alan H., Rockville	•	•	•	•	•	Torbush, Douglas B., Conyers	•	+	+	+	+
Alternates						Trager, Peter S., Marietta	•	+	+	+	+
Griffiths, Michael C., Washington	•					Wolff, Carol M., Atlanta	•	+	+	+	+
Richeson, James G., Jr., Washington	•					Hawaii					
Delegates 3						Delegates 3					
Cassella, Edmund A., Honolulu	•	•	•	•	•	Cassella, Edmund A., Honolulu	•	•	•	•	•
Kobayashi, Carl H., Lahaina	•	•	•	•	•	Kobayashi, Carl H., Lahaina	•	•	•	•	•
Yonemoto, Gary S., Honolulu	•	•	•	•	•	Yonemoto, Gary S., Honolulu	•	•	•	•	•

	REGISTERED		MEETINGS			
	1	2	3	4		
Alternates						
Nunokawa, Neil, Wailuku	•					
Teruya, Darrell T., Honolulu	•					
Umeda, Gary T., Honolulu	•					
Idaho						
Delegates 3						
Bengtson, Gregory J., Lewiston	•	•	•	•	•	
Klure, Jack D., Meridian	•	•	•			
Mooney, John T., Pocatello	•	•	•	•	•	
Alternates						
Dufurrena, Quinn, Boise	•		•	•		
LeMarr, Gary M., Soda Springs	•					
Tuller, Jeffrey W., Boise						
Illinois						
Delegates 19						
Barnes, Bradley W., Normal	•	•	•	•	•	
Beard, Darryll L., Waterloo	•	•	•	•	•	
Bitter, Robert N., Glenview	•	•	•	•	•	
Cross, Chauncey, Springfield	•	•	•	•	•	
Cubbon, H. Todd, Crete	•	•	•	•	•	
Dickey, Keith W., Alton	•	•	•	•	•	
Doroshov, Susan B., Skokie	•	•	•	•	•	
Elliott, Ian, Naperville	•	•	•	•	•	
Gerding, John H., Naperville	•	•	•	•	•	
Hagenbruch, Joseph F., Harvard	•	•	•	•	•	
Howell, J. Barry, Urbana	•	•	•	•	•	
Humenik, Mark J., Northbrook	•	•	•	•	•	
Kattner, Paul F., Waukegan	•	•	•	•	•	
Kumamoto, David P., Chicago	•	•	•	•	•	
Larsen, Christopher, Moline	•	•	•	•	•	
Osborne, Larry W., Decatur	•	•	•	•	•	
Sullivan, Thomas E., Westchester	•	•	•	•	•	
Testa, Ronald G., New Lenox	•	•	•	•	•	
Unger, Joseph G., Chicago	•	•	•	•	•	
Alternates						
Barnfield, Terry L., Salem	•					
Buelmann, Kenneth W., Glenview	•					
Corpus-Bato, Maria Fe, Gurnee	•					
Fijal, Phillip J., Des Plaines	•					
Hagopian, John M., Niles	•					
Hartog, Thomas J., Freeport	•					
Hayes, Mary J., Chicago	•					
Hilo, Dan B., Bartlett	•					
Holba, Richard S., Orland Park	•					
Kettelman, Daniel E., Quincy	•					
Landman, Paul, Chicago	•					
Mousel, Barbara L., Chicago	•					
Ploskonka, Mark F., Darien	•					
Schwartz, Timothy J., Pekin	•					
Schwenk, Debra M., Alton	•					
Segal, Edward H., Northbrook	•					
Soltys, Brian F., Rockford	•					
Stablein, Michael J., Lincolnshire	•					
Yonan, Kenneth P., Glenview	•					
Indiana						
Delegates 9						
Burns, Jill M., Richmond	•	•	•	•	•	
Catey-Williams, Mara, Gas City	•	•	•	•	•	
Holm, Steven J., Portage	•	•	•	•	•	
Holwager, David R., Cambridge City	•	•	•	•	•	
Lee, Steven B., Fort Wayne	•	•	•	•	•	
Leighty, Chad R., Marion	•	•	•	•	•	
Stetzel, Mark R., Fort Wayne	•	•	•	•	•	
Szakaly, Martin R., South Bend	•	•	•	•	•	
Thomas, J. M., Seymour	•	•	•	•	•	
Alternates						
Asdell, Bernard J., South Bend	•					
Ellinwood, Steven P., Fort Wayne	•					
Eversole, Robert, Greensburg	•					
Hollar, Steven C., Warsaw	•					
Phillips, Gregory E., Columbus	•					
Roberts, John, Connersville	•					
Sadler, Charles A., Jr., Fishers	•					
Schechner, Terry G., Valparaiso	•					
Smith, Michael T., Tipton	•					

	REGISTERED		MEETINGS			
	1	2	3	4		
Iowa						
Delegates 5						
Bradley, Steven P., Cascade	•	•	•	•		
Davidson, David W., Des Moines	•	•	•	•	•	
Heddens, Heather B., Washington	•	•	•	•	•	
Hettinger, Richard F., Sioux City	•	•	•	•	•	
Strohman, William E., Algona	•	•	•	•	•	
Alternates						
Halbur, Martin J., Carroll	•					
Horton, Douglas J., Cedar Rapids	•					
Johnsen, David C., Iowa City	•					
Maletta, John A., West Des Moines	•					
Peckosh, Valerie B., Dubuque	•				•	
Kansas						
Delegates 4						
Hemberger, Glenn V., Overland Park	•	•	•	•	•	
Herwig, Robert V., Lenexa	•	•	•	•	•	
Oettmeier, Bert W., Jr., Leawood	•	•	•	•	•	
Stasch, Jeffrey J., Garden City	•	•	•	•	•	
Alternates						
Cassidy, Kevin M., Topeka	•					
Peppes, Gregory J., Leawood	•					
Roufs, Brett A., Newton	•					
Kentucky						
Delegates 6						
Creech, John L., III, Louisville	•	•	•	•	•	
Howard, H. F., Harlan	•	•	•	•	•	
Largent, Beverly A., Paducah	•	•	•	•	•	
Lee, William E., Lexington	•	•	•	•	•	
Rich, W. K., Dry Ridge	•	•	•	•	•	
Robertson, Stephen W., Bowling Green	•	•	•	•	•	
Alternates						
Hill, J. D., Irvine	•					
Johnson, J. M., Owensboro	•					
Knight, Judson M., Lexington	•					
Louisiana						
Delegates 6						
Chaney, Mark S., New Orleans	•	•	+	•	•	
Giacona, Francis T., Metairie	•	•	•	•	•	
Hadlock, William A., Baton Rouge	•	•	+	+	+	
Ortego, L. Stephen, Ball	•	•	+	+	•	
Price, Thomas H., Lake Charles	•	•	•	•	+	
Tarver, Earl L., Jr., Monroe	•	•	+	•	+	
Alternates						
Barsley, Robert E., Ponchatoula	•		+			
Foy, Charles B., Jr., Madisonville	•		+	+		
Garrett, Marty B., Baton Rouge	•	•			+	
Hebert, Edward J., Lake Charles	•					
Roberts, Gary L., Shreveport	•	•	+	+	+	
Simon, Denis E. III, Baton Rouge	•					
Maine						
Delegates 3						
Dow, Jeffrey D., Newport	•	•	•	•	•	
Schmidt, James L., Readfield	•	•	•	•	•	
Shenkin, Jonathan D., Bangor	•	•				
Alternates						
Howard, Lisa P., Scarborough	•					
Kenneally, Joseph R., Scarborough	•		•	•	•	
Zimmerman, Paul S., Togus	•					
Maryland						
Delegates 7						
A'Becket, Thomas R., Laurel	•	•	•	•	•	
Antonelli, Morris, Kensington	•	•	•	•	•	
Doring, Kevin R., Edgewater	•	•	•	•	•	
Fridley, Arthur C., Temple Hills	•	•	•	•	•	
Jaeger, J. Roedel, Jr., Baltimore	•	•	•	•	•	
Kelley, Richard M., Emmitsburg	•	•	•	•	•	
Martin, William F., III, Towson	•	•	•	•	•	

	REGISTERED				MEETINGS			
	1	2	3	4	1	2	3	4
Alternates								
Christopher, Ann E., Baltimore	•							
Morgan, Garner D., Mechanicsville								
Nuger, Marc G., Glen Burnie	•							
Shepley, George R., Baltimore	•							
Slotke, Craig E., Baltimore	•							
Ziomek, Mary M., Rockville	•							
Massachusetts								
Delegates 13								
Becker, David B., Revere	•	•	•	•	•	•	•	•
Borgia, Anthony T., Plymouth	•	•	•	•	•	•	•	•
Cinamon, James S., Framingham	•	•	•	•	•	•	•	•
Fisher, John P., Salem	•	•	•	•	•	•	•	•
Gagne, Charles A., North Grafton	•	•	•	•	•	•	•	•
Glicksman, Milton A., Dartmouth	•	•	•	•	•	•	•	•
Hanlon-Rogers, Mary Jane, Lexington	•	•	•	•	•	•	•	•
Jusseaume, Michel A., Westport	•	•	•	•	•	•	•	•
McKenna, Stephen W., Feeding Hills	•	•	•	•	•	•	•	•
Samuels, David S., Andover	•	•	•	•	•	•	•	•
Silvius, Charles L., Revere	•	•	•	•	•	•	•	•
Vouras, Lisa, Reading	•	•	•	•	•	•	•	•
Wasserman, Michael H., Pittsfield	•	•	•	•	•	•	•	•
Alternates								
Friedman, Paula K., Boston	•							
Giamberardino, Anthony N., Medford	•							
Richman, Andrea, Carlisle	•							
Schmid, David A., Marshfield	•							
Shea, Stephen J., Lancaster	•							
Swiderski, Edward, Uxbridge	•							
Torrisi, Thomas P., Methuen	•							
Zolot, Howard M., North Andover	•							
Michigan								
Delegates 17								
Boyle, Patricia I., Dearborn	•	•	•	•	•	•	•	•
Coleman, Robert A., Livonia	•	•	•	•	•	•	•	•
Colquitt, Wayne N., Ann Arbor	•	•	•	•	•	•	•	•
Dater, Steven M., Rockford	•	•	•	•	•	•	•	•
Dawley, Joanne, Southfield	•	•	•	•	•	•	•	•
DeGroat, Larry, Bingham Farms	•	•	•	•	•	•	•	•
Jeffers, Gary E., Northville	•	•	•	•	•	•	•	•
Johnston, Jeffrey W., Bloomfield	•	•	•	•	•	•	•	•
Johnston, Mark M., Lansing	•	•	•	•	•	•	•	•
Lovell, Rob R., Traverse City	•	•	•	•	•	•	•	•
Makowski, Martin, Clinton Twp	•	•	•	•	•	•	•	•
Palm, Norman V., Grand Rapids	•	•	•	•	•	•	•	•
Peters, Debra A., Grand Rapids	•	•	•	•	•	•	•	•
Shunk, Clayton C., Sault Sainte Marie	•	•	•	•	•	•	•	•
Verhagen, Connie M., Muskegon	•	•	•	•	•	•	•	•
Wright, William L., Jackson	•	•	•	•	•	•	•	•
Young, Michael L., Sterling Heights	•	•	•	•	•	•	•	•
Alternates								
Aksu, Mert N., Ann Arbor	•							
Briskie, Daniel M., Detroit	•							
Burling, Charles K., Dowagiac	•							
Carter, John L., Midland	•							
Christy, Todd R., Berrien Springs	•							
Goodsell, Thomas C., Battle Creek	•							
Harris, Stephen R., Farmington	•							
Ismail, Amid I., Ann Arbor	•							
Johnson, Zelton G., Flint	•							
Kolling, Josef N., Ann Arbor	•							
Lantz, Marilyn S., Ann Arbor	•							
Lebster, Ryan S., Holland	•							
Smiley, Christopher J., Grand Rapids	•							
Minnesota								
Delegates 9								
Flor, Timothy J., Waseca	•	•	•	•	•	•	•	•
Flynn, Michael T., Winona	•	•	•	•	•	•	•	•
Foy, Patrick J., Minneapolis	•	•	•	•	•	•	•	•
Jess, Lee D., Grand Rapids	•	•	•	•	•	•	•	•
Kurkowski, Michael A., Shoreview	•	•	•	•	•	•	•	•

	REGISTERED				MEETINGS			
	1	2	3	4	1	2	3	4
Alternates								
Sledd, Jamie L., Maple Grove	•	•	•	•	•	•	•	•
Templeton, R. B., Edina	•	•	•	•	•	•	•	•
Tsuchiya, Todd T., Golden Valley	•	•	•	•	•	•	•	•
Wiberg, Richard A., Roseville	•	•	•	•	•	•	•	•
Alternates								
Gardetto, Robert P., Saint Cloud	•							
Lloyd, Patrick M., Minneapolis								
Nei, John P., Long Prairie	•							
Zakula, Michael, Hibbing	•							
Mississippi								
Delegates 3								
Dumas, James R., Jr., Prentiss	•	•	•	•	•	•	•	•
Seago, Donald L., Jackson	•	•	•	•	•	•	•	•
Singley, Dan H., Jr., Meridian	•	•	•	•	•	•	•	•
Alternates								
Diaz, Walter D., Maben	•							
Rives, Robert W., Jackson	•							
Stewart, R. C., Jackson	•							
Missouri								
Delegates 7								
Butler, Robert E., Webster Groves	•	•	•	•	•	•	•	•
Kirchhoff, Shanon T., Cape Girardeau	•	•	•	•	•	•	•	•
Menze, Daniel R., Moberly	•	•	•	•	•	•	•	•
Raman, Prabu, Kansas City	•	•	•	•	•	•	•	•
Roseman, Lori W., Saint Peters	•	•	•	•	•	•	•	•
Sokolowski, Joseph E., Florissant	•	•	•	•	•	•	•	•
Weinand, Kenneth J., Independence	•	•	•	•	•	•	•	•
Alternates								
Baker, Gary O., O'Fallon	•							
Foote, Bryan G., Columbia	•							
Meegan, Deborah L., Florissant	•							
Nelson, John W., Jr., Independence	•							
Niewald, Matthew A., Lees Summit	•							
Wyckoff, Douglas A., Cameron	•							
Zust, Mark R., Saint Peters	•							
Montana								
Delegates 2								
Hadnot, Douglas S., Lolo	•	•	•	•	•	•	•	•
Kiesling, Roger L., Helena	•	•	+	+	+	+	+	+
Alternate								
Gillette, E. Jane, Bozeman	•		+	+	+	+	+	+
Navy								
Delegates 2								
Vinci, Richard C., Bethesda	•	•	•	•	•	•	•	•
Ware, James J., San Clemente	•	•	•	•	•	•	•	•
Alternates								
Mitton, Robert H., Gaithersburg								
Rinaudo, Philip J., Rockville	•							
Nebraska								
Delegates 3								
Hodges, Eric D., Omaha	•	•	•	•	•	•	•	•
Morrison, Scott L., Omaha	•	•	•	•	•	•	•	•
Roesch, Robert E., Fremont	•	•	•	•	•	•	•	•
Alternates								
Jenkins, James F., Lincoln	•							
Vigna, Edward J., Lincoln	•							
Wesch, Jack C., Fairbury	•							
Nevada								
Delegates 3								
Brooks, Dwyte E., Las Vegas	•	•	•	•	•	•	•	•
Glover, Joel T., Jr., Reno	•	•	•	•	•	•	•	•
Miller, Jade A., Reno	•	•	•	•	•	•	•	•
Alternates								
Balle, Peter S., Las Vegas	•							
Di Grazia, John C., Reno	•							

	REGISTERED				MEETINGS			
	1	2	3	4	1	2	3	4
New Hampshire								
Delegates 3								
Baldassarre, Pamela Z., Bedford	•	•	•	•	•	•	•	•
Rosato, Richard J., Concord	•	•	•	•	•	•	•	•
Simpson, Earle, Bedford	•	•	•	•	•	•	•	•
Alternates								
Berryman, Richard A., Concord	•							
Hoffman, Stephen F., Keene	•							
Vachon, Richard E., Manchester	•							
New Jersey								
Delegates 12								
Feinberg, Maxine, Cranford	•	•	•	•	•	•	•	•
Gelbman, Joel C., Livingston	•	•	•	•	•	•	•	•
Ghisalberti, Luciano, Ridgefield	•	•	•	•	•	•	•	•
Graham, Frank J., Teaneck	•	•	•	•	•	•	•	•
Isaacson, Richard D., West Long Branch	•	•	•	•	•	•	•	•
Krantz, Daniel B., Somerset	•	•	•	•	•	•	•	•
Novasack, George F., Somers Point	•	•	•	•	•	•	•	•
Rempell, Jeffrey H., Clifton	•	•	•	•	•	•	•	•
Rich, Barbara A., Cherry Hill	•	•	•	•	•	•	•	•
Riva, Richard D., Chatham	•	•	•	•	•	•	•	•
Sterritt, Frederic C., Belle Mead	•	•	•	•	•	•	•	•
Whitman, Sidney A., Hamilton Square	•	•	•	•	•	•	•	•
Alternates								
Carotenuto, Frank, Roselle Park	•							
Chinoy, Walter I., Scotch Plains	•							
Colton, Harris N., Cherry Hill	•							
Donati, David P., Brigantine	•							
Fink, Steven R., Kinnelon	•							
Hersh, Robert A., Freehold	•							
Kahn, Richard B., New Brunswick	•							
Markman, Stanley, Fort Lee	•							
Perle, Charles H., Jersey City	•							
Ricciani, John F., Allentown	•							
Shekitka, Robert A., Millburn	•							
Weger, Robert E., Morristown	•							
New Mexico								
Delegates 3								
Merritt, Kennedy W., Clovis	•	•	•	•	•	•	•	•
Moore, David, Albuquerque	•	•	•	•	•	•	•	•
Schripsema, Thomas J., Albuquerque	•	•	•	•	•	•	•	•
Alternates								
Espinosa, Henry D., Albuquerque	•							
Goad, Jamie D., Carrizozo	•							
Manzanares, Robert J., Espanola	•							
New York								
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Andolina, Richard, Hornell	•	•	•	•	•	•	•	•
Bailey, Lawrence, New York	•	•	•	•	•	•	•	•
Barnashuk, Frank C., Lackawanna	•	•	•	•	•	•	•	•
Bauman, Mark A., Saratoga Spgs	•	•	•	•	•	•	•	•
Baumler, Jeffrey A., Niagara Falls	•	•	•	•	•	•	•	•
Breault, Michael R., Schenectady	•	•	•	•	•	•	•	•
Buhite, Robert, II, Rochester	•	•	•	•	•	•	•	•
Di Mango, Anthony L., Brooklyn	•	•	•	•	•	•	•	•
Doherty, Robert J., White Plains	•	•	•	•	•	•	•	•
Epel, Lidia M., Rockville Ctr	•	•	•	•	•	•	•	•
Essig, Steven L., Ravena	•	•	•	•	•	•	•	•
Farrell, Scott J., Binghamton	•	•	•	•	•	•	•	•
Feinberg, Edward, Scarsdale	•	•	•	•	•	•	•	•
Galati, James E., Clifton Park	•	•	•	•	•	•	•	•
Gold, Stephen B., Port Jefferson Station	•	•	•	•	•	•	•	•
Goudarzi, Payam, Johnson City	•	•	•	•	•	•	•	•
Gounardes, Steven, Brooklyn	•	•	•	•	•	•	•	•
Graham, Malcolm S., White Plains	•	•	•	•	•	•	•	•
Hanley, Kevin J., Buffalo	•	•	•	•	•	•	•	•
Jhaveri, Viren L., Old Westbury	•	•	•	•	•	•	•	•
Karp, William, Manlius	•	•	•	•	•	•	•	•
Ledner, Jay, Little Neck	•	•	•	•	•	•	•	•
Lewenson, Richard J., New York	•	•	•	•	•	•	•	•
Liang, John, Utica	•	•	•	•	•	•	•	•
Margolin, Robert E., Scarsdale	•	•	•	•	•	•	•	•
Mazer, Alan L., Port Jefferson	•	•	•	•	•	•	•	•

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Miller, David J., East Meadow	•	•	•	•	•	•	•	•
Miller, Edward J., New York	•	•	•	•	•	•	•	•
Neary, Matthew J., New York	•	•	•	•	•	•	•	•
Peskin, Robert M., Garden City	•	•	•	•	•	•	•	•
Ratner, Craig S., Staten Island	•	•	•	•	•	•	•	•
Redhead, R. Chester, New York	•	•	•	•	•	•	•	•
Riesner, Neal R., Scarsdale	•	•	•	•	•	•	•	•
Samuels, Risa, Oakland Gardens	•	•	•	•	•	•	•	•
Seiver, Jeffrey, East Islip	•	•	•	•	•	•	•	•
Seminara, Robert A., Staten Island	•	•	•	•	•	•	•	•
Snyder, Steven I., Brentwood	•	•	•	•	•	•	•	•
Tauber, Robert, Mount Kisco	•	•	•	•	•	•	•	•
Vorrasi, Andrew G., Rochester	•	•	•	•	•	•	•	•
Weinberger, Mark J., Troy	•	•	•	•	•	•	•	•
Weiner, Howard A., Sea Cliff	•	•	•	•	•	•	•	•
Alternates								
Arvystas, Michael, New York	•							
Burk, James R., Sodus	•							
Condry, James D., Glens Falls	•							
Conte, John C., Elmira	•							
Cuomo, Anthony M., Carmel	•							
Dogra, Ashok K., Flushing	•							
Dolin, James F., Hicksville	•							
Dunham, Richard L., Wilton	•							
Dunn, Mary Beth, Clarence	•							
Fitzgerald, James J., Garden City	•							
Halikias, John, Brooklyn	•							
Krishnan, Prabha, Rego Park	•							
Lane, Kerry, Southampton	•							
Leary, Paul R., Smithtown	•							
Madonian, Margaret, Liverpool	•							
Manasar, Armen C., Wappingers Falls	•							
Manente, Salvatore J., Niagara Falls	•							
Markowitz, Paul, Bohemia	•							
Mears, Ernest, Jr., Oswego	•							
Mistry, Bhagwati J., Tarrytown	•							
Palmaccio, Frank J., Woodbury	•							
Parker, Robert E., III, Rochester	•							
Pasquale, Deborah, Brooklyn	•							
Purcell, Judith A., Troy	•							
Rosenstein, Harry E., Guilderland	•							
Schimmel, Sanford, Bronx	•							
Sukmonowski, Patricia L., New York	•							
Tota, Christopher M., Hawthorne	•							
Travagliato, Charles S., Hamburg	•							
Wetzel, Frederick, Schenectady	•							
North Carolina								
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Breeland, Nona I., Chapel Hill	•	•	•	•	•	•	•	•
Card, Rex B., Raleigh	•	•	•	•	•	•	•	•
Elliott, James C., Jr., Asheville	•	•	•	•	•	•	•	•
Harrell, Gavin G., Elkin	•	•	•	•	•	•	•	•
Harrell, James A., Jr., Elkin	•	•	•	•	•	•	•	•
Litaker, William M., Jr., Hickory	•	•	•	•	•	•	•	•
Mc Kaig, Bettie R., Raleigh	•	•	•	•	•	•	•	•
Norman, Charles H., III, Greensboro	•	•	•	•	•	•	•	•
Plage, Robert G., Wilmington	•	•	•	•	•	•	•	•
Alternates								
Bolton, Cynthia A., Summerfield	•							
Cheek, Daniel K., Hillsborough	•							
Hollowell, Robert P., Jr., Morrisville	•							
Hunt, Richard F., III, Rocky Mount	•							
Jewell, Wilson O., Wilmington	•							
Morgan, Brad C., Canton	•							
Oyster, Gary D., Raleigh	•							
Tucker, Kent N., Pilot Mountain	•							
Williams, John N., Jr., Chapel Hill	•							
North Dakota								
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Lauf, Robert C., Jr., Mayville	•	•	•	•	•	•	•	•
Seeley, Ron J., Williston	•	•	•	•	•	•	•	•
Alternates								
McDonald, James L., Fargo	•							
Sommers, Dennis D., Minot	•							

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Beals, C. K., III, Marion	•	•	•	•	•	
Bronson, Mark E., Cincinnati	•	•	•	•	•	
Burns, Dennis A., Columbus	•	•	•	•	•	
Connell, Christopher, Lyndhurst	•	•	•	•	•	
Fields, Henry W., Jr., Columbus	•	•	•	•	•	
Gabriel, Thomas M., Youngstown	•	•	•	•	•	
Jeter, Harold S., South Point	•	•	•	•	•	
Job, Burton W., Akron	•	•	•	•	•	
Kelley, Carole J., Dublin	•	•	•	•	•	
Kelly, Thomas S., Beachwood	•	•	•	•	•	
Matanzo, Thomas, Wintersville	•	•	•	•	•	
Perrino, Thomas J., Cincinnati	•	•	•	•	•	
Pope, Theodore R., Englewood	•	•	•	•	•	
Shall, Stephen M., Toledo	•	•	•	•	•	
Simpson, Stephen P., Hudson	•	•	•	•	•	
Waldman, David S., Youngstown	•	•	•	•	•	
Alternates						
Antolini, Anthony P., Warren	•					
Awadalla, Eleanore, Toledo	•					
Barnes, Paul R., Granville	•					
Crowley, Joseph P., Cincinnati	•					
Gardner, Kim L., Chardon	•					
Guter, Hans P., Commercial Pt	•					
Halasz, Michael H., Kettering	•					
Henderson, Gene T., Vermilion	•					
Kale, Jennifer A., Twinsburg	•					
Lemmo, Ronald P., Willoughby Hills	•					
Moore, Steven R., West Chester	•					
Petry, Loren M., Akron	•					
Pfister, Charles R., Medina	•					
Pyle, Marsha, Willoughby Hills	•					
Records, Linda E., Columbus	•					
Schaeffer, Michael T., Cincinnati	•					
Oklahoma						
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Cohlmlia, Raymond A., Oklahoma City	•	•	+	+	+	
Hogg, Steven W., Broken Arrow	•	•	+	•	•	
Mayer-Ward, Jandra, Vinita	•	•	+	+	•	
Torchia, James S., Tulsa	•	•	+	+	•	
Waugh, W. S., Edmond	•	•	+	+	+	
Alternates						
Abshere, Philip M., Oklahoma City	•		+	+	+	
Glenn, Stephen O., Tulsa	•		+			
Keeter, D. K., Frederick	•		+	+		
Wood, C. R., III, Tulsa	•		+	+		
Young, Stephen K., Oklahoma City	•		+	+	+	
Oregon						
Delegates 6						
Asai, Rickland G., Portland	•	•	•	•	•	
Barichello, Teri L., Oregon City	•	•	•	•	•	
Benson, Sean A., Baker City	•	•	•	•	•	
Burton, Bruce A., Hood River	•	•	•	•	•	
Catt, James C., Medford	•	•	•	•	•	
Pollard, Thomas D., Portland	•	•	•	•	•	
Alternates						
Cummings, Bruce K., Enterprise	•					
Johnson, Dennis A., Portland	•					
Larson, Judd R., Central Point	•					
Price, Jill M., Portland	•					
Taylor, Barry J., Portland	•					
Young, Joni D., Salem	•					
Pennsylvania						
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Aldinger, D. S., Lehighton	•	•	•	•	•	
Aughenbaugh, Jack A., Hegins	•	•	•	•	•	
Barna, Julie A., Lewisburg	•	•	•	•	•	
Carroll, Peter, Philadelphia	•	•	•	•	•	
Charlton, Dennis J., Sandy Lake	•	•	•	•	•	
Davis, Gary S., Shippensburg	•	•	•	•	•	
Dishler, Bernard P., Elkins Park	•	•	•	•	•	
Gamba, Thomas W., Philadelphia	•	•	•	•	•	
Gross, Ronald B., Radnor	•	•	•	•	•	

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Himmelberger, Linda K., Devon						
Johnston, Jon J., Punxsutawney	•	•	•	•	•	
Kohler, Joseph J., III, Erie	•	•	•	•	•	
Korch, Peter P., N Cambria	•	•	•	•	•	
Kwasny, Andrew J., Erie	•	•	•	•	•	
Spruill, William T., Carlisle	•	•	•	•	•	
Stoner, Donald A., Oakmont	•	•	•	•	•	
Weaver, William J., Brookville	•	•	•	•	•	
Weber, Charles R., West Chester	•	•	•	•	•	
Alternates						
Axler, Jerrold H., Wayne	•					
Boyle, James M., York	•					
Burnheimer, John M., Johnstown	•					
Bushick, Ronald D., Glen Mills	•					
Eisenhart, Craig A., Huntingdon	•					
Grove, John, Jersey Shore	•					
Hoffman, R. D., Pittsburgh	•					
Jaworski, Stephen J., New Bethlehem	•					
Meci, John L., Coplay	•					
Newman, Wade, Bellefonte	•					
Nordone, Thomas P., Philadelphia	•					
Petratits, Thomas C., Du Bois	•					
Ray, Herbert L., Lower Burrell	•					
Ross, Joseph E., New Castle	•					
Selcher, Samuel E., Middletown	•					
Shuman, Michael S., Blandon	•					
Solfanelli, Stephen, Scranton	•					
Tecosky, David A., Philadelphia	•					
Public Health						
Delegates 2						
Halliday, Christopher G., Olney, MD	•	•	•	•	•	
Saville, Suzanne K., Sebastopol, CA	•	•	•	•	•	
Alternates						
Lloyd, Robert, Fort Defiance, AZ	•					
Noyes, Deborah, Lorton, VA	•					
Puerto Rico						
Delegates 2						
Del Valle-Sepulveda, Edwin, Cagues	•	•	•	•	•	
Garcia-Aguirre, Augusto C., Aguadille	•	•	•	•	•	
Rhode Island						
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Connor, Francis A., Jr., Pawtucket	•	•	•	•	•	
Dodge, Jeffrey E., Woonsocket	•	•	•	•	•	
Mehlman, Edwin S., Warren	•	•	•	•	•	
Alternates						
Cavicchio, Barbara M., North Providence	•					
Small, Mark P., Cranston	•					
Turkel, Roger M., North Kingstown	•					
South Carolina						
Delegates 5						
Fair, Julian H., III, Wagener	•	•	•	•	•	
Hewitt, Richard F., Greenville	•	•	•	•	•	
Parker, Samuel E., Jr., Florence	•	•	•	•	•	
Rawls, Douglas S., North Charleston	•	•	•	•	•	
Watson, David F., Jr., Greenville	•	•	•	•	•	
Alternates						
Brown, W. C., Greenville	•					
Maxwell, Charles B., Johnsonville	•					
Mercer, James E., Columbia	•					
Sanders, John J., Charleston	•					
Wise, Edward M., Beaufort	•					
South Dakota						
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Ellwein, Orin W., Sioux Falls	•	•	•	•	•	
Thaler, Melvin N., Sioux Falls	•	•	•	•	•	

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Alternates						
Determan, Amber A., Mitchell	•					
Muller, George J., II, Rapid City	•					
Tennessee						
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Dycus, Richard W., Cookeville	•	•	•	•	•	
Gorham, Matt J., III, Nashville	•	•	•	•	•	
Greenblatt, Charles L., Jr., Knoxville	•	•	•	•	•	
Hight, James R., Jr., Jackson	•	•	•	•	•	
Mc Daniel, James W., Chattanooga	•	•	•	•	•	
Osborn, John C., Maynardville	•	•	•	•	•	
Sebelius, Carl L., Jr., Memphis	•	•	•	•	•	
Alternates						
Beauchamp, K. Jean, Clarksville	•					
Carden, Zachary F., Jr., Harrison	•					
Mc Neely, David E., Jr., Elizabethton	•					
Orwick-Barnes, Susan M., Knoxville	•					
Propper, Terryl A., Brentwood	•					
Rainey, Irvin M., Jr., Jackson	•					
Robbins, Morris L., Jr., Memphis	•					
Texas						
Delegates 23						
Black, Richard C., El Paso	•	•	•	•	•	
Blanton, Patricia L., Dallas	•	•	•	•	•	
Chancellor, James W., San Antonio	•	•	•	•	•	
Collins, Ron, Houston	•	•	•	•	•	
Condrey, James D., Missouri City	•	•	•	•	•	
Doerre, David L., Burkburnett	•	•	•	•	•	
Hall, Glen D., Abilene	•	•	•	•	•	
Harrison, Thomas C., Katy	•	•	•	•	•	
Higginbottom, Frank L., Dallas	•	•	•	•	•	
Hunke, Philip H., McAllen	•	•	•	•	•	
Israelson, Hilton, Richardson	•	•	•	•	•	
Kennedy, Paul A., Jr., Corpus Christi	•	•	•	•	•	
Lutes, Don A., Mount Pleasant	•	•	•	•	•	
May, David, Jr., Abilene	•	•	•	•	•	
McCaughey, Dan P., Mount Pleasant	•	•	•	•	•	
Moore, Alan B., Austin	•	•	•	•	•	
Peppard, Richard M., Austin	•	•	•	•	•	
Rhea, Ronald L., Houston	•	•	•	•	•	
Roberts, Matthew B., Crockett	•	•	•	•	•	
Spradley, Larry W., Keller	•	•	•	•	•	
Stuart, Michael L., Sunnyvale	•	•	•	•	•	
Wade, Herbert L., Jr., Bryan	•	•	•	•	•	
Worsham, Debrah J., Center	•	•	•	•	•	
Alternates						
Armstrong, Craig S., Houston	•					
Barrington, Jennifer J., Waxahachie	•					
Clitheroe, Robert L., Sugar Land	•					
Cooley, Ralph A., Conroe	•					
Davis, Paul G., Jr., Bedford	•	•				
Duncan, David A., Amarillo	•					
Frazer, Karen E., Austin	•					
Gibson, Kathy T., Houston	•					
Herwig, Larry D., Dallas	•					
Mason, John, Corpus Christi	•					
Niessen, Linda C., Dallas	•					
Oneacre, Lee P., Carrollton	•					
Roberts, David L., Dallas	•					
Schwartz, Stephen F., Houston	•					
Stewart, Debra G., Houston	•					
Vance, Tomina B., Weslaco	•					
Walker, Carolyn B., San Antonio	•					
Wilbanks, David S., El Paso	•					
Wilhite, David H., Plano	•					
Woodburn, David C., Amarillo	•					
Utah						
Delegates 4						
Blaisdell, Mark H., Bountiful	•	•	•	•	•	
Bowen, Ronald S., Midvale	•	•	•	•	•	
Rounds, Norman K., Salt Lake City	•	•	•	•	•	
Smith, A. J., Salt Lake City	•	•	•	•	•	
Alternates						
Crawford, Gary L., Orem	•					
Fuller, Jon G., Jr., Moab	•					

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Nielsen, R. Blake, Salt Lake City						
Williamson, James M., Salt Lake City						
Vermont						
Delegates 2						
Fisch, Judith M., Rutland	•	•	+			
Maurer, Gregory C., Vergennes	•	•	+	•	•	
Alternates						
De Bruin, R. S., Enosburg Fls	•		+	•	•	
Kenworthy, Paul, Essex Junction	•		+			
Veterans Affairs						
Delegates 2						
Tucker, W. M., Tampa, FL	•	•	•	•	•	
Ward, Timothy O., Washington, DC	•	•	•	•	•	
Alternates						
Arola, Patricia E., Washington, DC	•				•	
Ball, John D., Dallas, TX	•					
Virgin Islands						
Delegate 1						
Shrallow, Bruce L., St. Thomas	•	•	•	•	•	
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Wechter, Stuart M., St. Thomas						
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Adams, Anne C., Richmond	•	•	•	•	•	
Anderson, David C., Alexandria	•	•	•	•	•	
Barnes, Richard D., Hampton	•	•	•	•	•	
Crabtree, Mark A., Martinsville	•	•	•	•	•	
Gillespie, M. Joan, Alexandria	•	•	•	•	•	
Hunt, Ronald J., Richmond	•	•	•	•	•	
Hutchison, Bruce R., Centreville	•	•	•	•	•	
Klima, Rodney J., Burke	•	•	•	•	•	
Vlahos, Gus C., Dublin	•	•	•	•	•	
Weisberg, Edward J., Norfolk	•	•	•	•	•	
Alternates						
Abbott, Michael A., Abingdon	•					
Bell, Alonzo M., Alexandria	•					
Certosimo, Alfred J., Mechanicsville	•					
Howell, Ralph L., Jr., Suffolk	•					
Link, Michael J., Newport News	•					
Norbo, Kirk, Waterford	•					
Price, McKinley L., Newport News	•					
Reynolds, Elizabeth C., Richmond	•					
Sherwin, J. Ted T., Orange	•					
Wood, Roger E., Midlothian	•					
Washington						
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Barnes, Dexter E., Seattle	•	•	•	•	•	
Crinzi, Richard A., Redmond	•	•	•	•	•	
Edgar, Bryan C., Federal Way	•	•	•	•	•	
Edgar, Linda J., Federal Way	•	•	•	•	•	
Houten, David, Kelso	•	•	•	•	•	
Lawton, Lawrence R., Mead	•	•	•	•	•	
Middaugh, Dan G., Seattle	•	•	•	•	•	
Ogata, Randall H., Seattle	•	•	•	•	•	
Savage, Rhonda R., Fox Island	•	•	•	•	•	
Shaw, Robert R., Spokane	•	•	•	•	•	
Alternates						
Anderson, Bryan D., Spokane	•					
Feder, Barry A., Issaquah	•					
Henderson, Robin J., Clarkston	•					
Jennings, Mary S., Covington	•					
Ogata, Gregory Y., Sammamish	•				•	
Rekhi, Princy S., Bothell	•					
Ribary, James L., Gig Harbor	•					
Walker, Mark V., Kent	•					
Wentworth, Rod B., Bellevue	•					
Williams, Laura, E. Wenatchee	•					

	REGISTERED	MEETINGS			
		1	2	3	4
Delegates 3					
Eder, B. S., South Charleston	•	•	•	•	•
Eller, David M., Huntington	•	•	•	•	•
Medovic, Michael D., Wheeling	•	•			
Alternates					
Jarrell, Jeffery S., Surveyor	•				
Lacy, Gregory A., Morgantown	•				
Smith, J. Christopher, Charleston	•		•	•	•
Wisconsin					
Delegates 9					
Brysh, L. Stanley, Madison	•	•	+	+	+
Durtsche, Timothy B., La Crosse	•	•	+	•	•
Hagemann, Paul G., Hurley	•	•	+	•	•
Hebl, Monica, Milwaukee	•	•	+	+	+
Kaske, H. Michael, Twin Lakes	•	•	+	+	+
Masak, John G., Appleton	•	•	•	•	•
Morgenroth, James C., Brookfield	•	•	•	•	•
Shoemaker, Eugene B., Waukesha	•	•	+	+	+
Vandehaar, Kent L., Chippewa Falls	•	•	+	•	•
Alternates					
Clemens, Dave, Wisconsin Dells	•		+		
Kenyon, David J., Altoona	•		+	+	+
Lobb, William K., Mukwonago	•		+		
Lofthouse, Richard M., Fennimore	•		+	+	+
Moser, John R., Milwaukee	•		+	+	+
Nockerts, Thomas J., Green Bay	•		+	+	+
Rodriguez, Julio H., Brodhead					
Stamatelakys, Constantine, Brookfield					
Stoll, Steven J., Neenah	•		+		
Wyoming					
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Okano, David K., Rock Springs	•	•	•	•	•
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