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# 2018

Transactions

159th Annual Session  
Honolulu, Hawaii  
October 19–22, 2018

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211 East Chicago Avenue  
Chicago, Illinois 60611

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# Minutes of the Board of Trustees

February 11–13

March 14, 2018

April 21–24

May 30

June 23

August 11–14

September 23–25

October 23, 2018

December 16, 2018

## Notes

## Minutes of the Board of Trustees

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February 11–13, 2018

Headquarters Building, Chicago

**Call to Order:** The third regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Joseph P. Crowley, president, on Sunday, February 11, 2018, at 1:00 p.m. in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Joseph P. Crowley, Jeffrey M. Cole, G. Lewis Mitchell, Jr., Richard A. Huot, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Raymond A. Cohlma, Judith M. Fisch, Chad P. Gehani, John F. Harrington, Jr., Linda K. Himmelberger, Daniel J. Klemmedson, Billie Sue Kyger, Kenneth McDougall, Kirk M. Norbo, Lindsey A. Robinson, Julio H. Rodriguez, Cesar R. Sabates, George R. Shepley, and Roy Thompson.

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

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, vice president, Science Institute; Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; Judith Fleeks, vice president, Human Resources, James Goodman, senior vice president, Business and Conferences; Michael A. Graham, senior vice president, Government and Public Affairs; Stephanie Moritz, chief communications officer; David Preble, senior vice president, Practice Institute; Robert Quashie, vice president, Business Operations and Strategy; Bill Robinson, vice president, Member and Client Services; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujicic, chief economist and vice president, Health Policy Institute; James Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Guests in attendance for a portion or portions of the meeting included: Dr. Michael Glick, editor, *The Journal of the American Dental Association*; Dr. Nipa Thakkar, chair, New Dentist Committee; Dr. William Calnon, president, ADAF; Mr. Nick Falco, executive director, ADAF; Dr. Thomas Hart, senior director, Volpe Research Center; Mr. Bill Gastrock, principal, Continuum Innovation; Mr. Ed O'Brien, vice president, Business Development, Continuum Innovation; Dr. Ruma Simhan, Business Model Project Management Team, and Mr. Andrew Reynolds, Business Model Project Management Team.

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

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

## Preliminary

### Approval of Agenda and Consent Items

*Approval of Agenda.* Before requesting approval of the agenda, Dr. Crowley asked if there were any items of new business. The following items of new business were identified:

- House of Delegates Survey Results (Dr. Fisch)
- Verbal Report of the Commission on Dental Accreditation (Dr. Bitter)

Without objection the new items of business were added to the agenda and the amended agenda was adopted.

**B-1-2018. Resolved,** that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

*Approval of Consent Calendar.* Dr. Crowley reviewed the list of proposed consent items; the following report was removed from consent.

- Report of ADA Business Enterprises, Inc.

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

**B-2-2018. Resolved,** that the resolutions contained on the Consent Calendar for Board of Trustees consideration, as amended, be approved and reports be filed.

### Approval of Minutes of Previous Sessions

*Minutes of the October 24, 2017, Meeting of the Board of Trustees.* The following resolution was adopted (consent calendar action).

**B-3-2018. Resolved,** that the minutes of October 24, 2017, meeting of the Board of Trustees, as corrected, be approved.

*Minutes of the December 4, 2017, Meeting of the Board of Trustees.* The following resolution was adopted (consent calendar action).

**B-4-2018. Resolved,** that the minutes of December 4, 2017, meeting of the Board of Trustees, as corrected, be approved.

*Minutes of the November 21, 2017, Conference Call Meeting of the Board of Trustees.* The following resolution was adopted (consent calendar action).

**B-12-2018. Resolved,** that the minutes of the November 21, 2017 special session of the Board of Trustees, as corrected, be approved.



**Report on Mail Ballot Actions:** In accordance with the *Organization and Rules of the Board of Trustees*, mail ballot actions are required to be reported in the minutes of the next regular meeting of the Board of Trustees. Accordingly, the following mail ballot actions are presented. Each mail ballot resolution was unanimously approved (consent calendar item).

September 26, 2017—Mail Ballot #1

*Premium Credit Proposals for the ADA Members Insurance Plans*

**B-111-2017. Resolved**, that the following premium credit proposals for the ADA Members Insurance Plans, as recommended by Great-West Financial for the 2018 plan year and transmitted by the Council on Members Insurance and Retirement Programs, are hereby approved:

- a 51% premium credit effective January 1, 2018 for the Life Plans,
- a 35% premium credit effective November 1, 2017 for the Disability Income Protection Plan,
- a 45% premium credit effective February 1, 2018 for the Office Overhead Expense Plan, and
- a 45% premium credit effective October 1, 2017 for the MedCASH, Hospital Indemnity and Critical Illness Plans.

*Estimated Royalty Proposals for ADA Members Insurance Plans*

**B-112-2017. Resolved**, that the following estimated royalty proposals for the ADA Members Insurance Plans, as recommended by Great-West Financial and transmitted by the Council on Members Insurance and Retirement Programs, are hereby approved for payment to ADA in 2018:

- an estimated \$5.6 million from the Life Plans,
- no royalty payment to ADA from the Disability Income Protection Insurance Plan,
- an estimated \$1.1 million from the Office Overhead Expense Insurance Plan, and
- an estimated \$136,000 from the MedCASH, Hospital Indemnity and Critical Illness Plans

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

**Report of the Audit Committee:** On behalf of the Committee, Dr. Rickland G. Asai, chair, presented the report of the Audit Committee's February 9, 2018, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Budget and Finance Committee:** On behalf of the Committee, Dr. Lindsey A. Robinson, chair, presented the report of the Budget and Finance Committee's February 10, 2018, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Board Contingency—Task Force on Assessment of Readiness for Practice.* Dr. Robinson moved Resolution B-9 with the Committee's recommendation to adopt; on vote Resolution B-9 was adopted by the Board of Trustees.

**B-9-2018. Resolved**, that the following appropriation be made from the Board Contingency and be allocated to line items in stated cost center in accordance with the terms of the supplemental appropriation request to fund ADA's participation and support of the 2018 meetings of the Task Force on Assessment of Readiness for Practice.

(Cost Center 090-1390-000)

**Support for Up to \$65,200 Task Force on Assessment of Readiness for Practice**

*Board Contingency—ADA Credentialing.* Dr. Robinson moved Resolution B-10 with the Committee's recommendation to adopt; on vote Resolution B-10 was adopted by the Board of Trustees.

**B-10-2018. Resolved**, the following appropriation be made from the 2018 Board Contingent fund to cover the staffing costs for a full-time employee (FTE) to manage the ADA Credentialing Service joint solution with CAQH.

Board Contingent Fund

Cost Center: 090.1500.000

**Amount: Up to \$162,000**

*Board Contingency—Kentucky Dental Association.* Dr. Robinson moved Resolution B-18 with the Committee's recommendation to adopt; on vote Resolution B-18 was adopted by the Board of Trustees.

**B-18-2018. Resolved**, that up to \$50,000 be allocated from the Board Contingent fund to support Kentucky Dental Association's member growth efforts.

(Cost Center 090-1300-000)

**Support for Up to \$50,000 - ADA's Support of the Kentucky Dental Association's Member Growth Efforts**

*Board Contingency—December Board Retreat.* Dr. Robinson moved Resolution B-21, as amended by the Committee, with the Committee's recommendation to adopt; on vote Resolution B-21 was adopted by the Board of Trustees.

**B-21-2018. Resolved**, that up to \$~~35~~22,000 be allocated from the Board Contingent fund to support the December 2018 Board Retreat. (Cost Center 090-1300-000)

*Board Contingency—Puerto Rico Dues Waiver.* Dr. Robinson moved Resolution B-22 by the Committee with the Committee's recommendation to adopt; on vote Resolution B-22 was adopted by the Board of Trustees.

**B-22-2018. Resolved**, that the following appropriation be made from the Board Contingency and be allocated to line items in the stated cost center in accordance with the terms of the contingency request to cover the costs of funding 2018 membership dues hardship waivers for the 2017 ADA Members of the Colegio de Cirujanos Dentistas de Puerto Rico due to the devastation of Puerto Rico from Hurricane Maria.

*Division of Member & Client Services*

(Cost Center 130-0450-000)

**2018 Dues waivers for 2017 ADA Members of the Colegio de Cirujanos Dentuistas de Puerto Rico – up to \$94,031**

*Board Contingency—National Academies' Workshop.* On behalf of the Committee, Dr. Robinson moved Resolution B-23 with the Committee's recommendation to adopt. A motion was made to amend B-23 by changing \$100,000 to \$75,000. On vote, the proposed amendment was not adopted. On vote, Resolution B-23 was adopted by the Board of Trustees.

**B-23-2018.** Resolved, that up to \$100,000 be allocated from the Board Contingency fund to support the National Academies' Workshop in December 2018.

Division of Administrative Services  
(Cost Center 090-1050-000)

**Up to \$100,000 – Funding to Support the National Academies' Workshop in December 2018**

*Rebalancing of Reserves.* On behalf of the Committee, Dr. Robinson moved Resolution 31 with a recommendation to adopt. On vote, Resolution 31 was adopted by the Board of Trustees.

**B-31-2018. Resolved,** that the Board approves the implementation of a strategy recommended by the ADA's outside investment advisors to adjust ADA reserve investment cash balances so that they are sufficient for the Q2 2018 and Q3 2018 reserve spending needs and then rebalance the ADA long term investment portfolio consistent with the ADA's existing investment portfolio targets and identified in the ADA's long term investment policy: and be it further

**Resolved,** that the Budget and Finance Committee review the strategy in the second quarter of 2018.

*Report on the Final Status of the 2017 Board Contingency.* A Board Contingency of \$1,000,000 was authorized in the 2017 budget. The Board of Trustees approved total requests in the amount of \$1,421,605, leaving a deficit balance of \$421,605.

*Report on the Status of the 2018 Board Contingency.* A Board Contingency Fund of \$750,000 was authorized in the 2018 budget. Mr. Paul Sholty reported a remaining balance of \$519,000.

**Approval of Fourth Quarter Financials.** Dr. O'Loughlin reported that the Board of Trustees would not get the Fourth Quarter Financials until the unaudited financials are completed, which will be sometime late March. Dr. O'Loughlin provided a verbal report.

**Report of the Compensation Committee:** This report was presented during the Board of Trustees closed session. In open session, the following resolutions were considered and adopted without objection by the Board of Trustees.

**B-33-2018. Resolved,** that timing of the performance evaluation of the Executive Director occur such that it includes review of the full prior year's financial performance and also best allows evaluation findings to be applied to influence current year's operating goals to the greatest extent possible, and be it further

**Resolved,** that the Board conduct the 2017 Executive Director performance evaluation through a special telephonic meeting of the Board to occur at a time to be determined, and be it further

**Resolved,** that Resolution B-26-2017, be rescinded.

**B-34-2018. Resolved,** that the Board approve the 2018 Executive Director's goals as revised and attached.

The 2018 Executive Director's goals are appended on page 194.

**Report of the Diversity and Inclusion Committee:** On behalf of the Diversity and Inclusion Committee, Dr. Chad P. Gehani, chair, presented the report of the Committee's February 9, 2018, meeting. The report identified major topics discussed, reports received and actions taken. Dr. Gehani moved Resolution B-30 with the Committee's recommendation to adopt; on vote, Resolution B-30 was adopted by the Board of Trustees.

**B-30-2018. Resolved**, that in response to the recommendation from the Committee on Diversity and Inclusion, up to eight more class members be added to each future class of the Institute through a budget neutral approach of delegating four paid spots to the following sponsoring organizations:

- Meharry Medical College of Dentistry
- Howard University School of Dentistry
- University of Illinois at Chicago
- University of Puerto Rico
- American Association of Women Dentists
- Hispanic Dental Association
- National Dental Association
- Society of American Indian Dentists

**Report of the Governance Committee:** On behalf of the Governance Committee, Dr. Lindsey Robinson, chair, presented the report of the Committee's February 9, 2018, meeting. The report identified major topics discussed, reports received and actions taken.

On behalf of the Committee, Dr. Robinson moved Resolution 24; on vote Resolution B-24 was adopted by the Board of Trustees.

**B-24-2018. Resolved**, that the section of the *Organization and Rules of the Board of Trustees* entitled "ADA/FDI World Dental Federation Delegation" and "USA National Liaison Officer to FDI World Dental Federation" be stricken, and be it further

**Resolved**, that the Governance Committee shall insert the following provisions in the appropriate location in the *Organization and Rules of the Board of Trustees*, effective immediately.

**ADA/FDI World Dental Federation Delegation:**

**Delegates:** The primary role of an ADA Delegate is to represent the ADA at the FDI Annual Congress, namely the FDI General Assembly, Open Forums and all other business meetings during the Congress. This includes preparation leading up to the FDI Congress. The President or the President's designee shall be the spokesperson for the ADA FDI delegation.

**Delegate Selection:** Subject to funding allocated in the approved budget, the ADA/FDI Delegation shall consist of 10 delegates as follows. The delegates shall be the USA National Liaison Officer, who shall serve as delegation chair, the current President, the current President-elect, the Immediate Past President, and the Previous Immediate Past President. In addition, the President shall appoint to one-year terms a fourth-year trustee, a third-year trustee, a second-year trustee, a first-year trustee, and an additional presidential appointee as delegates. Subject to funding, there shall be two alternate delegates, who are ADA members who shall be appointed by the president. In the event a smaller delegation is funded in any given year, the president shall choose which delegate positions to fill.

**Vacancy:** In the event a delegate position becomes vacant, the President shall appoint an ADA representative for the unexpired portion of the term. In the event a delegate position becomes vacant temporarily, the President shall appoint a substitute from among ADA representatives present at the meeting.

**National Liaison Officer:** The National Liaison Officer (NLO) is an FDI-mandated position for each national dental association. The NLO is the primary year-round communication conduit between the ADA and the FDI. The ADA/FDI delegation shall select by majority vote a nominee for NLO to forward to the Board. The delegation shall decide on the method of voting; if any delegate requests a written ballot or mail ballot (if voting occurs outside a delegation meeting), such request shall be honored. The delegation shall forward the nomination to the Board as early as possible to minimize the risk of a

vacancy in the NLO position. The Board shall vote to accept or reject the nomination. If the Board rejects the nomination, the delegation shall submit a new nomination as soon as practicable for action by the Board. The NLO shall serve for a period of four years effective at the end of the previous NLO's term. In the event of a vacancy in the office of NLO, the president shall select a new NLO to serve the remainder of the NLO's unexpired term.

**NLO Duties:** The NLO shall have the following duties:

- The NLO shall be the chair of the ADA/FDI delegation and shall preside as chair over delegation meetings.
- The NLO shall help the delegation pursue a multi-year strategy, develop long-term leadership and greater consistency from year to year.
- The NLO, working with staff, shall assure that FDI draft policy statements are circulated for input from appropriate ADA personnel and that any comments on draft position statements are approved by the delegation (majority vote).
- The NLO shall coordinate testimony at the FDI congress by delegation members in order to avoid duplication and maximize the delegation's impact.
- The NLO shall 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.
- The NLO shall report on behalf of the delegation to the Board annually. This may be in writing or in person, at the discretion of the ADA President.

**ADA/FDI Delegation Meetings:** The FDI delegation shall meet at least once, in person, prior to the FDI meeting, subject to funding allocated in the annual budget. Attendance at delegation meetings shall be limited to delegates and alternates, appropriate staff and ADA representatives actively participating on FDI work groups, task teams and committees and the Council. Others may attend upon the prior consent of the delegation but shall not participate without the consent of the delegation.

**ADA Candidates for FDI Positions:** The delegation shall make recommendations to the ADA Board, with appropriate background material, about support for particular ADA candidates for FDI positions. In making these recommendations, the delegation shall decide on the method of voting; if any delegate requests a written ballot or mail ballot (if voting occurs outside a delegation meeting), such request shall be honored. The ADA Board shall determine whether to support any ADA candidate for an open FDI position.

**Delegate Voting at the FDI General Session:** At the FDI general session, the FDI delegation is not required to engage in bloc voting. ADA FDI delegates' votes at FDI should be guided by applicable ADA policy, when such policy exists.

On behalf of the Committee, Dr. Robinson moved Resolution 25; on vote Resolution B-25 was adopted by the Board of Trustees.

**B-25-2018. Resolved,** that the *Organization and Rules of the Board of Trustees* be amended on pages 8-9, relating to the Committee on Annual Meetings as indicated below (new language underscored; deletions stricken):

*Vacancies:* The President shall appoint a general committee member subject to Board approval if a vacancy occurs. If the term of the vacated general member position has less than fifty percent (50%) of a full ~~four~~five-year term remaining at the time the successor general member is appointed or elected, the successor general member shall be eligible for election to a new ~~four~~five-year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment, the successor general member shall not be eligible for another term.

On behalf of the Committee, Dr. Robinson moved Resolution 26; on vote Resolution B-26 was adopted by the Board of Trustees.

**B-26-2018. Resolved**, that the Governance Committee shall insert the following provisions in the appropriate location(s) in the *Organization and Rules of the Board of Trustees*, effective immediately.

Whenever circumstances cause the terms of House members on any particular Committee being coterminous, the senior House member's term shall be extended by one year. Should the senior House member reject the extension, the junior House member's term shall be extended by one year. Should the House members have equal seniority on a Committee, the President shall decide which members' term shall be extended by one year.

On behalf of the Committee, Dr. Robinson moved Resolution 27; on vote Resolution B-27 was adopted by the Board of Trustees.

**B-27-2018. Resolved**, that effective immediately the attached Appendix A version of the *Standing Rules for Councils and Commissions* replace the existing document, and be it further **Resolved**, that this document be shared with the appropriate agencies.

The *Standing Rules for Councils and Commissions* document is appended on page 176.

On behalf of the Committee, Dr. Robinson moved Resolution 28; on vote Resolution B-28 was adopted by the Board of Trustees.

**B-28-2018. Resolved**, that the *Organization and Rules of the Board of Trustees* be amended on pages 7-8 relating to the New Dentist Committee representative's voting privileges on Committee on Annual Meetings (new language underscored; deletions stricken):

*Composition and Selection.* The Committee on Annual Meetings shall consist of ~~thirteen (13)~~ fourteen (14) members: nine (9) general members, two (2) Local Arrangements members, and two (2) trustees or vice presidents; and one (1) New Dentist Member.

\*\*\*

*Two Trustees or Vice Presidents:* Two (2) Board of Trustee members (trustees or vice presidents), appointed by the President, shall be members of CAM without the right to vote.

*New Dentist Member:* The Board shall approve one (1) New Dentist Member nominated by the New Dentist Committee to serve a one (1) year term. The New Dentist Member shall be eligible to serve up to four (4) one (1) year terms as a New Dentist Member.

*Liaisons:* The Committee shall have ~~two (2) liaisons, one (1) from the New Dentist Committee (NDC) and one (1) non-voting liaison selected by the American Student Dental Association (ASDA), both non-voting and selected their representative committee and organization~~ and confirmed by the President. The Committee may have liaisons from other councils, committees or commissions or other outside entities with the approval of the President.

On behalf of the Committee Dr. Robinson moved Resolution B-29.

**B-29. Resolved**, that the Board Member Commitment document be amended through the addition of the following two bullet points within the section titled "ADA Board Members Strive to:"

- Speak openly to other leaders about concerns and disagreements
- Empower staff members to speak freely and to voice concerns and opinions

During a discussion, several Board members spoke in opposition to the resolution, stating the addition was common sense and not needed in writing. On vote, Resolution B-29 was not adopted.

**Report of the Pension Committee:** On behalf of the Committee, Dr. Ron Lemmo, chair, presented the report of the Committee's February 9, 2018 meeting. The report identified major topics discussed and actions taken.

## **Reports and Resolutions to the Board of Trustees**

### **Business Relations**

**CVS Pharmacy Alliance Presentation:** Ms. Stephanie Moritz, chief communications officer, and Mr. Michael Springer, senior vice president, Business and Publishing, provided an update on the collaboration between ADA and CVS.

### **Communications and Marketing**

**Report of the Chief Communications Officer: Master Brand Strategy for the Current and Future State of the ADA Parent Brand:** Ms. Stephanie Moritz, chief communications officer, and Ms. Kelley Skoloda, founder, KS Consulting and Capital, presented on the importance of articulating a unified, clear parent brand strategy (i.e., ADA Master Brand) in order to drive relevance to future and current members. The following master brand statement was presented to the Board: *The ADA powers the profession of dentistry to advance overall oral health of the public.* Following the presentation, Dr. Fisch moved Resolution B-17.

**B-17. Resolved,** that Board of Trustees approves the Master Brand Strategy set forth in the February 2018 Board Report as presented by the Integrated Marketing and Communications Division.

The presentation is appended.

During a discussion, a motion to amend was made to add "and statement" after "Master Brand Strategy." On vote, the proposed amendment was adopted. On vote, the Board of Trustees adopted Resolution B-17 as amended.

**B-17-2018. Resolved,** that Board of Trustees approves the Master Brand Strategy and statement set forth in the February 2018 Board Report as presented by the Integrated Marketing and Communications Division.

**Report of Digital Experience Update:** This informational report provided a summary on the Digital Member Experience initiative. It was reported that 2017 accomplishments include strategy development and member research, launch of the ADA Credentialing Service, Virtual Study Club Pilot, My ADA User Experience redesign and Localized Events Homepage Content (consent calendar item).

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

**2017 ADA Highlights Video:** The Board was presented with the 2017 ADA Highlights Video that showcased ADA achievements on public education, community service, advocacy and helping members succeed. The video may also be viewed online at <http://www.ada.org/highlights>.

### **Education/Professional Affairs**

**Commission on Dental Accreditation: Informational Report on 2017 Research and Development Fund:**

This informational report provided a summary (January through November) on the 2017 Research and Development Fund activity and estimated 2018 expenses (consent calendar item).

**Report of the Commission on Dental Accreditation: Establishment of New Subcommittees:**

This informational report summarized modifications to the Commission on Dental Accreditation (CODA) subcommittees in response to Commission directives (consent calendar item).

**Dental Licensure Objective Structured Clinical Examination (DLOSCE) Steering Committee: Progress Update:**

This informational report outlined key decisions made during 2017 Committee meetings and summarized next steps for DLOSCE development (consent calendar item).

**Report on Licensure Reform Initiatives and Funding Request:**

This report requested funding for the ADA's participation in and support of the 2018 meetings of the Task Force on Assessment of Readiness for Practice. The report also provided further clarification regarding the purpose of and funding of the Task Force on Assessment of Readiness for Practice. B-9-2018, pertaining to the \$65,200 Board Contingency request included in this report was taken up during the Report of the Budget and Finance Committee (see page 158). Without objection, the Board of Trustees adopted the following resolution.

**B-19-2018. Resolved**, that Resolution **B-119-2017** be amended as follows (additions = underlined; deletions = ~~stricken~~.)

**B-119-2017. Resolved**, that the ADA continue participation in licensure reform efforts in collaboration with the American Dental Education Association (ADEA) and the American Student Dental Association (ASDA).

and be it further

**Resolved**, that the following ADA appointments to the ADA and ADEA co-sponsored Joint Task Force on Assessment of Readiness for Practice, as made by the President, be approved.

Dr. Robert Bitter, chair  
Dr. Kirk Norbo, trustee  
Dr. Jill Price, ADA Representative  
Dr. Steven Holm, ADA Representative  
Dr. Lindsey Yates, NDC Representative  
Dr. Jerry Glickman, 2018 CDEL chair, non-voting member  
Dr. Joseph Crowley, president, non-voting member  
Dr. Jeffrey Cole, president-elect, non-voting member

and be it further

**Resolved**, that the ADA appointees to the Task Force on Assessment of Readiness for Practice provide reports to the Board of Trustees on the progress and accomplishments of the Task Force at least annually.

**Government and Public Affairs**

**Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update and D.C. Property:**

Mr. Graham provided an update on developments in Washington, D.C. The following key issues were identified in this report: Medicare Regulations, Federal Tax Reform, Medical Device Tax, McCarran-Ferguson Reform, EPA, Opioid Abuse,



Action for Dental Health, ADPAC, State Government Affairs and PDMP/Controlled Substance Prescribing. The report included a report of SPA program expenditures as of the first term of 2018.

Mr. Graham also presented the benefits of acquiring an additional property in D.C. Mr. Graham asked the Board to recommend that staff further evaluate the property and develop a business plan and report back to the Finance Committee. Without objection, the Board of Trustees adopted the following resolution.

**B-11-2018. Resolved**, that appropriate staff be authorized to continue due diligence regarding the purchase of a DC property on the Senate side and report back to the Board as soon as possible with details related to an acquisition including financials (purchase price, renovation costs, and maintenance), and a timeline.

## Legal Affairs

**Report of the Division of Legal Affairs: Summary of Litigation and Other Matters:** This confidential report was provided for the Board's information (consent calendar item).

## Member and Client Services

**Report ADA Leadership Development Approach and Initiatives:** This informational report provided a summary of the ADA Leadership Institute, the branded name of the collaboration by ADA (multiple divisions) plus state and local societies to make high-quality leadership education widely available for leaders and emerging leaders of local and state dental societies, ADA, and ASDA (consent calendar item).

**Business Model Project Update:** Mr. Bill Robinson, vice president, Member and Client Services; Mr. Bill Gastrock, principal, Continuum; and Mr. Ed O'Brien, vice president, Business Development, Continuum; provided a comprehensive update on the business model project. It was reported the project is about two-thirds completed, with much more work still to do. The work has been divided into "sprints". Sprint 1 focused on concept definition; Sprint 2 (recently concluded) focused on user experience; Sprint 3 is next. Further decisions will come as the project moves forward. Dr. Norbo moved Resolution B-13; on vote, Resolution B-13 was adopted by the Board of Trustees.

**B-13-2018. Resolved**, that the revised charter for Business Model Project Management be approved as submitted in Appendix I.  
The revised charter for the Business Model Project Management is appended as Appendix I (see page 170).

Dr. Norbo moved Resolution B-14. During discussion, the meaning of the term "Immediate Past President" was questioned. An editorial change was proposed to replace the capital "I" with a lowercase "i" in "immediate Past President" in Appendix II, under the Governance (Roles) section. Hearing no objection, the editorial change was accepted. On vote, Resolution B-14 was adopted by the Board of Trustees.

**B-14-2018. Resolved**, that the revised charter for Business Model Project Governance be approved as submitted in Appendix II.

The revised charter for the Business Model Project Governance is appended as Appendix II (see page 173).

Dr. Norbo moved Resolution B-15; on vote, Resolution B-15 was adopted by the Board of Trustees.

**B-15-2018. Resolved**, that the revised special fund expenditure document be approved as submitted in Appendix III.

The revised special fund expenditure document is appended as Appendix III (see page 175).

Dr. Norbo moved Resolution B-16. During discussion, it was reported that there was no risk to creating a subsidiary and that the advantages to forming a corporation at this time outweigh the advantages to postponing it. It was also noted that the cost of creating and dissolving a corporation was minimal. On vote, Resolution B-16 was adopted by the Board of Trustees.

**B-16-2018. Resolved**, that a subsidiary corporate entity to the ADA be formed to undertake the development of the Business Model Project business and the management and operation of any businesses resulting thereof, and be it further

**Resolved**, that the ADA shall have the entire ownership interest in, and to such, subsidiary corporate entity, and be it further

**Resolved**, that management of the subsidiary corporate entity be the responsibility of the Business Model Project Management Team, and be it further

**Resolved**, that oversight of the subsidiary corporate entity be the responsibility of the Business Model Project Governance Team.

**Overview of State Society Capacity Assessment Results and Next Steps:** This report, presented by Ms. April Kates-Ellison, director, Client Services, was considered during the Board of Trustees closed session.

## **Practice Institute**

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

**B-5-2018. Resolved**, that the 2017 Standards Committee on Dental Products Volunteer Award be presented to Mr. Burton Schmuck.

**B-6-2018. Resolved**, that the 2017 Standards Committee on Dental Informatics Volunteer Award be presented to Veeratrishul Allareddy, B.D.S., M.S.

## **ADA Business Enterprises, Inc.**

**Report of ADABEI:** This informational report provided a summary of 2017 activities through November. Dr. Sabates questioned why the most recent budget figures were from November. Dr. McDougall responded that ADABEI is still waiting to receive updated reports from their financial partners. Dr. McDougall also reported that ADABEI would be reviewing all policies to be sure they are in line with the ADA.

## **ADA Foundation**

**Report of the ADA Foundation:** This informational report, presented by Dr. William Calnon, president, ADAF; Mr. Nick Falco, executive director, ADAF; and Dr. Thomas Hart, director, Volpe Research Center; provided updates about undertakings, activities, and goals of the ADA Foundation since the September 2017 report.

## **Organizational/Other**

**Filling the Pipeline of New Dentist Leaders:** Dr. Nipa Thakkar, chair, New Dentist Committee, reported on the need to fund research on new dentist leadership throughout the tripartite so better progress can be made

on new dentist representation among leadership. Resolution B-7 was moved for consideration. On vote, Resolution B-7 was adopted by the Board of Trustees.

**B-7-2018. Resolved**, that the Board approve a research project to identify strategies and solutions for filling the pipeline of new dentist leaders in the tripartite in 2018, and be it further

**Resolved**, that the Board direct the New Dentist Committee to oversee the research project and share the research findings with the Board when completed.

**Unmet Needs of Pregnant Dentists:** Dr. Thakkar reported that the ADA can meet an unmet need by supporting dentists who are pregnant or plan to become pregnant and deliver membership value and help them be successful. Resolution B-8 was moved for consideration. On vote, Resolution B-8 was adopted by the Board of Trustees.

**B-8-2018. Resolved**, that the Board direct the Council on Dental Practice in consultation with the Council on Communications to investigate possible solutions that address the needs of pregnant dentists as outlined in the Report of the New Dentist Committee: Unmet Needs of Pregnant Dentist, and be it further

**Resolved**, that the Council on Dental Practice assess the value and resource implications of developing such solutions and report their recommendations at the September 2018 meeting of the Board of Trustees.

**Virtual Study Club Update:** Dr. Thakkar reported that the New Dentist Committee discussed the virtual study club at length and recommends its discontinuation. It was reported the technology platform had potential, but the resources required to grow the pilot program did not seem worth the investment. Resolution B-32 was moved for consideration. On vote, Resolution B-32 was adopted by the Board of Trustees.

**B-32-2018. Resolved**, that the ADA discontinue the virtual study club project.

**Report of New Dentist Committee Consultants:** This informational report informed the Board of the names of the Federal Dental Service consultants to the New Dentist Committee for 2018 (consent calendar item).

**Report on the 2017 FDI Annual World Dental Congress:** This informational report summarized events of the 106<sup>th</sup> FDI Annual World Dental Congress (AWDC) held from August 29 to September 1, 2017 in Madrid, Spain (consent calendar item).

**Report on Change Management—Visualizing the Future:** This informational report summarized where the ADA began in 2009, and also the ongoing efforts heading into 2017 that are necessary to ensure the ADA's long-term success (consent calendar item).

**Report of Dr. Richard Huot, Second Vice President: ADA President's Reading List:** Dr. Huot reported on the need to create a reading list that encourages ongoing professional development, while serving the organization at whatever level. Dr. Huot moved Resolution B-126; on vote Resolution B-126 was adopted by the Board of Trustees.

**B-126-2017. Resolved**, that the Board urges the president to create a suggested reading list for ADA volunteers to be posted on ADA Connect.

**Report of the President:** Dr. Joseph Crowley presented an oral report that summarized his activities since the December Board meeting.

**Report of the President-elect:** Dr. Jeffrey Cole gave an oral report of meetings attended and trips taken since the December Board meeting.

**Report of the Executive Director:** Dr. Kathleen O’Loughlin provided a brief update on year-end performance. Dr. O’Loughlin reported ADA would be taking on a far more aggressive approach with states and encouraged the Board to work with their outreach managers. Dr. O’Loughlin also reported that the caliber and quality of the current ADA staff has never been better and that the ADA’s retention rate is at about 95%, compared to 20% of other local associations. Dr. O’Loughlin commented that ADA is remarkably good at finding the right people and keeping them, and has been under budget with head count year after year.

## **Liaison Reports**

**Report of Dr. Kirk M. Norbo, Liaison to the Council on Dental Education and Licensure:** This informational report summarized the January 25–26, 2018 CDEL meeting (consent calendar item).

**Report of Dr. Cesar R. Sabates, Liaison to the Council on Membership:** This informational report summarized the January 27–28, 2018 CM meeting (consent calendar item).

**Report of Dr. Daniel J. Klemmedson, Liaison to the Council on Advocacy for Access and Prevention:** This informational report summarized the January 18–20, 2018 CAAP meeting (consent calendar item).

**Report of Dr. Roy Thompson, Liaison to the Council on Dental Benefit Programs:** This informational report summarized the November 2–3, 2017 CDBP meeting (consent calendar item).

**Report of Lindsey Robinson: IOM Health Literacy Roundtable:** This informational report summarized work surrounding health literacy and ADA involvement in the IOM Health Literacy Roundtable (consent calendar item).

## **Special Orders of Business/Special Appearances**

**Strategic Discussion—Medicare:** The New Dentist Committee participated in a joint strategic session with the Board of Trustees on Sunday, February 11, 2018. The discussion was informed by data generated by HPI. That data shows support for a dental benefit among older Americans. Among dentists, too, according to data, there is support for a comprehensive dental benefit in Medicare, especially if the ADA is part of the process of the development of such a benefit. Many who participated in this meeting pointed out that their own experience runs counter to these findings. Council representatives in attendance included Dr. Timothy Fagan, chair, Council on Advocacy for Access and Prevention; Dr. Steven Snyder, chair, Council on Dental Benefit Programs; Dr. Craig Ratner, chair, Council on Dental Practice; and Dr. Frank Graham, chair, Council on Government Affairs. Each Council is discussing whether the ADA should support development of a dental benefit in Medicare, or not. The councils will be developing a joint report to the House of Delegates on this topic. In the meantime, the Board of Trustees will continue its work in anticipation of a joint report from the councils.

**Medicare Follow-up:** Following the joint discussion on the future of Medicare and whether it should include a dental benefit, the Board continued to discuss dental benefits for elder care. A motion was made to create a Board Task Force to look at dental benefit for eldercare options. This discussion continued during a closed session on Tuesday, February 13, 2018. In open session, the following resolution was considered and adopted without objection by the Board of Trustees.

**B-20-2018. Resolved,** that the President appoint a Task Force with the following charge:

To accumulate information, including input from councils and key stakeholders, for the purpose of developing a plan of action to respond to any resolutions that address a dental benefit for eldercare, including but not limited to, the multifaceted political, membership, and media ramifications of those resolutions.

This initial report is due back to the Board of Trustees by August 2018.

Financial Implication: Up to \$20,000

During discussion, Dr. Crowley reappointed Dr. Cesar Sabates to the ADA's National Elder Care Advisory Committee.

### **New Business**

*House of Delegates Survey Results.* Dr. Fisch read several responses from the 2017 House of Delegates Survey that questioned the inclusion spouses in the installation ceremony. Dr. Hall reported that he had seen the survey comments and is considering making a change to the installation ceremony.

*Oral Report of the Commission on Dental Accreditation.* Dr. Bitter reported on the relationship between ADA and CODA and potential governance changes and the need to establish appropriate boundaries and guidelines.

The Board considered an item of new business requesting training on the American Student Dental Association, and postponed definitely to the April meeting.

### **Closed Session**

Closed sessions of the Board of Trustees were held at various times during the February 11–13, 2018, meeting of the Board of Trustees. The minutes of the closed sessions are separately recorded; however, non-confidential actions taken by the Board are reflected in the minutes of the open session. The following reports were considered during the closed sessions:

- Report of the Compensation Committee
- Medicare Discussion Follow-up
- State-Specific Membership Issues Discussion
- Overview of State Society Capacity Assessment Results and Next Steps
- Dental Therapist Discussion
- Annual Review of ADA Professional Conduct Policy and Prohibition Against Harassment

A motion was made and adopted to suspend the Board *Rules* regarding the recording of the closed session State-Specific Membership Issues discussion held on Sunday, February 11, 2018. A motion was made and adopted to suspend the Board *Rules* regarding the recording of the closed session Dental Therapist discussions held on Sunday, February 11 and Tuesday, February 13, 2018.

### **Attorney-Client Session**

An attorney-client session of the Board of Trustees was held on Tuesday, February 13, 2018 in the Board Room of the ADA Headquarters Building, Chicago.

### **Adjournment**

Without objection, the second regular meeting of the Board of Trustees adjourned sine die on Tuesday, February 13, 2018 at 11:17 a.m.

## Appendix I

(Clean version showing changes accepted)

### Charter: Business Model Project Management Team

**Objective:** The Business Model Project Management Team is tasked with bringing a prototype to market within 24 months to provide a platform that connects established dentists, new dentists, and patient care opportunities.

#### Project Assumptions:

- While the Business Model Project will be fully accountable (please see *Business Model Project Charter Governance Team*) to volunteer leaders, the pace of governance mandates that governance bodies are informed, not consulted, on an ongoing basis. This process will require trust of the Project Management Team without an expectation of participation in each decision.
- The on-call consultants not employed by the ADA may require compensation.
- Pilot testing requires willing and enthusiastic cooperation from the relevant state and local dental societies

**High Level Project Approach:** The Business Model Project will be divided into four phases, each of which will inform the budget and timeline for the subsequent phase:

1. *Definition* This phase of the project involves defining all of the potential features of the new service and determining which are critical to adoption while balancing cost to build and maintain -- the Minimum Financially Sustainable Product or Minimum Viable Product. This phase is the requirements gathering phase (e.g. the service must be able to process payments, the service must integrate with mapping software to show locations, etc.) This phase also identifies the recommended path forward for each component—is this something the ADA will build, buy or partner with another firm? The decisions here will impact not only the next phase but the entire success of the Business Model Project. For example, does the service require a patient-facing scheduling tool? If so, the time and money required to make the project successful will be much higher.
2. *Design & Build* This is architecture and construction of the service—the ideal design is developed and it comes face-to-face with the reality on the ground. User experience (UX) is especially critical in this phase as any elements that introduce confusion or frustration into the process will significantly hamper the adoption of the service in the marketplace.
3. *Test & Iterate* While input and small tests will have taken place in phases one and two, *Test & Iterate* is where the assumptions get tested and the problems get fixed. Having a big list of items that need attention means the process is working correctly, not that something went wrong. This is one of the key distinctions of innovation vs. operations—if something keeps going wrong in an established operation, there is a serious management problem, while the process of things going wrong in innovation is a necessary step towards things going right and then managed to maintain that level of quality. It is important to note that phases one through three are sequential; however while they definitely happen in this order, there can be significant overlap. *Design & Build* can start before *Definition* is complete. *Test & Iterate* often begins in the midst of *Design & Build*.
4. *Incorporate into Operations* When the process of creating the service is complete, it will become yet another part of the ADA operations plan. Like all operations, it will be monitored and adjusted, but will have moved from being something that is being created to something that is being managed.

**Business Model Project Management Team Roles:** The project will require two internal ADA teams—one that is devoted full-time to the project, while the other is on-call as needed. This is distinct from the Business Model Project Governance Team, which is described in a separate document.

For the full-time team, the roles are:

- **Executive Lead** The Executive Lead not only serves as the outward-facing accountability representative of the Business Model Project, but also as the inward-focused executive with oversight

over several diverse phases of work that must combine into a coherent whole. This includes selecting the other members of the management team. The Executive Lead is also tasked with identifying, developing and formalizing ancillary business relationships with organizations that can add value to the service.

- **Phase Project Manager** Manages the day-to-day tasks of working with vendors, tracking deliverables, accounting for funds and reporting on progress. This role serves as the ScrumMaster in an Agile framework, facilitating the effective collaboration of the entire team and with the selected vendor partners. It is possible that the ADA will utilize staff familiar with the project initially and shift to a project manager with knowledge of specific technology or processes once the platform has been more fully defined.
- **Technology Lead and Solutions Architect** Takes on the “general contractor” role of coordinating the integration of the platform into existing applications where necessary while managing the development of new capability. This person integrates the customer-facing front end with the behind-the-scenes back end processes that make the application successful. The Technology Lead demonstrates understanding of each component of the technology solution, and has significant mastery in several of them. The Technology Lead has a track record of delivering User Experience excellence.
- **Digital Marketer and Community Strategist** As the project progresses, it will be important to engage a storyteller who can craft the appropriate messaging to all of the critical stakeholders. While there will be a well-defined brand for the service that is integrated with the ADA Masterbrand, the emphasis in the story will vary for owners and renters and suppliers and insurers, etc.
- **Dentist** It will be important to have a dentist on the team to translate and explain elements of running a dental practice that will not be easily understood by non-dentists and selected vendors. This position will be a paid consulting role for an ADA member dentist who has experience running a practice (5 years minimum) but circumstances allow them to focus on this project full-time for up to nine months.

On an as-needed basis, the Business Model Project Management Team will rely on other ADA employees, dentists, and other subject matter experts regardless of industry affiliation to evaluate options and gather information for the service. These functional areas include, but are not limited to:

- **Legal**
- **Accounting**
- **ADA Governance**
- **Software & Development** (especially in regard to Aptify, Find-a-Dentist, Credentialing, etc.)
- **User Experience & Design**
- **Marketing & Digital Media**
- **Dental Practice Ownership** (Someone who might rent out their operatory)
- **Alternative Dental Practice** (Locum tenens dentists - someone who might rent space from another practice)
- **Venture Capital**
- **Start-Up Firms**
- **Consulting Firms** (frog design and Continuum Innovation are both consulting firms; they and/or others will be partners through different phases of the project)

#### **Project Timeline:**

1. Definition: potential vendors anticipate that phase one will take at least three months; it is not expected to take more than six months.
2. Design and Build: defined by the work completed in the definition phase. It is reasonable to expect a minimum of nine months; more than 18 months would be unusual.
3. Test and Iterate: defined by the work completed in the design and build phase. It is reasonable to expect a minimum of four months.

4. Incorporate into Operations: No longer an innovation; the service is no longer being created; instead it transitions into something that is managed.



## Appendix II

(Clean version showing changes accepted)

### Charter: Business Model Project Governance Team

**B-76-2017. Resolved**, that the Board support the continued development of the Bridge concept generated from the Business Model Study, and be it further

**Resolved**, that Management be directed to propose a governance and funding model for the next steps in development of the Bridge concept for consideration at the September 2017 Board meeting.

**High Level Project Approach:** The existing ADA governance structure will not work for the Business Model Project. A new approach to oversight and accountability is required for this innovation to be successful.

- Existing ADA governance is organized around meetings (both in-person and on the phone), Business Model Project governance will be organized around milestones defined by the project. Status updates, balance sheets, and project documentation will be posted for review and discussion on an ongoing basis, with meetings scheduled only as-needed. The focus will be on achieving results with less time and energy dedicated to reporting on activity.
- Existing ADA governance is based on committees making proposals to a parent body which then has the ability to engage in de novo review before a final decision. Business Model Project governance will be based on an efficient model of up-front approval of funding based on milestones reached, with the identified Business Model Project Governance Team.
- Existing ADA governance is organized around the model of *approve then execute*. Business Model Project governance will be premised on a venture capital structure. General approval is given to pursue results, but execution rests with the management team. It is a model of *inform then experiment then adjust then report*. The Business Model Project will be developed in several phases (please see *Business Model Project Charter Management*) each of which is composed of smaller milestones where tasks are completed and deliverables reviewed.
- Existing ADA governance seeks maximum data before finalizing decisions. With the Business Model Project, the ADA understands that all decisions are provisional and subject to change upon contact with real-life users. Decisions may be based on less than optimal data (ambiguity). The Business Model Project Governance Team will seek the minimum confidence necessary to test hypotheses. The simple goal is to have a prototype to test in the marketplace.
- Existing ADA governance commits significant resources before projects begin; project and budget alignment is reviewed annually. The Business Model Project Governance Team will earmark dedicated funds that may be utilized upon successful completion of project milestones. This “stage gate” approach will provide balance sheet and deliverable accountability on an ongoing basis

**Funding:** Funds anticipated for each phase of the project will be determined and made available to the Business Model Project Management team through a process outlined in a separate document (see “**Business Model Project--Expenditure Authorization Process**”)

**Meeting Frequency:** This Governance Team would meet in person when those meetings fall during regular meeting times (Board, Annual Session). When decisions are required between those meetings, the group will be available for phone calls on short notice in order to provide guidance to the Bridge Management Team as required. Additional in-person meetings may be scheduled as appropriate.

**Governance Team:** The members of this team will be selected based on either their role in the organization or based on functional skills. The ADA President will select the Volunteer Leaders. The rest of the team will be determined by the other ADA staff and ADA leaders on the Governance Team.

**Roles:**

- **ADA Executive Director**
- **ADA Chief Financial Officer**
- **ADA President**
- **ADA President-Elect**
- **ADA immediate Past President**
- **Volunteer Leader 1** (appointed by the President)
- **Volunteer Leader 2** (appointed by the President)
- **Non-Dentist Business Expert—Venture Capitalist**
- **Non-Dentist Business Expert—Start-Up Veteran** These two non-dentistry experts will bring a business development perspective, ensuring that proposals pass the “smell test” and are reflective of what their experience suggests will be successful in a new business venture.

### Appendix III

(Clean version showing changes accepted)

#### **Business Model Project--Expenditure Authorization Process**

Business Model Project Reserve Spending Authorizations are established by separate ADA Board of Trustees resolutions for each phase of the project. Each board spending authorization represents a commitment to spend from reserves. Best practices for financial planning and control of completely new lines of business and startups are different from that for existing businesses. Typically the start-up begins as a high level concept with only enough committed funding to reach its next milestone. The new business idea then moves through sequential "stage gates" at which the project is either terminated or given a green light for its next round of funding.

For each Business Model Project Reserve Spending Authorization, the Business Model Governance Team (as defined by the *Charter: Business Model Project Governance* document) will approve major agreements with long term commitments including lease or revenue sharing agreements. Reserve spending for ongoing costs below the \$100,000 level without long term commitments will be made by the Business Model Project Management Team consistent with existing ADA approval policies and processed with ADA operating transactions subject to ADA internal controls.

As such, funds may be expended from each Business Model Project Reserve Authorization for:

- Ongoing operating expenses of the Business Model Project Group
- Payments to vendors of the Business Model Project Group
- Payments to contractors hired for their functional expertise
- Purchase of subscriptions, memberships, products that may be required for successful completion of the project

A brief activity report will be prepared by the Business Model Project Governance Team in advance of each meeting of the Board of Trustees. This report will include a summary of all expenditures tracked against each reserve spending authorization and include forecasts of expected spending to the end of the current project phase.

The expenditure of all Business Model Project funds will be tracked in a separate cost center as part of the ADA Reserve Account with separate appropriate monthly reporting of activity and remaining account balance for each project.

As the Business Model Project progresses, and if the completed work continues to indicate a positive outlook, then the Business Model Project Governance Team will submit additional requests to the Board to fund the next phase of activity.

American Dental Association

# Standing Rules for Councils and Commissions

Adopted by the Board of Trustees  
and as Amended to September, 2017

**ADA** American Dental Association®  
America's leading advocate for oral health

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## INTRODUCTION

The following rules shall apply to all councils and commissions of the American Dental Association. The provisions of the *Bylaws* governing councils and Commissions have been incorporated into these rules.

Except where clarity or use dictates otherwise and except as explicitly stated, the term “council” as used in these *Rules* shall mean not only councils but also commissions of this Association.

## MEMBERSHIP

**Number of Members:** The councils of the Association shall be composed of the following members:

Council on Advocacy for Access and Prevention shall have 17 members.

Council on Communications shall have 17 members.

Council on Dental Benefit Programs shall have 17 members.

Council on Dental Education and Licensure shall have 16 members.

Council on Dental Practice shall have 17 members.

Council on Ethics, Bylaws and Judicial Affairs shall have 17 members.

Council on Government Affairs shall be composed of 17 members, and the chair of the political action committee shall be an *ex officio* member of the Council without the power to vote.

Council on Members Insurance and Retirement Programs shall have 17 members.

Council on Membership shall have 17 members.

Council on Scientific Affairs shall be composed of 16 members and the current recipient of the Gold Medal Award for Excellence in Dental Research.

**Eligibility:** All members of councils must be active, life or retired dentist members, in good standing, of the Association at the time of their nomination and election and must maintain such membership during their term of office.

To be eligible to serve on the Council on Scientific Affairs, the current recipient of the Gold Medal Award for Excellence in Dental Research shall be an active, life or retired member in good standing of this Association if he/she qualifies for such membership.

Members of the Council on Dental Benefit Programs, during their terms on the Council, shall not serve as officers, trustees, board members or dental consultants for any insurance company, medical or dental service corporation, or other third-party payer.

Members of the Council on Dental Education and Licensure nominated by the Board of Trustees shall not be a full-time member of a faculty of a school of dentistry, a current dental examiner or member of a state or regional testing agency, state board of dentistry or jurisdictional dental licensing agency. A person shall be considered to be a full-time member of a faculty if he or she works for the school of dentistry more than two days or 16 hours per week.

Members of the Council on Government Affairs shall not be in the full-time employ of the federal government. Individuals called to active duty from the military reserves or National Guard forces, providing such active duty

has not been requested by the individual, shall not be considered to be in the full-time employ of the federal government. Consideration shall be given to a candidate's experience in the military or other federal dental services.

Members of the Council on Members Insurance and Retirement Programs, during their terms on the Council, shall not serve as an officer, director, employee, agent or consultant of any company or organization that offers products that compete, or may potentially compete, with products and programs offered to ADA members through the Council. Nor shall Council members serve, during their terms on the Council, on the insurance council or committee of a constituent or component dental society or other dental organization, or any subsidiary of a dental organization that offers or may offer competing products or programs.

Members of all councils shall comply with the Policy on Conflict of Interest set forth in these rules and any specific rules of the council.

**Nominations:** Nominations to all councils are made by the Board of Trustees in accordance with the Board's criteria for such nominations, except in the case of the Council on Dental Education and Licensure. Of the 16 members of the Council on Dental Education and Licensure, four members are selected by the American Association of Dental Boards and four members are selected by the American Dental Education Association. Additional nominations to any council may be made by the House of Delegates except in those instances in which the selections or nominations must be made by the American Association of Dental Boards or the American Dental Education Association. Each person nominated shall complete a conflict of interest statement as prescribed by the Board of Trustees and shall file such statement with the Secretary of the House of Delegates to be made available to the delegates prior to election.

**Election:** All members of all councils are elected by the House of Delegates with the exception of the Council on Dental Education and Licensure. Only the eight members of the Council on Dental Education and Licensure nominated by the Board of Trustees are elected by the House of Delegates.

**Term and Tenure:** The term of office of members of councils shall be four years. The tenure of a member of a council or commission shall be limited to one term of four years; a nominee who has previously served on a council or commission may not be reappointed to that same council or commission, unless otherwise provided in the Bylaws. A member shall not be eligible for appointment to another council or commission for a period of two years after completing a previous council or commission appointment. No member of a council or commission may serve concurrently as a member of another council or commission. The current recipient of the Gold Medal Award for Excellence in Dental Research shall serve on the Council on Scientific Affairs until the award is bestowed on the next honoree. The current elective and appointive officers and the trustees of this Association shall not serve as members of councils or commissions.

**Vacancy:** In the event of a vacancy in the membership of any council, the President, in consultation with the trustee district or organization that nominated the prior member, shall appoint a member of the Association possessing the same qualifications as established by the *Bylaws* for the previous member to fill such vacancy until a successor is elected by the next House of Delegates for the remainder of the unexpired term. In the event such vacancy involves the chair of the council, the President shall have the power to appoint an *ad interim* chair.

In the event it is the current recipient of the Gold Medal Award for Excellence in Dental Research who cannot serve on the Council on Scientific Affairs, the President, in consultation with the Board of Trustees, shall have the power to appoint a prominent research scientist who shall serve until the award is bestowed on the next honoree.

If the term of the vacated council position has less than fifty percent (50%) of a full four-year term remaining at the time the successor member is appointed or elected, the successor member shall be eligible for election to a new, consecutive four-year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment or election, the successor member shall not be eligible for another term.



In the event of a vacancy in the membership of a commission, the following procedure shall be followed:

- In the event the member of a commission, whose office is vacant, is or was a member of and was appointed or elected by this Association, the President of this Association shall appoint a member of this Association possessing the same qualifications as established by these *Bylaws* for the previous member, to fill such vacancy until a successor is elected by the next House of Delegates of this Association for the remainder of the unexpired term.
- In the event the member of a commission whose office is vacant was selected by an organization other than this Association, such other organization shall appoint a successor possessing the same qualifications as those possessed by the previous member of the commission.
- In the event such vacancy involved the chair of the commission, the President of this Association shall have the power to appoint an *ad interim* chair, except as otherwise provided in these *Bylaws*.
- If the term of the vacated commission position has less than fifty percent (50%) of a full four-year term remaining at the time the successor member is appointed or elected, the successor member shall be eligible for election to a new, consecutive four-year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment or election, the successor member shall not be eligible for another term.

***Procedural Note.*** Any vacancy on a council that involves an ADA elected representative must be reported to the Office of the Executive Director. The process to identify and receive the President's approval for any *ad interim* council and ADA commission members will be managed through the Executive Director's office.

**Removal of Members of Councils for Cause:** Pursuant to Chapter X, Section 20C of the *Bylaws*, the following are causes for removal from office of a member of a council:

- continued, gross or willful neglect of the duties of the office;
- failure to comply with the Association's policies on conflict of interest;
- failure or refusal to disclose necessary information on matters of Association business;
- failure to keep confidential any exclusive information protected by secrecy that becomes known to the member by reason of the performance of his or her duties on the council's behalf;
- failure to comply with the Association's professional conduct policy and prohibition against harassment;
- unauthorized expenditures or misuse of Association funds;
- unwarranted attacks on the Association, any of its agencies or any person serving the Association in an elected, appointed or employed capacity;
- unwarranted refusal to cooperate with any officer, trustee, or council member or staff;
- misrepresentation of the Association and any person serving the Association in an elected, appointed or employed capacity to outside persons;
- being found to have engaged in conduct subject to discipline pursuant to Chapter XII of the *Bylaws*; and
- conviction of a felony.

Before a council member is removed for cause, the following procedures shall be followed by the Board:

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

If the accused's council is scheduled to meet before the date of the appearance, the Board at its discretion may excuse the accused member from attending that meeting only after the Board offers the accused an opportunity to be heard or where it determines that compelling reasons exist for excusal. It shall specify the reasons for excusal in writing.

Formal rules of evidence shall not apply to the appearance to discuss the allegations made, but if requested, the Board shall permit the accused member to be assisted by legal counsel. Following the appearance, the Board shall decide by majority vote whether or not to remove the accused member. Every decision, which results in removal of a council or commission member for cause, shall be reduced to writing and shall specify the findings of fact which support the decision to remove the accused members. If the Board decides to remove the accused, that action shall create a vacancy on that council or commission which shall be filled in accordance the appropriate *Bylaws* provisions. All records of the proceedings and the cause for removal shall be confidential information.

## COUNCIL ORGANIZATION

The following provisions govern the organization of councils only and not commissions. The organization of each commission of the Association is set forth in that commission's Rules.

**Chair:** Each council shall select one of its members annually to serve as chair, with the chairs' terms commencing at the adjournment *sine die* of the ADA House of Delegates annual session. Following the selection of chair, each council shall forward the name of the selected chair to the Board of Trustees.

The chair of the Council on Dental Education and Licensure shall be selected by the Council provided that every other year, the individual is a member of the Council elected by the House of Delegates.

**Vice Chair:** One member of each council may be elected annually by majority vote of the council to serve as vice chair.

**Chair Pro Tem:** In the absence of the chair and vice chair, a council shall designate one of its members to serve as chair *pro tem* for the duration of the meeting from which the regular officers are absent.

**Council Staff:** Council staff, in the event they are employees, shall be employed by the Executive Director of the Association. An employee of the Association serving as staff to a council shall not have the right to vote.

**Other Officers:** No council shall elect or appoint a treasurer or any other officer without authorization of the Board of Trustees.

**Standing Committees:** A council shall establish one or more standing committees to conduct ongoing work in a particular field as directed by the *Bylaws* or as referred by the House of Delegates or Board of Trustees.

**Subcommittees:** Each council may establish one or more subcommittees when they are deemed essential to carry out council duties. Each council shall ensure that its subcommittees will facilitate the conduct of council business by developing expertise and making recommendations within their specific areas for consideration

by the entire council. Subcommittees should be ongoing since they help to assure that all council duties are addressed thoroughly, so none are diminished in importance.

The council or may establish subcommittees of its own members to which it may delegate authority and which are directly responsible to the council. Subcommittees report only to the council or that established them. The council/chair shall appoint the members and chair of each subcommittee.

**Ad-Hoc Workgroup:** A council may also establish an ad-hoc workgroup to assist it with a specific matter not within the scope of any existing subcommittee. The ad-hoc workgroup shall be composed of members of the council that created it and, as necessary, any consultant of that council. The ad-hoc workgroup shall issue a report to the council that created it providing its recommendations, following which the ad-hoc workgroup shall automatically disband.

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

**Consultants:** Each council shall have the authority to appoint consultants when such consultants possess technical qualifications essential to the programs of the council. If a dentist, a consultant should be an active, life or retired or affiliate membership in member of this Association. Where the skills or expertise necessary to the council cannot, however, be found in a member dentist, the council is permitted to select a non-member dentist possessing the required skill or expertise as a consultant. Each council shall notify the Board of Trustees in writing of consultant appointments as soon as possible after such appointments are made.

All councils of the Association should limit the number of consultants and utilize these consultants only at such time as their counsel and advice is deemed essential to the deliberations of the council. Attendance of consultants during council meetings is discouraged when policy recommendations and official actions are being taken.

Any council which utilizes the services of a consultant or invites a representative of another organization to a meeting of the council should limit the attendance of the consultant or representative to the discussion period on the subject which the consultant or representative has been invited to address. Consultants who are invited by the council to furnish it with advice and counsel shall be reimbursed by the Association for their expenses at the same rate paid to council members. However, representatives of other organizations who request and are granted permission to attend a council meeting shall not be reimbursed by the Association for their expenses.

Consultants and each person seeking such positions, shall comply with the Association's Conflict of Interest Policy.

All councils are encouraged, whenever and wherever feasible, to seek the advice and counsel of their consultants and representatives of other organizations via telephone or the mails.

The terms of consultants shall expire annually at the adjournment *sine die* of the annual session of the House of Delegates. Consultants may, however, be reappointed as needed.

**Board of Trustees Liaison:** Pursuant to the Board Rules, members of the Board of Trustees shall be assigned by the President the responsibility for reviewing the programs and activities of a specified Association council. Appointment to a council shall be limited to one officer or trustee who shall attend council meetings as necessary and appropriate but shall not attend subcommittee meetings of the council unless such subcommittee meetings are held in conjunction with the council meetings. Officers or trustees shall not

be appointed to succeed themselves on the same council. The following guidelines should be observed by members of the Board in the accomplishment of this responsibility.\*

1. Through consultation with the council chair and staff, the liaison should become familiar with the existing and proposed budgets of the council and be prepared to address such budgets during Board development of the total budget for the Association.
2. The officer or trustee, as the Board's liaison to the council, should assume, generally, the role of an observer for the Board and provider of information to the council. The liaison should avoid dictating council positions and making commitments for the Board of Trustees.
3. The liaison may provide the Board with a brief written report when necessary and appropriate. This report may include, for example, issues of particular concern to the Board; observations of the council's talent for and capability in accomplishing its assignments; and its general effectiveness as a viable agency of the Association.
4. All officers and trustees may seek readily available information from all Association agencies; however, requests requiring staff time and work should be made through the Executive Director.
5. The liaison shall be responsible for reviewing reports to the House of Delegates and Board of Trustees and, within the liaison's responsibility as a member of the Board of Trustees, recommend subsequent action relating to these reports.
6. The liaison shall be kept informed of council activities by appropriate staff on a regular basis.

**Self-Assessments:** Beginning in 2014, each council will undertake a thorough self-assessment on a rotating basis over every five years based on a schedule and outline developed by the Board of Trustees. A summary of the self-assessment process used and a report on the results shall be included in the agency's next annual report.

## MEETINGS

**Regular Meetings:** Each council shall hold at least one regular meeting annually, provided that funds are available in the budget for that purpose and unless otherwise directed by the Board of Trustees. Meetings may be held in the Headquarters Building, the Washington Office or from multiple remote locations through the use of a conference telephone or other communications equipment by means of which all members can communicate with each other. Such meetings shall be conducted in accordance with rules and procedures established by the Board of Trustees.

With the exception of the Council on Ethics, Bylaws and Judicial Affairs, whose members serve as the House Standing Committee on Constitution and Bylaws, no council shall hold any official meetings during the annual session. Additionally, no council shall hold meetings within five (5) days prior to the convening of any Board of Trustees meeting or during any Board of Trustees meeting. Any exception to these rules shall be approved by the Executive Director. Unless unavoidable, councils should refrain from scheduling meetings that overlap, except where two or more organizations have planned overlapping meetings to discuss or collaborate on matters of mutual interest.

The date of the annual meeting of each council shall be determined at least six months in advance and reported to the Executive Director of the Association. Reservations for meeting space in the Headquarters

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\* See pages 20-21 of the *Organization and Rules of the Board of Trustees*.

Building shall be made with the Department of Conference Services and Meeting Planning and will be honored in the order of their receipt.

**Special Meetings:** Special meetings shall be held in accordance with the rule on Official Call, provided that funds are available in the budget for that purpose.

**Official Call:** Regular and special meetings shall be held at the call of the chair or on the written request of a majority of the members of the council.

**Notice of Meeting:** Notice of regular or special meetings shall be sent to all members in advance by the chair or lead staff member of the council.

**Limitation of Attendance at Council Meetings:** *Note: The provisions of this paragraph shall apply only to councils and not commissions.* In keeping with the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure*, attendance at council meetings is limited to council members, appropriate members of the Board of Trustees and staff. Attendance of others is at the discretion of the council. In extraordinary circumstances, a council may call a closed session to consider very sensitive matters. Closed sessions may be held if agreed upon by a majority vote of those present at the meeting at which the closed session would be held and in the presence of either the Executive Director, ADA legal counsel, the Senior Management Team\* Member assigned to the council or commission, or the council or commission lead staff member. The trustee liaison, if present, also shall be permitted to attend any closed session. No official action or business may be conducted during the closed session. The council chair shall decide which one or more of the above staff persons shall remain in the room for the closed session.

**Attorney-Client Session:** An attorney-client session is a form of closed session during which an attorney acting in a professional capacity provides legal advice, or a request is made of the attorney for legal advice. During these sessions, the legal advice given by the attorney may be discussed at length, and such discussion is "privileged." The requests, advice, and any discussion of them are protected, which means that opponents in litigation, media representatives, or others cannot legally compel their disclosure. The purpose of the privilege is to encourage free and frank discussions between an attorney and those seeking or receiving legal advice. The privilege can be lost (waived) if details about the attorney-client session are revealed to third parties. Once the privilege has been waived, there is a danger that all privileged communications on the issues covered in the attorney-client session, regardless of when or where they took place, may become subject to disclosure. For attorney-client sessions, the council chair shall consult with ADA legal counsel regarding attendance during the session. No official action may be taken nor business conducted during an attorney-client session.

In accordance with the above information, all those participating in an attorney-client session shall refrain from disclosing information about the discussion held during the attorney-client session. In certain cases, a decision may be made to come out of the attorney-client session for purposes of conducting a non-privileged discussion of the same or related subject matter. The difference will be that during the non-privileged session there will be no discussion of any legal advice requested by attendees during the attorney-client session or about any of the legal advice given by legal counsel. It is such requests for legal advice, legal advice given, and discussion of the legal advice during the attorney-client session that are protected by the privilege and that shall not be disclosed or discussed outside of the attorney-client session.

**Agenda:** It shall be the duty of the chair or lead staff member of a council to prepare the agenda for regular or special meetings and to send copies in advance to all members of the council and to the Executive Director of the Association.

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\* Senior Management Team Includes: Chief Financial Officer, Chief Communications Officer, General Counsel, Chief Technology Officer, Chief of Governance and Strategy Management, Chief of People Management, and Senior and Managing Vice Presidents.

At the direction of the House of Delegates, the Disclosure Policy (Resolution 63H-2013, *Trans.*2013:341) should be included as part of each council written meeting agenda.

**Roll Call:** An official roll call shall be taken at all regular and special meetings and reported to the Executive Director of the Association.

**Quorum:** Except as otherwise provided in the *Bylaws*, a majority of the members of any council shall constitute a quorum.

**Voting:** A majority of the members of a council present and voting shall be required for the passage of a motion unless otherwise provided in the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure*. Only votes for or against a motion should be counted in determining a majority. Abstentions should not be counted as part of the total vote. The chair and elected members only shall have the right to vote-

**New Business:** Items of new business not listed on the agenda mailed in advance may be considered at a regular or special meeting of a council, provided that approval is obtained by two-thirds vote of the council members.

**Minutes:** Within ten (10) working days of a council meeting, the chair or lead staff member shall prepare and distribute a report of unofficial actions in accordance with instructions of the Executive Director. Non-confidential versions of the report of unofficial actions shall also be distributed to constituents on a timely basis pursuant to a 1992 House of Delegates directive.

It shall also be the duty of the lead staff member of each council to record the minutes of all meetings and to send draft copies thereof to all council members for review and approval within thirty (30) days following the last day of the meeting. The minutes shall be approved by mail or electronic vote. Copies of the approved minutes shall be provided to council's trustee liaison and the Executive Director and posted on the in the Members-Only section of ADA.org within fifteen (15) days of approval; copies shall also be made available to the Board of Trustees. It shall be the duty of the lead staff member of the council to distribute minutes as directed and keep a permanent file of all minutes of the council.

## BUDGET

**Preparation:** Each council may identify budget priorities within the council's area of oversight as defined in the *ADA Bylaws*. Budget requests shall be submitted on a date established by the Executive Director and in accordance with the budget instructions provided

*Procedural Note. Each council is responsible for including in their annual budget request funding for the chair to attend the annual session meeting of the House of Delegates.*

**Reallocation of Budgeted Funds:** With the exception of minor reallocations of less than the threshold amount for Board Contingency requests pursuant to the Board Rules, a council shall use funds designated for specific projects only for the specific project identified in the budget. Authority for any reallocation of funds beyond the defined Board Contingency threshold amount from one project to another may be granted by the Executive Director on written application, provided that the total of the authorized budget is not exceeded.

## REPORTS

**Preparation:** Council reports to the Board of Trustees and the House of Delegates may be prepared by appropriate staff, but shall be subject to approval of the council.

**Submission of Reports:** Each council shall submit, through the Executive Director of the Association, an annual report to the Board of Trustees and House of Delegates. Such reports shall be submitted at a time specified by the Executive Director of the Association.

Actions and/or reports of councils which are inappropriate, illegal or not within the duty parameters of a council may be deleted or changed by administration in conference with the chair of the council. Actions not agreed to by the chair may be appealed to the Board of Trustees.

**Resolutions:** Councils shall not present resolutions to the Board or House of Delegates unless such resolutions have been circulated to the members of the council and approved by majority vote.

## GENERAL RULES

**Employment:** No council is authorized to engage any employee except on authorization of the Executive Director of the Association.

**Contracts:** No contract involving the American Dental Association in any way whatever may be completed by any member of any council.

All proposed contracts must be forwarded to the Executive Director of the Association for action in accordance with rules established by the Board of Trustees.

**Establishment of Policy:** All councils are charged with recommending policy. No council may initiate or implement a new policy or a major extension or alteration of an existing one without prior approval of the Board of Trustees or House of Delegates.

**Policy Review:** In accordance with Resolution 170H-2012 (*Trans.2012:370*), councils, committees and other Association agencies are required to conduct a comprehensive review of their assigned Association policies every five years. Each council and committee will determine its own comprehensive review and reporting schedule.

**Public Statements:** No member of a council or commission may issue a public statement in the name of that council or commission or in the name of the American Dental Association unless (1) authority has been granted by the Executive Director of the Association and (2) the statement is clearly in accord with the policies of the Association as expressed by the Board of Trustees and the House of Delegates.

Members of councils and commissions may be asked from time to time to serve as spokespersons for their councils or commissions or for the Association on matters within the purview of the councils/commissions.

**Conflict of Interest:** It is the policy of this Association that individuals who serve in elective, appointive or employed offices or positions do so in a representative or fiduciary capacity that requires loyalty to the Association. At all times while serving in such offices or positions, these individuals shall further the interests of the Association as a whole. In addition, they shall avoid:

- a. placing themselves in a position where personal or professional interest may conflict with their duty to this Association.
- b. using information learned through such office or position for personal gain or advantage.
- c. obtaining by a third party an improper gain or advantage.

The Board of Trustees shall approve the compliance activities that will implement the requirements of Chapter VI of the *Bylaws*. The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

As a condition for selection, each nominee, candidate and applicant shall disclose any situation which might be construed as placing the individual in a position of having an interest that may conflict with his or her duty to the Association. While serving, the individual shall comply with the conflict of interest policy applicable to his or her office or position. If an individual believes that he or she may have a conflict of interest, the individual shall promptly and fully disclose the possible conflict and shall refrain from participating in any way in the matter to which the possible conflict relates until any such possible conflict has been satisfactorily resolved.

**Professional Conduct Policy and Prohibition against Harassment:** The American Dental Association (ADA) is proud of its professional and congenial work environment, and it will take all necessary steps to ensure that the work environment remains pleasant for all who work here. It is ADA policy that all ADA employees and volunteers are responsible for assuring that the work place is free from improper harassment. The ADA absolutely prohibits sexual harassment and harassment on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, status with respect to public assistance, or marital status or other status protected by federal, state or local law. Such discriminatory harassment is unlawful and may subject the ADA and/or the individual harasser to liability. In addition, with this policy the ADA prohibits not only unlawful harassment, but also other unprofessional and discourteous actions. Derogatory racial, ethnic, religious, age, sexual orientation, sexual or other inappropriate remarks, slurs, or jokes will not be tolerated.

Sexual harassment includes unwelcome sexual advances and requests for sexual favors, and all other verbal or physical conduct of a sexual nature when:

- submission to such conduct is made either implicitly or explicitly a condition of the individual's employment;
- submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
- such conduct is sufficiently severe or pervasive to alter the conditions of employment and to create a hostile or abusive working environment.

Sexual harassment may take many forms, including, but not limited to:

- verbal harassment or abuse of a sexual nature;
- subtle pressure or abuse of a sexual nature;
- unnecessary touching of an individual, for example, patting, pinching, hugging, repeated brushing against another employee's or volunteer's body;
- offensive sexual flirtation, advances or propositioning;
- graphic verbal commentaries or jokes;
- sexually degrading words used to describe an individual; or
- the offensive display in the workplace of sexual objects, pictures or writings.

Each volunteer must exercise his or her own good judgment to avoid engaging in conduct that may be perceived by others as harassment. Forms of harassment include, but are not limited to:

- verbal: repeated sexual innuendoes, racial or sexual epithets, derogatory slurs, off-color jokes, negative stereotyping, personally abusive remarks, propositions, threats or suggestive or insulting sounds;



- visual/non-verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; graphic commentaries; leering; or obscene gestures;
- physical: unwanted physical contact including touching, interference with an individual's normal work movement or assault; and
- other: making or threatening reprisals as a result of a negative response to harassment.

ADA employees and volunteers are responsible for keeping our work environment free of all such harassment. If you believe that you have been harassed, or if you become aware of an incident of harassment, whether by an employee or a non-employee, you should report it as soon as possible to the Executive Director and/or to the ADA Chief of People Management, 1-800-621-8099, ext. 2755 or 312-440-2755. Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating that situation.

The ADA's Professional Conduct Policy and Prohibition Against Harassment applies to the immediate work place as well as to ADA related activity outside the ordinary work place, such as annual session and ADA-sponsored social or recreational events.

In response to every complaint, the ADA will take prompt appropriate investigatory actions and corrective and preventative actions where necessary. All ADA volunteers should be aware that the privacy of the complaining party and the person accused of the harassment will be protected to the extent consistent with effective enforcement of this policy. The ADA will retain confidential documentation of all allegations and its investigations.

**Communications:** Communications dealing with major activities or policies of a council shall be sent to all members of the council by the chair or council staff.

**Electronic Communications:** Electronic communications should be undertaken with the Association's Electronic Communications Policy as a guide. This policy should be posted in each council's resource area on ADA Connect.

**Social Media:** Following is a summary of the ADA's policy on the use of social media. For the complete text of the policy, see the ADA Employee Handbook.

The ADA respects an individual's right to maintain a personal blog, use a profile on a networking site or post a comment on a website, but the ADA is also committed to making sure that the use of such communications serves the needs of the ADA by maintaining the ADA's identity, integrity, and reputation in a manner consistent with company values and policies. Consequently, the ADA has established the following rules for communicating ADA related information via Social Media platforms.

Follow these guidelines for personal use of Social Media in relation to any personal online accounts:

- If discussing a matter related to ADA business, include a disclaimer that says that the opinions and attitudes expressed are those of the author alone and not the American Dental Association
- When engaging in personal social media usage, use a personal email address and not an ADA email address;
- When connecting as a "friend", linking, or otherwise interacting with ADA's customers, members, volunteers, vendors, or clients on social media platforms, avoid any activity that might imply an ADA endorsement or recommendation.

Only authorized staff are permitted to post content on ADA's social media platforms. Authorization is granted through the ADA's Division of Communications and Marketing or Human Resources. Such staff must abide by

all of the ADA protocols including but not limited to HR Protocols related to discrimination, professional conduct, conflicts of interest, harassment, copyright, and electronic and telecommunication policies when engaging in Social Media activities on behalf of the ADA. Staff who engage in unlawful activities on Social Media are subject to the same disciplinary actions that apply to unlawful activities that happen in the workplace.

Media requests or inquiries made through social media platforms regarding the ADA, its products, staff, members, volunteers, vendors, customers or competitors should be referred to the Division of Communications and Marketing.

Staff who violate this policy may be subject to disciplinary action, up to and including termination. Personal or unauthorized use of ADA social media will be outside the scope of your employment and beyond your authority to act on behalf of ADA. Do not expect ADA to indemnify or hold you harmless for any acts performed in this regard.

The ADA reserves the right to monitor all public Social Media platforms for the purpose of protecting its interests and monitoring compliance with ADA policies.

This policy is not intended to restrict your right to discuss wages and working conditions with co-workers or in any way limit your rights under the National Labor Relations Act.

**Relations with Other Organizations and Agencies:** No council is authorized to appoint or designate official representatives of the American Dental Association on the request of, or for liaison with, other organizations and agencies. When requests for official representation or liaison are received, nominations may be forwarded by the council concerned to the Executive Director of the Association for action in accordance with rules established by the Board of Trustees.

**Relations with Reference Committees of House of Delegates:** It shall be the duty of each chair, or of his/her duly designated representative, to attend open sessions of the appropriate reference committees and to be available for conferences with the reference committees during the annual session of the House of Delegates.

**Relations with Other Councils:** Councils, through their council chairs, are encouraged to initiate discussion, to interact freely with each other and other lead council staff and senior management team members, to coordinate activities and to share information on issues of mutual concern in order to facilitate the business of the Association. This may include collaboration on reports and resolutions to be submitted to the Board or House, on behalf of one or more council. It shall be the duty of the council chairs to promptly inform the Executive Director through the lead council staff member of these activities.

**Attendance at Meetings of House of Delegates:** All chairs of all councils, or their designated representatives, must register for and attend all meetings of the House of Delegates. Absence from more than one meeting removes eligibility for reimbursement. If the chair is not officially a member of the House of Delegates, s/he may be seated in a special section provided for that purpose. All chairs are required to attend the meetings of the reference committees which will consider the reports of their councils.

**Privilege in House of Delegates:** Chairs and members of councils who are not members of the House of Delegates shall have the right to participate in the debate on their respective reports, but shall not have the right to vote.

*Procedural Note. Council and commission chairs are responsible for requesting access to the floor of the House of Delegates for any non-delegate council or commission member who desires to speak during debate on the report of the council or commission, consistent with the Bylaws and the Rules of the House of Delegates. Requests should be directed to the Speaker of the House of Delegates in advance of the annual meeting, or to the Committee on Credentials, Rules and Order at Delegate Registration at the meeting site.*

**Preservation of Records:** It shall be the duty of the lead staff member of each council to preserve the minutes and other essential records of that council.

**Conferences:** Councils are authorized to hold conferences and similar events on subjects coming within their purview, provided there is an appropriation of funds for such events in the budget.

**Ballots for Transacting Business without Meetings:** Councils are authorized to transact business by ballot without a meeting, and actions taken are as binding as if they had been taken at an officially called meeting. All ballots of all councils shall conform to the following rules:

1. The submission of a ballot shall be initiated by the chair of a council or by a staff member who is an employee of the Association.
2. Ballots shall be submitted to council members in the form of a resolution. Each ballot shall include sufficient information to permit the members to register an intelligent and justifiable vote on the question presented.
3. Ballots may be circulated by either regular mail through the U.S. Postal Service, overnight courier, facsimile (fax), or Association-sponsored electronic mail or via such other electronic balloting system as the Association may, from time to time, employ. Votes recorded on ballots may be returned by the same methods.
4. Except as otherwise provided in these rules, the affirmative vote of a majority of all the members of the council shall be required for approval of the action by ballot. Only votes for or against a resolution shall be counted in determining a majority. Express abstentions should not be counted in determining a majority.
5. *Note that this paragraph applies only to councils.* The action becomes effective when all members of the voting body entitled to vote have voted, unless the ballot specifies a closing date for the ballot, which shall be at least five (5) days from the opening date of the ballot. If no date is specified, the ballot shall remain open twenty (20) days from issuance. Any vote not received upon the closing of the ballot shall be considered an affirmative vote.
6. In the event a council member is unable to perform his or her duties for an extended period of time due to illness or disability, and the member wishes to take a temporary leave of absence rather than resign, during the period of disability the number of votes needed to approve council business by mail or electronic ballot shall be one less than specified in paragraph number 4 of this section. Also, the disabled member's failure to vote within the applicable voting period shall not be counted in either the affirmative or negative.
7. All business transacted by ballot without a meeting shall be recorded in the minutes of the next regular session of the council.

**Rules of Order:** Councils shall be governed by the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* in their parliamentary proceedings except in case of conflict with these rules, the specific rules of the council, the *Rules of the Board of Trustees*, or the *Bylaws* of the Association.

**Additional Rules for Councils:** Councils are privileged to prepare additional rules which may be needed for the conduct of their affairs but such rules shall not be established or amended without approval of the Board of Trustees.

**Suspension of Rules:** These *Standing Rules* may not be suspended or amended without approval of the Board of Trustees.

**General Expenses:** The general expenses of council members shall be reimbursed (1) when a proper invoice is submitted; and (2) when provision for payment has been made in the budget of the council. All requests for reimbursement must be submitted on official forms and is subject to the required approvals.

**Volunteer and Non-Staff Travel and Expenses:** Volunteer and non-staff travel and expenses are governed by the Volunteer and Non-Staff Travel and Expense Policy of the Association, a copy of which is attached as Appendix 1.

**Staff Travel and Expenses:** Staff travel and expenses are governed by the Staff Travel and Expense Policy of the Association, a copy of which is attached as Appendix 2.

### **Association Whistleblower Policy**

The ADA's *Bylaws, Standing Rules, Principles of Ethics and Code of Professional Conduct* and, for its employees the Employee Handbook, (collectively, the "Rules"), require trustees, officers, council and commission members, volunteers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As representatives of the Association, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations. For this reason trustees, officers, council and commission members, volunteers and employees with reasonable grounds are encouraged to report violations or suspected violations of the Rules in accordance with this Whistleblower Policy. Without limiting your reporting any instances of violations of the Rules, examples of matters which should be reported include awareness of false or misleading information in the Association's financial statements or other public or legal documents, situations where false information is provided to or withheld from auditors or government officials, forgery or alteration of documents, authorizing or receiving compensation for goods or services not received, falsifying the Staff Reimbursement Form, or falsifying reimbursement for medical or dental treatment.

**No Retaliation:** No trustee, officer, council and commission member, volunteer or employee who in good faith reports a violation of the Rules or the ADA's Professional Conduct Policy and Prohibition against Harassment shall suffer harassment, retaliation or adverse employment consequence. Another employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. However, an allegation may not be made maliciously, recklessly without foundation, or knowingly false. Such misuse of the Whistleblower Policy will be viewed as a serious disciplinary offense.

**Reporting Violations:** In the case of employees, your supervisor may be in a position to address your area of concern, but alternatively, you may contact the Chief of People Management or the Vice President (VP) in your division. VPs, supervisors and managers, trustees, officers, council and commission members, and everyone in the case of suspected fraud, are required to report suspected violations of the Rules to the Association's designated Compliance Officer, ADA General Counsel, who has the specific responsibility to investigate all reported violations, or alternatively the Chief of People Management. You may choose to report suspected violations on a confidential basis or anonymously. Reports will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

**Compliance Officer:** The Association's Compliance Officer is responsible for investigating and resolving reported allegations concerning violations of the Rules and shall advise the Executive Director and/or the Audit Committee of the Board of Trustees where appropriate. The Compliance Officer shall in all cases promptly notify the Audit Committee in the case of financial, accounting and auditing matters, which shall address all such reported concerns. The Chief of People Management shall also have the authority to conduct investigations with reference to the reported allegations referred to herein.

**Effect of Policy:** This policy is intended to encourage and support high ethical standards, but is not an express or implied contract of employment. In the case of employees, they continue to be employed on an at-will basis, which means that the Association or the employee may terminate the employment relationship at any time, with or without reason, and with or without notice. The Association reserves the right to change,

modify or delete any provision in this Whistleblower Policy and to interpret and administer this policy in its sole discretion.

*Updated 8/11/17*

## **Members First 2020 - Three Goals**

- 1. Increase member value and engagement**
- 2. Financial sustainability**
- 3. ADA, State and local capacity building**

### **Goal 1: Increase Member Value and Engagement**

- Measures: Net member growth-3,500 over the next 18 months - five year plan (800 new net / year)
- Tactics
  1. Build the pipeline of dental students and new dentists
    1. Increase conversion rates from provisional member to full member
  2. Simplify the member experience
    1. Automate, "Easy Button", Device friendly , universal application, monthly payments
  3. Focus the member message
    1. Relevant to unique segments of membership and non-members
    2. Emotional Story Telling – Persona Development, Individualists vs Collectivists
  4. Improve member digital experience
    1. Career Center
  5. Provide what the member seeks in real time with high touch-content management discipline:  
Net Promoter Score and Utilization Rates

### **Goal 2: Financial Sustainability**

- Measure: Liquid Reserves will be no less than 50% of annual operating expenses
- Non dues revenue will be 65% of revenue
  - Growth of non-dues revenue between 3-6% annually
    - More efficient use of resources to grow non dues revenue
  - Innovate new sources of non-dues revenue
    - Business Model Project
    - Credentialing
    - ADAT

### **Goal 3: All levels of the ADA will have sufficient organizational capacity to achieve goals 1 & 2**

- Client Services : Measure: State by State Increased Net Membership And Financial Sustainability
  - Simplify Member Experience at all local level
  - Standardize Member data management through Aptify across all three tripartite levels
  - Standardize Brand and Messaging
  - Simplify Member Application process-Universal Application and automatic online payments
  - Strengthen Governance, Strategic Planning, Membership Engagement, Membership Touch Points and Financial Cash Flow at state and local levels
- ADA Capacity
  - Simplify and standardize work flow processes
  - Develop leadership and conflict management skills
  - Build expertise on Agile Project Management
  - Work more efficiently across the divisions rather than vertically-More cross divisional work teams
  - Segment ADA customer market: pre dentists, pre doctoral, early career, mid-career, late career, industry and policy makers/regulators

## Minutes of the Board of Trustees

March 14, 2018

### Special Telephonic Meeting of the Board of Trustees

**Call to Order:** A special telephonic meeting of the ADA Board of Trustees was called to order on Wednesday, March 14, 2018, 5:00 p.m., Central Daylight Savings Time. The meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

**Roll Call:** Officers and members of the Board of Trustees participating: Drs. Joseph P. Crowley, Jeffrey M. Cole, Lewis Mitchell, Richard A. Huot, Glen D. Hall, Ronald P. Lemmo, Kathleen O'Loughlin, Rickland G. Asai, Robert N. Bitter, Raymond A. Cohlma, Judith M. Fisch, Chad P. Gehani, John F. Harrington, Linda K. Himmelberger, Daniel J. Klemmedson, Billie Sue Kyger, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Cesar R. Sabates, George R. Shepley, Roy Thompson.

Drs. Richard Black and Lindsay Robinson were not in attendance.

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

**Staff Present for all or Portions of the Call:** Jerry Bowman, chief of Governance and Strategy Management, Michael Graham, senior vice president, Government and Public Affairs; Craig Busey, general counsel; Wendy Wils, deputy general counsel; Paul Sholty, chief financial officer; Marcelo Araujo, vice president, Science Institute; Stephanie Moritz, chief communications officer; Michelle Kruse, director, Administrative Services, Tomisena Cole, senior manager, Board and House Matters

#### **Report of the Council on Government Affairs: Draft Interim Board Policy on Opioid Prescribing:**

Michael Graham presented the report of the Council on Government Affairs related to opioid prescribing and adoption of interim policy. The interim policy, considered by the Councils on Education and Licensure, Scientific Affairs and Dental Practice, dealt with three major areas: continuing education, dosage and duration, and prescription drug monitoring. Mr. Graham advised that the interim policy was needed in advance of the upcoming Lobby Day.

Mr. Graham noted that the Council on Government Affairs would forward the interim policy, if adopted by the Board, to the 2018 House for ratification.

Resolution B-37 was moved. A motion to amend was made to amend by deleting number 1 in the section on continuing education. After discussion, the Board adopted the motion to amend. A second motion to amend the section on continuing education by deleting "or" from the first resolving clause was then made. Without objection, the motion was adopted. On vote, Resolution B-37, as amended, was adopted as follows (deletions ~~stricken~~):

### INTERIM BOARD POLICY ON OPIOID PRESCRIBING

#### Continuing Education

**B-37-2018. Resolved**, that the ADA supports mandatory continuing education (CE) in prescribing opioids and other controlled substances, with an emphasis on preventing drug overdoses, chemical dependency, and ~~for~~ diversion. Any such mandatory CE requirements should:

1. ~~Exempt dentists that do not have a Drug Enforcement Administration registration to prescribe controlled substances,~~
2. Provide for continuing education credit that will be acceptable for both DEA registration and state dental board requirements,
3. Provide for coursework tailored to the specific needs of dentists and dental practice,

4. Include a phase-in period to allow affected dentists a reasonable period of time to reach compliance,

and be it further

#### **Dosage and Duration**

**Resolved**, that the ADA supports statutory limits on opioid dosage and duration of no more than seven days for the treatment of acute pain, consistent with Centers for Disease Control and Prevention (CDC) evidence-based guidelines.

(See CDC Morbidity and Mortality Weekly Report from March 17, 2017 66(10); 265-269) at: <https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm>)

and be it further

#### **Prescription and Drug Monitoring**

**Resolved**, that the ADA supports dentists registering with and utilizing Prescription Drug Monitoring Programs (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes and deter the misuse, abuse and diversion of these substances.

(See existing ADA Policies and Recommendations on Substance Use Disorders at: <https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/policies-and-recommendations-on-substance-use-disorders>).

and be it further

**Resolved**, that the ADA supports improving the quality, integrity, and interoperability of state prescription drug monitoring programs.

The Board requested that talking points be provided prior to Student Lobby Day.

**Report of the Senior Vice President, Government and Public Affairs: Purchase of an ADA Office Building on the Senate Side of the U.S. Capitol:** Mr. Graham provided a report to the Board on activities undertaken pursuant to Resolution B-11-2018, which authorizes appropriate staff to continue due diligence regarding the purchase of a DC property. Mr. Graham reported that on February 23, 2018, Dr. O'Loughlin signed a "letter of intent" with the support of Drs. Crowley and Cole, regarding the proposed purchase of the property located at 400 C Street, NE; Washington, DC.

Mr. Graham indicated that the ADA is developing the purchase contract for the property and which would need to be signed by all parties no later than March 28. From the date the purchase contract is signed by all parties, the ADA has three days to provide a \$137,500 down payment. Execution of the purchase contract also starts the 45-day study/due diligence period (the ADA down payment is fully refundable during this period, for any reason). The ADA must indicate that it DOES NOT want the property by or around May 10 or else the contract remains in place and the deposit is NOT refundable. A report on the study/due diligence will be provided for the Board's consideration at its April 2018 meeting.

The following resolution was submitted for the Board's consideration. It was noted that pursuant to the Capital Reserve Spending Approval Process as outlined in *the Organization and Rules of the Board of Trustees*, the funding request could be approved by the President, President-elect, and Treasurer without the Board's approval, since it does not exceed \$500,000. These officers indicated their support by vote for the expenditure. Dr. Crowley asked the Board if there was any objection to this funding request. No objection was made and the Speaker declared Resolution 38 moot.



**Resolution**

**B-38. Resolved**, that the Board directs the Executive Director to negotiate and execute a contract to purchase the property at 400 C Street, NE, Washington DC; and be it further

**Resolved**, that the Board approves payment of \$137,500 as a down payment on the property, upon the execution of the purchase contract; and be it further

**Resolved**, that appropriate staff shall provide updates to the Board on the negotiations for the property, payment of the down payment and findings from the 45 day investigation and due diligence period following execution of the contract.

## Minutes of the Board of Trustees

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April 21–24, 2018

Headquarters Building, Chicago

**Call to Order:** The fourth regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Joseph P. Crowley, president, on Saturday, April 21, 2018, at 1:00 p.m. in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Joseph P. Crowley, Jeffrey M. Cole, G. Lewis Mitchell, Jr., Richard A. Huot, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Raymond A. Cohlma, Judith M. Fisch, Chad P. Gehani, John F. Harrington, Jr., Linda K. Himmelberger, Daniel J. Klemmedson, Billie Sue Kyger, Kenneth McDougall, Kirk M. Norbo, Lindsey A. Robinson, Julio H. Rodriguez, Cesar R. Sabates, George R. Shepley, and Roy Thompson.

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

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, vice president, Science Institute; Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; Judith Fleeks, vice president, Human Resources; James Goodman, senior vice president, Business and Conferences; Michael A. Graham, senior vice president, Government and Public Affairs; Catherine Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; David Preble, senior vice president, Practice Institute; Robert Quashie, vice president, Business Operations and Strategy; Bill Robinson, vice president, Member and Client Services; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujcic, chief economist and vice president, Health Policy Institute; James Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Guests in attendance for a portion or portions of the meeting included: Dr. Michael Glick, editor, *The Journal of the American Dental Association*; Dr. Nipa Thakkar, chair, New Dentist Committee; Dr. William Calnon, president, ADAF; Dr. Thomas Hart, senior director, Volpe Research Center; Toby Bottorf, Continuum Innovation; and Dr. Gary Roberts, Business Model Governance Team. Dr. Thomas Paumier, Budget and Finance Committee, joined the meeting telephonically.

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

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

## Preliminary

### Approval of Agenda and Consent Items

*Approval of Agenda.* Before requesting approval of the agenda, Dr. Crowley asked if there were any items of new business. The following item of new business was identified:

- ADA Subsidiary Relationships

Without objection the new item of business was added to the agenda and the amended agenda was adopted.

**B-41-2018. Resolved,** that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

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

- Report of ADA Business Enterprises, Inc.
- Proposed 2020 and 2021 Board of Trustees Meeting Dates (Res. B-56 and B-57)

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

**B-40-2018. Resolved,** that the resolutions contained on the Consent Calendar for Board of Trustees consideration, as amended, be approved and reports be filed.

### Approval of Minutes of Previous Sessions

*Minutes of the February 11–13, 2018, Meeting of the Board of Trustees.* The following resolution was adopted (consent calendar action).

**B-60-2018. Resolved,** that the minutes of February 11–13, 2018, meeting of the Board of Trustees be approved.

*Minutes of the March 14, 2018, Conference Call Meeting of the Board of Trustees.* The following resolution was adopted (consent calendar action).

**B-61-2018. Resolved,** that the minutes of the March 14, 2018, conference call meeting of the Board of Trustees be approved.

*Minutes of the March 12, 2018, Closed Session Conference Call Meeting of the Board of Trustees.* The following resolution was adopted (consent calendar action).

**B-36-2018.** Confidential Action

### Reports of Standing Committees of the Board of Trustees

**Report of the Audit Committee:** On behalf of the Committee, Dr. Rickland G. Asai, chair, presented the report of the Audit Committee's April 20, 2018, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Budget and Finance Committee:** On behalf of the Committee, Dr. Lindsey A. Robinson, chair, presented the report of the Budget and Finance Committee's April 21, 2018, meeting. The report

identified major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Report of the ADA/ADEA/ASDA Task Force on Assessment of Readiness for Practice.* Dr. Robinson moved Resolution B-46; on vote Resolution B-46 was adopted by the Board of Trustees.

**B-46-2018. Resolved**, that the "Call to Action: Reforming the Dental Licensure Process to Eliminate Single Encounter Procedure-Based Clinical Examinations on Patients and Increase the Portability of Dental Licensure" (Appendix 1) be approved.

Dr. Robinson moved Resolution B-47. A motion was made to amend B-47 by striking the second resolving clause. On vote, Resolution B-47 was adopted as amended by the Board of Trustees.

**B-47-2018. Resolved**, that the ADA be a founding member of a national coalition for licensure reform., and be it further

**Resolved**, that \$57,625 is authorized to be included in the Division of Education's 2019 operations budget.

*Board Contingency—CODA System Implementation and New Headcount.* Dr. Robinson moved Resolution B-49 as amended by the Committee with the recommendation to adopt; on vote Resolution B-49 was adopted by the Board of Trustees.

**B-49-2018. Resolved**, that an appropriation of up to \$182,000 be made from the Capital Replacement Reserve Account to fund the completion of the new CODA environment; and be it further

**Resolved**, that the following appropriation be from the 2018 Contingent Fund and be allocated to line items in the stated cost center in accordance with the terms of the supplemental appropriation request to cover the costs of a new IT headcount to support the new CODA system.

Division of Information Technology  
(Cost Center: 090-1450-000)

**Application Developer – up to \$60,000**

*Report on the Business Model Project Governance Team: Business Model Project Update.* Dr. Robinson moved Resolution B-67, as amended by the Committee, with the Committee's recommendation to adopt. A motion was made to amend the first resolved clause by replacing "\$3.5 million" with "\$2.8 million" and inserting the words "excluding the purchasing and selling of practices" after the word "Mortar." On vote, the amendment was not adopted. On vote, Resolution 67 was adopted by the Board of Trustees.

**B-67-2018. Resolved**, that the ADA Board of Trustees allocate up to \$3.5 million from reserves for a pilot program to build and test a prototype of the project code-named "Mortar," and be it further

**Resolved**, that the Business Model Project Governance Team provide an update to the Board of Trustees at its August 2018 meeting.

*Capital Reserve Spending Approval Request to Fund NetSuite Phase 2—Systems Enhancements.* Dr. Robinson reported that B-69 had been submitted in error and that no action was needed; B-69 was declared moot.

**B-69. Resolved**, that an appropriation of up to \$150,000 be made from the Capital Replacement Reserve Account to fund the completion of the NetSuite Phase 2 System Enhancements.

*Board Contingency Request: Costs of Old Deferred Compensation Payouts.* Dr. Robinson moved Resolution B-70 with the Committee's recommendation to adopt; on vote Resolution B-70 was adopted by the Board of Trustees.

**B-70-2018. Resolved**, that up to \$36,000 be allocated from the Board Contingency to cover the one-time cost of payroll taxes related to the settlement of old deferred compensation accounts.

*Division of Central Administration*  
(Cost Center 141-0900-000)

**Up to \$36,000 – Funding to cover one-time costs of payroll taxes to settle old deferred compensation balances.**

*Report on the Status of the 2018 Board Contingency.* A Board Contingency Fund of \$750,000 was authorized in the 2018 budget. Dr. Robinson reported a remaining balance of \$278,769.

*Update on Reserves.* The 2008 Association's Reserve Policy was referred to the Budget and Finance Committee for consideration and report to the Board of Trustees at its August meeting.

**Report of the Compensation Committee:** On behalf of the Committee, Dr. Robert N. Bitter, chair, presented the report of the Committee's April 20, 2018, meeting. The report identified major topics discussed and actions taken.

**Report of the Diversity and Inclusion Committee:** On behalf of the Diversity and Inclusion Committee, Dr. Chad P. Gehani, chair, presented the report of the Committee's April 16, 2018, meeting. The report identified major topics discussed, reports received and actions taken. Dr. Gehani moved the following resolutions; on vote, Resolutions B-71 and B-72 were adopted by the Board of Trustees.

**B-71-2018. Resolved**, that the following 16 candidates be approved to participate in the 2018-2019 class of the ADA Institute for Diversity in Leadership:

Anderson, Monica, Texas  
Chang, Josephine, Illinois  
da Fonseca, Marcio, Illinois  
Farmer, Michael, North Carolina  
Garaway, Chinara, Florida  
Hamlin, Zaneta, Virginia  
Henderson, Raven, Connecticut  
Khan, Sarah, Pennsylvania  
Lee, Wooram Alex, California  
Rao, Aruna, Minnesota  
Smith, Carlos, Virginia  
Thusu, Akshay, Texas  
Tomlinson, Sarah, North Carolina  
Varela, Alberto, Utah  
Worell, Dentonio, Virginia  
Ying, Quyen Vu, Alabama

**B-72-2018. Resolved**, that the following candidates be approved as alternates for the 2018-2019 class of the ADA Institute for Diversity in Leadership:

Tai, Alicia, California  
Patel, Kumar, Georgia  
Ellis, Simone, Texas  
\*Aslam-Pervez, Nawaf, Minnesota  
\*Barrera, Alejandro, Texas  
\*Pereya, Omar, New Mexico

*\*All three applicants were ranked in fourth place for an alternate position. If a fourth alternate is needed, the Committee will selected one from the three applicants.*

**Report of the Pension Committee:** On behalf of the Committee, Dr. Ron Lemmo, chair, presented the report of the Committee's April 20, 2018, meeting. The report identified major topics discussed and actions taken.

## **Reports and Resolutions to the Board of Trustees**

### **Communications and Marketing**

**Report of the Chief Communications Officer: Master Brand Strategy for the Current and Future State of the ADA Parent Brand:** Ms. Stephanie Moritz, chief communications officer, and Ms. Kelley Skoloda, founder, KS Consulting and Capital, provided an update on the plan to bring the Master Brand to life as it is rolled out to all internal and external audiences.

**Report of the Chief Communications Officer: ADA Vision Statement Recommendation:** Ms. Kelly Skoloda, KS Consulting and Capital, presented a fully-vetted ADA Vision Statement recommendation: *Empowering dental professionals to achieve optimal oral care for all.* Several Board members spoke in opposition to the word "care" instead of "health." Later in the meeting, a revised vision statement was presented to the Board for approval. After discussion, Resolution B-66 was moved for consideration; on vote the following resolution was adopted by the Board of Trustees.

**B-66-2018. Resolved,** that the Board approves the ADA Vision Statement noted below submitted by the Integrated Marketing and Communications Division.

**Empowering dental professionals to achieve optimal health for all.**

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

**B-39-2018. Resolved,** that the following ADA national spokesperson candidates be invited to serve as a spokesperson through the 2018 annual meeting.

#### *Expert Advisors*

Anthony Caputo, D.D.S., Tucson, Az., District 14 (Anesthesia)  
Paul Moore, D.M.D., M.S., Ph.D., M.P.H., Pittsburgh, Pa., District 3 (Opioids)  
Cheryl Watson-Lowry, D.D.S., Chicago, Il., District 8 (Action for Dental Health)

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

### **Conferences and Continuing Education**

**Report of the Committee on Annual Meetings: CAM Charter Language Clarification Edit:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-50-2018. Resolved,** that the edits to the Committee on Annual Meetings Charter submitted by CAM be approved, and be if further

**Resolved,** that the Governance Committee is authorized to make conforming changes to the *Organization and Rules of the Board of Trustees*.

**Report of the Committee on Annual Meetings: ADA 2019 World Dental Congress Registration Fees:** Ms. Catherine Mills, vice president, Conferences and Continuing Education, reported that with the transition of CAM from council to committee, the need for Board approval to changes to fees would become moot. Dr. Black moved Resolution B-73; on vote, Resolution B-73 was adopted by the Board of Trustees.

**B-73-2018. Resolved,** that the Board of Trustees authorizes the Committee on Annual Meetings (CAM) to approve and report to the Board on the registration, exhibit booth, and other specific fees related to the ADA annual session without Board approval, and be it further

**Resolved,** that the Governance Committee is authorized to make conforming changes to the Board Rules.

Based on the adoption of Resolution B-73-2018, the following resolution was declared moot.

**B-62. Resolved,** that the Board approves the changes to the ADA annual meeting pricing structure set forth in the table below.

Registration Category	2019 A La Carte	2019 FDI Pass	ADA 2018 Fees
Dentist	\$0	\$450	\$115 / \$230
Dental Team	\$0	\$370	\$55 / \$110
Exhibit Hall floor	yes	yes	\$115 (offered onsite only)
CE on exhibit hall floor	Included in rate	Included in rate	Included in rate
Opening Ceremony / General Session	Included in rate	Included in rate	Included in rate
Lectures	Buy a la carte	Included in rate	Approx. 50% of seats included in rate; \$25 - \$75 for remaining seats.
Special Lecture Series (i.e. Women in Leadership)	Buy a la carte	Included in rate	\$49 / \$79
Workshops	Buy a la carte	Buy a la carte	\$250 - \$450
Welcome Reception / City Night	Buy a la carte \$65 - 75	Included in rate	Included in rate
Gala (Added for FDI – open to all)	Buy a la carte \$135 - \$150	Buy a la carte \$135 - \$150	N/A
Preferential seating	No	Yes - OGS / DSS	VIPs only

**Report of the Committee on Annual Meetings: ADA 2019 World Dental Congress Exhibit Booth Fees:** With the adoption of Resolution B-73, the following resolution was ruled moot.

**B-63. Resolved,** that the 2019 ADA annual meeting booth fees as set below be approved.

Type of Fee	Early Bird <sup>(1)</sup>	Tier 1	Tier 2
<b>10 x 10 Booth</b>	\$4,500	\$5,500	\$4,500
<b>Corner (per 10'x10)</b>	\$5,400	\$6,400	\$5,400
<b>Non-profit (requires proof of 501c3 status)</b>	N/A	\$3,300 <i>(based on availability)</i>	\$3,300

<sup>(1)</sup> Available only to ADA 2018 exhibitors who reserve their 2019 booth during the advance sales process prior to or onsite at ADA 2018. Would require a non-refundable \$1,000 booth deposit per 10'x10' space.

**Education/Professional Affairs**

**Report of the Commission for Continuing Education Provider Recognition: Establishment of New Committees:** This informational report summarized the creation of two new standing committees to facilitate the Commission’s work, the Finance Committee and the Planning and Assessment Committee (consent calendar item).

**Consideration of CODA Public Member Nominees Recommended by the Council on Dental Education and Licensure:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-42-2018. Resolved,** that the nominations of Ms. Marianne Gauss, Mr. Matt Hatchett, and Dr. Jan Lancaster to serve as public members on the Commission on Dental Accreditation be transmitted to Dr. William Leffler, chair, Commission on Dental Accreditation for consideration at the Commission’s August 2018 meeting.

**Report of the Commission on Dental Accreditation: Policy on Operating Reserve Fund:** This informational report summarized the development of a mechanism by which the Commission can establish a dedicated reserve fund as part of its strategic plan to become fiscally sustainable (consent calendar item).

**Finance and Operations**

**Informational Report Regarding Officer Approval of Expenditures from Capital Replacement Reserve Spending:** This informational report summarized Officer approvals of spending from the Capital Replacement Reserves (consent calendar item).

**Government and Public Affairs**

**Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update:** Mr. Graham provided an update on developments in Washington, D.C. The following key issues were identified in this report: Action for Dental Health, CHIP reauthorization and opioid epidemic funding, Medicare Part C and D, community water fluoridation, Medicaid, Community Dental Health Coordinator Program, and emergency department referral. The report included a report of SPA program expenditures as of February 2018. Mr. Graham also provided an update on the pending purchase on the property in D.C.



## Information Technology

### **Report of the Division of Information Technology: 2017 and 2018 Major Technology Initiatives Update:**

This informational report provided financial transparency with respect to the performance of major drivers of the Technology project budget (consent calendar item).

## Legal Affairs

**Report of the Division of Legal Affairs: Summary of Litigation and Other Matters:** This confidential report was provided for the Board's information (consent calendar item).

## Practice Institute

**Update on Dental Quality Alliance Activities:** This informational report provided an update on the activities of the Dental Quality Alliance (DQA) (consent calendar item).

**Report of the Council on Dental Practice: Hosting of 2020 ISO/TC 106 Meeting:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-58-2018. Resolved**, that the ADA extend an invitation, through the U.S. member body ANSI, to host the 2020 meeting of ISO/TC 106 Dentistry, and be it further

**Resolved**, that industry sponsorship be sought to offset meeting expenses.

**CDP/Association of Dental Support Organizations Update:** Dr. Preble provided a summary of CDP's meeting with the Association of Dental Support Organizations (ADSO) and summarized a list of asks from ADSO. Dr. Preble reported that the purpose of the meeting was to figure out how the ADA can put forward a value proposition for dentists who have chosen to work in a DSO. Dr. Sabates moved Resolution B-77.

**B-77. Resolved**, that the ADA develop and implement a pilot program to allow the ADA to collect dues from dentist employees of large, multi-state practices and distribute the appropriate shares of dues to the affected state and local societies, and be it further

**Resolved**, that the pilot program operate in such a manner that the state and local societies receive the same dues as they would under current processes, and be it further

**Resolved**, that the Council on Membership be asked to assess the pilot project one year after it has been implemented.

A motion was made to amend the first resolved clause by adding "tripartite" before "dues;" striking "dentist employees of" in the second line; and inserting "on behalf of the dentists in those practices" before "distribute." Hearing no objection, the amendment was adopted. On vote, the Board of Trustees adopted Resolution 77, as amended.

**B-77-2018. Resolved**, that the ADA develop and implement a pilot program to allow the ADA to collect tripartite dues from ~~dentist employees~~ of large, multi-state practices on behalf of the dentists in those practices and distribute the appropriate shares of dues to the affected state and local societies, and be it further

**Resolved**, that the pilot program operate in such a manner that the state and local societies receive the same dues as they would under current processes, and be it further

**Resolved**, that the Council on Membership be asked to assess the pilot project one year after it has been implemented.

### **ADA Business Enterprises, Inc.**

**Report of ADABEI:** This informational report provided a final wrap up of 2017 financials and a summary of 2018 financials and activities through January. Dr. Lemmo identified a correction was needed to the report, and a revised report was presented to the Board later in the meeting.

### **ADA Foundation**

**Report of the ADA Foundation:** This informational report provided the undertakings and activities of the ADA Foundation since the February 2018 report (consent calendar item).

**Report of the ADA Foundation Volpe Research Center:** Dr. Thomas Hart, senior director, Volpe Research Center, provided an update on initiatives at the ADA Foundation Volpe Research Center.

**ADA Foundation Discussion:** This discussion took place during a closed session of the Board of Trustees. In open session, the following resolution was considered and adopted without objection.

**B-75-2018. Resolved**, that the ADA Foundation Board be urged to consider naming Dr. Kathleen O'Loughlin as the Interim Executive Director of the ADA Foundation at their earliest opportunity.

### **Organizational/Other**

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

**B-48-2018. Resolved**, that Dr. Marshall Gallant, Colorado, be nominated for a second three-year term on FDI Public Health Committee, and appropriate materials be developed for his candidacy, and be it further

**Resolved**, that Dr. Thomas Hart, Maryland, be nominated for a second three-year term on the FDI Science Committee, and appropriate materials be developed for his candidacy.

**Report of the New Dentist Committee:** Dr. Nipa Thakkar, chair, New Dentist Committee, reported on new dentist related matters. On vote, the following resolutions were adopted by the Board of Trustees.

**B-43-2018. Resolved**, that Dr. Nathaniel Lawson be nominated to serve as the new dentist member of the Council on Scientific Affairs for the 2018-19 term, and be if further

**Resolved**, that Dr. Lawson's nomination be transmitted to the 2018 House of Delegates.

**B-44-2018. Resolved**, that the ADA establish the following metrics to monitor and evaluate the New Dentist Conference moving forward:

- 350 New Dentist Conference Registrants (range of 300-400)
- 25% of overall new dentist attendees from the annual meeting register for the Conference (range of 20-30%)
- 4.1 average evaluation on a 5 point scale (range 3.8-4.4)
- Increase Net Promoter Score annually
- Retain 100% ADA membership of those who attended the prior year (range 95-100%),

and be it further

**Resolved**, that the New Dentist Committee receives the results of these metrics annually along with the New Dentist Conference attendance roster by state and district from ADA staff.

**B-45-2018. Resolved**, that Dr. Ray Jarvis, Louisiana, be appointed to serve as Chair of the New Dentist Committee for the 2018-2019 term.

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

**B-51-2018. Resolved**, that the Board Rule relating to the timing of the consideration of the Honorary Membership be suspended.

**B-52-2018. Resolved**, that the Board Rule relating to having at least 20 years of service for the consideration of the Honorary Membership be suspended.

**B-53-2018. Resolved**, that the 2018 Honorary Membership of the American Dental Association be presented to:

Mr. David Hemion, B.S., M.P.A., CAE

**B-54-2018. Resolved**, that the 2018 Honorary Membership of the American Dental Association be presented to:

Dr. Patrick Hescot

**B-55-2018. Resolved**, that the 2018 Honorary Membership of the American Dental Association be presented to:

Mr. Joe Martin, S.B., M.S.

**Approval of 2020 and 2021 Board Meeting Dates:** The following resolutions were presented for the Board's consideration. Dr. Sabates spoke in favor of adding an additional Board meeting in order to provide time for strategic discussions. Dr. Hall informed the Board that extending an existing meeting would not require Board action, but adding an additional meeting would require an action. Dr. Hall further clarified the Board may urge the president to accommodate time in the agenda for strategic discussion. On vote, Resolutions B-56 and B-57 were adopted by the Board of Trustees.

**B-56-2018. Resolved**, that the following 2020 Board of Trustees meeting dates be approved.

February 9-11 (Sunday – Tuesday)  
 April 5-7 (Sunday – Tuesday)  
 June 14-16 (Sunday – Tuesday)  
 August 30-September 1 (Sunday – Tuesday)  
 October 20 (New Board of Trustees Meeting, Orlando)  
 December 5-7 (Saturday – Monday) (Retreat and Board Meeting—Location TBD)

*2020 House of Delegates Meeting:* October 16-19, Orlando, Florida

**B-57-2018. Resolved**, that the following 2021 Board of Trustees meeting dates be approved.

February 7-9 (Sunday – Tuesday)  
 April 11-13 (Sunday – Tuesday)  
 July 18-20 (Sunday – Tuesday)

September 12-14 (Sunday – Tuesday)  
October 16 (New Board of Trustees Meeting, Las Vegas)  
December 11-13 (Saturday – Monday) (Retreat and Board meeting—Location TBD)

*2021 House of Delegates Meeting: October 12-15, Las Vegas, Nevada*

**Report of Nominations to the Council on Scientific Affairs:** The Board of Trustees considered multiple nominations for the four open positions on the Council on Scientific Affairs. Trustees who nominated an individual were given the opportunity to offer comments on their nominee’s qualifications. In accordance with the *Organization and Rules of the Board of Trustees*, the Board balloted on the nominations and selected four nominees to present to the 2018 House of Delegates. On vote, the Board adopted the following resolution.

**B-59-2018. Resolved,** that the names and qualifications of the following four individuals be transmitted to the 2018 House of Delegates as nominees for membership on the Council on Scientific Affairs for four year terms.

Dr. Raymond A. Dionne (District 16)  
Dr. Kevin B. Frazier (District 5)  
Dr. Carlos Gonzalez-Cabezas (District 9)  
Dr. Ana Karina Mascarenhas (District 17)

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

**B-64-2018. Resolved,** that the Board Rule relating to the timing of the consideration of the Distinguished Service Award be suspended.

**B-65-2018. Resolved,** that the 2018 Distinguished Service Award be presented to Dr. William R. Calnon.

**Report of the Chief of Governance and Strategy Management: Approval of New Dentist Voting Member to the Committee on Annual Meetings:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-68-2018. Resolved,** that Dr. Ray Jarvis be approved as the new dentist member to the Advisory Committee on Annual Meetings for the 2017-2018 term.

**Report of the President:** Dr. Joseph Crowley presented an oral report that summarized his activities since the February Board meeting.

**Report of the President-elect:** Dr. Jeffrey Cole gave an oral report of meetings attended and trips taken since the February Board meeting.

**Report of the Executive Director:** Dr. Kathleen O’Loughlin and Mr. Robert Quashie demonstrated a new, interactive Quarterly Management Report. This will allow the Board to more easily exercise responsibility to oversee the major operations of the Association. The new format will more clearly present basic data and allow for more detail as needed.

**AAO Website Board Discussion:** The Board participated in a discussion about the AAO website.

## Liaison Reports

**Report of Dr. John Harrington, Liaison to the American Student Dental Association:** This informational report summarized the February 21–25, 2018, ASDA meeting (consent calendar item).

**Report of Dr. Billie Sue Kyger, Liaison to the Dental Content Committee:** This informational report summarized the December 12, 2017, meeting (consent calendar item).

**Report of Dr. Billie Sue Kyger, Liaison to the Council on Ethics, Bylaws and Judicial Affairs:** This informational report summarized the March 10–12, 2018, CEBJA meeting (consent calendar item).

**Report of Dr. Rickland G. Asai, Liaison to the Council on Government Affairs:** This informational report summarized the March 1–3, 2018, CGA meeting (consent calendar item).

**Report of Dr. Rickland G. Asai, Liaison to the Standards Committee on Dental Informatics:** This informational report summarized the February 18-21, 2018, SCDI meeting (consent calendar item).

**Report of Dr. Judith Fisch and Dr. Kirk Norbo, Liaisons to Dental Lifeline Network:** This informational report summarized the February 23, 2018, DLN meeting (consent calendar item).

**Report of Dr. Raymond Cohlma, Liaison to the Council on Scientific Affairs:** This informational report summarized the February 14–16, 2018, CSA meeting (consent calendar item).

## Special Orders of Business/Special Appearances

**Business Model Project Presentation and Board Discussion:** Mr. Bill Robinson, vice president, Member and Client Services, and Mr. Toby Bottorf, Continuum, provided a comprehensive update on the business model project. It was reported that a pilot program is to be launched in 2018 and will build a service platform that will support new and established dentists at their most important career transitions in ways that will improve oral health and increase access to care. (See Resolution B-67-2018 on page 200). Guests in attendance included: Dr. Gary Roberts, Business Model Governance Team. Dr. Thomas Paumier, Budget and Finance Committee, joined the meeting via telephone.

**Presentation: Dental School Strategy:** Ms. April Kates-Ellison, director, Client Services, provided an update on dental school strategy. Ms. Kates-Ellison reported a need to focus efforts on the schools in order to reach both current and future students. A primary goal is to facilitate and encourage the conversion from student membership to general membership. ADA does this by providing resources to the schools, in partnership with our state and local societies.

**Medicare Update:** Dr. David Preble provided an update on ADA and Medicare and reported that ADA is not pushing for a dental benefit in Medicare, but should be influencing those who are in order to achieve the best result, if and when that happens. Dr. Preble reported that four councils were finalizing discussions on what the ADA's advocacy position should be when engaging with groups who support a dental benefit in Medicare. Dr. Crowley noted that the August 2018 Board meeting will include a strategic discussion on Medicare. It was noted further alignment and communication was needed between the Board and councils as well as an opportunity to combine thought processes together. Later in the meeting, Dr. Lemmo moved Resolution B-78; on vote, Resolution B-78 was adopted by the Board of Trustees.

**B-78-2018. Resolved,** that a Contingent Fund request of up to \$45,000 be approved to fund a Medicare Forum and, if needed, a Board meeting to be held in conjunction with the June 2018 meeting of the Budget and Finance Committee (Administrative Review Committee).

**Presentation: ADA Core Value for Diversity and Inclusion:** Ms. Susana Galvan, manager, Diversity and Inclusion and Direct Member Outreach, presented a new ADA core value generated by staff: *Diversity and*

*Inclusion.* Resolution 76 was moved for the Board's consideration. Without objection, the Board of Trustees adopted Resolution B-76.

**B-76-2018. Resolved,** that the Board adopts the additional core value of diversity and inclusion.

**Accountability Session:** Mr. Eric Coryell, Core Connects, presented the Board with a session on strategies to help have crucial conversations, be accountable, and create an effective team.

### **New Business**

*ADA Subsidiary Relationships.* Dr. Cole presented the following resolution to the Board for consideration. On vote, Resolution B-74 was adopted by the Board of Trustees.

**B-74-2018. Resolved,** that the ADA General Counsel, with such input as may be appropriate from representatives of the ADA, ADABEI and ADAF, and, if necessary and appropriate, with the assistance of outside counsel, shall arrange for the preparation of a report and recommendations, for submission to the Board of Trustees no later than August 2018, on best practices as to how parent organizations should relate to subsidiaries and affiliates in the following areas:

- Strategic alignment and goal setting
- Risk management including internal and external audit controls processes
- Cross over directors
- Human Resources policies
- Finance policies and procedures
- Such other areas as may be appropriate

### **Closed Session**

Closed sessions of the Board of Trustees were held at various times during the April 21–24, 2018, meeting of the Board of Trustees. The minutes of the closed sessions are separately recorded; however, non-confidential actions taken by the Board are reflected in the minutes of the open session. The following reports were considered during the closed sessions:

- ADAF Board Discussion
- Closed Board Discussion

### **Attorney-Client Session**

An attorney-client session of the Board of Trustees was held on Monday, April 23, 2018 in the Board Room of the ADA Headquarters Building, Chicago.

### **Adjournment**

Without objection, the fourth regular meeting of the Board of Trustees adjourned *sine die* on Tuesday, April 24, 2018 at 11:50 a.m.

## Minutes of the Board of Trustees

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May 30, 2018

### Special Telephonic Meeting of the Board of Trustees

**Call to Order:** A special session of the ADA Board of Trustees was called to order on Wednesday, May 30, 2018 at 5:30 p.m., Central Daylight Savings Time. The telephonic meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

**Roll Call:** Officers and members of the Board of Trustees present were: Drs. Joseph P. Crowley, Jeffrey M. Cole, G. Lewis Mitchell, Jr., Richard A Huot, Ronald P. Lemmo, Glen D. Hall; Kathleen T. O'Loughlin, Rickland Asai, Robert N. Bitter, Richard C. Black, Judith M. Fisch, Chad P. Gehani, John F. Harrington, Jr., Linda K. Himmelberger, Daniel J. Klemmedson, Bill Sue Kyger, Kenneth McDougall, Kirk M. Norbo, Lindsey A. Robinson, Julio H. Rodriguez, Cesar R. Sabates, George R. Shepley, and Roy Thompson.

Dr. Raymond Cohlma was not present at the telephonic meeting.

Before consideration of business Dr. Crowley called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest; no conflicts of interest were disclosed.

A quorum was present.

**Staff:** ADA staff present were: Jerome K. Bowman, chief, Governance and Strategy Management; Thomas C. Elliott, Esq., deputy general counsel; Michael A. Graham, senior vice president, Government and Public Affairs; Michael C. Kendall, senior associate general counsel; Michelle Kruse, director, Administrative Services; Thomas Parcella, director, Finance and Operations; Robert Zinn, director, Accounting and Reporting; Molly Potnick, coordinator, Board and House Matters; Paul Sholty, chief financial officer; Wendy Wils, Esq., deputy general counsel

**Report on Purchase of D.C. Senate Side Property:** Mr. Sholty reviewed background reports and financial implications for purchasing an ADA property on the Senate-side of the U.S. Capitol in Washington, D.C. The Board discussed the options, including a recommendation from the Budget and Finance Committee, and had its questions answered by staff. Resolution B-79 was presented for the Board's consideration. On vote, the Board of Trustees adopted Resolution B-79.

#### Resolution

**B-79-2018. Resolved,** that an appropriation of up to \$3,700,000 be made from the ADA Long Term Reserve Account to fund the purchase and renovation of a new building on the Senate side (Stanton Park) of Capitol Hill as an ADA investment and to improve the ADA brand on Capitol Hill, and be it further

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

**Adjournment:** The special session of the Board of Trustees adjourned at 6:15 p.m.

## Minutes of the Board of Trustees

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June 23, 2018

Special Meeting of the Board of Trustees  
Headquarters Building, Chicago

**Call to Order:** A special session of the ADA Board of Trustees was called to order on Saturday, June 23, 2018 at 12:48 p.m., Central Daylight Savings Time in the Board Room of the ADA Headquarters Building, Chicago. The meeting was called in accordance with the provisions of the *Organization and Rules of the Board of Trustees*.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Joseph P. Crowley, Jeffrey M. Cole, G. Lewis Mitchell, Jr., Richard A. Huot, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Raymond A. Cohlma, Judith M. Fisch, Chad P. Gehani, Jay Harrington, Linda K. Himmelberger, Daniel J. Klemmedson, Billie Sue Kyger, Kenneth McDougall, Kirk M. Norbo, Lindsey A. Robinson, Julio H. Rodriguez, Cesar R. Sabates, and George R. Shepley.

Dr. Roy Thompson was not present.

Before consideration of business Dr. Crowley called attention to the ADA Disclosure Policy included on the meeting agenda and the requirement to disclose any conflicts of interest; no conflicts of interest were disclosed.

A quorum was present.

**Staff:** ADA staff present were: Dr. Krishna Aravamudhan, senior director, Center for Dental Benefits; Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Michael A. Graham, senior vice president, Government and Public Affairs; Dr. Jane Grover, director, Council on Advocacy for Access and Prevention; Michelle Kruse, director, Administrative Services; Janine MacLachlan, director, Council on Communications; Dr. Pamela Porembski, director, Council on Dental Practice; Molly Potnick, coordinator, Board and House Matters; Dr. David Preble, senior vice president, Practice Institute; Michael D. Springer, senior vice president, Business and Publishing; and Wendy Wils, Esq., deputy general counsel.

**Guest:** Dr. Nipa Thakkar, chair, New Dentist Committee

**Report of the Council on Dental Benefit Programs: Cost Analysis for a Dental Benefit in Medicare:** Dr. Preble reported that the ADA received a request to author a section within a report from Oral Health America (OHA) on cost analysis for a dental benefit in Medicare. The Board was asked to approve the cost analysis section of this study for inclusion within the OHA report. Resolution 84 was presented for the Board's consideration.

**B-84. Resolved,** that the following section be approved for inclusion within the 2018 Oral Health America Symposium report.

### Proposed Structure/Cost Analysis

A recent study commissioned by the American Dental Association analyzed the cost structure for various dental benefit designs within Medicare. Pricing was based on 2016 self-insured market rates. This study estimated that a comprehensive benefit without dollar value caps would cost the federal government 31.4 billion in 2016 dollars, or \$32.3 billion in 2018. This estimate assumes a general fund contribution of 75 percent of all costs, similar to the current Medicare Part B funding structure. The estimated base premium increase for a Part B benefit is



\$14.50 per beneficiary per month. This cost estimate accounts for low-income beneficiary subsidies applied to premiums and cost-sharing and surcharges paid by high-income beneficiaries. A standard 20% co-insurance was applied across all services. Additionally, this model assumes dental services are not subject to any additional deductible.

This study assumes a reimbursement rate at the median (50th percentile) fee i.e. fees charged by at least 50% of dentists in the United States. **Funding a benefit at appropriate levels to support participation is essential to assure adequate access for Medicare beneficiaries.** Apart from cost of services, overhead charges experienced by dental offices are significant. Unlike a typical physician's office, a dental practice that offers comprehensive services houses significant equipment, creating a relatively larger overhead. Unlike Part B, within Medicare Part A, hospitals are paid a facility fee to account for equipment costs for each service rendered in the hospital.

Further within dental fee-for-service reimbursement models, other unique costs such as dental laboratory material and supplies are included within the fee for each procedure. Practice viability is dependent upon a mix of patients who are eligible for various discounted rates versus full-fee paying patients in a practice. Thus, practice overhead along with total cost of the services relative to discounted fees will be an important factor for dental practices considering whether to participate in Medicare.

Note that these estimates are based on the current coverage trends for working-age adults. For example, the cost of coverage for dental implants is not included within these estimates. Should dental coverage include services like implants (necessary for some Medicare recipients), the utilization and cost of such services would need to be added to these estimates. Similarly, any current "pent-up" demand for dental services has not been modeled within these estimates.

Several Board members spoke in favor of amending the resolution by adding a disclaimer clarifying that the report is not an endorsement of a dental benefit in Medicare. A motion was made to recess until language could be drafted. On vote, the motion to recess was adopted. Following the recess, the Board resumed consideration of Resolution B-84. A motion was made to amend the resolution so the first sentence under "Proposed Structure/Cost Analysis" would read:

As part of an ongoing investigation of alternatives to serve the dental care needs of a growing elder population, the ADA recently ~~A recent study~~ commissioned by the American Dental Association a study that analyzed the cost structure for various dental benefit designs within Medicare.

The motion also added the following language to the end of the resolution:

The ADA\* continues to consider many options to address care for elders.

\*Inclusion of the results of the ADA studies on this issue is not intended as an endorsement of other statements included in this white paper. [FOOTNOTE]

The motion to amend B-84 was adopted. On vote, Resolution 84, as amended, was adopted.

**B-84-2018. Resolved**, that the following section be approved for inclusion within the 2018 Oral Health America Symposium report.

### **Proposed Structure/Cost Analysis**

As part of an ongoing investigation of alternatives to serve the dental care needs of a growing elder population, the ADA recently ~~A recent study~~ commissioned by the American Dental Association a study that analyzed the cost structure for various dental benefit designs within Medicare. Pricing was based on 2016 self-insured market rates. This study estimated that a

comprehensive benefit without dollar value caps would cost the federal government 31.4 billion in 2016 dollars, or \$32.3 billion in 2018. This estimate assumes a general fund contribution of 75 percent of all costs, similar to the current Medicare Part B funding structure.

A recent study commissioned by the American Dental Association analyzed the cost structure for various dental benefit designs within Medicare. Pricing was based on 2016 self-insured market rates. This study estimated that a comprehensive benefit without dollar value caps would cost the federal government 31.4 billion in 2016 dollars, or \$32.3 billion in 2018. This estimate assumes a general fund contribution of 75 percent of all costs, similar to the current Medicare Part B funding structure. The estimated base premium increase for a Part B benefit is \$14.50 per beneficiary per month. This cost estimate accounts for low-income beneficiary subsidies applied to premiums and cost-sharing and surcharges paid by high-income beneficiaries. A standard 20% co-insurance was applied across all services. Additionally, this model assumes dental services are not subject to any additional deductible.

This study assumes a reimbursement rate at the median (50th percentile) fee i.e. fees charged by at least 50% of dentists in the United States. **Funding a benefit at appropriate levels to support participation is essential to assure adequate access for Medicare beneficiaries.** Apart from cost of services, overhead charges experienced by dental offices are significant. Unlike a typical physician's office, a dental practice that offers comprehensive services houses significant equipment, creating a relatively larger overhead. Unlike Part B, within Medicare Part A, hospitals are paid a facility fee to account for equipment costs for each service rendered in the hospital.

Further within dental fee-for-service reimbursement models, other unique costs such as dental laboratory material and supplies are included within the fee for each procedure. Practice viability is dependent upon a mix of patients who are eligible for various discounted rates versus full-fee paying patients in a practice. Thus, practice overhead along with total cost of the services relative to discounted fees will be an important factor for dental practices considering whether to participate in Medicare.

Note that these estimates are based on the current coverage trends for working-age adults. For example, the cost of coverage for dental implants is not included within these estimates. Should dental coverage include services like implants (necessary for some Medicare recipients), the utilization and cost of such services would need to be added to these estimates. Similarly, any current "pent-up" demand for dental services has not been modeled within these estimates.

The ADA\* continues to consider many options to address care for elders.

\*Inclusion of the results of the ADA studies on this issue is not intended as an endorsement of other statements included in this white paper.

**Adjournment:** The special session of the Board of Trustees adjourned *sine die* at 2:58 p.m.

## Minutes of the Board of Trustees

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August 11–14, 2018

Headquarters Building, Chicago

**Call to Order:** The fifth regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Joseph P. Crowley, president, on Saturday, August 11, 2018, at 2:30 p.m. in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Joseph P. Crowley, Jeffrey M. Cole, G. Lewis Mitchell, Jr., Richard A. Huot, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Raymond A. Cohlma, Judith M. Fisch, Chad P. Gehani, Jay F. Harrington, Jr., Linda K. Himmelberger, Daniel J. Klemmedson, Billie Sue Kyger, Kenneth McDougall, Kirk M. Norbo, Lindsey A. Robinson, Julio H. Rodriguez, Cesar R. Sabates, George R. Shepley, and Roy Thompson.

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

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, vice president, Science Institute; Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; Judith Fleeks, vice president, Human Resources; James Goodman, senior vice president, Business and Conferences; Michael A. Graham, senior vice president, Government and Public Affairs; Catherine Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; David Preble, senior vice president, Practice Institute; Robert Quashie, vice president, Business Operations and Strategy; Bill Robinson, vice president, Member and Client Services; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujcic, chief economist and vice president, Health Policy Institute; James Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Guests in attendance for a portion or portions of the meeting included: Dr. Michael Glick, editor, *The Journal of the American Dental Association*; Dr. Nipa Thakkar, chair, New Dentist Committee; Dr. William Calnon, president and interim executive director, ADAF; Dr. William Leffler, chair, CODA; Mr. John H. Heuberger, DLA Piper Law; Ms. Renee M. Heuberger, DLA Piper Law; and Dr. Carol Summerhays, chair, FDI.

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

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

### Preliminary

#### Approval of Agenda and Consent Items

*Approval of Agenda.* Before requesting approval of the agenda, Dr. Crowley asked if there were any items of new business. The following items of new business were identified:

- Additional Nomination for Honorary Membership (Dr. Mitchell)
- Washington State Dental Association Medicaid Plan State Amendment (Dr. Crowley)

Without objection the new items of business were added to the agenda and the amended agenda was adopted.

**B-81-2018. Resolved**, that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

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

- Report of the Division of Information Technology: 2018 Major Technology Initiatives Update
- Report of the ADA Election Commission to the House of Delegates: Amendment of the Election Commission and Campaign Rules (Res. 24)

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

**B-80-2018. Resolved**, that the resolutions contained on the Consent Calendar for Board of Trustees consideration, as amended, be approved and reports be filed.

### **Approval of Minutes of Previous Sessions**

*Minutes of the April 21–24, 2018, Meeting of the Board of Trustees.* The following resolution was adopted (consent calendar action).

**B-82-2018. Resolved**, that the minutes of April 21–24, 2018, meeting of the Board of Trustees be approved.

*Minutes of the May 30, 2018, Conference Call Meeting of the Board of Trustees.* The following resolution was adopted (consent calendar action).

**B-83-2018. Resolved**, that the minutes of the May 30, 2018, conference call meeting of the Board of Trustees be approved.

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

**Report of the Audit Committee:** On behalf of the Committee, Dr. Rickland G. Asai, chair, presented the report of the Audit Committee's August 10, 2018, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Budget and Finance Committee:** On behalf of the Committee, Dr. Lindsey A. Robinson, chair, presented the report of the Budget and Finance Committee's August 11, 2018, meeting. The report identified major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Approval of Quarterly Financial Statements.* Dr. Robinson moved Resolution B-95. On vote, Resolution B-95 was adopted by the Board of Trustees.

**B-95-2018. Resolved**, that the ADA quarterly financial statements as of December 31, 2017, March 31, 2018 and June 30, 2018 be filed and posted in the appropriate delegates section.

*Report of the Council on Access for Advocacy and Prevention: Community Water Fluoridation Campaign:* Dr. Robinson and Mr. Michael Graham reported that additional funding was needed for the continuation of search engine optimization (SEO) on fluoridation webpages as well as to fund a special geo-targeting project. Mr. Graham clarified the term “pilot program” referred to using SEO in addition to the geo-targeting, not so much as a budget process. Dr. Robinson moved Resolution B-96; on vote, Resolution B-96 was adopted by the Board of Trustees.

**B-96-2018. Resolved**, that \$144,000 be approved in the 2019 budget for funding to establish a one-year pilot program managed by the Division of Integrated Marketing and Communications in collaboration with CAAP to enhance advocacy for fluoridation via the Internet.

Dr. Robinson moved Resolution B-101 with the recommendation to adopt; on vote Resolution B-101 was adopted by the Board of Trustees.

**B-101-2018. Resolved**, that the Vaughan Nelson Value Opportunity Fund in the Restricted Reserves Portfolio be replaced with LSV Small Cap Value Fund, as recommended by ADA’s investment advisor, Ellwood Associates.

Dr. Robinson moved Resolution B-102; on vote Resolution B-102 was adopted by the Board of Trustees.

**B-102-2018. Resolved**, that the ADA Board of Trustees meet on July 13, 2019 for purposes of reviewing the 2020 budget, and be it further

**Resolved**, that \$40,000 be added to the 2019 budget to cover the cost of said meeting.

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

**B-106-2018. Resolved**, that the Board of Trustees recommends the ADA policy on Long-Term Financial Strategy of Dues Stabilization (*Trans.*2008:421; 2012:410) be maintained as written, and be it further

**Resolved**, that the Board of Trustees recommendation be reported in Board Report 1 to the House of Delegates.

*Board Contingency Request: Search Engine Optimization for Fluoridation Advocacy.* Dr. Sabates reported that an additional contingency request was needed in order to fund Search Engine Optimization for fluoridation advocacy for the last quarter of 2018. Dr. Sabates moved Resolution B-107; on vote, Resolution B-107 was adopted by the Board of Trustees.

**B-107-2018. Resolved**, that in support of Search Engine Optimization (SEO) for fluoridation advocacy for 4<sup>th</sup> Quarter 2018, the following appropriation of up to \$36,000 be made from the 2018 Contingency Fund and be allocated to line items in separately listed cost centers as noted, in accordance with the terms of the supplemental appropriation request.

*Report on the Status of the 2018 Board Contingency and Approval of Supplemental Appropriation Request:* A Board Contingency Fund of \$750,000 was authorized in the 2018 budget. Dr. Robinson reported a remaining balance of \$115,769.

*Report of New Dentist Committee: 10 Under 10 Awards:* On vote, the following resolution was adopted by the Board of Trustees.

**B-94-2018. Resolved**, that the ADA continue the 10 Under 10 award on an annual basis and the Board approves a budget for \$15,000 for 2019, and be it further

**Resolved**, that the Board delegates the selection of the winners to the New Dentist Committee, and be it further

**Resolved**, that the New Dentist Committee report to the Board annually on the program results.

**Report of the Business Innovation Committee:** On behalf of the Business Innovation Committee, Dr. Lindsey Robinson, chair, presented the report of the Committee's August 10, 2018, meeting. The report identified major topics discussed, reports received, recent activities and actions taken.

**Report of the Compensation Committee:** This report took place during a closed session of the Board of Trustees.

**Report of the Diversity and Inclusion Committee:** On behalf of the Diversity and Inclusion Committee, Dr. Chad P. Gehani, chair, presented the report of the Committee's August 10, 2018, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Governance Committee:** On behalf of the Governance Committee, Dr. Lindsey Robinson, chair, presented the report of the Committee's August 10, 2018, meeting. The report identified major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Robinson moved Resolution 99; on vote Resolution B-99 was adopted by the Board of Trustees.

**B-99-2018. Resolved**, that the Board asks CCEPR to provide the Board's Governance Committee with a report assessing CCEPR's effectiveness by the May, 2019 Board meeting, and be it further

**Resolved**, that CCEPR is asked to include in its assessment the following elements:

- Review of CCEPR Bylaws Duties: Is the Commission fulfilling its Bylaws responsibilities to:
  - Develop standards for continuing dental education
  - Approve CE providers that meet those standards
  - Provide a means for an appeal process
  - Submit annual report and annual budgets to House of Delegates
  - Submit revisions to the CCEPR Rules to the House (except for editorial changes)
- CCEPR's own self-assessment to include assessment of:
  - CCEPR mission, vision, values (adopted 2016)
  - CCEPR strategic plan (adopted 2017)
  - Commission's self-assessment process to include review of strategic plan dashboard, CCEPR member surveys to assess organizational structure, operations, capacity, etc., facilitated discussion (process to be conducted August 2018-April 2019, with report to House completed by June 2019)
- Evaluation of Continuing Education Recognition Program (CERP)
  - Standards—benchmarked against other accrediting agencies for CE in the health professions
  - Program acceptance by state dental boards, other agencies
  - Participation: size and scope of enterprise (number of providers, CE activities, hours of instruction)
  - CERP provider surveys
  - Financial assessment

On behalf of the Committee, Dr. Robinson moved Resolution 100; on vote Resolution B-100 was adopted by the Board of Trustees.

**B-100-2018. Resolved**, that the Board Rules, page 18, be amended with respect to the charter of the Governance Committee as follows:

Reports. The Governance Committee shall: Provide a self-evaluation of the Governance Committee's functions ~~on an annual basis every three years.~~

**Report of the Pension Committee:** On behalf of the Committee, Dr. Ron Lemmo, chair, presented the report of the Committee's August 10, 2018, meeting. The report identified major topics discussed and actions taken.

## Reports and Resolutions to the Board of Trustees

### Communications and Marketing

**Report of the Council on Communications: Initiative to Drive Utilization of Dental Services for ADA Members (67H-2016) Progress Report:** This report included results from year one through May 2018 of the three-year campaign (consent calendar item).

**Report of the Chief Communications Officer, Integrated Marketing and Communications: Annual Review of ADA Spokespersons:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-88-2018. Resolved,** that the following individuals be approved as national ADA spokespersons through the conclusion of the 2019 annual meeting.

#### *New Spokespersons*

Julius Manz D.D.S., Farmington, NM, District 14 (Action for Dental Health)  
Louis Rafetto, D.M.D., Wilmington, DE, District 4 (Oral Surgery and Anesthesia)  
Tricia Quartey, D.M.D., Brooklyn, NY, District 2 (Consumer Advisor)

#### *Consumer Advisors*

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

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

#### *Technical Experts*

*ADA spokespersons with expertise in a particular area of dentistry*

Alan A. Boghosian, D.D.S., Chicago, IL (Dental Materials)  
Jessica Bremerman, D.D.S., Yakima, WA (Action for Dental Health)  
Sharon Brooks, D.D.S., Chelsea, MI (Oral and Maxillofacial Radiography)  
Anthony C. Caputo, D.D.S., Tuscon, AZ (Anesthesia)  
Gregory N. Connolly, D.M.D., Boston, MA (Tobacco)  
Terry Dickinson, D.D.S., Richmond, VA (Access, Action for Dental Health, Missions of Mercy)  
Terence E. Donovan, D.D.S., Chapel Hill, NC (Dental Materials)  
E. Jane Gillette, D.D.S., Bozeman, MT (Science/EBD)  
Jane Grover, D.D.S., M.P.H., Chicago, IL (Action for Dental Health)

Mary J. Hayes, D.D.S., Chicago, IL (Pediatric Dentistry)  
Monica Hebl, D.D.S., Milwaukee, WI (Action for Dental Health)  
Anthony Iacopino, D.M.D., Winnipeg, Manitoba Canada, (Geriatric Oral Health; Fluoridation)  
Marjorie K. Jeffcoat, D.M.D., Philadelphia, PA (Periodontics)  
Judith Ann Jones, D.D.S., Detroit, MI (Action for Dental Health, Eldercare)  
J. Robert Kelly, D.D.S., M.S., DMedSc, Farmington, CT (Dental Materials)  
J. Rodway Mackert, D.M.D., Ph.D., Augusta, GA (Dental Amalgam)  
John A. Molinari, Ph.D., Northville, MI (Infection Control/Dental Unit Water Lines)  
Paul A. Moore, B.S., D.M.D., M.S., Ph.D., M.P.H., Pittsburg, PA (Opioids)  
Robert M. Pick, D.D.S., Chicago, IL (Dental Implants)  
Howard F. Pollick, D.D.S., M.P.H., San Francisco, CA (Action for Dental Health, Fluoridation)  
Lindsey A. Robinson, D.D.S., Grass Valley, CA (Access, Action for Dental Health)\*  
Brian Schmidt, D.D.S., New York, NY (Oral cancer)  
Jonathan D. Shenkin, D.D.S., Augusta, ME, (Action for Dental Health, Pediatric Dentistry, Prevention)  
Rico Short, D.M.D., Powder Springs, GA (Endodontics)  
Heber Simmons, Jr., D.D.S., Jackson, MS (Pediatric Dentistry)  
Thomas Sollecito, D.M.D., West Chester, PA (Oral Medicine)  
Susan Tiede, D.D.S., Missoula, MT (Fluoridation)  
Cheryl Watson-Lowry, D.D.S., Chicago, IL (Action for Dental Health)  
Joel Weaver, D.D.S., Ph.D., Columbus, OH (Anesthesia)

*\*Dr. Robinson is a current candidate for ADA president-elect. If elected, she will no longer serve as an ADA spokesperson on Action for Dental Health other than through her role as president-elect.*

## Conferences and Continuing Education

### Report of the Advisory Committee on Annual Meetings: Appointment of the Local Arrangements

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

**B-89-2018. Resolved,** that Dr. Bertram J. Hughes, Florida, be appointed to serve as the Committee on Annual Meetings Local Arrangements Member for a two-year term (2018-2020), to take effect immediately following the ADA House of Delegates meeting in October 2018.

## Education/Professional Affairs

### Dental Licensure Objective Structured Clinical Examination (DLOSCE) Steering Committee: Progress

**Update:** This informational report summarized the key decisions that have been made by the Steering Committee to date, and outlined future steps in the DLOSCE development process (consent calendar item).

**Council on Dental Education and Licensure: Appointment of Consultants:** This informational report listed the Council's appointed consultants to serve until the close of the 2019 House of Delegates (consent calendar item).

### Report of the Joint Commission on National Dental Examinations: 2017 Research and Development

**Fund:** This informational report provided JCNDE's required summary (January through December) of Research and Development Fund activity (consent calendar action).

### Joint Commission on National Dental Examinations Strategic Planning Meeting Findings and

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



**B-90-2018. Resolved**, that the ADA Board of Trustees meet with the Chair and Vice Chair of the Joint Commission on National Dental Examinations, to begin a dialogue and discussion concerning findings from the JCNDE's strategic planning activities.

**Report of the Workgroup on ADA-CODA Relationship:** A motion was made to refer the Workgroup Report, with the exception of Resolution B-105 regarding the Shared Service Agreement, to the Governance Committee in order to clean up the language around parliamentary procedure. Hearing no objection, the Report of the Workgroup on ADA-CODA Relationship was referred to the Governance Committee for further study and report to the Board of Trustees at its September meeting.

**Report of the Workgroup on ADA-CODA Relationship: Shared Service Agreement:** Dr. Robert Bitter reported the Workgroup concluded that the ADA and the Commission should establish a shared services agreement on the calculation of the indirect expenses incurred by the Commission. The Workgroup urged the Board of Trustees to adopt the shared services agreement between the ADA and CODA for review and execution of the agreement. On vote, the following resolution was adopted by the Board of Trustees.

**B-105-2018. Resolved**, that the shared services agreement between the ADA and CODA (Appendix 2 to the ADA-CODA Workgroup August 2018 Report) be approved.

The approved shared service agreement is appended (see Appendix 2 on page 233)

## Finance and Operations

**Informational Report Regarding Officer Approval of Expenditures from Capital Replacement Reserve Spending:** This informational report summarized Officer approvals of spending from the Capital Replacement Reserves (consent calendar item).

**Update on Resolution 2H-2017: Feasibility Study on Association Health Plans:** This confidential report was provided for the Board's information (consent calendar item).

## Government and Public Affairs

**Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update:** Mr. Graham provided an update on developments in Washington, D.C. The following key issues were identified in this report: Action for Dental Health, Indian Health Services, HSA and FSA flexibility, opioid issues, prevention of health literacy, ED referral program, CDHC, community water fluoridation, state Medicaid programs, and ADPAC. Mr. Graham also provided an update on the new ADA property in D.C.

## Health Policy Institute

**Annual Report of the Health Policy Institute:** This annual report provided information on the activities of the HPI in the past year (consent calendar item).

## Information Technology

**Report of the Division of Information Technology: 2018 Major Technology Initiatives Update:** This informational report provided an update of major Technology initiatives for 2018. A typo was noted in the report, and a revised report was presented to the Board later in the meeting.

## Legal Affairs

**Report of the Division of Legal Affairs: Summary of Litigation and Other Matters:** This confidential report was provided for the Board's information (consent calendar item).

**Report of the General Counsel on Relationship Between ADA and Its Affiliated Entities:** This report was provided during an attorney-client session.

## Member and Client Services

**Addition of Primary Email ADA Member Directory:** This informational report provided an update that a primary email address field will be added to the ADA Member Directory (consent calendar item).

**Report of Membership Dues Category Streamlining Study:** Mr. Robert Quashie, vice president, Business Operations and Strategy, provided an update on the Council on Membership's progress and challenges in streamlining the number of dues categories.

**DSO Dues Collection Pilot Program:** This informational report provided an update on the pilot program to allow the ADA to collect the tripartite dues of dentist employees from large, multi-state practices and distribute the appropriate share of dues to the affected state and local societies (consent calendar item).

**Report on Proposal for Post Doctoral Student and Resident Dues Pilot Program: Three-Year Dues Waivers:** Mr. Quashie reported that the Council on Membership is asking for approval of a three-year pilot program of a 100% dues discount for post-doctoral students and residents beginning in 2018. Dr. Sabates moved Resolution 97; on vote Resolution B-97 was adopted by the Board of Trustees.

**B-97-2018. Resolved,** that the ADA Board of Trustees authorize a pilot program of three years duration starting in 2018 with New York followed by additional states in 2019 identified by ADA membership staff and approved by the Council on Membership leadership to exempt post-doctoral students and residents from the payment of membership dues, and be it further

**Resolved,** that the appropriate ADA agency implement a targeted recruitment and retention program to coincide with the pilot program, and be it further

**Resolved,** that the Council on Membership report back to the Board of Trustees annually on the results of the pilot program for the duration of the pilot.

## Practice Institute

**Report of the Council on Dental Practice: Consultants for 2018-19:** This informational report provided a list of the consultants appointed to serve on CDP until the close of the 2019 House of Delegates (consent calendar item).

**Report of the Council on Dental Practice: Establishment of New Subcommittees of Councils and Commissions:** Dr. Preble reported that the Council on Dental Practice established four new subcommittees for 2018 to streamline its work.

**Report of the Council on Dental Benefit Programs: Consultants for 2018-19:** This informational report provided a list of the consultants appointed to serve on CDBP until the close of the 2019 House of Delegates (consent calendar item).

**Update on Credentialing Activities:** This informational report provided updates to activities of the ADA credentialing service (consent calendar item).

#### **ADA Business Enterprises, Inc.**

**Report of ADABEI:** This informational report provided a summary of 2018 activities through May (consent calendar item).

#### **ADA Foundation**

**Report of the ADA Foundation:** This report took place during a closed session of the Board of Trustees.

#### **Organizational/Other**

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

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

**B-91-2018. Resolved,** that the following nominees to the American Dental Political Action Committee Board of Directors be approved:

Dr. Kim E. Stiegler, Alabama (District 5)  
 Dr. Kim L. Gardner, Ohio (District 7)  
 Dr. Michael E. Biermann, Oregon (District 11)  
 Dr. Susan L. Wood, Arizona (District 14)

**Report of Nominations to the National Commission on Recognition of Dental Specialties and Certifying Boards:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-92-2018. Resolved,** that the following general dentist members be appointed to serve on the National Commission on Recognition of Dental Specialties and Certifying Boards for the 2018-2022 term.

Dr. Ralph A. Cooley, Texas (District 15)  
 Dr. Alan E. Friedel, Florida (District 17)

#### **Report of Nominations of Advisory Committee on Annual Meetings General Members and Addendum:**

The Board of Trustees considered multiple nominations for the two open positions on the Committee on Annual Meetings; an additional candidate was submitted in an addendum to the report. The name of that individual was placed on the ballot. Trustees who nominated an individual were given the opportunity to offer comments on their nominee's qualifications. In accordance with the *Organization and Rules of the Board of Trustees*, the Board balloted on the nominations and selected two nominees to present to the 2018 House of Delegates. On vote, the Board adopted the following resolution.

**B-93-2018. Resolved,** that the following two individuals be appointed to serve as general members of the Advisory Committee on Annual Meetings for the 2018-2023 term.

Dr. Melanie R. Love (District 16)  
 Dr. Robert L. Skinner (District 12)

**Report of New Dentist Member Council Appointment Recommendations:** On vote, the following resolutions were adopted by the Board of Trustees.

**B-85-2018. Resolved**, that the following individuals be nominated to serve as the new dentist members for the 2018-2019 term and be transmitted to the 2018 House of Delegates in Board Report 1:

Council on Advocacy, Access, and Prevention (CAAP), Dr. Andrew Welles  
Council on Communications (CC), Dr. Andrea Fallon  
Council on Dental Benefit Programs (CDBP), Dr. Sara Stuefen  
Council on Dental Education and Licensure (CDEL), Dr. Daniel Hammer  
Council on Dental Practice (CDP), Dr. Mike Saba  
Council on Ethics, Bylaws and Judicial Affairs (CEBJA), Dr. Lindsay Compton  
Council on Government Affairs (CGA), Dr. Robin Nguyen  
Council on Membership (CM), Dr. Lauren Czerniak  
Council on Members Insurance and Retirement Programs (CMIRP), Dr. Britany Matin

**B-86-2018. Resolved**, that Dr. Emily Mattingly be approved as the new dentist member to the American Dental Political Action Committee (ADPAC) for the 2018-2019 term.

**B-87-2018. Resolved**, that Dr. Lauren Vitkus be approved as the new dentist member to the Committee on Annual Meetings (CAM) for the 2018-2019 term.

**Business Model Project Update:** Dr. Norbo, chair, Business Model Project Governance Team, and Mr. Bill Robinson provided an update on activities and accomplishments that have occurred since the conclusion of the April Board meeting through July 16, 2018.

*Addendum to Business Model Project Update:* Dr. Norbo moved Resolution B-98 for the Board's consideration.

**B-98. Resolved**, that the Business Model Project Governance Team form a Nominating Committee to recommend ADA Business Innovation Group (ADABIG) Board members to the ADA Board of Trustees for its September 2018 meeting, and be it further

**Resolved**, that the ADABIG Board be comprised of a total of seven members, with three being affiliated with the ADA (as employees, trustees or officers) and four not having a formal ADA affiliation or elected ADA position, and be it further

**Resolved**, that the ADABIG Board use staggered terms of 1, 2 and 3 years to manage Board turnover.

A motion was made to postpone consideration of B-98 definitely until the September meeting to finalize the bylaws. Hearing no objection, the motion to postpone definitely until September was adopted.

**Appointment of Strategic Planning Committee Members:** The following resolution was presented and adopted without objection by the Board of Trustees.

**B-104-2018. Resolved**, that a Board strategic planning work group be established to draft a new ADA strategic plan, and be it further

**Resolved**, that the following appointments to the strategic planning workgroup be approved:

Dr. Daniel Klemmedson, chair

Dr. Kirk Norbo  
 Dr. George Shepley  
 Dr. James Stephens  
 Dr. Rita Cammarata  
 Dr. Alex Mitchell

**Report of the President:** Dr. Joseph Crowley presented an oral report that summarized his activities since the April Board meeting.

**Report of the President-elect:** Dr. Jeffrey Cole gave an oral report of meetings attended and trips taken since the April Board meeting.

**Report of the Executive Director:** Dr. Kathleen O’Loughlin provided an update on the Quarterly Management Report.

### Liaison Reports

**Report of Dr. Roy Thompson, Liaison to the Council on Dental Benefit Programs:** This informational report summarized the May 3–4, 2018, CDBP meeting (consent calendar item).

**Report of Dr. Richard Huot, Liaison to the Alliance of the American Dental Association:** This informational report summarized the April 19–21, 2018, Alliance meeting (consent calendar item).

**Report of Dr. Billie Sue Kyger, Liaison to the National Commission on Recognition of Dental Specialties and Certifying Boards:** This informational report summarized the May 9–10, 2018, NCRDSCB meeting (consent calendar item).

**Report of Dr. Kenneth McDougall, Liaison to ADA Business Enterprises, Inc.:** This informational report summarized the June 21, 2018, ADABEL meeting (consent calendar item).

**Report of Dr. Himmelberger, Liaison to the Commission for Continuing Education Provider Recognition:** Dr. Himmelberger summarized the April 12–13, 2018, CCEPR meeting.

**Report of Dr. Jay Harrington, Liaison to the American Student Dental Association:** This informational report summarized the July 21–22, 2018, ASDA meeting (consent calendar item).

**Report of Dr. Daniel Klemmedson, Liaison to the Council on Advocacy for Access and Prevention:** This informational report summarized the July 26–28, 2018, CAAP meeting (consent calendar item).

**Report of Dr. Billie Sue Kyger, Liaison to the Council on Ethics, Bylaws, and Judicial Affairs:** This informational report summarized the July 21–22, 2018, CEBJA meeting (consent calendar item).

**Report of Dr. Raymond Cohlma, Liaison to the Council on Scientific Affairs:** Dr. Cohlma summarized the June 26–28, 2018, CSA meeting. Dr. Cohlma announced that Dr. Steven Offenbacher, 2015 Gold Medal Award recipient, had passed away earlier in the month. Without objection, Dr. Crowley noted that the 2018 Gold Medal Award recipient, Dr. Kenneth M. Hargreaves, had been appointed to serve the remainder of Dr. Offenbacher’s unexpired term and continue to serve his own three-year term on the Council beginning at the close of the 2018 House.

**Report of Dr. Julio Rodriguez, Liaison to the New Dentist Committee:** Dr. Rodriguez summarized the July 14–15, 2018, NDC meeting.

## Special Orders of Business/Special Appearances

**CVS Presentation:** This presentation took place during a closed session of the Board of Trustees. In open session, the following resolution was considered and adopted without objection.

**B-103-2018. Resolved,** that the Board supports the continuation of its three-year agreement with CVS.

**Appearance of Dr. William Leffler, chair, Commission on Dental Accreditation:** Dr. William Leffler and Dr. Sherin Took, director, CODA, provided the Board with an update of CODA's recent activities.

**Presentation: DLA Piper Law Firm:** Mr. John H. Heuberger and Ms. Renee M Schoenberg, partners from DLA Piper Law Firm presented the Board with an overview of a recommended structure of ADA Business Innovation Group, Inc.

**Medicare Wrap Up:** Dr. Black summarized activities of the Medicare workgroup since the conclusion of the special June Board meeting. The Board also discussed developments following the OHA meeting.

**Health Policy Research Update:** Dr. Marko Vujicic, chief economist and vice president, Health Policy Institute, provided the Board with an update on some of the recent work coming out of HPI. Some of the trends noted by Dr. Vujicic were: The slow but steady decline in practice ownership; The decline in the percentage of dentists in solo practice (soon to be less than 50%); The increasing number of dentists affiliated with DSO (now over 8%); Based on developing data, decreasing dental reimbursement rates seems to be affecting dentists in solo practice more than dentists in larger group practices (self-reported data); The ownership "premium" in earnings, as compared to employed dentists, is declining in dentistry just as it is in other health care professions. Dr. Vujicic also identified some forces reshaping dentistry.

**Appearance of Dr. Carol Summerhays, chair, FDI:** Dr. Summerhays presented the Board with an overview of FDI.

**Board of Trustees Strategic Discussion, Workforce Models and Delivery of Care:** Without objection, the Board approved the motion to postpone the discussion definitely to the September Board meeting.

## New Business

**Additional Nomination for Honorary Membership:** A motion was made to suspend the Board *Rules* to consider an additional nominee for Honorary Membership after the May deadline. The motion to suspend the *Rules* was adopted by a 2/3 affirmative vote. Without objection, Resolution 109 was adopted by the Board of Trustees.

**B-109-2018. Resolved,** that the 2018 Honorary Membership of the American Dental Association be presented to:

Connie F. Lane, B.S.

**Michigan Dental Association Litigation Expenses:** The Board directed the general counsel to reimburse Michigan Dental Association for up to \$30,000 of its litigation expenses.

**ADAF Philanthropic Donation:** The Board discussed a motion to make a philanthropic donation to the ADA Foundation. The Board discussed the timing of this donation, funding provided in 2018, the proposed 2019 budget, and ADA's *Bylaws* responsibilities for supporting scientific research. The Board felt that additional communication between ADA and the ADA Foundation would be beneficial and voted not to approve the motion at this time.

**Washington State Dental Association Medicaid Plan State Amendment:** Mr. Graham reported that

WSDA asked the ADA to sign on as amicus curiae, or petitioner, on a letter urging the Center for Medicare and Medicaid Services (CMS) to grant a waiver to allow procedures performed by those DHATs on tribal Medicaid beneficiaries to be reimbursable through Washington State's Medicaid program, complying with existing state law. Resolution B-108 was presented for the Board's consideration. On vote, the Board adopted B-108.

**B-108-2018. Resolved**, that the American Dental Association sign on with the Washington State Dental Association in its petition to participate as amicus curiae related to WSDA's Medicaid State Plan Amendment.

## Reports and Resolutions to the House of Delegates

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

**Report 2 of the Board of Trustees to the House of Delegates: 2019 Budget** (*Worksheet:2006*): Following discussion of the proposed 2019 budget, the Board of Trustees transmitted the following resolutions to the House of Delegates.

*Resolution 34—Approval of 2019 Budget (Worksheet:2072)* The Board of Trustees voted to transmit Resolution 34 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

*Resolution 35—Establishment of Dues Effective January 1, 2019 (Worksheet:2073)* The Board of Trustees voted to transmit Resolution 35 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

*Resolution 36—Special Assessment (Worksheet:2000)* The Board of Trustees voted to transmit Resolution 36 to the House of Delegates with a recommendation to vote yes. (Vote: 18 Yes—Drs. Asai, Bitter, Black, Cohlma, Cole, Gehani, Harrington, Himmelberger, Huot, Kyger, McDougall, Mitchell, Norbo, Robinson, Rodriguez, Sabates, Shepley, Thompson; 2 No—Drs. Fisch, Klemmedson)

**Report 4 of the Board of Trustees to the House of Delegates: Review of Resolutions Having a Financial Impact** (*Worksheet:2002*) The Board of Trustees transmitted the following resolution to the House of Delegates.

*Resolution 18—Resolutions Having a Financial Impact (Worksheet:2003)* The Board of Trustees voted to transmit Resolution 18 to the House of Delegates with a recommendation to vote yes. (Vote: 18 Yes—Drs. Asai, Black, Cohlma, Cole, Fisch, Gehani, Harrington, Himmelberger, Huot, Klemmedson, Kyger, McDougall, Mitchell, Norbo, Robinson, Rodriguez, Shepley, Thompson; 2 No—Drs. Bitter, Sabates)

**Report 5 of the Board of Trustees to the House of Delegates: Compensation and Contract Relating to the Executive Director** (*Worksheet:2004*) The Board of Trustees voted to transmit Report 5 to the House of Delegates. (Board of Trustees consent calendar action—no Board discussion)

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

**Council on Dental Benefit Programs Resolution 1: Revision of Policy, Statement on Preventive Coverage in Dental Benefits** (*Worksheet:3000*) The Board of Trustees voted to transmit Resolution 1 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Practice Resolution 2: Direct to Consumer Dental Laboratory Services**

(*Worksheet:3003*) The Board of Trustees voted to transmit Resolution 2 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Practice Resolution 3: Amendment to the ADA Statement on Prosthetic Care and Dental Laboratories** (*Worksheet:3004*) The Board of Trustees voted to transmit Resolution 3 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Practice Resolution 4: Amendment of Policy, ADA Statement on Alcoholism and Other Substance Use Disorders** (*Worksheet:3010*) The Board of Trustees voted to transmit Resolution 4 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Board of Trustees Resolution 19: Review and Consideration of ADA Interim Policy on Opioid Prescribing** (*Worksheet:3012*) The Board of Trustees voted to transmit Resolution 19 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Benefit Programs Resolution 25: Response to Resolution 56H-2017: Feasibility of a Clinical Data Registry** (*Worksheet:3017*) The Board of Trustees voted to transmit Resolution 25 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 4 Yes—Drs. Asai, Bitter, Gehani, Klemmedson; 16 No—Drs. Black, Cohlma, Cole, Fisch, Harrington, Himmelberger, Huot, Kyger, McDougall, Mitchell, Norbo, Robinson, Rodriguez, Sabates, Shepley, Thompson)

The Board appreciates the work of the Council and the value of a data registry, but believes that this should be a part of a comprehensive strategy discussion rather than an independent project. Moreover, at this time, with the existing financial priorities of the Association, this is not the most effective use of Association funds.

**Council on Dental Benefit Programs Report 1: Financing Care for Seniors: Dental Benefit In Medicare** (*Worksheet:3018*) The Board of Trustees transmitted the following report to the House of Delegates.

*Resolution 33—Financing Care for Seniors: Dental Benefit In Medicare* (*Worksheet:3021*) The Board of Trustees voted to refer Resolution 33 to a workgroup for further study and report to the September meeting. Later in the meeting, a motion was made and adopted to recall Resolution 33 from committee. The Board transmitted Resolution 33 and 33B to the House of Delegates with the following comment and recommendation to vote yes on referral. (Vote: 19 Yes—Drs. Asai, Black, Cohlma, Cole, Fisch, Gehani, Harrington, Himmelberger, Huot, Klemmedson, Kyger, McDougall, Mitchell, Norbo, Robinson, Rodriguez, Sabates, Shepley, Thompson; 1 Absent—Dr. Bitter)

The ADA Board of Trustees appreciates the hard work of all of the Councils, especially the Council on Dental Benefit Programs, to further refine current ADA policy regarding a potential dental benefit in Medicare. The Board also has a keen understanding of the complexity of the issues related to oral health care for a rapidly growing elderly segment of the U.S. population. This complexity is documented through the diversity of opinion expressed by the four Councils that have evaluated this issue. As Americans live longer, growth in the number of older adults is unprecedented. In 2014, 14.5% (46.3 million) of the US population was aged 65 or older and is projected to reach 23.5% (98 million) by 2060. Currently, approximately one half of the U.S. population do not see a dentist for at least one visit a year.

Clearly this is a significant issue for our country and deserves a well thought out comprehensive strategy and set of ADA policies to support that strategy in order to address elder oral health in this country. A comprehensive strategy will go beyond a dental benefit design and address multiple consequences that currently limit elders from seeking and receiving oral health care. Additionally,



barriers that could affect the clinical or administrative practices of our members and the profession of dentistry need to be fully evaluated. The Board recommends that this resolution be referred back to the ADA Board of Trustees, so that a Board workgroup be convened in order to oversee the development of a comprehensive strategy for elder oral health including any ADA policy for the House's future consideration that would support this comprehensive plan.

Further, the Board submits the following substitute resolution (*Worksheet:3022*).

**33B. Resolved**, that if potential legislation is being developed then a dental benefit in Medicare shall minimally provide:

- Coverage for comprehensive services in an appropriate part within Medicare with adequate program funding
- Reimbursement rates at or above median fees (50th percentile) as described in the current ADA Survey of Dental Fees to ensure adequate dentist participation
- Funding for technical support for dental practice participation including adoption of health IT standards
- Minimal and reasonable administrative requirements for dental practice participation
- Medicare beneficiaries with the freedom to choose any dentist while continuing to receive the full Medicare benefit

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

**Council on Dental Education and Licensure Resolution 5: Amendment to the Policy: Promotion of Freedom of Movement for Dental Hygienists** (*Worksheet:4000*) The Board of Trustees voted to transmit Resolution 5 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 6: Amendment of ADA Policy: Examinations for Allied Dental (Non-Dentist) Personnel** (*Worksheet:4001*) The Board of Trustees voted to transmit Resolution 6 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 7: Amendment to the Governance Manual Regarding Council on Dental Education and Licensure Appointments and Vacancies** (*Worksheet:4002*) The Board of Trustees voted to transmit Resolution 7 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 8: Policy on State Dental Board Recognition of the National Commission on Recognition of Dental Specialties and Certifying Boards** (*Worksheet:4004*) The Board of Trustees voted to transmit Resolution 8 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 9: Rescission of Policies Related to Recognition of Dental Specialties and Certifying Boards** (*Worksheet:4005*) The Board of Trustees voted to transmit Resolution 9 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Joint Commission on National Dental Examinations Resolution 10: Amendment of the Joint Commission on National Dental Examinations Standing Rules** (*Worksheet:4009*) The Board of Trustees voted to transmit Resolution 10 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 11: Amendment to Criteria for Recognition of Interest Areas in General Dentistry** (*Worksheet:4018*) The Board of Trustees voted to transmit Resolution 11 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 12: Amendment to the Policy: Requirements for Board Certification** (*Worksheet:4021*) The Board of Trustees voted to transmit Resolution 12 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 13: Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists** (*Worksheet:4022*) The Board of Trustees voted to transmit Resolution 13 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 15: Rescission of Policy: Certification in Unrecognized Practice Areas** (*Worksheet:4030*) The Board of Trustees voted to transmit Resolution 15 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 17: Amendment to the Policy: Number of Specialty Areas of Dental Practice** (*Worksheet:4032*) The Board of Trustees voted to transmit Resolution 17 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 21: Rescission of Policy: Use of the Term “Specialty”** (*Worksheet:4033*) The Board of Trustees voted to transmit Resolution 21 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 22: Rescission of Policy on Dual Degreed Dentists** (*Worksheet:4035*) The Board of Trustees voted to transmit Resolution 22 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Joint Commission on National Dental Examinations Resolution 23: Amendment of the Joint Commission on National Dental Examinations Bylaws** (*Worksheet:4037*) The Board of Trustees voted to transmit Resolution 23 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Dental Education and Licensure Resolution 26: Comprehensive Policy on Dental Licensure** (*Worksheet:4046*) The Board of Trustees voted to transmit Resolution 26 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Commission on Dental Accreditation Report 1 to the House Of Delegates: Revision Of The Rules Of The Commission On Dental Accreditation** (*Worksheet:4066*) After a discussion the Board voted to refer this report to the Governance Committee for further study and report to the Board of Trustees at its September meeting.

*Resolution 37— Revision of the Rules of the Commission on Dental Accreditation: Terminology Changes Related to Advanced Education Programs* (*Worksheet:4067*) the Board voted to refer Resolution 37 to the Governance Committee for further study and report to the Board of Trustees at its September meeting.

*Resolution 38— Revision of the Rules of the Commission on Dental Accreditation: Governance Oversight* (*Worksheet:4074*) the Board voted to refer Resolution 38 to the Governance Committee for further study and report to the Board of Trustees at its September meeting.

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

**Report of the ADA Election Commission to the House of Delegates Resolution 24: Amendment of the Election Commission and Campaign Rules** (*Worksheet:5001*) The Board of Trustees voted to transmit Resolution 24 to the House of Delegates with the recommendation to vote yes. (Vote: 13 Yes—Drs. Asai, Black, Cohlma, Fisch, Gehani, Harrington, Huot, Klemmedson, Kyger, McDougall, Mitchell, Norbo, Robinson; 6 No—Drs. Bitter, Himmelberger, Rodriguez, Sabates, Shepley, Thompson; 1 Abstain—Dr. Cole)

**Washington State Dental Association Resolution 32: Expanding Dental Benefits Advocacy in the State Public Affairs (SPA) Program** After extensive discussion, the Board voted to postpone definitely consideration of Resolutions 32 and 32B until the September Board meeting.

**Report 6 of the Board of Trustees to the House of Delegates: New Dentist Committee Chair Serving on the Board of Trustees** After discussion the Board voted to refer Report 6 to the Governance Committee for further review with a report back at its September meeting.

*Resolution 27— New Dentist Committee Chair Serving on the Board of Trustees* the Board voted to refer Resolution 27 to the Governance Committee for further study and report to the Board of Trustees at its September meeting.

## **Miscellaneous House Matters**

**Board of Trustees Resolution 31: Nominations to Councils, Commissions and the New Dentist Committee:** The Board of Trustees annual submits to the House of Delegates nominations of members of ADA councils, commissions and the Committee on the New Dentist. The Board received a list of nominees to these agencies along with each nominee's respective qualifications.

The Board also considered the nominees for the open positions on the Commission on Dental Accreditation, Commission on Continuing Education Provider Recognition and Council on Members Insurance and Retirement Programs. The nominees for these open positions were determined by ballot. Without objection, the Board accepted the slate of nominees and voted to transmit the following resolution to the House of Delegates with a recommendation to vote yes (*Worksheet:1025*). (Vote: Unanimous)

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

**Report 3 of the Board of Trustees to the House of Delegates: Review of Treasurer Applications** (*Worksheet:1038*) The Board of Trustees voted to transmit Report 3 to the House of Delegates. (Vote: Unanimous)

## **Closed Session**

Closed sessions of the Board of Trustees were held at various times during the August 11–24, 2018, meeting of the Board of Trustees. The minutes of the closed sessions are separately recorded; however, non-confidential actions taken by the Board are reflected in the minutes of the open session. The following reports were considered during the closed sessions:

- CVS Presentation
- Closed Board Discussion (not recorded)

- Report of the Compensation Committee
- ED Mid-Year Report
- Report of the ADA Foundation and Discussion
- Governance Discussion

A motion was made and adopted to suspend the Board *Rules* regarding the recording of the closed session held on Saturday, August 11, 2018.

### **Attorney-Client Session**

An attorney-client session of the Board of Trustees was held on Saturday, August 11, 2018 in the Board Room of the ADA Headquarters Building, Chicago.

### **Adjournment**

Without objection, the fifth regular meeting of the Board of Trustees adjourned *sine die* on Tuesday, August 14, 2018 at 12:54 p.m.

## Appendix 2

### INTERCOMPANY MEMORANDUM OF UNDERSTANDING AND SERVICES AGREEMENT

THIS INTERCOMPANY MEMORANDUM OF UNDERSTANDING AND SERVICES AGREEMENT (the "Agreement") is made and entered into effective as of January 1, 2018 (the "Effective Date") by and between the American Dental Association ("ADA") and its agency the Commission on Dental Accreditation ("CODA"). This Agreement supersedes any prior agreement between the parties, including the Memorandum of Understanding dated as of October 22, 2013.

#### **RECITALS**

WHEREAS, ADA and CODA wish to set forth certain understandings between the parties regarding their working relationship; and

WHEREAS, CODA has requested that ADA perform certain services, and ADA desires to provide such services to CODA, upon the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the foregoing and the mutual covenants contained in this Agreement, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound hereby, the parties hereto agree as follows:

1. Understandings. The parties acknowledge and agree as follows:

A. Formal Governing Principles. CODA's governance and operations are controlled in various respects by the Bylaws of the ADA, the Rules of the Commission on Dental Accreditation, and regulations promulgated by the United States Department of Education, all as they may from time to time be amended.

B. Autonomy of Accreditation Services. CODA is bound to act autonomously in conducting all aspects of its accreditation functions with respect to dental and dental-related educational programs, including but not limited to formulation, promulgation and revision of accreditation standards, policies and procedures; training of CODA volunteers; conducting evaluation and visits to programs; making decisions concerning the accreditation status of programs; and monitoring of accredited programs, in accordance with the Governing Principles set forth above. ADA will not attempt to improperly interfere with the judgment of any staff member or volunteer as to such accreditation functions.

CODA's need for autonomy with respect to professional accreditation functions arises from the requirement of the U.S. Department of Education that accrediting agencies such as CODA must maintain "Clear and effective controls against conflicts of interest, or the appearance of conflicts of interest, by the agency's-- (i) Board members; (ii) Commissioners; (iii) Evaluation team members; (iv) Consultants; (v) Administrative staff; and (vi) Other agency representatives.

C. External Recognition. CODA will maintain recognition by the U.S. Secretary of Education to the extent that compliance is within the control of CODA and to the extent that a recognition process continues to be available and applicable.

D. Communication and Reporting.

(i) CODA shall provide the ADA Executive Director and Board of Trustees with a report of accreditation actions taken at each meeting, which shall contain only publicly-available, non-confidential information.

(ii) The CODA Director shall report on administrative matters to the ADA Executive Director upon request. In addition, CODA shall provide an informational report to the ADA Board of

Trustees on an annual basis, which report shall contain only publicly-available, non-confidential information.

(iii) The ADA Board of Trustees shall provide a Board liaison to CODA, which liaison shall remain subject to all confidentiality obligations of CODA members and shall accordingly divulge only publicly available information.

2. Services. During the term of this Agreement, ADA shall provide and/or make available to CODA all services and resources described in A. through M. below, as well as any other professional, administrative and ministerial services and resources that are customarily provided to ADA's business divisions and affiliates (hereinafter, collectively, the "Services" and each individually, a "Service"). ADA shall perform such Services hereunder with the same degree of care, skill and prudence customarily exercised by it with respect to ADA's own business, operations and affairs, and which shall at minimum conform to industry standard levels for such Services. CODA shall provide to ADA any information needed by ADA to perform the Services pursuant hereto, and shall undertake reasonable commercial efforts to provide such information to ADA with sufficient lead time to allow for appropriate ADA review. ADA shall undertake reasonable commercial efforts to provide to CODA any documentation that requires CODA to review with sufficient lead time to allow for appropriate review. ADA shall have no obligation to furnish Services to CODA other than those described herein. If CODA requests, and ADA agrees, that a particular Service should be provided by a third party vendor instead of ADA, then ADA and CODA shall work together in good faith to arrange for such third party service, and the fees for such third party service shall be allocated to CODA as an expense under Section 3.B. below. Additional or custom services shall be requested by CODA in accordance with Section 2.N. below. CODA agrees to comply with all policies and procedures with respect to the Services (including cost allocations related thereto) as ADA may require. The parties agree to meet at least annually to discuss the appropriate service levels for the Services.

The Services shall include the following, unless otherwise agreed to by the parties in writing:

A. Payroll. ADA shall provide payroll services for the employees of CODA, including the preparation and filing of Form W-2 for each employee of CODA during each year of the Term, unless otherwise determined by CODA. Upon request by CODA, ADA will deliver to CODA detailed payroll reports which contain the amounts paid by ADA to each of CODA's employees. Such information shall be made available to CODA upon request during regular business hours. ADA shall transmit and receive wire transfers and checks as part of the provision of these payroll services.

B. Accounting Systems; Financial Statements. ADA shall provide CODA with accounting and financial assistance in closing CODA's books consistent with the fiscal close periods established by ADA. ADA shall provide CODA with monthly financial statements including general ledger reports with transaction details, and whatever additional accounting and financial services as the parties agree to in good faith.

C. Collection of Accounts Receivable. ADA will assist in the collection of accounts receivable in a commercially reasonable manner and otherwise in a manner consistent with past practices. ADA shall make all information relating to the collection of accounts receivable available to CODA upon CODA's request.

D. Payment of Trade Payables. ADA shall provide services related to CODA's trade payment obligations. Should CODA request that ADA provide these services, ADA may be requested, in writing, by CODA to issue checks and/or wire transfers for payment of accounts payable.

E. Business/Conference Services. ADA shall provide all business services, including arrangements for car rental and other travel (including air and hotel), handle the administrative aspects of reimbursement of expenses and administration of the use of credit cards, to the employees of CODA. ADA will assist with meeting services, including coffee, food and providing meeting space. Upon making any such arrangements, and unless already included in the General Shared Services Costs,

as applicable, ADA shall provide to CODA, in a prompt and timely manner, a report of all costs to be made and such costs must be approved in writing by CODA prior to such amounts being allocated to CODA as an expense. ADA agrees that all meeting space in the ADA building shall be provided to CODA on a complimentary basis.

F. Computer Systems. Certain of the hardware used to support the computers and other electronic data processing equipment to run CODA will continue to be owned by ADA. ADA's computer and information systems shall interface and provide services to CODA. ADA shall provide the services of ADA's employees capable of supporting the computers and other electronic data processing equipment as may reasonably be requested by CODA, such service to be provided in substantially the same manner as such support services were performed by them on behalf of CODA prior to the Effective Date. Those systems provided by ADA for CODA's use (hardware and software) shall have security measures which prevent access to CODA information by anyone outside of CODA, other than ADA personnel who require access to maintain such systems or as otherwise required to further CODA's business purposes upon CODA's approval.

G. Email. The email system of CODA is maintained through ADA's main computer systems. ADA will cause its employees responsible for the maintenance and installation of such technology systems to provide CODA with all information and services necessary, without breach of confidentiality or security, to maintain the communication capabilities of the email system for CODA. However, at no time shall the emails, documents or other reports generated by CODA in the use of ADA main computer systems cause such emails, documents or other reports to become shared property of ADA and CODA. To the extent that these documents need to be viewed by ADA's technology employees, those employees shall be instructed by ADA that any information gleaned must be held in confidence and not shared with others within ADA or third parties. Those systems provided by ADA to transport and store CODA's email shall have security measures which prevent access by anyone outside of CODA, other than by ADA personnel who require access to maintain such system or as otherwise required to further CODA's business purposes upon CODA's approval.

H. Telecommunications Services. The telephone system, including all telephone numbers used by CODA, is owned and maintained by ADA. ADA shall make available to CODA the services of ADA's employees in order to provide communication services, including, but not limited to, maintenance of the telephone system, e-fax communications, and other like services, routing and transfers of incoming calls, such services to be provided in substantially the same manner as communication services which are performed by ADA on ADA's own behalf.

I. Employment Matters and Employee Benefits. CODA employees are provided by the ADA and are therefore subject to ADA's employment practices, policies and procedures. CODA shall work with the Human Resources department of ADA to manage departing employee replacement sequence including review and post position description questionnaire, coordinate candidate interviews, establish and maintain employee folders (application, etc.), manage medical, dental, disability issues and retirement packages, manage and offer employee training, coordinate temporary staffing, and consult on personnel issues. ADA will cause ADA's employees and outside plan administrators, if applicable, to assist CODA in the participation of the ADA benefit plans in which CODA employees are enrolled.

J. Treasury Services. ADA shall make available to CODA the services of ADA's employees in order to provide treasury services provided in substantially the same manner as such services which are performed by ADA on ADA's own behalf.

K. General Office Services. CODA shall be entitled to use, on an as needed basis, the services of ADA employees or contractors who perform photocopying of material, mailroom activities, and general office services at ADA headquarters location (whether or not performed by ADA employees). CODA shall be allowed to participate in the bulk purchasing of offices supplies in order to benefit from

any available discounts. Such purchasing shall be done by ADA, provided that CODA provides ADA with a list of supplies and materials it requires and which should be included in such bulk purchasing. The cost of such supplies shall be allocated to CODA as an expense once such supplies are received by CODA.

L. Communications. ADA's Communications Division shall provide services to CODA from time to time as requested by CODA. At no time, however, shall the communications office create or release any written or oral communication without the prior written approval (which may be by email) of CODA. All such releases shall only come through CODA. The communications office services shall include, but are not limited to, available communications support services such as electronic media, web site support, public relations, marketing and brand management, tracking and analysis, professional and public communications and corporate relations.

M. Legal Services. ADA shall provide the full range of legal services to CODA in a manner consistent with ethical legal standards.

N. Additional Services.

(a) Subject to the first sentence of clause (b) below, CODA may request that ADA provide additional or custom services to CODA that fall outside the scope of the definition of "Services" ("Additional Services"). In such case, ADA and CODA shall negotiate the fees for such services in good faith and such amount shall be allocated to CODA as an expense under Section 3 below.

(b) CODA agrees to only request Additional Services that it has reasonably determined are integral to its accreditation functions under applicable law. The parties agree that the following services are integral to CODA's accreditation functions under applicable law, and shall therefore be provided by ADA to CODA upon terms and conditions negotiated by the parties in good faith, but by no later than March 31, 2020:

1. Leasehold improvements to, and maintenance of, CODA's office space in order to ensure security and confidentiality;
2. Development, implementation and maintenance of the Accreditation Tool.

(c) Should CODA or ADA determine, in its reasonable judgment, that Additional Services should be provided by a third party vendor instead of ADA, then ADA and CODA shall work together in good faith to arrange for such third party services, and the fees for such third party services shall be allocated to CODA as an expense under Section 3.B. below.

O. Default. If ADA fails to perform any service which it is required to perform under this Agreement within a reasonable timeframe (in CODA's reasonable judgment, after taking into account standard ADA practices and resources), through no fault of CODA, such failure shall constitute a default, and CODA shall provide written notice of default to ADA in accordance with the notice requirements of this Agreement. ADA shall have sixty (60) days from the date it receives such notice to cure such default. If ADA fails to cure such default within such sixty (60)

day cure period, CODA may, at CODA's option and upon written notice to ADA, (a) itself perform such service, or (b) arrange with a third party to perform such service. If (and only if) the third party service is one that ADA was to perform as part of the General Shared Services (as opposed to a separately allocated item), CODA shall be entitled to deduct the out of pocket costs associated with such third party performance from the fixed fee amount for such year. Such right of CODA shall be solely with respect to the specific incident constituting the default, and not with respect to the type of Services generally, nor with respect to this Agreement in its entirety.



If CODA fails to provide to ADA any information needed by ADA to perform the Services in a timely manner, as required by Section 2 above, any additional ADA costs in performing such Services shall be added to the shared services amount allocated to CODA for the applicable year.

3. Allocations. CODA shall be financially responsible to ADA for specifically identifiable costs of Services and the use of ADA resources which benefit CODA. These costs shall be allocated to CODA as an expense recorded to the CODA cost center as a "direct allocation" (see B below) or as a part of a general shared service allocation using allocation calculations agreed to by CODA and the ADA (see A below).

A. General Shared Services Costs. For each year of the Term, an amount (the "Initial Shared Services Cost") shall be allocated to CODA as an expense for general shared services, such as Human Resources, Conference Services and Continuing Education, Finance and Operations, Information Technology, Legal and Facilities. The Initial Shared Services Cost for a particular year shall be based on a percentage of ADA's actual overhead expenses for the immediately preceding year, subject to adjustment at the end of the year for ADA's actual overhead expenses and CODA shared cost factors for such year.

B. Direct Allocation Costs. For each year of the Term, CODA's direct expenses (i.e., those not included in the General Shared Services Costs) shall be separately and directly allocated to CODA in a manner consistent with ADA internal transaction processing. These include, but are not limited to, expenses for the following: (a) third party vendor services, including outside legal services and outside marketing and communication services; (b) salary and benefits, including a direct pension allocation; and (c) any other direct payments made by ADA on behalf of CODA (e.g., CODA Commissioner, consultant, and staff travel).

C. Exhibit A-2018. Exhibit A-2018 details the Initial Shared Services Cost, as well as the time and manner of allocations and adjustments, for calendar year 2018.

D. Reporting. The ADA will deliver to CODA monthly budget status reports prepared in accordance with generally accepted accounting principles that includes a line for the General Shared Services Costs allocation and a line to calculate a fully loaded CODA net surplus or deficit for the period. The parties shall endeavor to meet on at least a quarterly basis to discuss the Services and allocations under this Agreement. The parties shall also meet at the end of each year to review and approve the actual calculations to ensure that they are a complete and accurate report on the General Shared Services Costs.

4. Term. The term of this Agreement shall be for a period of two (2) calendar years, commencing on the Effective Date.

5. Nondisclosure of Confidential Information.

A. As used in this Agreement, the term "Confidential Information" means any and all technical or business information provided by one party to the other, which is specifically designated as confidential or proprietary, or would be understood by a reasonable person to be confidential or proprietary, regardless of whether such information is in written, oral, electronic, or other form. Such Confidential Information may include, without limitation, information concerning a party's organization and structure, business and marketing plans, financial data, identity of present and prospective members, current and prospective contracts, and policies, standards, procedures, and practices. Notwithstanding the foregoing, Confidential Information shall not include information that: (i) was known by the receiving party on a non-confidential basis at the time of such disclosure; (ii) was known to the public at the time of such disclosure; (iii) becomes known to the public (other than by act of receiving party) subsequent to such disclosure; (iv) is disclosed lawfully to receiving party by a third party who is not under a duty of confidentiality; or (v) is developed independently by recipient without reference to the Confidential Information.

B. Unless expressly authorized by the disclosing party in writing, the receiving party shall (i) maintain all Confidential Information in strict confidence, except that the receiving party may disclose the Confidential Information to its employees (or to third parties) who have a need to know in order to assist in fulfilling this agreement, and provided that such employees (or third parties) shall be bound by this Agreement (or, with respect to third parties, by an agreement providing for an equal or greater level of protection for Confidential Information) to maintain the confidential nature of such Confidential Information; (ii) use the Confidential Information solely for carrying out this Agreement and shall not disclose the Confidential Information in any manner or form to anyone other than as stipulated under this Agreement; and (iii) use reasonable efforts to secure and protect all Confidential Information from disclosure, but in no event taking less than the same care that it would take for its own confidential information.

C. If either party is required to disclose any of the other party's Confidential Information pursuant to law, regulation or court order, such party shall notify, unless prohibited from doing so, the other party of such proposed disclosure in sufficient time so that the other party can seek a protective order or other appropriate protection if it chooses to do so. If any Confidential Information is disclosed pursuant to law, regulation or court order, the disclosing party shall disclose only the minimum amount of the Confidential Information that is required.

D. The parties acknowledge that a disclosing party has or may have ownership of that party's Confidential Information, and that the disclosing party shall continue to have any such patent, copyright, trademark, trade secret, and other intellectual property rights in, or arising from, the disclosing party's Confidential Information. No option, license, or conveyance of such rights to the receiving party is granted or implied under this Agreement, except to the extent necessary to provide the services hereunder.

E. Upon expiration or termination of this Agreement, the receiving party shall promptly cease using the disclosing party's Confidential Information. The obligations of a receiving party under this section shall remain in effect in perpetuity after expiration or termination of this Agreement.

#### 6. Use of CODA Information.

Any information obtained by CODA in carrying out its accreditation functions shall be used by CODA solely for the purposes for which it was collected, and shall not be used for any other purposes unless CODA consents to such use in advance in writing.

#### 7. Miscellaneous.

A. Service Upgrades and Other Improvements. In the course of providing the Services to CODA that ADA is required to provide hereunder, ADA shall provide, at no extra cost to CODA, the benefit of any service upgrades or other improvements that ADA implements, effectuates or otherwise provides to its own divisions, businesses and affiliates; provided, however, that ADA shall not be obligated to expend additional funds to provide improvements or upgrades for the benefit of CODA.

B. No Implied License. Except as and to the extent provided elsewhere in this Agreement, CODA and ADA agree that neither the terms and conditions of this Agreement nor the performance or acts of either party pursuant to this Agreement or related to ADA's provision or ADA's use of Services provided hereunder, may be considered in any way a grant of any license whatsoever under either party's present or other proprietary rights, nor is any such license granted by implication, estoppel or otherwise.

C. Entire Agreement; Amendment. Except as expressly indicated herein, this Agreement embodies the entire understanding between the parties pertaining to the subject matter contained in it; supersedes any and all prior negotiations, correspondence, understandings, or agreements of the parties; and may be waived, altered, amended, modified, or repealed, in whole or in part, only on the written consent of the parties to this Agreement.

D. Parties Bound/ Non-Assignment. This Agreement shall be binding on and enforceable by and against the parties to it and their respective heirs, legal representatives, successors, and permitted assigns, except that neither this Agreement nor the duties or obligations under this Agreement may be assigned by either party.

E. Waiver. Failure of a party to insist upon strict adherence to any term or condition of this Agreement shall not be considered a waiver by that party of its right thereafter to insist upon strict adherence to that, or any other, term or condition of this Agreement. No waiver of any breach of any provision of this Agreement shall constitute a waiver of any prior, concurrent or subsequent breach of the same or any other provisions hereof, and no waiver shall be effective unless made in writing and signed by an authorized representative of the waiving party.

F. Exhibits. All exhibits referred to in this Agreement that are attached to this Agreement form a part of this Agreement and are incorporated herein by this reference and made a part hereof as if fully set forth.

G. Force Majeure. Neither party shall be liable for delay or failure of performance if such delay or failure is due to acts of God, strikes or other labor disputes, acts of war or terrorism, or any other cause beyond its reasonable control.

H. Headings. The titles and headings in this Agreement are inserted for convenience and identification only and are in no way intended to describe, interpret, define, or limit the scope, extent, or intent of this Agreement or any provision hereof.

I. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without giving effect to any conflict of law provisions thereof. All claims, actions, proceedings, and disputes arising out of this Agreement shall be commenced exclusively in Illinois and all parties consent to personal jurisdiction in Illinois.

J. Counterparts; Faxed Signatures. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. The parties acknowledge and agree that faxed signatures shall act as original signatures that bind each faxing signatory to the terms and provisions of this Agreement.

K. Severability. All provisions of this Agreement are separate and divisible, and if any part is held invalid, the remaining provisions shall continue in full force and effect.

\*\*\*\*\*

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

Dated: \_\_\_\_\_, 2018

AMERICAN DENTAL ASSOCIATION, "ADA"

By: \_\_\_\_\_  
Name: Kathleen T. O'Loughlin, DMD, MPH  
Its: Executive Director/COO

Dated: \_\_\_\_\_, 2018

COMMISSION ON DENTAL ACCREDITATION, "CODA"

By: \_\_\_\_\_  
Name:

Its: Chair, Commission on Dental Accreditation

Exhibit A-2018

Effective January 1, 2018, CODA shall be allocated the following General Shared Services Costs for the Services:

Initial Shared Services Cost: [REDACTED] for 2018 (subject to adjustment as provided below). Initial Shared Services Cost will be allocated via CODA's monthly budget status reports. CODA's Initial Shared Services Cost for 2018 is based on a percentage of ADA's actual overhead expenses for the 2017 calendar year.

Within 60 days following the close of ADA's annual audit for 2018, ADA shall furnish to CODA a statement setting forth the actual expenses allocable to CODA for the General Shared Services for 2018 and, within thirty (30) days after receipt of such statement, CODA shall be allocated the undisputed excess (or shortfall), if any, of such actual expenses for 2018 as shown in said statement over the amount of the allocations theretofore made to CODA with respect to the 2018 expenses. The parties shall work together in good faith to quickly settle any dispute involving the amount of the actual expenses allocable to CODA for 2018.

The Initial Shared Services Cost for 2018 was determined as follows (based on 2017 numbers):

<u>Shared Service</u>	<u>Allocated Expense Pool (\$)</u> (Total amount of costs for a general shared services area that is incurred by the ADA to provide services to all ADA departments)	<u>Allocation Factor</u> (Methodology of allocating expense pool)	<u>CODA Shared Cost Factor</u> (Ratio of CODA usage of a shared service to the usage of all ADA departments)	<u>CODA Expense (\$)</u>
Human Resources	[REDACTED]	Total FTE	3%	[REDACTED]
Conference and Continuing Ed.	[REDACTED]	Total T&E Expenses	16%	[REDACTED]
Finance and Operations	[REDACTED]	Total FTE	3%	[REDACTED]
Information Technology	[REDACTED]	Total FTE	3%	[REDACTED]
Legal	[REDACTED]	Total FTE	3%	[REDACTED]
Facilities*		Cost per SF	[REDACTED]	[REDACTED]
<b>Total Shared Services Pool</b>				[REDACTED]

\* For these purposes, CODA's occupied space is set at 2,653 square feet as of December 31, 2017

## Minutes of the Board of Trustees

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September 23–25, 2018

Headquarters Building, Chicago

**Call to Order:** The sixth regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Joseph P. Crowley, president, on Sunday, September 23, 2018, at 10:15 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Joseph P. Crowley, Jeffrey M. Cole, G. Lewis Mitchell, Jr., Richard A. Huot, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Raymond A. Cohlmia, Judith M. Fisch, Chad P. Gehani, Jay F. Harrington, Jr., Linda K. Himmelberger, Daniel J. Klemmedson, Billie Sue Kyger, Kenneth McDougall, Kirk M. Norbo, Lindsey A. Robinson, Julio H. Rodriguez, Cesar R. Sabates, George R. Shepley, and Roy Thompson.

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

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, vice president, Science Institute; Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; Judith Fleeks, vice president, Human Resources; James Goodman, senior vice president, Business and Conferences; Michael A. Graham, senior vice president, Government and Public Affairs; Catherine Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; David Preble, senior vice president, Practice Institute; Robert Quashie, vice president, Business Operations and Strategy; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujcic, chief economist and vice president, Health Policy Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Guests in attendance for a portion or portions of the meeting included: Dr. Nipa Thakkar, chair, New Dentist Committee; Dr. Suzanne Ebert, vice president, Dental Practice and Relationships Management, ADABIG; Ms. Bree Simmers, manager, Projects Operations and Administration, ADABIG; Mr. Santo LoPorto, senior director, AXA Equitable; Mr. Tom Kacirek, vice president, Great-West Financial

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

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

### Preliminary

#### Approval of Agenda and Consent Items

*Approval of Agenda.* Before requesting approval of the agenda, Dr. Crowley asked if there were any items of new business. The following items of new business were identified:

- ADAF Philanthropic Donation (Dr. Crowley)

Without objection the new item of business was added to the agenda and the amended agenda was adopted.

**B-127-2018. Resolved**, that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

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

- Report of the Council on Dental Practice: Unmet Need of Pregnant Dentists
- Report of the Council on Dental Practice and Council on Scientific Affairs: Response to Resolution B-102-2017, Impact of Science and Technology on Dental Practices
- Confidential Action (Res. B-121)
- Council on Membership—Recession of Policy, Availability of Survey Results (Res. 66)
- Council on Ethics, Bylaws, and Judicial Affairs—Amendment of the Policy Entitled “The Dentist’s Prayer” (Res. 49)

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

**B-126-2018. Resolved**, that the resolutions contained on the Consent Calendar for Board of Trustees consideration, as amended, be approved and reports be filed.

### Approval of Minutes of Previous Sessions

*Minutes of the June 23, 2018, Special Meeting of the Board of Trustees.* The following resolution was adopted.

**B-128-2018. Resolved**, that the minutes of the June 23, 2018, special session of the Board of Trustees be approved.

*Minutes of the August 11-14, 2018, Meeting of the Board of Trustees.* The following resolution was adopted.

**B-129-2018. Resolved**, that the minutes of August 11-14, 2018, meeting of the Board of Trustees be approved.

### Reports of Standing Committees of the Board of Trustees

**Report of the Audit Committee:** On behalf of the Committee, Dr. Rickland G. Asai, chair, presented the report of the Audit Committee’s September 22, 2018, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Budget and Finance Committee:** On behalf of the Committee, Dr. Lindsey A. Robinson, chair, presented the report of the Budget and Finance Committee’s September 21, 2018, meeting. The report identified major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees’ consideration.

*Credit Card Processing Fees.* Dr. Robinson moved Resolution B-131 on behalf of the Committee with the recommendation to adopt; on vote, Resolution B-131 was adopted by the Board of Trustees.

**B-131-2018. Resolved**, that beginning with the 2019 membership year, the ADA shall reimburse each dental society 100% of credit card processing fees incurred up to 2.5% to collect and remit ADA

dues; provided, however, that any dental society that is currently charging members a fee to pay dues with a credit card will not be eligible for reimbursement.

Dr. Robinson moved Resolution B-133 on behalf of the Committee with the recommendation to adopt; on vote Resolution B-133 was adopted by the Board of Trustees.

**B-133-2018. Resolved**, that the Board approves the changes to the ADA's Investment Policy for Restricted Reserves Equity Portfolio as recommended by the ADA's outside investment advisors to implement a global equity allocation by diverting a portion of the existing U.S. equity and non U.S. equity portfolio to a new global equity segment, with the reduction in U.S. equity managers coming from a reduction in the existing large cap U.S. equity managers as follows:

- New global equity target of 14% (25% of equity allocation)
- U.S. equity target decreases from 30% to 26%
- Non-U.S. equity target decreases from 25% to 15%;

*Report on Recommendation to Align Board Rules with House Policy on Long-Term Financial Strategy Dues Stabilization:* Dr. Robinson moved Resolution B-134 on behalf of the Committee with the recommendation to adopt; on vote, Resolution B-134 was adopted by the Board of Trustees.

**B-134-2018. Resolved**, that the Governance Committee insert the following sentence at the end of the section of the Organization and Rules of the Board of Trustees entitled "Long Term Financial Strategy" effective immediately:

In recognition of "current economic conditions," the Board should consider the need for smaller regular annual dues increases rather than less frequent large dues increases as a mechanism to ensure that total ADA revenues can keep pace with the impact normal inflation on the ADA's operating costs to deliver existing programs.

Dr. Robinson moved Resolution B-137 on behalf of the Committee with the recommendation to adopt; on vote Resolution B-137 was adopted by the Board of Trustees.

**B-137-2018. Resolved**, that the Board approves changing the non-U.S. equity investments as recommended by the ADA's outside investment advisors to the following:

- Eliminate the two existing investments (Templeton and GMO) due to continued underperformance; and
- Add a broad market, passively managed index fund (the Vanguard Total International Stock Index Fund); and be it further

**Resolved**, that the global equity be split as recommended by ADA's outside investment advisors between the following:

- Polaris Global Equity – a value-oriented fund with a top-down, macroeconomic overlay; and
- Harding Loevner Global Equity – a growth-oriented fund with a high quality, downside protection bias.

Dr. Robinson moved Resolution B-139 on behalf of the Committee with the recommendation to adopt; on vote Resolution B-139 was adopted by the Board of Trustees.



**B-139-2018. Resolved**, that the Board approves the transfer of the operating surplus projected at \$2.3 million from 2017 to reserves net of the projected spending needs from reserves for the remainder of 2018, and be it further

**Resolved**, that the Budget and Finance Committee continue to review the reserve spending needs and rebalancing strategy in the first quarter of 2019.

*Informational Capital Reserve Report.* Dr. Robinson reported the following expenditure from the Capital Replacement Reserve fund was approved by the Budget and Finance Committee: Up to \$760,000 reserve capital, including design, MEP drawing, permitting, construction, with the understanding that an RFP would be distributed for at least three bids from construction contractors in the Washington D.C. area.

*Report on the Status of the 2018 Board Contingency and Approval of Supplemental Appropriation Request:* A Board Contingency Fund of \$750,000 was authorized in the 2018 budget. A remaining balance of \$115,769 was reported (consent calendar item).

**Report of the Business Innovation Committee:** On behalf of the Business Innovation Committee, Dr. Lindsey Robinson, chair, presented the report of the Committee's September 21, 2018, meeting. The report identified major topics discussed, reports received, recent activities and actions taken. It was reported that the Board is making funds available through reserves for the monetization of HPI data. The Committee presented Resolution B-142 for the Board of Trustees' consideration. On vote, the Board adopted Resolution B-142.

**B-142-2018. CONFIDENTIAL ACTION**

**Report of the Compensation Committee:** This report took place during a closed session of the Board of Trustees and contained one resolution (B-143).

**Report of the Diversity and Inclusion Committee:** On behalf of the Diversity and Inclusion Committee, Dr. Chad P. Gehani, chair, presented the report of the Committee's September 22, 2018, meeting. The report identified major topics discussed, reports received and actions taken. The Committee presented the Resolution B-141 for the Board of Trustees' consideration. On vote, the Board adopted the following resolution.

**B-141-2018. Resolved**, that the composition of the Board's Committee on Diversity and Inclusion be amended by decreasing the number of alumni from the Institute for Diversity in Leadership (IDL) from four (4) members to three (3) members and by adding one (1) at-large ADA member with a diverse background who has served in a leadership position in a diverse dental organization, and be it further

**Resolved**, that the IDL alumni and at-large committee members shall be appointed for a one year term, and shall be eligible to serve up to four such appointments on the Committee, and be it further

**Resolved**, that these members shall be nominated by the Committee on Diversity and Inclusion and appointed by the ADA President, and be it further

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

**Report of the Governance Committee:** On behalf of the Governance Committee, Dr. Lindsey Robinson, chair, presented the report of the Committee's September 21, 2018, meeting. The report identified major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Report of Governance Committee to the Board of Trustees: Amendments to Standing rules with Respect to CODA:* The ADA-CODA Workgroup's report from the August 2018 meeting was referred to the

Governance Committee. The Committee submitted Resolutions B-114 through B-120 for the Board's consideration. With the exception of B-117, which was amended, the Board adopted the slate of proposed resolutions without objection.

**B-114-2018. Resolved**, that the *Standing Rules for Councils and Commissions* be amended as follows (additions are underlined):

**Meetings**

**Agenda:** It shall be the duty of the chair or lead staff member of a council to prepare the agenda for regular or special meetings and to send copies in advance to all members of the council and to the Executive Director of the Association. The Commission on Dental Accreditation shall provide to the Executive Director of the Association only those portions of the Commission agenda that are public record.

**B-115-2018. Resolved**, that the *Standing Rules for Councils and Commissions* be amended as follows (additions are underlined):

**Meetings**

**Minutes:** Within ten (10) working days of a council meeting, the chair or lead staff member shall prepare and distribute a report of unofficial actions in accordance with instructions of the Executive Director. Non-confidential versions of the report of unofficial actions shall also be distributed to constituents on a timely basis pursuant to a 1992 House of Delegates directive.

It shall also be the duty of the lead staff member of each council to record the minutes of all meetings and to send draft copies thereof to all council members for review and approval within thirty (30) days following the last day of the meeting. The minutes shall be approved by mail or electronic vote. Copies of the approved minutes shall be provided to council's trustee liaison and the Executive Director and posted on the in the Members-Only section of ADA.org within fifteen (15) days of approval; copies shall also be made available to the Board of Trustees. Minutes of the Commission on Dental Accreditation meetings shall be posted and available for public viewing. It shall be the duty of the lead staff member of the council to distribute minutes as directed and keep a permanent file of all minutes of the council.

**B-116-2018. Resolved**, that the *Standing Rules for Councils and Commissions* be amended as follows (additions are underlined):

**BUDGET**

Provisions in this paragraph do not apply to the Commission on Dental Accreditation. The ADA-CODA Shared Services Agreement outlines the Commission on Dental Accreditation's budget preparation and administration procedures.

**Preparation:** Each council may identify budget priorities within the council's area of oversight as defined in the ADA *Bylaws*. Budget requests shall be submitted on a date established by the Executive Director and in accordance with the budget instructions provided

*Procedural Note. Each council is responsible for including in their annual budget request funding for the chair to attend the annual session meeting of the House of Delegates.*

**Reallocation of Budgeted Funds:** With the exception of minor reallocations of less than the threshold amount for Board Contingency requests pursuant to the Board Rules, a council shall use funds designated for specific projects only for the specific project identified in the budget. Authority for any reallocation of funds beyond the defined Board Contingency threshold amount

from one project to another may be granted by the Executive Director on written application, provided that the total of the authorized budget is not exceeded.

Dr. Robinson moved Resolution B-117 on behalf of the committee with the recommendation to adopt; on vote Resolution B-117 was adopted as amended by the Board of Trustees.

**B-117-2018. Resolved**, that the *Standing Rules for Councils and Commissions* be amended as follows (additions are underlined):

**General Rules**

**Contracts:** No contract involving the American Dental Association in any way whatever may be completed by any member of any council.

All proposed contracts must be forwarded to the Executive Director of the Association for action in accordance with rules established by the Board of Trustees.

Provisions of this section do not apply to the Commission on Dental Accreditation, with respect to which can enter into contracts for services related to accreditation activities pursuant to the policies and procedures of the Commission on Dental Accreditation.

**B-118-2018. Resolved**, that the *Standing Rules for Councils and Commissions* be amended as follows (additions are underlined):

**General Rules**

**Establishment of Policy:** All councils are charged with recommending policy. No council may initiate or implement a new policy or a major extension or alteration of an existing one without prior approval of the Board of Trustees or House of Delegates. The commissions of this association initiate and implement their own policies related to administration of their respective programs. Commissions do not recommend policy to the ADA, nor do they comment on or review any existing ADA policy, or revision thereof.

**B-119-2018. Resolved**, that the *Standing Rules for Councils and Commissions* be amended as follows (additions are underlined):

**General Rules**

**Public Statements:** No member of a council or commission may issue a public statement in the name of that council or commission or in the name of the American Dental Association unless (1) authority has been granted by the Executive Director of the Association and (2) the statement is clearly in accord with the policies of the Association as expressed by the Board of Trustees and the House of Delegates.

Members of councils and commissions may be asked from time to time to serve as spokespersons for their councils or commissions or for the Association on matters within the purview of the councils/commissions.

In regards to commissions, (1) and (2) do not apply. Commission chairs or their designee may issue public statements in the name of the commission and are limited to statements regarding administration and decisions of their respective programs.

**B-120-2018. Resolved**, that the *Standing Rules for Councils and Commissions* be amended as follows (additions are underlined):

## General Rules

**Relations with Other Organizations and Agencies:** Provisions of this paragraph do not apply to the commissions. Commissions may appoint or designate official representatives of the respective commissions on the request of, or for liaison with, other organizations and agencies when the request is directly related to the work of the commission.

No council is authorized to appoint or designate official representatives of the American Dental Association on the request of, or for liaison with, other organizations and agencies. When requests for official representation or liaison are received, nominations may be forwarded by the council concerned to the Executive Director of the Association for action in accordance with rules established by the Board of Trustees.

*Emergency Succession Plan.* The Board of Trustees considered this report during a closed session. Subsequently, the Board adopted the following resolution.

**B-135-2018. Resolved**, that the *Organization and Rules of the Board of Trustees*, Guidelines for Selecting an Executive Director, pages 43-44, be amended as follows:

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

1. The ~~General Counsel~~ Senior Vice President, Education/Professional Affairs shall assume the position of interim executive director ~~and chief operating officer~~. In the event the ~~General Counsel~~ Senior Vice President, Education/Professional Affairs is unable or unwilling to assume the role of interim Executive Director, the Chief of Governance and Strategy Management shall automatically assume that position. In the event both the Senior Vice President, Education/Professional Affairs ~~General Counsel~~ and the Chief of Governance and Strategy Management are unable or unwilling to assume the role of interim Executive Director, the ~~Chief Technology Officer~~ Vice President, Science Institute shall automatically assume that position. The Board shall reassess the line of succession annually.

Dr. Robinson moved Resolution B-136 on behalf of the Committee with the recommendation to adopt; on vote Resolution B-136 was adopted by the Board of Trustees.

**B-136-2018. Resolved**, that the *Organization and Rules of the Board of Trustees* be amended, at pages 42-43, as follows:

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

**Report of the Pension Committee:** This confidential report was discussed during a closed session of the Board of Trustees and contained one resolution (B-140).

## **Reports and Resolutions to the Board of Trustees**

### **Communications and Marketing**

**Find-A-Dentist Update:** Ms. Stephanie Moritz, chief communications officer, presented the Board with current results of Resolution 67H-2016: Initiative to Increase Utilization of Dental Services for ADA Members.

### **Finance and Operations**

**Report of the Council on Members Insurance and Retirement Programs: ADA Members Insurance Plans Recommended 2019 Premium Credits and ADA Royalty Distribution:** The Board of Trustees adopted the following resolutions (consent calendar actions).

**B-124-2018. Resolved,** that the following premium credits for the ADA Members Insurance Plans, as recommended by Great-West Financial for the 2019 plan year and transmitted by the Council on Members Insurance and Retirement Programs, are hereby approved:

- a 48% premium credit effective January 1, 2019 for the Life Plans,
- a 36% premium credit effective May 1, 2019 for the Disability Income Protection Plan,
- a 45% premium credit effective February 1, 2019 for the Office Overhead Expense Plan, and
- a 45% premium credit effective April 1, 2019 for the Supplemental Medical Plans (former MedCASH Plan, Hospital Indemnity and Critical Illness Plans.)

**B-125-2018. Resolved,** that the following estimated ADA royalties for the ADA Members Insurance Plans, as recommended by Great-West Financial and transmitted by the Council on Members Insurance and Retirement Programs, are hereby approved for payment to ADA in 2019:

- an estimated \$5.6 million from the Life Plans,
- no royalty from the Disability Income Protection Insurance Plan,
- an estimated \$1.15 million from the Office Overhead Expense Insurance Plan, and
- an estimated \$143,000 from the Supplemental Medical Plans (former MedCASH Plan, Hospital Indemnity and Critical Illness Plans.)

**Report of the Council on Members Insurance and Retirement Programs: Great-West Financial New Product Proposal, Single Premium Universal Life Insurance:** Without objection, the Board of Trustees adopted the following resolution.

**B-130-2018. Resolved,** that expansion of the ADA Members Insurance Plans portfolio to include a single premium universal life insurance product option, as proposed by Great-West Financial and recommended by the Council on Members Insurance and Retirement Programs, is hereby approved.

**Report of the Council on Members Insurance and Retirement Programs: Great-West Financial, Proposed Enhancement to ADA Life Plans, Neonatal Mortality Benefit and Higher Limits for Dependent Children:** Without objection, the Board of Trustees adopted the following resolution.

**B-132-2018. Resolved,** that amending the ADA Life Plans to include neonatal mortality life benefits and enhanced dependent child life coverage as proposed by Great-West Financial and recommended by the Council on Members Insurance and Retirement Programs, is hereby approved.

## Government and Public Affairs

**Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update:** Mr. Graham provided an update on developments in Washington, D.C. The following key issues were identified in this report: Action for Dental Health bill, Medical Device Tax Repeal, Opioid issues, OTC Drug Monograph Reform, Surgeon General Oral Health Report, Workforce, CDHC, Community Water Fluoridation, Medicaid, and ADPAC.

## Health Policy Institute

**Health Policy Institute Update:** Dr. Marko Vujicic, chief economist and vice president, Health Policy Institute, provided the Board with an update on new dental care utilization data. There has been no change of statistical significance over the last year. Among children, lower income children continue to show growth in utilization. Among adults, usage among low income adults has started to increase. Among low income seniors, utilization has been dropping. These trends are not new. Generally speaking, there is a growing disparities gap based on income. Dr. Vujicic also presented perceived (from the patient's perspective) barriers to dental care. Cost remains the primary barrier across all age groups. It is interesting to note, however, that the relationship between cost barriers and utilization rates seems weak. It may be that cost barriers would need to be reduced by a lot to get more adults to visit a dentist. HPI will continue to monitor this data and will be reporting back to the Board regularly.

## Information Technology

**Report of the Division of Technology: 2018 Major Technology Initiatives Update:** This informational report provided an update of major Technology initiatives for 2018 to date (consent calendar item).

## Legal Affairs

**Council on Ethics, Bylaws and Judicial Affairs: Notice of Appointment of Consultant:** This informational report notified the ADA Board of Trustees that the council has approved the appointment of Dr. Ethan A. Pansick, an ADA member, as a consultant for the council's upcoming 2018-19 term in the areas of the preparation and presentation of ethics continuing education (consent calendar item).

**Council on Ethics, Bylaws and Judicial Affairs: Notice of Appointment of Selection of Chair and Election of Vice Chair:** This informational report notified the ADA Board of Trustees that the Council on Ethics, Bylaws and Judicial Affairs, during its meeting on July 21-22, 2018, selected Dr. James A. Smith (Oregon) to serve as council chair for the 2018-19 term of the Council. The Council elected Dr. Michael Kurkowski (Minnesota) to serve as council vice chair during the 2018-19 term of the Council. It is the Council's practice for the vice-chair to assume the position of council chair immediately following the service as vice chair (consent calendar item).

## Member and Client Services

**Report of the Office of Student Affairs: Approval of ASDA Consultants:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-122-2018. Resolved,** that the following nominations for the 2018-2019 ASDA Consultant Program be approved:

- New Dentist Committee - Alexandra Howell, George Regents University, 2019
- Advisory Committee on Annual Meetings - Tyler Robers, Marquette, University, 2019

- Council on Advocacy for Access and Prevention – Craig McKenzie, University of Pennsylvania, 2021
- Council on Communications – Stephanie Zbin, Marquette University, 2019
- Council on Dental Benefit Programs – Kai Huang, University of Alabama, 2020
- Council on Dental Education and Licensure – Roopali Kulkarni, University of Pennsylvania, 2019
- Council on Dental Practice – Karina Valentin, Western University, 2020
- Council on Ethics, Bylaws and Judicial Affairs – Ryan Twaddle, Marquette, University, 2019
- Council on Government Affairs – Lauren Yap, Temple University, 2019
- Council on Members Insurance and Retirement Programs – Lindsey Janof, Boston University, 2019
- Council on Membership – Kathleen Gonzales, University at Buffalo, The State of New York, 2019
- Council on Scientific Affairs – Paul Lamoreau, Oregon Health Science University, 2019
- American Dental Political Action Committee – Austin, Tyler, University of Colorado, 2020
- Joint Commission on National Dental Examinations – Brandon Rensch, Creighton University, 2020

**Report of the Council on Membership: Strategic Promotional Incentive Request for Nonmember Specials in 2019** The Board of Trustees adopted the following resolution (consent calendar action).

**B-123-2018. Resolved**, that a Strategic Promotional Incentive of a one-time 50% discount of full membership dues and assessments be approved for any nonmember specialist that is ineligible for existing reduced dues programs as set forth in the *ADA Governance and Organizational Manual* in 2019, and be it further

**Resolved**, that the appropriate ADA agency implement a targeted recruitment and retention program to coincide with the Strategic Promotional Incentive.

## Practice Institute

**Report of the Council on Dental Practice: ADA Standards Volunteer Awards Program:** This confidential report was provided for the Board's information and contained two resolutions (B-112 and B-113) (consent calendar items). The text of Resolutions B-112-2018 and B-113-2018 is currently embargoed.

**Report of the Council on Dental Practice: Unmet Need of Pregnant Dentists:** This informational report provided a summary about CDP's investigation into possible solutions that address the needs of pregnant dentists. Without objection, the Board of Trustees adopted the following resolution.

**B-144-2018. Resolved**, that the Council on Dental Practice pursue the work related to pregnant dentists as outlined in its report and seek contingency funding from the Board as needed.

**Report of the Council on Dental Practice and Council on Scientific Affairs: Response to Resolution B-102-2017, Impact of Science and Technology on Dental Practices:** This informational report provided the Board with an update to its request for CSA and CDP to provide a report on the impact of science and technology on dental practices. The Councils find the request overwhelming as stated and will not pursue additional reporting to the Board unless directed to do so. Should the Board wish a report from the Councils that adequately meets the Board's intended needs, both Councils respectfully request that a more detailed request defining the Board's purpose and objectives be forwarded to the Councils for consideration.

## Publishing

**Extension of the JADA Editor's Contract:** This confidential discussion took place during a closed session of the Board of Trustees and contained one resolution (B-121).

### Science Institute

**Report of the Council on Scientific Affairs: Notification of Consultant Appointments for 2018-2019:** This informational report notified the ADA Board of Trustees that the Council has approved the appointment of its slate of consultants for the council's upcoming 2018-19 term (consent calendar item).

### ADA Foundation

**Report of the ADA Foundation:** This informational report provided the ADA Board of Trustees with updates about activities of the ADA Foundation (consent calendar item).

### Organizational/Other

**Business Model Project Update:** Dr. Norbo, chair, Business Model Project Governance Team; Dr. Suzanne Ebert, vice president, Dental Practice and Relationships Management; and Ms. Bree Simmers, manager, Projects Operations and Administration provided an update on activities and accomplishments that have occurred since the conclusion of the August Board meeting.

**Discussion of Proposed Bylaws for Business Innovation Group, Inc:** Mr. Tom Elliott presented the Board with a draft set of bylaws for ADA's new subsidiary. Without objection, resolutions B-145 and B-146 were adopted by the Board of Trustees.

**B-145-2018. Resolved,** that the ADA, as the sole shareholder of ADA Business Innovation Group, Inc., hereby consents to the approval and adoption of the Bylaws of ADA Business Innovation Group, Inc. without notice and without a meeting.

**B-146-2018. Resolved,** that the ADA, through the Board of Trustees and acting as the sole shareholder of ADA Business Innovation Group, Inc., approves the bylaws of ADA Business Innovation Group, Inc. in the form set forth in **Appendix 2** of the report entitled Proposed Bylaws for ADA Business Innovation Group, Inc.

Appendix 2 is appended on page 263.

**Addendum to Report of Nominations to Councils, Commissions and the New Dentist Committee:** The following resolution was considered and adopted without objection by the Board of Trustees.

**B-138-2018. CONFIDENTIAL ACTION**

**Report of the Executive Director:** Dr. Kathleen O'Loughlin reported on the state of the Association and indicated that the financials look as predicted and that it is believed that the Association will meet budget at year end. Dr. O'Loughlin also reported on Client Services strategies and noted the beginning of strategic planning for the next five-year plan.



## Liaison Reports

**Report of Dr. Judith M. Fisch, Liaison to the Council on Communications:** This informational report summarized the August 17-18, 2018, CC meeting.

## Special Orders of Business/Special Appearances

**Diversity and Inclusion Program:** The Board participated in a diversity training developed by the Diversity and Inclusion Committee. The program included a diverse panel of dentists who shared perspectives on the mission and value of the ADA. Panelists included Dr. Maritza Morell, Dr. Robin Nguyen, Dr. Karyl Patten, Dr. Patrick Smith, and Ms. Paula Vogel served as moderator.

**Board Discussion: Student Debt:** The Board participated in a discussion about steps taken and possible strategies to address student debt.

**Council on Members Insurance and Retirement Programs Overview Presentation:** Mr. Santo LoPorto, senior director, AXA Equitable and Mr. Tom Kacirek, vice president, Great-West Financial presented an overview of the successful financial offerings available through CMIRP.

**Board of Trustees Strategic Discussion, Workforce Models and Delivery of Care:** This discussion took place during a closed session of the Board of Trustees.

## New Business

**ADAF Philanthropic Donation:** The Board discussed a motion to make a philanthropic donation to the ADA Foundation. On vote, Resolution 147 was adopted.

**B-147-2018. Resolved,** that \$300,000, funded through Reserves, be donated to the ADAF for philanthropic activities with \$100,000 dedicated to Dental Lifeline Network.

**Recognition of AAOMS 100th Anniversary:** Dr. Sabates reported that AAOMS would be celebrating a 100-year anniversary. Following a Board discussion about the possibilities of recognizing the achievement, Dr. Crowley offered to present a presidential citation to AAOMS at its upcoming meeting.

## Reports and Resolutions to the House of Delegates

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

**Council on Membership Resolution 56: Amendment of Policy, Removal of 25% and 75% Financial Hardship Dues Waivers** (*Worksheet:2074*): The Board of Trustees voted to transmit Resolution 56 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Membership Resolution 57: Amendment of Policy, Parallel Membership Categories** (*Worksheet:2076*): The Board of Trustees voted to transmit Resolution 57 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Membership Resolution 58: Amendment of ADA Policy, Tripartite Membership Application Procedures** (*Worksheet:2077*): The Board of Trustees voted to transmit Resolution 58 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Membership Resolution 59: Amendment of Policy, Transfer Nonrenews** (*Worksheet.2079*): The Board of Trustees voted to transmit Resolution 59 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Membership Resolution 60: Amendment of Policy, Utilization of Tripartite Resources** (*Worksheet.2080*): The Board of Trustees voted to transmit Resolution 60 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Membership Resolution 61: Amendment of Policy, Differential Charges According to Membership Status** (*Worksheet.2081*): The Board of Trustees voted to transmit Resolution 61 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Membership Resolution 62: Amendment of Policy, Financial Hardship Dues Waivers** (*Worksheet.2082*): The Board of Trustees voted to transmit Resolution 62 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Membership Resolution 63: Amendment of Policy, Streamlining Membership Category Transfers** (*Worksheet.2083*): The Board of Trustees voted to transmit Resolution 63 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Membership Resolution 64: Amendment of Policy, Other Organizations' Support for ADA Recruitment and Retention Activities** (*Worksheet.2084*): The Board of Trustees voted to transmit Resolution 64 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Membership Resolution 65: Rescission of Policy, Alternate Methods of Dues Payments** (*Worksheet.2085*): The Board of Trustees voted to transmit Resolution 65 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Membership Resolution 66: Rescission of Policy, Availability of Survey Results** (*Worksheet.2087*) The Board of Trustees voted to transmit Resolution 66 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Council on Membership Resolution 67: Rescission of Policy, ADA Notification of New Tripartite Members by Constituent Societies** (*Worksheet.2089*): The Board of Trustees voted to transmit Resolution 67 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Ninth Trustee District Resolution 73: Limited Practice Membership Category** (*Worksheet.2092*) The Board of Trustees transmitted Resolution 73 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)

The Board recognizes that the Council on Membership is entering its second year of a membership dues category simplification study. Through this study, the Council is reviewing the structure of the current categories and will be developing a strategy to recommend to the House. Resolution 73 would require the Council to undertake work which it may or may not deem necessary. The Board believes that the Council on Membership should have flexibility in the conduct of its study rather than be limited as to the parameters of the evaluation of this category as outlined in the original resolution. Accordingly, the Board recommends adoption of the following substitute resolution.

**73B. Resolved**, that the Council on Membership consider the practice status of dentists when evaluating membership dues categories as a part of its dues simplification study.

**Council on Members Insurance and Retirement Programs Report 1 to the House of Delegates: Response to Resolution 2H-2017: Feasibility Study of a National Health Insurance Plan**

(*Worksheet:2093*) The Board of Trustees voted to transmit the Council's Report to the House of Delegates. (Vote: Unanimous)

**Council on Communications Report 1 to the House of Delegates: Utilization** (*Worksheet:2095*) The Board of Trustees voted to transmit the Council's Report to the House of Delegates. (Vote: Unanimous)

**Council on Communications Report 2 to the House of Delegates: Further Information About Funding Third Year of Resolution 67H-2016: Three-Year Initiative to Increase Utilization of Dental Services for ADA Members** (*Worksheet:2109*) The Board of Trustees voted to transmit the Council's Report to the House of Delegates with the following comment. (Vote: Unanimous)

Based on new information contained in the Council on Communications Reports 1 and 2, the Board no longer believes that the Utilization campaign would be adequately funded at a level of \$2 million, and that it should be funded at a level of \$6 million through a special assessment. The Board has already submitted a resolution to create the special assessment.

**Report 8 of the Board of Trustees to the House of Delegates: Board Authorized Pilot Programs**

(*Worksheet:2112*): The Board of Trustees voted to transmit Report 8 to the House of Delegates. (Board of Trustees consent calendar action—no Board discussion)

**Report 9 of the Board of Trustees to the House of Delegates: Business Model Project Update**

(*Worksheet:2115*) The Board of Trustees voted to transmit Report 9 to the House of Delegates. (Vote: Unanimous)

**Report 10 of the Board of Trustees to the House of Delegates: Technology Initiatives, Expenditures and Estimated Costs, and Anticipated Future Projects** (*Worksheet:2126*):

The Board of Trustees voted to transmit Report 10 to the House of Delegates. (Board of Trustees consent calendar action—no Board discussion)

**Report 11 of the Board of Trustees to the House of Delegates: ADA Pension Plans** (*Worksheet:2130*):

The Board of Trustees voted to transmit Report 11 to the House of Delegates. (Board of Trustees consent calendar action—no Board discussion)

**Report 12 of the Board of Trustees to the House of Delegates: Credit Card Processing Fee Reimbursement** (*Worksheet:2139*):

The Board of Trustees voted to transmit Report 12 to the House of Delegates. (Vote: Unanimous)

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

**Council on Advocacy for Access and Prevention Resolution 55: Developing a Culture of Safety in Dentistry** (*Worksheet:3024*)

The Board of Trustees voted to transmit Resolution 55 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Fourteenth Trustee District Resolution 75: Data Collection Parameters for Dental Practice Delivery Models** (*Worksheet:3027*):

The Board of Trustees transmitted Resolution 75 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)

The Board feels it is important to increase the evidence base surrounding the impact of alternative dental care delivery models. As part of this effort, it is necessary to develop appropriate outcome measures that are important to monitor when evaluating such models. This includes appropriate

measures of access to dental care, quality of dental care, and other outcomes measures important to patients and providers. As a result, the Board feels it is important to develop such indicators as well as an outline of a research study.

**75B. Resolved**, that the appropriate agencies of the ADA develop a study outline for measuring quality of care and access to care to allow future comparison studies of the effectiveness of different practice delivery models, and be it further

**Resolved**, that a report be provided to the 2019 House of Delegates.

**Council on Dental Practice Report 1 to the House of Delegates: Elder Care** (*Worksheet:3029*) The Board of Trustees voted to transmit Report 1 to the House of Delegates. (Board of Trustees consent calendar action—no Board discussion)

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

**Board of Trustees Resolution 14: Proposed Changes to the Governance Manual with Respect to Appointment of Ad Interim Chairs of Commissions** (*Worksheet:4066*) The Board of Trustees voted to transmit Resolution 14 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Board of Trustees Resolution 16: CODA Authority to Adopt Rules Regarding the Conduct of its Meetings** (*Worksheet:4068*) The Board of Trustees voted to transmit Resolution 16 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Board of Trustees Resolution 20: Amendment to the ADA Bylaws and Governance Manual on Conflict of Interests and CODA** (*Worksheet:4070*) The Board of Trustees voted to transmit Resolution 20 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Commission on Dental Accreditation Resolution 37: Revision of the Rules of the Commission on Dental Accreditation: Terminology Changes Related to Advanced Education Programs** (*Worksheet:4072*) The Board of Trustees voted to transmit Resolution 37 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Board of Trustees Resolution 39: Commission Annual Reports** (*Worksheet:4080*) The Board of Trustees voted to transmit Resolution 39 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Board of Trustees Resolution 40: Proposed Changes to the Bylaws and Governance Manual with Respect to CODA and Hiring Consultants** (*Worksheet:4083*) The Board of Trustees voted to transmit Resolution 40 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Board of Trustees Resolution 41: Amendment to Resolution 1H-2013—Self-Assessments** (*Worksheet:4085*) The Board of Trustees voted to transmit Resolution 41 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Board of Trustees Resolution 42: Authority of CODA Over its Rules and Articles** (*Worksheet:4088*) The Board of Trustees voted to transmit Resolution 42 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Board of Trustees Resolution 43: CODA Authority to Remove Commission Members** (*Worksheet:4090*)

The Board of Trustees voted to transmit Resolution 43 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Council on Scientific Affairs Resolution 52: Revision to the Council on Scientific Affairs' Area of Responsibility for Research Agenda Development** (*Worksheet:4092*):

The Board of Trustees voted to transmit Resolution 52 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Scientific Affairs Resolution 53: Human Papillomavirus (HPV) Vaccination for the Prevention of Infection With HPV Types Associated With Oropharyngeal Cancer** (*Worksheet:4095*):

The Board of Trustees voted to transmit Resolution 53 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Eighth Trustee District Resolution 71: ADA Taskforce on Dental Student Debt** (*Worksheet:4107*)

The Board of Trustees voted to transmit Resolution 71 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 2 Yes—Drs. Bitter, Thompson; 18 No—Drs. Asai, Black, Cohlmia, Cole, Fisch, Gehani, Harrington, Himmelberger, Huot, Klemmedson, Kyger, McDougall, Mitchell, Norbo, Robinson, Rodriguez, Sabates, Shepley)

The Board recognizes that dental student debt is a very serious issue, and notes that the Association has been addressing this important matter since 2010. There have been twelve resolutions addressing the topic, calling for actions on the student debt issue, including the formation of several Task Forces that have utilized outside consultants with expertise in student debt financing issues. The work of these Task Forces has resulted in new programs and ongoing initiatives such as: student loan consolidation at a lower interest rate via Laurel Road; successful advocacy efforts to reduce interest rates for federal student loans; continued efforts in advocating for federal and state student loan forgiveness programs; increased monitoring of student debt matters by HPI; adoption of strengthened CODA accreditation standards related to not only student loan financing of dental education, but also related to personal finances. The Board understands that there are also robust financial and debt planning tools available both on the ADA (through CPS) and ADEA websites. HPI has published 5 articles and 2 detailed reports on student debt and the costs of dental education, addressing the proposals suggested in this resolution.

The Board believes the Association continues to take numerous concrete actions and new programming to address the concern and help dental students manage their debt more effectively. The Board understands that this is a complicated matter which is beyond the control of the ADA; there are many factors that the Association cannot affect. For example, dental tuition is set at the institutional level, based on the cost of higher education and the competitive nature of dental school admission. The Board estimates that over the past 7 years, approximately \$500,000 has been spent studying, addressing and advocating for change on this matter. HPI continues to provide monitoring of dental student debt as part of its obligations to meet resolutions adopted by the House, and the ADA Division of Governmental Affairs continues to advocate for reform in higher education financing, especially in regards to dental schools.

For these reasons, the Board recommends that Resolution 71 not be adopted.

**Fourteenth Trustee District Resolution 76: Refining CODA Standards** (*Worksheet:4109*)

The Board of Trustees voted to transmit Resolution 76 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)

The Board disagrees that the Association should play a role in defining equivalency between dental education programs accredited by the Commission on Dental Accreditation (CODA) and non-accredited international dental education programs at this time. According to state dental board websites, California allows graduates of foreign dental schools to test for licensure, while Kansas and

Minnesota have provisions for equivalency review. The Board is unaware of any requests from the state dental boards to develop equivalency guidelines.

The Board has concerns about developing equivalency guidelines that would be, in and of themselves, less rigorous and less robust than the current process conducted through CODA. The Board notes that there is long-standing ADA policy (State Board and Commission on Dental Accreditation Roles in Candidate Evaluation for Licensure (Trans.2003:367), urging state boards of dentistry to continue to support the role of CODA as the agency responsible for the evaluation of dental education programs. CODA provides public protection and accountability, assuring prospective students and state licensing agencies that accredited programs provide appropriate education, training and experience to adequately prepare individuals for dental licensure and practice in the U.S. Further, the Board is aware that since 2006, international predoctoral dental education programs have been eligible to seek accreditation by CODA. They are required to meet the same Accreditation Standards for Dental Education Programs as the United States-based programs and follow the same rigorous process and procedures. However, they must first undergo a multi-step process that involves detailed application and self-study, observation of the Commission's accreditation process, and consultation with Commission staff, site reviewers, and the Standing Committee on International Accreditation. If the consensus of the Standing Committee is that the international program has the potential to achieve CODA accreditation, the program may elect to submit an application for accreditation. To date, no international dental education program has been accredited by CODA.

An "equivalency" study of the dental education curriculum, facilities, faculty, and resources of CODA-accredited dental programs (assuming some of the schools would share) against the same components of non-accredited international programs (assuming schools in some countries would share) if even possible, would require consultant expertise beyond the current capacity of ADA resources. Because international dental schools may pursue accreditation by CODA and because there is no documented need for such guidelines by the few state dental boards with equivalency review licensure provisions, the Board does not support this resolution.

**Fourteenth Trustee District Resolution 77: Is Idiopathic Pulmonary Fibrosis and Occupational Hazard of Dentistry?** (*Worksheet:4111*) The Board of Trustees voted to transmit Resolution 77 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)

There is a need to better understand the relative risk of idiopathic pulmonary fibrosis (IPF) in dentistry. It is necessary that this research effort begin by engaging external experts and stakeholders, especially those with expertise in occupational health, pulmonary fibrosis, and respiratory toxicology. ADA Science Institute staff are already communicating with the National Institute for Occupational Safety and Health (NIOSH) and others on this issue. Any important developments will be communicated by staff to the Council on Scientific Affairs and the House of Delegates, as appropriate. The Board believes the issue is being addressed adequately by Science Institute staff and, therefore, does not require any House action at this time.

**Fourteenth Trustee District Resolution 78: Simplification of CERP Application Process for CODA Accredited Institutions** (*Worksheet:4113*) The Board of Trustees voted to transmit Resolution 78 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)

The Board appreciates the Fourteenth District's interest in simplifying the ADA CERP application process for dental schools that are accredited by CODA. However, the Board does not believe it is appropriate to urge the Commission for Continuing Education Provider Recognition to modify its processes for a specific group of continuing dental education (CE) providers.

The ADA House of Delegates established and charged CCEPR to establish continuing dental education standards and to approve providers that meet those standards. The CERP eligibility criteria, recognition standards and procedures are applied to all CE providers seeking CERP recognition, regardless of the type of provider. Consistent application of standards, policies and procedures is a hallmark of any accreditation process. CE providers that have achieved CERP

recognition have all been required to complete the same application processes and demonstrate compliance with the same set of standards.

Further, it should be noted that CODA is recognized by the US Department of Education to accredit dental, advanced dental and allied dental education programs. CODA does not accredit the institutions sponsoring these programs. CODA's scope and mission do not include the accreditation of continuing dental education departments or programs, nor do the accreditation processes for dental and advanced dental education programs include assessments of any CE components that may be affiliated with these programs or their sponsoring institutions.

For these reasons, the Board recommends that Resolution 78 not be adopted.

**Council on Scientific Affairs Report 1 to the House of Delegates: Response to Resolution 45-2017: Considerations for Including pH Level Information on Oral Care Product Labeling** (*Worksheet:4115*)

The Board of Trustees voted to transmit the Council's Report to the House of Delegates. (Board of Trustees consent calendar action—no Board discussion)

**Report 7 of the Board of Trustees to the House of Delegates: ADA Library and Archives Advisory Board Annual Report** (*Worksheet:4118*)

The Board of Trustees voted to transmit Report 7 to the House of Delegates. (Board of Trustees consent calendar action—no Board discussion)

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

**Report 6 of the Board of Trustees to the House of Delegates: The New Dentist Committee Chair Serving on the Board of Trustees** (*Worksheet:5035*)

The Board of Trustees transmitted the following resolution to the House of Delegates.

*Resolution 27—The New Dentist Committee Chair Serving on the Board of Trustees* (*Worksheet:5038*) The Board of Trustees voted to transmit Resolution 27 to the House of Delegates with a recommendation to vote yes. (Vote: 11 Yes—Drs. Bitter, Cole, Crowley, Fisch, Gehani, Harrington, Klemmedson, Kyger, Norbo, Rodriguez, Thompson; 10 No—Drs. Asai, Black, Cohlma, Himmelberger, Huot, McDougall, Mitchell, Robinson, Sabates, Shepley)

Subsequent to the September Board Meeting, Board Report 6 containing Resolution 27 was removed from the list of resolutions to be considered by the House of Delegates. The president voted to break a tie vote, on the advice of the Speaker. The Bylaws state that the President is allowed to vote only under special and specific circumstances and no such situation existed in this instance. The Speaker identified the error after the close of the Board meeting.

**Washington State Dental Association Resolution 32: Expanding Dental Benefits Advocacy in the State Public Affairs (SPA) Program** (*Worksheet:5039*)

The Board of Trustees voted to transmit Resolution 32 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)

The Board thanks the Washington State Dental Association for emphasizing the need to expand dental benefits advocacy within the State Public Affairs (SPA) program.

The Board, after consultation with the members of the SPA Oversight Workgroup, supports making \$125,000 available for competitive grant requests from all state associations in 2018-2019. These existing SPA funds would be used in order to pilot test the value of this notion. In 2019, the Oversight Workgroup will report to the Board on the level of interest by state associations in pursuing dental benefits advocacy grants and any initial results of their efforts.

Therefore, based on the untested nature of the program as described, the Board proposes a no vote on Resolution 32.

**Council on Ethics, Bylaws and Judicial Affairs Resolution 44: Amendment of the Policy Entitled “Statement Regarding Employment of a Dentist”** (*Worksheet:5041*): The Board of Trustees voted to transmit Resolution 44 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Ethics, Bylaws and Judicial Affairs Resolution 45: Amendment of Chapter VIII, Section F. of the *Governance and Organizational Manual of the American Dental Association*** (*Worksheet:5045*): The Board of Trustees voted to transmit Resolution 45 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Ethics, Bylaws and Judicial Affairs Resolution 46: Amendment to Chapter I of the *Governance and Organizational Manual of the American Dental Association* Relating to Campaign Rules Adopted by the House of Delegates** (*Worksheet:5047*): The Board of Trustees voted to transmit Resolution 46 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Ethics, Bylaws and Judicial Affairs Resolution 47: Amendment of Chapter VIII, Section K.6.b. of the *Governance and Organizational Manual of the American Dental Association*** (*Worksheet:5049*): The Board of Trustees voted to transmit Resolution 47 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Ethics, Bylaws and Judicial Affairs Resolution 48: Amendment of the Policy Entitled “Definition of Committees”** (*Worksheet:5050*): The Board of Trustees voted to transmit Resolution 48 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Ethics, Bylaws and Judicial Affairs Resolution 49: Amendment of the Policy Entitled “The Dentist’s Prayer”** (*Worksheet:5052*): The Board of Trustees voted to transmit Resolution 49 to the House of Delegates with the following comment and recommendation to vote yes on referral. (Vote: Unanimous)

The Board appreciates the Council’s sensitivity to and support of the Association’s efforts to become a more diverse and inclusive organization in its consideration of this policy. During the Board’s discussion of the resolution proposed by the Council, there was concern expressed that amending “The Dentist’s Prayer” might itself be offensive to members. Ultimately, the Board’s discussion evolved into a broader discussion of the role that religion and faith should play in the Association, a question that underlies the divergent opinions on this resolution. The Board believes that this underlying question needs to be addressed in order to reach a satisfactory conclusion on whether ADA policy should include “The Dentist’s Prayer” and, if so, whether revisions to “The Dentist’s Prayer” should be adopted. Consequently, the Board of Trustees recommends that the House refer the question of the proper role of faith and religion in the Association to the appropriate agency and to consider “The Dentist’s Prayer” in light of the conclusions reached, following which a report on the referral be made to the 2019 House of Delegates.

**Council on Ethics, Bylaws and Judicial Affairs Resolution 50: Amendment of Section 4.A. of the *ADA Principles of Ethics and Code of Professional Conduct*** (*Worksheet:5053*): The Board of Trustees voted to transmit Resolution 50 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Council on Ethics, Bylaws and Judicial Affairs Resolution 51: Amendment of the *Manual of the House of Delegates* Relating to the Standing Committee on Constitution and Bylaws** (*Worksheet:5065*): The Board of Trustees voted to transmit Resolution 51 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)



**Board of Trustees Resolution 54: Amendment to Chapter XIV, Section 30B of the ADA Bylaws: Procedural Manuals of the Association** (*Worksheet:5068*) The Board of Trustees voted to transmit Resolution 54 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Board of Trustees Resolution 68: Amendment of the Governance and Organizational Manual to Streamline Technical and Conforming Amendments to Governance Documents** (*Worksheet:5070*) The Board of Trustees voted to transmit Resolution 68 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Council on Advocacy for Access and Prevention Resolution 69: State Medicaid Dental Peer Review Committee** (*Worksheet:5072*): The Board of Trustees voted to transmit Resolution 69 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**Ninth Trustee District Resolution 72: Amendment to ADA Bylaws: Chapter III, House of Delegates, Section 10. Members, D. Election or Selection** (*Worksheet:5073*) The Board of Trustees voted to transmit Resolution 72 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Fourteenth Trustee District Resolution 74: Continuing Education to Identify Abused and Neglected Patients** (*Worksheet:5075*) The Board of Trustees voted to transmit Resolution 74 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)

The Board recommends removing “for ethics” in consideration of states without continuing education requirements specifically for ethics. The final resolving clause reflects the fact that CERP does not accredit courses, but course providers.

**74B. Resolved**, that the appropriate ADA agency be encouraged to draft model regulations for the use by each state regulatory board for the purpose of including continuing education for the identification and reporting of abuse of children, people with disabilities, intimate partners and elders in continuing education requirements ~~for ethics~~, and be it further Resolved, that each state be encouraged to pursue such regulations, and be it further

**Resolved**, that the ADA provide ~~CERP-accredited~~ courses about identification and reporting of abuse to ADA member dentists as a free member benefit.

**Council on Ethics, Bylaws and Judicial Affairs Report 1 to the House of Delegates: Response to Resolution 62H-2017: Study of the Effects of States Requiring Licensure as a Prerequisite for Active Membership** (*Worksheet:5077*): The Board of Trustees voted to transmit the Council’s Report to the House of Delegates. (Board of Trustees consent calendar action—no Board discussion)

## Annual Reports

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

ADA Business Enterprises, Inc.  
 ADA Foundation  
 Commission for Continuing Education Provider Recognition  
 Commission on Dental Accreditation  
 Council on Advocacy for Access and Prevention  
 Council on Communications  
 Council on Dental Benefit Programs  
 Council on Dental Education and Licensure  
 Council on Dental Practice  
 Council on Ethics, Bylaws and Judicial Affairs  
 Council on Government Affairs

Council on Members Insurance and Retirement Programs  
Council on Membership  
Council on Scientific Affairs  
Joint Commission on National Dental Examinations  
National Commission on Recognition of Dental Specialties and Certifying Boards

### **Closed Session**

Closed sessions of the Board of Trustees were held at various times during the September 23–25, 2018, meeting of the Board of Trustees. The minutes of the closed sessions are separately recorded; however, non-confidential actions taken by the Board are reflected in the minutes of the open session. The following reports were considered during the closed sessions:

- Board Strategic Discussion: Re-examine Workforce Models and Delivery of Care
- Report of the Governance Committee: Emergency Succession Plan
- Report of the Compensation Committee
- Report of the Pension Committee
- Closed Session Budget Strategy Discussion
- Extension of the JADA Editor's Contract

### **Attorney-Client Session**

An attorney-client session of the Board of Trustees was held on Monday, September 24, 2018 in the Board Room of the ADA Headquarters Building, Chicago.

### **Adjournment**

Without objection, the sixth regular meeting of the Board of Trustees adjourned *sine die* on Tuesday, September 25, 2018 at 1:14 p.m.

**BYLAWS**  
**OF**  
**ADA BUSINESS INNOVATION GROUP, INC.**

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**OFFICES**

**REGISTERED OFFICE** – The registered office of ADA Business Innovation Group, Inc. (the "Corporation") shall be established and maintained at the office of CT Corporation System, 208 South LaSalle Street, Suite 814, Chicago, Illinois 60604, which shall be the registered agent of the Corporation.

**OTHER OFFICES** – The Corporation shall have its principal corporate offices in Chicago, Illinois, or such other place established by the Board of Directors. The Corporation may have other offices, either within or without the State of Illinois, at such place or places as the Board of Directors may from time to time select or the business of the Corporation may require.

**MEETINGS OF STOCKHOLDERS**

**ANNUAL MEETINGS** – An annual meeting of stockholders shall be held at such place, either within or without the State of Illinois, and at such time and date as the Board of Directors, by resolution, shall determine and as set forth in the notice of the meeting. At each annual meeting, the stockholders entitled to vote shall elect the Directors of the class thereof to be elected at that meeting and they may transact such other corporate business as shall be stated in the notice of the meeting.

**SPECIAL MEETINGS** – Special meetings of the stockholders for any purpose or purposes may be called by the Chairman of the Board of Directors, the Chief Executive Officer, if one shall be elected, the President, or the Secretary, or by resolution of the Board of Directors or by the Chief Executive Officer or the President at the request in writing of stockholders owning a majority in amount of the entire capital stock of the Corporation issued and outstanding and entitled to vote.

**VOTING** – Each stockholder entitled to vote in accordance with the terms of the Articles of Incorporation of the Corporation and these Bylaws may vote in person or by proxy, but no proxy shall be voted after three years from its date unless such proxy provides for a longer period. All elections for Directors shall be decided by a majority of the shares present in person or represented by proxy at the meeting; all other questions shall be decided by the affirmative vote of the majority of shares present in person or represented by proxy at the meeting, except as otherwise provided by the Articles of Incorporation or the laws of the State of Illinois.

A complete list of the stockholders entitled to vote at the meeting, arranged in alphabetical order, with the address of each, and the number of shares held by each, shall be open to

the examination of any stockholder, for any purpose germane to the meeting, during ordinary business hours, for a period of at least ten days prior to the meeting, either at a place within the city where the meeting is to be held, which place shall be specified in the notice of the meeting, or, if not so specified, at the place where the meeting is to be held. The list shall also be produced and kept at the time and place of the meeting during the whole time thereof and may be inspected by any stockholder who is entitled to be present.

**QUORUM** – Except as otherwise required by law, by the Articles of Incorporation of the Corporation or by these Bylaws, the presence, in person or by proxy, of stockholders holding shares constituting a majority of the voting power of the Corporation shall constitute a quorum at all meetings of the stockholders. In case a quorum shall not be present at any meeting, a majority in interest of the stockholders entitled to vote thereat, present in person or by proxy, shall have the power to adjourn the meeting from time to time, without notice other than announcement at the meeting, until the requisite amount of stock entitled to vote shall be present. At any such adjourned meeting at which the requisite amount of stock entitled to vote shall be represented, any business may be transacted that might have been transacted at the meeting as originally noticed; but only those stockholders entitled to vote at the meeting as originally noticed shall be entitled to vote at any adjournment or adjournments thereof.

**NOTICE OF MEETINGS** – Written notice, stating the place, date and time of the meeting, and the general nature of the business to be considered, shall be given to each stockholder entitled to vote at such meeting, at his or her address as it appears on the records of the Corporation, not less than ten (10) nor more than sixty (60) days before the date of the meeting. No business other than that stated in the notice shall be transacted at any meeting without the unanimous consent of all the stockholders entitled to vote at such meeting.

**ACTION WITHOUT MEETING** – Unless otherwise provided by the Articles of Incorporation of the Corporation, any action required or permitted to be taken at any annual or special meeting of stockholders may be taken without a meeting, without prior notice and without a vote, if a consent in writing, setting forth the action so taken, shall be signed by the holders of outstanding stock having not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all shares entitled to vote thereon were present and voted. Prompt notice of the taking of the corporate action without a meeting by less than unanimous written consent shall be given to those stockholders who have not consented in writing. Any action taken pursuant to such written consent or consents of the stockholders shall have the same force and effect as if taken by the stockholders at a meeting thereof.

## **DIRECTORS**

**NUMBER, CLASSIFICATION AND TERM** – The business and affairs of the Corporation shall be managed under the direction of a Board of Directors which shall consist of not less than one (1) person. Commencing no later than January 1, 2019 (the “Effective Date”), the majority of the Board shall be composed of Directors who are not trustees, officers or other employees of the American Dental Association, an Illinois not for profit corporation. The exact number of Directors shall initially be seven (7). Except for individuals serving as members of the Board of

Directors as the result of holding another office, Directors shall be elected at the annual meeting of stockholders. A Director need not be a stockholder. A Director who is an employee of a stockholder shall cease to qualify to serve as a Director when such Director's employment by the stockholder ceases for any reason.

Effective on the Effective Date, the Directors, other than members of the Board of Directors who are Directors as the result of holding another office, shall be divided into three (3) equal or as nearly equal as possible classes, with the term of office of the first class to expire at the first annual meeting of stockholders held after the Effective Date; the term of office of the second class to expire at the second annual meeting of stockholders held after the Effective Date; the term of office of the third class to expire at the third annual meeting of stockholders held after the Effective Date; and thereafter for each such term to expire at each third succeeding annual meeting of stockholders after such election. At each annual meeting of stockholders commencing with the first annual meeting held after the Effective Date, Directors elected to succeed those Directors whose terms expire at that meeting shall be elected for a term of office to expire at the third succeeding annual meeting of stockholders after their election. All elected Directors shall hold office until the expiration of the term for which elected and until their respective successors are elected or earlier death, resignation or removal or ceasing to qualify to serve as a Director. In no event shall any person elected to the Board of Directors serve in said capacity for more than two (2) consecutive full three (3)-year terms.

The individual then serving as the Executive Director of the American Dental Association shall be designated as a member of the Board of Directors by virtue of serving as the American Dental Association Executive Director. He or she may participate fully in all Board of Directors discussions and deliberations and shall possess the voting rights of a Director of the Corporation. He or she shall be considered to be a Director for all purposes other than the election of Directors to classified terms, and shall not be subject to the term limitations applicable to the elected Directors.

**RESIGNATIONS** — Any Director may resign at any time. Such resignation shall be made in writing, and shall take effect at the time specified therein, and if no time be specified, at the time of its receipt by the Chief Executive Officer, if one shall be elected, or the Secretary. The acceptance of a resignation shall not be necessary to make it effective.

**VACANCIES** — Vacancies in an elected directorship, and newly created elected directorships resulting from any increase in the authorized number of Directors, may be filled by the affirmative vote of the holders of shares constituting a majority of the voting power of the Corporation at a special meeting called for such purpose, and any Director so elected shall hold office until the expiration of the term for which he or she is elected and until his or her successor is elected and qualified or earlier death, resignation or removal or ceasing to qualify to serve as a Director.

**REMOVAL** — Except as hereinafter provided, any Director or Directors may be removed either for or without cause at any time at a meeting of stockholders the notice of which shall state that a purpose of the meeting is to vote upon the removal of one or more Directors named in said notice, by the affirmative vote of the holders of shares constituting a majority of the voting power of the Corporation, and any vacancy or vacancies thus created may be filled by the affirmative vote of holders of shares constituting a majority of the voting power of the Corporation at the same or a subsequent meeting of the stockholders.

COMMITTEES — The Board of Directors may designate one or more committees, each committee to consist of one or more of the Directors of the Corporation. The Board of Directors may designate one or more Directors as alternate members of any committee, who may replace any absent or disqualified member at any meeting of the committee.

In the absence or disqualification of a member of a committee, the member or members present at any meeting and not disqualified from voting, whether or not such member or members constitute a quorum, may unanimously appoint another member of the Board of Directors to act at the meeting in the place of any such absent or disqualified member.

Any such committee, to the extent provided in the resolution of the Board of Directors or in these Bylaws and as permitted by law, shall have and may exercise all the powers and authority of the Board of Directors in the management of the business and affairs of the Corporation, and may authorize the seal of the Corporation to be affixed to all papers which may require it.

SECTION 6. ADVISORY PANELS — The Board of Directors may designate one or more advisory panels to advise the Board of Directors on any matter that the Board of Directors may direct in the resolution establishing the advisory panel. One or more individuals may be selected by the Board of Directors to serve as members of the advisory panel. Except for the chair of the advisory panel, who shall be a Director, members of an advisory panel need not be a Director or a stockholder.

SECTION 7. MEETINGS — The annual meeting of the Board of Directors (including newly-elected Directors) shall be held immediately after the annual meeting of the stockholders at such time and place as may be fixed by resolution of the Board of Directors.

Additional regular meetings of the Board of Directors may be held without notice at such places and times as shall be determined from time to time by resolution of the Board of Directors.

Special meetings of the Board of Directors may be called by the President, or by the Secretary on the written request of any three (3) Directors. Notice of any special meeting of the Board of Directors shall be addressed to each Director at such Director's residence or business address and shall be sent to such Director by mail, electronic mail, or telecopier or telephoned or delivered to such Director personally. If such notice is sent by mail, it shall be sent not later than ten (10) business days before the day on which the meeting is to be held. If such notice is sent by electronic mail, it shall be sent not later than five (5) business days before the day on which the meeting is to be held. If such notice is telephoned or delivered personally, it shall be received not later than five (5) business days before the day on which the meeting is to be held. Such notice shall state the time and place of the meeting and, where required by applicable law or these Bylaws, the purpose for which the meeting is called.

The President and the Chief Financial Officer of the American Dental Association shall have the right to participate fully in all Board of Directors discussions and deliberations but shall not possess voting rights. Neither the President nor the Chief Financial Officer of the American Dental Association shall be a Director.

Unless otherwise restricted by the Articles of Incorporation of the Corporation or these Bylaws, members of the Board of Directors, or any committee designated by the Board of Directors, may participate in any meeting of the Board of Directors or any committee thereof by means of a

conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and such participation in a meeting shall constitute presence in person at the meeting.

**QUORUM** – A majority of the total number of Directors constituting the whole Board, but not less than two (2) Directors, or, if the Board consists of only one (1) Director, then one (1) Director, shall constitute a quorum for the transaction of business. If at any meeting of the Board of Directors there shall be less than a quorum present, a majority of those present may adjourn the meeting from time to time until a quorum is obtained, and no further notice thereof need be given other than by announcement at the meeting which shall be so adjourned. The vote of the majority of the Directors present at the time that the vote is taken at a meeting at which a quorum is present shall be the act of the Board of Directors unless the Articles of Incorporation of the Corporation or these Bylaws shall require the vote of a greater number.

**COMPENSATION** – Unless otherwise restricted by the Articles of Incorporation or these Bylaws, the Board of Directors shall have the authority to fix the compensation of Directors. The Directors may be paid their expenses, if any, of attendance at each meeting of the Board of Directors and may be paid a fixed sum for attendance at each meeting of the Board of Directors or a stated salary as Director. No such payment shall preclude any Director from serving the Corporation in any other capacity and receiving compensation therefor. Members of special or standing committees may be allowed like compensation for attending committee meetings.

**ACTION WITHOUT MEETING** – Any action required or permitted to be taken at any meeting of the Board of Directors or of any committee thereof may be taken without a meeting if a written consent thereto is signed by all members of the Board of Directors or of such committee, as the case may be, and such written consent is filed with the minutes of proceedings of the Board of Directors or such committee.

## **OFFICERS**

**OFFICERS** – The officers of the Corporation shall be a President, a Treasurer and a Secretary. The President and Secretary shall be elected by the Board of Directors and shall hold office until their successors are duly elected and qualified. The Chief Financial Officer of the American Dental Association shall be the Treasurer of the Corporation. In addition, the Board of Directors may elect such additional officers as it may deem proper, including, without limitation, a Chief Executive Officer. The Board of Directors may appoint such other officers and agents as it may deem advisable, who shall hold their offices for such terms and shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Directors. The Board of Directors may remove any officer or agent with or without cause at any time. One or more offices may, at the determination of the Board of Directors, be vacant from time to time. Any number of offices may be held by the same person.

**CHIEF EXECUTIVE OFFICER** – The Chief Executive Officer, if one shall be elected, shall be the principal executive officer of the Corporation. He or she shall have the general powers and duties of supervision and management usually vested in the office of Chief Executive Officer of

a corporation and shall have and perform such other duties as may be assigned to him or her by the Board of Directors. The Chief Executive Officer shall have the power to execute bonds, mortgages and other contracts on behalf of the Corporation, and to cause the seal of the Corporation to be affixed to any instrument requiring it, and when so affixed the seal shall be attested to by the signature of the Secretary or the Treasurer or an Assistant Secretary or an Assistant Treasurer.

**CHAIRMAN OF THE BOARD** – The Board of Directors shall designate a Chairman of the Board. The Chairman of the Board shall preside over the meetings of the Board of Directors at which he or she shall be present. The Chairman of the Board shall perform such other duties as may be assigned to him or her by these Bylaws or the Board of Directors.

**PRESIDENT** – The President shall be the principal operating officer of the Corporation. He or she shall have the general powers and duties of supervision and management usually vested in the office of President of a corporation and shall have and perform such other duties as may be assigned to him or her by the Board of Directors. The President shall have the power to execute bonds, mortgages and other contracts on behalf of the Corporation, and to cause the seal of the Corporation to be affixed to any instrument requiring it, and when so affixed the seal shall be attested to by the signature of the Secretary or the Treasurer or an Assistant Secretary or an Assistant Treasurer.

The individual then serving as the President of the Corporation shall be designated as a representative to the Board of Directors. He or she may participate fully in all Board of Directors discussions and deliberations, but shall not possess voting rights. He or she shall not be considered to be a Director.

**TREASURER** – The Treasurer shall have the custody of the corporate funds and securities and shall keep full and accurate account of receipts and disbursements in books belonging to the Corporation. He or she shall deposit all moneys and other valuables in the name and to the credit of the Corporation in such depositories as may be designated by the Board of Directors. He or she shall disburse the funds of the Corporation as may be ordered by the Board of Directors, the Chief Executive Officer, if one shall be elected, or the President, taking proper vouchers for such disbursements. He or she shall render to the Chief Executive Officer, if one shall be elected, and Board of Directors at the regular meetings of the Board of Directors, or when they may request it, an account of all his or her transactions as Treasurer and of the financial condition of the Corporation. If required by the Board of Directors, he or she shall give the Corporation a bond for the faithful discharge of his or her duties in such amount and with such surety as the Board of Directors shall prescribe.

**SECRETARY** – The Secretary shall give, or cause to be given, notice of all meetings of stockholders and of the Board of Directors and all other notices required by law or by these Bylaws, and in case of his or her absence or refusal or neglect so to do, any such notice may be given by any person thereunto directed by the Chief Executive Officer, if one shall be elected, or by the Board of Directors, upon whose request the meeting is called as provided in these Bylaws. He or she shall record all the proceedings of the meetings of the Board of Directors, any committees thereof and the stockholders of the Corporation in a book to be kept for that purpose, and shall perform such other duties as may be assigned to him or her by the Board of Directors, the Chief Executive Officer, if one shall be elected, or the President. He or she shall have the custody of the seal of the Corporation and



shall affix the same to all instruments requiring it and attest to the same. The Board of Directors may appoint such Assistant Secretaries as the Board of Directors may determine, to hold office for such period and with such authority and to perform such duties as the Board may from time to time determine.

**ADDITIONAL OFFICERS** — Additional officers, if any, shall be elected and shall have such powers and shall perform such duties as shall be assigned to them, respectively, by the Board of Directors.

**ABSENCE OR DISABILITY OF OFFICERS** — In the case of the absence or disability of any officer of the Corporation and of any person hereby authorized to act in such officer's place during such officer's absence or disability, the Board of Directors may by resolution delegate the powers and duties of such officer to any other officer or to any Director, or to any other person whom it may select.

## **INDEMNIFICATION**

**INDEMNITY FOR THIRD PARTY ACTIONS** — The Corporation shall indemnify and hold harmless any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (other than an action by or in the right of the Corporation) by reason of the fact that such person is or was an officer or Director of the Corporation, or is or was serving at the request of the Corporation as a director, officer, manager, member, partner, employee or agent of another corporation, partnership, limited liability company, joint venture, trust or other enterprise, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement (collectively, "Losses") actually and reasonably incurred by or imposed upon such person in connection with such action, suit or proceeding, or the settlement or compromise thereof, to the maximum extent authorized by Section 805 ILCS 5/8.75 of the Illinois Business Corporation Act of 1983, as the same exists or may hereafter be amended (but, in the case of any such amendment, only to the extent that such amendment permits the Corporation to provide broader indemnification rights than said law permitted the Corporation to provide prior to such amendment), or by other applicable law as then in effect, except that a person shall be liable for any such Losses incurred by reason of gross negligence or willful misconduct by such person. The termination of any action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner which such person reasonably believed to be in or not opposed to the best interests of the Corporation, and, with respect to any criminal action or proceeding, had reasonable cause to believe that such person's conduct was unlawful.

**INDEMNITY FOR ACTION BY OR IN RIGHT OF CORPORATION** — The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action or suit by or in the right of the Corporation to procure a judgment in its favor by reason of the fact that such person is or was an officer or Director of the Corporation, or is or was serving at the request of the Corporation as a director, officer, manager,

member, partner, employee or agent of another corporation, partnership, limited liability company, joint venture, trust or other enterprise, against Losses actually and reasonably incurred by such person in connection with the defense or settlement of such action or suit if such person acted in good faith and in a manner reasonably believed to be within the scope of the authority conferred on such person by the Corporation or such other entity, except that a person shall be liable for any such Losses incurred by reason of such person's gross negligence or willful misconduct, and except that no such indemnification shall be made in respect of any claim, issue or matter as to which such person shall have been adjudged to be liable to the Corporation unless and only to the extent that the circuit court of Cook County, Illinois or the court in which such suit or action was brought shall determine upon application that, despite the adjudication of liability but in consideration of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for such expenses which such court shall deem proper.

EMPLOYEES – The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action or suit by or in the right of the Corporation to procure a judgment in its favor by reason of the fact that such person is or was an employee or agent (other than an officer or Director) of the Corporation, or is or was serving at the request of the Corporation as a director, officer, manager, member, partner, employee or agent of another corporation, partnership, limited liability company, joint venture, trust or other enterprise, against Losses actually and reasonably incurred by such person in connection with the defense or settlement of such action or suit if such person acted in good faith and in a manner reasonably believed to be within the scope of the authority conferred on such person by the Corporation or such other entity, except that a person shall be liable for any such Losses incurred by reason of such person's gross negligence or willful misconduct, and except that no such indemnification shall be made in respect of any claim, issue or matter as to which such person shall have been adjudged to be liable to the Corporation unless and only to the extent that the circuit court of Cook County, Illinois or the court in which such suit or action was brought shall determine upon application that, despite the adjudication of liability but in consideration of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for such expenses which such court shall deem proper.

PROCEDURE FOR INDEMNITY – Any indemnification to be provided under Section 1, 2 or 3 of this Article V (unless ordered by a court) shall be made by the Corporation only as authorized in the specific case upon a determination that indemnification of the director, officer, employee or agent is proper in the circumstances because such person has met the applicable standard of conduct set forth in Sections 1, 2 or 3 of this Article V. Such determination shall be made (1) by a majority vote of Directors who are not parties to such action, suit or proceeding, even though less than a quorum, or (2) if there are no such Directors, or if such Directors so direct, by independent legal counsel in a written opinion, or (3) by the stockholders.

EXPENSES – Expenses (including attorneys' fees) incurred by an officer, Director, employee or agent in defending any civil, criminal, administrative or investigative action, suit or proceeding shall be paid by the Corporation in advance of the final disposition of such action, suit or proceeding unless otherwise determined by the Board of Directors in the specific case, upon receipt of an undertaking by or on behalf of such officer, Director, employee or agent to repay such amount if it shall ultimately be determined that such person is not entitled to be indemnified by the Corporation as authorized in this Article V.

ARTICLE NOT EXCLUSIVE — The indemnification and advancement of expenses provided by, or granted pursuant to, this Article V shall not be deemed exclusive of any other rights to which those seeking indemnification or advancement of expenses may be entitled under any statute, Bylaw, agreement, vote of stockholders or disinterested Directors or otherwise, both as to action in such person's official capacity and as to action in another capacity while holding such office, and shall, unless otherwise provided when authorized or ratified, continue as to a person who has ceased to be a Director, officer, employee or agent and shall inure to the benefit of the heirs, executors, and administrators of such person.

INSURANCE — To the extent available at commercially reasonable premiums and coverage limits, the Corporation shall insure against any potential liability for losses hereunder and may purchase and maintain insurance on its own behalf and on behalf of any person who was or is a Director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, manager, member, partner, employee or agent of another Corporation, partnership, limited liability company, joint venture, trust or other enterprise against any liability asserted against such person and incurred by such person in any such capacity, or arising out of such person's status as such, whether or not the Corporation would have the power to indemnify such person against such liability under the provisions of this Article V or of Section 805 ILCS 5/8.75 of the Illinois Business Corporation Act of 1983.

CONTRACT RIGHTS — The provisions of this Article V shall be deemed to be a contract right between the Corporation and each officer or Director who serves in any such capacity at any time while this Article V, and the relevant provisions of Section 805 ILCS 5/8.75 of the Illinois Business Corporation Act of 1983 or other applicable law are in effect, and any repeal or modification of this Article V, or any such law shall not affect any rights or obligations then existing with respect to any state of facts or proceedings then existing.

REFERENCES TO "THE CORPORATION" — For the purposes of this Article V, references to "the Corporation" shall include, in addition to the resulting corporation, any constituent corporation (including any constituent of a constituent) absorbed in a consolidation or merger and the corporation which, if its separate existence had continued, would have had power and authority to (or in fact did) indemnify its directors, officers, employees or agents, so that any person who is or was a director, officer, employee or agent of such constituent corporation, or is or was serving at the request of such constituent corporation as a director, officer, manager, member, partner, employee or agent of another corporation, partnership, limited liability company, joint venture, trust or other enterprise, shall stand in the same position under the provisions of this Article V with respect to the resulting or surviving corporation as such person would have with respect to such constituent corporation if its separate existence had continued.

## MISCELLANEOUS

CERTIFICATES OF STOCK — The shares of the Corporation shall be represented by a certificate. Certificates shall be signed by, or in the name of the Corporation by, the Chief Executive Officer, the President or a Vice President, and the Secretary or an Assistant Secretary of the Corporation. Any of or all the signatures on a certificate may be facsimile. In case any officer, transfer

agent or registrar who has signed or whose facsimile signature has been placed upon a certificate shall have ceased to be such officer, transfer agent or registrar before such certificate is issued, it may be issued by the Corporation with the same effect as if he were such officer, transfer agent or registrar at the date of issue.

**LOST CERTIFICATES** — A new certificate of stock may be issued in the place of any certificate theretofore issued by the Corporation, alleged to have been lost or destroyed, and the Board of Directors may, in its discretion, require the owner of the lost or destroyed certificate, or such owner's legal representatives, to give the Corporation a bond, in such sum as they may direct, not exceeding double the value of the stock, to indemnify the Corporation against any claim that may be made against it on account of the alleged loss of any such certificate, or the issuance of any such new certificate.

**TRANSFER OF SHARES** — The shares of stock of the Corporation shall be transferable only upon its books by the holders thereof in person or by their duly authorized attorneys or legal representatives, and upon such transfer the old certificates shall be surrendered to the Corporation by the delivery thereof to the person in charge of the stock and transfer books and ledgers, or to such other person as the Board of Directors may designate, by whom they shall be canceled, and new certificates shall thereupon be issued. A record shall be made of each transfer and whenever a transfer shall be made for collateral security, and not absolutely, it shall be so expressed in the entry of the transfer.

**STOCKHOLDERS RECORD DATE** — In order that the Corporation may determine the stockholders entitled to notice of or to vote at any meeting of stockholders or any adjournment thereof, or to express consent to corporate action in writing without a meeting, or entitled to receive payment of any dividend or other distribution or allotment of any rights, or entitled to exercise any rights in respect of any change, conversion or exchange of stock or for the purpose of any other lawful action, the Board of Directors may fix a record date, which record date shall not precede the date upon which the resolution fixing the record date is adopted by the Board of Directors and which record date: (1) in the case of determination of stockholders entitled to vote at any meeting of stockholders or adjournment thereof, shall, unless otherwise required by law, not be more than sixty (60) nor less than ten (10) days before the date of such meeting; (2) in the case of determination of stockholders entitled to express consent to corporate action in writing without a meeting, shall not be more than ten (10) days from the date upon which the resolution fixing the record date is adopted by the Board of Directors; and (3) in the case of any other action, shall not be more than sixty (60) days prior to such other action. If no record date is fixed: (a) the record date for determining stockholders entitled to notice of or to vote at a meeting of stockholders shall be at the close of business on the day next preceding the day on which notice is given, or, if notice is waived, at the close of business on the day next preceding the day on which the meeting is held; (b) the record date for determining stockholders entitled to express consent to corporate action in writing without a meeting when no prior action of the Board of Directors is required by law, shall be the first day on which a signed written consent setting forth the action taken or proposed to be taken is delivered to the Corporation in accordance with applicable law, or, if prior action by the Board of Directors is required by law, shall be at the close of business on the day on which the Board of Directors adopts the resolution taking such prior action; and (c) the record date for determining stockholders for any other purpose shall be at the close of business on the day on which the Board of Directors adopts the resolution relating thereto. A determination of stockholders of record entitled to notice of or to vote at a meeting of stockholders

shall apply to any adjournment of the meeting; provided, however, that the Board of Directors may fix a new record date for the adjourned meeting.

**DIVIDENDS** — Subject to the provisions of the Articles of Incorporation of the Corporation, the Board of Directors may, out of funds legally available therefor, at any regular or special meeting declare dividends upon stock of the Corporation as and when it deems appropriate. Dividends may be paid in cash, in property or in shares of capital stock, subject to the provisions of the Articles of Incorporation. Before declaring any dividend, there may be set apart out of any funds of the Corporation available for dividends such sum or sums as the Board of Directors from time to time in its discretion deems proper for working capital or as a reserve fund to meet contingencies or for equalizing dividends or for such other purposes as the Board of Directors shall deem conducive to the interests of the Corporation.

**SEAL** — The corporate seal, if any, of the Corporation shall be in such form as shall be determined by resolution of the Board of Directors. Said seal may be used by causing it or a facsimile thereof to be impressed or affixed or reproduced or otherwise imprinted upon the subject document or paper.

**FISCAL YEAR** — The fiscal year of the Corporation shall be determined by resolution of the Board of Directors.

**CHECKS** — All checks, drafts or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the Corporation shall be signed by such officer or officers, or agent or agents, of the Corporation, and in such manner as shall be determined from time to time by resolution of the Board of Directors.

**NOTICE AND WAIVER OF NOTICE** — Whenever any notice is required to be given under these Bylaws, personal notice is not required unless expressly so stated, and any notice so required shall be deemed to be sufficient if given by depositing the same in the United States mail, postage prepaid, addressed to the person entitled thereto at his or her address as it appears on the records of the Corporation, and such notice shall be deemed to have been given on the day of such mailing. Stockholders not entitled to vote shall not be entitled to receive notice of any meetings except as otherwise provided by law. Whenever any notice is required to be given under the provisions of any law, or under the provisions of the Articles of Incorporation of the Corporation or of these Bylaws, a waiver thereof, in writing and signed by the person or persons entitled to said notice, whether before or after the time stated therein, shall be deemed equivalent to such required notice.

## **AMENDMENTS**

These Bylaws may be made, altered, amended or repealed at any annual meeting of the stockholders (or at any special meeting thereof if notice of such proposed alteration, amendment or repeal to be considered is contained in the notice of such special meeting) by the affirmative vote of the holders of shares constituting a majority of the voting power of the Corporation. Except as otherwise provided in the Articles of Incorporation of the Corporation, the Board of Directors may also make, alter, amend or repeal these Bylaws, or enact such other Bylaws as in its judgment may be advisable for the regulation and management of the affairs of the Corporation.

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## Minutes of the Board of Trustees

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October 23, 2018

Honolulu, Hawaii

**Call to Order:** The first session of the new Board of Trustees was called to order by President Jeffrey M. Cole on Tuesday, October 23, at 8:29 a.m., at the Hilton Hawaiian Village, Mid-Pacific Conference Center, Coral I, in Honolulu, Hawaii.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Jeffrey M. Cole, Chad P. Gehani, Richard A. Huot, Craig W. Herre, Glen D. Hall, Ted Sherwin, Kathleen T. O'Loughlin, Richard C. Black, Raymond A. Cohlma, Susan Becker Doroshov, Linda J. Edgar, Judith M. Fisch, Jay F. Harrington, Jr., Linda K. Himmelberger, Daniel J. Klemmedson, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Cesar R. Sabates, George R. Shepley, James D. Stephens, and Roy Thompson.

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

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, vice president, Science Institute; Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; James S. Goodman, senior vice president, Business and Conferences; Michael A. Graham, senior vice president, Government and Public Affairs; Catherine H. Mills, vice president, Conferences and Continuing Education; Stephanie Moritz, chief communications officer; David Preble, senior vice president, Practice Institute; Robert Quashie, vice president, Business Operations and Strategy; Bill Robinson, vice president, Member and Client Services; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujcic, chief economist and vice president, Health Policy Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Michelle Kruse, director, Administrative Services; Molly Potnick, coordinator, Board and House Matters; Kyle Smith, manager, House of Delegates; and Wendy Wils, Esq., deputy general counsel.

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

**Approval of Agenda:** Prior to approving the agenda, the following items were accepted as new business and added to the agenda: Treasurer Consultant and Relationship with States. On vote, the Board of Trustees adopted the following resolution.

**B-148-2018. Resolved,** that the agenda on page 1 of the Board Agenda Book be approved as the official order of business for the current meeting.

**Approval of Minutes of Previous Sessions:** The following resolution was adopted by the Board of Trustees.

**B-149-2018. Resolved,** that the minutes of the September 23-25, 2018, meeting of the Board of Trustees be approved.

**Structure and Operation of the 2018–19 Board of Trustees**

**Organization and Rules of the Board of Trustees:** The Board was provided a copy of the *Organization and Rules of the Board of Trustees* that reflected amendments made through September 2018. If other amendments to the Board’s Rules are required based on House of Delegates actions, they will be forwarded to the Governance Committee for consideration.

**Council/Commission Liaison Assignments:** In accordance with a long standing provision of the *Organization and Rules of the Board of Trustees*, the President assigns members of the Board to serve as council liaisons, with the responsibility of reviewing the programs and activities of a specified Association council/commission. Accordingly, President Cole reported the following liaison assignments to ADA councils and commissions:

Advocacy for Access and Prevention	Dr. Kenneth McDougall
Communications	Dr. Jay Harrington
Continuing Education Provider Recognition	Dr. Susan Becker Doroshow
Dental Accreditation	Dr. Cesar Sabates
Dental Benefit Programs	Dr. Billie Sue Kyger
Dental Education and Licensure	Dr. Raymond Cohlmia
Dental Practice	Dr. Judith Fisch
Ethics, Bylaws and Judicial Affairs	Dr. Paul Leary
Government Affairs	Dr. Daniel Klemmedson
Membership	Dr. Julio Rodriguez
Members Insurance and Retirement Programs	Dr. Richard Huot
National Dental Examinations	Dr. Linda Himmelberger
Recognition of Dental Specialties and Certifying Boards	Dr. Linda Edgar
Scientific Affairs	Dr. Roy Thompson
New Dentist Committee	Dr. Kirk Norbo

**Report on Appointment of ADA Council Chairs, 2018-19:** The Board received an informational report identifying council, commission and committee chairs for the 2018-19 term.

**Appointment of Delegation to the FDI World Dental Federation Delegation:** Dr. Cole reported that the following individuals were appointed to serve as the delegation to the 2019 World Dental Congress to be held in San Francisco, California.

**Delegates**

- Dr. Carol Gomez Summerhays, chair
- Dr. Jeffrey Cole, president
- Dr. Chad Gehani, president-elect
- Dr. Joseph Crowley, immediate past president
- Dr. Gary Roberts, previous immediate past president
- Dr. Judith Fisch, fourth-year trustee
- Dr. Kenneth McDougall, third-year trustee
- Dr. Julio Rodriguez, second-year trustee
- Dr. Linda Edgar, first-year trustee
- Dr. Maxine Feinberg, presidential appointee



**Alternate Delegates**

Dr. Charles Norman, presidential appointee  
 Dr. Greg Chadwick, presidential appointee  
 Dr. Irene Marron-Tarrazzi, presidential appointee  
 Dr. Kathleen O'Loughlin, presidential appointee

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

Accordingly, President Cole reported that he made the following appointments to the standing committees of the Board of Trustees for 2018–19.

Audit Committee

Dr. Daniel Klemmedson, chair  
 Dr. Chad Gehani, non-voting member  
 Dr. Jeffrey Cole, non-voting member  
 Dr. Billie Sue Kyger  
 Dr. Jay Harrington  
 Dr. Susan Becker Doroshov  
 Dr. Mark Chaney, member, House of Delegates  
 Dr. Matthew Roberts, member, House of Delegates  
 Independent Financial Consultant

Budget and Finance

Dr. Richard Black, chair  
 Dr. Ted Sherwin  
 Dr. Chad Gehani  
 Dr. Craig Herre  
 Dr. Cesar Sabates  
 Dr. George Shepley  
 Dr. Linda Edgar  
 Dr. Tom Paumier, member, House of Delegates  
 Dr. Wendy Brown, member, House of Delegates

Business Innovation

Dr. Richard Black, chair  
 Dr. Kirk Norbo  
 Dr. Jay Harrington  
 Dr. Linda Edgar  
 Dr. Adam Shisler, New Dentist Committee  
 Dr. Jeffrey Cole, non-voting member  
 Dr. Chad Gehani, non-voting member  
 Dr. Kathleen O'Loughlin, non-voting member  
 Dr. Ted Sherwin, consultant

Compensation

Dr. Raymond Cohlmia, chair  
 Dr. Jeffrey Cole  
 Dr. Chad Gehani  
 Dr. Kirk Norbo  
 Dr. Linda Himmelberger  
 Dr. Paul Leary  
 Dr. Ted Sherwin, non-voting member

**Appointment of Standing Committees  
(continued):**

Diversity and Inclusion

Dr. Judith Fisch, chair  
Dr. Roy Thompson  
Dr. Julio Rodriguez  
Dr. Susan Becker Doroshov  
Dr. Craig Herre  
Dr. Prabha Krishnan, alumni member  
Dr. Maritza Morell, alumni member  
Dr. Mina Kim, alumni member  
Dr. Michelle Aguilos Thompson, alumni member

Governance

Dr. Daniel Klemmedson, chair  
Dr. Kenneth McDougall  
Dr. Linda Himmelberger  
Dr. James Stephens  
Dr. Richard Huot  
Dr. Jeffrey Cole, non-voting member  
Dr. Chad Gehani, non-voting member  
Dr. Kathleen O'Loughlin, non-voting member  
Dr. Glen Hall, consultant

Pension

Dr. Ted Sherwin, chair  
Dr. Jeffrey Cole  
Dr. Chad Gehani  
Dr. Kathleen O'Loughlin  
Mr. Paul Sholty  
Ms. Judi Fleeks  
Dr. Cindi Sherwood, member, House of Delegates  
Dr. Chad Leighty, member, House of Delegates  
Dr. Cesar Sabates  
Dr. Paul Leary  
Mr. J. Craig Busey, general counsel

Without objection, the following resolution was adopted.

**B-150-2018. Resolved**, that the appointments to the standing committees of the Board of Trustees as made by the President be approved.

**Appointment of the Advisory Committee on Annual Meetings:** The Committee on Annual Meetings (CAM) consists of 14 members: nine general members, two Local Arrangements members, two trustees or vice presidents, without the power to vote, appointed by the President, and one New Dentist Member. Resolution 151 was presented to approve the appointment of Dr. James Stephens as vice chair. Without objection, Resolution 151 was adopted.

**B-151-2018. Resolved**, that the appointment of vice chair to the Committee on Annual Meetings as made by the President be approved.

Dr. James Stephens, vice chair, non-voting member

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

Dr. Kenneth McDougall, chair, non-voting member  
Dr. James Stephens, vice chair, non-voting member  
Dr. Roger Macias, Texas, general member and chair of the 2019 meeting  
Dr. Nanette Tertel, Ohio, 2020, general member and 2019 program chair  
Dr. Robert Blackwell, Illinois, 2021, general member  
Dr. Paul Kirkegaard, Minnesota, 2020, general member  
Dr. Melanie R. Love, Virginia, 2023, general member  
Dr. Charles McKelvey, California, 2022, general member

Dr. Steven Radack, III, Pennsylvania, 2019, general member  
 Dr. Robert L. Skinner, Arkansas, 2023, general member  
 Dr. Debra Weisfuse, New York, 2021, general member  
 Dr. Lauren Vitkus, New York, 2019, new dentist member  
 Dr. Denis Shinbori, California, 2019 local arrangements member  
 Dr. Bertram Hughes, Florida, 2020 local arrangements member

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

Liaison to the American Student Dental Association	Dr. George Shepley
Liaison to the Alliance of the American Dental Association	Dr. Craig Herre
Dental Lifeline Network Board of Directors	Dr. Judith Fisch Dr. Kirk Norbo
ADEA Commission on Change and Innovation on Dental Education	Dr. Raymond Cohlmia
Western Regional Examining Board (WREB) <i>[Subject to invitation]</i>	Dr. Julio Rodriguez
American Board of Dental Examiners (ADEX) <i>[Subject to invitation]</i>	Dr. Jay Harrington

**Other Committees, Task Forces, and Activities:**

American Dental Political Action Committee Board of Directors	Dr. Richard Black
Presenter of Board Reports to the House of Delegates	Dr. Richard Huot
Liaison to Standards Committee on Dental Informatics	Dr. Richard Huot
Publishing Liaison	Dr. Cesar Sabates
Norton Ross Selection Committee	Dr. Billie Sue Kyger
D.C. Townhouse Oversight Group	Dr. Julio Rodriguez, chair Dr. Richard Black Dr. Chad Gehani Dr. Craig Armstrong, chair, CGA Dr. Thomas Harrison, chair, ADPAC
IOM Health Literacy Roundtable	Dr. Roy Thompson

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

CODA Standing Committee on International Accreditation

Dr. George Shepley, chair  
Dr. Bryan Edgar, at-large member  
Dr. Steven Tonelli, at-large member  
Dr. Lawrence Wolinski, CODA representative  
Dr. Tariq Javed, CODA representative  
Dr. Jeffery Cole, president, non-voting member  
Dr. Loren Feldner, CODA chair, non-voting member

SPA Oversight Committee

Dr. Jay Harrington  
Dr. George Shepley  
Dr. Craig Armstrong, CGA Rep  
Dr. Phil Fijal, CGA Rep  
Dr. Frank luorno, CC Rep

Dental Quality Alliance Committee

Dr. Daniel Klemmedson (continuing member)  
\*Dr. Yvonne Maldonado, CDBP  
\*Dr. Cary Limberakis, CDP  
\*Dr. Deborah Bishop, CGA  
Dr. Mark Koday, CAAP (continuing member)

Dental Content Committee

Dr. Billie Sue Kyger, chair  
Dr. Linda Himmelberger, vice chair  
Dr. James Hollingsworth, CDBP  
Dr. Cynthia Olenwine, CDBP  
\*Dr. Dave Larson, CDBP  
Dr. Jonathan Knapp, CDP  
Dr. Doug Wolff, CDP

Alternates:

\*Dr. Christopher Bulnes, CDBP  
Dr. Cary Limberakis, CDP

\*Subsequent to the October Board meeting, Dr. Yvonne Maldonado, Dr. Cary Limberakis and Dr. Deborah Bishop were selected to serve on the Dental Quality Alliance Committee as representatives from CDBP, CDP, and CGA; Dr. Dave Larson and Dr. Christopher Bulnes were selected to serve as representatives of CDBP on the Dental Content Committee.

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

## ADA Library and Archives Advisory Board

Dr. Judith Fisch, chair  
 Dr. Susan Becker Doroshow  
 Dr. Jennifer Korzeb, CDEL  
 Dr. Maurice Miles, CDEL  
 Dr. Angelo Mariotti, CSA  
 Dr. William Parker, CSA  
 TBD, at-large member  
 Dr. Mary Hayes, at-large member  
 TBD, special librarian

## Workgroup on ADA/CODA Relationship

Dr. Raymond Cohlma, co-chair  
 Dr. Loren Feldner, co-chair  
 Dr. Cesar Sabates, BOT  
 Dr. Roy Thompson, BOT  
 Dr. Billie Sue Kyger, BOT  
 Dr. Paul Leary, BOT  
 \*Dr. Steven Friedrichsen, CODA  
 \*Dr. Monica Hebl, CODA  
 \*Dr. Jeffrey Hicks, CODA  
 \*Dr. Arthur Chen-Shu Jee, CODA

## Dental Licensure Objective Structured Clinical Examination (DLOSCE)

Dr. Richard Black  
 Dr. Roy Thompson  
 Dr. Eddie Hebert  
 Dr. Prabu Raman  
 Dr. Frank Licari  
 Dr. Michael Kanellis  
 Dr. David Carsten  
 Dr. Mark Stetzel

## Strategic Planning Workgroup

Dr. Daniel Klemmedson, chair  
 Dr. Kirk Norbo  
 Dr. George Shepley  
 Dr. James Stephens  
 Dr. Rita Camarata, at-large member  
 Dr. Alex Mitchell, at-large member

## \*\*Coalition for Modernizing Dental Licensure

Dr. Joseph Crowley  
 Dr. Kirk Norbo

\*Subsequent to the October Board meeting, Dr. Steven Friedrichsen, Dr. Monica Hebl, Dr. Jeffrey Hicks and Dr. Arthur Chen-Shu Jee were selected to serve as CODA representatives on the Workgroup on ADA/CODA Relationship.

\*\*Subsequent to the October Board meeting, the National Commission on Licensure Reform changed names to the Coalition for Modernizing Dental Licensure.

### Boards of ADA For-Profit and Not-For-Profit Subsidiaries

ADA Foundation

Dr. Daniel Klemmedson  
Dr. Roy Thompson  
Dr. Linda Himmelberger  
Dr. James Stephens

ADA Business Enterprises, Inc.

Dr. Kenneth McDougall

**Sessions of the Board of Trustees, 2018–19:** The *Bylaws* (Chapter V, Section 90.A.) requires that “The Board of Trustees shall hold a minimum of three regular meetings each year. The number of actual meetings to be held in excess of the three for the ensuing year shall be determined in advance by the Board of Trustees.” Without objection, Resolution B-152 was adopted as amended.

**B-152-2018. Resolved,** that the meetings of the 2018-19 Board of Trustees be as follows:

December 13-16, 2018 (Retreat and Board meeting, if needed)  
February 17-19, 2019 (Sunday – Tuesday)  
May 15-17, 2019 (Wednesday - Friday)  
June 23-25, 2019 (Sunday – Tuesday)  
July 13, 2019 (Saturday)  
August 11-13, 2019 (Sunday – Tuesday)  
September 10, 2019 (New Board Meeting, California)  
December 12-15, 2019 (Retreat and Board meeting, if needed)

**Contracts with the President and President-elect:** The ADA’s *Organization and Rules of the Board of Trustees* require that the President and President-elect execute agreements as officers of the ADA, and that these agreements be approved by the Board of Trustees at its first meeting following the annual session. On behalf of the Compensation Committee, Dr. Raymond Cohlma moved the following resolutions with a recommendation to adopt. Without objection, Resolutions B-153 and B-154 were adopted.

**B-153-2018. Resolved,** that the 2018-19 President Corporate Officer Agreement be approved and adopted.

**B-154-2018. Resolved,** that the 2018-19 President-elect Corporate Officer Agreement be approved and adopted.

**Update on Annual Session:** Dr. Kathleen O’Loughlin and Ms. Catherine Mills, vice president, Conferences and Continuing Education, provided an update on events of ADA2018.

### New Business

**Treasurer Consultant:** Dr. Cole reported that the *Organization and Rules of the Board* state that the previous ADA treasurer may serve as a consultant to the new treasurer. Without objection, the Board agreed to appoint Dr. Ronald Lemmo, previous treasurer, as consultant.

**State Update:** Dr. Kathleen O’Loughlin provided an update on how the ADA is striving for effective communication with state executives, especially in regard to pilots. Dr. O’Loughlin reported that Mr. Robert Quashie, vice president, Business Operations and Strategy, will establish a set of core principles that will not be violated when working with a state on a pilot.

**Adjournment:** Without objection, the meeting of the Board of Trustees was adjourned *sine die* at 9:39 a.m. on Tuesday, October 23, 2018.

## Minutes of the Board of Trustees

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December 16, 2018

St. Helena, California

**Call to Order:** The second meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Jeffrey Cole, president, on Sunday, December 16, 2018, at 8:05 a.m. in the Vinters Room of the Meadowood Resort, St. Helena, California.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Jeffrey M. Cole, Chad P. Gehani, Richard A. Huot, Craig W. Herre, Glen D. Hall, Ted Sherwin, Kathleen T. O'Loughlin, Richard C. Black, Raymond A. Cohlma, Susan Becker Doroshov, Linda J. Edgar, Judith M. Fisch, Jay F. Harrington, Daniel J. Klemmedson, Billie Sue Kyger, Paul R. Leary, Kenneth McDougall, Kirk M. Norbo, Julio H. Rodriguez, Cesar R. Sabates, George R. Shepley, James D. Stephens and W. Roy Thompson.

Linda K. Himmelberger participated for portions of the meeting via teleconference.

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

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the President: Jerome K. Bowman, chief of governance and strategy management and J. Craig Busey, Esq., general counsel.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; and Michelle Kruse, director, Administrative Services.

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

### Preliminary

#### Approval of Agenda and Consent Items

*Approval of Agenda.* The following item of new business was identified.

- Definition of Medically Necessary Care

Without objection, the new item of business was added to the agenda and the amended agenda was adopted.

**B-161-2018. Resolved**, that the agenda, as amended, be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

*Approval of Consent Calendar.* Without objection the consent calendar was adopted by the Board of Trustees.

**B-155-2018. Resolved**, that the resolutions on the Consent Calendar for the Board of Trustees consideration be approved and reports be filed.

*Approval of Minutes of Previous Session.* Minutes of the October 23, 2018, Meeting of the Board of Trustees. The following resolution was adopted (consent calendar action).

**B-156-2018. Resolved**, that the minutes of the October 23, 2018, New Board of Trustees meeting be approved.



## Reports and Resolutions to the Board of Trustees

### Finance and Operations

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

1. A new 10 year Lease Extension for 9,554 rentable square feet effective 8/1/19 on the 10th floor in the ADA Chicago HQ building for an existing tenant, Northwestern Medical Group. This includes total lease commissions of \$167,195. Because there are no tenant improvements included in this deal, the Net Effective Return ("NER") to the ADA based on the cash inflows and outflows over the lease term is \$12.65 per rentable square foot ("RSF") which is above and beyond an 8% cost of capital. As such, this is one of the most profitable lease deals we've seen.
2. A new 5 year Lease for 3,276 square feet on the 10th floor in the ADA DC building for new tenant TrustPoint One. This includes total lease commissions and tenant improvement costs of \$67,214. This lease generates positive cashflow and net effective returns over the 60-month lease period.

Because these expenditures are less than \$500,000, this request was submitted to the President, President-elect and Treasurer of the Association with a recommendation for approval. The President, President-elect and Treasurer voted on October 17, 2018 to approve these expenditures.

### Organizational/Other

*IOM/NAM Funding.* Dr. Cole reported that subsequent to the October 23, 2018 New Board Meeting it was learned that the IOM Health Literacy Roundtable position, of which Dr. Roy Thompson had been appointed to at that meeting, had reverted back to the California Dental Association from the ADA. Consequently, it was identified that the 2019 funding for IOM/NAM activities would no longer be necessary. The following resolution was considered and adopted by the Board of Trustees.

**B-163-2018. Resolved**, that \$50,000, originally included in Government Affairs' 2019 Budget to fund a seat at the IOM/NAM roundtable, be reclassified to the Board 2019 Contingency budget.

*Rescission of Rule Requiring CODA Chair to Attend One Board Meeting Per Year.* The following resolution was adopted (consent calendar action).

**B-157-2018. Resolved**, that Resolution B-214-2011 directing that the chair and director of the Commission on Dental Accreditation report annually to the Board of Trustees be rescinded.

*Report of the 2019 Humanitarian Award Nominating Committee.* The following resolution was adopted (consent calendar action).

**B-158-2018. Resolved**, that Dr. Charles F. Craft, Nebraska, be the 2019 Humanitarian Award recipient.

*Report of the Advisory Committee on Annual Meetings: CAM Response to CCEPR Eligibility.* Without objection, the following resolution was adopted by the Board of Trustees.

**B-162-2018. Resolved**, that the Board of Trustees authorizes CAM to submit CAM Response to CCEPR Eligibility Requirement letter, as attached to its December 2018 report to the Board.

**Report of the President:** Dr. Jeffrey Cole gave an oral report that summarized his activities since the October 2018 Board meeting.

**Report of the President-elect:** Dr. Chad Gehani gave an oral report that summarized his activities since the October 2018 Board meeting.

**Report of the Executive Director:** Dr. Kathleen O'Loughlin gave an oral report that summarized her activities since the October 2018 Board meeting. Dr. O'Loughlin provided an overview of Membership Growth Strategy results to the Board (attached).

### **Liaison Reports**

**Report of Dr. Billie Sue Kyger, Liaison to the Council on Dental Benefit Programs:** This informational report summarized the November 8-9, 2018, CDBP meeting (consent calendar item).

**Report of Dr. Judith Fisch, Liaison to the Council on Dental Practice:** Dr. Fisch, Dr. O'Loughlin and Dr. Cole provided an oral report on the November 16-17, 2018, CDP meeting.

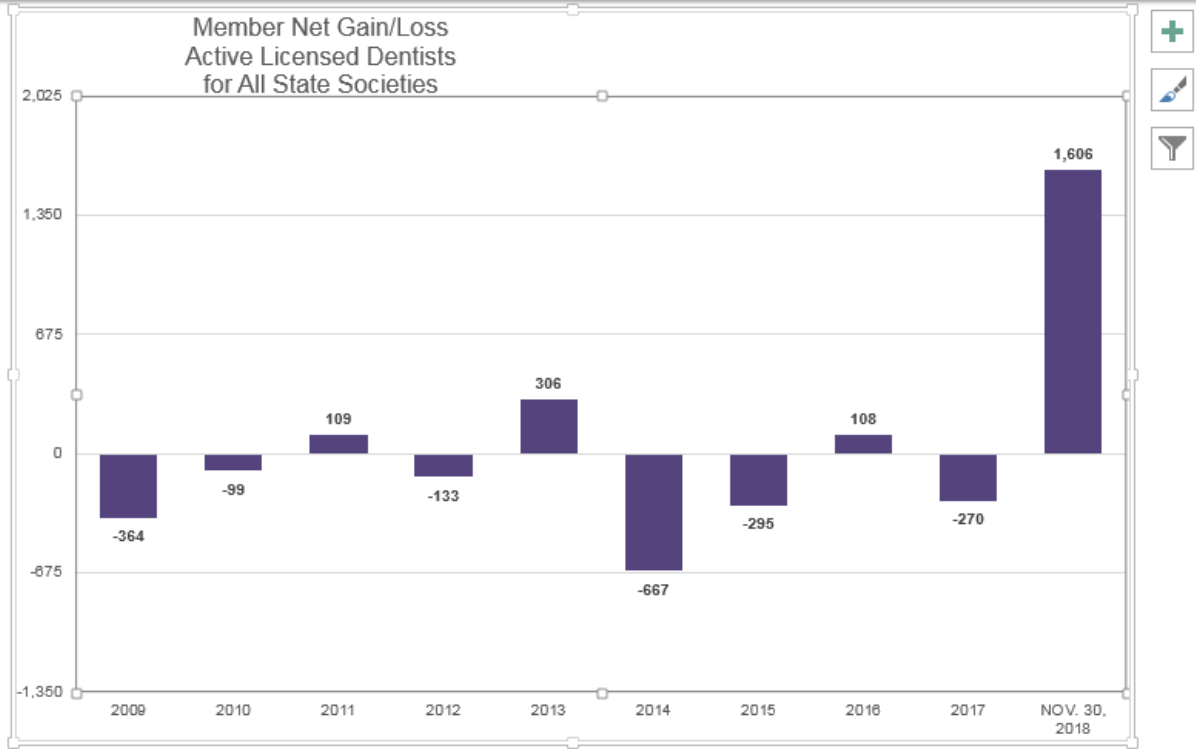
### **New Business**

**Definition of Medically Necessary Care:** Council of Government Affairs chair, Dr. Craig Armstrong, Texas; vice chair, Dr. Phillip Fijal, Illinois; and director, Ms. Janice Kupiec; along with Mr. Mike Graham, senior vice president, Government and Public Affairs; participated via teleconference. The ADA has a policy on the Definition of Medically Necessary Care (Trans.1990:537). Dr. Armstrong, Dr. Fijal, Ms. Kupiec and Mr. Graham reported that the DC office received communication from the multi-stakeholder group focused on working with the Centers for Medicare and Medicaid Services to seek a broader definition of medically necessary dental/oral therapies. Discussion ensued and, subsequently, the Board directed staff to respond to the request in writing to reiterate existing ADA policy and inform the group that the proposed expanded definition is in conflict with that policy. Consequently, the ADA is not at liberty to change or endorse the proposed expanded definition.

### **Adjournment**

Without objection, the second regular meeting of the Board of Trustees adjourned *sine die* on Sunday, December 16, 2018 at 12:53 p.m.

# State Membership Gains – 10 Year Trend



# Minutes of the House of Delegates

October 19–22

## Minutes of the 159th Annual Session of the American Dental Association House of Delegates

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October 19–22, 2018  
Honolulu, Hawaii

Friday, October 19, 2018

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### First Meeting of the House of Delegates

**Call to Order:** The First Meeting of the 159th Annual Session of the American Dental Association House of Delegates was called to order by the Speaker of the House of Delegates, Dr. Glen D. Hall, Texas, at 1:00 p.m., Friday, October 19, 2018, in the Hawaii Convention Center, Kalakaua Ballroom.

**Invocation:** An invocation was offered by Dr. Alejandro M. Aguirre, Minnesota, and was followed by a moment of silence.

**Pledge of Allegiance:** Rear Admiral Gayle D. Shaffer, Chief, Navy Dental Corps, led the members of the House in reciting the Pledge of Allegiance.

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

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

**Ethics Statement:** The Speaker called attention to the Ethics Statement which appears in the *Manual of the House of Delegates and Supplemental Information* and asked that members read the Statement prior to the start of deliberations of the House of Delegates.

**Report of the Standing Committee on Credentials, Rules and Order:** Dr. Michael D. Eggnatz, Florida, Committee chair, presented the Committee's report. The other members of the Committee were: Dr. Brian D. Basinger, Louisiana; Dr. Susan Bordenave Bishop, Illinois; Dr. Rainey Fair Chadwell, South Carolina; Dr. Cassandra P. Coakley, Vermont; Dr. Ronald K. Heier, Pennsylvania; Dr. Gabriel B. Holdwick, Michigan; Dr. James I. Lopez, Georgia; and Dr. Curt S. Shimizu, Hawaii.

The following request relating to the credentialing of a new alternate delegate was presented:

*Alternate Delegate*

Dr. Frank Schiano, Massachusetts

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

Dr. Eggnatz reported the presence of a quorum and reminded everyone of the provisions of the ADA Disclosure Policy in effect during the meetings of the House and during the reference committee hearings. The Speaker asked that such disclosures be made prior to speaking to any resolution where such relationship would be applicable.

*Minutes of the 2017 Session of the House of Delegates.* On behalf of the Committee, Dr. Eggnatz moved Resolution 28 (*Supplement:1035*). The Speaker asked if there were any corrections to the minutes; hearing none, the Speaker declared the minutes adopted.

**28H-2018. Resolved,** that the minutes of the 2017 session of the House of Delegates be approved.

*Adoption of Agenda and Order of Agenda Items.* On behalf of the Committee, Dr. Eggnatz moved Resolution 29 (*Supplement:1036*). The Speaker asked if there was any discussion regarding the resolution; hearing none, the Speaker declared the agenda adopted.

**29H-2018. Resolved,** that the agenda as presented in the *2018 Manual of the House of Delegates and Supplemental Information* be adopted as the official order of business for this session, and be it further **Resolved,** the Speaker is authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.

*Referrals of Reports and Resolutions.* On behalf of the Committee, Dr. Eggnatz moved Resolution 30 (*Supplement:1037*).

The Speaker announced the following newly received substitute resolution and its reference committee referral.

Committee C—Dental Education, Science and Related Matters  
Fourteenth Trustee District Resolution 53S-1—Human Papillomavirus (HPV) Vaccination for the Prevention of Infection with HPV Types Associated with Oropharyngeal Cancer

The Speaker announced that Resolution 24S-1—Amendment to Resolution 24: ADA Election Commission: Amendment of the Election Commission and Campaign Rules was withdrawn by the First Trustee District.

On vote, Resolution 30 was adopted.

**30H-2018. Resolved,** that the list of referrals recommended by the Speaker of the House of Delegates be approved.

Dr. Eggnatz noted that the balance of the Committee's report was informational, but highlighted information regarding the process of substituting delegates and alternates during meetings of the House; the schedule of reference committee hearings and the posting and paper distribution of reference committee reports; the prohibition against proxy voting in the House of Delegates; and the time for voting for elective offices on the House floor.

**Report of the Election Commission:** Dr. Gary N. Herman, California, Chair of the Election Commission, reported that the Commission received allegations of campaign violations for the office of second vice president. The Commission found that one violation occurred, which may have been inadvertent. Because the violation was corrected soon after it was discovered and since the violation occurred very early in the campaign, the Commission ruled that any unfair advantage arising because of the violation would be dissipated by the time of the election. The full report of the Election Commission was posted on ADA Connect.

**Report of the President:** Dr. Joseph P. Crowley addressed the House of Delegates. He commented on accomplishments made during the year, including the Board's adoption of a new vision statement for the Association and a new policy to address the opioid crisis. Dr. Crowley also commented on the ADA's partnership with CVS Pharmacy. He stated, "Through the CVS initiative, patients can connect directly to ADA member dentists through our Find-a-Dentist campaign." He also commented on the Business Model Project which will connect dentists with dental practice owners who are seeking partners or someone to purchase their practice as they move into retirement. Dr. Crowley concluded by saying, "I challenge you to look to the future to continue to stay informed on the issues, stay engaged in the process, encourage your colleagues to

become involved and continue to ask yourself, ‘what impact can I make on my profession and in my world.’ Our profession is changing in many ways and it’s the responsibility of the ADA to lead this change.” The Report of the President (*Supplement:2142*) was referred to Reference Committee A (Budget, Business, Membership and Administrative Matters) and was posted on ADA Connect. (A video recording of Dr. Crowley’s address to the House will be available on ADA.org until September 2019.)

**Report of the Treasurer:** Dr. Ronald P. Lemmo presented to the House of Delegates his report on the status of the Association’s finances.

**Report of the Executive Director:** Dr. Kathleen T. O’Loughlin presented her annual report to the House of Delegates.

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

*Nominations to ADA Councils, Commissions and the New Dentist Committee.* Dr. Bitter moved Resolution 31 (*Supplement:1026*) on behalf of the Board of Trustees. There being one nomination for each position, the Speaker declared the nominees elected.

**31H-2018. Resolved,** that the nominees put forward for membership on ADA councils, commissions and the New Dentist Committee be elected.

The Speaker noted that it is the custom that the newly elected members of councils and commissions assume office after the close of the last meeting of the House of Delegates.

Dr. Bitter reported that the names of members retiring from ADA councils and commissions are identified in Board Report 1 and asked the House to recognize the retiring members for their invaluable service to the profession.

Dr. Bitter noted that Reports 1 through 12 of the Board of Trustees to the House of Delegates were referred to the appropriate reference committees.

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

## **Nominations of Officers**

**President-elect:** The Speaker called for nominations for the office of president-elect. Dr. David M. Minahan, Washington, nominated Dr. Rickland G. Asai, Oregon, for the office of president-elect; Dr. Rekha C. Gehani, New York, nominated Dr. Chad P. Gehani, New York, for the office of president-elect; Dr. Billie Sue Kyger, Ohio, nominated Dr. Ronald P. Lemmo, Ohio, for the office of president-elect; and Dr. Natasha A. Lee, California, nominated Dr. Lindsey A. Robinson, California, for the office of president-elect. The Speaker asked if there were any additional nominations; there were none. Acceptance speeches were given by each president-elect candidate. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, October 22.

**Second Vice President:** The Speaker called for nominations for the office of second vice president. Dr. Rachel A. Maher, Delaware, nominated Dr. Frank Graham, New Jersey, for the office of second vice president; and Dr. Krista M. Jones, Oklahoma, nominated Dr. Craig W. Herre, Kansas, for the office of second vice president. The Speaker asked if there were any additional nominations; there were none. Acceptance speeches were given by both second vice president candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, October 22.

**Treasurer:** The Speaker called for nominations for the office of treasurer. Dr. Kristi M. Soileau, Louisiana, nominated Dr. Robert E. Barsley, Louisiana, for the office of treasurer; Dr. Monica M. Hebl, Wisconsin, nominated Dr. John R. Moser, Wisconsin, for the office of treasurer; Dr. Bruce R. Hutchison, Virginia, nominated Dr. Ted Sherwin, Virginia, for the office of treasurer; Dr. Franson KS Tom, Nevada, nominated himself for the office of treasurer; and Dr. Kenneth S. Peters, Colorado, nominated Dr. Michael R. Varley, Colorado, for the office of treasurer.

The Speaker stated that the *Governance Manual* requires candidates for treasurer to submit a standardized *curriculum vitae* to the Executive Director not less than 120 days prior to the convening of the House of Delegates in order to be nominated. No additional *curriculum vitae* were submitted. The *Governance Manual* further requires the Board of Trustees to determine whether the candidates meet the recommended qualifications for the office of treasurer. The *curriculum vitae* and determination by the Board is included in Board Report 3 (*Supplement:1038*).

Acceptance speeches were given by each treasurer candidate. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, October 22.

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

Dr. Paul R. Leary, New York, Second District Trustee  
Dr. Susan Becker Doroshow, Illinois, Eighth District Trustee  
Dr. Linda J. Edgar, Washington, Eleventh District Trustee  
Dr. James D. Stephens, California, Thirteenth District Trustee.

**New Business:** The Speaker announced that items of new business be submitted to the headquarters office for processing.

**Remarks by the Chair of the American Dental Political Action Committee (ADPAC):** Dr. Gerald W. Bird, ADPAC chair, addressed the House of Delegates thanking members for their continued support of ADPAC.

**Report of the General Counsel:** Mr. J. Craig Busey, general counsel, addressed the House of Delegates providing an overview of legal issues relating to the dental profession.

### **Adjournment**

A motion was made to adjourn the First Meeting of the ADA House of Delegates by Dr. Nancy K. Treiber, Connecticut. With no other business before the House, the Speaker declared the First Meeting of the ADA House of Delegates adjourned at 3:36 p.m., Friday, October 19, 2018.



**Monday, October 22, 2018**

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**Second Meeting of the ADA House of Delegates**

**Call to Order:** The Second Meeting of the 159th Annual Session of the ADA House of Delegates was called to order at 7:30 a.m., Monday, October 22, 2018, by the Speaker of the House of Delegates, Dr. Glen D. Hall.

**Introduction of Trustee Members of the Board of Trustees:** The Speaker introduced the 17 trustees of the American Dental Association who were seated with their delegations.

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

**Report of the Standing Committee on Credentials, Rules and Order:** Dr. Michael D. Eggatz, Committee chair, announced the presence of a quorum and read the ADA Disclosure Policy.

**Voting for Elective Officers:** Voting for officer elections took place in the House of Delegates through electronic voting on the House floor.

The Speaker opened the vote for the office of president-elect. The candidates on the ballot, listed in alphabetical order, were as follows: Dr. Rickland G. Asai, Oregon; Dr. Chad P. Gehani, New York; Dr. Ronald P. Lemmo, Ohio; and Dr. Lindsey A. Robinson, California. Hearing no objection, the Speaker closed the vote. The Speaker called for the House to stand at ease while the voting results were tallied.

The Speaker announced there would be a run-off election for the office of president-elect between Dr. Chad P. Gehani, Dr. Ronald P. Lemmo and Dr. Lindsey A. Robinson. The Speaker opened the vote for the run-off election for president-elect. Hearing no objection, the Speaker closed the vote and the House stood at ease while voting results were tallied.

The Speaker announced there would be a run-off election for the office of president-elect between Dr. Chad P. Gehani and Dr. Ronald P. Lemmo. The Speaker opened the vote for the run-off election for president-elect. Hearing no objection, the Speaker closed the vote and the House stood at ease while the voting results were tallied.

The Speaker announced that Dr. Chad P. Gehani, New York, had been elected to the office of president-elect. Dr. Lindsey A. Robinson, Dr. Ronald P. Lemmo, Dr. Rickland G. Asai and Dr. Chad P. Gehani briefly addressed the House of Delegates.

The Speaker opened the vote for the office of second vice president. The candidates on the ballot, listed in alphabetical order, were as follows: Dr. Frank Graham, New Jersey; and Dr. Craig W. Herre, Kansas. Hearing no objection, the Speaker closed the vote and the House stood at ease while the voting results were tallied.

The Speaker announced that Dr. Craig W. Herre, Kansas, had been elected to the office of second vice president. Dr. Frank Graham and Dr. Craig W. Herre briefly addressed the House of Delegates.

The Speaker opened the vote for the office of treasurer. The candidates on the ballot, listed in alphabetical order, were as follows: Dr. Robert E. Barsley, Louisiana; Dr. John R. Moser, Wisconsin; Dr. Ted Sherwin, Virginia; Dr. Franson KS Tom, Nevada; and Dr. Michael R. Varley, Colorado. Hearing no objection, the Speaker closed the vote and the House stood at ease while the voting results were tallied.

The Speaker announced that Dr. Ted Sherwin, Virginia; had been elected to the office of treasurer. Dr. John R. Moser, Dr. Robert E. Barsley, Dr. Franson KS Tom, Dr. Michael R. Varley, and Dr. Ted Sherwin briefly addressed the House of Delegates.

**Announcements:** The Speaker announced that the following item of New Business was submitted and would be taken up at the appropriate time in accordance with the Agenda:

<sup>1</sup>Fifth Trustee District Resolution 90—Rescission of Policy: Use of the Term “Specialty”

The Speaker reminded the House that it would vote on New Business resolutions individually as to whether or not they will be considered, and that a majority vote of delegates present and voting is required to consider New Business items.

The Speaker announced that the following resolution had been requested to be withdrawn by its sponsor:

Committee B—Dental Benefits, Practice and Related Matters  
Fifth Trustee District Resolution 80—Urging for the Creation of a New CDT Code to Establish a Uniform Method of Quantifying the Value of Donated Dental Treatment and for Data Collection Purposes  
(*Supplement:3033*)

Hearing no objection, Resolutions 80 was withdrawn.

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

- Approval of 2019 Budget—Board of Trustees Resolution 34 (Reference Committee A)
- Special Assessment—Board of Trustees Resolution 36, First Trustee District Substitute Resolution 36S-1, and Reference Committee Substitute Resolution 36RC (Reference Committee A)

The first priority agenda item was presented by Dr. Ralph L. Howell, Jr., Virginia, chair, Reference Committee A.

**Approval of 2019 Budget (Board of Trustees Resolution 34):** The Reference Committee reported as follows:

The Reference Committee heard no testimony regarding the 2019 budget. The Reference Committee concurs with the Board of Trustees and supports adoption of Resolution 34.

**34. Resolved,** that the 2019 Annual Budget of revenues and expenses, including net capital requirements, be approved.

Dr. Howell moved Resolution 34 (*Supplement:2072*) with the Committee Recommendation to Vote Yes.

The Speaker informed the House that it will be approving the preliminary budget at this time.

On vote, the preliminary budget was adopted. See page 375 for the adoption of the final budget (Resolution 34).

The second priority agenda item was presented by Dr. Ralph L. Howell, Jr., Virginia, chair, Reference Committee A.

**Special Assessment:** (Board of Trustees Resolution 36, First Trustee District Resolution 36S-1, and Reference Committee A Resolution 36RC): The Reference Committee reported as follows:

The Reference Committee heard considerable testimony regarding the special assessment. Testimony was overwhelmingly in favor of the program but testimony differed as to the source of funding. Testimony against the assessment centered primarily on (1) not imposing a dues increase and a special assessment

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<sup>1</sup> Resolution 90 was not moved from the floor; therefore, no vote was taken on whether or not Resolution 90 would be considered.

in the same year; (2) waiting until the data is available after the 3-year pilot is completed next year so as to have complete metrics; and (3) reserves being available to fund the program. Testimony in favor of the assessment centered on (1) the need to pay for a program that is extremely valuable to members; (2) a view that year 3 will only result in increased favorable metrics; and (3) a belief that ADA cannot continue to spend from reserves without consequence.

The Reference Committee supports funding the third year of the pilot from reserves.

**36RC. Resolved**, that the Board of Trustees be urged to fund the program established through House Resolution 67H-2016, Utilization Campaign for ADA Members, from reserves.

Dr. Howell moved Resolution 36RC in lieu of Resolution 36 (*Supplement:2000*) and Resolution 36S-1 (*Supplement:2001a*) with the Committee Recommendation to Vote Yes.

Dr. Thomas S. Kelly, Ohio, spoke against Resolution 36RC. He stated, "...Lowering our reserves by another \$6 million next year decreases the Board's ability to earn from these reserves income used from important opportunities, priorities, and to safeguard against unexpected expenses. ..."

Dr. Bryan T. Marshall, Florida, spoke in support of Resolution 36RC. He stated, "We need to take this out of reserves. Not only are our reserves strong enough to handle it, but also if you want to get members riled up, give them an assessment. Next year we can put in the budget once we have all the information, because the pilot program will be finished. Let's finish it out of reserves, put in the budget where it belongs. People understand a dues increase. They complain about assessments."

Dr. Kevin M. Keating, California, spoke in support of Resolution 36RC, stating, "In order to have skin in the game in terms of value membership to members, they have to understand that there is true value, and there is not enough information for a member to support a special assessment for this particular action. So I speak in favor of the original RC from the Reference Committee, because while it does take money from reserves, it does further the value proposition. ..."

Dr. Paul R. Christian, Delaware, spoke against Resolution 36RC. He stated, "I believe we heard extensive testimony in the Reference Committee about the value of the program, and we know enough now. We don't have to wait another year for more data to come in, and because we know it's a good thing, we should pay for it now, not out of reserves."

As a point of information, Dr. Frank Carotenuto, New Jersey, asked, "Mr. Speaker, I heard that there are estimates as to how membership would be affected if this were passed. Can we hear what those estimates might be, as far as loss of any members?"

In response to Dr. Carotenuto's question, Ms. Stephanie Moritz, chief communications officer, stated, "We looked at trend lines over the past ten years and membership has remained essentially flat. We also looked at years in which there were both dues increases as well as assessment, and there is no consistent number tied to either gain or loss in members."

Pro and con discussion ensued. Individuals speaking in support of Resolution 36RC commented that it would be best to fund the program utilizing reserves for one more year, while promoting the program so that more members would see its value and support a dues increase to fund the program. Individuals speaking against Resolution 36RC commented that they supported an assessment to either fully or partially fund the Utilization Campaign for ADA Members. These individuals commented that an assessment would motivate more members to utilize the Find-a-Dentist tool, and would reduce the amount of money spent from reserves.

A motion was made to vote immediately on Resolution 36RC. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 36RC was adopted in lieu of Resolution 36 and Resolution 36S-1.

**36H-2018. Resolved**, that the Board of Trustees be urged to fund the program established through House Resolution 67H-2016, Utilization Campaign for ADA Members, from reserves.

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

The Report of Reference Committee A was presented by Dr. Ralph L. Howell, Jr., Virginia, chair. The other members of the Committee were: Dr. Gary S. Davis, Pennsylvania; Dr. Lisa L. Knowles, Michigan; Dr. William E. Lee, Kentucky; Dr. Julius N. Manz, New Mexico; Dr. Carol McCutcheon, California; Dr. Renee P. Pappas, Illinois; Dr. Najia Usman, Ohio; and Dr. Mark J. Weinberger, New York.

**Consent Calendar** (Reference Committee A Resolution 84): The Reference Committee reported as follows:

The appended Resolution 84 lists resolutions referred and considered by this Reference Committee that received no or limited testimony, all positive testimony, all negative testimony, or the Reference Committee feels these resolutions were fully debated, with all issues considered. The Reference Committee's recommended action (adopt, adopt in lieu of, not adopt or refer) is identified on each resolution presented on the consent calendar. By adopting Resolution 84, the recommendations of the Reference Committee on the consent calendar resolutions will become the actions of the House of Delegates. It should be noted that if a resolution on the consent calendar is to "adopt in lieu of" with a Committee Recommendation to Vote No **and** the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

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

**Resolution 18**—(Not Adopt)—Review of Resolutions having a Financial Impact (*Supplement:2003*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote No**

**Resolution 56**—(Adopt)—Amendment of Policy, Removal of 25% and 75% Financial Hardship Waivers (*Supplement:2074*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 57**—(Adopt)—Amendment of Policy, Parallel Membership Categories (*Supplement:2076*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 58**—(Adopt)—Amendment of ADA Policy, Tripartite Membership Application Procedures (*Supplement:2077*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 59**—(Adopt)—Amendment of Policy, Transfer Nonrenews (*Supplement:2079*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 60**—(Adopt)—Amendment of Policy, Utilization of Tripartite Resources (*Supplement:2080*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 61**—(Adopt)—Amendment of Policy, Differential Charges According to Membership Status (*Supplement:2081*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 62**—(Adopt)—Amendment of Policy, Financial Hardship Dues Waivers  
(*Supplement:2082*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 63**—(Adopt)—Amendment of Policy, Streamlining Membership Category Transfers  
(*Supplement:2083*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 64**—(Adopt)—Amendment of Policy, Other Organizations' Support for ADA Recruitment and Retention Activities (*Supplement:2084*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 65**—(Adopt)—Rescission of Policy, Alternate Methods of Dues Payments  
(*Supplement:2085*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 66**—(Adopt)—Rescission of Policy, Availability of Survey Results (*Supplement:2087*)  
\$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 67**—(Adopt)—Rescission of Policy, ADA Notification of New Tripartite Members by Constituent Societies (*Supplement:2089*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 73B**—(Adopt in lieu of Resolution 73)—Limited Practice Membership Category  
(*Supplement:2092*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 79**—(Not Adopt)—Membership Reporting (*Supplement:2141*)  
\$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote No**

Dr. Howell moved Resolution 84 with the Committee Recommendation to Vote Yes.

Hearing no objection, Resolution 84 was adopted by general consent.

**84H-2018. Resolved**, that the recommendations of Reference Committee A on the following resolutions be accepted by the House of Delegates.

**Resolution 18**—(Not Adopt)—Review of Resolutions having a Financial Impact (*Supplement:2003*)  
\$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote No**

**Resolution 56**—(Adopt)—Amendment of Policy, Removal of 25% and 75% Financial Hardship Waivers (*Supplement:2074*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 57**—(Adopt)—Amendment of Policy, Parallel Membership Categories (*Supplement:2076*)  
\$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 58**—(Adopt)—Amendment of ADA Policy, Tripartite Membership Application Procedures  
(*Supplement:2077*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 59**—(Adopt)—Amendment of Policy, Transfer Nonrenews (*Supplement:2079*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 60**—(Adopt)—Amendment of Policy, Utilization of Tripartite Resources  
(*Supplement:2080*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 61**—(Adopt)—Amendment of Policy, Differential Charges According to Membership  
Status (*Supplement:2081*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 62**—(Adopt)—Amendment of Policy, Financial Hardship Dues Waivers  
(*Supplement:2082*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 63**—(Adopt)—Amendment of Policy, Streamlining Membership Category Transfers  
(*Supplement:2083*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 64**—(Adopt)—Amendment of Policy, Other Organizations' Support for ADA Recruitment  
and Retention Activities (*Supplement:2084*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 65**—(Adopt)—Rescission of Policy, Alternate Methods of Dues Payments  
(*Supplement:2085*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 66**—(Adopt)—Rescission of Policy, Availability of Survey Results (*Supplement:2087*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 67**—(Adopt)—Rescission of Policy, ADA Notification of New Tripartite Members by  
Constituent Societies (*Supplement:2089*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 73B**—(Adopt in lieu of Resolution 73)—Limited Practice Membership Category  
(*Supplement:2092*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 79**—(Not Adopt)—Membership Reporting (*Supplement:2141*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote No**

*Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 84H follows.*

**Consent Calendar Resolutions—Adopted/Adopted in Lieu of**

*Amendment of Policy, Removal of 25% and 75% Financial Hardship Waivers*

**56H-2018. Resolved**, that the *ADA Governance and Organizational Manual*, Chapter I. MEMBERSHIP MATTERS, Subsection B. DUES, SPECIAL ASSESSMENTS AND RELATED MATTERS, subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph d. Financial Hardship Waivers, be amended as follows (deletions ~~stricken~~):

d. Financial Hardship Waivers. Any members who have suffered a significant financial hardship that prohibits them from payment of their full dues and/or any special assessment may be excused from the payment of ~~twenty-five percent (25%), fifty percent (50%), seventy-five percent (75%)~~ or all of the current year's dues and/or any special assessment as determined by their constituents and components. The constituents and components shall certify the reason for the waiver, and the constituents and components shall provide the same proportionate waiver of their dues as that provided by this Association.\*

and be it further

**Resolved**, that the state and local dental societies be urged to remove the limit on the number of financial hardship waivers that a member can receive.

\*Members with disabilities who were granted dues and any special assessment disability waivers prior to 2007 House of Delegates may continue to receive such waivers provided they are unable to practice dentistry within the definition of the *Bylaws* and they submit through the members' respective component and constituent, if such exist, to this Association, a medical certificate attesting to the disability, upon request of the Association, during the exemption period.

#### *Amendment of Policy, Parallel Membership Categories*

**57H-2018. Resolved**, that the ADA policy, Parallel Membership Categories (*Trans.2008:482*), be amended as indicated (deletions ~~stricken~~, additions underscored):

##### **Parallel Membership Categories**

**Resolved**, that ~~constituent societies state and local dental societies~~ be urged to ~~develop opportunities for direct members to join the tripartite by creating~~ create parallel membership categories ~~at the state and local levels~~ to mirror those available at the ADA level.

#### *Amendment of ADA Policy, Tripartite Membership Application Procedures*

**58H-2018. Resolved**, that the ADA policy, Tripartite Membership Application Procedures (*Trans.1998:685; 2014:524*), be amended as indicated (deletions ~~stricken~~, additions underscored):

##### **Tripartite Membership Application Procedures**

**Resolved**, that the ADA urges state and/or local ~~constituent~~ dental societies to review their own membership application procedures to ensure that they support a consistent application process that minimizes membership barriers and presents a positive member experience, and be it further **Resolved**, that the ADA urges the use of its ~~Tripartite System and its related software~~. ADA Universal membership application, and be it further

**Resolved**, that the ADA, ~~constituent and component~~ state and local dental societies be urged to process new members applications within a combined timeframe of 30 days.

and be it further

**Resolved**, that the ADA policy, Processing of New Member Applications (*Trans.2000:452; 2002:381; 2003:353*), be rescinded.

#### *Amendment of Policy, Transfer Nonrenews*

**59H-2018. Resolved**, that the ADA policy, Transfer Nonrenews (*Trans.1995:605*), be amended as indicated (deletions ~~stricken~~, additions underscored):

##### **Transfer Nonrenews**

**Resolved**, that the Association strongly encourage state and local ~~constituent and component~~ dental societies to address the issue of transfers who do not renew their membership, and be it further

**Resolved**, that the state and local dental societies be urged to review the list from the ADA Association Management System for the Association send constituent dental societies lists of known transfers into their jurisdiction for address verification and follow-up, and be it further **Resolved**, that ~~component~~ state and local volunteers be encouraged to make personal contact with transfers and invite them to join their societies.

*Amendment of Policy, Utilization of Tripartite Resources*

**60H-2018. Resolved**, that the ADA policy, Utilization of Tripartite Resources (*Trans.*1995:604), be amended as indicated (deletions ~~stricken~~, additions underscored):

**Utilization of Tripartite Resources**

**Resolved**, that ~~state and local constituent and component~~ state and local dental societies be encouraged to utilize tripartite resources in planning and implementing their respective membership communications to demonstrate the full array of member benefits available ~~through the tripartite system~~.

*Amendment of Policy, Differential Charges According to Membership Status*

**61H-2018. Resolved**, that the ADA policy, Differential Charges According to Membership Status (*Trans.*1982:506; 2004:294), be amended as indicated (deletions ~~stricken~~, additions underscored):

**Differential Charges According to Membership Status**

**Resolved**, that those activities of the ADA that require direct or indirect charges for services or materials to the membership shall carry charges which reflect a differential for dentists who are not members of the Association, except that membership applicants who are eligible to receive interim services under the ~~Bylaws~~ ADA Governance and Organizational Manual may, during the interim period in which their applications are being processed, purchase items at a member rate through the ADA Catalog, receive complimentary copies of the *Journal of the American Dental Association* and the *ADA News* and have access to the ADA.org member-only areas, and be it further **Resolved**, that all constituent societies of the Association be urged to adopt similar policy.

*Amendment of Policy, Financial Hardship Dues Waivers*

**62H-2018. Resolved**, that the ADA policy, Financial Hardship Dues Waivers (*Trans.*2002:381), be amended as indicated (deletions ~~stricken~~, additions underscored):

**Financial Hardship Dues Waivers**

**Resolved**, that as a membership retention tool, the ADA strongly encourages its ~~constituent and component~~ state and local dental societies to grant full or partial waivers to members who experience a significant limitation in income, whether it is due to family leave, other life disruption or practice circumstances, and be it further

**Resolved**, that ~~constituent and component~~ state and local dental societies be urged to use the online dues waiver application process ~~most recent version of the ADA dues waiver form for making an application for waiver~~, and be it further

**Resolved**, that ~~constituent and component~~ state and local dental societies be urged to offer the same level of waivers that are available from the ADA so that members are afforded the same opportunities for assistance, regardless of state or local dental society.

*Amendment of Policy, Streamlining Membership Category Transfers*

**63H-2018. Resolved**, that the ADA policy, Streamlining Membership Category Transfers (*Trans.*2001:426), be amended as indicated (deletion ~~stricken~~, additions underscored):



### **Streamlining Membership Category Transfers**

**Resolved**, that in order to ensure the smooth transition of dental students to active tripartite membership upon graduation from dental school, the ~~constituent and component state and local~~ dental societies be urged to implement the following steps to streamline membership processing.

- Revise ~~constituent and component state and local~~ dental society bylaws language, if necessary, to eliminate approval by a volunteer agency or by vote of the membership, or other procedural barriers to active membership for dental students graduating from a dental school who are eligible for tripartite membership in that state.
- Identify, annually, fourth-year students who plan to enter practice in the state following graduation.
- Accept into active membership any person holding a D.D.S., D.M.D. or equivalent degree ~~the students identified, following graduation and licensure~~, including assignment to a component.
- Expedite completion of a transfer to active membership at all three levels of the tripartite through the established processes.
- Invoice new active members at the appropriate first-year-out rate through the reduced dues program in accord with regular dues renewal process.

#### *Amendment of Policy, Other Organizations' Support for ADA Recruitment and Retention Activities*

**64H-2018. Resolved**, that the ADA policy, Other Organizations' Support for ADA Recruitment and Retention Activities (*Trans.*1989:540; 1997:659), be amended as indicated (deletions ~~stricken~~, additions underscored):

#### **Collaboration with Other Organizations to Support for ADA Recruitment and Retention Activities**

**Resolved**, that the American Dental Association urge other dental organizations to ~~support~~ collaborate with the membership recruitment and retention activities of the American Dental Association, and be it further

**Resolved**, that the American Dental Association encourage other dental organizations to collaborate with the exchange of current information on membership and specialty status with the ADA on an annual basis.

#### *Rescission of Policy, Alternate Methods of Dues Payments*

**65H-2018. Resolved**, that the ADA policy, Alternate Methods of Dues Payments (*Trans.*1988:456; 2012:511), be rescinded.

#### *Rescission of Policy, Availability of Survey Results*

**66H-2018. Resolved**, that the ADA policy, Availability of Survey Results (*Trans.*2008:474), be rescinded.

#### *Rescission of Policy, ADA Notification of New Tripartite Members by Constituent Societies*

**67H-2018. Resolved**, that the ADA policy, ADA Notification of New Tripartite Members by Constituent Societies (*Trans.*2000:446), be rescinded.

#### *Limited Practice Membership Category*

**73H-2018. Resolved**, that the Council on Membership consider the practice status of dentists when evaluating membership dues categories as a part of its dues simplification study.

## Consent Calendar Resolutions—Not Adopted

### *Review of Resolutions having a Financial Impact*

**18. Resolved**, that the “Rules of the House of Delegates” printed in the *Manual of the House of Delegates* be amended effective the close of the 2018 House by addition of the following section before the section titled “Consideration of Budget”:

#### **Resolutions Having a Financial Impact**

Resolutions having cost implications for the Association shall be submitted prior to ten days before commencement of the last regular board meeting prior to the annual session. This requirement shall be deemed to be met for any amended or substitute resolution arising out of a resolution which had been timely submitted pursuant to this rule. The Board shall provide a written comment to the House on these resolutions to include the Board's recommendation and assessment in light of the strategic plan and Association finances with respect to the resolution. No resolution having a cost implication for the Association submitted later than ten days before commencement of the last regular board meeting prior to the annual session shall be introduced except when it is permitted to be introduced by a two-thirds majority vote of the delegates present and voting. The motion introducing such business shall not be debatable. Resolutions submitted after the deadline and submitted to the House with the required Board comment shall be considered to have met the deadline requirement and shall be considered without a special vote by the House to allow consideration.

### *Membership Reporting*

**79. Resolved**, that the appropriate agencies of the ADA evaluate the way the ADA tracks and reports membership participation information, to include alternatives for reporting market share and options that are more inclusive of all membership categories, with a report back to the 2019 House of Delegates.

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

The Report of Reference Committee B was presented by Dr. Manish Chopra, Ohio, chair. The other members of the Committee were: Dr. Jose L. Cazares, Jr., Texas; Dr. Jennifer L. Enos, Arizona; Dr. Terry L. Fiddler, Arkansas; Dr. David L. Fried, Connecticut; Dr. James A. Hoddick, New York; Dr. Jolene O. Paramore, Florida; Dr. Mark S. Summerford, Alabama; and Dr. Celeste M. Ziara, Maryland.

**Consent Calendar** (Reference Committee B Resolution 87) The Reference Committee reported as follows:

The appended Resolution 87 lists resolutions referred and considered by this Reference Committee that received no or limited testimony, all positive testimony, all negative testimony, or the Reference Committee feels these resolutions were fully debated, with all issues considered. The Reference Committee's recommended action (adopt, adopt in lieu of, not adopt or refer) is identified on each resolution presented on the consent calendar. By adopting Resolution 87, the recommendations of the Reference Committee on the consent calendar resolutions will become the action of the House of Delegates. It should be noted that if a resolution on the consent calendar is to “adopt in lieu of” with a Committee recommendation to Vote No **and** the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

**87. Resolved**, that the recommendation of Reference Committee B on the following resolutions be accepted by the House of Delegates.

**Resolution 1RC**—(Adopt in lieu of Resolution 1)—Revision of Policy, Statement on Preventive Coverage in Dental Benefits (*Supplement:3000*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 2**—(Adopt)—Direct to Consumer Dental Laboratory Services (*Supplement:3003*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 3RC**—(Adopt in lieu of Resolution 3)—Amendment to the ADA Statement on Prosthetic Care and Dental Laboratories (*Supplement:3004*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 4RC**—(Adopt in lieu of Resolution 4)—Amendment of Policy, ADA Statement on Alcoholism and Other Substance Use Disorders (*Supplement:3010*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 19**—(Adopt)—Review and Consideration of ADA Interim Policy on Opioid Prescribing (*Supplement:3013*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 25RC**—(Adopt in lieu of Resolution 25)—Response to House Resolution 56H-2017: Feasibility of a Clinical Data Registry (*Supplement:3017*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 33RC**—(Adopt in lieu of Resolutions 33, 33B, 33BS-1 and 33BS-2)—Financing Care for Seniors: Dental Benefit in Medicare (*Supplement:3021*) \$30,000; FTE: .25  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 55**—(Adopt)—Developing a Culture of Safety in Dentistry (*Supplement:3024*) \$75,000; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 75B**—(Adopt in lieu of Resolution 75)—Data Collection Parameters for Dental Practice Delivery Models (*Supplement:3027*) \$32,500; FTE: .25  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 80**—(Not Adopt)—Urging for the Creation of a New CDT Code to Establish a Uniform Method of Quantifying the Value of Donated Dental Treatment and for Data Collection Purposes (*Supplement:3033*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote No**

**Resolution 82**—(Not Adopt)—Free Smart Phone App for Evaluating Dental Insurance Benefit Plans with Star Rating (*Supplement:3035*) \$225,000; FTE: .2  
**COMMITTEE RECOMMENDATION: Vote No**

Dr. Chopra moved Resolution 87 with the Committee Recommendation to Vote Yes.

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

Resolution 82 removed by Dr. Prabu Raman, Missouri  
 Resolution 25RC removed by Dr. Deborah S. Bishop, Alabama  
 Resolution 75B removed by Dr. Deborah S. Bishop, Alabama  
 Resolution 1RC removed by Dr. Brooke Fukuoka, Idaho

Hearing no objection, the amended Resolution 87 was adopted by general consent.

**87H-2018. Resolved**, that the recommendation of Reference Committee B on the following resolutions be accepted by the House of Delegates.

~~**Resolution 1RC**—(Adopt in lieu of Resolution 1)—Revision of Policy, Statement on Preventive Coverage in Dental Benefits (*Supplement:3000*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**~~

~~**Resolution 2**—(Adopt)—Direct to Consumer Dental Laboratory Services (*Supplement:3003*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**~~

~~**Resolution 3RC**—(Adopt in lieu of Resolution 3)—Amendment to the ADA Statement on Prosthetic Care and Dental Laboratories (*Supplement:3004*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**~~

~~**Resolution 4RC**—(Adopt in lieu of Resolution 4)—Amendment of Policy, ADA Statement on Alcoholism and Other Substance Use Disorders (*Supplement:3010*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**~~

~~**Resolution 19**—(Adopt)—Review and Consideration of ADA Interim Policy on Opioid Prescribing (*Supplement:3013*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**~~

~~**Resolution 25RC**—(Adopt in lieu of Resolution 25)—Response to House Resolution 56H-2017: Feasibility of a Clinical Data Registry (*Supplement:3017*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**~~

~~**Resolution 33RC**—(Adopt in lieu of Resolutions 33, 33B, 33BS-1 and 33BS-2)—Financing Care for Seniors: Dental Benefit in Medicare (*Supplement:3021*) \$30,000; FTE: .25  
**COMMITTEE RECOMMENDATION: Vote Yes**~~

~~**Resolution 55**—(Adopt)—Developing a Culture of Safety in Dentistry (*Supplement:3024*) \$75,000; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**~~

~~**Resolution 75B**—(Adopt in lieu of Resolution 75)—Data Collection Parameters for Dental Practice Delivery Models (*Supplement:3027*) \$32,500; FTE: .25  
**COMMITTEE RECOMMENDATION: Vote Yes**~~

~~**Resolution 80**—(Not Adopt)—Urging for the Creation of a New CDT Code to Establish a Uniform Method of Quantifying the Value of Donated Dental Treatment and for Data Collection Purposes (*Supplement:3033*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote No (Withdrawn)**~~

~~**Resolution 82**—(Not Adopt)—Free Smart Phone App for Evaluating Dental Insurance Benefit Plans with Star Rating (*Supplement:3035*) \$225,000; FTE: .2  
**COMMITTEE RECOMMENDATION: Vote No**~~

*Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 87H follows.*

**Consent Calendar Resolutions—Adopted/Adopted in Lieu of**

*Direct to Consumer Dental Laboratory Services*

**2H-2018. Resolved**, that the ADA strongly discourages the practice of direct to the consumer dental laboratory services because of the potential for irreversible harm to patients.

*Amendment to the ADA Statement on Prosthetic Care and Dental Laboratories*

**3H-2018. Resolved**, that the ADA policy Statement on Prosthetic Care and Appliance and Dental Laboratories (*Trans.*1990:543; 1995:623; 1999:933; 2000:454; 2003:365; 2005:327; 2007:430) be amended as follows. (additions are underscored; deletions are ~~stricken~~)

### **Statement on Prosthetic Care and Dental Laboratories**

**Introduction:** Patient care in dentistry often involves the treatment, restoration or reconstruction of oral and peri-oral tissues. The dentist may elect to use various types of prostheses or appliances to treat the patient and may utilize the supportive services of a dental laboratory and its technical staff to custom manufacture the prostheses or appliances according to specifications determined by the dentist.

Since the dentist-provider is ultimately responsible for the patient's care, the Association believes that he or she is the only individual qualified to accept responsibility for prosthetic or appliance care. At the same time, the dental profession recognizes and acknowledges with gratitude and respect the significant contributions of dental laboratory technicians to the health, function and aesthetics of dental patients.

This statement outlines the Association's policy on the optimal working relationship between dentist and dental laboratory, the regulation of dental laboratories and issues regarding the provision of prosthetic or appliance care. A glossary of terms is a part of this statement.

Because of the dentist's primary role in providing prosthetic or appliance dental care, the Association, through its Department of State Government Affairs and the Council on Dental Practice, provides upon request assistance to state dental societies in dealing with issues addressed in this statement.

**Diagnosis and Prosthetic Dental Treatment:** It is the position of the American Dental Association that diagnosis and treatment of ~~complete and partial denture~~ patients utilizing prostheses or oral appliances must be provided only by licensed dentists and only within the greater context of evaluating, treating and monitoring the patient's overall oral health. The Association believes that the dentist, by virtue of education, experience and licensure, is best qualified to provide prosthetic or oral appliance denture treatment to the public with the highest degree of quality. As a result of its belief that dental care is the responsibility of a licensed dentist, the Association opposes prosthetic or appliance dental treatment by any other individuals. Further, the Association will actively work to prevent the enactment of any legislation or regulation allowing such activity or programs, on the grounds that it would be dangerous and detrimental to the public's health.

**Working Relationships between Dentists and Dental Laboratories:** The current high standard of prosthetic or appliance dental care is directly related to, and remains dependent upon, mutual respect within the dental team for the abilities and contributions of each member. The following guidelines are designed to foster good relations between dental laboratories, dental laboratory technicians and the dental profession.

Applicable laws shall take precedence if they are inconsistent with any of the following guidelines.

#### **The Dentist:**

1. The dentist should provide written instructions to the laboratory or dental technician. The written instructions should detail the work which is to be performed, describe the materials which are to be used and be written in a clear and understandable fashion. A duplicate copy of the written instructions should be retained for a period of time as may be required by law.
2. The dentist should provide the laboratory/technician with scanned digital or accurate impressions, casts, occlusal registrations and/or mounted casts. Materials submitted should be identified.

3. The dentist should identify, as appropriate, the crown margins, post palatal seal, denture borders, any areas to be ~~relieved~~ modified and the type of design of the ~~removable partial dentures~~ prosthesis or appliance on all cases.
4. The dentist should furnish instruction regarding preferred materials, coloration, and description of prosthetic tooth/teeth to be utilized for fixed or removable prostheses which may include, but not be limited to a written description, photograph, drawing or shade ~~button~~.
5. The dentist should provide verbal or written approval to proceed with a laboratory procedure, or make any appropriate change(s) to the written instructions as the dentist deems necessary, when notified by a laboratory/dental technician that a case may have a questionable area with respect to paragraphs 2-4.
6. The dentist should clean and disinfect all items according to current infection control standards prior to sending them to the laboratory/technician. All prostheses, appliances and other materials that are forwarded to the laboratory/technician should be prepared for transport utilizing an appropriate container and packaged adequately to prevent damage and maintain accuracy.
7. The dentist should return all casts, registration and prostheses/appliances to the laboratory/technician if a prosthesis/appliance does not fit properly, or if shade selection is incorrect.

**The Laboratory/Technician:**

1. The laboratory/technician should custom manufacture dental prostheses/appliances which follow the guidelines set forth in the written instructions provided by the dentist, and should fit properly on the casts and mounting provided by the dentist. Original written instructions should be retained for a period of time as may be required by law.

When a laboratory provides custom-printed written instruction forms to a dentist, the laboratory document should include the name of the laboratory and its address, provide ample space for the doctor's written instruction, areas to indicate the desired delivery date, the patient's name, a location for the doctor to provide his/her name and address, as well as to designate a site for the doctor to provide a signature. The form should also allow for other information which the laboratory may deem pertinent or which may be mandated by law.

2. The laboratory/technician should return the case to the dentist to check the mounting if there is any question of its accuracy or of the bite registration furnished by the dentist.
3. The laboratory/technician should match the shade which was described in the original written instructions.
4. The laboratory/technician should notify the dentist within two (2) working days after receipt of the case, if there is a reason for not proceeding with the work. Any changes or additions to the written instructions must be agreed to by the dentist and must be initialed by authorized laboratory personnel. A record of any changes shall be sent to the dentist upon completion of the case.
5. After acceptance of the written instructions, the laboratory/technician should custom manufacture and return the prostheses/appliances in a timely manner in accordance with the customary manner and with consideration of the doctor's request. If written instructions are not accepted, the laboratory/technician should return the work in a timely manner and include a reason for denial.

6. The laboratory should follow current infection control standards with respect to the personal protective equipment and disinfection of prostheses/appliances and materials. All materials should be checked for breakage and immediately reported if found.
7. The laboratory/technician should inform the dentist of the materials present in the case and may suggest methods on how to properly handle and adjust these materials.
8. The laboratory/technician should clean and disinfect all incoming items from the dentist's office; e.g., impressions, occlusal registrations, prostheses, etc., according to current infection control standards.

All prostheses, appliances and related items which are returned to the dentist should be cleaned and disinfected, according to current infection control standards, placed in an appropriate container, packed properly to prevent damage, and transported.

9. The laboratory/technician should inform the dentist of any subcontracting laboratory/technician employed for preparation of the case. The laboratory/technician should furnish a written order to the dental laboratory which has been engaged to perform some or all of the services on the original written instructions.
10. The laboratory/technician should not bill the patient directly unless permitted by the applicable law. The laboratory should not discuss or divulge any business arrangements between the dentist and the laboratory with the patient.

**Instructions to Dental Laboratories:** Complete and clearly written instructions foster improved communication and working relationships between dentists and dental laboratories and can prevent misunderstanding. State dental practice acts may specify the extent and scope of written instructions that are provided to dental laboratories for the custom manufacture of ~~dental~~ prostheses or appliances. These acts may describe the written instructions from the dentists to the dental laboratory as a “prescription” while other states refer to the instructions as a “work authorization” or “laboratory work order.” Realizing that terminology in state dental practice acts differ, constituent dental societies are urged to investigate appropriate terminology for their dental practice acts regarding the term(s) used to describe the written instructions between a dentist and a dental laboratory and between dental laboratories for subcontract work, since the term selected may have tax implications depending on state tax revenue codes.

**Identification of Dental Prostheses:** The Association urges members of the dental profession to mark, or request the dental laboratory to mark, all removable dental prostheses for patient identification. Properly marked dental prostheses assist in identifying victims in mass disaster, may be useful in police investigations and help prevent loss of the prostheses in institutional settings.

**Shade Selection by Laboratory Personnel:** Selection of the appropriate shade is a critical step in the custom manufacture of an aesthetically pleasing prosthesis. The Association believes that when a dentist requests the assistance of the dental laboratory technician in the shade selection process, that assistance on the part of the dental laboratory technician does not constitute the practice of dentistry, providing the activity is undertaken in consultation with the dentist and that it complies with the express written instructions of the dentist. The shade selection site, whether dental office or laboratory (where lawful), should be determined by the professional judgment of the dentist in the best interest of the patient and where communication between dentist, patient and technician is enhanced. When taking the shade in the laboratory, the dental technician should follow the appropriate clinical infection control protocol as outlined in the ADA’s infection control guidelines when dealing with the patient.

**Regulation of Laboratories:** The relationship between a dentist and a dental laboratory requires professional communication and business interaction. The dental laboratory staff may serve as a

useful resource, providing product and technical information that will help the dentist in the overall planning of treatment to meet each patient's needs. The dental laboratory staff may also consult with the dentist about new materials and their suggested uses. The Association applauds such cooperative efforts so long as the roles of the parties remain clear; the dentist must be responsible for the overall treatment of the patient and the dental laboratory is responsible for constructing high quality ~~prosthetic~~ prostheses or appliances to meet the specifications determined by the dentist.

Some dentists may choose to own or operate a dental laboratory for the custom manufacture of ~~dental~~ prostheses or appliances for their patients or those patients of other dentists. The Association opposes any policy that prevents, restricts, or precludes dentists from acquiring ownership in dental laboratories.

In some states the issue of dental laboratory regulation has been addressed through requirements for registration, certification, licensure bills and some hybrids thereof. The Association believes the basic tenet of regulation by any governmental agency is the protection of the public's health and welfare. In the delivery of dental care, that collective welfare is monitored and protected by state dental boards that have the jurisdictional power, as legislated under the state dental practice act, to issue licenses to dentists. These boards also have the power to suspend or revoke such licenses if such action is deemed warranted.

For decades, the public health and welfare has proven to be adequately protected under the current system of dental licensure. The dentist carries the ultimate responsibility for all aspects of the patient's dental care, including prosthetic or appliance treatment. In a free market society, dentists select dental laboratories that provide the best quality services and prostheses. The Association opposes the creation of additional regulatory boards to oversee dental care and therefore, opposes any form of governmental regulation or licensure of dental laboratories not promulgated under the auspices of the state board of dentistry. The Association believes that a single state board of dentistry in each state is the most effective and cost-efficient means to protect the public's dental welfare.

**Notification of Prosthetic or Appliance Cases Sent to Foreign or Ancillary Domestic Labs for Custom Manufacture:** Constituent dental societies are urged to pursue legislation or voluntary agreements to require that a domestic dental laboratory which subcontracts the manufacture of ~~dental~~ prostheses or appliances notify the dentist in advance when such prostheses, components or materials indicated in the dentist's prescription are to be manufactured or provided, either partially or entirely, by a foreign dental laboratory or any domestic ancillary dental laboratory.

### **Glossary of Terms Relating to Dental Laboratories**

**Introduction:** This glossary is designed to assist in developing a common language for discussion of laboratory issues by dental professionals and public policy makers. Certain terms may also be defined in state dental practice acts, which may vary from state to state.

**Must:** Indicates an imperative need or duty; an essential or indispensable item, mandatory.

**Should:** Indicates a suggested way to meet the standard; highly desirable.

**May or Could:** Indicates a freedom or liberty to follow suggested alternatives.

**Dental Appliance:** A device that is custom manufactured to provide a functional, protective, esthetic and/or therapeutic effect, usually as a part of oro-facial treatment.

**Dental Laboratory:** An entity that engages in the custom manufacture or repair of dental prostheses/appliances prostheses as directed by the written prescription or work authorization form from a licensed dentist.



**Dental Prosthesis:** An artificial appliance custom manufactured to replace one or more teeth or other oral or peri-oral structures in order to restore or alter function and aesthetics.

**Laboratory Certification:** A form of voluntary self-advancement in which a recognized, nongovernmental agency verifies that a dental laboratory technician or a dental laboratory has met certain predetermined qualifications and is granted recognition.

**Laboratory Registration:** A form of regulation in which a governmental agency requires a dental laboratory or dental laboratory technician to meet certain predetermined requirements and also requires registration with the agency and payment of a fee to conduct business within that jurisdiction.

**Laboratory Licensure:** A form of regulation in which a governmental agency, empowered by legislative fiat, grants permission to a dental laboratory technician or dental laboratory to provide services to dentists following verification of certain educational requirements and a testing or on-site review procedure to ensure that a minimal degree of competency is attained. This form of regulation requires payment of a licensing fee to conduct business within a jurisdiction and may mandate continuing education requirements.

**Work Authorization/Laboratory Work Order:** Written directions or instructions from a licensed dentist to a dental laboratory authorizing the construction of a prosthesis or appliance. The directions or instructions included often vary from state to state but typically include: (1) the name and address of the dental laboratory, (2) the name and identification number, if needed, of the patient, (3) date, (4) a description of the work necessary and a diagram of the design, if appropriate for the prosthesis or appliance, (5) the specific type of the materials to be used in the construction of the prosthesis or appliance, (6) identification of materials used and submitted to the laboratory, and (7) the signature and license number of the requesting dentist. In those states where the term "prescription" is used in place of the term "work authorization" or "laboratory work order," prescription is defined as written instructions from a licensed dentist to a dental laboratory authorizing the construction of a prosthesis or appliance to be completed and returned to the dentist.

*Amendment of Policy, ADA Statement on Alcoholism and Other Substance Use Disorders*

**4H-2018. Resolved**, that the ADA Statement on Alcoholism and Other Substance Use Disorders (*Trans.*2005:328) be amended as follows (additions are underscored; deletions are ~~stricken~~):

1. The ADA recognizes that alcoholism and other substance use disorders are primary, chronic, and often progressive diseases that ultimately affect every aspect of health, including oral health.
2. The ADA recognizes the need for research on the oral health implications of chronic alcohol, tobacco and/or other drug use.
3. The ADA recognizes the need for research on substance use disorders and successful treatment protocols among dentists, dental and dental hygiene students, and dental team members.

and be it further

**Resolved**, the ADA encourages the states to create and maintain well-being programs that address substance use disorders as well as other mental and physical challenges that dentists might experience throughout their career.

and be it further

**Resolved**, the ADA encourages the states to maintain a list of volunteer dentists experienced with health and well-being challenges to provide support and make it available to dentists faced with like challenges.

*Review and Consideration of ADA Interim Policy on Opioid Prescribing*

**ADA Policy on Opioid Prescribing**

**Continuing Education**

**19H-2018. Resolved**, that the ADA supports mandatory continuing education (CE) in prescribing opioids and other controlled substances, with an emphasis on preventing drug overdoses, chemical dependency, and diversion. Any such mandatory CE requirements should:

1. Provide for continuing education credit that will be acceptable for both DEA registration and state dental board requirements,
2. Provide for coursework tailored to the specific needs of dentists and dental practice,
3. Include a phase-in period to allow affected dentists a reasonable period of time to reach compliance,

and be it further

**Dosage and Duration**

**Resolved**, that the ADA supports statutory limits on opioid dosage and duration of no more than seven days for the treatment of acute pain, consistent with Centers for Disease Control and Prevention (CDC) evidence-based guidelines.

and be it further

**Resolved**, that the ADA supports improving the quality, integrity, and interoperability of state prescription drug monitoring programs.

*Financing Care for Seniors: Dental Benefit in Medicare*

**33H-2018. Resolved**, that the President appoint an ad hoc committee with the relevant expertise to review and update Resolution 5H-2006 and identify an implementation plan and timeline to address elder care including Medicare,

and be it further,

**Resolved**, that Resolution 33B which reads as follows, be referred to the ad hoc committee for consideration within the comprehensive strategy with a progress report submitted to the 2019 House of Delegates:

**Resolved**, that if potential legislation is being developed then a dental benefit in Medicare shall minimally provide:

- Coverage for comprehensive services in an appropriate part within Medicare with adequate program funding
- Reimbursement rates at or above median fees (50th percentile) as described in the current ADA Survey of Dental Fees to ensure adequate dentist participation
- Funding for technical support for dental practice participation including adoption of health IT standards
- Minimal and reasonable administrative requirements for dental practice participation
- Medicare beneficiaries with the freedom to choose any dentist while continuing to receive the full Medicare benefit

*Developing a Culture of Safety in Dentistry*

**55H-2018. Resolved**, that the American Dental Association commit to establishment of a “Culture of Safety” in all aspects of dental practice, and be it further

**Resolved**, that the appropriate ADA agency or agencies be tasked with a comprehensive review of patient and provider safety in dentistry, and be it further

**Resolved**, that a report be submitted to the 2019 ADA House of Delegates detailing the incidence and severity of patient and provider safety issues in dentistry, and recommendations for development of a plan to address the identified issues of concern.

## Non-Consent Resolutions

**Revision of Policy, Statement on Preventive Coverage in Dental Benefits** (Council on Dental Benefit Programs Resolution 1 and Reference Committee B Resolution 1RC): The Reference Committee reported as follows:

The Reference Committee heard limited testimony in support of Resolution 1 with a recommendation for an amendment to ensure that all preventive services addressed within the resolution are available across appropriate ages. The Reference Committee recommends adoption of Resolution 1RC in lieu of Resolution 1.

**1RC. Resolved**, that the Statement on Preventive Coverage in Dental Benefits Plans (*Trans.*1992:602; 1994:656; 2013:306) be amended as follows: (additions are underscored)

### Statement on Preventive Coverage in Dental Plans

**Resolved**, that preventive dentistry refers to the procedures in dental practice and health programs which aid in the prevention of oral diseases, and be it further

**Resolved**, that the American Dental Association recognizes the importance of implementing preventive oral health practices as an effective means of promoting optimal oral health to all individuals, and be it further

**Resolved**, that the ADA urges that all dental benefit plans include the following procedures as covered services for all patients unless otherwise indicated:

- prophylaxis;
- topical fluoride applications for all patients;
- application of pit and fissure sealants and reapplication as necessary;
- interim caries arresting medicament application (e.g. silver diamine fluoride);
- space maintainers at appropriate developmental stages;
- oral health risk assessments;
- screening and education for oral cancer and other dental/medical related conditions;
- preventive resin restorations;
- resin infiltrations;
- fixed and removable appliances to prevent malocclusion;
- athletic mouth guards;
- prescription or use of supplemental dietary or topical fluoride for home use; and
- in-office patient education, (i.e. oral hygiene instruction, dietary counseling and tobacco cessation counseling with regard to the promotion of good oral and overall health).

and be it further

**Resolved**, that the Council on Dental Benefit Programs continue to recommend to third-party payers, service plans, prospective purchasers and policyholders that contract limitations on frequency of providing benefits allow for coverage of preventive services at least "twice in a calendar (or contract) year" and more frequently if risk factors are identified that warrant increased frequency.

Dr. Chopra moved Resolution 1RC in lieu of Resolution 1 (*Supplement*:3000) with the Committee Recommendation to Vote Yes.

Dr. Brooke Fukuoka, Idaho, moved to amend Resolution 1RC by deleting the words “for all patients” from the second bullet point in the fourth resolving clause, so that the second bullet point would read as follows:

- topical fluoride applications ~~for all patients~~;

In speaking to the amendment, Dr. Fukuoka stated, “The reason for this is, there’s abundant evidence for silver diamine fluoride. And by putting ‘for all [patients]’ on line 21, it’s going to give people a reason to not cover silver diamine fluoride for my elderly population. ... And it’s redundant because, ‘for all patients’ is stated up above, so that implies all of those would be for all patients. By putting ‘for all patients’ with ‘topical application of fluoride,’ it seems to downgrade all the other things that don’t say it. It seems silly to us, but I think people who don’t want to pay for things like silver diamine fluoride will find that little point as an arguing point against us trying to get that covered.”

On vote, the proposed amendment was adopted.

On vote, Resolution 1RC, as amended, was adopted in lieu of Resolution 1.

**1H-2018. Resolved**, that the Statement on Preventive Coverage in Dental Benefits Plans (*Trans.*1992:602; 1994:656; 2013:306) be amended as follows: (additions are underscored)

#### **Statement on Preventive Coverage in Dental Plans**

**Resolved**, that preventive dentistry refers to the procedures in dental practice and health programs which aid in the prevention of oral diseases, and be it further

**Resolved**, that the American Dental Association recognizes the importance of implementing preventive oral health practices as an effective means of promoting optimal oral health to all individuals, and be it further

**Resolved**, that the ADA urges that all dental benefit plans include the following procedures as covered services for all patients unless otherwise indicated:

- prophylaxis;
- topical fluoride applications ~~for all patients~~;
- application of pit and fissure sealants and reapplication as necessary;
- interim caries arresting medicament application (e.g. silver diamine fluoride);
- space maintainers at appropriate developmental stages;
- oral health risk assessments;
- screening and education for oral cancer and other dental/medical related conditions;
- preventive resin restorations;
- resin infiltrations;
- fixed and removable appliances to prevent malocclusion;
- athletic mouth guards;
- prescription or use of supplemental dietary or topical fluoride for home use; and
- in-office patient education, (i.e. oral hygiene instruction, dietary counseling and tobacco cessation counseling with regard to the promotion of good oral and overall health).

and be it further

**Resolved**, that the Council on Dental Benefit Programs continue to recommend to third-party payers, service plans, prospective purchasers and policyholders that contract limitations on frequency of providing benefits allow for coverage of preventive services at least “twice in a calendar (or contract) year” and more frequently if risk factors are identified that warrant increased frequency.

**Response to House Resolution 56H-2017: Feasibility of a Clinical Data Registry** (Council on Dental Benefit Programs Resolution 25 and Reference Committee Resolution 25RC): The Reference Committee reported as follows:

The Reference Committee heard significant testimony in favor of Resolution 25 with some testimony against. The testimony in favor agreed with the Council on Dental Benefit Programs' (CDBP's) assessment on the value of the ADA hosting a clinical data/registry for dentistry. The testimony against was related to the cost of establishing a registry. The Reference Committee also acknowledged that the need for comprehensive data is a consideration in several other resolutions before this House of Delegates (Resolution 55 and Resolution 75). Further, the Reference Committee noted the need for a comprehensive approach across multiple ADA agencies given that the future of dentistry is data dependent. The Reference Committee recommends adoption of Resolution 25RC in lieu of Resolution 25.

**25RC. Resolved**, that the Board of Trustees be urged to prioritize the establishment of a comprehensive clinical data warehouse/registry to support development of health policy, treatment guidelines, medical necessity rules, and to define population health and quality of care.

and be it further,

**Resolved**, that the Board identify the best approach to fund the clinical data warehouse/registry and provide an implementation plan with a timeline to the 2019 House of Delegates.

Dr. Chopra moved Resolution 25RC in lieu of Resolution 25 (*Supplement:3017*) with the Committee Recommendation to Vote Yes.

Dr. Deborah S. Bishop, Alabama, spoke against Resolution 25RC. She stated, "I think there are a lot of unintended consequences here that a lot of people might not have thought about. If we have registry like this, all we're doing is handing our third-party payers all of our data on a silver platter for them to mine to reject claims. For instance, when I was on evidence-based dentistry task force several years ago, we came up with a statement that said that two prophies a year, there is no evidence for two prophies a year. ...it wasn't four weeks later before a letter from Delta Dental of Oregon came out saying that you could only have one prophy per year per patient. I just think we really need to think about this, because there are a lot of things that could be adverse and come back and do some wrong things for us."

Dr. Steven I. Snyder, New York, chair of the Council on Dental Benefit Programs, spoke in support of Resolution 25RC. He stated, "Knowledge is king. Data is the only way we're going to get the knowledge. If we're afraid of what the knowledge is going to bring forward, that's a problem for our profession. The only way that we can fight against outside forces are to have the data. This is the only way that we can get large volumes of data, use it for evidence-based dentistry, use it for research."

Dr. Kenneth L. Chung, Oregon, spoke in support of Resolution 25RC, stating "...In my prior life before I became a clinical dentist for these last 30 years, I was in research dealing with quality assurance data systems. And I can only say to you that for those of you who are concerned about data being collected, I can assure you also that data are being collected, only it's the wrong data. By having our ADA provide a database that we can trust, I will assure all the delegates here that the data that will represent our practices of dentistry will be much more accurate."

As a point of information, Dr. Cesar R. Sabates, Seventeenth District Trustee, asked for legal staff to answer whether or not the data will be discoverable or non-discoverable.

In response, Mr. J. Craig Busey, general counsel, stated, "No, I think once you have collected the data, it is going to be discoverable in litigation or investigation of any of that kind. There is nothing you can do, really, to keep it confidential. There's no basis to establish it as attorney-client privilege or any level of privilege that would keep it from being disclosed otherwise. But that would be the purpose of the data."

The Speaker asked Mr. Busey for further clarification, saying, "But I think for further clarification, if I understood Dr. Sabates a little different from the question he asked, is the data, short of litigation, can we keep it to ourselves?"

Mr. Busey responded, "Well, yeah. I mean, you can put in whatever constraints you want on the data and distribute it as you see fit. That doesn't stop the ability of someone to get ahold of the data or somebody to

leak the data, so it's not an absolute bar to the disclosure, but, yes, you can maintain it as a confidential database."

Dr. Brett Kessler, Colorado, member of the Council on Dental Benefit Programs, spoke in support of Resolution 25RC. He stated, "The data that's being collected right now is claims data, and it's being skewed in the insurance company's benefit. It's controlling the fees. It's controlling the frequencies of procedures we can do, and it's controlling our practices. The entity that holds the most data is going to be the one with the richest database of evidence, and for true quality assurance, this is the best way for this to come forward. The problem with this, it's going to take a little while for us to collect the data. It may take several years. ...the best time to plant a tree was 20 years ago. The second best time to plant a tree is today. Once we start collecting this data, we will have all of the information we need to have best practices."

Dr. Chung, speaking further in support of Resolution 25RC, said, "Data security and privacy are always on the top of our concerns. I would assure you that when we report data, it's not by individual practice. It's all in aggregate. We're looking for trends in patterns that don't reflect any one practice, but that's the whole purpose of trying to develop a knowledge base. The ADA needs to start creating a knowledge base that represents the practice of dentistry the way we have known it. Without that knowledge base, all we have are claims data, and they are not accurately representing the practice of dentistry."

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

On vote, Resolution 25RC was adopted in lieu of Resolution 25.

**25H-2018. Resolved**, that the Board of Trustees be urged to prioritize the establishment of a comprehensive clinical data warehouse/registry to support development of health policy, treatment guidelines, medical necessity rules, and to define population health and quality of care.

and be it further,

**Resolved**, that the Board identify the best approach to fund the clinical data warehouse/registry and provide an implementation plan with a timeline to the 2019 House of Delegates.

**Data Collection Parameters for Dental Practice Delivery Models** (Fourteenth Trustee District Resolution 75 and Board of Trustees Resolution 75B): The Reference Committee reported as follows:

The Reference Committee heard no testimony on Resolution 75. The Reference Committee heard testimony in favor of Resolution 75B noting that a standardized study outline that allows valid comparisons of different delivery models is essential to make data driven decisions as new models emerge. The Reference Committee concurs with the Board and recommends adoption of Resolution 75B.

**75B. Resolved**, that the appropriate agencies of the ADA develop a study outline for measuring quality of care and access to care to allow future comparison studies of the effectiveness of different practice delivery models, and be it further

**Resolved**, that a report be provided to the 2019 House of Delegates.

Dr. Chopra moved Resolution 75B (*Supplement:3028*) in lieu of Resolution 75 (*Supplement:3027*) with the Committee Recommendation to Vote Yes.

Dr. Deborah S. Bishop, Alabama, spoke against Resolution 75B stating, "I would like to speak in opposition to this for the same reasons as [Resolution] 25. We do not need this. All it's going to do is again give payers enough ammunition to deny claims."

The Speaker asked if there was any further discussion on Resolution 75B; there was none. On vote, Resolution 75B was adopted in lieu of Resolution 75.

**75H-2018. Resolved**, that the appropriate agencies of the ADA develop a study outline for measuring quality of care and access to care to allow future comparison studies of the effectiveness of different practice delivery models, and be it further

**Resolved**, that a report be provided to the 2019 House of Delegates.

**Free Smart Phone App for Evaluating Dental Insurance Benefit Plans with Star Rating** (Dr. Prabu Raman, delegate, Missouri, Resolution 82): The Reference Committee reported as follows:

The Reference Committee heard testimony both for and against Resolution 82. The testimony in favor noted that an “app” through smartphones can be incorporated in conversations to educate patients about quality of dental plans in an easy to use format. Testimony against the resolution noted the challenges to developing a valid rating system that weights different criteria. Members of the Council on Dental Benefit Programs (CDBP) noted that the Council has developed consumer education that is posted to MouthHealthy.org. Within this comprehensive section is a quiz that allows consumers to assess their plan. Given that this toolkit was recently launched, the Reference Committee recommends against adoption of the following resolution.

**82. Resolved**, that the Council on Dental Benefit Plans, in collaboration with appropriate ADA agencies, shall produce a questionnaire composed of objective questions, based on the ADA criteria of an optimal dental plan, with weighted answers that will allow patients or plan purchasers to evaluate any dental benefit plan based only on its characteristics, and be it further

**Resolved**, that the aggregate scores be presented in the form of a Star rating system with 5 stars being assigned to 81% and above, 4 stars being assigned to 61% to 80%, 3 stars being assigned to 41% to 60%, 2 stars being assigned to 21% to 40% and 1 star being assigned to 20% and below, and be it further

**Resolved**, that the ADA Star Rating system be made available as a free app on smart phone platforms, and be it further

**Resolved**, that progress on the ADA Star rating system for dental benefit plans be reported to the 2019 House of Delegates.

Dr. Chopra moved Resolution 82 (*Supplement:3035*) with the Committee Recommendation to Vote No.

Dr. Prabu Raman moved to amend Resolution 82 in the second, third and fourth resolving clauses so that they would read as follows:

**Resolved**, that the aggregate scores be presented in the form of a percentage ~~Star rating system with 5 stars being assigned to 81% and above, 4 stars being assigned to 61% to 80%, 3 stars being assigned to 41% to 60%, 2 stars being assigned to 21% to 40% and 1 star being assigned to 20% and below~~, and be it further

**Resolved**, that the ADA dental benefit plan evaluation ~~Star Rating~~ system be made available as a free app on smart phone platforms, and be it further

**Resolved**, that progress on the ADA Star rating evaluation system for dental benefit plans be reported to the 2019 House of Delegates.

In speaking to the amendment, Dr. Raman stated, “...I felt like there was a lot of resistance of the idea of putting some kind of a rating in a star form. ... I’m deleting all reference to a star rating, and as is shown, ‘resolved, that the aggregate scores be presented in the form of a percentage’, and then also delete the reference to star rating in the next two resolves so that it’s a dental benefit plan evaluation. It’s more of a semantic difference, so it doesn’t offend as many people, I’m hoping.”

As a point of information, Dr. Terry L. Fiddler, Arkansas, asked whether the proposed amendment would change the financial impact (\$225,000) of Resolution 82. The Speaker responded that the amendment would not change the financial impact.

On vote, the proposed amendment was adopted.

Dr. Kevin P. Bryant, Tennessee, spoke in support of Resolution 82, as amended, stating, “This is nothing more than a tool that can be used easily within the dental offices. We’re asked every day, ‘hey what is my plan like? Is this a good dental plan? Is this not?’ This is something that a patient can pull out their cell phone

and in a matter of a few moments track down input, answers to simple questions and develop a rating on how they feel about their plan. ...”

Dr. Brett Kessler, Colorado, chair of the Dental Benefit Information Services Subcommittee of the Council on Dental Practice, spoke against Resolution 82, as amended. He stated, “We looked at this very carefully and judiciously. And we feel this isn’t the greatest use of our assets. We put together a tool on Mouth Healthy that was just released and we’re open to evolving that into the best possible use for information for the consumers, but the consumer market only accounts for about six percent of all dental benefits purchased. ... So for six percent of the consumers that would actually get to use this, we don’t feel it’s the best use of our resources.”

As a point of information, Dr. Daniel B. Krantz, New Jersey, asked whether adopting Resolution 82, as amended, would make the ADA legally liable as far as FTC issues are concerned.

In response, Mr. J. Craig Busey, general counsel, stated, “The adoption of this resolution would not create any liability simply for the collection of the data. There is a risk if the data were used in the wrong way. If you were to use this to institute collective action against a particular dental plan, that could be subject to a challenge by the dental plans or by regulators. But simply the collection of the data does not raise any legal issues in itself.”

As a point of information, Dr. I. Jay Freedman, Pennsylvania, asked for clarification on whether the app is intended only for use by members, or if the app is intended to be used for the general public.

The Speaker requested that the maker of Resolution 82, Dr. Prabu Raman, provide clarification. Dr. Raman stated, “...To answer your question, this would be for anyone. It’s a free app, so it can be used by dental office staff. Most likely not patients by themselves. Even employers when they’re purchasing something, when they compare one versus the other, it would be just a resource.”

Speaking in support of Resolution 82, as amended, Dr. Raman stated, “The idea is becoming more complicated than it really is. ...we need to be like Google or Amazon. How do you use those on our smart phone? We need to be something handy, not something that somebody has to go look for. And the idea also is not to have something that is too complicated, you know, like paper with lots of references and so on. So it happens every day, not to us, but our dental team. Someone will ask, ‘how good is my insurance?’, or if the procedure isn’t covered, they think you just charge too much. ... If you can pull up something and answer a few questions so they can see what percentage they get. So they can see readily, ‘oh, I thought I got insurance means everything is covered.’ In reality it rates them here.”

In addition, Dr. Raman stated, “...also someone asked about the cost of it. If you really look at the cost estimate, that only cost \$10,000. The \$215,000 was added by staff as promotion ideas. ... I am not asking for marketing. ...”

Dr. Thomas V. Brady, Connecticut, spoke against Resolution 82, as amended. He stated, “...Approximately three-and-a-half years ago, I was on CDBP. What people may not know, probably don’t know, is Cigna was coming up with a star rating system for the dentists. You were four star if your fee schedule was less than three star, which was less than two star, which was less than one star. We fought rather hard to stop that star system. Percentage, stars, it doesn’t matter. The concept’s the same. If we start a percentage rating system, we’re going to get tit for tat right back from the insurance companies, and you’re going to be fighting how they do it. ...”

Dr. Cyndi E. Sherwood, Kansas, moved to refer Resolution 82, as amended. In speaking to the motion to refer, Dr. Sherwood said, “I think that we should honor creative ideas in this House, and I know that the more robust Find-a-Dentist program came from a member in New York that had a busyness problem and expressed that through Mark Feldman, and then we got that project. So having an app is a great member benefit. Even if it’s not an app, I do have people come in my office asking about their dental insurance. So I would suggest we refer this and try to come up with a creative solution that does this without legal risk, but that helps our members at home. I think they would really like it.”



Discussion in opposition to the motion to refer ensued. Individuals speaking against the motion to refer commented that the Council on Dental Benefit Programs has already considered, during the past year, the idea of having an app as proposed in Resolution 82, and that this House should act to adopt or defeat Resolution 82, as amended.

On vote, the motion to refer was not adopted.

Further discussion on Resolution 82, as amended, ensued. Dr. Gary L. Dougan, California, spoke against the Resolution, stating, "This is not a simple tool. This is going to require someone to open up the evidence of coverage documents or the certificate of insurance documents, pull out various different qualities of the coverage to enter the data in order to get this rating. ... Then when someone gets a low star rating or low percentage, then what do they do with that information? Most people's insurance plans are decided by their human resources department or their personnel office. They're not going to have any recourse on making any changes. ... This is not an appropriate thing to do, and if it is something that's developed privately, great, let somebody develop it privately and sell it, sell it on the app store themselves. I don't think this is something that has to be parked with the ADA."

Dr. David A. Schwartz, Pennsylvania, spoke in support of Resolution 82, as amended. He stated, "A couple of points were brought up on the con mics that I take exception with. One was comparing that the disgruntled patients are going to put a four star rating to their plan. No, this is not how it is. You find out their plan information, and you find out what their percentage is. It's not like how I had a great stay here at the Hawaii Hilton and I'm going to give it a five star... Secondly, we tell people all the time that ask us about their plan, you know, that if they like it, let their HR people know. But, more importantly, if they don't like it or they feel it falls short, tell their HR people so they can get a different plan next year. So maybe it's only six percent of the patients that are using this as somebody said, but if they report back to their HR people, like we all say we should do, then it's a higher percent. So don't let the statistics get in the way of reality. And again with the marketing, it's \$2.50 even if we do push the marketing, which we don't need to. I think it's a dues neutral."

A motion was made to vote immediately on Resolution 82, as amended. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 82, as amended, was not adopted.

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

The Report of Reference Committee C was presented by Dr. Ralph A. Cooley, Texas, chair. The other members of the Committee were: Dr. Eva F. Ackley, Florida; Dr. Maria Ambrosio, New Jersey; Dr. I. Jay Freedman, Pennsylvania; Dr. Vanchit John, Indiana; Dr. Aruna S. Rao, Minnesota; Dr. Julie M. Robinson, Alaska; Dr. Brian K. Shue, California; and Dr. Connie L. White, Missouri.

**Consent Calendar** (Reference Committee C Resolution 86) The Reference Committee reported as follows:

The appended Resolution 86 lists resolutions referred and considered by this Reference Committee that received no or limited testimony, all positive testimony, all negative testimony, or the Reference Committee feels these resolutions were fully debated, with all issues considered. The Reference Committee's recommended action (adopt, adopt in lieu of, not adopt or refer) is identified on each resolution presented on the consent calendar. By adopting Resolution 86, the recommendations of the Reference Committee on the consent calendar resolutions will become the actions of the House of Delegates.

It should be noted that if a resolution on the consent calendar is to "adopt in lieu of" with a Committee Recommendation to Vote No **and** the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

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

**Resolution 5**—(Adopt)—Amendment to the ADA Policy on Promotion of Freedom of Movement for Dental Hygienists (*Supplement:4000*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 6**—(Adopt)—Amendment of ADA Policy on Examinations for Allied Dental (Non-Dentist) Personnel (*Supplement:4001*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 7**—(Adopt)—Amendment to the *Governance Manual* Regarding Council on Dental Education and Licensure Appointments and Vacancies (*Supplement:4002*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 8**—(Adopt)—Policy on State Dental Board Recognition of the National Commission on Recognition of Dental Specialties and Certifying Boards (*Supplement:4004*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 9**—(Adopt)—Rescission of Policies Related to Recognition of Dental Specialties and Certifying Boards (*Supplement:4005*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 10**—(Adopt)—Amendment of the Joint Commission on National Dental Examinations (JCNDE) Standing Rules (*Supplement:4009*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 11**—(Adopt)—Amendment to Criteria for Recognition of Interest Areas in General Dentistry (*Supplement:4018*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 12**—(Adopt)—Amendment to the Policy: Requirements for Board Certification (*Supplement:4021*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 13RC**—(Adopt Resolution 13RC in lieu of Resolution 13)—Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists (*Supplement:4022*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 15**—(Adopt)—Rescission of Policy: Certification in Unrecognized Practice Areas (*Supplement:4030*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 16**—(Adopt)—CODA Authority to Adopt Rules Regarding the Conduct of its Meetings (*Supplement:4069*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 17**—(Adopt)—Amendment to the Policy: Number of Specialty Areas of Dental Practice (*Supplement:4032*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 20**—(Adopt)—Amendment to the ADA *Bylaws* and *Governance Manual* on Conflict of Interests and CODA (*Supplement:4071*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 21**—(Adopt)—Rescission of Policy: Use of the Term "Specialty" (*Supplement:4033*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 22**—(Adopt)—Rescission of Policy on Dual Degreed Dentists (*Supplement:4035*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 23**—(Adopt)—Amendment of the Joint Commission on National Dental Examinations  
*Bylaws (Supplement:4037)* \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 40**—(Adopt)—Proposed Changes to the *Bylaws and Governance Manual* with Respect to  
CODA and Hiring Consultants (*Supplement:4083*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 41**—(Adopt)—Amendment to Resolution 1H-2013—Self-Assessments  
(*Supplement:4085*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 42**—(Adopt Resolution 42 in lieu of Resolution 37)—Revision of the Rules of the  
Commission on Dental Accreditation: Terminology Changes Related to Advanced Education  
Programs (*Supplement:4072*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 52**—(Adopt)—Revision to the Council on Scientific Affairs' Area of Responsibility for  
Research Agenda Development (*Supplement:4092*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 76**—(Not Adopt)—Refining CODA Standards (*Supplement:4109*)  
\$190,000; FTE: 0.5

**COMMITTEE RECOMMENDATION: Vote No**

**Resolution 77**—(Not Adopt)—Is Idiopathic Pulmonary Fibrosis an Occupational Hazard of Dentistry?  
(*Supplement:4111*) \$10,000; FTE: 0.5

**COMMITTEE RECOMMENDATION: Vote No**

**Resolution 78**—(Not Adopt)—Simplification of CERP Application Process for CODA Accredited  
Institutions (*Supplement:4113*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote No**

As a point of information, a delegate from the floor asked, "Regarding Resolution 21, may we hear from appropriate CEBJA staff member regarding the plan for making the update to the *Principle of Ethics and Code of Professional Conduct* to reflect the creation of the National Commission on Recognition of Dental Specialties and Certifying Boards?"

At the request of the Speaker, Mr. Thomas Elliott, Jr., deputy general counsel, responded to the delegate stating, "That clarification or correction is on CEBJA's agenda for its December meeting and will be made at that time or recommended at that time. There is a resolution pending before this House that might accelerate that a little bit, but it is on CEBJA's plate."

Dr. Cooley moved Resolution 86 with the Committee Recommendation to Vote Yes.

A request was made to remove the following resolution from the Consent Calendar:

Resolution 21 removed by Dr. Thomas A. Trowbridge, Massachusetts

Hearing no objection, the amended Resolution 86 was adopted by general consent.

**86H-2018. Resolved**, that the recommendations of Reference Committee C on the following resolutions be accepted by the House of Delegates.

**Resolution 5**—(Adopt)—Amendment to the ADA Policy on Promotion of Freedom of Movement for Dental Hygienists (*Supplement:4000*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 6**—(Adopt)—Amendment of ADA Policy on Examinations for Allied Dental (Non-Dentist) Personnel (*Supplement:4001*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 7**—(Adopt)—Amendment to the *Governance Manual* Regarding Council on Dental Education and Licensure Appointments and Vacancies (*Supplement:4002*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 8**—(Adopt)—Policy on State Dental Board Recognition of the National Commission on Recognition of Dental Specialties and Certifying Boards (*Supplement:4004*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 9**—(Adopt)—Rescission of Policies Related to Recognition of Dental Specialties and Certifying Boards (*Supplement:4005*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 10**—(Adopt)—Amendment of the Joint Commission on National Dental Examinations (JCNDE) Standing Rules (*Supplement:4009*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 11**—(Adopt)—Amendment to Criteria for Recognition of Interest Areas in General Dentistry (*Supplement:4018*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 12**—(Adopt)—Amendment to the Policy: Requirements for Board Certification (*Supplement:4021*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 13RC**—(Adopt Resolution 13RC in lieu of Resolution 13)—Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists (*Supplement:4022*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 15**—(Adopt)—Rescission of Policy: Certification in Unrecognized Practice Areas (*Supplement:4030*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 16**—(Adopt)—CODA Authority to Adopt Rules Regarding the Conduct of its Meetings (*Supplement:4069*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 17**—(Adopt)—Amendment to the Policy: Number of Specialty Areas of Dental Practice (*Supplement:4032*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 20**—(Adopt)—Amendment to the ADA *Bylaws* and *Governance Manual* on Conflict of Interests and CODA (*Supplement:4071*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 21**—(Adopt)—Rescission of Policy: Use of the Term "Specialty" (*Supplement:4033*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 22**—(Adopt)—Rescission of Policy on Dual Degreed Dentists (*Supplement:4035*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 23**—(Adopt)—Amendment of the Joint Commission on National Dental Examinations *Bylaws* (*Supplement:4037*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 40**—(Adopt)—Proposed Changes to the *Bylaws* and *Governance Manual* with Respect to CODA and Hiring Consultants (*Supplement:4083*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 41**—(Adopt)—Amendment to Resolution 1H-2013—Self-Assessments (*Supplement:4085*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 42**—(Adopt Resolution 42 in lieu of Resolution 37)—Revision of the Rules of the Commission on Dental Accreditation: Terminology Changes Related to Advanced Education Programs (*Supplement:4072*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 52**—(Adopt)—Revision to the Council on Scientific Affairs' Area of Responsibility for Research Agenda Development (*Supplement:4092*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 76**—(Not Adopt)—Refining CODA Standards (*Supplement:4109*) \$190,000; FTE: 0.5  
**COMMITTEE RECOMMENDATION: Vote No**

**Resolution 77**—(Not Adopt)—Is Idiopathic Pulmonary Fibrosis an Occupational Hazard of Dentistry? (*Supplement:4111*) \$10,000; FTE: 0.5  
**COMMITTEE RECOMMENDATION: Vote No**

**Resolution 78**—(Not Adopt)—Simplification of CERP Application Process for CODA Accredited Institutions (*Supplement:4113*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote No**

*Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 86H follows.*

#### **Consent Calendar Resolutions—Adopted/Adopted in Lieu of**

*Amendment to the ADA Policy on Promotion of Freedom of Movement for Dental Hygienists*

**5H-2018. Resolved**, that the ADA Policy, Promotion of Freedom of Movement for Dental Hygienists (*Trans.1990:550*) be amended as follows (additions underscored; deletions ~~stricken~~):

**Promotion of Freedom of Movement for Dental Hygienists (*Trans.1990:550*)**

**Resolved**, that the state boards of ~~dentistry dental examiners and the American Association of Dental Boards~~ be urged to give consideration to the profession's ongoing need for dental hygienists and ~~be encouraged to develop licensure mobility pathways mechanisms~~ under which dental hygienists licensed in good standing in one state may be licensed for practice in another state without completing an additional clinical examination. in which they may now reside, with previous education, licensure and clinical experience used as a substitute for current requirements, and be it further

**Resolved**, that the eligibility requirements for dentists as outlined in the Association's Guidelines for Licensure (*Trans.* 1976:919; 1977:923; 1989:529) ~~be taken into consideration, where applicable, in establishing eligibility requirements for dental hygienists.~~

*Amendment of ADA Policy on Examinations for Allied Dental (Non-Dentist) Personnel*

**6H-2018. Resolved**, that the Policy on Examinations for Allied Dental (Non-Dentist) Personnel (*Trans.* 2010:595) be amended as follows (additions are underscored; deletions are ~~stricken~~):

**Resolved**, that the ADA ~~House of Delegates~~ strongly urges encourages state dental boards ~~testing agencies to require examine examination of~~ candidates for dental licensure separately from candidates for allied dental (non-dentist) licensure.

*Amendment to the Governance Manual Regarding Council on Dental Education and Licensure Appointments and Vacancies*

**7H-2018. Resolved**, that Chapter VIII. COUNCILS, Sections A.1.a.i. Nominations and F. Vacancy of the Governance and Organizational Manual be amended as follows (additions underscored):

**CHAPTER VIII. COUNCILS**

A. Members, Selections, Nominations and Elections.

1. Composition. The composition of the councils of this Association shall be as follows:

a. Council on Dental Education and Licensure. The Council on Dental Education and Licensure shall be composed of seventeen (17) members selected as follows:

i. Nominations.

(a) Eight (8) members shall be nominated by the Board of Trustees on a rotational system by trustee district from the active, life or retired members of this Association, no one of whom shall be a full-time member of a faculty of a school of dentistry, a current dental examiner or member of a state or regional testing agency, state board of dentistry or jurisdictional dental licensing agency.\* These members shall be elected by the House of Delegates.

(b) Four (4) members who are active, life or retired members of this Association shall be selected by the American Association of Dental Boards from the active membership of that body, no one of whom shall be a member of a faculty of a school of dentistry. These members shall not require the approval of the House of Delegates for appointment.

(c) Four (4) members who are active, life or retired members of this Association shall be selected by the American Dental Education Association from its active membership. These members shall hold positions of professorial rank in dental schools accredited by the Commission on Dental Accreditation and shall not be current dental examiners or members of any state or regional testing agency, state board of dentistry or jurisdictional dental licensing agency. These members shall not require the approval of the House of Delegates for appointment.

- (d) One (1) new dentist member recommended by the New Dentist Committee and nominated by the Board of Trustees.

\* \* \*

F. Vacancy. In the event of a vacancy in the membership of any Council, except a member of the Council on Dental Education and Licensure selected by an organization other than this Association, the President shall appoint a member of the Association possessing the same qualifications as established by the *Bylaws* or this *Governance Manual* for the previous member, to fill such vacancy until a successor is elected by the next House of Delegates for the remainder of the unexpired term. In the event such vacancy involves a member of the Council on Dental Education and Licensure who was selected by an organization other than this Association, such other organization shall appoint a successor. The appointed member shall possess the same qualifications as those possessed by the previous member of the Council. In the event such vacancy involves the chair of the council, the President shall have the power to appoint an *ad interim* chair. In the event it is the current recipient of the Gold Medal Award for Excellence in Dental Research who cannot serve on the Council on Scientific Affairs, the President, in consultation with the Board of Trustees, shall have the power to appoint a prominent research scientist who shall serve until the award is bestowed on the next honoree. If the term of the vacated council position has less than fifty percent (50%) of a full term remaining at the time the successor member is appointed or elected, the successor member shall be eligible for election to a new term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment or election, the successor member shall not be eligible for another term.

*Policy on State Dental Board Recognition of the National Commission on Recognition of Dental Specialties and Certifying Boards*

**8H-2018. Resolved**, that the American Dental Association urges all state dental boards to recognize the National Commission on Recognition of Dental Specialties and Certifying Boards as the agency responsible for the recognition of dental specialties and dental specialty certifying boards.

*Rescission of Policies Related to Recognition of Dental Specialties and Certifying Boards*

**9H-2018. Resolved**, that the following ADA policy statements related to recognition of dental specialties and certifying boards be rescinded:

Certifying Board in Oral and Maxillofacial Pathology (*Trans.*1950:29; 2015:255)  
 Recognition of Oral and Maxillofacial Pathology as a Dental Specialty (*Trans.*1987:510; 2015:255)  
 Certifying Board in Oral and Maxillofacial Radiology (*Trans.*2015:256)  
 Recognition of Oral and Maxillofacial Radiology as a Dental Specialty (*Trans.*1999:898; 2015:256)  
 Certifying Board in Oral and Maxillofacial Surgery (*Trans.*2015:256)  
 Recognition of Oral and Maxillofacial Surgery as a Dental Specialty (*Trans.*1990:554; 2015:256)  
 Specialty of Oral and Maxillofacial Surgery (*Trans.*1990:549)  
 Certifying Board in Pediatric Dentistry (*Trans.*2015:257)  
 Recognition of Pediatric Dentistry as a Dental Specialty (*Trans.*1990:549; 2015:257)  
 Certifying Board in Periodontics (*Trans.*2015:258)  
 Recognition of Periodontics as a Dental Specialty (*Trans.*1988:490; 2015:257)  
 Certifying Board in Prosthodontics (*Trans.*2015:258)  
 Recognition of Prosthodontics as a Dental Specialty (*Trans.*1987:510; 2015:258)  
 Certifying Board in Orthodontics and Dentofacial Orthopedics (*Trans.*1950:189; 2015:257)  
 Recognition of Orthodontics and Dentofacial Orthopedics as a Dental Specialty (*Trans.*1989:519; 2015:257)  
 Certifying Board in Endodontics (*Trans.*1964:251; 2015:255)  
 Recognition of Endodontics as a Dental Specialty (*Trans.*1963:244; 2015:254)  
 Certifying Board in Dental Public Health (*Trans.*1951:180; 2015:254)  
 Recognition of Dental Public Health as a Dental Specialty (*Trans.*1986:512; 2015:254)  
 Periodic Review of Dental Specialty Education and Practice (*Trans.*2001:468; 2011:465)

*Amendment of the Joint Commission on National Dental Examinations Standing Rules*

**10H-2018. Resolved**, that the *Standing Rules of the Joint Commission on National Dental Examinations* be revised as indicated in Appendix 1 (additions underscored; deletions ~~stricken~~).

**Note:** See *Supplement:4010* for Appendix 1

*Amendment to Criteria for Recognition of Interest Areas in General Dentistry*

**11H-2018. Resolved**, that the ADA Policy on Criteria for Recognition of Interest Areas in General Dentistry (*Trans.2010:579*) be amended as follows (additions underscored; deletions ~~stricken~~):

**Criteria for Recognition of Interest Areas in General Dentistry**

1. The existence of a well-defined body of established evidence-based scientific and clinical dental knowledge underlying the general dentistry area - knowledge that is in large part distinct from, or more detailed than, that of other areas of general dentistry education and practice and any of the ADA recognized dental specialties recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards.

Elements to be addressed:

- Definition and scope of the general dentistry area
  - Educational goals and objectives of the general dentistry area
  - Competency and proficiency statements for the general dentistry education area
  - Description of how scientific dental knowledge in the area is substantive and distinct from other general dentistry areas
2. The body of knowledge is sufficient to educate individuals in a distinct advanced education area of general dentistry, not merely one or more techniques.

Elements to be addressed:

- Identification of distinct components of biomedical, behavioral and clinical science in the advanced education area
  - Description of why this area of knowledge is a distinct education area of general dentistry, rather than a series of just one or more techniques
  - Documentation demonstrating that the body of knowledge is unique and distinct from that in other education areas accredited by the Commission on Dental Accreditation
  - Documentation of the complexity of the body of knowledge of the general dentistry area by identifying specific advanced techniques and procedures, representative samples of curricula from existing programs, textbooks and journals
3. The existence of established advanced educational programs with structured curricula, qualified faculty and enrolled individuals for which accreditation by the Commission on Dental Accreditation can be a viable method of quality assurance.

Elements to be addressed:

- Description of the historical development and evolution of educational programs in the area of advanced training in general dentistry
- A listing of the current operational programs in the advanced general dentistry training area, identifying for each, the:
  - a. Sponsoring institution;



- b. Name and qualifications of the program director;
- c. Number of full-time and part-time faculty (define part-time for each program);
- d. Curriculum (course outlines, student competencies, class schedules);
- e. Outcomes assessment method;
- f. Minimum length of the program;
- g. Certificate and/or degree awarded upon completion;
- h. Number of enrolled individuals per year for at least the past five years\*; and
- i. Number of graduates per year for at least the past five years.\*

*\*If the established education programs have been in existence less than five years, provide information since their founding.*

- Documentation on how many programs in the education area would seek voluntary accreditation review, if available
4. The education programs are the equivalent of at least one 12-month full-time academic year in length. The programs must be academic programs sponsored by an institution accredited by an agency recognized by the United States Department of Education or accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent rather than a series of continuing education experiences.

Elements to be addressed:

- Evidence of the minimum length of the program for full-time students
  - Evidence that a certificate and/or degree is awarded upon completion of the program
  - Programs' recruitment materials (e.g., bulletin, catalogue)
  - Other evidence that the programs are bona fide higher education experiences, rather than a series of continuing education courses (e.g., academic calendars, schedule of classes, and syllabi that address scope, depth and complexity of the higher education experience, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution's academic requirements for advanced education)
5. The competence of the graduates of the advanced education programs is important to the health care of the general public.

Elements to be addressed:

- Description of the need for appropriately trained individuals in the general dentistry area to ensure quality health care for the public
- Description of current and emerging trends in the general dentistry education area
- Documentation that dental health care professionals currently provide health care services in the identified area
- Evidence that the area of knowledge is important and significant to patient care and dentistry
- Documentation that the general dentistry programs comply with the ADA *Principles of Ethics and Code of Professional Conduct*, as well as state and federal regulations

*Amendment to the Policy: Requirements for Board Certification*

**12H-2018. Resolved**, that the ADA Policy on Requirements for Board Certification (*Trans.*1975:690) be amended as follows (deletions ~~stricken~~):

**Resolved**, that candidates for board certification who graduated after January 1, 1967 must have successfully completed an accredited advanced specialty program, and be it further

**Resolved**, that candidates for board certification who completed the prescribed length of education for board certification in a program of an institution then listed by the Council on Dental Education and Licensure prior to 1967 and who have announced ethically limitation of practice in one of the recognized dental specialties are considered educationally eligible.

*Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*

**13H-2018. Resolved**, that the ADA Policy on ADA Requirements for Recognition of Dental Specialists and National Certifying Boards for Dental Specialists (*Trans.*2001:470; 2009:443; 2013:328) be amended as follows (additions are underscored; deletions ~~stricken~~):

**Introduction**

A specialty is an area of dentistry that has been formally recognized by the ~~American Dental Association~~ National Commission on Recognition of Dental Specialties and Certifying Boards as meeting the “Requirements for Recognition of Dental Specialties” specified in this document. Dental specialties are recognized ~~by the Association~~ to protect the public, nurture the art and science of dentistry, and improve the quality of care. It is the Association’s belief that the needs of the public are best served if the profession is oriented primarily to general practice. Specialties are recognized in those areas where advanced knowledge and skills are essential to maintain or restore oral health.<sup>1</sup>

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

The sponsoring organization must submit to the ~~Council on Dental Education and Licensure~~ National Commission on Recognition of Dental Specialties and Certifying Boards a formal application which demonstrates compliance with all the requirements for specialty recognition. ~~The Council will submit its recommendation for approval or denial of the proposed specialty to the Association’s House of Delegates.~~

Following ~~approval~~ recognition of a specialty by the National Commission on Recognition of Dental Specialties and Certifying Boards ~~House of Delegates~~, the sponsoring organization must establish a national board for certifying diplomates in accordance with the “Requirements for National Certifying Boards for Dental Specialists” may be established as specified in this document. ~~Additionally, the Commission on Dental Accreditation develops educational requirements and establishes an accreditation program for advanced educational programs in the specialty. The Council on Dental Education and Licensure and the sponsoring organization monitors the administrative standards and operation of the certifying board.~~

**Requirements for Recognition of Dental Specialties**

A sponsoring organization seeking specialty recognition for an area must document that the discipline satisfies all the requirements specified in this section.

- (1) In order for an area to become and/or remain recognized as a dental specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of that proposed or recognized dental specialty; (b) in which the privileges to hold office and to vote on any issue related to the specialty are reserved for dentists who either have completed an CODA-accredited advanced education program accredited by the Commission on Dental Accreditation in that proposed or recognized specialty or have sufficient experience in that specialty as deemed

<sup>1</sup> Association policies regarding ethical announcement of specialization and limitation of practice are contained in the *ADA Principles of Ethics and Code of Professional Conduct*.

- appropriate by the sponsoring organization and its certifying board; and (c) that demonstrates the ability to establish a certifying board.
- (2) A proposed specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the ~~predoctoral accreditation standards.~~<sup>2</sup> Commission on Dental Accreditation's Accreditation Standards for Dental Education Programs.
  - (3) The scope of the proposed specialty requires advanced knowledge and skills that: (a) in their entirety as a whole, are separate and distinct from the knowledge and skills sets required to practice in any recognized dental specialty ~~or combination of recognized dental specialties;~~ and (b) cannot be accommodated through minimal modification of a recognized dental specialty ~~or combination of recognized dental specialties.~~
  - (4) The specialty applicant must document scientifically, by valid and reliable statistical evidence/studies, that it: (a) actively contributes to new knowledge in the field; (b) actively contributes to professional education; (c) actively contributes to research needs of the profession; and (d) provides oral health services in the field of study for the public; ~~all each of which the specialty candidate applicant must demonstrate would be currently not being be satisfactorily met by general practitioners or dental specialists except for the contributions of the specialty applicant.~~
  - (5) A proposed specialty must directly benefit some aspect of clinical patient care.
  - (6) Formal advanced education programs of at least two years ~~beyond the predoctoral dental curriculum as defined~~ accredited by the Commission on Dental Accreditation must exist to provide the special knowledge and skills required for practice of the proposed specialty.

### **Requirements for National Certifying Boards for Dental Specialists<sup>3</sup>**

In order to become, and remain, eligible for recognition by the ~~American Dental Association National Commission on Recognition of Dental Specialties and Certifying Boards~~ as a national certifying board for a dental specialty, the specialty shall have a sponsoring ~~or parent~~ organization that meets all of the elements of Requirement (1) of the Requirements for Recognition of Dental Specialties. A close working relationship shall be maintained between the ~~parent sponsoring~~ organization and the certifying board. Additionally, the following requirements must be fulfilled.

#### **Organization of Boards:**

- (1) Each Board shall have no less than five or more than 12 voting directors designated on a rotation basis in accordance with a method approved by the ~~Council on Dental Education and Licensure National Commission on Recognition of Dental Specialties and Certifying Boards.~~ Although the ~~Council Commission~~ does not prescribe a single method for selecting directors of boards, members may not serve for more than a total of nine years. Membership on the board shall be in accordance with a prescribed method endorsed by the sponsoring organization. All board directors shall be diplomates of that board and only the ~~parent sponsoring~~ organizations of boards may establish additional qualifications if they so desire.
- (2) Each board shall submit in writing to the ~~Council on Dental Education and Licensure National Commission on Recognition of Dental Specialties and Certifying Boards~~ a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board. This statement should include evidence of

<sup>2</sup> ~~Predoctoral accreditation standards are contained in the Commission on Dental Accreditation's document Accreditation Standards for Dental Education Programs.~~

<sup>3</sup> ~~Amended by the 1992 ADA House of Delegates.~~

sponsorship of the board by a national organization that meets all the elements of Requirement (1) of the Requirements for Recognition of Dental Specialties.

- (3) Each board shall submit to the ~~Council on Dental Education and Licensure~~ National Commission on Recognition of Dental Specialties and Certifying Boards evidence of adequate financial support to conduct its program of certification.
- (4) Each board may select suitable consultants or agencies to assist in its operations, such as the preparation and administration of examinations and the evaluation of records and examinations of candidates. Consultants who participate in clinical examinations should be diplomates.

#### **Operation of Boards:**

- (1) Each board shall certify qualified dentists as diplomates only in the special area of dental practice approved by the ~~American Dental Association~~ National Commission on Recognition of Dental Specialties and Certifying Boards for such certification. No more than one board shall be recognized ~~by the Association~~ for the certification of diplomates in a single area of practice.
- (2) Each board, except by waiver of the ~~Council on Dental Education and Licensure~~ National Commission on Recognition of Dental Specialties and Certifying Boards, shall give at least one examination in each calendar year and shall announce such examination at least six months in advance.
- (3) Each board shall maintain a current list of its diplomates.
- (4) Each board shall submit annually to the ~~Council on Dental Education and Licensure~~ National Commission on Recognition of Dental Specialties and Certifying Boards data relative to its financial operations, applicant admission procedures, and examination content and results ~~thereof~~. Examination procedures and results should follow the Standards for Educational Psychological Testing, including validity and reliability evidence. A diplomate may, upon request, obtain a copy of the annual technical and financial reports of the board.
- (5) Each board shall encourage its diplomates to engage in lifelong learning and continuous quality improvement.
- (6) Each board shall provide periodically to the ~~Council on Dental Education and Licensure~~ National Commission on Recognition of Dental Specialties and Certifying Boards evidence of its examination and certification of a significant number of additional dentists in order to warrant its continuing approval by the ~~American Dental Association~~ National Commission on Recognition of Dental Specialties and Certifying Boards.
- (7) Each board shall bear full responsibility for the conduct of its program, the evaluation of the qualifications and competence of those it certifies as diplomates, and the issuance of certificates.
- (8) Each board shall require an annual registration fee from each of its diplomates intended to assist in supporting financially the continued program of the board.

#### **Certification Requirements:**

- (1) ~~Each board shall use, in the evaluation of its candidates, standards of education and experience approved by the Commission on Dental Accreditation.~~

- (2) (1) Each board shall require, for eligibility for certification as a diplomate, the successful completion of an advanced education ~~educational~~ program accredited by the Commission on Dental Accreditation of two or more academic years in length, as specified by the Commission.<sup>4</sup>

Although desirable, the period of advanced study need not be continuous, nor completed within successive calendar years. An advanced educational program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time as a graduated sequence of educational experience not exceeding four calendar years, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching experience in specialty departments in dental schools will not be accepted in meeting any portion of this requirement.

Each board may establish an exception to the qualification requirement of completion of an advanced specialty education program accredited by the Commission on Dental Accreditation for the unique candidate who has not met this requirement *per se*, but can demonstrate to the satisfaction of the certifying board, equivalent advanced specialty education. A certifying board must petition the ~~Council on Dental Education and Licensure~~ National Commission on Recognition of Dental Specialties and Certifying Boards for permission to establish such a policy. ~~If granted, the provisions of the certifying board's policy shall be reported to the House of Delegates in the Annual Report of the Council on Dental Education and Licensure.~~

- (3) (2) Each board shall establish its minimum requirements for years of practice in the area for which it grants certificates. The years of advanced education in this area may be accepted toward fulfillment of this requirement.
- (4) (3) Each board, in cooperation with its sponsoring ~~parent~~ organization, shall prepare and publicize its recommendations on the educational program and experience requirements which candidates will be expected to meet.

### **Founding Boards and Waivers**

~~Members of a founding board in an area of practice not recognized previously by the American Dental Association shall be exempt from certifying examination. Newly recognized boards may petition the Council on Dental Education and Licensure for permission to waive the formal education requirements for candidates who apply for examination. If granted, the provisions of the waiver shall be reported to the House of Delegates in the Annual Report of the Council on Dental Education and Licensure.~~

### *Rescission of Policy: Certification in Unrecognized Practice Areas*

**15H-2018. Resolved**, that the ADA policy on Certification in Unrecognized Practice Areas (*Trans.* 1957:360) be rescinded.

### *CODA Authority to Adopt Rules Regarding Conduct of its Meetings*

**16H-2018. Resolved**, that Chapter IX. COMMISSIONS, Section H. Meetings of Commissions, of the *Governance and Organizational Manual* of the American Dental Association be amended as indicated (additions are underlined; deletions are ~~stricken~~):

<sup>4</sup>The following interpretation for educational eligibility was provided by the 1975 House of Delegates of the American Dental Association (*Trans.* 1975: 690) and amended by 2009 House of Delegates. (*Trans.* 2009:443)

~~Candidates for board certification who graduated after January 1, 1967, must have successfully completed an accredited advanced specialty program. Candidates for board certification who completed the prescribed length of education for board certification in a program of an institution then listed by the Council on Dental Education and Licensure prior to 1967, and who have announced ethically limitation of practice in one of the recognized dental specialties, are considered educationally qualified.~~

- H. Meetings of Commissions. ~~Each commission~~ The Joint Commission on National Dental Examinations, the Commission on Continuing Education Provider Recognition, and the National Commission on Recognition of Dental Specialties and Certifying Boards shall hold at least one regular meeting annually, provided that funds are available in the budget for that purpose and unless otherwise directed by the Board of Trustees. Meetings may be held at the Headquarters Building, the Washington Office or from multiple remote locations through the use of a conference telephone or other communications equipment by means of which all members can communicate with each other. Such meetings shall be conducted in accordance with rules and procedures established by the Board of Trustees. The Commission on Dental Accreditation shall conduct meetings in accordance with rules and procedures pursuant to the Rules of the Commission on Dental Accreditation.

and be it further

**Resolved**, that Chapter IX.COMMISSIONS, Section I.QUORUM, of the *Governance and Organizational Manual* of the American Dental Association, be amended as indicated (additions are underscored; deletions are ~~stricken~~):

- I. Quorum. A majority of the members of the Joint Commission on National Dental Examinations, the Commission on Continuing Education Provider Recognition, and the National Commission on Recognition of Dental Specialties and Certifying Boards ~~any commission~~ shall constitute a quorum. Quorum requirements for the Commission on Dental Accreditation shall be as stated in the Rules of the Commission on Dental Accreditation.

*Amendment to the Policy: Number of Specialty Areas of Dental Practice*

**17H-2018. Resolved**, that the Number of Specialty Areas of Dental Practice (*Trans.*1995:633) be amended as follows (additions underscored; deletions ~~stricken~~):

**Number of Specialty Areas of Dental Practice**

**Resolved**, that the ~~number of specialty areas of dental practice~~ meet the ADA's "Requirements for Recognition of Dental Specialties" ~~be limited to that which will~~ to assure the public of the competence of the dentist who holds himself/herself out to the public as a specialist who performs services which require formal advanced education, training and skills beyond those commonly possessed by the general practitioner.

*Amendment to the ADA Bylaws and Governance Manual on Conflict of Interests and CODA*

**20H-2018. Resolved**, that the ADA *Bylaws*, Chapter V. BOARD OF TRUSTEES, *Section* 80. DUTIES, Duty "M", be amended as indicated (additions are underscored):

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

and be it further

**Resolved**, that Chapter XVII. Conflict of Interests (final sentence), of the *Governance and Organizational Manual* of the American Dental Association be amended as follows (additions are underscored):

The Board of Trustees shall render a final judgment on what constitutes a conflict of interest except with respect to the work of the Commission on Dental Accreditation.

*Rescission of Policy on Dual Degreed Dentists*

**22H-2018. Resolved**, that the ADA Policy on Dual Degreed Dentists (*Trans.*2003:367; 2012:464) be rescinded.

*Amendment of the Joint Commission on National Dental Examinations Bylaws*

**23H-2018. Resolved**, that the *Bylaws of the Joint Commission on National Dental Examinations* be revised as indicated in Appendix 1 (additions underscored; deletions ~~stricken~~).

**Note:** See *Supplement:4038* for Appendix 1

*Proposed Changes to the Bylaws and Governance Manual with Respect to CODA and Hiring Consultants*

**40H-2018. Resolved**, that the ADA *Bylaws*, Chapter V. BOARD OF TRUSTEES, Section 80. DUTIES, Duty "I," be amended as follows (additions underscored; deletion ~~stricken~~):

- I. ~~Except for as otherwise provided in these *Bylaws*, a~~Act upon commission and committee nominations for consultants as set forth in the *Governance and Organizational Manual of the American Dental Association*.

and be it further

**Resolved**, that Section E. Consultants, Advisers and Staff, Paragraph 1. Consultants and Advisers, of the *Governance and Organizational Manual* of the American Dental Association be amended as indicated (additions are underlined; deletions are ~~stricken~~):

CHAPTER IX. COMMISSIONS

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E. Consultants, Advisers and Staff.

1. Consultants and Advisers.
  - a. The Commission on Dental Accreditation shall have the power to appoint consultants to assist in developing requirements and guidelines for conducting the accreditation program and accreditation evaluations, including site visitations, of predoctoral, advanced dental education, and allied dental education programs.
  - b. The Joint Commission on National Dental Examinations, the Commission on Continuing Education Provider Recognition, and the National Commission on Recognition of Dental Specialties and Certifying Boards. ~~Each commission~~ shall have the authority to nominate consultants and advisers in conformity with rules and regulations established by the Board of Trustees except as otherwise provided in the *Bylaws* or this *Governance Manual*. The Joint Commission on National Dental Examinations also shall select consultants to serve on the commission's test construction committees. ~~The Commission on Dental Accreditation shall have the power to appoint consultants to assist in developing requirements and guidelines for the conducting of accreditation evaluations, including site visitations, of predoctoral, advanced dental education, and dental auxiliary educational programs.~~ The Commission for Continuing Education Provider Recognition shall have the power to appoint consultants to assist in developing standards and procedures, conducting recognition reviews and conducting appeals.

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*Amendment to Resolution 1H-2013—Self-Assessments*

**41H-2018. Resolved**, except for the Commission on Dental Accreditation, that each council and commission conduct a thorough self-assessment on a rotating basis over every five years based on a schedule and outline developed by the Board of Trustees, and within the Annual Report include information on the process followed and results to the next session of the House, including any proposed resolutions to implement those results, and be it further

**Resolved**, that Resolution 1H-2013 (*Trans.* 2013:339) be rescinded.

*Authority of CODA Over its Rules and Articles*

**42H-2018. Resolved**, that Chapter IX. COMMISSIONS, *Section 30. DUTIES*, Subsection A. COMMISSION ON DENTAL ACCREDITATION, of the ADA *Bylaws* be amended by deletion of duty “e” in its entirety as follows (deletions are ~~stricken~~):

*Section 30. DUTIES:*

- A. COMMISSION ON DENTAL ACCREDITATION. The duties of the Commission on Dental Accreditation shall be to:

\*\*\*\*\*

~~e. Submit the Commission’s articles of incorporation and rules and amendments thereto to this Association’s House of Delegates for approval by majority vote.~~

and be it further

**Resolved**, that Chapter IX. COMMISSIONS, *Section L. Power to Adopt Rules*, of the *Governance and Organizational Manual* of the American Dental Association be amended as follows (additions are underlined; deletions are ~~stricken~~):

- L. Power to Adopt Rules: Any commission of this Association shall have the power to adopt rules for such commission and amendments thereto, provided such rules and amendments thereto do not conflict with or limit the Constitution and *Bylaws* of this Association. Rules and amendments thereto, adopted by the ~~Commission on Dental Accreditation~~, Joint Commission on National Dental Examinations and Commission for Continuing Education Provider Recognition, shall not be effective until submitted in writing to and approved by majority vote of the House of Delegates of this Association, except the Joint Commission on National Dental Examinations shall have such *Bylaws* and amendments thereto as the House of Delegates of this Association may adopt by majority vote for the conduct of the purposes and management of the Joint Commission on National Dental Examinations. The ~~Commission on Dental Accreditation and the National Commission on Recognition of Dental Specialties and Certifying Boards~~ shall have the power to adopt rules and amendments thereto pursuant to a two-thirds affirmative vote of the members present and voting. ~~The Commission on Dental Accreditation and The Commission for Continuing Education Provider Recognition~~ shall have the authority to make corrections in punctuation, grammar, spelling, name changes, gender references, and similar editorial corrections to their Rules which do not alter context or meaning without the need to submit such editorial corrections to the House of Delegates. Such corrections shall be made only by a unanimous vote of the commission adopting such editorial correction.

*Revision to the Council on Scientific Affairs’ Area of Responsibility for Research Agenda Development*

**52H-2018. Resolved**, that the ADA *Governance and Organizational Manual*, Chapter VIII. COUNCILS, *Section K. AREAS OF RESPONSIBILITY*, Subsection 10. COUNCIL ON SCIENTIFIC AFFAIRS, paragraph a, be amended as follows (additions underscored; deletions ~~stricken~~):

- a. Science and scientific research, including:
  - i. Evidence-based dentistry;
  - ii. Evaluation of professional products;
  - iii. Promulgation Identification of a biennial intramural and extramural priorities for dental research every three years agenda; and
  - iv. Promotion of student involvement in dental research.



## Consent Calendar Resolutions—Not Adopted

### *Refining CODA Standards*

**76. Resolved**, that the appropriate agency study the concept of equivalency as it pertains to graduation from US/Canadian and international dental schools, and be it further **Resolved**, that the appropriate agencies of the ADA develop parameters of greater detail than outlined in CODA standards, to compare specific program content of US/Canada dental schools compared to international dental schools.

### *Is Idiopathic Pulmonary Fibrosis an Occupational Hazard of Dentistry?*

**77. Resolved**, that the ADA task the Council on Scientific Affairs to monitor research regarding the occupational hazards of developing Idiopathic Pulmonary Fibrosis in the dental setting, and be it further **Resolved**, that the Council on Scientific Affairs should provide a report on significant developments with regards to IPF to the 2019 House of Delegates.

### *Simplification of CERP Application Process for CODA Accredited Institutions*

**78. Resolved**, that the Commission for Continuing Education Provider Recognition be urged to simplify the application process for CODA accredited institutions seeking recognition as a CERP approved continuing dental education provider, and be it further **Resolved**, that the Commission for Continuing Education Provider Recognition be urged to require CODA accredited institutions to pay the application fees and maintenance fees for their CERP recognition.

## Non-Consent Resolutions

**Proposed Changes to the *Governance Manual* with Respect to Appointment of Ad Interim Chairs of Commissions** (Board of Trustees Resolution 14 and Eleventh Trustee District Resolution 14S-1) The Reference Committee reported as follows:

The Reference Committee heard testimony that the provision in the *Governance and Organizational Manual* of the American Dental Association (*ADA Governance Manual*) requiring the Board to appoint a chair in the event of a vacancy in the chair of any commission should be changed to allow each commission to select its own new chair, rather than rely on the ADA President to appoint an ad interim chair.

The Reference Committee considered both Resolution 14 and 14S-1, and concluded that Resolution 14 is preferred, allowing each commission to select its own new chair, rather than requiring the vice chair to ascend to the chair position. The Reference Committee believed that the *Governance Manual* should not dictate to the commissions their method of replacing the chair in the event of a vacancy. Doing so may increase the risk for a formal complaint by a community of interest. With respect to CODA, a complaint could be generated to the United States Department of Education in the area of conflict of interest. The provision for managing a chair vacancy is better addressed in the Rules of each commission. Accordingly, the Reference Committee urges adoption of Resolution 14 in lieu of Resolution 14S-1. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 14 as submitted.

**14. Resolved**, that CHAPTER IX. COMMISSIONS, Section G. Vacancy, of the *Governance and Organizational Manual* of the American Dental Association be amended as indicated (additions are underlined; deletions are ~~stricken~~):

CHAPTER IX. COMMISSIONS

\*\*\*\*

- D. Chairs. Commissions shall elect their own chairs. To be eligible to serve as chair of a commission, the commission member must be an active, life or retired member of this Association.

\*\*\*\*

- G. Vacancy: In the event of a vacancy in the office of a member of a commission, the following procedure shall be followed:
  - 1. In the event the member of a commission whose office is vacant is or was a member of and as appointed or elected by this Association, the President of this Association shall appoint a member of this Association to fill that vacancy. The appointed member shall possess the same qualifications as established in this *Governance Manual* for the previous member, and the appointed member shall fill the vacancy until a successor is elected by the next House of Delegates of this Association for the remainder of the unexpired term.
  - 2. In the event the member of a commission whose office is vacant was selected by an organization other than this Association, such other organization shall appoint a successor. The appointed member shall possess the same qualifications as those possessed by the previous member of the commission.
  - 3. In the event such vacancy involves the chair of a commission, the commission shall select an *ad interim* chair according to its rules, provided that the eligibility requirements for chair found in Section D of this chapter shall be satisfied. ~~The President of this Association shall have the power to appoint an *ad interim* chair, except as otherwise provided in the *Bylaws* or this *Governance Manual*.~~
  - 4. If the term of the vacated office of a member of a commission has less than fifty percent (50%) of a full four-year term remaining at the time the successor member is appointed or elected to fill the vacancy, the successor member shall be eligible for election to a new four-year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment or election of a successor member to fill the vacancy, the successor member shall not be eligible for another term.

Dr. Cooley moved Resolution 14 (*Supplement:4066*) in lieu of Resolution 14S-1 (*Supplement:4067a*) with the Committee Recommendation to Vote Yes.

Dr. Bryan C. Edgar, Washington, moved to substitute Resolution 14S-1 for Resolution 14.

**14S-1. Resolved**, that CHAPTER IX. COMMISSIONS, Section G. Vacancy, of the *Governance and Organizational Manual* of the American Dental Association be amended as indicated (additions underlined; deletions ~~stricken~~):

CHAPTER IX. COMMISSIONS

- D. Chairs. Commissions shall elect their own chairs. To be eligible to serve as chair of a commission, the commission member must be an active, life or retired member of this Association.
- G. Vacancy: In the event of a vacancy in the office of a member of a commission, the following procedure shall be followed:
  - 1. In the event the member of a commission whose office is vacant is or was a member of and as appointed or elected by this Association, the President of this Association shall appoint a member of Association to fill that vacancy. The appointed member shall possess the same qualifications as established in this *Governance Manual* for the previous member, and the appointed member shall fill the vacancy until a successor is elected by the next House of Delegates of this Association for the remainder of the unexpired term.

2. In the event the member of a commission whose office is vacant was selected by an organization other than this Association, such other organization shall appoint a successor. The appointed member shall possess the same qualifications as those possessed by the previous member of the commission.
3. In the event such vacancy involves the chair of a commission, the commission shall select the previously elected vice-chair as chair. ~~the President of this Association shall have the power to appoint an ad interim chair, except as otherwise provided in the Bylaws or this Governance Manual.~~ The commission shall then select a new vice chair.
4. If the term of the vacated office of a member of a commission has less than fifty percent (50%) of a full four-year term remaining at the time the successor member is appointed or elected to fill the vacancy, the successor member shall be eligible for election to a new four-year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment or election of a successor member to fill the vacancy, the successor member shall not be eligible for another term.

In speaking to the substitute, Dr. Edgar said, "...the Commission has already selected the vice chair through an election process. Other commissions in their rules elected a vice chair to become the chair in the following year. We feel that the vice chair in a situation of vacancy should automatically ascend if they wish to do that. ... Additionally, the selection of the vice chair as chair to fulfill the vacancy in the chair position is a much more efficient process than waiting for the Commission to select that new chair. ..."

Dr. Edmund A. Cassella, Hawaii, member of the Council on Dental Education and Licensure, spoke in support of Resolution 14S-1 stating, "...It's like if the president becomes incapacitated, the vice president takes over. ... And so I don't see this being any different, and I'm not sure why you want to have another election when you have a vice chair sitting there. So to take the time out for nominations and to have an election just seems like a waste of time, and it will just unduly influence and just have an impact on that commission."

On vote, the motion to substitute Resolution 14S-1 for Resolution 14 was not adopted.

Dr. Stephen O. Glenn, Oklahoma, moved to amend Resolution 14, in the resolving clause CHAPTER IX. COMMISSIONS, Section G.3., so that the section would read as follows:

3. In the event such vacancy involves the chair of a commission, the vice chair of the commission shall serve as select an ad interim chair according to its rules, provided that the eligibility requirements for chair found in Section D of this chapter shall be satisfied pending the selection of the new chair. ~~The President of this Association shall have the power to appoint an ad interim chair, except as otherwise provided in the Bylaws or this Governance Manual.~~

In speaking to the amendment, Dr. Glenn stated, "...I believe this motion from the Reference Committee is flawed for many of the reasons that Dr. Edgar just mentioned. And the fact that why would you have a vice chair if it wasn't to take over when the chair couldn't serve? I mean, that's the only reason to have a vice chair or vice president. They can have other responsibilities I understand. This calls for a meeting of the commission to select an interim chair. Now, that's really a crazy concept. Who's going to convene this meeting and who's going to chair this meeting? It's going to be, most likely, the vice chair. But why would you have a meeting like this to then elect an interim chair? So I think this wording solves everybody's problems in a much more concise manner in that is just has the vice chair shall serve as the ad interim chair until pending the selection of chairman. That's clean. ..."

On vote, the proposed amendment was adopted.

On vote, Resolution 14, as amended, was adopted.

**14H-2018. Resolved**, that CHAPTER IX. COMMISSIONS, Section G. Vacancy, of the *Governance and Organizational Manual* of the American Dental Association be amended as indicated (additions are underlined; deletions are ~~stricken~~):

CHAPTER IX. COMMISSIONS

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- D. Chairs. Commissions shall elect their own chairs. To be eligible to serve as chair of a commission, the commission member must be an active, life or retired member of this Association.

\*\*\*\*

- G. Vacancy: In the event of a vacancy in the office of a member of a commission, the following procedure shall be followed:
  1. In the event the member of a commission whose office is vacant is or was a member of and as appointed or elected by this Association, the President of this Association shall appoint a member of this Association to fill that vacancy. The appointed member shall possess the same qualifications as established in this *Governance Manual* for the previous member, and the appointed member shall fill the vacancy until a successor is elected by the next House of Delegates of this Association for the remainder of the unexpired term.
  2. In the event the member of a commission whose office is vacant was selected by an organization other than this Association, such other organization shall appoint a successor. The appointed member shall possess the same qualifications as those possessed by the previous member of the commission.
  3. In the event such vacancy involves the chair of a commission, the vice chair of the commission shall serve as select an *ad interim* chair according to its rules, provided that the eligibility requirements for chair found in Section D of this chapter shall be satisfied pending the selection of the new chair. ~~The President of this Association shall have the power to appoint an ad interim chair, except as otherwise provided in the *Bylaws* or this *Governance Manual*.~~
  4. If the term of the vacated office of a member of a commission has less than fifty percent (50%) of a full four-year term remaining at the time the successor member is appointed or elected to fill the vacancy, the successor member shall be eligible for election to a new four-year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment or election of a successor member to fill the vacancy, the successor member shall not be eligible for another term.

**Comprehensive Policy on Dental Licensure** (Council on Dental Education and Licensure Resolution 26 and Second Trustee District Resolution 26S-1): The Reference Committee reported as follows:

The Reference Committee heard testimony on Resolution 26 and Resolution 26S-1. Members testifying supported the intent of the proposed policy to combine and succinctly reflect many ADA policies about dental licensure into one comprehensive statement. The proposed policy also includes support of the portfolio-style and Objective Structured Clinical Examination (OSCE) testing modalities already accepted by some states. Further, it was noted that the pathways to initial licensure as presented in this proposed policy statement reflect those as presented in the report of the ADA/ADEA/ASDA Taskforce of Assessment of Readiness for Practice.

Others testifying supported the intent of the Resolution but urged that the language in the policy statement be amended as noted in Resolution 26S-1.

After careful consideration, including the Crosswalk Analysis prepared by the Council on Dental Education and Licensure (Appendix 1, Worksheet:4051), the Reference Committee agrees with the Council and Board of Trustees and supports adoption of Resolution 26.

**26. Resolved**, that the Comprehensive Policy on Dental Licensure be adopted:

### **COMPREHENSIVE POLICY ON DENTAL LICENSURE**

#### **General Principles**

- One standard of competency for dental licensure must be in place in order to provide quality oral health care to the public.
- Provisions for freedom of movement across state lines for all dental professionals should exist to facilitate the provision of quality oral health care to the public.
- Federal licensure and federal intervention in the state dental licensure system are strongly opposed.
- Efforts of unlicensed and unqualified persons to gain a right to serve the public directly in the field of dental practice are strongly opposed.
- Elimination of patients in the clinical licensure examination process is strongly supported to address ethical concerns, including those identified in the ADA Council on Ethics, Bylaws and Judicial Affairs statement entitled Ethical Considerations When Using Patients in the Examination Process (*Reports* 2008:103). State dental societies and dental boards are urged to work toward acceptance of valid and reliable clinical assessments that do not require single-encounter performance of procedures on patients.
- The state boards of dentistry in each state or licensure jurisdiction are the sole licensure and regulating authorities for all dentists and allied dental personnel.
- State dental boards are encouraged to require verification of completion of continuing dental education as a condition for re-registration of dental licenses.
- Dentists identified as deficient through properly constituted peer review mechanisms should undergo assessment and corrective competency-based education and such provisions should be included in laws, rules and regulations.

#### **Initial Licensure**

States are urged to accept the following common core of requirements for initial licensure:

1. Completion of a DDS or DMD degree from a university-based dental education program accredited by the Commission on Dental Accreditation.
2. Successful passage of the National Board Dental Examination, a valid and reliable written cognitive test.
3. A determination of clinical competency for the beginning practitioner, which may include:
  - Acceptance of clinical examination results from any clinical testing agency; or
  - Graduation from CODA-accredited PGY-1 program, that is, a residency program at least one year in length at a CODA-accredited clinically-based postdoctoral general dentistry and/or successful completion of at least one year of a specialty residency program; or

- Completion of a portfolio-type examination (such as employed by the California Dental Board) or similar assessment, that uses the evaluation mechanisms currently applied by the dental schools to assess student competence; or
- An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-patient based examination consisting of multiple, standardized stations that require candidates to use their clinical knowledge and skills to successfully complete one or more dental problem-solving tasks.

### **Curriculum Integrated Format Clinical Examination**

A Curriculum Integrated Format (CIF) clinical examination addresses ethical concerns associated with single encounter patient-based examinations currently administered by dental clinical testing agencies. A CIF provides candidates opportunities to successfully complete independent “third-party” clinical assessments on patients of record prior to graduation from a dental education program accredited by the Commission on Dental Accreditation. The curriculum integrated format, as defined below, should only be employed as a licensure examination until a non-patient based licensure examination is developed that protects the public and meets psychometric standards. The Association believes that the following CIF provisions must be required by state boards of dentistry and incorporated by testing agencies for protection of the patient:

- A CIF examination must be performed by candidates on patients of record within an appropriately sequenced treatment plan.
- The competencies assessed by the clinical examining agency must be selected components of current dental education program curricula and reflective of current dental practice.
- All portions of the CIF examination must be available at multiple times within each institution during dental school to ensure that patient care is accomplished within an appropriate treatment plan and to allow candidates to remediate and retake prior to graduation any portions of the examination which they have not successfully completed.

### **Graduates of Non-CODA Accredited Dental Education Programs**

For initial licensure in dentistry, international graduates of non-CODA accredited dental education programs should possess the following educational credentials: 1) completion of a university-based dental education program accredited by the Commission on Dental Accreditation (CODA) leading to a DDS or DMD degree or 2) graduation from a postgraduate program in general dentistry accredited by the Commission on Dental Accreditation.

### **Licensure by Credentials**

States should have provisions for licensure of dentists who demonstrate they are currently licensed in good standing and also have not been the subject of final or pending disciplinary action in any state or jurisdiction in which they have been licensed. This should also apply to experienced, internationally-trained dentists, who have been licensed in a U.S. jurisdiction, and who may or may not have graduated from a CODA-accredited dental school.

Appropriate credentials may include:

- DDS or DMD degree from a dental education program accredited by the Commission on Dental Accreditation
- Specialty certificate/master’s degree from accredited program
- Specialty Board certification

- GPR/AEGD certificate from accredited program
- Current license in good standing
- Passing grade on an initial clinical licensure exam, unless initial license was granted via completion of PGY1, Portfolio examination, or other state-approved pathway for assessment of clinical competency.
- Documentation of completion of continuing education

For dentists who hold a current dental license in good standing in any jurisdiction, state dental boards should:

- Accept pathways that allow for licensure without completing an additional clinical examination, e.g., by credentials, reciprocity, and/or endorsement.
- Consider participation in licensure compacts
- Implement specialty licensure by credentials and/or specialty licensure to facilitate licensure portability of dental specialists.
- Make provisions available for a limited or volunteer license for dentists who wish to provide services without compensation to critical needs populations within a state in which they are not already licensed.
- Make provisions available for limited teaching permits for faculty members at teaching facilities and dental programs accredited by the Commission on Dental Accreditation.

### **Licensure by Credentials for Dentists Who Are Not Graduates of CODA-Accredited Dental Education Programs**

State dental societies and dental boards are strongly encouraged to grant the same benefits of licensure mobility to U.S. currently-licensed dentists who were licensed by their respective jurisdictions prior to state implementation of the requirement for graduation from a CODA-accredited dental school with a DDS or DMD degree.

and be if further,

**Resolved**, that the following ADA policy statements on Dental Licensure be rescinded:

Policy on One Standard of Competency (*Trans.*2003:369; 2012:463)  
 Acceptance of Results of Regional Boards (*Trans.*1992:630; 2001:468; 2012:468)  
 Position Statement on Federal Intervention in Licensure (*Trans.*1975:187, 718; 2012:468)  
 Dental Practice by Unqualified Persons (*Trans.*1959:207)  
 Eliminating Use of Patients in Board Examinations (*Trans.*2005:336; 2013:351)  
 Policy on Dental Licensure (*Trans.*1998:720; 2003:341)  
 Guidelines for Licensure (*Trans.*1976:919; 1977:923; 1989:529; 1992:632; 1999:938; 2000:401; 2003:340; 2012:464)  
 Monitoring Clinical Dental Licensure Examinations (*Trans.*2005:333; 2012:462)  
 Definition of Curriculum Integrated Format (*Trans.*2007:389)  
 Clinical Licensure Examinations in Dental Schools (*Trans.*2003:368; 2012:462)  
 Policy on Licensure of Graduates of Nonaccredited Dental Programs (*Trans.*1984:539; 2012:477)  
 Endorsement of Recommendations of the ADA Guidelines for Licensure by Credentials (*Trans.*1992:628; 2009:447; 2012:464)

Dr. Cooley moved Resolution 26 (*Supplement:4047*) in lieu of Resolution 26S-1 (*Supplement:4050a*) with the Committee Recommendation to Vote Yes.

Dr. Brendan P. Dowd, New York, moved to amend Resolution 26 in the “Initial Licensure” section, number 3., in the first bullet point, by inserting the words “The ADA supports the elimination of patients in the clinical licensure examination process with the exception of the curriculum integrated format as defined by the ADA, or” after the words “clinical testing agency,” so that the first bullet point would read as follows:

- Acceptance of clinical examination results from any clinical testing agency. The ADA supports the elimination of patients in the clinical licensure examination process with the exception of the curriculum integrated format as defined by the ADA; or

In speaking to the amendment, Dr. Dowd stated, “What the Second District is adding here is previous ADA policy that is being rescinded for the new comprehensive licensure policy we are about to enact. The Second District feels strongly this should be entered into the new policy as an option to determine clinical competency for the beginning practitioner. It certifies the CIF is a viable option when live patients are part of an examination for licensure. It is ethical, completed on patients of record, with correction of student mistakes immediately remediated. School clinical competencies required for graduation can be simultaneously completed using the same parameters. ... In summary, the CIF ADA policy that we will be rescinding with this new policy should be placed back in to verify the curriculum integrated format should be the exam of choice when live patients are required.”

Mr. Jeffrey Kerst, American Student Dental Association, spoke against the amendment. He stated, “... we believe that the CIF model is already explained in the policy and does not need to be added here.”

Dr. Mario A. Silvestri, New York, spoke in support of the amendment, stating, “I think it’s important for us to remember that we want to maintain all licensure pathways, and in addition, this amendment puts us in line with current ADA policy.”

On vote, the proposed amendment to Resolution 26 was not adopted.

Dr. Jason D. Mashni, Michigan, spoke in support of Resolution 26, stating, “I believe this policy is looking forward as we should. It came from CDEL, which is the correct avenue. And I believe as a new dentist, this is where we should be going. I took a patient-based exam, and I feel like in no way does this policy put down my path of licensure.”

Dr. Daniel J. Gesek, Jr., Florida, moved to refer Resolution 26. In speaking to the motion to refer, Dr. Gesek stated, “As a past CDEL chair and a board of dentistry member, I’m concerned about a couple of issues. Number one, this is a very large document. They’re discussing not just taking 18 policies and condensing them into one, but they’re also adding a new policy information. They’ve had no open hearing on any of this to have formal discussion other than here at this meeting. I noticed at the Reference Committee that there was no one in the pro mics, yet there was many in the con mics, but nothing was changed or discussed further. In my opinion, and I think if you look at licensure around the country right now, if 85 percent of the United States took a patient-based exam, they’re not being talked about in our current comprehensive ADA policy other than one line. And I think further discussion is in order.”

Dr. Brendan P. Dowd, New York, spoke in support of referral. He said, “This is a huge change in policy. And there’s still some questions out there, especially concerning a live clinical exam. I think it needs to go back to Council to study some of these issues just a little bit further. ...”

As a point of order, a delegate from the floor requested that delegates who work for an examining board disclose that before they provide testimony. In response, the Speaker reminded the House of the conflict of interest statement, and asked that delegates disclose any potential conflicts of interest as they give testimony.

Dr. Joseph P. Crowley, ADA President, spoke against referral. He stated, “This issue has been studied continuously with intent to move forward in a good way. We currently have a policy that the ADA believes that there should be exam developed and eliminating the live patients single occurrence exam. That is our policy.



This body of work moves forward as we continue to do this. It's a work in progress. It is a living document. ... It also includes the portability issue, which is very important to all of us. We've been in dialogue with our state licensing boards. We've been in dialogue with ASDA, ADEA and the ADA working this forward, and I believe that this is very concrete moving this forward exactly where we're supposed to be. There's no reason to send it to study. ... There's a new coalition that is being built with ASDA, the ADA and ADEA that will continue moving forward as we advocate for the proper way to do this. This conversation will continue to go on. ..."

As a point of information, Dr. Robert M. Peskin, New York, asked which clinical testing agencies are being referred to in the first bullet point of number 3. in the "Initial Licensure" section.

In response, Dr. Anthony J. Ziebert, senior vice president, Education and Professional Affairs, stated, "It means all of the currently five regional testing agencies, including the CIF."

Dr. Mark J. Feldman, Former ADA President, spoke in support of referral. He stated, "... I'm going to give you an example of why we believe that this document needs a little more work and it's complicated. Because you just heard from ADA staff that when you refer to a pathway for initial licensure, it includes acceptance of a clinical examination. Now that clinical examination we just heard could be one given by any of the testing agencies including the CIF format. Now when you go to the next page ... the CIF exam is no longer going to be a pathway just as soon as we have a non-patient based exam. So the only examination that is being eliminated is the CIF exam. But, and the other clinical examination, which is listed in the front of this document, will still be accepted. And I don't believe that was the intent of CDEL. I believe it's still confusing, and it's really contrary to ADA policy adopted back in 2006 when we all voted to get rid of patient-based exams that are unethical. ..."

A motion was made to vote immediately on the motion to refer. The motion to vote immediately was adopted by a two-thirds affirmative vote. On vote, the motion to refer was not adopted.

On vote, Resolution 26 was adopted.

**26H-2018. Resolved**, that the Comprehensive Policy on Dental Licensure be adopted:

## **COMPREHENSIVE POLICY ON DENTAL LICENSURE**

### **General Principles**

- One standard of competency for dental licensure must be in place in order to provide quality oral health care to the public.
- Provisions for freedom of movement across state lines for all dental professionals should exist to facilitate the provision of quality oral health care to the public.
- Federal licensure and federal intervention in the state dental licensure system are strongly opposed.
- Efforts of unlicensed and unqualified persons to gain a right to serve the public directly in the field of dental practice are strongly opposed.
- Elimination of patients in the clinical licensure examination process is strongly supported to address ethical concerns, including those identified in the ADA Council on Ethics, Bylaws and Judicial Affairs statement entitled *Ethical Considerations When Using Patients in the Examination Process (Reports 2008:103)*. State dental societies and dental boards are urged to work toward acceptance of valid and reliable clinical assessments that do not require single-encounter performance of procedures on patients.
- The state boards of dentistry in each state or licensure jurisdiction are the sole licensure and regulating authorities for all dentists and allied dental personnel.

- State dental boards are encouraged to require verification of completion of continuing dental education as a condition for re-registration of dental licenses.
- Dentists identified as deficient through properly constituted peer review mechanisms should undergo assessment and corrective competency-based education and such provisions should be included in laws, rules and regulations.

### **Initial Licensure**

States are urged to accept the following common core of requirements for initial licensure:

1. Completion of a DDS or DMD degree from a university-based dental education program accredited by the Commission on Dental Accreditation.
2. Successful passage of the National Board Dental Examination, a valid and reliable written cognitive test.
3. A determination of clinical competency for the beginning practitioner, which may include:
  - Acceptance of clinical examination results from any clinical testing agency; or
  - Graduation from CODA-accredited PGY-1 program, that is, a residency program at least one year in length at a CODA-accredited clinically-based postdoctoral general dentistry and/or successful completion of at least one year of a specialty residency program; or
  - Completion of a portfolio-type examination (such as employed by the California Dental Board) or similar assessment, that uses the evaluation mechanisms currently applied by the dental schools to assess student competence; or
  - An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-patient based examination consisting of multiple, standardized stations that require candidates to use their clinical knowledge and skills to successfully complete one or more dental problem-solving tasks.

### **Curriculum Integrated Format Clinical Examination**

A Curriculum Integrated Format (CIF) clinical examination addresses ethical concerns associated with single encounter patient-based examinations currently administered by dental clinical testing agencies. A CIF provides candidates opportunities to successfully complete independent “third-party” clinical assessments on patients of record prior to graduation from a dental education program accredited by the Commission on Dental Accreditation. The curriculum integrated format, as defined below, should only be employed as a licensure examination until a non-patient based licensure examination is developed that protects the public and meets psychometric standards. The Association believes that the following CIF provisions must be required by state boards of dentistry and incorporated by testing agencies for protection of the patient:

- A CIF examination must be performed by candidates on patients of record within an appropriately sequenced treatment plan.
- The competencies assessed by the clinical examining agency must be selected components of current dental education program curricula and reflective of current dental practice.
- All portions of the CIF examination must be available at multiple times within each institution during dental school to ensure that patient care is accomplished within an appropriate

treatment plan and to allow candidates to remediate and retake prior to graduation any portions of the examination which they have not successfully completed.

### **Graduates of Non-CODA Accredited Dental Education Programs**

For initial licensure in dentistry, international graduates of non-CODA accredited dental education programs should possess the following educational credentials: 1) completion of a university-based dental education program accredited by the Commission on Dental Accreditation (CODA) leading to a DDS or DMD degree or 2) graduation from a postgraduate program in general dentistry accredited by the Commission on Dental Accreditation.

### **Licensure by Credentials**

States should have provisions for licensure of dentists who demonstrate they are currently licensed in good standing and also have not been the subject of final or pending disciplinary action in any state or jurisdiction in which they have been licensed. This should also apply to experienced, internationally-trained dentists, who have been licensed in a U.S. jurisdiction, and who may or may not have graduated from a CODA-accredited dental school.

Appropriate credentials may include:

- DDS or DMD degree from a dental education program accredited by the Commission on Dental Accreditation
- Specialty certificate/master's degree from accredited program
- Specialty Board certification
- GPR/AEGD certificate from accredited program
- Current license in good standing
- Passing grade on an initial clinical licensure exam, unless initial license was granted via completion of PGY1, Portfolio examination, or other state-approved pathway for assessment of clinical competency.
- Documentation of completion of continuing education

For dentists who hold a current dental license in good standing in any jurisdiction, state dental boards should:

- Accept pathways that allow for licensure without completing an additional clinical examination, e.g., by credentials, reciprocity, and/or endorsement.
- Consider participation in licensure compacts
- Implement specialty licensure by credentials and/or specialty licensure to facilitate licensure portability of dental specialists.
- Make provisions available for a limited or volunteer license for dentists who wish to provide services without compensation to critical needs populations within a state in which they are not already licensed.
- Make provisions available for limited teaching permits for faculty members at teaching facilities and dental programs accredited by the Commission on Dental Accreditation.

### **Licensure by Credentials for Dentists Who Are Not Graduates of CODA-Accredited Dental Education Programs**

State dental societies and dental boards are strongly encouraged to grant the same benefits of licensure mobility to U.S. currently-licensed dentists who were licensed by their respective jurisdictions prior to state implementation of the requirement for graduation from a CODA-accredited dental school with a DDS or DMD degree.

and be if further,

**Resolved**, that the following ADA policy statements on Dental Licensure be rescinded:

Policy on One Standard of Competency (*Trans.*2003:369; 2012:463)  
 Acceptance of Results of Regional Boards (*Trans.*1992:630; 2001:468; 2012:468)  
 Position Statement on Federal Intervention in Licensure (*Trans.*1975:187, 718; 2012:468)  
 Dental Practice by Unqualified Persons (*Trans.*1959:207)  
 Eliminating Use of Patients in Board Examinations (*Trans.*2005:336; 2013:351)  
 Policy on Dental Licensure (*Trans.*1998:720; 2003:341)  
 Guidelines for Licensure (*Trans.*1976:919; 1977:923; 1989:529; 1992:632; 1999:938; 2000:401; 2003:340; 2012:464)  
 Monitoring Clinical Dental Licensure Examinations (*Trans.*2005:333; 2012:462)  
 Definition of Curriculum Integrated Format (*Trans.*2007:389)  
 Clinical Licensure Examinations in Dental Schools (*Trans.*2003:368; 2012:462)  
 Policy on Licensure of Graduates of Nonaccredited Dental Programs (*Trans.*1984:539; 2012:477)  
 Endorsement of Recommendations of the ADA Guidelines for Licensure by Credentials (*Trans.*1992:628; 2009:447; 2012:464)

**Commission Annual Reports** (Board of Trustees Resolution 39 and Ninth Trustee District Resolution 39S-1): The Reference Committee reported as follows:

The Reference Committee heard limited testimony regarding this resolution as well as Resolution 39S-1.

The Reference Committee agrees with the Board that CODA should decide what information to report to the Association in light of its mission. The ADA annual report format does not align with the mission of CODA, which has a mission that is distinctly related to its area of responsibility and not necessarily related to the overall strategic plan of the ADA. The Reference Committee understands that CODA will publish an Annual Report to all communities of interest including the ADA. Moreover, CODA already has many mechanisms for communicating information and this *Bylaws* change is intended to avoid any perceived conflict of interest. The Standing Committee on Constitution and Bylaws approved the wording of Resolution 39 as submitted.

Therefore, the Reference Committee recommends adoption of Resolution 39 in lieu of Resolution 39S-1.

**39. Resolved**, that Chapter IX, COMMISSIONS, *Section.30. DUTIES*, Subsection A. COMMISSION ON DENTAL ACCREDITATION, Duty “d” of the ADA *Bylaws* be amended as follows (deletions are ~~stricken~~):

*Section 30. DUTIES:*

- A. COMMISSION ON DENTAL ACCREDITATION. The duties of the Commission on Dental Accreditation shall be to:
  - a. Formulate and adopt requirements and guidelines for the accreditation of dental, advanced dental and allied dental educational programs.
  - b. Accredite dental, advanced dental and allied dental educational programs.

- c. Provide a means for appeal from an adverse decision of the accrediting body of the Commission to a separate and distinct body of the Commission whose membership shall be totally different from that of the accrediting body of the Commission.
- d. Submit an ~~annual report to the House of Delegates of this Association and interim reports, on request, and the Commission's~~ annual budget to the Board of Trustees of the Association.
- e. Submit the Commission's articles of incorporation and rules and amendments thereto to this Association's House of Delegates for approval by majority vote.

and be it further

**Resolved**, that Chapter IX. COMMISSIONS, Section K. Annual Report and Budget, Paragraph 1. Annual Report, of the *Governance and Organizational Manual* of the Association be amended as follows (additions are underlined; deletions are ~~stricken~~):

K. Annual Report and Budget.

- 1. Annual Report. ~~Each commission~~ The Joint Commission on National Dental Examinations, the Commission on Continuing Education Provider Recognition, and the National Commission on Recognition of Dental Specialties and Certifying Boards shall submit, through the Executive Director, an annual report to the House of Delegates containing that information each commission deems to be appropriate and a copy thereof to the Board of Trustees. The Commission on Dental Accreditation shall publish an annual report containing that information it deems to be appropriate to its communities of interest according to a timeline of its choosing and pursuant to the Rules of the Commission on Dental Accreditation.

Dr. Cooley moved Resolution 39 (*Supplement:4080*) in lieu of Resolution 39S-1 (*Supplement:4081a*) with the Committee Recommendation to Vote Yes.

Dr. Leigh W. Kent, Alabama, spoke against Resolution 39, stating, "We realize that CODA does provide information, but it's often difficult to find. And we feel that they're already preparing a report, and it's important that the Board of Trustees and the House of Delegates should be reported to annually."

The Speaker asked if there was any further discussion on Resolution 39; there was none.

The Speaker noted that adoption of Resolution 39 requires a two-thirds affirmative vote. On vote, Resolution 39 was adopted in lieu of Resolution 39S-1.

**39H-2018. Resolved**, that Chapter IX, COMMISSIONS, *Section.30. DUTIES*, Subsection A. COMMISSION ON DENTAL ACCREDITATION, Duty "d" of the *ADA Bylaws* be amended as follows (deletions are ~~stricken~~):

*Section 30. DUTIES:*

- A. COMMISSION ON DENTAL ACCREDITATION. The duties of the Commission on Dental Accreditation shall be to:
  - a. Formulate and adopt requirements and guidelines for the accreditation of dental, advanced dental and allied dental educational programs.
  - b. Accredite dental, advanced dental and allied dental educational programs.
  - c. Provide a means for appeal from an adverse decision of the accrediting body of the Commission to a separate and distinct body of the Commission whose membership shall be totally different from that of the accrediting body of the Commission.

- d. ~~Submit an annual report to the House of Delegates of this Association and interim reports, on request, and the Commission's annual budget to the Board of Trustees of the Association.~~
- e. Submit the Commission's articles of incorporation and rules and amendments thereto to this Association's House of Delegates for approval by majority vote.

and be it further

**Resolved**, that Chapter IX. COMMISSIONS, Section K. Annual Report and Budget, Paragraph 1. Annual Report, of the *Governance and Organizational Manual* of the Association be amended as follows (additions are underlined; deletions are ~~stricken~~):

K. Annual Report and Budget.

- 1. Annual Report. ~~Each commission~~ The Joint Commission on National Dental Examinations, the Commission on Continuing Education Provider Recognition, and the National Commission on Recognition of Dental Specialties and Certifying Boards shall submit, through the Executive Director, an annual report to the House of Delegates containing that information each commission deems to be appropriate and a copy thereof to the Board of Trustees. The Commission on Dental Accreditation shall publish an annual report containing that information it deems to be appropriate to its communities of interest according to a timeline of its choosing and pursuant to the Rules of the Commission on Dental Accreditation.

**Amendment to the *Governance Manual*—CODA Authority to Remove Commission Members** (Board of Trustees Resolution 43 and Ninth Trustee District Resolution 43S-1): The Reference Committee reported as follows:

The Reference Committee supports the proposed change to the *Governance Manual* giving the Commission on Dental Accreditation authority to remove one of its members. The only mechanism currently available to the Commission to remove a Commission Board Member is for cause through provisions of the *ADA Governance Manual*.

The Reference Committee agrees with the Board that this mechanism for potential removal of a CODA commissioner for cause presents a significant perceived conflict of interest, as all dentist members of the Commission are required to be ADA members. This perception may be problematic if the Commission member to be removed has been directly appointed by the Association. The ADA's objectivity in these circumstances could be called into question by the Commission's communities of interest as well as the United States Department of Education. The Reference Committee also agrees with amendments presented in Resolution 43S-1 calling for the ADA Board of Trustees to be informed when CODA removes a member for cause. For these reasons, the Reference Committee concludes that the Commission should have authority to discipline its own members and supports Resolution 43S-1. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 43S-1 as submitted, except that an editorial revision is required to make the proposed amendment grammatically correct. The amended resolution is as follows (deletion ~~double struck through~~):

**43S-1. Resolved**, that Chapter IX. COMMISSIONS, Section B. Removal for Cause, of the *Governance and Organizational Manual* of the Association be amended by addition (addition is double underlined; deletions are stricken):

B. Removal for Cause.

- 1. The Commission on Dental Accreditation shall have the sole authority to remove a Commission on Dental Accreditation member for cause pursuant to the Rules of the Commission on Dental Accreditation. The Commission on Dental Accreditation shall provide notice to the ADA Board of Trustees once the Commission acts to remove a member for cause.

2. The Board of Trustees may remove a ~~commission~~ member of the Joint Commission on National Dental Examinations, the Commission on Continuing Education Provider Recognition, and the National Commission on Recognition of Dental Specialties and Certifying Boards for cause in accordance with procedures established by the Board of Trustees, which procedures shall provide for notice of the charges, including allegations of the conduct purported to constitute each violation, and a decision in writing which shall specify the findings of fact which substantiate any and all of the charges. Prior to issuance of the decision of the Board of Trustees, no commission member shall be excused from attending any meeting of a commission unless there is an opportunity to be heard or compelling reasons exist which are specified in writing by the Board of Trustees.

Dr. Cooley moved Resolution 43S-1 (*Supplement:4090a*) in lieu of Resolution 43 (*Supplement:4090*) with the Committee Recommendation to Vote Yes.

Dr. David C. Anderson, Virginia, stated, "...Now my problem with this is due process. If the Commission removes an ADA member, what is the appeal for the ADA member? It's no longer the Board of Trustees, and from the way I read this and I'm talking to people, the appeal for the removal goes back the Commission. In other words, they hear their own appeals."

At the request of the Speaker, Dr. Anthony J. Ziebert, senior vice president, Education and Professional Affairs, responded to Dr. Anderson's question stating, "The rules of the Commission would be changed by the Commission to include due process for any member that was removed."

Dr. Anderson asked, "When do we find out that this has been changed after we have voted to go ahead and accept it?"

In response, Dr. Ziebert said, "The Commission will make conforming changes to the Rules if any of these resolutions are passed."

As a point of information, Dr. Robert S. Roda, Arizona, asked whether or not the ADA Board of Trustees can remove a member of the National Commission on Recognition of Dental Specialties and Certifying Boards who was appointed by one of the specialty organizations.

In response, Dr. Ziebert said that the Board of Trustees could do so.

As a point of information, a delegate from the floor asked for clarification on the removal of commissioners from the Commission on Dental Accreditation. He said, "... my perspective is that CODA is an arm's length organization outside of ADA. And we may be able to remove our own member from CODA ... So I'm expecting the only thing we can do is to the members that we appoint ourselves, and we may be able to defend them and support them, but I think the House has to have a very clear understanding of what our authority is within CODA."

In response, Dr. Ziebert stated, "Right now the Board of Trustees can remove any member of any commission for cause. All this is proposing is that the Commission [CODA] itself can remove any member of the Commission, ADA appointees or otherwise, for cause. And they will develop that due process document if this passes. The Commission has already drafted their due process requirements in this regard..."

Dr. Robert S. Roda, Arizona, moved to refer Resolution 43S-1. In speaking to the motion to refer, Dr. Roda stated, "I'm really concerned about that section where the Board of Trustees can remove someone that was duly appointed to the [National Commission on Recognition of Dental Specialties and Certifying Boards] by a specialty group."

The Speaker stated, "That's the existing language, but they moved it around when they separated CODA out and they reworded that, but that's existing policy right now that we can do that. It's just the way it has been presented here."

Dr. Roda continued by saying, “I really think that it should be up to the [National Commission on Recognition of Dental Specialties and Certifying Boards] if they’re going to remove a member that was appointed by the specialties as opposed to a member that was appointed by the ADA. I think that the specialty should have the prerogative to say, ‘well, we like that troublesome endodontist’, whoever that might be, or that troublesome oral surgeon, rather than have the ADA ...”

Dr. Bryan C. Edgar, Washington, spoke against the motion to refer, stating, “...As a former chair of CODA, I understand the arm’s length relationship that is needed, which is different than the arm’s length relationship or the lack of—less of an arm’s length with the other commissions because of the U.S. Department of Education. So I would encourage that we not refer, and support the recommendation on the floor.”

Dr. Steven A. Saxe, Nevada, spoke in support of the motion to refer. He stated, “I wish to support referral as this entity [National Commission on Recognition of Dental Specialties and Certifying Boards] is in its infancy and we do not want to make a strained relationship with the specialties that are on this Board, and it should be looked at further. ...”

As a point of information, Dr. Richard W. Barnes, California, asked that the House be provided with the definition of what “for cause” means.

In response, the Speaker stated, “In a nutshell it means you have to have a reason. You just can’t dismiss them. ...”

On vote, the motion to refer was not adopted.

As a point of information, Dr. David C. Anderson, Virginia, asked, “Mr. Speaker, the representative [Dr. Ziebert] said that they have already written the document. My only question is, if I get assurances, is there a way for an ADA member to appeal the decision?”

In response, Dr. Ziebert said, “Yes.”

As a point of information, Dr. Richard B. Kahn, New Jersey, asked, “What is the appeal process if somebody has an unfavorable action with CODA?”

In response, the Speaker stated, “That will be written in their rules which belong to them. ... We do not have those before us nor do we have to adopt them.”

Dr. Bryan C. Edgar, Washington, spoke in support of Resolution 43S-1. He stated, “Years ago we had a situation on CODA where the appointing organization wanted to remove a member who was not attending meetings, and I had to remind the executive director that that is the job of the Board of Trustees. Those rules are still in effect, and I think that this is going to clarify for one commission only, not the other commissions.”

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

On vote, Resolution 43S-1 was adopted in lieu of Resolution 43.

**43H-2018. Resolved**, that Chapter IX. COMMISSIONS, Section B. Removal for Cause, of the *Governance and Organizational Manual of the Association* be amended by addition (addition is double underlined; deletions are stricken):

B. Removal for Cause.

1. The Commission on Dental Accreditation shall have the sole authority to remove a Commission on Dental Accreditation member for cause pursuant to the Rules of the Commission on Dental Accreditation. The Commission on Dental Accreditation shall provide notice to the ADA Board of Trustees once the Commission acts to remove a member for cause.



2. The Board of Trustees may remove a ~~commission~~ member of the Joint Commission on National Dental Examinations, the Commission on Continuing Education Provider Recognition, and the National Commission on Recognition of Dental Specialties and Certifying Boards for cause in accordance with procedures established by the Board of Trustees, which procedures shall provide for notice of the charges, including allegations of the conduct purported to constitute each violation, and a decision in writing which shall specify the findings of fact which substantiate any and all of the charges. Prior to issuance of the decision of the Board of Trustees, no commission member shall be excused from attending any meeting of a commission unless there is an opportunity to be heard or compelling reasons exist which are specified in writing by the Board of Trustees.

**Human Papillomavirus (HPV) Vaccination for the Prevention of Infection with HPV Types Associated with Oropharyngeal Cancer** (Council on Scientific Affairs Resolution 53, Fourteenth Trustee District Resolution 53S-1, and Reference Committee C Resolution 53RC): The Reference Committee reported as follows:

Testimony strongly supported ADA efforts directed at reducing the burden of oral and oropharyngeal cancer, given the challenging nature of identifying cancerous or precancerous lesions in the oral cavity at earlier stages. Testimony indicated that this issue has become increasingly significant in recent years with the emergence of extensive evidence that establishes oral infection with human papillomavirus (HPV) as a risk factor for oropharyngeal cancer. Given that HPV vaccination is associated with dramatically reduced rates of HPV infection, testimony from the CSA, CDP, and CAAP (co-sponsors of the resolution), as well as other speakers, supported HPV vaccination, in accordance with current recommendations for the CDC Advisory Committee on Immunization Practices (ACIP), to help stem the increasing rates of HPV-related oropharyngeal cancer in the United States. Testimony from CAAP clarified that, while the U.S. Food and Drug Administration recently approved expanded use of the vaccine to include adults aged 27 to 45 years of age, the ACIP has not yet issued a recommendation for this indication.

One speaker asked that the resolution also encourage dentists to administer the vaccine in their practices. Testimony from the CDP cited numerous challenges (e.g., storage, purchasing) that would confront dentists in administering vaccines; this was based on findings of a CDP task force that was convened to study the feasibility of dentists performing HPV vaccination in their offices. In addition, individual state dental practice acts may limit the ability of the dentist to administer the vaccine.

The Reference Committee believes that ADA focus at this time should be directed at providing tools to members to promote HPV vaccination and discuss the important role of the vaccine in cancer prevention. The Reference Committee agrees with testimony supporting ADA development and promotion of a culturally competent brochure to facilitate patient education on this issue. A speaker from the CSA indicated that an HPV brochure already is being developed by ADA for publication. The Reference Committee feels that this satisfies the intent of the directive in Resolution 53S-1 and therefore does not need to be included in an amended resolution.

The Reference Committee agrees with testimony that the proposed policy should support ACIP recommendations for use of the HPV vaccine and recommends adoption of the proposed substitute resolution in lieu of Resolutions 53 and 53S-1.

**53RC. Resolved**, that the following ADA policy statement on Human Papillomavirus (HPV) Vaccination for the Prevention of Infection with HPV Types Associated with Oropharyngeal Cancer be adopted:

The American Dental Association (ADA):

Adopts the position that HPV vaccination, as recommended by the CDC Advisory Committee on Immunization Practices, is a safe and effective intervention to decrease the burden of oral and oropharyngeal HPV infection, and be it further

**Resolved**, that the ADA urges dentists, as well as local and state dental societies, to support the use of the HPV vaccine as recommended by the CDC Advisory Committee on Immunization Practices, and be it further

**Resolved**, that the ADA encourages appropriate external agencies to support research to improve understanding of the natural history of oral HPV infection, transmission risks, screening and testing.

Dr. Cooley moved Resolution 53RC in lieu of Resolution 53 (*Supplement:4095*) and Resolution 53S-1 (*Supplement:4095a*) with the Committee Recommendation to Vote Yes.

Dr. Barry J. Taylor, Oregon, moved to amend Resolution 53RC in the second resolving clause by adding the words “and administration” after the words “the use,” so that the second resolving clause would read as follows:

**Resolved**, that the ADA urges dentists, as well as local and state dental societies, to support the use and administration of the HPV vaccine as recommended by the CDC Advisory Committee on Immunization Practices, and be it further

In speaking to the amendment, Dr. Taylor stated, “...We already screen for oral cancer and are often the first to identify signs of oropharyngeal cancer in patients during routine dental exams. Because many see their dentists more often than a primary care physician, it makes sense for dental providers to continue expanding their prevention efforts when it comes to oral cancer. For years in this House, I have heard much discussion as far as the desire to be seen and treated as primary care providers. We need to help to position ourselves by doing something as this. In addition, I come from the state of Oregon. We currently this year have legislation in our House—the State House for legislation, which would allow dentists to provide the vaccine not just for the HPV virus but also for the flu vaccine. And I know that was raised up in reference committees that there are complications if you want to give it. There’s a cost complication, a refrigerator, equipment, things like that, but we’re doctors. I mean, I think we can really handle this. If you don’t want to do it, then that’s fine. This isn’t a mandate of any type. It’s just saying that the ADA urges us if we want to do it, to do it. ... I think that dentists are fully capable after four year of dental school to be in a position to give a vaccine. And I think supporting this, to administer the HPV vaccine, is along those lines.”

Pro and con discussion on the amendment ensued. Individuals speaking in support of the amendment commented that including the words “and administration” would lend support to members where state legislatures are considering allowing dentists to administer vaccines. Individuals speaking in support of the amendment also commented that the amendment supports giving dentists the option to administer the HPV vaccine, but does not require dentists to administer the vaccine.

Individuals speaking against the amendment commented that refrigeration of the vaccine needed to be monitored hourly, and that because the Food and Drug Administration had not approved the vaccine for preventing oropharyngeal cancer it would be considered off label use for oropharyngeal cancer prevention, which may result in dentists receiving no reimbursement for administering the vaccine. In addition, individuals speaking against the amendment commented that writing a prescription for the vaccine would be a better alternative than administering the vaccine in the dental office.

As a point of information, the Speaker asked, “I would like for staff to give us some information. I’ve heard some debate on why individual members might not want to do this, and I wonder if having wording in this policy would make a difference on if someone wanted to do it, if there was a mechanism that this policy, with or without this amendment, would make a difference.”

In response to the Speaker’s question, Dr. Marcelo Araujo, vice president, Science Institute, stated, “The addition of the word ‘administrative’ would not make any difference. Each state will then go through the regular process to then regulate the way you would administer the vaccine in your office.”

The Speaker asked what may happen if the word “administrative” is left out of the Resolution.

In response, Dr. Araujo said, “If left out. Basically I think it’s adding this will just urge us to also advocate for this to happen one day.”

Dr. Rudolph T. Liddell, III, Florida, spoke against the amendment, stating, “... right now if we pass this, and our friends from the Eleventh District call the Merck Corporation up and say, ‘Hi, I’m Dr. So and So, I’m a dentist. I want to order 50 vials of the Gardasil 9 vaccine,’ there is no mechanism right now for them to sell it to you. They will not sell it to you. ...”

Dr. Brooke Fukuoka, Idaho, spoke in support of the amendment. She said, “In answer to the question, ‘why do we not want to just prescribe and send [patients] to box stores,’ I treat high risk patients. How many of our high risk patients are going to go to those box stores and get their vaccines? ... I don’t think that relying on someone else to do it will help these high risk populations. ... For those of us who treat high risk patients that we’re afraid of follow through, why not let us do this? And in regards to them not having a vaccine ready, maybe this will help them get ready to start selling it to us.”

Dr. Tara L. Haid, Ohio, spoke against the amendment, stating, “I don’t think we really need administration of it. I think leaving it a little more vague to just support the use of the vaccine no matter how that use is says enough. I do think it’s not going to tie anyone’s hands. It’s still showing the state of Oregon that we do support the use of this vaccine no matter who is actually administering it. I think that we just want to be very careful when it comes to our policy statements.”

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

On vote, the proposed amendment was adopted.

The Speaker asked if there was any further discussion on Resolution 53RC, as amended; there was none.

On vote, Resolution 53RC, as amended, was adopted in lieu of Resolution 53 and Resolution 53S-1.

**53H-2018. Resolved**, that the following ADA policy statement on Human Papillomavirus (HPV) Vaccination for the Prevention of Infection with HPV Types Associated with Oropharyngeal Cancer be adopted:

The American Dental Association (ADA):

Adopts the position that HPV vaccination, as recommended by the CDC Advisory Committee on Immunization Practices, is a safe and effective intervention to decrease the burden of oral and oropharyngeal HPV infection, and be it further

**Resolved**, that the ADA urges dentists, as well as local and state dental societies, to support the use and administration of the HPV vaccine as recommended by the CDC Advisory Committee on Immunization Practices, and be it further

**Resolved**, that the ADA encourages appropriate external agencies to support research to improve understanding of the natural history of oral HPV infection, transmission risks, screening and testing.

**ADA Taskforce on Dental Student Debt** (Eighth Trustee District Resolution 71): The Reference Committee reported as follows:

The Reference Committee heard testimony both in support of and opposed to the ADA creating a Taskforce on Dental Student Debt.

Those testifying in support of the resolution recognized that the ADA has taken a number of actions in recent years to address dental student debt, however they believed that new approaches should be explored. A Taskforce could develop new advocacy approaches to further address the causes of dental student debt in the general higher education arena.

Members testifying in opposition believed that the Association continues to take numerous concrete actions and new programming to address the concerns to help dental students and new dentists manage their debt more effectively, as noted in the Board comment. The Reference Committee discussed previous actions taken by the ADA concerning student debt including three previous task forces in the last seven years. HPI continues to provide monitoring of dental student debt as part of its obligations to meet resolutions adopted by the House, and the ADA Division of Governmental Affairs continues to advocate for reform in higher education financing, especially in regards to dental schools.

The Reference Committee recognizes this is a complex, ongoing issue which will require continued monitoring. However, based on the testimony, the Reference Committee concurs with the Board's recommendation and does not support Resolution 71.

**71. Resolved**, that an ADA Taskforce on Dental Student Debt be established to study, identify and suggest sustainable, predictable and actionable options (financial and otherwise) to alleviate student debt burden and to develop a long-term strategy to promote and maintain a workable culture regarding the student debt burden designed to protect the dental profession, as well as and the public we serve, and be it further

**Resolved**, that the ADA Taskforce on Dental Student Debt include dental students (in their third or fourth year of dental school), new dentist(s) (dental school graduates no more than ten years out of dental or dental specialty school), dental educators from both public and private institutions, a certified financial planner(s), and ADA Trustee(s), appointed by the ADA President, and be it further

**Resolved**, that the ADA Taskforce on Dental Student Debt submit a report to the 2019 ADA House of Delegates.

Dr. Cooley moved Resolution 71 (*Supplement:4107*) with the Committee Recommendation to Vote No.

On vote, Resolution 71 was not adopted.

**Geriatric Dentistry** (Third Trustee District Resolution 83): The Reference Committee reported as follows:

The Reference Committee heard testimony both in support of and opposed to pursuing a feasibility study for developing an accreditation process and standards for advanced education programs in geriatric dentistry by the Commission on Dental Accreditation. Those testifying in support of the resolution recognized that it is necessary to explore the issue of providing dental care for America's citizens over age 60, a segment of the population that is growing and is anticipated to surpass those 18 and younger by 2030, according to a recent *ADA News* article.

Members testifying in opposition appreciated the intent of Resolution 83, but believed that the geriatric dentistry practice and education communities of interest should work together and submit a request directly to the Commission on Dental Accreditation calling for the development of an accreditation process and standards for advanced education programs in geriatric dentistry.

Based on this testimony, the Reference Committee concurs with the Third Trustee District and supports Resolution 83.

**83. Resolved**, that the Council on Dental Education and Licensure (CDEL) explore, with other appropriate communities of interest, the feasibility of requesting the development of an accreditation process and accreditation standards for advanced education programs in geriatric dentistry by the Commission on Dental Accreditation. The feasibility study is to be provided to the 2019 House of Delegates.

Dr. Cooley moved Resolution 83 (*Supplement:4124*) with the Committee Recommendation to Vote Yes.

As a point of information, Dr. Robert M. Peskin, New York, asked, "Would it be possible for an appropriate individual from the Commission to indicate to us what would be the pathway to develop accreditation standards for an entity such as being described in Resolution 83."

In response, Dr. Anthony J. Ziebert, senior vice president, Education and Professional Affairs, stated, “I am not technically from the Commission, however, it’s the most effective and efficient way would be for the sponsoring organizations in collaboration with the program directors to submit an application and request to the Commission directly.”

Dr. Peskin asked, “Would it be appropriate for CDEL to be the originator of the process?”

Dr. Ziebert responded, “It would not necessarily not be appropriate. It would be unusual. It has never happened before.”

Dr. Harold S. Jeter, Ohio, spoke in support of Resolution 83. He said, “... speaking anecdotally as a general dentist in a rural area, seeing more and more older patients with an increasing number and severity of medical compromises and comorbidities, I feel a discussion to increase our ability to better care for this demographic is warranted, whether or not the establishment of an additional age specific specialty as was mentioned in Reference Committee is, at best, premature and definitely best left to the wisdom of the appropriate body. I however, do urge the appropriate council to embrace the various organizations when they do consider this. One in particular, definitely having focused insight into caring for the special and vulnerable populations that this resolution embodies.”

Dr. Fredrick P. Babinowich, New Jersey, spoke against Resolution 83, stating, “In the past, the House has been reluctant to create new specialties. This resolution seems to be a precursor to establishing a specialty in geriatric dentistry. At the present time, almost all of our practices are treating geriatric patients. I understand there’s a need for more information with regard to treating this or the geriatric age group. I believe much of this information needs to come from a closer cooperation with our medical community. Continuing education courses, symposiums and symposiums with the medical community is a better way to disseminate this information to the existing dental practices.”

Dr. James D. Stephens, California, moved to refer Resolution 83. In speaking to the motion to refer, Dr. Stephens stated, “... we’re concerned about the unintentionally limiting of the scope of practice and access for our rapidly growing demographic that will need geriatric care. Therefore, we recommend referral on [Resolution] 83 to the appropriate ADA entity... In recognition of that expanding population, we request a report to the 2019 House addressing actionable strategies for both hygienists and dentists with respect to the following points: One, to enhance and expand predoctoral training. Two, to develop and promote continuing education programs for existing practitioners. And three, to investigate advanced educational opportunities. This has the goal of creating strategies and increasing access to competent and broadly available geriatric care in oral health care settings, both public and private. We want to broaden our capacity to treat. We don’t want to limit it. ...”

Dr. I. Jay Freedman, Pennsylvania, spoke in support of the motion to refer. He stated, “Just for clarification, the Third District supports the referral. ... I believe the referral is needed to move our profession to start the conversation and preparing undergraduates, practicing dentists and advanced fellowships to address the unique needs of this most—the most at risk in this fastest growing segment of our current population.”

Dr. Robert M. Peskin, New York, requested that the Speaker rule the motion to refer out of order, stating, “I’m not sure that the motion to refer with the detail that was provided by the maker of that particular motion is not a separate motion altogether from this motion to develop an accreditation process for geriatric dentistry. ...”

The Speaker responded, “While I agree with you that referral specifically indicates some other work that needs to be done, it would dispose of the resolution, which is the point, would be for this House to dispose of the resolution and referral on the concept of geriatric care with the details he’s instructed that he wants a report back. So I’ll rule that is in order.”

Dr. Peskin, spoke against referral, stating, “... while I agree with the concept of an area, a special area in geriatric dentistry under the advance education programs that exist, I don’t believe that CDEL is the appropriate pathway to do that. I sit on the board of directors of Special Care Dentistry Association. One of

our three councils is a Council on Geriatric Dentistry. I think that is the appropriate entity to develop such an accreditation request. We have 200 faculty members and programs that are involved with our particular Council, and for that reason, I think that would be the most appropriate way to do this. And I have assurances from our board of directors that SCDA would be willing to take charge here. I just don't think that CDEL is the appropriate entity"

As a point of information, Dr. Christopher T. Gorecki, Michigan, asked, "My question is where would the referral be to? Does it go back to CDEL? ..."

In response to Dr. Gorecki's question, the Speaker stated, "Many times our referrals are to the appropriate agency, and the Board decides where it goes. ..."

Dr. Nader A. Nadershahi, California, spoke in support of the motion to refer. He stated, "...We see this as a growing need in our country where there will be a larger population that will need our care. And this referral speaks to the fact that we need to have the largest group of providers available to do that. So the appropriate entities will be able to look at how that fits into undergraduate education, continuing education, as well as postgraduate work."

In speaking to the motion to refer, Dr. Stephens added, "I just want to point out that the referral and the detail recommends the appropriate ADA entity or entities. ... It does not specifically say CDEL, and we figured that there's a spot that it belongs. So I speak in favor of referral. We do need to broaden our scope. Our members and everywhere, in the rural communities and cities, have to become better able to take care of our aging population. This is a necessity. We want some expedience. We want to hear what we can do next year."

On vote, the motion to refer Resolution 83 to the appropriate ADA agencies for further study and report to the 2019 House of Delegates was adopted.

**Note:** The following provisions were offered by Dr. James Stephens, California, for consideration during debate on referral.

In recognition of the expanding population in need of geriatric care, it is requested that the report to the 2019 House of Delegates address the following actionable strategies for both hygienists and dentists with respect to the following points:

1. To enhance and expand predoctoral training
2. To develop and promote continuing education programs for existing practitioners
3. To investigate advanced educational opportunities.

All with the goal of increasing access to competent and broadly available geriatric care in all oral healthcare settings both public and private.

**Rescission of Policy: Use of the Term "Specialty"** (Council on Dental Education and Licensure Resolution 21): The Reference Committee reported as follows:

The Reference Committee heard testimony from one member in opposition to rescinding the policy, Use of the Term "Specialty." The member testifying in opposition to the proposed changes believed that the policy should not be rescinded but rather amended to reflect the name of the National Commission on Recognition of Dental Specialties and Certifying Boards. However, the Reference Committee noted that this policy is contrary to the *Principles of Ethics and Code of Professional Conduct*, Advisory Opinion 5.H. Announcement of Specialization and Limitation of Practice.

Therefore, the Reference Committee concurs with the Council on Dental Education and Licensure and the Board and supports Resolution 21.

**21. Resolved**, that the ADA Policy on Use of the Term "Specialty" (*Trans.*1957:360) be rescinded.

Dr. Cooley moved Resolution 21 (*Supplement*:4033) with the Committee Recommendation to Vote Yes.

Dr. Thomas A. Trowbridge, Massachusetts, moved to refer Resolution 21 to the appropriate ADA Agency for further study and report to the 2019 House of Delegates.

In speaking to the motion to refer, Dr. Trowbridge stated, “My concern is that passing Resolution 21 as written will create a vacuum in the *Bylaws* of the ADA, diluting the ability of the ADA to sanction a member who claims specialty practice in a field not recognized by either the Commission on Specialty Recognition or a state board of regulation. This is of importance to qualified specialists under the previously mentioned recognition or general dentists who expect their referrals to specialty practitioners to have the appropriate education and experience.”

Discussion in support of the motion to refer ensued.

On vote, the motion to refer Resolution 21 to the appropriate ADA agency for further study and report to the 2019 House of Delegates was adopted.

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

The Report of Reference Committee D was presented by Dr. Matthew B. Roberts, Texas, chair. The other members of the Committee were: Dr. Douglas Auld, Oklahoma; Dr. Walter D. Fain, Tennessee; Dr. Rodney J. Klima, Virginia; Dr. Rachel A. Maher, Delaware; Dr. Scott L. Morrison, Nebraska; Dr. Thomas E. Raimann, Wisconsin; Dr. Charlotte L. Senseny, California; and Dr. Mark V. Walker, Washington.

**Consent Calendar** (Reference Committee D Resolution 85) The Reference Committee report as follows:

The appended Resolution 85 lists resolutions referred and considered by this Reference Committee that received no or limited testimony, all positive testimony, all negative testimony, or the Reference Committee feels these resolutions were fully debated, with all issues considered. The Reference Committee’s recommended action (adopt, adopt in lieu of, not adopt or refer) is identified on each resolution presented on the consent calendar. By adopting Resolution 85, the recommendations of the Reference Committee on the consent calendar resolutions will become the actions of the House of Delegates. It should be noted that if a resolution on the consent calendar is to “adopt in lieu of” with a Committee Recommendation to Vote No **and** the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

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

**Resolution 44**—(Adopt)—Amendment of the Policy Entitled “Statement Regarding Employment of a Dentist” (*Supplement:5041*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 45**—(Adopt)—Amendment of Chapter VIII, Section F. of the *Governance and Organizational Manual of the American Dental Association* (*Supplement:5045*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 46**—(Adopt)—Amendment to Chapter I of the *Governance and Organizational Manual of the American Dental Association* Relating to Campaign Rules Adopted by the House of Delegates (*Supplement:5047*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 48**—(Adopt)—Amendment of the Policy Entitled “Definition of Committees” (*Supplement:5050*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 49**—(Refer)—Amendment of the Policy Entitled “The Dentist’s Prayer”  
(*Supplement:5052*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes on Referral**

**Resolution 50**—(Adopt)—Amendment of Section 4.A. of the ADA *Principles of Ethics and Code of Professional Conduct* (*Supplement:5053*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 51**—(Adopt)—Amendment of the *Manual of the House of Delegates* Relating to the Standing Committee on Constitution and Bylaws (*Supplement:5065*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 54**—(Adopt)—Amendment to Chapter XIV, Section 30B of the ADA *Bylaws: Procedural Manuals of the Association* (*Supplement:5068*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 69**—(Adopt)—State Medicaid Dental Peer Review Committee (*Supplement:5072*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 72**—(Adopt)—Amendment to ADA *Bylaws: Chapter III, House of Delegates, Section 10. Members, D. Election or Selection* (*Supplement:5073*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 81**—(Adopt)—Dental Benefits in a Child Support Order (*Supplement:5081*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

Dr. Roberts moved Resolution 85 with the Committee Recommendation to Vote Yes.

Hearing no objection, Resolution 85 was adopted by general consent.

**85H-2018. Resolved**, that the recommendations of Reference Committee D on the following resolutions be accepted by the House of Delegates.

**Resolution 44**—(Adopt)—Amendment of the Policy Entitled “Statement Regarding Employment of a Dentist” (*Supplement:5041*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 45**—(Adopt)—Amendment of Chapter VIII, Section F. of the *Governance and Organizational Manual of the American Dental Association* (*Supplement:5045*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 46**—(Adopt)—Amendment to Chapter I of the *Governance and Organizational Manual of the American Dental Association* Relating to Campaign Rules Adopted by the House of Delegates (*Supplement:5047*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 48**—(Adopt)—Amendment of the Policy Entitled “Definition of Committees” (*Supplement:5050*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 49**—(Refer)—Amendment of the Policy Entitled “The Dentist’s Prayer” (*Supplement:5052*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes on Referral**



**Resolution 50**—(Adopt)—Amendment of Section 4.A. of the *ADA Principles of Ethics and Code of Professional Conduct (Supplement:5053)* \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 51**—(Adopt)—Amendment of the *Manual of the House of Delegates* Relating to the Standing Committee on Constitution and Bylaws (*Supplement:5065*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 54**—(Adopt)—Amendment to Chapter XIV, Section 30B of the *ADA Bylaws: Procedural Manuals of the Association (Supplement:5068)* \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 69**—(Adopt)—State Medicaid Dental Peer Review Committee (*Supplement:5072*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 72**—(Adopt)—Amendment to *ADA Bylaws: Chapter III, House of Delegates, Section 10. Members, D. Election or Selection (Supplement:5073)* \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 81**—(Adopt)—Dental Benefits in a Child Support Order (*Supplement:5081*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

*Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 85H follows.*

#### **Consent Calendar Resolutions—Adopted**

*Amendment of the Policy Entitled “Statement Regarding Employment of a Dentist”*

**44H-2018. Resolved**, that policy entitled “Statement Regarding Employment of a Dentist” (*Trans.2013:353*) be amended as indicated (additions underscored, deletions ~~stricken through~~):

#### **Statement Regarding Employment of a Dentist**

##### **Statement Regarding Employment of a Dentist\***

These guidelines provide guidance for practice owners or management companies (collectively “employers”) in their working relationships with dentists associated with their practices, either as employees or independent contractors, except for postdoctoral education programs where a resident dentist is an employee of the educational program (collectively “employees”). The purpose of these guidelines is to protect the public in the provision of safe, high-quality and cost-effective patient care. Employers and employees should recognize and honor each of the guidelines set forth in this policy statement.

- I. As described in the *ADA Principles of Ethics and Code of Professional Conduct*, dentists’ paramount responsibility is to their patients. An employee dentist should not be disciplined or retaliated against for exercising independent professional judgment in patient assessment, diagnosis, treatment and comprehensive management, including with respect to but not limited to:

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\*Dentists are advised that employment contracts may have provisions that conflict with these guidelines and the ADA recommends that dentists seek legal counsel when considering how contracts affect their professional rights and responsibilities.

- a. The use of any materials, or the delivery of a prosthetic device, that represents an acceptable standard of care or the refusal to use materials or deliver a prosthetic device that does not represent an acceptable standard of care;
  - b. The use of techniques that are reasonably believed to be within the standard of care and are in the patient's best interest or the refusal to use techniques that are not within the standard of care and are not in the patient's best interests (recognizing the patient's right to select among treatment options);
  - c. The mandated provision of treatment that the employee dentist feels unqualified to deliver; and
  - d. The provision of treatment that is not justified by the employee dentist's personal diagnosis for the specific patient.
- II. ~~Because a~~All employers and employee dentists must conform to applicable federal, state, and local laws, rules and regulations, ~~an e~~Employed dentists should not be disciplined or retaliated against for 1) adherence to legal standards and 2) reporting to appropriate legal authorities suspected illegal behavior by employers. Employers should make certain that, for example:
- a. Appropriate business practices, including but not limited to billing practices, are followed;
  - b. Facilities and equipment are maintained to accepted standards; and
  - c. Employment contractual obligations are adhered to.
- III. Because a dentist is functioning within a professional domain, anyone employing a dentist should, for example:
- a. Guard against lay interference in the exercise of a dentist's independent professional judgment in patient assessment, diagnosis, treatment and comprehensive management;
  - b. To the extent permitted by law, promptly provide the dentist access to all relevant patient records in the event of peer review, board complaint or lawsuit, both during and subsequent to the dentist's employment; and
  - c. Recognize and honor the dentist's commitment, as an ADA member, to comply with *the ADA Principles of Ethics and Code of Professional Conduct*.

and be it further

**Resolved**, that the Association publish and promote this statement to dentist employers and employees, and be it further

**Resolved**, that the Association encourage constituent societies to utilize this statement to facilitate legislative and regulatory measures to ensure the fair and ethical treatment of dentist employees and the patients that they treat.

*Amendment of Chapter VIII, Section F. of the Governance and Organizational Manual of the American Dental Association*

**45H-2018. Resolved**, that Chapter VIII., Section F. of the *Governance and Organizational Manual of the American Dental Association* be amended as follows (additions underscored, deletions ~~stricken through~~):

- F. Vacancy. In the event of a vacancy in the membership of any council, the President shall appoint a member of the Association possessing the same qualifications as established by the *Bylaws* or this *Governance Manual* for the previous member, to fill such vacancy until a successor is elected by the next House of Delegates for the remainder of the unexpired term. In the event such vacancy involves the chair of the council, the President shall have the power to appoint an ad interim chair. In the event it is the current recipient of the Gold Medal Award for Excellence in Dental Research who cannot serve on the Council on Scientific Affairs, the President, in consultation with the Board of Trustees, shall have the power to appoint a prominent research scientist who shall serve until the award is bestowed on the next honoree.

If the term of the vacated council position has ~~less than~~ fifty percent (50%) or less of a full term remaining at the time the successor member is ~~appointed or elected~~ to the position by the House of Delegates, the successor member shall be eligible for election to a new term. If more than fifty percent (50%) ~~or more~~ of the vacated term remains to be served at the time of the ~~appointment or~~ successor member's election by the House of Delegates, the successor member shall not be eligible for another term.

*Amendment to Chapter I of the Governance and Organizational Manual of the American Dental Association Relating to Campaign Rules Adopted by the House of Delegates*

**46H-2018. Resolved**, that Chapter I of the *Governance and Organizational Manual of the American Dental Association* be amended as follows (additions underscored, deletions ~~stricken through~~):

Chapter I, Section A.1.e. (first paragraph):

e. Active members in good standing are eligible for election as a delegate or alternate delegate to the ADA House of Delegates and, subject to any limitation adopted by the House of Delegates in the Election Commission and Campaign Rules, are also eligible for election or appointment to any office or agency of the ADA, except as may be otherwise provided in the *ADA Bylaws* or this *Governance Manual*.

Chapter I, Section A.2.e. (first paragraph):

e. Retired members in good standing are eligible for election as a delegate or alternate delegate to the ADA House of Delegates and, subject to any limitation adopted by the House of Delegates in the Election Commission and Campaign Rules, are also eligible for election or appointment to any office or agency of the ADA, except as may be otherwise provided in the *ADA Bylaws* or this *Governance Manual*.

Chapter I, Section A.3.e. (first paragraph):

e. Life members in good standing are eligible for election as a delegate or alternate delegate to the ADA House of Delegates and, subject to any limitation adopted by the House of Delegates in the Election Commission and Campaign Rules, are also eligible for election or appointment to any office or agency of the ADA, except as may be otherwise provided in the *ADA Bylaws* or this *Governance Manual*.

Chapter I, Section A.5.e. (first paragraph):

e. Provisional members in good standing are eligible for election as a delegate or alternate delegate to the ADA House of Delegates and, subject to any limitation adopted by the House of Delegates in the Election Commission and Campaign Rules, for election or appointment to any office or agency of the ADA, except as may be otherwise provided in the *ADA Bylaws* or this *Governance Manual*.

*Amendment of the Policy Entitled "Definition of Committees"*

**48H-2018. Resolved**, that policy entitled "Definition of Committees" (*Trans.*2001:421; 2013:340) be amended as indicated (additions underscored, deletions ~~stricken through~~):

**Definitions of Committees**

**Resolved**, that the American Dental Association accepts the following definitions for the terms standing committee, special committee and subcommittee:

Standing committee—A standing committee is a group of members whose work, assignments, or tasks are ongoing, ~~and that~~ A standing committee performs any work within its particular field either assigned to it by the *Bylaws* or referred to it by the House of Delegates or Board of Trustees.

Special committee (also known as a Task Force)—A special committee or task force is a group of members created by the House of Delegates or, when the House is not in session, by the Board of Trustees, ~~to~~ It will perform specific tasks not otherwise assigned by the *Bylaws*, ~~and which ceases~~ A special committee will cease to exist either when its assigned task is completed or with the adjournment *sine die* of the annual session of the House of Delegates following its creation.

Subcommittee—A subcommittee is a subgroup of a body ~~which is~~ created for a specific purpose within the jurisdiction of that body, ~~It~~ may have authority delegated to it by the body, and which reports and is responsible to only the delegating body, ~~which~~ A delegating body may be a council, committee or commission.

*Amendment of Section 4.A. of the ADA Principles of Ethics and Code of Professional Conduct*

**50H-2018. Resolved**, that Section 4.A. of the ADA *Principles of Ethics and Code of Professional Conduct* be amended as indicated (additions underscored, deletions ~~stricken through~~):

**4.A. PATIENT SELECTION**

While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, gender, sexual orientation, ~~or~~ gender identity, ~~or~~ national origin or disability

*Amendment of the Manual of the House of Delegates Relating to the Standing Committee on Constitution and Bylaws*

**51H-2018. Resolved**, that *Operations of the House of Delegates*, published in the *Manual of the House of Delegates* be amended as follows (additions underscored, deletions ~~stricken through~~):

Page 8:

**Duties of the Speaker of the House of Delegates.**

As recited in the ADA *Bylaws*, the Speaker of the House of Delegates shall (1) preside at all meetings of the House of Delegates; (2) with the assistance of the Secretary of the House of Delegates, determine the order of business for all meetings subject to the approval of the House of Delegates; (3) appoint tellers to assist in determining the result of any action taken by vote; and (4) perform such other duties as custom and parliamentary procedure require. The decision of the Speaker shall be final unless an appeal from such decision shall be made by a member of the House, in which case final decision shall be by majority vote. In addition, following adjournment of the Standing Committee on Constitution and Bylaws, the Speaker and the Chair of the Council on Ethics, Bylaws and Judicial Affairs shall be responsible for reviewing and either approving or redrafting any new resolutions or changes to resolutions that propose amendments to the Constitution and Bylaws or to the Governance Manual, in accordance with provisions in the Standing Committee section of the *Manual of the House of Delegates*.

and be it further

**Resolved**, that *Standing Committees of the House of Delegates* published in the *Manual of the House of Delegates*, be amended as follows:

Page 21:

*Committee on Constitution and Bylaws.* The Standing Committee on Constitution and Bylaws shall consist of not more than eight (8) nor less than six (6) members of the Council on Ethics, Bylaws and Judicial Affairs of this Association appointed by the President in consultation with the Speaker of the House of Delegates and the Council Chair. The Committee reviews the wording of all proposed amendments to the *Constitution, Bylaws and Governance Manual* that are submitted prior to the first meeting of each new session of the House of Delegates. The Standing Committee either approves the text of the amendment as written or redrafts the resolution to accomplish the intent of the maker in the form currently used by the House of Delegates. The Standing Committee files a report of its findings and actions at the first meeting of the House of Delegates and then adjourns. Thereafter, and until the House of Delegates adjourns *sine die*, the Speaker of the House and the Chair of the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) are responsible for reviewing any new resolutions or changes to resolutions that propose amendments to the *Constitution, and Bylaws and Governance Manual*. Each reference committee is required to clear the wording of a proposed amendment either with the Standing Committee or, if the amendment is proposed after the Standing Committee adjourns, with the Speaker who, with the Chair of CEBJA, will determine whether the language of the amendment is in appropriate ~~Bylaws~~ form.

*Amendment to Chapter XIV, Section 30B of the ADA Bylaws: Procedural Manuals of the Association*

**54H-2018. Resolved**, that Chapter XIV, PROCEDURAL MANUALS OF THE ASSOCIATION, Section 30. AMENDMENTS, Subsection B, of the ADA Bylaws be amended as follows (deletions ~~stricken~~):

B. The ~~Operation of the House of Delegates, Rules of the House of Delegates, Representation of Constituents and Periodic Reapportionment of Delegates and Alternate Delegates, Standing Committees of the House of Delegates and Election Commission and Campaign Rules~~ published in the *Manual of the House of Delegates* are amendable by a majority vote of the members of the House present and voting unless the section of the *Manual of the House of Delegates* under consideration requires otherwise.

*State Medicaid Dental Peer Review Committee*

**69H-2018. Resolved**, that the American Dental Association encourages all state dental associations to work with their respective state Medicaid agency to create a dental peer review committee, made up of licensed current Medicaid providers who provide expert consultation on issues brought to them by the state Medicaid agency and/or third party payers.

*Amendment to ADA Bylaws: Chapter III, House of Delegates, Section 10. Members, D. Election or Selection*

**72H-2018. Resolved**, that Section 10. D. of Chapter III of the ADA *Bylaws*, be amended as follows (additions underscored; deletions ~~stricken through~~):

D. ELECTION OR SELECTION. A constituent's delegates shall be elected or, in the case of a constituent's alternate delegates elected or selected by one or more of the following methods:

1. By the membership at large of that constituent;
2. By the constituent's governing legislative body, House of Delegates, or Board of Directors, or in the case of alternate delegates, ~~selected by the constituent's board of directors~~, at the discretion of the constituent; ~~and or~~

- 3. By a component with respect to the delegates representing that component.

*Dental Benefits in a Child Support Order*

**81H-2018. Resolved**, that the American Dental Association pursue federal legislative or regulatory efforts to require dental support in child custody orders as a child support obligation, like medical support, and be it further

**Resolved**, that constituent societies of the American Dental Association be urged to pursue individual state legislative or regulatory efforts to require dental support in child custody orders as a child support obligation.

**Consent Calendar Resolutions—Resolution Referred**

*Amendment of the Policy Entitled “The Dentist’s Prayer”*

**49. Resolved**, that The Dentist’s Prayer (*Trans.*1991:643) be amended as indicated (additions underscored, deletions ~~stricken through~~):

**The Dentist’s Prayer**

**Resolved**, that the American Dental Association express its belief on quality assurance by accepting the first general Parameter of Care:

Please take a moment if you wish, in your own faith or tradition, as we say The Dentist’s Prayer:

The Dentist’s Prayer

Thank you, ~~O Lord~~, for the privilege of being a dentist,

For letting me serve ~~as your instrument~~ in ministering to the sick and afflicted,

May I always treat with reverence the human life which ~~you have~~ has been brought into being and which I serve,

Deepen my love for people so that I will always give myself gladly and generously to those stricken with illness and pain,

Help me to listen patiently, diagnose carefully, prescribe conscientiously, and treat gently,

Teach me to blend gentleness with skill,

To be a dentist with a heart as well as a mind.

Joseph G. Kalil, D.D.S.  
Modified October 2018

**Non-Consent Resolutions**

**Amendment of the Election Commission and Campaign Rules:** (ADA Election Commission Resolution 24, First Trustee District Resolution 24S-2, and Reference Committee D Resolution 24RC): The Reference Committee reported as follows:

The Reference Committee heard testimony concerning an ambiguity in the membership of the Election Commission when there are conflicts of interest. The Reference Committee therefore recommends that the last sentence of the first paragraph of the Election Commission and Campaign Rules be amended to

allow the senior class of CEBJA to select the replacement members of the Commission and also to select the chair of the Election Commission as follows:

In the event that both the chair and vice chair of CEBJA are unavailable due to conflicts with candidates, the senior class of CEBJA shall elect replacement members and the chair of the Election Commission.

The Speaker of the House of Delegates also requested that the first resolving clause of Resolution 24 be amended for clarification.

**24RC. Resolved**, that the Election Commission and Campaign Rules as they appear in the *Manual of the House of Delegates* be ~~amended~~ replaced by the revised Election Commission and Campaign Rules as set forth in Appendix 1, and be it further

**Resolved**, that provisions of the revised Election Commission and Campaign Rules become effective at the adjournment sine die of the 2018 House of Delegates with the exception of revisions to the section on **Announcing Candidacy**, No. 5 (*Supplement:5003*), thereof which shall become effective at the opening of the 2019 House of Delegates

Dr. Roberts moved Resolution 24RC in lieu of Resolution 24 (*Supplement:5001*) and Resolution 24S-2 (*Supplement:5034b*) with the Committee Recommendation to Vote Yes.

The Speaker announced that a correction to the language was needed for Resolution 24RC in the first paragraph of Appendix 1, by adding the words “and the Chair of the Election Commission” after “select replacement members” and by striking the words “and senior most CEBJA member shall serve as chair” so that the first paragraph would read as follows:

The Election Commission is composed of three members: the immediate past President, and the chair and vice chair of the Council on Ethics, Bylaws and Judicial Affairs (CEBJA). The chair of CEBJA serves as the Election Commission chair. The Speaker and the President-elect’s campaign manager or appointee will serve as consultants to the Election Commission, each without the right to vote. Except as provided below, in the event that one of the members is unavailable, a replacement member will be selected by the chair of the Election Commission in consultation with the Election Commission. In the event that the chair is unavailable due to a conflict with a candidate, the vice chair of CEBJA shall serve as chair and shall appoint a replacement member in consultation with the Election Commission. In the event that both the chair and vice chair of CEBJA are unavailable due to conflicts with a candidate, the senior class of CEBJA shall select replacement members and the chair of the election commission ~~and the senior-most CEBJA member shall serve as chair.~~

Hearing no objection, the amendment to Resolution 24RC in Appendix 1 was adopted by general consent.

Dr. Eric W. Knudsen, Michigan, moved to amend Resolution 24RC by adding a third resolving clause. The new resolving clause would read as follows:

**Resolved**, that the Election Commission develop ways other than candidate travel to help delegates select the candidates they believe will best fill the elective officer positions of the American Dental Association, such as video conferencing or town halls.

The proposed amendment includes deleting all text in No. 7. “Travel and Meeting Attendance” in Appendix 1 and adding new text that reads, “Candidates for the office of President-elect, Second Vice President, Speaker of the House of Delegates and Treasurer shall limit their campaign travel to attending the district caucus meetings held during the ADA annual session,” and amending No. 8 “Travel and Meeting Attendance” in Appendix 1 by deleting the words “and state meetings” and adding the words, “meeting during the ADA annual session” after the word “Caucuses” so that the “Travel and Meeting Attendance” section of Appendix 1 would read as follows:

#### **Travel and Meeting Attendance**

- ~~7. Candidates for the office of President elect shall limit their campaign travel to attending state and/or district annual meetings and/or leadership conferences and annual session district caucus meetings to which all candidates have been invited. The procedures for attendance at such events shall be as follows:~~
- ~~a. Candidates for the office of President elect may accept and attend any such event in a manner mutually agreed upon but only if all candidates have been invited.~~
  - ~~b. Candidates for the office of Second Vice President, Speaker of the House of Delegates and Treasurer shall limit campaign travel to attending the district caucus meetings held during the ADA annual session.~~
  - ~~c. District caucuses and state constituent societies shall issue timely invitations to the President elect candidates through the Office of the Executive Director.~~
  - ~~d. President elect candidates shall negotiate a mutually agreeable travel schedule. It is the responsibility of the candidate and/or the campaign managers, through coordination among the campaigns, to determine the candidates' availability and respond directly to the inviting organizations. Except for conflicts due to a religious holiday observed by one or more of the candidates, candidates shall vote on whether to accept an invitation, with a majority needed to accept; a tie vote will result in accepting the invitation. A religious holiday conflict with a single candidate shall result in all the candidates declining the invitation.~~
  - ~~e. Candidates who have scheduling conflicts prohibiting personal attendance at a district or caucus event may, at their option, participate in the event via electronic audio or audiovisual means available to both the candidate and the event's sponsor.~~
  - ~~f. After a meeting has been accepted, if an emergency arises and a candidate must cancel their attendance, the remaining candidates may attend as planned. Candidates who cancel their attendance at an event due to an emergency may, at their option, participate in the event via electronic audio or audiovisual means available to both the candidate and the event's sponsor. Candidates for the office of President-elect, Second Vice President, Speaker of the House of Delegates and Treasurer shall limit their campaign travel to attending the District caucus meetings held during the ADA annual session.~~
8. Caucuses and state meetings meeting during the ADA annual session are requested to provide an appropriate opportunity for the candidates to meet with their members. It is recommended that such forums be structured to allow:
- a. All candidates to make presentations;
  - b. Caucuses freedom to assess candidates; and
  - c. Each candidate to respond to questions.

In speaking to the amendment, Dr. Knudsen said, "...I come from a small district in Michigan. We have found it very useful to eliminate travel. We utilize Zoom video conferencing and do a lot of interviewing. We interviewed our ADA delegation this year, and we are going to expand on that and found it very useful. We find that it both reduced costs and it levels the campaign process."

The Speaker clarified that the maker of the amendment intends for revisions to Travel and Meeting Attendance, No. 7 to become effective at the opening of the 2019 House of Delegates. The Speaker asked that the proposed amendment include revisions to the second resolving clause so that it would read as follows:

**Resolved**, that provisions of the revised Election Commission and Campaign Rules become effective at the adjournment sine die of the 2018 House of Delegates with the exception of revisions to the section on



**Announcing Candidacy, No. 5** (*Supplement:5003*) **and Travel and Meeting Attendance, No. 7** (*Supplement:5004*), thereof which shall become effective at the opening of the 2019 House of Delegates.

Without objection, revisions to the second resolving clause were added to the proposed amendment.

As a point order, Dr. Michael H. Halasz, Ohio, stated, "There was a lot of discussion about travel in the RC and all this when all this was being developed. Perhaps if we dealt with Resolution 89RC first, which asks for the study on travel, if Resolution 89RC passes, which asks for the study, if might help us pass [Resolution] 24."

The Speaker responded, saying, "Let's just deal with this and see if it goes up or down. If it goes down, you'd have a second chance at it with [Resolution] 89 to refer it and get it done."

Pro and con discussion on the amendment ensued. Individuals speaking in support of the amendment commented that utilizing alternatives to travel, such as communicating with the candidates via online video conferencing and town halls, would benefit districts that are not usually visited in-person by candidates. In addition, video conferencing would be less expensive than travel and a worthwhile use of campaign funds. Individuals speaking against the amendment commented that face-to-face meetings provide the candidates with more experience with public speaking and holding discussions, which benefits the Association when a candidate eventually serves as ADA president-elect and president. In addition, individuals commented that face-to-face meetings and events help delegates to make a more informed decision when selecting a candidate, and provide a better opportunity to speak with candidates on the issues important to members.

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

On vote, the proposed amendment was not adopted.

Dr. Eugene G. Porcelli, New York, moved to refer Resolution 24RC to the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) for further study and report back to the 2019 House of Delegates.

In speaking to the motion to refer, Dr. Porcelli stated, "The first reason for referring to CEBJA is they didn't get an opportunity to see this document before it was presented here, and I think that's an important factor. ...it's a very complex document, there is still some issues that can create some campaign problems as well as inequities. For example, they say that a majority of candidates need to agree to attend an event, but in a tie, the default is to attend the event. So if there is only two candidates, one wants to or can and the other can't, the one that wants to always wins. That doesn't seem equitable. Having to announce at the end of the previous session could eliminate a lot of good candidates, and we've had many good candidates announce later. ..."

The Speaker noted that the Election Commission usually adjudicates all issues regarding the Election Commission and Campaign Rules and has final authority over the rules. Given this information, the Speaker asked Dr. Porcelli whether or not he would like to refer Resolution 24RC to the appropriate agency and not specifically to CEBJA. Dr. Porcelli amended his motion to refer 24RC to the appropriate agency.

Pro and con discussion on the motion to refer ensued. Individuals speaking in support of referral commented that the appropriate agency should consider a mechanism to ensure that smaller districts are visited more regularly by candidates. Individuals speaking against referral commented that the proposed Rules in Resolution 24RC addressed previous concerns communicated by members the House, and that the proposed Rules can be further amended when necessary, at future sessions of the House.

A motion was made to vote immediately on the motion to refer. The motion to vote immediately was adopted by a two-thirds affirmative vote. On vote, the motion to refer was not adopted.

The Speaker asked if there was any further discussion on Resolution 24RC; there was none.

On vote, Resolution 24RC, as amended, was adopted in lieu of Resolution 24S-2 and Resolution 24.

**24H-2018. Resolved**, that the Election Commission and Campaign Rules as they appear in the Manual of the House of Delegates be ~~amended~~ replaced by the revised Election Commission and Campaign Rules as set forth in Appendix 1, as amended and be it further

**Resolved**, that provisions of the revised Election Commission and Campaign Rules become effective at the adjournment sine die of the 2018 House of Delegates with the exception of revisions to the section on **Announcing Candidacy**, No. 5 (Worksheet:5003), thereof which shall become effective at the opening of the 2019 House of Delegates.

[See page 377 for Appendix 1, as amended]

**Expanding Dental Benefits Advocacy in the State Public Affairs (SPA) Program:** (Washington State Dental Association Resolution 32): The Reference Committee reported as follows:

The Reference Committee thanks the Eleventh District for bringing this important issue to the forefront because it is of interest to dentists throughout the country. After reviewing the testimony and taking into consideration the scope of the State Public Affairs Program, the Reference Committee concurs with the Board Recommendation to vote no. The Reference Committee bases its recommendation on the following reasons:

1. The Resolution seeks funding for legal support activities, which are outside the scope of the SPA Program's current charter, and which fall within the scope of other ADA agencies.
2. The Resolution would change the nature of the SPA Program from a state focused public affairs program to a state and national public affairs program.
3. The guidelines of the SPA Program currently permit funding for applications to address third party payer issues.

**32. Resolved**, that for the 2019 ADA Budget Year, funding for the State Public Affairs Program be increased by \$2,500,000 for dental benefits advocacy with \$1,500,000 allocated for in-state public affairs and legal support and \$1,000,000 allocated for national coordination and the retention of national public affairs and legal support.

Dr. Roberts moved Resolution 32 (*Supplement:5040*) with the Committee Recommendation to Vote No.

Dr. Cynthia R. Pauley, Washington, moved to substitute Resolution 32S-1 (*Supplement:5085a*) for Resolution 32.

**32S-1. Resolved**, that a task force be convened to develop a broad-reaching strategy for state-based dental benefits advocacy to minimize interference of dental benefit carriers into the doctor-patient relationship. This strategy should include the development of policy actions that states can include in their respective advocacy agendas and what public affairs support would be needed to ensure successful outcomes and, be it further

**Resolved**, that the task force be comprised of equal representation from the Board of Trustees, Council on Dental Benefits, Council on Government Affairs, at-large Delegates or Alternate Delegates of the 2018 House of Delegates, and state dental association executive directors with dental benefits advocacy experience and, be it further

**Resolved**, that the task force shall report its strategy recommendations to the 2019 ADA House of Delegates.

In speaking to the substitute, Dr. Pauley stated, "...We are asking in this new resolution to create a task force and that task force, just to read a brief part of that, would be convened to develop a broad reaching strategy for state-based dental benefits advocacy to minimize interference of dental benefit carriers into the doctor-patient relationship. ... We feel that this task force is important, as many states may not have all the resources available to move on positive benefits legislation. ...a 2018 state survey run by the Council on Dental Practice showed the dental benefits issues as the highest priority among state dental associations. I just want to run through a brief list of some of the legislation across this country that is helping doctors, the

doctor-patient relationship, not be interfered with by third parties. Georgia passed House Bill 818 which allows providers to choose methods of reimbursement by payers. Louisiana passed House Bill 429, which prohibits dental carriers from denying or recouping a claim due to the loss of coverage or patient ineligibility. California has passed two bills, one on loss ratios and one just currently, which requires standardized disclosures for all dental benefit plans using a uniform template. Delaware passed a two-year limit on the time carriers may collect overpayments made to health care providers. South Dakota passed legislation. Pennsylvania passed legislation. And in Washington State, we worked hard to pass our own legislation in 2016, which prohibits carriers from denying treatment of emergency dental conditions at the same time as other services are rendered. It also requires disclosures of a dental loss ratio. So moving forward, I would just encourage that we have proven that we can make a difference with positive legislation to help make sure that the precious dentist-patient relationship is honored...”

Dr. Kenneth L. Chung, Oregon, member of the Council on Dental Benefit Programs, spoke in support of substituting Resolution 32S-1 for Resolution 32, stating, “...Although the [Council on Dental Benefit Programs] already provides extensive national support for education on dental benefit issues, many states need, but have limited budgeting to influence and improve dental benefits at the state level for their members and their patients. Passage of 32S-1 will earmark resources for a SPA program to assist state level advocacy for improved dental benefits. Each state is run separately and each state should have a separate program to address their local issues. We need to demonstrate that we, as the ADA, are helping members stem the intrusive dental benefits, policies and practices that are being exercised by insurance plans. So I submit that there is no better program than the SPA program.”

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

On vote, the motion to substitute Resolution 32S-1 for Resolution 32 was adopted.

Dr. Brooke Fukuoka, Idaho, spoke in support of Resolution 32S-1, stating, “...I looked at a site that has 25,000 dentists that follow it, and here is what this site has to say about us as the ADA and what these dentists think that we’re doing at the ADA. And these are quotes... It says, ‘It seems like they don’t care about dentists.’ Another quote, ‘They have allowed insurance to take over.’ Another quote, ‘They will probably send a strongly worded letter again.’ Another quote, ‘Any benefit that we receive is offset by this single issue.’ Whether we like it or not, people are out there on social media saying whatever they want to say. We need to provide our members and young dentists with backing to say, ‘the ADA does have your back.’ So we need to take action against third-party payers and their intervention in our patient-doctor relationships. That way we have a little bit to say back when they’re saying these things on social media. Whether they’re right or wrong, they have influence, and they have influence on a lot of our young members.”

Dr. Amy Cook, Washington, spoke in support of Resolution 32S-1. She said, “...In 2014, I joined with a few of my dentist colleagues in Washington State and we wrote legislation regarding fair insurance practices, and it’s worth noting that the ADA News had reported during that time California Dental Association’s success with minimum loss ratio. And I want to thank California for that. I want to thank you for that fight. ... In Washington State, our fair dental insurance legislation passed through Olympia’s legislature unanimously through the House and through the Senate. This concept of fair insurance legislation that protects our patients, quality care and the future of dentistry is easy for legislators to understand. It’s easy for patients to understand. Dentists understand it. Let’s learn from what happened to pharmacy and medicine. Let’s not go that way. It’s time for robust advocacy.”

A motion was made to vote immediately. The motion to vote immediately was adopted by a two-thirds affirmative vote. On vote, Resolution 32S-1 was adopted.

**32H-2018. Resolved**, that a task force be convened to develop a broad-reaching strategy for state-based dental benefits advocacy to minimize interference of dental benefit carriers into the doctor-patient relationship. This strategy should include the development of policy actions that states can include in their respective advocacy agendas and what public affairs support would be needed to ensure successful outcomes and, be it further

**Resolved**, that the task force be comprised of equal representation from the Board of Trustees, Council on Dental Benefits, Council on Government Affairs, at-large Delegates or Alternate Delegates of the 2018 House of Delegates, and state dental association executive directors with dental benefits advocacy experience and, be it further

**Resolved**, that the task force shall report its strategy recommendations to the 2019 ADA House of Delegates.

**Amendment of the *Governance and Organizational Manual to Streamline Technical and Conforming Amendments to Governance Documents*:** (Council on Ethics, Bylaws and Judicial Affairs Resolution 47, Board of Trustees Resolution 68, and Reference Committee D Resolution 68RC): The Reference Committee reported as follows:

The Reference Committee heard testimony that the House of Delegates would prefer to receive reports of changes in the governing documents of the Association that are made in accordance with Resolutions 47 and 68. Consequently, the Reference Committee submits Resolution 68RC that requires the reporting requested during the open hearing.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 68RC as submitted.

**68RC. Resolved**, that Chapter VIII, Section K.6.b.ii of the *Governance Manual* be amended as follows (additions underscored, deletions ~~stricken through~~):

K. Areas of Responsibility.

\* \* \*

6. Council on Ethics, Bylaws and Judicial Affairs. The areas of subject matter responsibility of the Council shall be:

\* \* \*

b. The ~~Constitution and Bylaws governing documents~~ of this Association, including:

\* \* \*

ii. ~~Correct~~ To correct punctuation, grammar, spelling and syntax, change names and gender references and delete moot material where such revisions do not alter the material's context or meaning in the Bylaws and the Governance Manual, and to correct article, chapter and section designations, punctuation, and cross-references and to make such other technical and conforming revisions as may be necessary to reflect the intent of the House in connection with amendments to the Association's *Bylaws, Governance Manual, Manual of the House of Delegates, Principles of Ethics and Code of Professional Conduct and Current Policies* where such revisions do not alter the material's context or meaning upon the unanimous vote of the Council members present and voting; and

iii. To report to the House of Delegates any corrections made to the governing documents of the Association pursuant to subsection ii. of this section of the *Governance Manual*, and

\* \* \*

Dr. Roberts moved Resolution 68RC in lieu of Resolution 47 (*Supplement:5049*) and Resolution 68 (*Supplement:5070*) with the Committee Recommendation to Vote Yes.

The Speaker asked if there was any discussion on Resolution 68RC; there was none. On vote, Resolution 68RC was adopted in lieu of Resolution 47 and Resolution 68.

**68H-2018. Resolved**, that Chapter VIII, Section K.6.b.ii of the *Governance Manual* be amended as follows (additions underscored, deletions ~~stricken through~~):

K. Areas of Responsibility.

\* \* \*

6. Council on Ethics, Bylaws and Judicial Affairs. The areas of subject matter responsibility of the Council shall be:

\* \* \*

- b. The ~~Constitution and Bylaws~~ governing documents of this Association, including:

\* \* \*

- ii. ~~Correct~~ To correct punctuation, grammar, spelling and syntax, change names and gender references and delete moot material ~~where such revisions do not alter the material's context or meaning in the Bylaws and the Governance Manual, and to correct article, chapter and section designations, punctuation, and cross-references and to make such other technical and conforming revisions as may be necessary to reflect the intent of the House in connection with amendments to the Association's Bylaws, Governance Manual, Manual of the House of Delegates, Principles of Ethics and Code of Professional Conduct and Current Policies where such revisions do not alter the material's context or meaning~~ upon the unanimous vote of the Council members present and voting; and
- iii. To report to the House of Delegates any corrections made to the governing documents of the Association pursuant to subsection ii. of this section of the Governance Manual, and

\* \* \*

**Continuing Education to Identify Abused and Neglected Patients:** (Fourteenth Trustee District Resolution 74, Board of Trustees Resolution 74B, and Reference Committee D Resolution 74RC): The Reference Committee reported as follows:

The Reference Committee heard testimony supportive of Resolution 74B with the exception of testimony critical of the use of the word "requirements" in the first resolving clause. To avoid any implication that the educational courses discussed in Resolution 74RC be made mandatory, the Reference Committee has removed the word "requirements" from that resolving clause.

**74RC. Resolved**, that the appropriate ADA agency be encouraged to draft model regulations for the use by each state regulatory board for the purpose of including continuing education for the identification and reporting of abuse of children, people with disabilities, intimate partners and elders in continuing education ~~requirements~~ courses for ethics, and be it further

**Resolved**, that each state be encouraged to pursue such regulations, and be it further

**Resolved**, that the ADA provide ~~CERP-accredited~~ courses about identification and reporting of abuse to ADA member dentists as a free member benefit.

Dr. Roberts moved Resolution 74RC in lieu of Resolution 74 (*Supplement:5076*) and Resolution 74B (*Supplement:5076*) with the Committee Recommendation to Vote Yes.

The Speaker asked if there was any discussion on Resolution 74RC; there was none. On vote, Resolution 74RC was adopted in lieu of Resolution 74 and Resolution 74B.

**74H-2018. Resolved**, that the appropriate ADA agency be encouraged to draft model regulations for the use by each state regulatory board for the purpose of including continuing education for the identification and reporting of abuse of children, people with disabilities, intimate partners and elders in continuing education ~~requirements~~ courses for ethics, and be it further

**Resolved**, that each state be encouraged to pursue such regulations, and be it further

**Resolved**, that the ADA provide ~~CERP-accredited~~ courses about identification and reporting of abuse to ADA member dentists as a free member benefit.

**Studying Campaign Travel:** (Reference Committee D Resolution 89): The Reference Committee reported as follows:

During the discussion of Resolutions 24 and 24S-2, there was considerable testimony regarding the expense of conducting a campaign for President-elect, principally because of the cost of the travel associated with visiting constituent and trustee district meetings throughout the country. The Reference Committee believes that the time has come to study this issue with the goal of reducing or eliminating campaign travel and replacing that travel with more economical means of introducing candidates to delegates, alternate delegates and members of the Association, such as video conferencing. Exploring ways for trustee districts and delegates to better prepare for voting for the President-elect of the Association while at the Annual Meeting should also be considered. Reducing or eliminating campaign travel expenses would also serve to minimize the issue of using constituent and component dues dollars to fund campaigns, an issue that is addressed by Resolution 24S-2, about which testimony was also received by the Reference Committee.

Therefore, the Reference Committee proposes the following resolution.

**89RC. Resolved**, that the appropriate agency study options and make recommendations on how to reduce or eliminate campaign travel to trustee districts without compromising the ability of delegates to select the candidate who they believe will best fill the position of President-elect of the ADA, and be it further

**Resolved**, that the results of that study be reported to the 2019 House of Delegates.

Dr. Roberts moved Resolution 89RC with the Committee Recommendation to Vote Yes.

Dr. Raymond K. Martin, Massachusetts, spoke in support of Resolution 89RC, stating, "...So I think this is a great compromise, great work [on behalf of the Reference Committee], and I would like us to support it because of all the nuances in campaign travel as we heard from the previous debate, and give us the time to find out the best way to decrease this burden on states and decrease the dues dollars that are spent on campaign travel, things like that. ..."

Dr. Nipa R. Thakkar, Pennsylvania, spoke against Resolution 89RC. She stated, "So I have a little bit of concern about the way that this is worded, and my concern is that I'm unclear on how we can confirm whether a candidate's ability to—for delegates to select a candidate, whether that's been compromised. So I'm not sure how we could do that in any objective capacity. I feel if you've lost an election, you could argue that your ability to touch...delegates was compromised, and if you won, then it wasn't. So I have a little bit of a concern about what the product of this type of work would be. I don't know how it could remain objective."

Dr. Eric W. Knudsen, Michigan, moved to amend Resolution 89RC, in the first sentence of the first resolving clause by adding the words "such as video conferencing and town halls" after the words "that the appropriate agency study options" so that the first resolving clause would read as follows:

**Resolved**, that the appropriate agency study options, such as videoconferencing and town halls, and make recommendations on how to reduce or eliminate campaign travel to trustee districts without compromising the ability of delegates to select the candidate who they believe will best fill the position of President-elect of the ADA, and be it further

In speaking to the proposed amendment, Dr. Knudsen stated, "...As I mentioned earlier, I come from a remote district and it is very convenient to do the Zoom video conferences and such. And I think it would be very valuable to us. ... So I would like to explore this option."

The Speaker asked Dr. Knudsen, "So the effect of this amendment would be to add the words, 'such as video conference and town halls' to the list of things that they would study, right?" Dr. Knudsen answered, "Correct."

The Speaker asked if there was any objection to adding the words "such as video conference and town halls;" there was none. Without objection, the Speaker declared the proposed amendment to the first resolving clause adopted.

Discussion in support of Resolution 89RC, as amended, ensued. Individuals commented that their states have made effective use of video conferencing and also commented that since some states do not get visited by the candidates, video conferencing would provide for more states to have contact with candidates.

Dr. Walter D. Fain, Tennessee, spoke in support of Resolution 89RC, as amended, stating, "...You know, in this resolution, I point to the words 'without compromising the ability to select the candidate they believe is best.' There was some discussion about that earlier. And so we would like for this committee to look at maybe expanded ways for us to visit with candidates face-to-face at the annual session. So it opens up a lot of different avenues."

Dr. Arthur F. Eddy, Massachusetts, spoke in support of Resolution 89RC, as amended, stating, "The House has decided that these are compensated positions. So the President of the ADA is a compensated position. And I think we should look at the point that members are now paying for the travel for the candidates to run for a position that will give them a pay raise. I think there's a conflict in asking members to use members' dues to pay for the new position that will give them a higher salary. So I think this needs to be looked at. I think that's a fair request from the membership. And it speaks in support of what the Treasurer has said, we have decreasing revenues, increased spending. I think this comes from leadership and should be demonstrated by the leadership by deciding to make these kind of decisions."

In response to Dr. Eddy's comments, Dr. Ronald P. Lemmo, Treasurer, stated, "I just want to make sure we have—the House is clear, the American Dental Association pays for no campaign's expenses."

Dr. Bruce R. Hutchison, Virginia, moved to further amend Resolution 89RC in the first resolving clause by eliminating the words, "how to reduce or eliminate" so that the first resolving clause would read as follows:

**Resolved**, that the appropriate agency study options, such as videoconferencing and town halls, and make recommendations on ~~how to reduce or eliminate~~ campaign travel to trustee districts without compromising the ability of delegates to select the candidate who they believe will best fill the position of President-elect of the ADA, and be it further

In speaking to the amendment, Dr. Hutchison stated, "... I understand [the resolution] is focusing on travel. But it seems to be focused only on reducing or eliminating travel. It could be that we should expand travel. I want to keep the options open on what's best for our candidates, what's the best for delegates and what's best for preparing our President of the ADA to go out there and speak in front of Congress."

Pro and con discussion on the proposed amendment ensued. Individuals speaking in support of the amendment commented that they supported face-to-face meetings with the candidates and that all facets of travel should be studied. Individuals speaking against the amendment commented that the amendment changes the intent of the Resolution.

Dr. Vincent U. Rapini, Missouri, spoke in support of the amendment stating, "I feel that campaigning both has a cost and it has a benefit. The benefit is that you have one-on-one with the candidates. You're able to hear their speeches. You're able to talk to them individually off the record where they do not have prepared, canned speeches and you're more able to decide on how you would like to vote. ..."

Dr. Eric W. Knudsen, Michigan, spoke against the amendment stating, "At the Reference Committee, I didn't hear any testimony to increase the travel. It was to decrease it. And I think that's the trouble, the fairness that it creates and inequities."

Dr. Richard D. Riddle, II, Connecticut, spoke against the amendment. He said, "I agree with my colleagues that this actually changes the original resolution. And also I wanted to speak to an ethical concern that Dr. Eddy brought up from the First District. Dr. Lemmo said that the ADA does not pay any dues money, and that is true, but state dues money, those dollars do go into the campaigns. And many times members are not given an opportunity to say whether they want to do that or not. ..."

Dr. Bruce D. Grbach, Ohio, spoke in support on the amendment stating, "I also attended the Reference Committee, and I don't recall that all the testimony was against travel. It may have been more vocal."

However, I believe that looking at both sides for travel and against travel when we do this, if we don't accept this amendment, we are pigeonholing ourselves into reducing the travel for candidates, and I don't think that's appropriate."

A motion was made to vote immediately on the proposed amendment, which requires a two-thirds affirmative vote; on vote, the motion to vote immediately was adopted.

On vote, the proposed amendment was adopted.

Dr. Nipa R. Thakkar, moved to further amend Resolution 89RC in the first resolving clause by deleting the words, "without compromising the ability of the delegates to select the candidate who they believe will" and by adding the word "to" before the words "best fill the position," so that the first resolving clause would read as follows:

**Resolved**, that the appropriate agency study options, such as videoconferencing and town halls, and make recommendations on ~~how to reduce or eliminate~~ campaign travel to trustee districts ~~without compromising the ability of delegates to select the candidate who they believe will~~ to best fill the position of President-elect of the ADA, and be it further

In speaking to the amendment, Dr. Thakkar said, "...I believe that asking an agency to evaluate if a candidate's ability of reaching our delegates has been sufficient, effective compromise. I am not sure if we'd be assigning this agency a fool's errand. I'm not sure that we're going to be able to do that."

On vote, the proposed amendment was not adopted.

A motion was made to vote immediately on Resolution 89RC, as amended. The motion to vote immediately was adopted by a two-thirds affirmative vote.

On vote, Resolution 89RC, as amended, was adopted.

**89H-2018. Resolved**, that the appropriate agency study options, such as videoconferencing and town halls, and make recommendations on ~~how to reduce or eliminate~~ campaign travel to trustee districts without compromising the ability of delegates to select the candidate who they believe will best fill the position of President-elect of the ADA, and be it further

**Resolved**, that the results of that study be reported to the 2019 House of Delegates.

## Adjournment

Dr. Virendra R. Patel, California, moved to adjourn the Second Meeting of the House of Delegates. Without objection, the Speaker declared the Second Meeting of the ADA House of Delegates adjourned at 12:25 p.m., Monday, October 22, 2018.



**Monday, October 22, 2018**

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### **Third Meeting of the ADA House of Delegates**

**Call to Order:** The Third Meeting of the 159th Annual Session of the ADA House of Delegates was called to order at 1:26 p.m., Monday, October 22, 2018, by the Speaker of the House of Delegates, Dr. Glen D. Hall.

#### **Special Order of Business—Installation Ceremony**

The Speaker introduced Dr. Joseph P. Crowley for the purpose of installing the new officers and trustees.

Dr. Crowley asked that the Speaker stand and be recognized; the House applauded the Speaker in recognition of his service.

The following new officers and trustees were introduced:

Dr. Paul R. Leary, trustee, Second District  
 Dr. Susan Becker Doroshow, trustee, Eighth District  
 Dr. Linda J. Edgar, trustee, Eleventh District  
 Dr. James D. Stephens, trustee, Thirteenth District  
 Dr. Craig W. Herre, second vice president  
 Dr. Ted Sherwin, treasurer

*Installation of Officers and Trustees.* Dr. Crowley installed Dr. Chad P. Gehani, New York, as ADA President-elect; Dr. Jeffrey M. Cole, Delaware, as ADA President; Dr. Craig W. Herre, Kansas, as second vice president; Dr. Ted Sherwin, Virginia, as treasurer; and Drs. Paul Leary, Susan Becker Doroshow, Linda Edgar and James Stephens as trustees. Dr. Crowley extended congratulations to the new officers and trustees.

Additionally, Dr. Crowley asked the members of the House of Delegates, and they collectively agreed, to pledge their support by accepting assignments when called upon, by bringing forward the opinions and concerns of the members in their districts and by engaging in open and honest debate on issues.

**Presentation to Dr. Crowley:** Dr. Cole, as the newly installed ADA President, presented Dr. Crowley with the insigne of past president and a certificate of appreciation recognizing his dedication to the Association and the dental profession.

**Presentation of Dr. Jeffrey Cole:** Dr. Cole addressed the members of the House of Delegates. His remarks focused on addressing changes to the business and practice of dentistry, the need to adapt to disruption in the marketplace and the ADA's focus on the issues that are most important to members and their patients. He stated, "... many of us believe that the future of our profession is truly bright. But we also recognize that the business and the practice of dentistry is changing dramatically; from advances in science, to increased technology, from economic pressures, to professional uncertainty, from outside influences, to what's been termed really the commodification not only of dentistry, but, really, all of healthcare. And so what remains one of the most pressing calls for all of us as leaders in dentistry and this profession is to shape these forces so that we continue to move our profession forward in the most positive way... And, most of all, that the business and the practice of dentistry remains true to the trust that's been placed in us by our patients and by the public."

Dr. Cole commented on disruptions in the marketplace, stating, "Disruption can be good. It forces us to look at new ways of doing business. It awakens us to new opportunities. It pushes us to take risks, and it's what drives innovation that will make us all better. ... It may seem easier to just ignore disruption, especially when a paradigm may have worked so well for so long, but we cannot ignore the fact that disruption exists if we're looking at really advancing a profession and an organization in the most positive manner." Dr. Cole also mentioned the bold action taken by the ADA during the year including its response to the opioid crisis and

efforts on the business model project. He concluded by stating, "...I'm confident that together we can deliver not only what our patients and our members need today, but what they can't imagine they'll need tomorrow."

### **Installation Ceremony—Continued**

The Speaker recognized the following retiring ADA officers and trustees and thanked them for their service and dedication.

Dr. G. Lewis Mitchell, Jr., first vice president  
Dr. Ronald P. Lemmo, treasurer  
Dr. Robert N. Bitter, trustee, Eighth District  
Dr. Rickland G. Asai, trustee, Eleventh District  
Dr. Lindsey A. Robinson, trustee, Thirteenth District

The Speaker also introduced the continuing members of the Board of Trustees and thanked them for their service on behalf of the profession.

Dr. Judith M. Fisch, trustee, First District  
Dr. Linda K. Himmelberger, trustee, Third District  
Dr. George R. Shepley, trustee, Fourth District  
Dr. Jay F. Harrington, Jr., trustee, Fifth District  
Dr. Roy Thompson, trustee, Sixth District  
Dr. Billie Sue Kyger, trustee, Seventh District  
Dr. Julio H. Rodriguez, trustee, Ninth District  
Dr. Kenneth McDougall, trustee, Tenth District  
Dr. Raymond A. Cohlma, trustee, Twelfth District  
Dr. Daniel J. Klemmedson, trustee, Fourteenth District  
Dr. Richard C. Black, trustee, Fifteenth District  
Dr. Kirk M. Norbo, trustee, Sixteenth District  
Dr. Cesar R. Sabates, trustee, Seventeenth District  
Dr. Richard A. Huot, first vice president  
Dr. Kathleen T. O'Loughlin, executive director

The installation ceremony concluded following these introductions.

**Remarks of the Chair of the American Dental Political Action Committee (ADPAC):** Dr. Gerald W. Bird expressed appreciation to members of the House of Delegates for their generous donations as well as the many others who donated to ADPAC during the annual meeting.

**Report of the Standing Committee on Credentials, Rules and Order:** Dr. Curt S. Shimizu, Hawaii, Committee member, announced the presence of a quorum and read the ADA Disclosure Policy.

### **Unfinished Business**

**Addendum to Nominations to Councils, Commissions and the New Dentist Committee** (Board of Trustees Resolution 31a)

The Speaker announced that with the election of Dr. Ted Sherwin as ADA treasurer, his seat on the Council on Membership was now vacant. The Board of Trustees nominated Dr. Meenal H. Patel to serve the remainder of Dr. Sherwin's unexpired term on the Council on Membership which expires at the close of the 2019 House of Delegates. The nomination was presented to the House in Resolution 31a (*Supplement:1026a*).

There being one nomination for the position, the Speaker declared Dr. Patel elected to the Council on Membership.

**31aH. Resolved**, that Dr. Meenal H. Patel, North Carolina, be elected to serve as the Sixteenth District Representative on the Council on Membership for a term ending at the close of the 2019 House of Delegates.

### Report of Reference Committee A (Continued)

Dr. Ralph L. Howell, Jr., chair, Reference Committee A, returned to the podium to present the Reference Committee's remaining items of business.

### Approval of the 2019 Budget (Board of Trustees Resolution 34)

The Treasurer, Dr. Ronald Lemmo, reported updated budget projections. With the updated projections and the financial implications of the House adopted resolutions, Dr. Lemmo reported that the 2019 budget would be a balanced budget if the member dues increase proposed in Resolution 35 is adopted.

On vote, Resolution 34 was adopted.

**34H-2018. Resolved**, that the 2019 Annual Budget of revenues and expenses, including net capital requirements, be approved.

**Establishment of Dues Effective January 1, 2019:** (Board of Trustees Resolution 35): The Reference Committee report as follows:

The Reference Committee heard limited testimony regarding the 2019 dues. The reference committee supports the proposed increase of \$22 primarily to support the ADA's search engine marketing program to promote approximately 30 priority ADA topics important to members. Some of the topics include pre-dental career and DAT testing information, clinical topics like antibiotic prophylaxis and fluoride, policies and regulations, third party payer issues, opioids and other timely industry issues, and annual meeting registration and continuing education.

**35. Resolved**, that the dues of ADA active members shall be \$554.00, effective January 1, 2019.

Dr. Howell moved Resolution 35 (*Supplement:2073*) with the Committee Recommendation to Vote Yes.

Resolution 35 required a sixty percent affirmative vote.

On vote, Resolution 35 was adopted.

**35H-2018. Resolved**, that the dues of ADA active members shall be \$554.00, effective January 1, 2019.

### Point of Personal Privilege

As the retiring ADA treasurer, Dr. Ronald P. Lemmo thanked the House of Delegates for the opportunity to serve as treasurer over the past six years. He said, "My only hope was to leave this a little better than I came, and with your help and the Board's support, I think we have achieved that." Dr. Lemmo also thanked ADA finance staff, the executive director, and the current and past Boards of Trustees for their support during his term as treasurer.

### Announcement

The Speaker announced that Resolution 70 (*Supplement:1041*) submitted by the First Trustee District proposes an amendment to the ADA *Constitution* regarding election of the president-elect. Resolution 70 will lay over to the 2019 House of Delegates in accordance with Article VIII of the *Constitution*.

**Concluding Remarks of the Speaker:** The Speaker made the following statement:

The actions of this House of Delegates are no longer the opinions, wishes or suggestions or recommendations of any individual, committee or officer but are now the actions of the entire House of

Delegates. And as this House of Delegates is authorized under the Association's *Bylaws* to act for the entire association, they are the actions of the entire Association. It is now incumbent upon every member of this Association to accept the actions of this House of Delegates as the actions of the American Dental Association.

**Recognition of Retiring Delegates and Alternate Delegates:** The Speaker requested that all retiring delegates and alternate delegates stand; the House applauded the individuals in recognition of their service.

### **Adjournment**

Dr. Thomas C. Jagor, Georgia, moved to adjourn the 159th Annual Session of the ADA House of Delegates. Without objection, the Speaker declared the 159th Annual Session of the ADA House of Delegates adjourned *sine die* at 2:18 p.m. on Monday, October 22, 2018.

**24H-2018—APPENDIX 1—ELECTION COMMISSION AND CAMPAIGN RULES**

The Election Commission is composed of three members: the immediate past President, and the chair and vice chair of the Council on Ethics, Bylaws and Judicial Affairs (CEBJA). The chair of CEBJA serves as the Election Commission chair. The Speaker and the President-elect's campaign manager or appointee will serve as consultants to the Election Commission, each without the right to vote. Except as provided below, in the event that one of the members is unavailable, a replacement member will be selected by the chair of the Election Commission in consultation with the Election Commission. In the event that the chair is unavailable due to a conflict with a candidate, the vice chair of CEBJA shall serve as chair and shall appoint a replacement member in consultation with the Election Commission. In the event that both the chair and vice chair of CEBJA are unavailable due to conflicts with a candidate, the senior class of CEBJA shall select replacement members and the chair of the election commission ~~and the senior-most CEBJA member shall serve as chair.~~

The Election Commission is charged with (1) overseeing and adjudicating contested issues arising under the Election Commission Rules Governing the Conduct of Campaigns for all ADA Elective Officers (the Campaign Rules); (2) informing anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association that they are ineligible to seek elective or appointive office while under that disciplinary sentence; (3) referring any dispute of eligibility to CEBJA; (4) informing the House of any violation of the Campaign Rules; (5) reviewing and proposing revisions to the Campaign Rules as required; and (6) receiving summaries of campaign revenues and expenses from candidates for all ADA elective offices.

## **Election Commission Rules Governing the Conduct of Campaigns for All ADA Elective Officers**

The following Campaign Rules govern the announcement and conduct of campaigns for ADA elective officers. These Campaign Rules will be distributed annually to all candidates, delegates, alternate delegates and other parties of interest. Candidates for elective officers are expected to abide by the Campaign Rules.

### **Procedures Concerning Interpretation and Distribution of the Campaign Rules**

1. To the extent one or more candidates has a question concerning the interpretation of the Campaign Rules or whether a particular activity is prohibited or permitted under the Campaign Rules, the following procedures shall be followed:
  - a. Prior to contacting the Election Commission concerning the question or interpretation, candidates and/or their campaign managers shall communicate and attempt in good faith to reach a consensus on the question.
  - b. If a consensus cannot be reached:
    - i. The campaign that raised the issue shall contact the Election Commission (copying the other candidates and their campaign managers) via a brief and succinct email, state the question or interpretation that has arisen and that the campaigns were unable to reach a consensus on the issue and provide the campaign's position on the issue presented.
    - ii. Within three business days of the receipt of the email referenced in Paragraph b.i, above, any other campaign desiring to do so shall send the Election Commission a brief and succinct email setting forth that campaign's position on the question or interpretation presented to the Election Commission.
2. Any communications from a candidate to the Election Commission regarding these Campaign Rules shall be submitted to the chair of the Election Commission via email addressed to [electioncommission@ada.org](mailto:electioncommission@ada.org) or by such other means as the Election Commission may from time-to-time specify.
3. It is the responsibility of each candidate to inform their campaign committee members, the constituent Executive Directors within their trustee districts and other constituent staff within their trustee districts who are assisting the campaign of these Campaign Rules within fourteen (14) days of the candidate's announcement of candidacy.

### **Agreements between Candidates**

4. Candidates can negotiate and enter into any agreement concerning the conduct of a campaign for elective officer that does not contravene and is not in conflict with any of the Campaign Rules contained herein; agreements between candidates that narrow any of the provisions of these Campaign Rules or agreements by which the candidates forego any campaign activities permitted under these Campaign Rules are permissible. The negotiation and enforcement of any such agreement will be the responsibility of the candidates. The Election Commission will neither facilitate nor enforce any such agreement.

### **Announcing Candidacy**

5. Candidates for President-elect and Second Vice President shall formally announce their intent to run for office on the final day of the annual session immediately preceding their candidacy. A formal announcement shall include, at a minimum, the name of the candidate and an identification of the office being sought. Prior to this formal announcement, candidates may freely campaign within their own trustee districts. Campaign activities outside a candidate's own trustee district shall begin only after the official announcement at the annual session. Candidates for President-elect and Second Vice President not formally announcing their candidacies on the last day of the annual session immediately preceding their candidacy shall not be permitted to campaign outside their own trustee

districts but shall be permitted to be nominated for elective office at the annual session of the House of Delegates pursuant to Chapter VI., Section B.1. of the *Governance Manual of the American Dental Association (Governance Manual)*.

6. Announcements of candidacies for the offices of Treasurer and Speaker of the House of Delegates shall be as stated in Chapter VI. Section B.2. and B.3., respectively, of the *Governance Manual*.

### **Travel and Meeting Attendance**

7. Candidates for the office of President-elect shall limit their campaign travel to attending state and/or district annual meetings and/or leadership conferences and annual session district caucus meetings to which all candidates have been invited. The procedures for attendance at such events shall be as follows:
  - a. Candidates for the office of President-elect may accept and attend any such event in a manner mutually agreed upon but only if all candidates have been invited.
  - b. Candidates for the office of Second Vice President, Speaker of the House of Delegates and Treasurer shall limit campaign travel to attending the district caucus meetings held during the ADA annual session.
  - c. District caucuses and state constituent societies shall issue timely invitations to the President-elect candidates through the Office of the Executive Director.
  - d. President-elect candidates shall negotiate a mutually agreeable travel schedule. It is the responsibility of the candidate and/or the campaign managers, through coordination among the campaigns, to determine the candidates' availability and respond directly to the inviting organizations. Except for conflicts due to a religious holiday observed by one or more of the candidates, candidates shall vote on whether to accept an invitation, with a majority needed to accept; a tie vote will result in accepting the invitation. A religious holiday conflict with a single candidate shall result in all the candidates declining the invitation.
  - e. Candidates who have scheduling conflicts prohibiting personal attendance at a district or caucus event may, at their option, participate in the event via electronic audio or audiovisual means available to both the candidate and the event's sponsor.
  - f. After a meeting has been accepted, if an emergency arises and a candidate must cancel their attendance, the remaining candidates may attend as planned. Candidates who cancel their attendance at an event due to an emergency may, at their option, participate in the event via electronic audio or audiovisual means available to both the candidate and the event's sponsor.
8. Caucuses and state meetings are requested to provide an appropriate opportunity for the candidates to meet with their members. It is recommended that such forums be structured to allow:
  - a. All candidates to make presentations;
  - b. Caucuses freedom to assess candidates; and
  - c. Each candidate to respond to questions.
9. Notwithstanding any of these Campaign Rules, nothing in these Rules shall prevent a candidate from traveling on a personal basis or attending a meeting, conference or other event as an official ADA representative. Campaigning while personally traveling or attending events as an ADA representative is strictly prohibited. When traveling personally or as an ADA representative, candidates shall notify other candidates of such travel as soon as possible once the travel has been scheduled.

10. Candidates shall not use campaign-sponsored social functions or hospitality suite/meeting rooms on behalf of their candidacy at any regional, national or annual meeting. (This is not intended, however, to limit candidates from holding campaign meetings for the purpose of strategizing.) Campaign receptions are not to be held at the ADA Annual Session. Additionally, a district that hosts a reception during the ADA annual session and is sponsoring a candidate in a contested election shall not host the reception prior to the officer elections; a reception may be held after the election. Prior to the election, candidates shall not attend events in or visit district hospitality suites. This prohibition shall not apply to a candidate visiting his or her own district's hospitality suite or attending events hosted by their own district exclusively for the district's members.

### **Publications and Media**

11. News articles on and interviews of a candidate are permissible if published by a state dental journal. Online state dental journal news articles on and interviews of a candidate are permissible. Articles about a candidate's intention to run for office are permissible. Articles about why one person would make a better candidate are not permissible.
12. When announcing their candidacy for elective officer, except for the candidate's constituent and component, candidates shall notify all organizations and groups to which they belong of their candidacy and shall request that during the campaign such organizations and groups refrain from distributing or publishing any information or material referencing the campaign or the candidate's candidacy.
13. Candidates shall not participate in interviews on their leadership capacity with leadership or national journals that will be published within the timeframe of their campaign. Candidates shall not knowingly seek to have their name, photo, appearance, and writings published in national trade or non-peer reviewed publications or websites during the campaign, and shall avoid submitting articles in non-peer reviewed paper or electronic publications. Candidates who are participants in a speaker's bureau or earn revenue by speaking nationally or regionally shall avoid all unnecessary self-promotion during the campaign related to national speaking engagements.

### **Use of Social Media**

14. In order to facilitate providing information to delegates and alternate delegates by candidates, any candidate may establish a closed-group Facebook page for purposes of disseminating information about the candidate's campaign and interacting with delegates and alternate delegates concerning campaign-related subjects and issues. Any such closed-group Facebook page instituted by a candidate shall comply with these Campaign Rules and shall also be governed by the ADA's Social Media Policy and the Social Media Posting Protocol for ADA Officers and Trustees. In the event of a conflict between these Campaign Rules, the Social Media Policy and the Social Media Posting Protocol for ADA Officers and Trustees, these Campaign Rules control.
  - a. The Election Commission will determine the appropriate administrative settings for the closed-group campaign Facebook page that candidates may use for campaign-related posts. Those settings will be communicated by the Election Commission to the candidates shortly after the candidates announce their intention to run for elective officer.
  - b. Only delegates, alternate delegates, campaign staff and Election Commission members and staff shall be invited to join a candidate's closed-group campaign Facebook page.
  - c. Shortly after a candidate's candidacy is announced, the ADA will provide the known email addresses of delegates and alternate delegates. Using that list, invitations to join the closed-group page may be issued via email by a candidate who wishes to initiate a closed-group campaign Facebook page. Invitations to join the closed-group page may also be sent to the candidate's campaign staff and shall be sent to members and staff of the Election Commission.



- d. Following the compilation of the list of certified delegates and alternate delegates who will attend the House of Delegates session at which the election will occur, the ADA will send the candidate an updated list of certified delegates and alternate delegates that the candidate may use to send a second closed-group campaign Facebook page invitation so that newly listed delegates and alternate delegates may join the candidate's closed-group campaign Facebook page.
  - e. Only material that is relevant to the campaign shall be posted on a candidate's closed-group campaign Facebook page. No posts that are negative to any opposing candidate or that may be considered to be negative campaigning shall be permitted on the closed-group campaign page. Any candidate who develops a closed-group campaign Facebook page shall be responsible for the monitoring of posts to the page to ensure that posts comply with these Campaign Rules and that the posts are consistent with the ADA's Social Media Policy and the Social Media Posting Protocol for ADA Officers and Trustees.
  - f. No surveys or polls shall be used or conducted via a candidate's closed-group campaign Facebook page.
  - g. Interactions between a candidate and delegates and alternate delegates using the candidate's closed-group campaign Facebook page shall not count toward any limits on a candidate's contact with individual delegates and alternate delegates contained in these Campaign Rules.
15. Except for the closed-group campaign activity on Facebook specified in Paragraph 14, above, there shall be no campaigning using any social media platform or application.
16. Personal, non-campaign use of social media by candidates during the campaign for elective officer is permitted but candidates shall not post information or material relating to the campaign on personal social media sites. Candidates shall review their personal social media site settings to ensure that privacy and security settings are set to allow review and deletion of any third party post, and candidates shall frequently monitor their own personal Facebook pages and other personal social media sites and delete any posts that references the campaign or the candidate's campaign activities or posts that can be tagged for distribution to third party sites.

### **Campaign Literature and Communications to Delegates and Alternate Delegates**

17. No printed campaign-related material may be distributed in the House of Delegates or to delegates and alternate delegates.
18. Candidates may prepare a piece of campaign literature to be electronically distributed to the delegates and alternate delegates following a candidate's announcement of candidacy for elective officer. Such campaign literature shall be sized so that if printed the literature is no larger than four single-sided sheets of 8½ x 11 inch paper. If desired, a second piece of campaign literature of similar length may be electronically distributed to the delegates and alternate delegates following the candidates' receipt from the ADA of the final list of certified delegates and alternate delegates.
19. Each candidate may prepare a video to be distributed as described below to delegates and alternate delegates and other members of the House of Delegates.
20. Each piece of literature and any video developed by any candidate shall be submitted to the ADA for review and approval prior to being distributed. Such literature review may take up to five (5) business days to complete. Video reviews will be completed as quickly as possible but are dependent on the length of the video. The candidates shall obtain permissions to use the likeness or image of any non-familial third party that appears in a piece of campaign literature or in any video. Candidates shall state that such permissions have been obtained when submitting the literature and any video for review. The permission should be retained by the candidates and submitted to the ADA only if requested.

21. Each candidate is permitted to individually communicate with each delegate and alternate delegate a single time via an electronic communication (i.e., email) for the purpose of campaigning, electioneering and soliciting votes following the receipt from the ADA of the list of certified delegate and alternate delegate contact information. A third party vendor may be used to send such electronic communications so long as the privacy of the email addresses and identities of the recipients are maintained and preserved and there is no ability to reply to all the recipients of the electronic communication. At each candidate's option, the candidate's electronic communication may contain the campaign literature and/or video referenced in these Campaign Rules, either by embedding or attaching the literature and/or the video to the electronic communication or by providing a hyperlink or hyperlinks that connect to the literature and/or the video that is stored in a remote location maintained by or on behalf of the candidate.
22. Each campaign is permitted to individually initiate a telephonic communication with each delegate and alternate delegate a single time for the purpose of campaigning, electioneering and soliciting votes following the receipt from the ADA of the list of certified delegate and alternate delegate contact information.
23. Nothing in these Campaign Rules shall prevent a candidate from communicating regarding matters within the specific duties of the candidate's position as an ADA officer, member of the Board of Trustees, task force or work group, as long as the communication is strictly related to such responsibilities and is not used for campaigning, electioneering or soliciting votes.
24. Candidates may each schedule up to three (3) telephone forums or town hall events during the campaign. A candidate desiring to hold up to three (3) telephone town hall events shall communicate to the ADA the date of each event and the times at which each such event shall commence and end, together with the instructions and contact information necessary for participants to email and/or call with the questions they would like asked during the telephonic town hall. The ADA will announce the telephone town hall information to delegates and alternate delegates via ADA Connect and provide the information to Election Commission members and staff. Candidates may also publicize the telephonic town halls they sponsor on any closed-group campaign Facebook page that they maintain.
25. The agenda for a candidate's telephonic town hall meeting(s) shall be the prerogative of the candidate, with the candidates being permitted to provide opening and closing statements and whether follow-up questions are permitted. The length of the telephonic town hall event is also discretionary with the candidate.
26. No negative campaigning or negative comments concerning opposing candidates shall be permitted to be made by the candidate or any participant posing questions or making comments during the town hall event. Candidates shall be responsible for ensuring that a screening mechanism is employed during the town hall event so that broadcasting participant comments or questions that violate this provision is avoided.

### **Contributions**

27. Contributions (including money and in kind services) are acceptable only from individual dentists, family members and ADA constituent and component dental societies, which includes component branches and study clubs recognized as part of the constituent society. Contributions from any other sources are not permissible. No candidate will knowingly accept campaign contributions which create the appearance of conflict of interest as reflected in the ADA *Bylaws*.
28. The sending of a brief note acknowledging a financial contribution or thanking a host of a campaign event to those contributors or hosts outside of the candidate's district is permitted, as long as no additional campaign message is included. Such thank you notes may be sent on campaign letterhead or a notecard containing the campaign logo; envelopes for the thank you note may contain an identification of the campaign or the campaign logo.

29. Any contribution source that could be interpreted to be a conflict of interest or creates the appearance of a conflict of interest must be reported to the Election Commission and the ADA Board of Trustees. In the event a contribution source is deemed to be a conflict of interest or creates the appearance of a conflict of interest, the candidates will be required to return the contribution.
30. Candidates for all ADA elective offices should submit a summary of campaign contributions and expenses to the Election Commission at the end of the campaign.

### **Violations**

31. In the event a violation of the Campaign Rules is determined by the Election Commission to have occurred more than fourteen (14) days prior to the House of Delegates convening, then the Election Commission, if it cannot resolve the violation between the candidates, shall post a report of the violation in the House of Delegates section on ADA Connect. In addition, an email reporting on any such violations will be sent by the Election Commission to each certified delegates and alternate delegates with a working email address on file with the ADA on or about fourteen (14) days prior to the convening of the House of Delegates.
32. In the event a violation of the Campaign Rules is determined by the Election Commission to have occurred in the period from fourteen (14) days prior to the convening of the House of Delegates through the elections of elective officers, then the Election Commission, if it cannot resolve the violation between the candidates, shall report those violations to the House of Delegates. The report will be given orally by the Election Commission chair (or a designee of the Election Commission if the chair is absent from the House of Delegates session) at the first meeting of the House. If violations occur after that meeting, and before the election, then a report of such violations shall be read to each caucus by a designee of the Election Commission.
33. In addition to the foregoing notifications of violations, all violations of the Campaign Rules that occur shall be reported orally at the House of Delegates meeting by the Election Commission.

October 2018

## Notes

# Continuing Education Program

## Notes

## Continuing Education Program

Hawaii Convention Center, Honolulu, Hawaii

October 18–21, 2018

The 2018 Annual Meeting Continuing Education Program was held October 18–21, 2018 at the Hawaii Convention Center.

The continuing education program was under the direction of the Committee on Annual Meetings and composed of the following members:

Howard I.A. Lieb, General Chair, Staten Island, New York; Chad P. Gehani, Chair, 2nd District, 2018 Board of Trustees Liaison, Jackson Heights, New York; Robert L. Blackwell, Alton, Illinois; Henry F. (Bud) Evans, III, 2018 Continuing Education Chair, Chewelah, Washington; Raymond A. Jarvis, 2018 NDC Consultant, Shreveport, Louisiana; Paul F. Kirkegaard, Jr., 2020 Continuing Education Chair-Designate, Saint Paul, Minnesota;

Roopali Kulkarni, 2018 ASDA Liaison, non-voting member, Philadelphia, Pennsylvania; Calbert M.B. Lum, 2018 Hawaii CLA General Chair, Honolulu, Hawaii; C. Roger Macias, Jr., 2019 General Chair-Designate, San Antonio, Texas; Kenneth D. McDougall, 2019 Chair-Designate, 10th District, 2019 Board of Trustees Liaison, Jamestown, North Dakota; H. Charles McKelvey, 2021 General Chair-Designate, Twain Harte, California; Stephen T. Radack, III, Erie, Pennsylvania; Dennis D. Shinbori, 2019 CLA General Chair, San Francisco, California; Nanette C. Tertel, 2019 Continuing Education Chair-Designate, Toledo, Ohio; Deborah Weisfuse, New York, New York  
David J. Cantalupo, director, Chicago, Illinois

The following were presenters for the 2018 Continuing Education Program:

Adler, Charles	Clough, Sharon	Fritz, Ronald	Keels, Martha Ann
Albrecht, Cathryn	Compton, Lindsay	Frost, David	Kessler, Brett
Alonge, John	Convissar, Robert	Geiermann, Steven	Kleive, Mark
Andrews, Sekou	Courtad, Jeanette	Ghalili, Kambiz	Kornman, Kenneth
Atlas, Alan	Craft, Charles	Glassman, Paul	Kutsch, V. Kim
Bale, Bradley	Curley, Arthur	Govoni, Mary	Levine, Mitchell
Bale, Bradley	Czerepak, Charles	Gremillion, Henry	Levy, Harvey
Benjamin, Scott	Dayries-Ling, Amy	Grover, Jane	Limoli, Tom
Berg, Joel	de Leeuw, Karel	Gurenlian, JoAnn	Lingen, Mark
Birdi, Bobby	DiBona Pastan,	Guyton, Brad	MacPherson, Leah
Borysewicz, Mary	Christina	Hall, Kindra	Malamed, Stanley
Bosgieter, Diane	Donaldson, Mark	Hall, Yvonne	Malcmacher, Louis
Bowen, Gregory	Doneen, Amy	Hardwick, Kevin	Mattson, Rand
Brady, Lee Ann	Dunn, Tiffani	Hawkins, Mel	McGinley, Jane
Brinker, Shannon	Duong, Mai-Ly	Haywood, Van	McLees, William
Brown, Ronni	Easty, Dan	Helgeson, Michael	Milicich, Graeme
Brucia, Jeff	Elster, Nanette	Herman, Gary	Molinari, John
Budenz, Alan	Eurich, Tasha	Hofstede, Theresa	Moore, Paul
Bulnes, Christopher	Feuerstein, Paul	Horowitz, Alice	Morchat, Michael
Cappa, Marta	Finkelstein, Allen	Hyman, Mark	Morrow, Sabrina
Carstensen, Steve	Fiorellini, Joseph	Jablow, Marty	Murphy, Kent
Caruso, Timothy	Fleming, Elizabeth	Jaacks, Kelli	Nweeia, Martin
Catone, Wendy	Flucke, John	Jeroff, Alan	O'Donovan Phillips,
Clark, David	Fraum, Jeffrey	Kademani, Deepak	Wendy

Odiatu, Uche	Williams, Leslee
Okuda, Wynn	Wilson, Robert
Oromchian, Ali	Wong, Ralan
Pagano, Michael	Young, Douglas
Panchal, Neeraj	Zeller, Gregory
Park, Jae Hyun	Zhang, Shaoping
Patel, Seena	
Peters, Ove	
Pfingsten, Melanie	
Phillips, Laci	
Plankers, Tammara	
Platt, Jeffrey	
Poler, Michelle	
Psaltis, Gregory	
Ratner, Craig	
Rice, David	
Robinson, Bill	
Rodas, Sal	
Rosenthal, Nancy	
Rossow, Marc	
Rutledge, John	
Salierno, Christopher	
Sam, Frances Emelia	
Serio, Francis	
Seymour, Brittany	
Shea, Gavin	
Shisler, Adam	
Slayton, Rebecca	
Snyder, Steven	
Soileau, Kristi	
Steinberg, Barbara	
Stoltz, Bernie	
Sun, Jirun	
Suzuki, Jon	
Suzuki, Kevin	
Svirsky, John	
Tanaka, Terry	
Toop, Jamie	
Van Eps, Dan	
Van Scoyoc, Stacey	
Varga, Glennine	
Ventura, Andrew	
Volker, Arthur	
Vujcic, Marko	
Wallace, Stephen	
Whitman, Sidney	
Williams, Larry	



## Directory

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### Officers, Trustees, Senior Staff, Councils, Commissions, Committee on Local Arrangements

#### Officers

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*House of Delegates*,  
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*executive director and  
secretary*, Chicago,  
Illinois

#### Trustees

Asai, Rickland G., 2018,  
*Eleventh District*,  
Portland, Oregon

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*Eighth District*,  
Edwardsville, Illinois

Black, Richard C., 2019,  
*Fifteenth District*, El  
Paso, Texas

Cohlma, Raymond A., 2019,  
*Twelfth District*,  
Oklahoma City,  
Oklahoma

Fisch, Judith M., 2019,  
*First District*, Rutland,  
Vermont

Gehani, Chad P., 2018  
*Second District*,  
Jackson Heights, New  
York

Harrington, Jay, 2021, *Fifth  
District*, Milledgeville,  
Georgia

Himmelberger, Linda K.,  
2021, *Third District*,  
Devon, Pennsylvania

Kyger, Billie Sue, 2020,  
*Seventh District*,  
Gallipolis, Ohio

McDougall, Kenneth, 2020,  
*Tenth District*,  
Jamestown, North  
Dakota

Norbo, Kirk M., 2020,  
*Sixteenth District*,  
Purcellville, Virginia

Robinson, Lindsey, 2018,  
*Thirteenth District*,  
Grass Valley, California

Rodriguez, Julio H., 2021,  
*Ninth District*, Brodhead,  
Wisconsin

Sabates, Cesar R., 2020,  
*Seventeenth District*,  
Coral Gables, Florida

Shepley, George R., 2021,  
*Fourth District*, Baltimore,  
Maryland

Thompson, Roy, 2020,  
*Sixth District*,  
Murfreesboro,  
Tennessee

#### Senior Staff

Araujo, Marcelo, vice  
president, Science  
Institute

Bowman, Jerome K., chief of  
governance and strategy  
management

Busey, J. Craig, general  
counsel

Fleeks, Judith, vice president,  
Human Resources

Goodman, James S., senior  
vice president, Business  
and Conferences

Graham, Michael A., senior  
vice president,  
Government and Public  
Affairs

Mark, Toni, chief technology  
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and Continuing  
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Operations and Strategy

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Member and Client  
Services

Sholty, Paul, chief financial  
officer

Springer, Michael D., senior  
vice president, Business  
and Publishing

Vujicic, Marko, chief  
economist and vice  
president, Health Policy  
Institute

Wiley, James L., senior  
director, Practice Institute

Ziebert, Anthony J., senior  
vice president,  
Education/Professional  
Affairs

#### Councils

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##### Advocacy for Access and Prevention

Fagan, Timothy R., 2018,  
*chair*, Enid, Oklahoma

Herman, Richard P., 2019,  
*vice chair*, New Windsor,  
New York

Bradberry, Robert D., 2020,  
Marietta, Georgia

Casamassimo, Paul S., 2020,  
Columbus, Ohio

Cashion, Scott W., 2018,  
Greensboro, North  
Carolina

Gerlach, William H., 2018,  
Plano, Texas

Greene, Colleen, 2018,  
Milwaukee, Wisconsin\*

Hilton, Irene V., 2021,  
San Francisco, California

Humenik, Mark J., 2020,  
Northbrook, Illinois

Koday, Mark, 2019, Yakima,  
Washington

LoMonaco, Carmine J., 2020,  
West Caldwell, New  
Jersey

Meeske, Jessica A., 2021,  
Hastings, Nebraska

Morrow, Carol M., 2021,  
Walsh, Colorado

Neighbors, Bonita D., 2021,  
Saline, Michigan

Risner-Bauman, Alicia, 2019,  
Horseheads, New York

Stevenson, Richard A., 2020,  
Jacksonville, Florida

Switzer-Nadasdi, Rhonda,  
2018, Brentwood,  
Tennessee

Wasserman, 2019, Michael  
H., Pittsfield,  
Massachusetts

Grover, Jane S., *director*  
Chicago, Illinois

### Communications

Reich, Robin S., 2018, *chair*,  
Smyrna, Georgia

Meinecke, Gigi, 2019, *vice  
chair*, Potomac, Maryland

Bean, Canise Y., 2018,  
Columbus, Ohio

Carney, Kerry K., 2020,  
Benicia, California

Fallon, Andrea C., 2018,  
Westfield, Massachusetts\*

Guthrie, Frederick V., Jr.,  
2021, Bristol, Tennessee

Hall, Jeannette Peña, 2020,  
Coral Gables, Florida

Hanley, Yvonne S., 2018,  
Fergus Falls, Minnesota

Iuorno, Frank P., Jr., 2020,  
Glen Allen, Virginia

Karp, William H., 2019,  
Fayetteville, New York

Kenyon, David J., 2019,  
Altoona, Wisconsin

Lindemann, Kurt S., 2018,  
Kalispell, Montana

Mansour, Sam, 2021, Erie,  
Pennsylvania

Manzanares, David J., 2020,  
Albuquerque, New  
Mexico

Pitmon, Stephen M., 2021,  
Colchester, Vermont

Poteet, Sarah, 2020, Dallas,  
Texas

Schefke, Philip L., 2019,  
Woodridge, Illinois

Weaver, Stephanie B., 2021,  
Lake Charles, Louisiana

MacLachlan, Janine, *director*,  
Chicago, Illinois

### Dental Benefit Programs

Snyder, Steven I., 2018,  
*chair*, St. James, New  
York

Bulnes, Christopher M.,  
2019, *vice chair*, Tampa,  
Florida

a'Becket, Thomas R., 2020,  
Millersville, Maryland

Calitri, Paul, 2020, West  
Greenwich, Rhode Island

Chung, Kenneth L., 2020,  
Milwaukie, Oregon

Davenport, C. Scott, 2018,  
Charlotte, North Carolina

Hamel, David, 2018  
Marysville, Kansas

Hollingsworth, James W.,  
2020, Newton,  
Mississippi

Kessler, Brett H., 2019,  
Denver, Colorado

Makowski, Martin J., 2019,  
Clinton Township,  
Michigan

Maldonado, Yvonne E., 2021,  
El Paso, Texas

Markarian, Randall C., 2021,  
Swansea, Illinois

Mihalo, Mark J., 2019, Ogden  
Dunes, Indiana

Olenwine, Cynthia, 2020,  
Nazareth, Pennsylvania

Stuefen, Sara E., 2018,  
Vinton, Iowa\*

Vaillant, Matthew J., 2018,  
Farmington, Minnesota

Watson, Hope E., 2021,  
Maryville, Tennessee

Weber, Walter G., 2021,  
Monte Sereno, California

Aravamudhan, Krishna,  
*director*, Chicago, Illinois

### Dental Education and Licensure

Glickman, Gerald N., 2018,  
(ADEA), *chair*, Dallas,  
Texas

Gehani, Rekha C., 2020,  
(ADA), *vice chair*,  
Jackson Heights, New  
York

Boden, David F., 2020,  
(ADA), Port Saint Lucie,  
Florida

Cassella, Edmund A., 2019,  
(ADA), Honolulu, Hawaii

DiFranco, Geri Ann, 2020  
(AADB), Park Ridge,  
Illinois

Donoff, R., Bruce, 2020,  
(ADEA), Boston,  
Massachusetts

Edgar, Bryan C., 2018,  
(AADB), Federal Way,  
Washington

Halpern, David F., 2018,  
(ADA), Columbia,  
Maryland

Hangorsky, Uri, 2018,  
(ADEA), Philadelphia,  
Pennsylvania

Hebert, Edward J., 2018,  
(ADA), Lake Charles,  
Louisiana

Korzeb, Jennifer, 2019,  
(ADA), Methuen,  
Massachusetts

Miles, Maurice S., 2019,  
(AADB), Bowie, Maryland

Niessen, Linda C., 2021  
(ADEA), Davie, Florida

Pascarella, Jonathan, Red  
Bluff, California\*

Plemons, Jacqueline M.,  
2021 (ADA), Dallas,  
Texas

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\* New Dentist member

Scarborough, A. Roddy, 2021,  
(AADB), Richton,  
Mississippi  
Strotman, Meaghan D., 2021,  
(ADA), Park Ridge,  
Illinois  
Hart, Karen M., *director*,  
Chicago, Illinois

#### **Dental Practice**

Ratner, Craig S., 2018, *chair*,  
Staten Island, New York  
Van Scoyoc, Stacey K.,  
2019, *vice chair*,  
Bloomington, Illinois  
Aflatooni, Nima, 2020, Gold  
River, California  
Berkley, Jeffrey S., 2021,  
Orange, Connecticut  
Connell, Christopher M.,  
2019, Lyndhurst, Ohio  
Edgar, Linda J., 2020,  
Federal Way,  
Washington  
Hale, Hal E., 2019, Andover,  
Kansas  
Ho, Duc M., 2021, Katy,  
Texas  
Kent, Leigh W., 2018  
Birmingham, Alabama  
Liang, Christopher G., 2021,  
Potomac, Maryland  
Liddell, Rudolph T., III, 2020,  
Brandon, Florida  
Limberakis, Cary J., 2021,  
Abington, Pennsylvania  
Medovic, Michael D., 2020,  
Wheeling, West Virginia  
Mikell, Julia K., 2019,  
Columbia, South Carolina  
Saba, Michael, Union, New  
Jersey\*  
Theurer, Scott L., 2018,  
Logan, Utah  
Wojcik, Michael S., 2018,  
Shelby Township,  
Michigan  
Wolff, Douglas S., 2020,  
Saint Paul, Minnesota  
Porembski, Pamela M.,  
*director*, Chicago, Illinois

#### **Ethics, Bylaws and Judicial Affairs**

Herman, Gary N., 2018,  
*chair*, Village, California  
Smith, James A., 2019, *vice  
chair*, Portland, Oregon  
Browder, Larry F., 2020,  
Montgomery, Alabama  
Burns, Jill M., 2021,  
Richmond, Indiana  
Cohen, Donald F., 2020,  
Houston, Texas  
Compton, Lindsay M., 2018,  
Arvada, Colorado\*  
Griffin, Seth W., 2020,  
Benton Harbor, Michigan  
Howley, Thomas A., Jr., 2019  
Perkiomenville,  
Pennsylvania  
Ilkka, Don J., 2018,  
Eustis, Florida  
Jonke, Guenter J., 2021,  
Stonybrook, New York  
Kochhar, Puneet, 2018,  
Dover, New Hampshire  
Kurkowski, Michael A., 2020,  
Shoreview, Minnesota  
Moss, J. David, 2018,  
Florence, South Carolina  
Patel, Onika R., 2021,  
Scottsdale, Arizona  
Patel, Vishruti M., 2019,  
Plainfield, Illinois  
Rice, Marvin E., 2019,  
Mexico, Missouri  
Soileau, Kristi M., 2020, New  
Orleans, Louisiana  
Wilson, Robert J., Jr., 2021,  
Gaithersburg, Maryland  
Elliott, Thomas C., Jr.,  
*director*, Chicago, Illinois

#### **Government Affairs**

Graham, Frank J., 2018,  
*chair*, Teaneck, New  
Jersey  
Armstrong, Craig S., 2019,  
*vice chair*, Houston,  
Texas  
Beauchamp, K. Jean, D.,  
2018, Clarksville,  
Tennessee  
Bishop, Deborah S., 2020,  
Huntsville, Alabama

Cheek, Daniel K., 2019,  
North Chapel Hill,  
Carolina  
Desrosiers, Mark B., 2020,  
Columbia, Connecticut  
Fijal, Phillip J., 2020, Des  
Plains, Illinois  
Garrett, Marty B., 2018,  
Baton Rouge, Louisiana  
Hennessy, Rhonda M., 2020,  
Linden, Michigan  
Kalarickal, Zacharias J.,  
2020, Wesley Chapel,  
Florida  
Medrano-Saldana, Lauro,  
2019, Valley Stream,  
New York  
Messina, Matthew J., 2021,  
Columbus, Ohio  
Minahan, David M., 2018,  
Kenmore, Washington  
Nguyen, Robin, 2018, Trinity,  
Florida\*  
Reitz, John V., 2021,  
Reading, Pennsylvania  
Terlet, Ariane, 2019,  
Berkeley, California  
White, David M., 2021, Reno,  
Nevada  
Willett, Emily S., 2021,  
Lincoln, Nebraska  
Spangler, Thomas J., Jr.,  
*director*, Washington,  
D.C.

#### **Members Insurance and Retirement Programs**

Hehli, Peter D., 2018, *chair*,  
Appleton, Wisconsin  
Ellison, Naomi L., 2019, *vice  
chair*, Los Angeles,  
California  
Ahern, John P., 2021, Derry,  
New Hampshire  
Johnston, Jon J., 2020,  
Punxsutawney,  
Pennsylvania  
Jolly, Sr., Robert L., 2019,  
North Little Rock,  
Arkansas  
Kido, Scott H., 2020, Nampa,  
Idaho  
Kilcollin, Katie L., 2019,  
Union, West Virginia

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\* New Dentist member

Lipton, James M., 2018,  
Highland, Indiana  
Luquis-Aponte, Wilma, 2021,  
El Paso, Texas  
Mann, Marshall H., 2018,  
Rome, Georgia  
Matin, Britany F., 2018,  
Auburn, Alabama\*  
Olenyn, Paul T., 2021, Burke,  
Virginia  
Pirmann, Peter J., 2019,  
Carbondale, Illinois  
Sterritt, Frederic C., 2020,  
Raritan, New Jersey  
Thompson, Michael R., 2021,  
Scottsdale, Arizona  
Tota, Christopher M., 2020,  
Hawthorne, New York  
White, Cecil, Jr., 2020,  
Atlantic Beach, Florida  
Wieting, D. Scott, 2018,  
York, Nebraska  
Tiernan, Rita, *senior  
manager*, Chicago,  
Illinois

#### Membership

Romano, Rodrigo, 2018,  
*chair*, South Miami,  
Florida  
Irani, Karin, 2019, *vice chair*,  
Beverly Hills, California  
Blew, Bryan C., 2021, Moline,  
Illinois  
Chatterjee Kirk, Pia, 2020,  
Jackson, Mississippi  
Czerniak, Lauren, 2018,  
Toledo, Ohio\*  
Ellinwood, Steven P., 2018,  
Fort Wayne, Indiana  
Freedman, I. Jay, 2020,  
Abington, Pennsylvania  
Hanlon, Mary Jane, 2020,  
Kennebunkport, Maine  
Kahl, Jeffrey A., 2021,  
Colorado Springs,  
Colorado  
Kampfe, Mark I., 2020, Rapid  
City, South Dakota  
Ketrin, Summer C., 2021,  
Lubbock, Texas  
Muncy, Marc, 2018,  
Clarksville, Arkansas

Riordan, Danielle M., 2020,  
St. Peters, Missouri  
Sherwin, Ted, 2019, Orange,  
Virginia  
Skolnick, Jay, 2021, Webster,  
New York  
Tigani, Stephen, 2019,  
Washington, D.C.  
Vitek-Hitchcock, Alexa, 2019,  
DeWitt, Michigan  
Willis, Heather A., 2018,  
Fairbanks, Alaska  
Bronson, Elizabeth, *senior  
manager*, Chicago,  
Illinois

#### Scientific Affairs

Eleazer, Paul D., 2018, *chair*,  
Birmingham, Alabama  
Mariotti, Angelo, 2019, *vice  
chair*, Columbus, Ohio  
Alapati, Satish B., 2021,  
Chicago, Illinois  
Aminoshariae, Anita, 2018,  
Cleveland, Ohio  
Bedran-Russo, Ana K., 2021,  
Chicago, Illinois  
Fontana, Margherita R.,  
2020, Ann Arbor,  
Michigan  
Geisinger, Maria L., 2020,  
Birmingham, Alabama  
Hargreaves, Kenneth M.,  
2018, San Antonio,  
Texas  
Jefferies, Steven R., 2020,  
Media, Pennsylvania  
Kademani, Deepak, *ad  
interim*, Minneapolis,  
Minnesota  
Keels, Martha Ann, 2020,  
Chapel Hill, North  
Carolina  
Madurantakam,  
Parthasarathy A., 2021,  
Richmond, Virginia  
Moore, Paul A., 2018,  
Pittsburgh, Pennsylvania  
Offenbacher, Steven, 2018,  
Chapel Hill, North  
Carolina  
Parker, William, 2019, Davis,  
Florida

Patton, Lauren L., 2021,  
Chapel Hill, North  
Carolina  
Roberts, Howard W., 2018,  
Biloxi, Mississippi  
Tinanoff, Norman, 2019,  
Lutherville, Maryland  
Youel, Benjamin C., 2018,  
Chicago, Illinois\*  
Lyznicki, James M., *senior  
manager*, Chicago,  
Illinois

#### Commissions

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##### Continuing Education

##### Provider Recognition

Fiorellini, Joseph P., 2018,  
(AAP), *chair*,  
Philadelphia,  
Pennsylvania  
Rosenthal, Nancy R., 2019,  
(ADA), *vice chair*,  
Huntington Valley,  
Pennsylvania  
Bennett, Jeffrey D., 2019,  
(AAOMS), Avon, Indiana  
Bilodeau, Elizabeth Ann,  
2021 (AAOMP),  
Pittsburgh, Pennsylvania  
Dixon, Debra, 2018,  
(AAOMR),  
Edwardsville, Illinois  
Cipes, Monica H., 2021  
(AAPD), West Hartford,  
Connecticut  
DeWood, Gary M., 2021  
(ADA), Scottsdale,  
Arizona  
Dixon, Debra A., 2018  
(AAOMR), Edwardsville,  
Illinois  
Hammond, Barry, 2019,  
Evans, Georgia  
Hughes, Bertram J., 2020,  
(ADA), Gainesville,  
Florida  
Hutten, Mark C., 2018,  
(ACP),  
Hinsdale, Illinois  
Keiser, Karl, 2021, (AAE),  
Boerne, Texas  
Lipp, Mitchell J., 2019, New  
York, New York

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\* *New Dentist member*

McNulty, Conor, 2018,  
(ASCDE), Wilsonville,  
Oregon  
Parker, Steven E., 2021  
(ADA), Massillon, Ohio  
Reed, Susan, 2020,  
(AAPHD), Charleston,  
South Carolina  
Speicher, Joseph J., Jr.,  
2019 (AADB), Cortland,  
New York  
Borysewicz, Mary, *director*,  
Chicago, Illinois

### Dental Accreditation

Leffler, William, 2018,  
(AADB), *chair*, Massillon,  
Ohio  
Feldner, Loren, J., 2019,  
(ADA), *vice chair*, Orland  
Park, Illinois  
Agar, John, 2021, (ACP),  
Farmington, Connecticut  
Attanasi, Ralph, C., 2018,  
(ADA), Boca Raton,  
Florida  
Callahan Barnard, Susan,  
2019, (ADHA), Paramus,  
New Jersey  
Cushing, David, P., 2019,  
(Public), Princeton, New  
Jersey  
Flaitz, Catherine, M., 2019,  
(AAPD), Columbus, Ohio  
Friedrichsen, Steven, 2020,  
(ADEA), Pomona,  
California  
Geist, James, R., 2019,  
(AAOMR), Bloomfield,  
Michigan  
Hasty, Christopher M., 2021,  
(ADA), Tifton, Georgia  
Hebl, Monica M., (ADA), *ad  
interim*, Milwaukee,  
Wisconsin  
Hershey, H. Garland, Jr.,  
2019, (AAO), Chapel Hill,  
North Carolina  
Hicks, Jeffery, D.D.S., 2021  
(SCDA/ADEA), San  
Antonio, Texas  
Jackson, Adolphus, 2021  
(AADB), Birmingham,  
Alabama

Javed, Tariq, 2019, (ADEA),  
Mount Pleasant, South  
Carolina  
Jee, Arthur Chen-Shu, 2020,  
(AADB), Laurel, Maryland  
Johnson, Bradford, 2020,  
(AAE), Chicago, Illinois  
Kinney, Bruce, 2019,  
(AADB), Yakima,  
Washington  
Lerman, Mark, 2018,  
(AAOMP), Brookline,  
Massachusetts  
Levy, Steven, 2020,  
(AAPHD), Iowa City,  
Iowa  
Lobb, William, 2018, (ADEA),  
Milwaukee, Wisconsin  
McClemens, Charles, 2021  
(NADL), Eau Claire,  
Wisconsin  
Mills, Michael, 2018, (AAP),  
San Antonio, Texas  
Mo, Nancy, 2019,  
(ASDA/ADEA), Brooklyn,  
New York  
Nelson, William, 2021  
(AAOMS), Green Bay,  
Wisconsin  
Stentiford, Deanna, 2020,  
(ADAA), Ocala, Florida  
Stergar, Cindy, 2018,  
(Public),  
Butte, Montana  
Unser, Glenn, J., 2019,  
(Public), Torrance,  
California  
Wheeler, Matthew, 2018,  
(Public), Urbana, Illinois  
Wolinsky, Lawrence, D.M.D.,  
2021 (ADEA), Dallas,  
Texas  
Tooks, Sherin, Ed.D., M.S.,  
*director*, Chicago, Illinois

### National Dental Examinations

Heinrich-Null, Lisa, 2018,  
(ADA), *chair*, Victoria,  
Texas  
Robinson, William F., 2020,  
(AADB), *vice chair*,  
Tampa, Florida  
Chamberlain, Dale Robert,  
2018, (AADB), Helena,  
Montana

Efurd, Melissa "Mitzi" Gail,  
2018, (ADHA), Little  
Rock, Arkansas  
Haley, Cheryl D., 2019,  
(ADA), Ozark, Missouri  
Henderson, Aaron, 2017,  
(ASDA Student  
Observer), Minneapolis,  
Minnesota  
Irons, Roy L., 2021, (AADB),  
Gulfport, Mississippi  
Jenkins, Issie L., 2018,  
(Public), Sykesville,  
Maryland  
Kerst, Jeffrey, 2018 (ASDA  
Student Observer), New  
Orleans, Louisiana  
Leone, Cataldo, 2020,  
(ADEA), Boston,  
Massachusetts  
Maggio, Frank A., 2021  
(AADB), Dundee, Illinois  
Nadershahi, Nader A., 2018,  
(ADEA), San Francisco,  
California  
Ragunathan, Kanthasamy,  
2021, (ADA), Canton,  
Ohio  
Thomas, Wesley Delaine,  
2021, (AADB),  
Washington, DC  
Weiss, Leonard P., 2019,  
(AADB), Beachwood,  
Ohio  
Zambon, Joseph J., 2021  
(ADEA), Buffalo, New  
York  
Waldschmidt, David, *director  
and secretary*, Chicago,  
Illinois

### Recognition of Dental Specialties and Certifying Boards

Norman, Charles H., III, 2021  
(ADA), *chair*,  
Greensboro, North  
Carolina  
Boyle, James M., III, 2020,  
(AAOMS), *vice chair*,  
York, Pennsylvania  
Aldredge, Wayne A., 2021,  
(AAP), Holmdel, New  
Jersey  
Altman, Donald S., 2020,  
(AAPHD), Mesa, Arizona

Battaglia, Joseph A., 2021, (ADA), Wayne, New Jersey  
 Benz, James D., 2021, (ADA), Chicago, Illinois  
 Cooley, Ralph A., 2018 (ADA), Houston, Texas  
 Delarosa, Robert, 2019 (AAPD), Baton Rouge, Louisiana  
 Friedel, Alan E., 2018 (ADA), Hollywood, Florida  
 Gohel, Anita, 2021 (AAOMR), Dublin, Ohio  
 Henner, Kevin A., 2019 (ADA), Deer Park, New York  
 Hering, Denise L., 2020 (ADA), Columbus, Ohio  
 Johnson, William T., 2018 (AAE), Iowa City, Iowa  
 Kiesling, Roger L., 2020 (ADA), Helena, Montana  
 Kwasny, Andrew J., 2020 (AAO), Fairview, Pennsylvania  
 Tuminelli, Frank J., 2018 (ACP), Great Neck, New York  
 Wright, John M., M.S., 2019 (AAOMP), Dallas, Texas  
 Zust, Mark R., 2019 (ADA), Saint Peters, Missouri  
 Baumann, Cathy, *director*, Chicago, Illinois

### **Standing Committees**

#### **Advisory Committee on Annual Meetings**

Gehani, Chad P., 2018, *chair*, Jackson Heights, New York  
 McDougall, Kenneth, 2019, *vice chair*, Jamestown, North Dakota  
 Blackwell, Robert L., 2021, Alton, Illinois  
 Evans, Henry F., III, 2018, Chewelah, Washington  
 Jarvis, Raymond A., 2018, Shreveport, Louisiana\*  
 Kirkegaard, Paul F., 2019, Saint Paul, Minnesota  
 Lieb, Howard I.A., 2018, Staten Island, New York

Lum, Calbert M.B., 2018, Honolulu, Hawaii  
 Macias, C. Roger, Jr., 2018, San Antonio, Texas  
 Aurora, Colorado  
 McKelvey, H. Charles, 2022, Twain Harte, California  
 Radack, III, Stephen T., 2019, Erie, Pennsylvania  
 Shinbori, Dennis D., 2019, San Francisco, California  
 Tertel, Nanette C., 2020, Toledo, Ohio  
 Weisfuse, P. Deborah, 2021, New York, New York  
 Cantalupo, David, *director*, Chicago, Illinois

#### **New Dentist Committee**

Thakkar, Nipa R., 2018, *chair*, Philadelphia, Pennsylvania  
 Jarvis, Raymond A., 2019, *vice chair*, Shreveport, Louisiana  
 Compton, Lindsay M., 2021, Arvada, Colorado  
 Czerniak, Lauren M., 2019, Toledo, Ohio  
 Dean, Brittany T., 2018, Mill Creek, Washington  
 Fallon, Andrea C., 2019, Westfield, Massachusetts  
 Greene, Colleen, 2020, Milwaukee, Wisconsin  
 Hall, Daniel W., 2021, Piedmont, South Carolina  
 Matin, Britany F., 2020, Auburn, Alabama  
 Mattingly, Emily A., 2020, Chillicothe, Missouri  
 Nguyen, Robin, 2019, Trinity, Florida  
 Pascarella, Jonathan R., 2018, Red Bluff, California  
 Saba, Michael, 2018, Union, New Jersey  
 Shisler, Adam C., 2020, Houston, Texas  
 Stuefen, Sara E., 2020, Vinton, Iowa  
 Vitkus, Lauren E., 2021, Victor, New York  
 Youel, Benjamin C., 2021, Chicago, Illinois

Lavick, Tera, *director*, Chicago, Illinois

#### **Committee on Local Arrangements**

Lum, Calbert M.B., 2018 CLA *general chair*, Honolulu, Hawaii  
 Lum, Jaclyn M.L., 2018 CLA *vice chair*, Honolulu, Hawaii  
 Chu, Joseph H., Programs *co-chair*, Lihue, Hawaii  
 Ichimura, Derek H., Programs, *co-chair*, Pearl City, Hawaii  
 Teruya, Darrell T., Operations, *co-chair*, Honolulu, Hawaii  
 Yorita, Rachel, Programs, *co-chair*, Aiea, Hawaii

**Annual Session Volunteers**

Ahn, Stewart  
 Akuna, Gloria  
 Akuna, Isaac  
 Alameida, Rachelle K.  
 Alexander, Joslyn  
 Alston, Pamela  
 Alvarez, Marie  
 Bailey, Michael  
 Boyd, Randall  
 Braun, Andrea  
 Brentson, Raquel  
 Brown-Hitomi, Jacqueline  
 Burk, Daniel  
 Casey, Amanda  
 Chan, Raymond  
 Chang, Heera  
 Chang, Hubert  
 Chang, Jo Ann  
 Chee, Galen  
 Chen, Amy  
 Chin, Deborah  
 Chin, Isaac  
 Chin, Angela  
 Ching, Kevin  
 Cho, Christina  
 Chock, Kyle  
 Chong, Sherri Lyn  
 Choy, Yiu Kai  
 Choy, Malcolm  
 Choy, Frances  
 Choy, Wesley  
 Chun, Brian  
 Chun, Mark  
 Chuong, Christopher  
 Clarke, Michael  
 Cobales, Sheryl  
 Coburn, Katrina  
 Courson, Richard  
 Dahilog, Jaimevel  
 Dang, Michael  
 Dang, Robyn  
 DeMeo, J  
 Do, Keri  
 Duebbert, Ingrid  
 Dung, David  
 Dunkelberger, Fred  
 Erhan, Ala  
 Ertel, Steven  
 Evans, Susan  
 Evans, Joel  
 Fassihi, Ali  
 Feldman, James  
 Friend, Basil  
 Fujimoto, Lynn

Fujimoto, Alan  
 Fujioka, Lawrence  
 Fukumoto, Carla  
 Furuya, Neil  
 Furuya, Katy  
 Furuya, Lincoln  
 Gaerlan-Tokunaga, Modesta  
 Garcia, Margarette  
 Gee, Melissa  
 Glass, Amanda  
 Gonzalez, Astrid  
 Grubert, Fumika  
 Guevara, Paul  
 Gushiken, Mavis  
 Hakkinen, Kirsi  
 Hamada, Francis  
 Hamamura, Alan  
 Hansen, Ralph  
 Harmsen, Nora  
 Hawkins, Hee  
 Henry, Billie  
 Hernandez, Virgilia  
 Higa, James  
 Hignite, Gerraine  
 Hiramoto, Scott  
 Hite, Don  
 Ho, Edward  
 Hoffman, Michael  
 Hollander, Jesse  
 Holliday, Sean  
 Ishihara, Kerry  
 Ishimoto, Dennis  
 Kakarla, Veena  
 Kalanta, Kevin  
 Kalp, Randy  
 Kanamori, Scott  
 Kanamori, Ted  
 Kanegawa, Jay  
 Kawasaki, Ben  
 Kawashima, Chad  
 Khan, Sophia  
 Khanna, Arti  
 Kitamura, Sheila  
 Kiyabu, Ann  
 Kiyono, Bernadette  
 Kouchi, Jerold  
 Kurahara, John  
 Kurosawa, Scott  
 Lau, Zakaraih  
 Lau, Bonnie  
 Lee, Andrea  
 Lee, Jennifer  
 Leong, Wayne  
 Lew, Michael  
 Lewis, Erica  
 Li, William

Lum, David  
 Lum, Jaclyn  
 Maehara, Ryan  
 Marin, Rinell  
 Martin, Dennis  
 Marwaha, Angela  
 Masters, Antonette  
 Mayeda, Daniel  
 Miranda, Zsa Zsa  
 Misaki, Harvey  
 Miyamoto, Richard  
 Miyasaki, Wilfred  
 Moorhead, William  
 Morgan, William  
 Mu, May  
 Mukai, Tina  
 Nakagawa, John  
 Ng, Ericson  
 Nunokawa, Betty  
 Nunokawa, Craig  
 Ohtani, Patty  
 Oide, Kathy  
 Okabe, Jonathan  
 Okihiro, Lisa  
 Okihiro, Glenn  
 Okimoto, Leslie  
 Oswal, Punita  
 Pa`a`aina, Tedline  
 Pena, Janie  
 Pennyman, Verena  
 Peterson, Bina  
 Phan, Nam  
 Plamondon, Thomas  
 Rafael, Rashel-May  
 Ragsac, Mark  
 Ramley, Stanley  
 Ratum-Nagtalon, Edie  
 Remolacio, Joleen  
 Roeder, Nancy  
 Ruiz, Carlos  
 Saito, Kevin  
 Salle, Gail Marie  
 Sano, Katsuhiko  
 Sato, Mendel  
 Sato, Riichiro  
 Saylor, Megan  
 Sherman, Robert  
 Shinbori, Wendy  
 Smau, Marcella  
 Smith, Paz  
 Snow, James  
 Stegman, Adriana  
 Stockwell, Karyn  
 Suarez, Annette  
 Sue, Steven  
 Suga, David

Sumoba, Lily  
Takata, Cecil  
Tamashiro, Wayne  
Tamashiro, Alan  
Tanoue, Floyd  
Taylor, Rika  
Thai, Hieu  
Thomason, Ethelyn  
Tom, Curtis  
Tom, Russell  
Tom, Tina  
Tom, Philip  
Torigoe, Noel  
Tran, Anne  
Uriu, Gary  
Uy, Mercie

Velasco, Valerie  
Vo, John  
Wada, Candace  
Wilhite, Steve  
Wonderlich, Steven  
Wong, Berton  
Wong, Allen  
Wu, Judy  
Wu, Janet  
Wu, Arthur  
Yamashita, Arlene  
Yee, Tammy  
Yee, Bradley  
Yee, David  
Yee, Jolie  
Yim, Christopher

Yonemoto, Gary  
Yoon, Shilla  
Yorita, Rachel  
Yoshida, Alan  
Young, Megin  
Young, Collyer  
Young, Libert  
Young, Pamela  
Young, Terence  
Zampetti, Herman  
Zoch, Diana  
Zoch, Robert



# Appendix

## Notes

# Historical Record

The American Dental Association was organized in Niagara Falls, New York, on August 3, 1859. The president of this organizing convention was W.W. Allport and the secretary was J. Taft. Permanent organization was effected in Washington, D.C., July 3, 1860, when the officers *pro tem* were succeeded by regularly elected officers. In 1861 no session was held, owing to the Civil War; since

then, the sessions have been held annually with the exception of 1945, when no session was held because of World War II. In 1897, the Association united with the Southern Dental Association and the name was changed to the "National Dental Association," which name was retained until 1922, when the earlier name was resumed. A complete list of the officers and sessions follows.

## American Dental Association

Term	President	Corresponding Secretary	Recording Secretary	Date of Meeting	Place of Meeting
1860–61	W. H. Atkinson	W. M. Rogers	J. Taft		No meeting
1861–62	W. H. Atkinson	W. M. Rogers	J. Taft	1862	Cleveland
1862–63	G. Watt	J. F. Johnson	J. Taft	1863	Philadelphia
1863–64	W. H. Allen	C. R. Butler	J. Taft	1864	Niagara Falls
1864–65	J. H. McQuillen	G. W. Ellis	J. Taft	1865	Chicago
1865–66	C. W. Spalding	L. D. Shepard	J. Taft	1866	Boston
1866–67	C. P. Fitch	A. Hill	J. Taft	1867	Cincinnati
1867–68	A. Lawrence	C. R. Butler	J. Taft	1868	Niagara Falls
1868–69	Jonathan Taft	J. McManus	Edgar Park	1869	Saratoga Springs
1869–70	Homer Judd	I. A. Salmon	M. S. Dean	1870	Nashville
1870–71	W. H. Morgan	I. A. Salmon	M. S. Dean	1871	White Sulphur Springs, WV
1871–72	G. H. Cushing	I. A. Salmon	M. S. Dean	1872	Niagara Falls
1872–73	P. G. C. Hunt	J. Taft	M. S. Dean	1873	PutinBay, Ohio
1873–74	T. L. Buckingham	J. Taft	M. S. Dean	1874	Detroit
1874–75	M. S. Dean	G. L. Field	C. S. Smith	1875	Niagara Falls
1875–76	A. L. Northrop	J. H. McQuillen	C. S. Smith	1876	Philadelphia
1876–77	G. W. Keely	J. H. McQuillen	C. S. Smith	1877	Chicago
1877–78	F. H. Rehwinkel	M. H. Webb	M. S. Dean	1878	Niagara Falls
1878–79	H. J. McKellops	A. O. Rawls	G. H. Cushing	1879	Niagara Falls
1879–80	L. D. Shepard	M. H. Webb	G. H. Cushing	1880	Boston
1880–81	C. N. Pierce	A. M. Dudley	G. H. Cushing	1881	New York
1881–82	H. A. Smith	A. M. Dudley	G. H. Cushing	1882	Cincinnati
1882–83	W. H. Goddard	A. W. Harlan	G. H. Cushing	1883	Niagara Falls
1883–84	E. T. Darby	A. W. Harlan	A. H. Peck	1884	Saratoga Springs
1884–85	J. N. Crouse	A. W. Harlan	A. H. Peck	1885	Minneapolis
1885–86	W. C. Barrett	A. W. Harlan	G. H. Cushing	1886	Niagara Falls
1886–87	W. W. Allport	A. W. Harlan	G. H. Cushing	1887	Niagara Falls
1887–88	Frank Abbott	F. A. Levy	G. H. Cushing	1888	Louisville
1888–89	C. R. Butler	F. A. Levy	G. H. Cushing	1889	Saratoga Springs
1889–90	M. W. Foster	F. A. Levy	G. H. Cushing	1890	Excelsior Springs
1890–91	A. W. Harlan	F. A. Levy	G. H. Cushing	1891	Saratoga Springs
1891–92	W. W. Walker	F. A. Levy	G. H. Cushing	1892	Niagara Falls
1892–93	J. D. Patterson	F. A. Levy	G. H. Cushing	1893	Chicago
1893–94	J. D. Patterson	F. A. Levy	G. H. Cushing	1894	Old Point Comfort, VA
1894–95	J. Y. Crawford	E. E. Chase	G. H. Cushing	1895	Asbury Park, NJ
1895–96	J. Y. Crawford	E. E. Chase	G. H. Cushing	1896	Saratoga Springs
1896–97	James Truman	F. A. Levy	G. H. Cushing	1897	Old Point Comfort, VA

**National Dental Association**

<b>Term</b>	<b>President</b>	<b>Corresponding Secretary</b>	<b>Recording Secretary</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
1897–98	Thomas Fillebrown	E. E. Chase	G. H. Cushing	1898	Omaha
1898–99	H. J. Burkhardt	E. E. Chase	G. H. Cushing	1899	Niagara Falls
1899–1900	B. Holly Smith	E. E. Chase	G. H. Cushing	1900	Old Point Comfort, VA
1900–01	G. V. Black	M. E. Gallup	G. H. Cushing	1901	Milwaukee
1901–02	J. A. Libbey	J. D. Pfeiffer	G. H. Cushing	1902	Niagara Falls
1902–03	L. G. Noel	W. D. Tracy	A. H. Peck	1903	Asheville, NC
1903–04	C. G. Chittenden	C. S. Butler	A. H. Peck	1904	St. Louis (Business only)
1904–05	W. E. Boardman	C. S. Butler	A. H. Peck	1905	Buffalo
1905–06	M. F. Finley	C. S. Butler	A. H. Peck	1906	Atlanta
1906–07	A. H. Peck	B. L. Thorpe	C. S. Butler	1907	Minneapolis
1907–08	William Carr	B. L. Thorpe	C. S. Butler	1908	Boston
1908–09	V. E. Turner	H. C. Brown	C. S. Butler	1909	Birmingham
1909–10	B. L. Thorpe	H. C. Brown	C. S. Butler	1910	Denver
1910–11	E. S. Gaylord	C. W. Rodgers	H. C. Brown	1911	Cleveland
1911–12	A. R. Melendy	C. W. Rodgers	H. C. Brown	1912	Washington, D.C.
1912–13	F. O. Hetrick	C. W. Rodgers	H. C. Brown	1913	Kansas City, MO

**Reorganized July 10, 1913**

<b>Term</b>	<b>President</b>	<b>General Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
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**

<b>Term</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
1921–22	T. B. Hartzell	Otto U. King	A. R. Melendy	1922	Los Angeles
1922–23	J. P. Buckley	Otto U. King	A. R. Melendy	1923	Cleveland
1923–24	W. A. Giffen	Otto U. King	A. R. Melendy	1924	Dallas
1924–25	C. N. Johnson	Otto U. King	A. R. Melendy	1925	Louisville
1925–26	Sheppard W. Foster	Otto U. King	A. R. Melendy	1926	Philadelphia
1926–27	Henry L. Banzhaf	Otto U. King	A. R. Melendy	1927	Detroit
1927–28	R. H. Volland	H. B. Pinney	A. R. Melendy	1928	Minneapolis
1928–29	Percy R. Howe	H. B. Pinney	R. H. Volland	1929	Washington, D.C.
1929–30	R. Boyd Bogle	H. B. Pinney	R. H. Volland	1930	Denver
1930–31	Robert T. Oliver	H. B. Pinney	R. H. Volland	1931	Memphis
1931–32	Martin Dewey	H. B. Pinney	R. H. Volland	1932	Buffalo
1932–33	G. Walter Dittmar	H. B. Pinney	R. H. Volland	1933	Chicago
1933–34	Arthur C. Wherry	H. B. Pinney	R. H. Volland	1934	St. Paul
1934–35	Frank M. Casto	H. B. Pinney	R. H. Volland	1935	New Orleans
1935–36	George B. Winter	H. B. Pinney	R. H. Volland	1936	San Francisco
1936–37	Leroy M.S. Miner	H. B. Pinney	R. H. Volland	1937	Atlantic City
1937–38	C. Willard Camalier	H. B. Pinney	R. H. Volland	1938	St. Louis

<b>Term</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
1938-39	Marcus L. Ward	H. B. Pinney	R. H. Volland	1939	Milwaukee
1939-40	Arthur H. Merritt	H. B. Pinney	R. H. Volland	1940	Cleveland
1940-41	Wilfred R. Robinson	H. B. Pinney	R. H. Volland	1941	Houston
1941-42	Oren A. Oliver	H. B. Pinney	R. H. Volland	1942	St. Louis (H of D only)
1942-43	J. Ben Robinson	H. B. Pinney	R. H. Volland	1943	Cincinnati (H of D only)
1943-44	C. Raymond Wells	H. B. Pinney	R. H. Volland	1944	Chicago (H of D only)
1944-45	Walter H. Scherer	H. B. Pinney	R. H. Volland		No meeting
1945-46	Walter H. Scherer	H. B. Pinney	R. H. Volland	1946	Miami (H of D only)
1946-47	Sterling V. Mead	H. Hillenbrand	R. H. Volland	1947	Boston
1947-48	H. B. Washburn	H. Hillenbrand	R. H. Volland	1948	Chicago
1948-49	C. F. Minges	H. Hillenbrand	H. B. Washburn	1949	San Francisco
1949-50	Philip E. Adams	H. Hillenbrand	H. B. Washburn	1950	Atlantic City
1950-51	Harold W. Oppice	H. Hillenbrand	H. B. Washburn	1951	Washington, D.C.
1951-52	LeRoy M. Ennis	H. Hillenbrand	H. B. Washburn	1952	St. Louis
1952-53	Otto W. Brandhorst	H. Hillenbrand	H. B. Washburn	1953	Cleveland
1953-54	Leslie M. Fitzgerald	H. Hillenbrand	H. B. Washburn	1954	Miami
1954-55	Daniel F. Lynch	H. Hillenbrand	H. B. Washburn	1955	San Francisco
1955-56	Bernard C. Kingsbury	H. Hillenbrand	H. B. Washburn	1956	Atlantic City
1956-57	Harry Lyons	H. Hillenbrand	H. B. Washburn	1957	Miami-Miami Beach
1957-58	William R. Alstadt	H. Hillenbrand	H. B. Washburn	1958	Dallas
1958-59	Percy T. Phillips	H. Hillenbrand	H. B. Washburn	1959	New York
1959-60	Paul H. Jeserich	H. Hillenbrand	H. B. Washburn	1960	Los Angeles
1960-61	Charles H. Patton	H. Hillenbrand	H. B. Washburn	1961	Philadelphia
1961-62	John R. Abel	H. Hillenbrand	P. H. Jeserich	1962	Miami Beach
1962-63	Gerald D. Timmons	H. Hillenbrand	P. H. Jeserich	1963	Atlantic City
1963-64	James P. Hollers	H. Hillenbrand	P. H. Jeserich	1964	San Francisco
1964-65	Fritz A. Pierson	H. Hillenbrand	E. Jeff Justis	1965	Las Vegas
1965-66	Maynard K. Hine	H. Hillenbrand	E. Jeff Justis	1966	Dallas
1966-67	William A. Garrett	H. Hillenbrand	E. Jeff Justis	1967	Washington, D.C.
1967-68	F. Darl Ostrander	H. Hillenbrand	R. K. Trueblood	1968	Miami Beach
1968-69	Hubert A. McGuirl	H. Hillenbrand	R. K. Trueblood	1969	New York
1969-70	Harry M. Klenda	C. G. Watson	R. K. Trueblood	1970	Las Vegas
1970-71	John M. Deines	C. G. Watson	H. S. Eberhardt	1971	Atlantic City
1971-72	Carl A. Laughlin	C. G. Watson	H. S. Eberhardt	1972	San Francisco
1972-73	Louis A. Saporito	C. G. Watson	H. S. Eberhardt	1973	Houston
1973-74	Carlton H. Williams	C. G. Watson	J. W. Etherington	1974	Washington, D.C.
1974-75	L. M. Kennedy	C. G. Watson	J. W. Etherington	1975	Chicago
1975-76	Robert B. Shira	C. G. Watson	J. W. Etherington	1976	Las Vegas
1976-77	Frank F. Shuler	C. G. Watson	J. H. Pfister	1977	Miami Beach
1977-78	Frank P. Bowyer	C. G. Watson	I. L. Kerr	1978	Anaheim
1978-79	Joseph P. Cappuccio	J. M. Coady	J. J. Houlihan	1979	Dallas
1979-80	I. Lawrence Kerr	J. M. Coady	R. H. Griffiths	1980	New Orleans
1980-81	John J. Houlihan	J. M. Coady	R. B. Dixon	1981	Kansas City, MO
1981-82	Robert H. Griffiths	J. M. Coady	D. E. Bentley	1982	Las Vegas
1982-83	Burton H. Press	J. M. Coady	J. L. Bomba	1983	Anaheim
1983-84	Donald E. Bentley	J. M. Coady	A. L. Ryan	1984	Atlanta
1984-85	John L. Bomba	J. M. Coady	A. Kobren	1985	San Francisco
1985-86	Abraham Kobren	T. J. Ginley	J. A. Devine	1986	Miami Beach
1986-87	Joseph A. Devine	T. J. Ginley	J. A. Sadoris	1987	Las Vegas
1987-88	James A. Sadoris	T. J. Ginley	A. A. Dugoni	1988	Washington, D.C.
1988-89	Arthur A. Dugoni	T. J. Ginley	R. M. Overbey	1989	Honolulu
1989-90	R. Malcolm Overbey	T. J. Ginley	E. J. Truono	1990	Boston
1990-91	Eugene J. Truono	T. J. Ginley	G. T. Morrow	1991	Seattle
1991-92	Geraldine T. Morrow	W. E. Allen	J. H. Harris	1992	Orlando

<b>Term</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
1992–93	Jack H. Harris	J. S. Zapp	J. F. Mercer	1993	San Francisco
1993–94	James H. Gaines	J. S. Zapp	J. F. Mercer	1994	New Orleans
1994–95	Richard D'Eustachio	J. S. Zapp	J. F. Mercer	1995	Las Vegas
1995–96	William S. Ten Pas	J. S. Zapp	J. F. Mercer	1996	Orlando
1996–97	Gary Rainwater	J. S. Zapp	R. M. Rosas	1997	Washington, D.C.
1997–98	David A. Whiston	J. S. Zapp	R. M. Rosas	1998	San Francisco
1998–99	S. Timothy Rose	J. S. Zapp	R. M. Rosas	1999	Honolulu
1999–2000	Richard F. Mascola	J. S. Zapp	R. M. Rosas	2000	Chicago
2000–01	Robert M. Anderton	J. B. Bramson	M. J. Feldman	2001	Kansas City, MO
2001–02	D. Gregory Chadwick	J. B. Bramson	M. J. Feldman	2002	New Orleans
2002–03	T. Howard Jones	J. B. Bramson	M. J. Feldman	2003	San Francisco
2003–04	Eugene Sekiguchi	J. B. Bramson	M. J. Feldman	2004	Orlando
2004–05	Richard Haught	J. B. Bramson	M. J. Feldman	2005	Philadelphia
2005–06	Robert M. Brandjord	J. B. Bramson	M. J. Feldman	2006	Las Vegas
2006–07	Kathleen Roth	J. B. Bramson	Edward Leone	2007	San Francisco
2007–08	Mark J. Feldman	J. B. Bramson	Edward Leone	2008	San Antonio
2008–09	John S. Findley	K. T. O'Loughlin	Edward Leone	2009	Honolulu
2009–10	Ronald L. Tankersley	K. T. O'Loughlin	Edward Leone	2010	Orlando
2010–11	Raymond F. Gist	K. T. O'Loughlin	Edward Leone	2011	Las Vegas
2011–12	William R. Calnon	K. T. O'Loughlin	Edward Leone	2012	San Francisco
2012–13	Robert A. Faiella	K. T. O'Loughlin	Ronald P. Lemmo	2013	New Orleans
2013–14	Charles H. Norman	K. T. O'Loughlin	Ronald P. Lemmo	2014	San Antonio
2014–15	Maxine Feinberg	K. T. O'Loughlin	Ronald P. Lemmo	2015	Washington, D.C.
2015–16	Carol Gomez Summerhays	K. T. O'Loughlin	Ronald P. Lemmo	2016	Denver
2016–17	Gary L. Roberts	K. T. O'Loughlin	Ronald P. Lemmo	2017	Atlanta
2017–18	Joseph P. Crowley	K. T. O'Loughlin	Ronald P. Lemmo	2018	Honolulu

#### Living Former Presidents, American Dental Association

<b>Term</b>	<b>President</b>	<b>Term</b>	<b>President</b>
1986–1987	Joseph A. Devine	2005–2006	Robert M. Brandjord
1988–1989	Arthur A. Dugoni	2006–2007	Kathleen Roth
1993–1994	James H. Gaines	2007–2008	Mark J. Feldman
1994–1995	Richard W. D'Eustachio	2008–2009	John S. Findley
1995–1996	William S. Ten Pas	2009–2010	Ronald L. Tankersley
1996–1997	Gary Rainwater	2010–2011	Raymond F. Gist
1997–1998	David A. Whiston	2011–2012	William R. Calnon
1998–1999	S. Timothy Rose	2012–2013	Robert A. Faiella
2000–2001	Robert M. Anderton	2013–2014	Charles H. Norman
2001–2002	D. Gregory Chadwick	2014–2015	Maxine Feinberg
2002–2003	T. Howard Jones	2015–2016	Carol Gomez Summerhays
2003–2004	Eugene Sekiguchi	2016–2017	Gary L. Roberts
2004–2005	Richard Haught	2017–2018	Joseph P. Crowley

## 2018 House of Delegates Attendance Record

	Meetings					Meetings			
	Registered	1	2	3		Registered	1	2	3
<b>Air Force</b>									
<b>Delegates 2</b>									
Henderson, Mark, Ocean Springs, MS	•		•						
Nuttall, Christopher, Vacaville, CA	•	•	•	•					
<b>Alternates</b>									
Grabowski, Douglas, Fairfax, VA	•		•						
Jordan, Christopher, Hanahan, SC	•								
<b>Alabama</b>									
<b>Delegates 5</b>									
Bishop, Deborah, Huntsville	•	•	•	•					
Browder, Larry, Montgomery	•	•	•	•					
Gardner, Stacey, Huntsville	•	•	•	•					
Ingram, William, Huntsville	•	•	•	•					
Kent, Leigh, Birmingham	•	•	•	•					
<b>Alternates</b>									
Isbell, Gordon, Gadsden	•								
Jones, Robert, Montgomery	•								
Marshall, Rodney, Tuscaloosa	•								
Moore, Lauren, Mobile	•								
Summerford, Mark, Auburn	•								
<b>Alaska</b>									
<b>Delegates 2</b>									
Robinson, Julie, Anchorage	•	•	•	•					
Willis, Heather, Fairbanks	•	•	•	•					
<b>Alternates</b>									
Arneson, James, Kodiak	•								
Blanco, Jessica, Juneau	•								
<b>American Student Dental Association</b>									
<b>Delegates 5</b>									
Howell, Alexandra, North Augusta, SC	•	•	•	•					
Kim, Rachel, Portland, OR	•	•	•	•					
Larkin, Andrew, Scottsdale, AZ	•	•	•	•					
Rensch, Brandon, Omaha, NE	•	•	•						
Szewczyk, Michelle, Troy, MI	•	•	•						
<b>Alternates</b>									
Kerst, Jeffrey, New Orleans, LA	•								
Pandya, Anisha, Boston, MA	•								
Twaddle, Ryan, Milwaukee, WI	•								
Tyler, Austin, Denver, CO	•								
Valentin, Karina, Chicago, IL	•								
<b>Arizona</b>									
<b>Delegates 8</b>									
Caputo, Anthony, Tucson	•	•	•	•					
Cobb, Regina, Kingman	•	•	•	•					
Curtis, Eric, Safford	•								
Enos, Jennifer, Chandler	•	•	•	•					
Pafford, Gregory, Phoenix	•	•	•						
Powley, W. Brian, Paradise Valley	•	•	•	•					
Roda, Robert, Scottsdale	•	•	•	•					
Snyder, Randolph, Yuma	•	•	•	•					
<b>Alternates</b>									
Harvey, Brien, Tucson	•								
House, Allison, Phoenix	•								
Hughes, Mark, Glendale	•								
Lear, Lisa, Tucson	•								
Olsen, Fred, Phoenix	•								
Patel, Onika, Surprise	•								
Robertson, Kirk, Flagstaff	•								
Shanahan, Bryan, Flagstaff	•								
<b>Arkansas</b>									
<b>Delegates 3</b>									
Fiddler, Terry, Conway	•	•	•						
Skinner, Robert, Fort Smith	•	•	•	•					
Whitis, H. Warren, Osceola	•	•	•	•					
<b>Alternates</b>									
Golden, Kristi, Hot Springs	•								
Kosmitis, Kim, Pine Bluff	•								
Pitts, John, Little Rock	•								
<b>Army</b>									
<b>Delegates 2</b>									
Larsen, Stacy, Vass, NC	•	•	•	•					
Patterson, Craig, San Antonio, TX	•	•	•	•					
<b>Alternate</b>									
Standage, Richard, El Paso, TX	•								
<b>California</b>									
<b>Delegates 71</b>									
Abeldt, Philip, Elk Grove	•	•	•	•					
Ackerman, Gary, Carmichael	•	•	•	•					
Aflatooni, Nima, Gold River	•	•	•	•					
Alvarez, Jorge, Tarzana	•	•	•	•					
Barnes, Richard, Visalia	•	•	•						
Bell, Brian, Tulare	•	•	•	•					
Bellamy, Wallace, Elk Grove	•	•	•	•					
Benedict, Nannette, Scotts Valley	•	•	•	•					
Blake, John, Long Beach	•	•	•	•					
Brunner, Ralph, Indio	•	•	•	•					
Calilung, Xerxez, Irvine	•	•	•	•					
Campbell, Matthew, Sacramento	•	•	•	•					
Carney, Kerry, Benicia	•	•	•	•					

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Carrington, Adrian, Sacramento	•	•	•	•	Stephens, James, Palo Alto	•	•	•	•
Cassat, D. Douglas, San Diego	•	•	•	•	Szotko, Scott, La Jolla	•	•	•	•
Christiansen, Douglas, San Diego	•	•	•	•	Taira, Mark, Los Angeles	•	•	•	•
Clark, Alma, Hayward	•	•	•	•	Taylor, John, Ladera Ranch	•		•	•
Creasey, Jean, Nevada City	•	•	•	•	Terlet, Ariane, Berkeley	•	•	•	•
Crowson, Steven, Chico	•	•	•	•	Thenard, Sharine, Alameda	•	•	•	•
Davidson, Daniel, San Francisco	•	•	•	•	Tippett-Whyte, Judee, Stockton	•	•	•	•
De Tomasi, Dennis, Clearlake	•	•	•	•	Wallis, Kenneth, Santa Clara	•	•	•	•
Demichelis, Elizabeth, Modesto	•	•	•	•	Weber, Walter, Monte Sereno	•	•	•	•
Dougan, Gary, Long Beach	•	•	•	•	<b>Alternates</b>				
Duffala, Gail, San Francisco	•	•	•	•	Altrock, Christine, San Diego	•			
Ehrler, Clelan, Redlands	•	•	•	•	Ayson, Paul, Visalia	•			
Ellison, Naomi, Los Angeles	•	•	•	•	Chan, Raymond, San Lorenzo	•			
Felsenfeld, Alan, Los Angeles	•	•	•	•	Elkhatieb, Amro, Lodi	•	•		
Ford, Jonathan, Huntington Beach	•	•	•	•	Gereis, Mahfouz, Panorama City	•			
Gandola, Robert, San Diego	•	•	•	•	Hirota, Misako, National City	•			
Glasband, Gary, Long Beach	•	•	•	•	Leung, Chi, Glendale	•			
Hanlon, Robert, Escondido	•	•	•	•	Lojeski, Stephen, Arcadia	•			
Harrison, Kenneth, Loma Linda	•	•	•	•	Mapara, Mohammed, Los Angeles	•			
Herman, Gary, Los Angeles	•	•	•	•	Masouredis, Claudia, San Francisco	•			
Hilton, Irene, San Francisco	•	•	•	•	Mazdeyasnan, Afshin, Northridge	•			
Hughson-Otte, Virginia, Indio	•	•	•	•	Menold, Geralyn, Hollister	•			
Irani, Karin, Beverly Hills	•	•	•	•	Nakamura, Wayne, Ontario	•			
Jenkins, Daniel, Chino Hills	•	•	•	•	Olinger, Thomas, San Diego	•			
Jones, Jeffrey, Orange	•		•	•	Reed, John, Stockton	•			
Keating, Kevin, Sacramento	•	•	•	•	Reidy, Edward, Santee	•			
Kend, Steven, Torrance	•	•	•	•	Sanderson, James, Dixon	•			
Kim, Scott Y., Los Angeles	•	•	•	•	Steiner, Ann, Palos Verdes Estates	•			
Lad, Sunjay, Temple City	•	•	•	•	Subramanian, Latha, Mountain View	•	•		
Le, Huong, Danville	•	•	•	•	Sugiyama, Janice, Carpinteria	•			
Lee, Natasha, San Francisco	•	•	•	•	Tai, Alice, San Ramon	•			
Lloyd, Jeffrey, Alta Loma	•	•	•	•	Wong, Benson, South San Francisco	•			
Marcos, Carliza, San Carlos	•	•	•	•					
Marongiu, Nicholas, La Jolla	•	•	•	•	<b>Colorado</b>				
McCutcheon, Carol, Los Gatos	•	•	•	•	<b>Delegates 10</b>				
Middleton, Gerald, Riverside	•	•	•	•	Foster, Karen, Aurora	•	•	•	•
Nadershahi, Nader, San Francisco	•	•	•	•	Jackson, David, Boulder	•	•	•	•
Nagy, Richard, Santa Barbara	•	•	•	•	Kahl, Jeffrey, Colorado Springs	•	•	•	•
Nour, Noha, Tustin	•	•	•	•	Kaufmann, Stephenie, Woodland Park	•	•	•	•
Pascarella, Jonathan, Red Bluff	•	•	•	•	Kessler, Brett, Denver	•	•	•	•
Patel, Sanjay, Pittsburg	•	•	•	•	Murray, Rhett, Aurora	•	•	•	•
Patel, Virendra, Folsom	•	•	•	•	Paisley, Ian, Brighton	•	•	•	•
Pendurkar, Shakalpi, Los Gatos	•	•	•	•	Peters, Kenneth, Aurora	•	•	•	•
Reed, Robert, Bakersfield	•	•	•	•	Schoch, Sheena, Hayden	•	•	•	•
Rollofson, Christy, Elk Grove	•	•	•	•	Schoemaker, Jeane, Fort Morgan	•	•	•	•
Senseny, Charlotte, Torrance	•	•	•	•	<b>Alternates</b>				
Shue, Brian, Brawley	•	•	•	•	Alleman, Daniel, Boulder	•			
Soderstrom, Andrew, Modesto	•	•	•	•	Compton, Lindsay, Arvada	•			
Stein, Alan, Northridge	•	•	•	•	Ikeda, Jana, Boulder	•			

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.



	Meetings					Meetings			
	Registered	1	2	3		Registered	1	2	3
Kunzman, Nathaniel, Greeley	•				Gesek, Daniel, Jacksonville	•	•	•	•
Morrow, Carol, Walsh	•				Hoffman, Charles, Jupiter	•	•	•	•
Pearson, Justin, Englewood	•				Hughes, Bertram, Gainesville	•	•	•	•
Sites, Loren, Pueblo	•				Liddell, Rudolph, Brandon	•	•	•	•
Varley, Michael, Highlands Ranch	•				Marcus, Gina, Coral Gables	•	•		
<b>Connecticut</b>					Marshall, Bryan, Spring Hill	•	•	•	•
<b>Delegates 7</b>					Nguyen, Robin, Trinity	•	•	•	•
Berkley, Jeffrey, West Haven	•	•	•	•	Pansick, Ethan, Delray Beach	•	•		
Brady, Thomas, Clinton	•	•	•	•	Paramore, Jolene, Panama City	•	•	•	•
Fried, David, Yalesville	•	•	•	•	Paul, John, Lakeland	•	•		
Knapp, Jonathan, Bethel	•	•	•	•	Pruett, Henry, Pensacola	•	•	•	•
Le, Tam, Hamden	•		•	•	Romano, Rodrigo, South Miami	•	•	•	•
Mooney, John, Putnam	•	•	•	•	Stevenson, Richard, Jacksonville	•	•	•	•
Natelli, Albert, Southington	•	•	•		Terry, Beatriz, Miami	•	•	•	•
<b>Alternates</b>					Zuknick, Stephen, Brandon	•	•	•	•
Brenner, Bethaney, Burlington	•				<b>Alternates</b>				
Desrosiers, Mark, Columbia	•				Brown, Andrew, Jacksonville	•			
Hindin, Allen, Danbury	•				Byrne, Susan, Tallahassee	•			
Nash, William, Fairfield	•				Cordoba, John, Lake Mary	•			
Riddle, Richard, Southington	•				Cowell, Christopher, Deland	•			
Treiber, Nancy, Plantsville	•				Ebert, Suzanne, Ponte Vedra	•			
Ungerleider, Michael, Granby	•				Glerum, Karen, Boynton Beach	•			
<b>Delaware</b>					Hall, Jeannette Peña, Miami	•			
<b>Delegates 2</b>					Jernigan, Kim, Pensacola	•			
Calhoon, Charles, Wilmington	•	•	•	•	Kalarickal, Zacharias, Wesley Chapel	•			
Williams, Erika, Wilmington	•	•	•	•	Miller, Paul, New Port Richey	•			
<b>Alternates</b>					Niessen, Linda, Davie	•			
Christian, Paul, Middletown	•				Ottley, Jeffrey, Milton	•			
Maher, Rachel, Wilmington	•				Palo, Paul, Winter Haven	•			
<b>District of Columbia</b>					Payne, Robert, Marianna	•			
<b>Delegates 2</b>					Stilley, Jessica, New Port Richey	•			
Grogan, Patrick, Washington	•	•	•	•	Thiems-Heflin, Suzanne, Ocala	•			
Tigani, Stephen, Washington	•	•	•	•	Trotter, Linda, Jacksonville Beach	•			
<b>Alternates</b>					Wunderlich, Hugh, Palm Harbor	•			
Cram, Sally, Washington	•				<b>Georgia</b>				
Noguera, Angela, Washington	•				<b>Delegates 10</b>				
<b>Florida</b>					Carpenter, Robert, Columbus	•	•	•	•
<b>Delegates 22</b>					Hasty, Christopher, Tifton	•	•	•	•
Ackley, Eva, New Port Richey	•	•	•	•	Jagor, Thomas, Atlanta	•	•	•	•
Attanasi, Ralph, Delray Beach	•	•	•		Jernigan, Ben, Decatur	•	•	•	•
Bird, Gerald, Cocoa	•	•	•	•	Lawson, Amber, Macon	•	•	•	•
Boden, David, Port Saint Lucie	•	•	•	•	Lopez, James, Columbus	•	•	•	•
Bulnes, Christopher, Tampa	•	•	•	•	Powell, Zachary, Saint Simons Island	•	•		
Carr Bustillo, Natalie, Riverview	•	•	•	•	Rainge, Louvenia, Augusta	•	•	•	•
Eggnatz, Michael, Weston	•	•	•		Reich, Robin, Smyrna	•	•	•	•
					Thomas-Moses, Donna, Carrollton	•	•	•	•
					<b>Alternates</b>				
					Adkins, Chris, Stockbridge	•			

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Meetings					Meetings			
	Registered	1	2	3		Registered	1	2	3
Babo, Evis, Atlanta	•				Pappas, Renee, Prospect Heights	•	•	•	•
Benson, Henry, Atlanta	•				Tiersky, Terri, Skokie	•	•	•	•
Bradberry, R. David, Marietta	•				Ursitti, Victoria, Arlington Heights	•	•	•	•
Halpern, Stanley, Woodstock	•				Van Scoyoc, Stacey, Bloomington	•	•	•	•
Mann, Marshall, Rome	•				<b>Alternates</b>				
Shatz, Peter, Marietta	•				Amirsoltani, Shafa, Elmwood Park	•			
Tourial, Sidney, Atlanta	•				Kay, Douglas, Oakbrook Terrace	•			
Vaughn, Ryan, Flowery Branch	•				Kumamoto, David, Chicago	•			
Wells, Erik, Athens	•				Larson, Bryce, Warrenville	•			
<b>Hawaii</b>					Norten, Mistie, Crystal Lake	•			
<b>Delegates 3</b>					Osmanski, Richard, Crystal Lake	•			
Cassella, Edmund, Honolulu	•	•	•	•	Palliser, Paul, Cary	•			
Nunokawa, Neil, Wailuku	•	•	•	•	Patel, Vishruti, Plainfield	•			
Shimizu, Curt, Honolulu	•	•	•		Pavel, Ilie, Chicago	•			
<b>Alternates</b>					Perlman, Sharon, Chicago	•			
Baysa, Robert, Mililani	•				Reedy, Lyle, Freeport	•			
Fujimoto, Patsy, Hilo	•				Smoron, Scott, Mount Prospect	•			
Lee, Christopher, Honolulu	•				Wetherell, Robin, Vienna	•			
<b>Idaho</b>					Zelazo-Smith, Susan, Chicago	•			
<b>Delegates 3</b>					<b>Indiana</b>				
Hisel, John, Boise	•	•	•	•	<b>Delegates 9</b>				
Newton, Joel, Twin Falls	•	•	•	•	Burns, Jill, Richmond	•	•	•	•
Thompson, Geoffrey, Hayden	•	•	•	•	Catey-Williams, Mara, Gas City	•	•	•	•
<b>Alternates</b>					Ellinwood, Steven, Fort Wayne	•	•	•	•
Fukuoka, Brooke, Jerome	•				Fridh, Daniel, La Porte	•	•	•	•
Penberthy, Timothy, Post Falls	•				Holm, Steven, Portage	•	•	•	•
Shelton Wagers, Jill, Boise	•				Leighty, Chad, Marion	•	•	•	•
<b>Illinois</b>					Roberts, John, Connersville	•	•	•	•
<b>Delegates 20</b>					Stolarz, Jeffrey, Whiting	•	•	•	•
Barnes, Bradley, Normal	•	•	•	•	Wolf, David, Indianapolis	•	•	•	
Barnfield, Terry, Salem	•	•	•	•	<b>Alternates</b>				
Benz, James, Chicago	•	•	•	•	Bergdoll, Allison, Fort Wayne	•			
Blew, Bryan, Moline	•	•	•	•	Celis, Lorraine, South Bend	•			
Boghosian, Alice, Park Ridge	•	•	•	•	John, Vanchit, Indianapolis	•			
Bona, Richard, Lansing	•	•	•		Maupin, Heather, Plainfield	•			
Bordenave Bishop, Susan, Peoria	•	•	•	•	Phillips, Gregory, Columbus	•			
Ciebien, Gerald, Riverside	•	•	•	•	Ranieri, Gene, Highland	•			
Doroshov, Susan Becker, Skokie	•	•	•	•	Shupe, James, Fort Wayne	•			
Hale, Denise, Palos Hills	•	•	•	•	Treat, Timothy, Indianapolis	•			
Kempf, Paul, Downers Grove	•	•	•	•	Yoder, Benjamin, Fort Wayne	•			
Larsen, Christopher, Moline	•	•	•		<b>Iowa</b>				
Markarian, Randall, Swansea	•	•	•	•	<b>Delegates 5</b>				
Moore, John, Orland Park	•	•	•	•	Gleason, Martin, Fairfield	•	•	•	•
Nelson, Kevin, Peoria	•	•	•	•	Hedlund, Shawn, Iowa City	•	•	•	•
Nicholas, Dean, Lombard	•	•	•	•	Hehr, Nathan, Mason City	•	•	•	•
					Peckosh, Valerie, Dubuque	•	•	•	•

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	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Stuntz, Ryan, Farley	•		•	•	<b>Maine</b>				
<b>Alternates</b>					<b>Delegates 2</b>				
Anderson, Scott, Cedar Rapids	•				Horutz, Kathryn, Portland	•	•	•	•
Johnsen, David, Iowa City	•				Shenkin, Jonathan, Augusta	•	•	•	
<b>Kansas</b>					<b>Alternate</b>				
<b>Delegates 4</b>					Tourigny, Dean, Biddeford	•			
Armfield, Melodee, Augusta	•	•	•	•	<b>Maryland</b>				
Hale, Hal, Wichita	•		•	•	<b>Delegates 7</b>				
Herre, Craig, Leawood	•		•	•	a'Becket, Thomas, Millersville	•	•	•	•
Sherwood, Cynthia, Independence	•	•	•	•	Allen, Gregory, Salisbury	•		•	•
<b>Alternates</b>					Christopher, Ann, Baltimore	•	•	•	•
Fales, John, Olathe	•	•			Liang, Christopher, Potomac	•	•	•	•
Reavis, Allen, Atchison	•				Mancini, Ronald, Bethesda	•	•	•	
Roufs, Brett, Newton	•				Rogers, Rick, Frederick	•	•		
Siebrasse, Jon, Parsons	•				Wilson, Robert, Gaithersburg	•	•	•	•
<b>Kentucky</b>					Ziara, Celeste, Princess Anne	•	•	•	•
<b>Delegates 5</b>					<b>Alternates</b>				
Elliott, O. Andy, Martin	•	•	•	•	Benavent, Vanessa, Clarksville	•			
Howard, H. Fred, Harlan	•	•	•	•	Nokkeo, Jay, Gaithersburg	•			
Lee, William, Lexington	•	•	•	•	<b>Massachusetts</b>				
Price, Dennis, Louisville	•	•	•	•	<b>Delegates 16</b>				
Wall, Kevin, Bellevue	•	•	•	•	Boss, John, Lowell	•	•	•	•
<b>Alternates</b>					Eddy, Arthur, Shirley	•	•	•	•
Curry, Barry, Owensboro	•				Gamache, Paul, Pittsfield	•	•	•	
Depp, Ansley, Highland Heights	•				Gobichettyalayam, Sathish, Fall River	•	•	•	•
Moats, Mark, Henderson	•				Gusha, John, Holden	•	•	•	•
Rich, Jonathan, Dry Ridge	•				Hanlon, Mary Jane, Kennebunkport	•	•	•	•
<b>Louisiana</b>					Howells, Philip, Northborough	•	•	•	•
<b>Delegates 6</b>					Lustbader, David, Quincy	•	•	•	•
Basinger, Brian, Shreveport	•	•	+	•	Marchand, Richard, Yarmouth Port	•	•	•	•
Chaney, Mark, New Orleans	•	•	•		Martin, Raymond, Mansfield	•	•	•	•
Daly, Nelson, Baton Rouge	•		•	•	Maslowski, James, Springfield	•	•	•	•
Luminais, Kenneth, Thibodaux	•	•	+	•	McGrath, Paul, Hyannis	•	•	•	•
Soileau, Kristi, New Orleans	•	•	•	•	Moriarty, Janis, Malden	•	•	•	•
Weaver, Stephanie, Lake Charles	•	•	•	•	Paul, Mina, Roslindale	•	•	•	•
<b>Alternates</b>					Trowbridge, Thomas, Lowell	•	•	•	•
Hebert, Catherine, Mandeville	•	•	+		Zolot, Howard, North Andover	•	•	•	•
Hildebrandt, David, Slidell	•			•	<b>Alternates</b>				
Morgan, Stephen, Houma	•				Lee, James, Lexington	•			
Ortego, L. Stephen, Ball	•				Massod, Linda, Danvers	•			
Scott, King, West Monroe	•		+		Schiano, Frank, Centerville	•			
Weaver, Daniel, Lake Charles	•				<b>Michigan</b>				
					<b>Delegates 18</b>				
					Berns, Jonathan, West Branch	•	•	•	•
					Christy, Todd, Berrien Springs	•	•	•	•

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	Meetings					Meetings			
	Registered	1	2	3		Registered	1	2	3
Conlon, Steven, Grand Rapids	•	•	•	•	<b>Missouri</b>				
DeHaan, David, Lake Orion	•	•	•	•	<b>Delegates 7</b>				
Gingrich, Margaret, Big Rapids	•		•	•	Butler, Robert, Webster Groves	•	•	•	•
Hennessy, Rhonda, Linden	•	•	•	•	Haley, Cheryl, Ozark	•		•	•
Holdwick, Gabriel, Harbor Beach	•	•	•	•	Raman, Prabu, Kansas City	•	•	•	•
Johnston, Mark, Lansing	•	•	•	•	Rapini, Vincent, Saint Louis	•	•	•	•
Kamar, John, Troy	•	•	•		Rechtin, Theodore, Bridgeton	•	•	•	
Knowles, Lisa, East Lansing	•	•	•	•	Roseman, Lori, Saint Peters	•	•	•	•
Knudsen, Eric, Escanaba	•	•	•	•	Tait, Robert, Grandview	•	•	•	•
Maihofer, Michael, Roseville	•	•	•	•	<b>Alternates</b>				
Meraw, Stephen, Warren	•		•	•	Burke, Mary, Saint Louis	•			
Patchak, William, Jackson	•	•	•		Edwards, Jonathan, Marble Hill	•			
Peters, Debra, Grand Rapids	•	•	•	•	Fitzpatrick, Amanda, Macon	•			
Shunk, Clayton, Sault St. Marie	•	•	•	•	Koelbl, James, Kansas City	•			
Tulak-Gorecki, Michele, Warren	•	•	•	•	Pyle, Marsha, Kansas City	•			
Vitek-Hitchcock, Alexa, Dewitt	•	•	•	•	Sokolowski, Joseph, Saint Louis	•			
<b>Alternates</b>					White, Connie, Kansas City	•			
Burling, Charles, Dowagiac	•	•							
Gorecki, Christopher, Warren	•				<b>Montana</b>				
Jeffers, Gary, Northville	•				<b>Delegates 2</b>				
Makowski, Martin, Clinton Township	•				Hadnot, Douglas, Lolo	•	•	•	•
Mashni, Jason, East Lansing	•	•			Lindemann, Kurt, Kalispell	•	•	•	•
Palm, Norman, Grand Rapids	•				<b>Alternate</b>				
					Kiesling, Roger, Helena	•			
<b>Minnesota</b>					<b>Navy</b>				
<b>Delegates 9</b>					<b>Delegates 2</b>				
Andersen, David, Park Rapids	•	•	•	•	Huber, Jayson, Rockville, MD	•	•	•	•
Cziok, Amber, Litchfield	•	•	•	•	Shaffer, Gayle, Rockville, MD	•	•	•	•
Dens, Kevin, Baxter	•	•	•	•	<b>Alternates</b>				
Kurkowski, Michael, Shoreview	•	•	•	•	Hernandez-Feldpausch, Marina, Ridgecrest, CA	•			
McDonnell, Stephen, Saint Paul	•	•	•	•	Molinaro, Joseph, Kensington, MD	•			
Nickman, James, North Oaks	•	•	•	•					
Resch, R. David, Saint Paul	•	•	•		<b>Nebraska</b>				
Taylor, Howard, New Brighton	•	•	•	•	<b>Delegates 3</b>				
Williams, Douglas, Bemidji	•	•	•	•	Hinrichs, R. Mark, Lincoln	•	•	•	•
<b>Alternates</b>					Morrison, Scott, Omaha	•	•	•	
Aguirre, Alejandro, Plymouth	•				Tusha, Kenneth, Verdigre	•	•	•	
Flynn, Michael, Winona	•								
Rao, Aruna, Saint Cloud	•				<b>Nevada</b>				
					<b>Delegates 3</b>				
<b>Mississippi</b>					Dragon, Richard, Gardnerville	•	•	•	•
<b>Delegates 3</b>					Saxe, Steven, Las Vegas	•	•	•	•
Donald, W. Mark, Louisville	•	•	•	•	White, David, Reno	•	•	•	•
Hollingsworth, James, Newton	•	•	•	•	<b>Alternates</b>				
Scarborough, Arthur, Richton	•	•	•	•	Brandon Abbatangelo, Tina, Las Vegas	•			
<b>Alternates</b>					Heinen, Margaret, Sparks	•			
Gwin, Sherry, Pearl	•				Sanders, Robert, Las Vegas	•			
Holman, John, Tupelo	•								
Mauldin, Barbara, Petal	•								

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	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
<b>New Hampshire</b>									
<b>Delegates 2</b>									
Hawkins, Hubert, Littleton	•	•	•	•	•	•	•	•	•
Rosato, Richard, Concord	•	•	•	•	•	•	•	•	•
<b>Alternates</b>									
Jackson, Lindsey, Gorham	•				•	•	•	•	•
Osofsky, Joshua, Milford	•				•	•	•	•	•
<b>New Jersey</b>									
<b>Delegates 14</b>									
Babinowich, Fredrick, Mercerville	•	•	•	•	•	•	•	•	•
Carotenuto, Frank, Roselle Park	•	•	•	•	•	•	•	•	•
Clemente, Elizabeth, Skillman	•	•	•		•	•	•	•	•
Dietz, Andrew, Haddon Heights	•	•	•	•	•	•	•	•	•
Divincenzo, Giorgio, Jersey City	•	•	•	•	•	•	•	•	•
Galvis, Diana, Totowa	•	•	•	•	•	•	•	•	•
Graham, Frank, Teaneck	•	•	•	•	•	•	•	•	•
Hersh, Robert, Freehold	•	•	•	•	•	•	•	•	•
Krantz, Daniel, Somerset	•	•	•	•	•	•	•	•	•
Rossi, Thomas, Roseland	•	•	•	•	•	•	•	•	•
Rothstein, Alan, Denville	•	•	+		•	•	•	•	•
Shekitka, Robert, Newark	•	•	•		•	•	•	•	•
Sterritt, Frederic, Belle Mead	•	•	•	•	•	•	•	•	•
Vitale, Mark, Edison	•	•	•	•	•	•	•	•	•
<b>Alternates</b>									
Ambrosio, Maria, Wayne	•				•	•	•	•	•
Delson, Jeffrey, Brigantine	•				•	•	•	•	•
Gallucci, Lisa, Marlton	•				•	•	•	•	•
Ghisalberti, Luciano, North Bergen	•				•	•	•	•	•
Goldberg, David, North Plainfield	•				•	•	•	•	•
Kahn, Richard, New Brunswick	•				•	•	•	•	•
LoMonaco, Carmine, West Caldwell	•				•	•	•	•	•
Pomerantz, Kenneth, Union	•				•	•	•	•	•
Roshong, Bryon, Dumont	•				•	•	•	•	•
Shah, Dipika, Holmdel	•			•	•	•	•	•	•
Small, Kaitlin, Lawrenceville	•		+	•	•	•	•	•	•
Weger, Robert, Convent Station	•			•	•	•	•	•	•
<b>New Mexico</b>									
<b>Delegates 2</b>									
Goad, J. Dale, Carrizozo	•	•	•		•	•	•	•	•
Manz, Julius, Farmington	•	•	•	•	•	•	•	•	•
<b>Alternates</b>									
Sparks, Michael, Albuquerque	•				•	•	•	•	•
Thompson, Jennifer, Farmington	•				•	•	•	•	•
<b>New York</b>									
<b>Delegates 36</b>									
Albicocco, Paul, Staten Island	•	•	•	•	•	•	•	•	•
Andolina, Richard, Hornell					•	•	•	•	•
Barnashuk, Frank, Orchard Park					•	•	•	•	•
Busino, Lawrence, Albany					•	•	•	•	•
Delaney, David, Albany					•	•	•	•	•
Dowd, Brendan, Buffalo					•	•	•	•	•
Fujimoto, Luis, New York					•	•	•	•	•
Galati, James, Halfmoon					•	•	•	•	•
Gehani, Rekha, Jackson Heights					•	•	•	•	•
Gellert, Jonathan, Lowville					•	•	•	•	•
Goudarzi, Payam, Johnson City					•	•	•	•	•
Gounardes, Steven, Brooklyn					•	•	•	•	•
Hanley, Kevin, Buffalo					•	•	•	•	•
Harrison, Wayne, Saratoga Springs					•	•	•	•	•
Hoddick, James, Tonawanda					•	•	•	•	•
Jacobs, James, New York					•	•	•	•	•
Jonke, Guenter, Stony Brook					•	•	•	•	•
Karp, William, Manlius					•	•	•	•	•
Lacey, Frederick, Binghamton					•	•	•	•	•
Leary, Paul, Smithtown					•	•	•	•	•
Ledner, Jay, Little Neck					•	•	•	•	•
Medrano-Saldana, Lauro, Brooklyn					•	•	•	•	•
Mentzelopoulou, Ioanna, New York					•	•	•	•	•
Mindlin, Mitchell, New York					•	•	•	•	•
Palmaccio, Frank, Plainview					•	•	•	•	•
Patella, Paul, Spring Lake					•	•	•	•	•
Peskin, Robert, Garden City					•	•	•	•	•
Porcelli, Eugene, Garden City					•	•	•	•	•
Scharoff, Gary, New Rochelle					•	•	•	•	•
Shipper, David, New York					•	•	•	•	•
Skolnick, Jay, Webster					•	•	•	•	•
Snyder, Steven, Saint James					•	•	•	•	•
Stahl, Berry, Bronx					•	•	•	•	•
Tota, Christopher, Hawthorne					•	•	•	•	•
Viola, Joseph, Webster					•	•	•	•	•
Weinberger, Mark, Clifton Park					•	•	•	•	•
<b>Alternates</b>									
Baim, Loren, Glens Falls					•	•	•	•	•
Buccigrossi, Philip, Staten Island					•	•	•	•	•
Cooperman, Kenneth, New York					•	•	•	•	•
Craddock, Joseph, Attica					•	•	•	•	•
Cuomo, Anthony, Carmel					•	•	•	•	•
Damelio, Steven, Penfield					•	•	•	•	•
Dominger, Martin, Port Jefferson Station					•	•	•	•	•
Donnarumma, Glen, Tonawanda					•	•	•	•	•
Essig, Steven, Ghent					•	•	•	•	•
Friedman, Joel, New York					•	•	•	•	•
Henner, Kevin, Deer Park					•	•	•	•	•
Hills, Donald, Woodbury					•	•	•	•	•
Jackson, Lois, New York					•	•	•	•	•

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	Meetings					Meetings			
	Registered	1	2	3		Registered	1	2	3
Jacobo, Amarilis, Bronx	•								
Jhaveri, Viren, Floral Park	•								
Keating, Michael, Auburn	•								
Liang, John, Utica	•								
Lukaswitz, Mary Ellen, Rye Brook	•								
Madonian, Margaret, Liverpool	•								
Maranga, Maria, Aquebogue	•								
Mears, Ernest, Oswego	•								
Miller, David, East Meadow	•								
Patel, Minerva, White Plains	•								
Quartey-Sagaille, Tricia, Brooklyn	•								
Rosenwein, Sari, Brooklyn	•								
Shreck, Michael, New Hyde Park	•								
Silvestri, Mario, Vestal	•								
Tischler, Craig, Rego Park	•								
Wadhwa, Gurinder, Menands	•								
Weisfuse, Deborah, New York	•								
Wetzel, Frederick, Schenectady	•								
<b>North Carolina</b>					<b>Ohio</b>				
<b>Delegates 11</b>					<b>Delegates 16</b>				
Bailey, L'Tanya, High Point	•	•	•	•	Baytosh, Joseph, Girard	•	•	•	•
Buchanan, John, Lexington	•	•	•	•	Bronson, Mark, Cincinnati	•	•	•	•
Card, Rex, Wake Forest	•	•	•	•	Chopra, Manish, Cincinnati	•	•	•	•
Cashion, Scott, Greensboro	•	•	•	•	Guter, Hans, Circleville	•	•	•	•
Cheek, Daniel, Hillsborough	•	•	•	•	Haid, Tara, Worthington	•	•	•	•
Davenport, C. Scott, Charlotte	•	•	•	•	Halasz, Michael, Kettering	•	•	•	•
Hardesty, Willis, Raleigh	•	•	•	•	Kelly, Thomas, Beachwood	•	•	•	•
Jewell, Wilson, Wilmington	•	•	•	•	Kimberly, David, Akron	•	•	•	•
Litaker, William, Gastonia	•	•	•	•	Marcucci, Richard, Lorain	•	•	•	•
Porter, Royce, Winston Salem	•	•	•	•	Mazzola, Robert, Miamisburg	•	•	•	•
Scheiderich, Mark, Fletcher	•	•	•	•	McCarthy, Britt, Columbus	•	•	•	•
<b>Alternates</b>					<b>Alternates</b>				
Ahmad, Nazir, Raleigh	•				Adams, Roderick, University Heights	•			
Chadwick, D. Gregory, Greenville	•				Connell, Christopher, Lyndhurst	•			
Feingold, Clifford, Asheville	•				Grbach, Bruce, Mentor	•			
Hollowell, Robert, Charlotte	•				Hanna, Adel, Springboro	•			
King, Rebecca, Chapel Hill	•				Hering, Denise, Gahanna	•			
Lindauer, Paul, Greenville	•				Jerome, Jennifer, Akron	•			
Olson, Shelley, Oxford	•				Jeter, Harold, South Point	•			
Williams, William, Greenville	•				Johnson-Curry, Danielle, Columbus	•			
<b>North Dakota</b>					<b>Oklahoma</b>				
<b>Delegates 2</b>					<b>Delegates 5</b>				
Erlandson, Steven, Grand Forks	•	•	•	•	Auld, Douglas, McAlester	•	•	•	•
Tronsgard, Paul, Fargo	•	•	•	•	Glenn, Stephen, Tulsa	•	•	•	•
<b>Alternates</b>					<b>Alternates</b>				
Anderson, Bradley, West Fargo	•				Griffin, Shannon, Edmond	•	•	•	•
Olson, David, Minot	•				Jones, Krista, Edmond	•	•	•	•
					Young, Stephen, Norman	•	•	•	•
					<b>Alternates</b>				
					Berg, Tamara, Yukon	•			
					Cohlmia, Matthew, Oklahoma City	•			
					Fagan, Timothy, Enid	•			
					Wilguess, Daniel, Edmond	•			
					Wood, C. Rieger, Tulsa	•			

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	Meetings				Meetings			
	Registered	1	2		3	Registered	1	2
<b>Alternates</b>								
Avery, James, Memphis	•							
Beauchamp, K. Jean, Clarksville	•							
Bryant, Lanora, Nashville	•							
Montgomery, Randall, Kingsport	•							
Orwick-Barnes, Susan, Knoxville	•							
Propper, Terryl, Nashville	•							
<b>Texas</b>								
<b>Delegates 27</b>								
Adkins, Jay, Lubbock	•	•	•	•				
Armstrong, Craig, Houston	•	•	•	•				
Cazares, Jose, McAllen	•	•	•	•				
Cooley, Ralph, Houston	•	•	•	•				
Danna, Jodi, Plano	•	•	•	•				
Duncan, David, Amarillo	•	•	•	•				
Garcia, John, McAllen	•	•	•	•				
Gerlach, William, Plano	•	•	•	•				
Goulding, Michael, Fort Worth	•	•	•	•				
Graves, Cody, Goldthwaite	•	•	•	•				
Harrison, Thomas, Katy	•	•	•	•				
Hopson, Jerry, Bonham	•	•	•	•				
Kennedy, Paul, Corpus Christi	•	•	•	•				
Ku, David, Lewisville	•	•	•	•				
Masters, Lisa, San Antonio	•	•	•	•				
May, Amos, Abilene	•	•	•	•				
Miller, Charles, Arlington	•	•	•	•				
Moore, Alan, Austin	•	•	•	•				
Morchat, Arthur, Gladewater	•	•	•	•				
Neal, Robert, Frisco	•	•	•	•				
Peppard, Richard, Austin	•	•	•	•				
Poteet, Sarah Tevis, Dallas	•	•	•	•				
Purdy, John, El Paso	•	•	•	•				
Roberts, Matthew, Crockett	•	•	•	•				
Sanders, Lance, Austin	•	•	•	•				
Walters, Karen, Houston	•	•	•	•				
Worsham, Debrah, Center	•	•	•	•				
<b>Alternates</b>								
Anderton, Xochitl, Post	•							
Atarod, Ensy, Austin	•							
Bone, James, Kerrville	•							
Cammarata, Rita, Houston	•							
Crump, Brad, Dallas	•							
Ho, Duc, Katy	•							
James, Laji, Houston	•							
Mason, John, Corpus Christi	•							
Nichols, Kathleen, Lubbock	•							
Ricci, Shane, Plano	•							
Rodriguez, Victor, Houston	•							
Smith, Carmen, Dallas					•			
Stokley, Rhonda, Austin					•			
White, Robert, Wimberley					•			
<b>Utah</b>								
<b>Delegates 5</b>								
Cowley, Mark, Ogden					•	•	•	•
Faddis, Kelly, Draper					•	•	•	
Theurer, Scott, Logan					•	•	•	•
Thornell, Rodney, Herriman					•	•	•	
Zeh, Glenn, Layton					•	•	•	•
<b>Alternates</b>								
Calderwood, Cody, Park City					•			
Chamberlain, Darren, Payson					•			
Smuin, Michael, Vernal					•			
<b>Vermont</b>								
<b>Delegates 2</b>								
Coakley, Cassandra, Montpelier					•	•	•	•
Opsahl, Thomas, Rutland					•	•	•	•
<b>Alternates</b>								
Lucier Pryles, Rebekah, White River Junction					•			
Peck, Loren, Bennington					•			
<b>Veterans Affairs</b>								
<b>Delegates 2</b>								
Arola, Patricia, Fredericksburg, VA					•		•	
Gerngross, Peter, Pearland, TX					•		•	•
<b>Alternates</b>								
Sabino, Mary Lou, Milwaukee, WI					•	•		
Smith, Gregory, Silver Spring, MD					•	•	•	
<b>Virgin Islands</b>								
<b>Delegate 1</b>								
Wechter, Stuart, St. Thomas					•	•	•	•
<b>Virginia</b>								
<b>Delegates 11</b>								
Anderson, David, Burke					•	•	•	•
Dougherty, William, Falls Church					•	•	•	•
Galstan, Samuel, Chester					•	•	•	•
Howell, Ralph, Suffolk					•	•	•	•
Hutchison, Bruce, Centreville					•	•	•	•
Iuorno, Frank, Glen Allen					•	•	•	•
Klima, Rodney, Burke					•	•	•	•
Link, Michael, Newport News					•	•	•	•
Reynolds, Elizabeth, Richmond					•	•	•	•
Sherwin, Ted, Orange					•	•	•	
Taliaferro, Richard, Stephens City					•	•	•	•

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.



	Registered	Meetings		
		1	2	3
<b>Alternates</b>				
Black, David, Vinton	•			
Howell, Christine, Suffolk	•			
Norbo, Justin, Purcellville	•			
Olenyn, Paul, Burke	•			
Ryan, Danielle, Vienna	•			
Sarrett, David, Richmond	•			
Southern, Cynthia, Pulaski	•			
Thompson, Brian, Marion	•			
Turner, Cassidy, Richmond	•			
Vlahos, Stephanie, Salem	•			
Young, Brenda, Fairfax	•			

**Washington**

<b>Delegates 13</b>				
Baer, Theodore, Tacoma	•	•	•	
Bender, Marissa, Edmonds	•		•	•
Cook, Amy, Auburn	•	•	•	•
Dahl, Ronald, Ferndale	•	•	•	•
Delecki, Christopher, Kirkland	•	•	•	•
Edgar, Linda, Federal Way	•	•	•	•
Larson, Bernard, Mount Vernon	•	•	•	•
Minahan, David, Kenmore	•	•	•	•
Ogata, Gregory, Mercer Island	•	•	•	•
Pauley, Cynthia, Redmond	•		•	•
Russell, Nathan, Bainbridge Island	•	•	•	•
Smith, Mary Krempasky, Spokane	•	•	•	•
Walker, Mark, Federal Way	•	•	•	
<b>Alternates</b>				
Baruffi, Austin, Tukwila	•			
Bradshaw, Dennis, Pasco	•			
Edgar, Bryan, Federal Way	•			
Jennings, Mary, Renton	•			

**West Virginia**

<b>Delegates 2</b>				
Leslie, Thomas, Berkeley Springs	•		•	•
Medovic, Michael, Wheeling	•		•	
<b>Alternates</b>				
Eckley, Brett, Beckley	•	•		
Majestro, Philip, Charleston	•			

**Wisconsin**

<b>Delegates 9</b>				
Chiera, Edward, Beloit	•	•	•	•
Clemens, David, Wisconsin Dells	•	•	•	•
Hansen, Chris, Two Rivers	•	•	•	•
Hebl, Monica, Milwaukee	•	•	•	•
Moser, John, Milwaukee	•	•	•	•

	Registered	Meetings		
		1	2	3
Nelson, Jon, Superior	•		•	•
Raimann, Thomas, Milwaukee	•	•	•	•
Reid, Thomas, Madison	•	•	•	•
Tepe, Patrick, Verona	•	•	•	•
<b>Alternates</b>				
Farrow, Benjamin, Madison	•			
Greene, Colleen, Wauwatosa	•			
Johnson, Christopher, Eau Claire	•			
Kenyon, David, Altoona	•	•		
Lobb, William, Mukwonago	•			
Mueller, Rick, Marshfield	•			
Murphy, Ned, Racine	•			
Steele, Rachel, Black River Falls	•			

**Wyoming**

<b>Delegates 2</b>				
Hill, Rodney, Casper	•	•	•	•
Jeffries, Carl, Worland	•	•	•	•
<b>Alternates</b>				
Clifford, Lynn, Lyman	•			
Cotant, Brian, Buffalo	•			

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

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