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December 2, 2011
MDA Central Office, Okemos

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Michigan Dental Association Foundation Report
VINA Clinic
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Blue Cross/Blue Shield of Michigan DNoA Report
Legislative Update
Grassroots Update
Michigan Dental Association

MINUTES OF THE BOARD OF TRUSTEES
December 2, 2011
MDA Central Office, Okemos

OFFICERS:
Dr. Connie Verhagen, president
Dr. Jeffery Johnston, president-elect
Dr. Norman Palm, vice-president
Dr. Gary Jeffers, immediate past president
Dr. Debra Peters, speaker
Dr. Virginia Merchant, editor
Dr. Mark Johnston, secretary
Dr. Martin Makowski, treasurer
Mr. Drew Eason, CAE, executive director

LEGAL COUNSEL:
Mr. Dan Schulte

ABSENT:
Dr. Dennis Engel, ADA 9th District Trustee

MDA STAFF: (for a portion)
Ms. Lisa Boettger, senior professional review specialist
Ms. Grace DeShaw-Wilner, CAE, managing vice president of professional affairs
Ms. Bernie Droste, CMP, manager of continuing education
Mr. David Foe, director of communications
Ms. Lori Kleinfelt, property/accounting manager
Mr. Thomas Kochheiser, CAE, director of public affairs
Mr. Josh Lord, director of membership and student affairs
Ms. Jo Ann Murphy, senior professional review assistant
Ms. Michelle Nichols-Cruz, board and house administrator
Ms. April Stopczynski, public affairs and legislative/insurance affairs assistant
Mr. Bill Sullivan, JD, director of legislative and insurance affairs
Ms. Andrea Sundermann, CAE, director of continuing education
Ms. Christine Wilson, RDA, professional review assistant

MDAIFG STAFF: (for a portion)
Mr. Craig Start, MBA, president

MDA SERVICES STAFF: (for a portion)
Mr. Darren Zwick, director

GUESTS: (for a portion)
Ms. Lynn Aronoff, MDA Grassroots Coordinator
Ms. Lani Becker, Associate Executive Director, Wisconsin Dental Association
Sherill Behnke, DDS Executive Secretary, Central District/Pierre Fauchard
Eugene Bonofilo, DDS, MDA Past President 1989-1990
David Borlas, DDS, Executive Director, Macomb District/MDA Past President 1996-1997
Patricia Boyle, DDS, Pierre Fauchard and Dental PAC Board of Governors
John Breza, DDS, MDA Past President 1990-1991
Richard Brodoski, DDS, MDA Past President 1994-1995
Lisa Christy, DDS, Chair, Committee on Communication, Education and Awareness
Steven Dater, DDS, MDA Past President 2007-2008/ADA Council on Governmental Affairs
Larry DeGroat, DDS, Chair, MDA Insurance & Financial Group Board of Directors
Joseph C. Harris, DDS, Pierre Fauchard
Rhonda Hennessy, DDS, Chair, Committee on Governmental and Insurance Affairs
Raymond Higbea Ph.D., assistant professor, Western Michigan University
Diane Hines, DDS, Vice-Chair, Michigan Board of Dentistry
Edward Hirsch, DDS, Executive Director, Detroit District/Pierre Fauchard
Michael Jennings, DDS, President, Michigan Dental Association Foundation/MDA Past President 1998-1999
Barb Kolling, RDH, Executive Secretary, Washtenaw District
Steve Legel, DDS, Member, Dental PAC Board of Governors
Lawrence Marcotte, DDS, MS, MDA Past President 1991-1992
William Metz, DDS, Member, Dental PAC Board of Governors
Cheri Newman, DDS, Pierre Fauchard
Ronald Paler, DDS, MDA Past President 1992-1993/Member, Michigan Dental Association Foundation
Danielle Ruskin, DDS, ADA Committee on the New Dentist/Pierre Fauchard
Richard Shick, DDS, MDA Past President 1976-1977
Edwin Secord, DDS, MS, MDA Past President 2006-2007
Clayton Shunk, DDS, Member, Dental PAC Board of Governors/Previous MDA Trustee
Alexa Vitek, DDS, Chair, Committee on Membership Recruitment and Retention

ANNOUNCEMENTS:

New Business:

President Verhagen asked if there was any new business to be submitted for this Board meeting. The Board was informed that if new business is not submitted to the Central Office 14 days prior to a Board meeting a 2/3 vote of the voting members of the Board present is required to consider the resolution. No new business was presented.

Conflict of Interest:

President Verhagen informed the Board that this agenda item is a time for trustees to mention or ask questions/comments regarding conflict of interest. The conflict of interest policy states that the trustee should report potential conflicts to the president with the Board making the final decision as to whether a conflict exists.
Dr. Curles Colbert informed the Board that his wife, Melanie, is the president-elect of the Michigan Dental Hygienists Association and will be installed as president in April 2012. He indicated that he believes this will not be a conflict for him.

**INVOCATION:**
Dr. Charles Burling provided the invocation.

**CONSENT CALENDAR:**
Four recommendations were contained on the Consent Calendar.

Even though all of the reports and/or policies below are not association policy and do not require a roll call vote, President Verhagen called for one roll call vote, which applies to each of the following recommendations. The recommendation that is association policy is designated with an asterisk.*

The following was adopted:

1-1211  
Resolved, that the following be adopted:  
Adopted  
Roll Call

**COMMITTEE ON GOVERNMENTAL AND INSURANCE AFFAIRS (CGIA)**

**ADA Explanation of Benefits**  
*ADA Explanation of Benefits  
Recommendation Number 281

**NEW BUSINESS**  
Allocating Funds to Support Database Upgrade  
Recommendation Number 277

**NEW BUSINESS**  
Dental PAC Board of Governors  
Recommendation Numbers 274-275

**ROLL CALL:**
In favor: Drs. Barsamian, Burling, Carter, Cilla, Colbert, Goodsell, Hamerink, Harris, Jeffers, Johnson, Z., Johnston, J., Johnston, M., Mack, Makowski, Meldrum, Merchant, Palm, Richards, Smiley, Tremblay, Young.

Opposed: None

The recommendations are listed below in their entirety:

2-1211  
Resolved, that the Michigan Dental Association pursue requirements such that dental benefit plans to provide in the explanation of benefits the name, degree, license number, and direct phone number of the licensed dentist or of any other individual who makes the final decision involved in accepting or rejecting the dental claim and that dentists reviewing claims submissions must be licensed in the United States, preferably within the jurisdiction of the Michigan Dental Association.
the dentist treating the patient in accordance with applicable state law.

3-1211 Resolved, that the Michigan Dental Association allocate up to $22,000 from the 2012 Non Reserve Fund to upgrade its association management software system. Adopted

4-1211 Resolved, that the Michigan Dental Association Board of Trustees hereby ratifies and approves the re-appointment of the following individuals as Governors of the Dental PAC Board of Governors:

Region III:
John Carter, DDS
(3-year term from January 1, 2012 to December 31, 2014)

Region VII:
Bill Metz, DDS
(3-year term from January 1, 2012 to December 31, 2014)

Region X:
Patricia Boyle, DDS
(3-year term from January 1, 2012 to December 31, 2014)

Region XII:
Charles Palumbo, DDS
(3-year term from January 1, 2012 to December 31, 2014)

5-1211 Resolved, that the officers of the Dental PAC Board of Governors for the 2012 year be:

Chair: Kerry Kaysserian, DDS
Vice-Chair: Bill Wright, DDS, MS
Secretary/Treasurer: John Buchheister, DDS

Adopted

ACTIONS ITEMS:

Michigan Dental Licensure Task Force:

Background information is contained in a report to the Board, dated September 16, 2011.

The Board discussed this matter and membership committee recommendation at great length. If the MDA were to create a task force to study this, the size of the task force would be quite large as many parties would want a seat at the table. The chair of the membership committee was present at the Board meeting, and indicated that the committee was divided on this matter, but forwarded a recommendation to the Board so that there would be discussion at the Board level.

The Board believes that this is a national issue. The MDA created a task force in 2001 on this same subject and it was decided after considerable review to take a wait and see what the ADA does on this matter. The Board believes that this continues to be the most appropriate position at this time.

The following was proposed for adoption and defeated:
Recommendation 273:
Resolved, that the Michigan Dental Association create a Dental Licensure Task Force comprised of stakeholders in the licensure debate, and be it further
Resolved that the scope of the task force is to review the subject of live patient licensure exams and recommend one of the following to the Board of Trustees:

A) Create a proposed statement in support of live patient licensure exams or
B) Create a proposed statement advocating for the elimination of live patient licensure exams in Michigan or
C) Create a proposed statement recommending that the MDA remain neutral on the subject.

The recommendation of the task force will be forwarded to the MDA Board of Trustees and House of Delegates for approval, and be it further
Resolved, that up to $3,000 be allocated from the 2012 Contingency Fund to cover task force meeting expenses.

Public Education Campaign:
Background information is contained in a report to the Board, dated November 2011.
The following was adopted:

6-1211 Resolved, that a special assessment be levied for each of the next three years in the following manner to conduct the MDA Public Education Campaign:

- 2013 - $265 per member
- 2014 - $280 per member
- 2015 - $295 per member

ROLL CALL:
A roll call vote was taken.
In favor: Drs. Barsamian, Burling, Carter, Cilla, Colbert, Goodsell, Hamerink, Harris, Jeffers, Johnson, Z., Johnston, J., Johnston, M., Mack, Makowski, Meldrum, Merchant, Palm, Richards, Smiley, Tremblay, Young.
Opposed: None

Electronic Voting in the HOD:
Background information is contained in a report to the Board, dated November 15, 2011.
A comment was made that there may be a cheaper system available for purchase; one where the speaker has a remote hooked into a laptop. Another comment was there is an advantage to renting a system; the technology will always be current.

The following was adopted:

7-1211  **Resolved**, that up to $4,550 be taken from the 2012 Contingency Fund to cover the costs of providing electronic voting in the 2012 MDA HOD, and **be it further Resolved**, that $4,550 be added to the 2013 House of Delegates budget draft.

**INFORMATIONAL:**

The Board reviewed the following informational items. No action was required.

- Master Calendar of Referrals
- Committee Minutes (posted online since the September Board meeting)
- September Board Minutes
- 2011 Contingency Fund and Non-Reserve Fund Balances

**MICHIGAN DENTAL ASSOCIATION FOUNDATION:**

Dr. Michael Jennings, president, Michigan Dental Association Foundation, provided the Board with a [written report](#) and an oral report on the activities of the Foundation.

**SIGNIFICANT STAFF ANNIVERSARIES:**

The following staff members celebrated a significant anniversary with the MDA:

- **25 Years:**
  - Lisa Boettger, senior professional review specialist

- **5 Years:**
  - Tammy Cauthen, human resource assistant

**MISSION OF MERCY:**

Background information is contained in a report to the Board, dated November 4, 2011.

In addition to the background materials provided, the Board viewed a brief video presentation on the Mission of Mercy Project.

President Verhagen has appointed Dr. Steve Harris as chair of the organizational committee with Dr. Verhagen serving as vice chair. Serving as staff liaisons are Ms. Andrea Sundermann and Ms. Lori Kleinfelt.
Lani Becker, associate executive director, Wisconsin Dental Association, provided the Board with her experience with the Mission of Mercy project in Wisconsin. She has attended and assisted with 24 missions in the United States.

She provided the Board with Wisconsin's Model of the Mission of Mercy Program:

- All of the funding for the project flows through the Foundation.
- Staff time is through the Association and not the Foundation.
- The Foundation receives public acknowledgement, the Association receives publicity (legislatively, public, members).
- Fundraising; most states with Delta Dental programs will contribute to the program, anywhere from ten thousand to one hundred thousand. Other companies that have offered support include Walmart, Pepsi, and Coca-Cola.
- WDA has held three successful events; the fourth will be held in June 2012. Each event has been held at a different location; it is not a dental home but to bring attention to access to care. Moving it around the state assists with calling attention to the access issues and at the same time avoiding a situation where the event becomes a “dental home”.
- WDA asks members to submit a proposal for the program to come to their part of the state. That way, WDA is assured going into the project that there is local community buy-in.
- WDA does not recommend dental schools as a site since they are not set up for the process this program deploys (triage area, xray area, feeding a large volume of volunteers, etc). The site should be outside of a large city such as Detroit due to mob mentality if too many patients show up and have to be turned away. It can quickly become a negative press event as experienced by a couple other states.
- 1,000 volunteers are needed (dentists, dental hygienists, dental assistants, dental office staff, dental students, local community volunteers, etc.)
- A good local committee will get those volunteers by working through local churches, rotaries, etc.
- WDA sends formal invitations to each legislator to attend the event. They are provided a tour through the operations with WDA legislative staff.
- EMT’s are required to be onsite.
- No nitrous oxide permitted.

A successful MOM event focuses on:

- Providing free access to critical dental care while placing a high priority on patients suffering from dental infections or pain.
- Raising public awareness of the increasing difficulty adults and children with limited financial resources face in accessing critical dental care.
- Challenging patients, policymakers and dental professional to work together to reduce dental disease and improve the oral health of residents, including those who have been promised care by the state.
Trustees were asked to email names of interested local members to Drs. Harris or Verhagen.

Once the date is set, a deposit of $5,000 will be required. A budget will be provided to the Board at its February 2012 meeting along with a request for any necessary seed money.

The following was adopted:

**8-1211**  Resolved, that the Michigan Dental Association host an America's Dentist Care Foundation Mission of Mercy Project in Michigan and be it further

Resolved, that a Mission of Mercy Work Group be formed to determine date and location as well as other logistics/costs and report back to the MDA Board at its February 2012 meeting.

**MDA INSURANCE & FINANCIAL GROUP (MDAIFG):**

*Report on Activities:*

Mr. Craig Start, president, MDAIFG, provided the Board with a report on activities, to include:

- Frankenmuth Insurance Endorsement: The change from Michigan Millers to Frankenmuth Insurance will be seamless for MDA members. This is a better program with a more financially stable company, saving staff time and money. The largest renewal month for this program is in January.

- Professional Protector Plan (PPP): The PPP won the Administrator of the Year Award which is based on new business growth and retention.

- The Auto/homeowners program has reached a milestone of over one million dollars in premiums this year.

- Amalgam Separator Program: Once the grant monies have been disbursed, the program will cease. MDA Services will attempt to seek more grant money; however there is no guarantee it will be provided.

- MEBS: In June 2010 the MDA approved an endorsement for MEBS, which is a direct reimbursement program with the use of a debit card. It was thought this would work for employers. It is up to MEBS to find an employer willing to utilize the program; this has not happened yet.

- BCBSM Advisory Board: Mr. Start serves on a BCBSM Advisory Board. MDAIFG diligently continues to work to find a niche in the future of health insurance.

- Computer Server: The current servers are not adequate to handle the future needs of the MDA/IFG. Efficiencies are being created by purchasing one new large server rather than four smaller ones. IFG has agreed to purchase the new server.

- Health Claims Tax: On January 1, 2012 a new .75% tax on all Michigan health claims and claims on Michigan residents (medical, dental, vision) will become effective. While the tax is on claims, the State has structured it in such a way that the insurance companies are responsible for collecting and reporting and they are able to push the cost to the insured.
Mercer OnTrack Software Endorsement:
Background information is contained in a report to the Board, dated November 14, 2011.

The following was adopted:

9-1211 Resolved, that the Michigan Dental Association Board of Trustees endorse the OnTrack Business Intelligence System offered by Mercer Advisors, subject to a mutually acceptable agreement.

ANNOUNCEMENTS/REPORTS (OFFICER/TRUSTEE/STAFF/OUTSIDE LIAISONS):
Region IX (Detroit) Trustee:
Dr. Michael Young, Region IX trustee, announced he is resigning his position effective at the 2012 MDA Annual Session. He will not fulfill the remaining year of his term on the Board. A new trustee from Region IX (Detroit) will be inducted at the MDA House of Delegates meeting in April 2012.

Treasurer Announcement:
Dr. Steve Harris announced his candidacy for treasurer of the MDA for 2012-2013.

Foundation Golf Outing:
The Foundation Golf Outing will be held May 11, 2012 at Forest Acres in Lansing. The Foundation’s goal is to secure 100 participants this year.

Michigan Dental Golf Association:
The Michigan Dental Golf Association will hold a golf outing on June 1-3, 2012 at Tree Tops. All are invited to attend. Interested individuals can send an email to Dr. Mark Johnston to get on the email list for golf events.

ADA Treasurer:
Dr. John Moser of Wisconsin will be running for treasurer of the ADA in 2012. He is the current WDA treasurer.

Liaison List to Outside Organizations:
The Board was informed that it will be provided with an updated liaison list at the February 2012 Board meeting. MDA is expanding its networking to assure that dentistry has a voice with regard to relevant organizations. While the list has increased, the liaisons will not always be a trustee and/or staff; MDA will tap into those members with valuable contacts, such as past presidents, components, etc.

Master Calendar of Referrals:
The Board Committee on Finance was referred the strategic objective “reduce the building dues increase”. The Board was informed that the building will be paid off in the last year of the dues increase for the building (2014).
Membership Update:
Dr. Alexa Vitek, chair, Committee on Membership Recruitment and Retention, informed the Board that the dues waiver process has been reviewed and updated. The five options to receive a waiver are:

1. Physical disability and/or illness
2. Family Obligation
3. Service to Country
4. Disaster Recovery
5. Financial Hardship (divorce, breakup of partnership, poor financial management, etc.)

The MDA has received five dues waivers so far for 2012.

LOCAL ACCESS PROGRAMS:

VINA Clinic:
Dr. William Metz provided the Board with a presentation on the VINA Clinic in Livingston County. The VINA clinic is a non-profit outreach opened in 2008 in Livingston County. Its mission statement is to provide quality, affordable dental care to Livingston County residents with limited finances and little to no access to dental care while upholding the professional standards of dentistry in a concerned and compassionate way.

Calhoun County Dental Partnership:
Raymond Higbea Ph.D., assistant professor, Western Michigan University, provided the Board with a summary report on The Dentists' Partnership A Pay-it-Forward Dental Access Initiative.

The foundation of the Dentists' Partnership is a commitment among community dentists to join together to serve individuals with the greatest and most urgent needs, regardless of their ability to pay.

A key component of the Dentists' Partnership is that the load is shared equitably among those participating, so that no one dentist bears an undue burden. In addition, support structures are established for the dentists who are serving the uninsured.

Reporting on Local Access Programs:
Dr. Verhagen reminded Board members to provide the MDA staff with information on access programs in their local areas. Additional presentations on local programs will be made at the February Board meeting.

PIERRE FAUCHARD PRESENTATION:
Dr. Edward Hirsch and Dr. Joe C. Harris, international president, presented the MDA with a statue of the father of modern dentistry, Pierre Fauchard.

The original statue is in front of the Oklahoma Dental Society building. To signify its 75th anniversary, Pierre Fauchard had 75 of the statues made in a smaller version.
The Michigan section purchased one of the smaller versions of the statue for display at the MDA Headquarters Building.

BLUE CROSS/BLUE SHIELD OF MICHIGAN:
Dr. Edwin Secord, dental member, Blue Cross/Blue Shield of Michigan Board of Directors, provided the MDA Board with a report on what has occurred since Blue Cross/Blue Shield of Michigan’s transfer of claims processing to DNoA in July. Click here to view the written report.

Blue Cross/Blue Shield of Michigan’s Board of Directors comprises 35 people from five components that have a stake in how it does business. The components are the public, providers, subscribers, “other”, and BCBSM corporate management. Public Act 350, the state law that governs how it does business, mandates BCBSM’s diverse board composition and its rigorous selection process.

Public Act 350 allows the group with the largest number of claims to have a representative on the BCBSM board in the “other” category. For years, dentistry has held this seat as it has the most claims activity. If another segment of health care practitioners’ claims history had more than dental claims, that group would be entitled to the “other” seat.

Executive Session is on the next page
Executive Session

The outcomes of the executive session are now considered policy and are public knowledge. The discussion that took place in the meeting that led to the actions, however, are confidential and are not to be shared.

FIRST EXECUTIVE SESSION:

2012 ADA Council Appointments:

According to the MDA/WDA rotation schedule, the following 9th District positions are open Michigan appointments in 2012:

- **ADA Sessions** (Dr. William Huberty from WDA is currently serving)
- **New Dentist** (Dr. Danielle Ruskin from MDA is currently serving; cannot serve longer)
- **Dental Accreditation**: This is an ADA Board nominated position and not a district appointment. Even though this is an ADA Board nominated position, MDA trustees may submit names to Dr. Engel.
- **Scientific Affairs**: There are four positions open to all trustee district nominations. Even though these are ADA Board nominated positions, MDA trustees may submit names to Dr. Engel.

The Council on Scientific Affairs determines what type of expertise it requires annually for open positions. MDA will be contacting Dr. Denny Engel to determine whether the Council on Scientific Affairs has made the determination for 2012 yet.

Board members were encouraged to submit nominations to the MDA prior to February 1 as the Board, at its February 17, 2012 meeting, will review all nominees and provide the 9th District Trustee with its selections.

2012 MDA Award Nominations:

Trustees submitting nominations were provided with an opportunity to make a brief presentation on their nominee(s). The vote will take place on Friday, December 2, 2011 via secret ballot during the Board’s second executive session in the afternoon.

Legislative/Grassroots Update:

The Board was provided with a written [legislative update](#) and [grassroots update](#) by Mr. Bill Sullivan, JD, director of legislative and insurance affairs as well as an oral update on the following:

- Dental CT Cone Beam
- PA161
- Statutory regulation of mobile dental facilities
- Healthy Kids Dental expansion
- Governors message on health care
- Non-covered services legislation
Executive Session

The outcomes of the executive session are now considered policy and are public knowledge. The discussion that took place in the meeting that led to the actions, however, are confidential and are not to be shared.

Washington Legislative Trip:
Background information is contained in a report to the Board, dated November 2011.

The following were adopted:

10-1211 Resolved, that the fall MDA Washington DC trip be suspended until further notice, and be it further
Adopted
Board Policy Manual

Resolved, that attendance to the ADA Washington Leadership Conference continue with the attendees to be determined at the discretion of the MDA president, in conjunction with the chair of the MDA Committee on Governmental and Insurance Affairs, and be it further

Resolved, that the MDA cover hotel, airfare, per diem and ground transportation for up to 10 individuals, minus any expenses covered by the ADA.

11-1211 Resolved, that MDA Board policy 25-1206 regarding the ADA Leadership Conference, Board policy 8-211 regarding the MDA Washington trip and Board policy 7-1205 regarding both events be rescinded.
Adopted

Criteria for Election to the Delta Dental Plan Board of Directors:
Background information is contained in a confidential report to the Board, dated November 2011.

The following was adopted as amended:

12-1211 Resolved, that prior to development of additional criteria, the Michigan Dental Association will communicate with Delta Dental that the MDA would prefer that dentist members of the Delta Dental Board of Directors meet the following criteria:
Adopted
Board Policy Manual

- A member in good standing of the Michigan Dental Association
- Not be employees of Delta Dental

And be it further
The outcomes of the executive session are now considered policy and are public knowledge. The discussion that took place in the meeting that led to the actions, however, are confidential and are not to be shared.

Resolved, that the MDA communicate to Delta Dental that the MDA should receive the names of nominees no later than 60 days prior to the installation of the board members.

And be it further

Resolved, that the MDA communicate to Delta Dental that MDA should have the opportunity to interview dentist nominees.

And be it further

Resolved, that the MDA Board utilize the following additional criteria when approving appointments to the Delta Dental Board of Directors:

- Disclose any conflicts of interest
- Be able to attend a majority of the Delta Dental Board of Directors meetings
- Agree to provide regular reports to the MDA Board of Trustees
- Agree to serve as a consultant on the MDA Committee on Governmental and Insurance Affairs if requested
- Be familiar with the issues and concerns of the MDA members and public

HB4718 Re: Hygienist Second Pair of Hands:

Background information is contained in a confidential report to the Board, dated November 2011.

The following were adopted:

13-1211 Resolved, that the Michigan Dental Association support legislation to allow a dental assistant, by assignment of a supervising dentist, to assist a registered dental hygienist (RDH) in a public or private setting. A dental assistant may assist an RDH on any procedure that an RDH can legally perform without a dentist present. The dental assistant can only perform procedures under this scenario that they are by law/rule authorized to perform.

14-211 Resolved, that Resolutions 1-ES9/22/11 and 2-ES9/22/11 be rescinded.

Adopted Board Policy Manual

Minutes of the Board of Trustees
December 2, 2011
Page 14
Executive Session

The outcomes of the executive session are now considered policy and are public knowledge. The discussion that took place in the meeting that led to the actions, however, are confidential and are not to be shared.

MDA Governance:
The Board is aware that in 2001 a thorough review of the governance structure was conducted by a Special House Committee on Governance. A recommendation was made to the 2012 House of Delegates to reduce the number of trustees to 12 from 23 (one trustee per trustee district). This recommendation was defeated by the House.

The Board is aware that the approximate savings would be approximately $13,000 per trustee. MDA could save at least $65,000 if the Board were reduced to one trustee per trustee region. This change would create efficiencies and be fiscally responsible.

Current policy is on governance review, contained in the Association Policy Manual, reads as follows:

Resolution 23H-03:
Resolved, that the Michigan Dental Association examine its governance structure at least every 12 years.

In that the resolution states that the governance structure should be examined at least every 12 years, the Board believes that it is time now to review the governance structure.

The following was adopted:

15-1211 Resolved, that the MDA president appoint a Governance Workgroup and be it further
Adopted

Resolved, that $500 be allocated from the 2012 Contingency Fund to cover meeting expenses.

Detroit District Dental Society:
The Board was provided with an update on the dental society from Drs. Diane Hines and Danielle Ruskin.

Special Committee on Executive Director Evaluation:
The Board was provided with a brief report by the Special Committee on Executive Director Evaluation.

Access to Care/Mid-Level Provider:
The Board discussed access to care/mid-level provider.
Executive Session

The outcomes of the executive session are now considered policy and are public knowledge. The discussion that took place in the meeting that led to the actions, however, are confidential and are not to be shared.

SECOND EXECUTIVE SESSION:

2012 MDA Awards:
The following were adopted:

16-1211 Resolved, that the 2012 John G. Nolen Meritorious Award be Adopted presented to Dr. John Buchheister, Macomb District Dental Society.

17-1211 Resolved, that a 2012 MDA Public Service Award be presented to:

- Kevin Hale, DDS, MS, Livingston District Dental Society
- Scott Hodges, DDS, MS, West Michigan District Dental Society
- Alfred Stines, DDS, MS, Livingston District Dental Society
- Infinity Dental Partners Dental Day 2011 (Drs. Charles Keever, Elias Achey, Jared Van Ittersum, Paul Voss), Muskegon District Dental Society

18-1211 Resolved, that a 2012 New Dentist Leadership Award be Adopted presented to:

- Carrie McDougal, DDS, Kalamazoo Valley District Dental Society
- Seth Vruggink, DDS, West Michigan District Dental Society
- Connie Verhagen, DDS, MS
- Mark Johnston, DDS
- President
- Secretary
Michigan Dental Association
Foundation
BOT Report December 2, 2011

The Michigan Dental Association Foundation has had another very busy year. The 2011 highlights are as follows:

- Awarded three $5,000 Health-care grants
  1) Community Healthcare Connections, Battle Creek, MI
  2) St. Joseph Mercy Oakland, Pontiac, MI
  3) TMG Dental Health Foundation, Farmington Hills, MI

- Awarded four Dental Scholarships
  - Total 103 to date for $123,500

- Detroit Goodfellows’ Holiday Project
  - 35,000 dental toothcases
  - 230,000 kits to date

- Wayne County Medical Society Foundation Holiday Event
  - 200 toothcases
  - 800 kits to date

- GKAS day contributor
  - University of Michigan
    - dental toothcases supplied (since 2008)
    - funding for planning lunches

- MDA Dental Health Month contributor
  - provided funding ($2,000)

- American Association of Pediatric Dentistry
  - Student Chapter University of Michigan
    - contributed supplies for the annual Halloween “Boo Bash”
  - Oral Health Education Project (400 kits)

- Annual Golf Outing
  - 83 participants
- Annual Car Raffle
  - Sold out again 400 tickets

The Foundation finances continue to be managed, monitored and invested for the long term success of your Foundation. The MDA Foundation accepted the administration of the previous MDA Relief Fund in 2009. As of November 15, 2011 the Relief fund portion managed by Mellon Bank has grown to $327,268 and investments managed by UBS are at $947,022. The total of MDAF assets as of September 30, 2011 is $1,316,876.

A Planned Giving Opportunity for our supporters was unveiled in the spring of 2011. MDAF contracted with the Stelter Group to assist in the management and communication for our program. Our first year goal was one of awareness utilizing print and electronic communications. The program has been well received with the first member of our enhanced level of commitment, the Legacy Circle, committing this year.

Our Board has contracted with the Breton Group to facilitate a formal strategic planning program in December. As the MDA Foundation has grown, we must continue to keep abreast of the philanthropic communities in the state to maximize our resources and continually verify the relevancy of our mission to our constituents.

The philanthropic climate nationwide and especially in Michigan has presented challenges to all groups. The Foundation continues to look for ways to engage our membership, our supporters and network with like minded organizations to leverage our potential impact.

We have added a new Board member, as you know. Dr. Sam Daniels will be on board in December. We are continually looking for qualified and motivated individuals with an interest in serving in the philanthropic world.

We are looking forward to an exciting 2012: Some highlights:

- Kroger’s Community Rewards Program

- Annual Golf Outing
  - Forest Akers West Golf Course
  - Format updates to engage even more participants
  - Goal 100 participants
- Strategic Planning Process
  - Implementation

- IMIS computer Fundraising Module
  - enhance and focus our contacts
  - better utilize our Board members and staff

- Planned Giving Program
  - engage our supporters with legacy options
  - continue to increase awareness with both print and electronic mediums
  - increase face to face contacts

- Annual Car Raffle
  - Chrysler 200 convertible, (two year lease), Dream Vacation, or 14,000 cash
  - 400 tickets

- Grants and Scholarships

- DMEX Scrap metal donation

- Goodfellows Project and networking

I want to acknowledge and thank the Michigan Dental Association and the MDA Insurance and Financial Group for your continued support. Your support as Board members as part of our Inner Circle of Giving has been a key to our success. The MDA Foundation considers itself an integral part of the MDA family, and as such, looks forward contributing to the enhancement of the overall image of all our groups.

Thank you for your time,

Dr. Michael Jennings
MDA Foundation, President
V.I.N.A.
(VISION, INTEGRITY, NEED, ACTION)

Mission Statement:
To provide quality, affordable dental care to Livingston County residents with limited finances and little to no access to dental care while upholding the professional standards of dentistry in a concerned and compassionate way.

VINA COMMUNITY DENTAL

- **Founded:** Officially opened on 9/17/08
- **Location:** Livingston County, MI, in Brighton’s First Methodist Church
- **Facility:** Non-profit outreach
- **Purpose:** To give people access to dental care and dental education

VISION, INTEGRITY, NEED, ACTION

**Services Provided:**
- Exams including oral cancer
- Cleanings
- Fillings
- X-rays
- Fluoride Treatments
- Extractions
- Dental Education Materials

**Services NOT Provided:**
- Braces
- Whitening
- Cosmetic Dentistry
- Sedation – IV or oral
- Nitrous Oxide (Laughing Gas)

ELIGIBILITY

Eligibility: Patients must meet ALL 4 requirements:

1. Individuals must live in Livingston County
2. Individuals must be 19 years or older unless they are an emancipated minor
3. Households must have NO dental insurance
4. Households must have an income at or below 200% of federal poverty level. This also includes public assistance, social security, and unemployment.

STATS FOR V.I.N.A.

- Through 10/31/11, 1143 patients have been registered.
- These patients have received 5306 dental appointments, including 307 referrals to specialists.
- Specialists accepting VINA patients into their offices for treatment include periodontists, endodontists, oral surgeons and prosthodontists.
- There have been an average of 144 donated dental appointments per month since opening in 2008.
V.I.N.A.

- 11678.50 hours of volunteer service at the clinic.
- Volunteer dentists, dental hygienists, dental assistants and front desk office workers provide the majority of the service at VINA.
- VINA employs three part-time dentists to augment the volunteers.
- In addition to volunteer hours at VINA, there have been thousands of hours logged by committees such as the Executive Board and the fundraising committee.

MAJOR GRANTS AND ACCOMPLISHMENTS:

- VINA became a United Way partner agency in 2011 and currently receives $20,000 per year to provide services to patients.
- VINA has received four Blue Cross Blue Shield Safety Net grants (2008, 2009, 2010 and 2011) totaling nearly $80,000. The grant funds were used to upgrade dental equipment.
- VINA received a $10,000 grant from the Community Foundation for Livingston County, which helped provide funds for the recent expansion.

WHAT’S NEW

- September 2011 expansion
- VINA now has four operatories with all new equipment

V.I.N.A. FUNDRAISING

- Teaming up for VINA Spartans vs. Wolverines:
  - The VINA Tailgate - held annually. The Tailgate party features a friendly fundraising competition between the Wolverines and the Spartans: $45,000 raised this year.
- Have a Heart/Give a Smile:
  - VINA Auction held each February. The event features a gourmet meal plus a live and silent to raise money to support the clinic.
- Small Change for Big Smiles:
  - Fundraiser run in 30 dental offices
  - This fundraiser brings in $7500-$9000 annually

V.I.N.A.

- Support from Livingston District Dental Society
- Of approx. 85 members:
  - 44 are financial sponsors
  - another 13 specialists see VINA patients in the office
  - another 10 are regular volunteers at the clinic
  - another 5-10 volunteer at least once per year and/or support the fundraisers
  - All the county orthodontists are financial sponsors
  - All totaled, VINA receives some type of support from nearly 90% LDDS members.

V.I.N.A.

- Address: 400 E. Grand River, Brighton, MI 48116
- Phone #810-844-0240
- Hours of operation: Mon-Fri: 9a-12p and 1-4p
- If you have any questions regarding donations, please contact donations@vinadental.org
V.I.N.A. COMMUNITY DENTAL

RIBBON CUTTING CEREMONY 2008

DR. CHRISTINE LOVE PRESENTS A PLAQUE TO RANDY ROSS FROM THE COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN THANKING THEM FOR THEIR DONATION AT THE REDEDICATION CEREMONY IN SEPTEMBER 2011

VINA VOLUNTEERS IN THE NEW RECEPTION AREA

V.I.N.A. OPERATORY

OPERATORY AND PANOREX
VOLUNTEER’S MAKE IT HAPPEN

Dental Assistants Kathy and Tetyana

Volunteer Hygienist Leah Dailey

VINA PATIENTS

V.I.N.A. FUNDRAISING

U OF M VS. STATE

Advertising for the Tailgate

Poster for the tailgate

V.I.N.A. FUNDRAISING

U OF M VS. STATE

Items in the silent auction

Dr. Steve Edlund and D4 student volunteers at the tailgate

V.I.N.A. FUNDRAISING

U OF M VS. STATE

Local judge Mike Hatty and best dressed fan

Dentists Brian Petersburg and Fred Bonine pleased for last minute donations

V.I.N.A. FUNDRAISING

U OF M VS. STATE

Dr. Fred Bonine – MSU Fan Rep - Gets a Pie in the Face for the State fans not donating enough
The Dentists' Partnership
A Pay-It-Forward Dental Access Initiative

Four-Year Summary Report
Presented June 2011

For additional information, contact:
Samantha Pearl
Community HealthCare Connections
190 E. Michigan Avenue, Suite 385
Battle Creek, MI 49014
(269) 969-6461
spearl@chcconnections.org
History & Background

NARRATIVE

A group of community leaders began meeting in early 2007 to discuss the need for increased access to dental care for those with acute or urgent conditions. The group estimated at that time that there were approximately 4,700 individuals in Calhoun County who were living at or below poverty and likely to need urgent dental services in any given year. These individuals, the majority of whom were uninsured, lacked the ability to pay for these services on their own. For them, lack of funds meant lack of access.

As a group, they believed that one solution could not address the volume of need in our community; that we could only hope to provide comprehensive access when all those in a position to help were involved and committed. Accordingly, we worked to join together our community dentists, community funders, community hospitals, local free clinics, Calhoun Health Plan, KCC Dental Hygiene School, and our Federally Qualified Health Centers (FQHCs). Through this partnership of committed organizations and individuals, we began to form a truly comprehensive dental safety net.

The Dentists’ Partnership describes one way in which we hoped to engage our community dentists.

PROCESS

1. Evaluate Emergency Department Numbers;
2. Form The Community Dental Access Initiative (CDAI) group;
3. Conduct a SWOT Analysis around dental access;
4. Develop ideas for the first initiative, “the Dentists’ Partnership”;
5. Overcome “bound to fail” attitude;
6. Conduct one-on-one dentist interviews;
7. Develop initial program design;
8. Get CDAI group feedback;
9. Get dentist feedback;
10. Make adjustments based on feedback;
11. Recruit dentists using “Advocate” method;
12. Launch the initiative (6/1/07);
13. Continuous feedback and adjustment (June 2007 – present);
14. Four years later...
Community Dental Access Initiative

Ways to Help

Serving the Uninsured
Paid Services

Employment Relationship
(Part-Time or Full-Time)
Family Health Center of Battle Creek or Albion

Serving the Uninsured
Donated Services

Dentists' Partnership

Calhoun County Senior Millage
Dentists' Partnership Dentists
(Paid services for residents aged 60+)

Donate Time & Services
In Your Own Office

Donate Time & Services
Off Site
Fountain Clinic
Nursing Clinic
KCC Dental/Hygiene School
The foundation of the Dentists' Partnership is a commitment among community dentists to join together to serve individuals with the greatest and most urgent needs, regardless of their ability to pay. A key component of the Dentists' Partnership is that the load is shared equitably among those participating, so that no one dentist bears an undue burden. In addition, support structures are established for the dentists who are serving the uninsured.

PATIENT CONTRIBUTIONS

We believe strongly in the value of each individual, regardless of financial worth. Those who receive help through the Dentists' Partnership have the ability to make a valuable contribution to their community. They do so by providing community volunteer service at local nonprofit organizations.

ORAL HEALTH EDUCATION

In order to ensure that the volume of need decreases over time, we believe it is important to increase the frequency and quality of oral health education among those we serve. Accordingly, every recipient of help through the Dentists' Partnership completes an oral health education class, receives one-on-one training with a dental hygienist, and is given toothpaste, toothbrushes, disclosing tablets, and floss.

PROGRAM DESIGN

The Dentists' Commitment to the Initiative

Each dentist who joins the Dentists' Partnership Initiative (DPI) chooses to participate at one of three levels, depending upon his/her ability to give.

- **Access Level** members commit two to three (2-3) visits per month;
- **Partner Level** Members commit four to seven (4-7) visits per month;
- **Advocate Level** Members commit eight or more (8+) visits per month;
- **All Members:**
  - Sign a Letter of Commitment;
  - Commit to one year of service;
  - Commit, upon entering the Partnership, to a schedule (of their own choice) for seeing Dentists' Partnership patients;
  - Provide information to the DPI staff (such as services provided, any no-shows, etc.) so that we can evaluate and adjust the program.
Our Commitment to the Dentists

Access Level Members:
- The DPI will work with each dentist to determine his/her preferences with regard to scheduling of visits, intake and screening paperwork, etc.;
- The DPI will schedule appointments for Dentists' Partnership patients according to the dentists’ preferences;
- The DPI will place reminder calls to each patient before his/her appointment;
- Dentists’ Partnership members may request priority enrollment in the Calhoun Health Plan Plan B Basic Coverage Plan for his/her own patients who have an urgent need for access to basic medical care;
- The DPI will provide ongoing recognition, including a full-page ad in the five (5) local newspapers during Cover the Uninsured Week, quarterly recognition ads for Dentists’ Partnership Members, and other forms of recognition.

Partner Level Members Receive all Access Level benefits, plus:
- The DPI will work with each DPI patient to identify and remove barriers to care, including transportation, childcare, language translation, etc.;
- Should a Dentists’ Partnership patient fail to appear for a scheduled dental appointment, the DPI will pay the dentist a $35 no-show fee;
- The DPI will provide a $1,000 Commitment Bonus to each participating dentist upon his/her signature of the Letter of Commitment;
- The DPI will provide a $1,000 annual Resource Fund for Partner Level members. The Resource Fund may be used for purchases that improve the dentist’s practice or enhance patient care, including but not limited to, office & dental equipment, staff training, dental materials, etc.

Advocate Level Members Receive all Access and Partner Level benefits, plus:
- The DPI will provide an additional $1,000 annual Resource Fund (total of $2,000) for Advocate Level members. The Resource Fund may be used for purchases that improve the dentist’s practice or enhance patient care, including but not limited to, office & dental equipment, staff training, dental materials, etc.
PROGRAM ADMINISTRATION PROCESS
1. Patient referred to coordinating agency (Community HealthCare Connections) for help.
2. Patient's needs discussed and eligibility confirmed.
3. Patient completes enrollment paperwork and has "Enrollment & Counseling Appointment".
4. Patient attends oral health education class and is given necessary oral health tools (toothbrush, floss, toothpaste, disclosing tablets).
5. Patient completes four hours of volunteer community service.
6. Patient has appointment with Dental Hygienist, where he/she receives one-on-one oral health education, radiographs, and an initial cleaning and screening.
7. Patient receives appointment with exam dentist, who provides exam and treatment plan.
8. Patient completes additional volunteer service, depending upon the level of dental treatment needed (4 hours for every $100 in treatment needed).
10. Patient matched with appropriate dentist to complete treatment plan.
11. Patient connected with any needed post-medications.
12. Patient has access to continuing dental hygiene cleanings for ongoing care.

PROCESS FOR INVITING DENTISTS TO PARTICIPATE
1. Discussion with "advocate" (decide who will meet with dentist);
2. Advocate will talk with dentist to introduce the idea and secure an agreement to meet with CDAl group members;
3. Meeting will be scheduled with the dentist;
4. CHC Executive Director will send introduction packet to the dentist, to include:
   a. Business card;
   b. Invitation letter;
   c. "Ways to Help" summary;
   d. Dentists' information brochure;
   e. Client information brochure.
5. CDAl member(s) will meet with the dentist:
   b. Overview of Community Dental Access Initiative, how all efforts tie together, ways to help, idea of Commitment of Personal Significance;
   c. Secure commitment (letter of commitment), if possible;
   d. Identify contact person within the office;
   e. Ask for recommendations of other dentists/specialty dentists.
6. CHC Executive Director will follow up with thank you letter and commitment bonus check (if Partner or Advocate level);
7. Program Coordinator will follow up to meet with office contact, determine intake/screening preferences, etc.
## Outcomes & Community Impact

<table>
<thead>
<tr>
<th>Months</th>
<th>Year</th>
<th># Dentists</th>
<th>Patients</th>
<th>Services</th>
<th>$ Value</th>
<th>Volunteer Hours</th>
<th>No. Show %</th>
<th>Dental Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2007</td>
<td>10</td>
<td>21</td>
<td>46</td>
<td></td>
<td>$7,619.00</td>
<td>3</td>
<td>- -</td>
<td>85</td>
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<tr>
<td>July 2007</td>
<td>12</td>
<td>25</td>
<td>61</td>
<td></td>
<td>$11,334.00</td>
<td>27</td>
<td>- -</td>
<td>83</td>
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<tr>
<td>August 2007</td>
<td>15</td>
<td>24</td>
<td>59</td>
<td></td>
<td>$8,875.00</td>
<td>35</td>
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<td>82</td>
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<tr>
<td>September 2007</td>
<td>15</td>
<td>21</td>
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<td></td>
<td>$6,471.00</td>
<td>79</td>
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<td>81</td>
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<tr>
<td>October 2007</td>
<td>15</td>
<td>30</td>
<td>76</td>
<td></td>
<td>$15,101.00</td>
<td>144</td>
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<tr>
<td>November 2007</td>
<td>22</td>
<td>33</td>
<td>84</td>
<td></td>
<td>$14,812.00</td>
<td>315</td>
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<td>December 2007</td>
<td>26</td>
<td>67</td>
<td>61</td>
<td></td>
<td>$11,441.00</td>
<td>307</td>
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<tr>
<td>January 2008</td>
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<td>72</td>
<td>101</td>
<td></td>
<td>$17,822.00</td>
<td>270</td>
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<td>65</td>
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<tr>
<td>February 2008</td>
<td>26</td>
<td>42</td>
<td>72</td>
<td></td>
<td>$17,222.00</td>
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<td>60</td>
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<tr>
<td>March 2008</td>
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<td>71</td>
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<td></td>
<td>$26,071.00</td>
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<td>- -</td>
<td>61</td>
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<tr>
<td>April 2008</td>
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<td>52</td>
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<td>64</td>
<td>94</td>
<td></td>
<td>$24,044.00</td>
<td>379</td>
<td>- -</td>
<td>62</td>
</tr>
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</table>

### First Year Totals
- 28 services, 907 patients, $181,529.00
- Average: 72.6

### Second Year Totals
- 36 services, 555 patients, $144,844.00
- Average: 48

### Third Year Totals
- 36 services, 695 patients, $119,444.00
- Average: 35.9

### Fourth Year Totals
- 39 services, 836 patients, $182,499.00
- Average: 30.8

<table>
<thead>
<tr>
<th>Current</th>
<th>Total</th>
<th>Total</th>
<th>Total</th>
<th>Total</th>
<th>Average</th>
<th>Current</th>
<th>Average</th>
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<td>39</td>
<td>2,620</td>
<td>4,354</td>
<td>$629,310.00</td>
<td>34,291</td>
<td>2.58%</td>
<td>30.6</td>
<td>2.58%</td>
</tr>
</tbody>
</table>

*Estimated May 2011 ED numbers not yet available.*
Return on Investment

Input

The average investment in the administration of the Dentists' Partnership has been $130,472 annually, which includes the following areas of expense (specific expenses taken from 2011 budget):

- Payroll and related expenses $109,133.54
- Marketing, communications & advertising 3,770.00
- Dentist recruitment & retention 6,000.00
- Printing, copying & shredding 2,363.00
- Postage 637.50
- Office Supplies 3,683.50
- Conferences & seminars 3,295.15
- Local meetings & meals 640.00
- Miscellaneous 639.40
- Small Equipment & Office expenditures 1,000.00
- Training & continuing education 3,325.00
- Local Mileage 1,200.00
- Occupancy 6,672.00
- Telephone/Cell/Internet/computer 2,432.50
- Insurance 1,030.92
- Oral Health Supplies 1,500.00

Total 2011 Annual $147,322.51

Four-Year Approximate Investment = $521,888.59
Annual Average Investment = $130,472.14

Output

Value of Services & Materials Donated $628,310.00
Value of Dentist Oversight & Advocacy (approx. 40 hours/month) $226,560.00
Value of Panorex Materials Donated $9,216.00
Value of Volunteer Service Hours $685,860.00
Total Output $1,549,946.00

Cost/Benefit Ratio

- $521,888.59/$1,549,946.00 or .34.
- For every dollar invested in the Community Dental Access Initiative, the community sees a 297% return.
ADDITIONAL DOCUMENTS INCLUDED

- Brochure for dentists
- Brochure for clients
- Battle Creek Health System Emergency Department Data
Facing the Problem

There are more than 60,000 Calhoun County residents with no dental coverage whatsoever. Many of these people have no access to badly needed dental services.

No single provider can address the needs of so many people. Only by joining together, as a community, can we reverse the trend of poor dental care among our most vulnerable populations.

In any given year, more than 5,000 people will have a need for urgent dental services but be unable to pay for them. By joining the Initiative as a Dentist Leader, you’re helping to ensure that needed dental services are received.

Members of the Dentists’ Partnership focus on pain and infection control.

Coordinating Partner
Community HealthCare Connections
George W. Toeller Building
190 East Michigan Avenue
Suite 385
Battle Creek, MI 49014

Samantha Pearl
Executive Director
(269) 969-6461
spearl@CHCconnections.org

Marcie Watson
Program Coordinator
mwatson@CHCconnections.org

Providing access to urgent dental services for the uninsured poor.

The Dentists’ Partnership

INFORMATION FOR DENTISTS
The Dentists’ Partnership

What commitment are Dentist Partners asked to make?

Dentist Partners make a commitment of personal significance. Partner Level members provide 4-7 volunteer visits per month; Advocate Level members provide 8 or more volunteer visits per month. Your practice, your schedule, and your preferences are unique; you can contribute in the way that works best for you. You provide the schedule you prefer over the next 12 months; once weekly, 1/2 day monthly, every Tuesday at 9:00am...it's up to you!

Why should you make this commitment?

You have the opportunity to make a significant difference in the life of someone who is suffering from dental pain and infection. In turn, your gift to the patient is multiplied in the community as the patient volunteers at local nonprofit agencies.

Our Commitment to You:

- We will work with you to determine your preference for scheduling of visits, intake and screening paperwork, etc.;
- We will schedule all appointments according to your preferences;
- We will place reminder calls to each patient before his/her appointment;
- We will work with each patient to identify and remove barriers to care, including transportation, childcare, language translation, etc.;
- Should a patient fail to appear for an appointment in your office, we will provide you with a $35 no-show courtesy payment;
- We will work with you to ensure that your needs are met.

What difference can we make?

The Dentists’ Partnership is one initiative of the Community Dental Access Initiative. This year alone, our goal is to provide 11,000 services to the 4,700 people we estimate to be in need. Through the Dentists’ Partnership, you have the opportunity to contribute significantly to this effort. By coming together, the dental community can change the way the uninsured experience dental care in our county.

What are the benefits to members of the Dentists’ Partnership?

- Priority enrollment in the Calhoun Health Plan Plan B basic medical coverage program for your patients who have urgent healthcare needs; and
- $1,000 commitment bonus upon joining the Partnership at Partner or Advocate level; and
- $1,000 annual resource fund for Partner level members ($2,000 for Advocate Level members), to be used for a variety of needs, including supplies, training, equipment purchases, staff appreciation, etc.

What do you have to do to join?

Simply tell us that you're interested and sign the letter of commitment. We'll do the rest!
In Need?

Urgent dental services can be hard to come by when money is tight...

Through the Dentists' Partnership, local Calhoun County dentists donate their time and skills to serve individuals with urgent dental needs who cannot afford the services.

Those receiving help through the Dentists' Partnership also give of themselves by completing hours of volunteer community service.

If you are in need of urgent dental care, please call to see if we can help!

(269) 969-6494
Toll Free: (866) 562-9812

The Dentists' Partnership works to help with dental pain and infection. We do not provide cosmetic work of any kind.
The Dentists’ Partnership

How do I know if I’m eligible?
In order to be eligible for assistance under the Dentists’ Partnership, you must meet the following eligibility requirements:

1. You must be a resident of Calhoun County;
2. You must NOT have dental insurance coverage (including Medicaid);
3. You must meet the income limits listed below:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Max Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,660</td>
</tr>
<tr>
<td>2</td>
<td>$29,140</td>
</tr>
<tr>
<td>3</td>
<td>$36,620</td>
</tr>
<tr>
<td>4</td>
<td>$44,100</td>
</tr>
</tbody>
</table>

Add $7,480 for each additional family member.

If you meet the three requirements listed above, please call for assistance.

What you should know...

- This program is for urgent and emergency dental needs only (pain and infection).
- You will register for the program with the Enrollment Specialist and learn about your rights and responsibilities, which includes completing an oral health education class and at least 4 hours of community volunteer service (amount of volunteer service is based upon number of services needed).
- Once your oral health class and volunteer hours have been completed, you will receive an initial screening; afterward, you will be placed as quickly as possible with a volunteer dentist for an examination. However, in most cases, you must be prepared to wait for an available dentist.
- Basic restorative services, such as fillings and simple extractions, are typically available under this program. Extensive restorative services, such as oral surgery, crowns, and dental prosthetics are not available.
- If you need multiple urgent services, you must be prepared to have the most urgent needs served first, and may have to wait for less urgent needs.

- This program is completely dependent upon the generosity of community dentists. It is imperative that you appear for scheduled appointments and follow the dentists’ recommendations if you are to receive help through the Dentists’ Partnership program.
- If you have trouble accessing this service due to transportation, language barriers, or any other special needs, please let us know. We have resources available to help!

How do I get help?
Simply call us at (269) 969-6494 or toll-free at (866) 562-9812.

More help if you’re 60 or older!
Individuals aged 60 and older who meet the eligibility requirements may qualify for further assistance under the Calhoun County Senior Millage program. For more information, contact the Fountain Clinic at (269) 781-0952 or talk to your enrollment specialist.
Summary of Dental Issues Since the Transition to DNoA

- Initially membership files were sent to DNoA in an abridged version and no problems were anticipated, however, after loading the membership files, it was determined there were significant problems, these problems were immediately identified and steps were taken to resolve the membership files problems. As of today, I believe membership is no longer an issue, with a very small section still being worked on.

- Along with the membership issues, the provider registration files were not completely updated, resulting in many providers not being recognized and many claims rejecting. This issue was also identified from the beginning and steps were taken to resolve the problem. Again, I believe these issues have been resolved.

- One of the biggest issues to come out of the transition was the inability of the DNoA electronic information tool to meet the demands of the provider community. From the very beginning, it was determined the Secure-Xchange tool was very inferior to the BCBSM web Denis tool. Secure-Xchange was not able to give frequency, history or claims information and this created a major headache for all dental offices. This was identified and brought to the attention of DNoA. Many suggestions have been discussed and currently the information tool has been moved to the top of the update or fix list, but like all IT projects a final time frame has not been established.

- Another issue causing major concerns has been the problems with the provider information hotline. Initially providers were very irate because they could not talk to a live person to determine benefits and other essential information, however that inability was resolved and providers are now able to speak directly to agents. As a result of the problems listed above, the volume of calls going into the help centers was significantly higher than ever expected. This resulted in extremely long wait times on hold with the occasional disconnections. It was not unusual for offices to be put on hold for 30-45 minutes. As a result of these problems, DNoA hired additional staff and extended the hours of operation.
This helped somewhat, but it also created additional problems in that the staff was not properly trained and resulted in misinformation being given to providers. All of these issues have been addressed and currently we are down to about 10 minute wait times and the information being given is accurate and up to date. This is providing a positive impact on provider relations and based on individual discussions with various offices, they are accepting of the changes and updates we are making and understanding that changes take time.

- Electronic claims submissions had problems from the start and although the problems have been identified, they are still not completely resolved. I do not have a time frame for this resolution but I am recommending offices submit claims by mail rather than electronically until this issue is fixed.

- Prior to the transition to DNoA, BCBSM was able to recognize both de-identifier numbers or social security numbers and process the claims with either one, however, this is not the case with DNoA. All claims must be submitted with de-identifiers only. If a claim comes in with social security numbers, they are being rejected.

- While transitioning to DNoA for dental groups, BCBSM was also migrating their business to the MOS platform. Some groups when migrating to MOS were given new group numbers which caused issues with claims processing and provider servicing. The dental offices were submitting claims using the old group numbers and as a result, the claims were rejecting. Also when an office called the provider help line for benefits using the old group number they were being told the benefits had been terminated without taking the next step to determine if the group number had just changed. The provider inquiry area was given new directives to research the requests further and when quoting benefits, to make sure they are checking all sources before giving a final answer.

- Since the transition, some of the offices were experiencing differences in the fee reimbursement levels. Previously BCBSM used a national region distribution to determine fees. This was a very general way to establish fees. However, DNoA bases their fees on a regional 3 digit zip code number which is much more accurate, and as a
result of this change; some offices were seeing a difference in their reimbursement levels. BCBSM is now aware of this different methodology and when being questioned about fees this is the explanation being given.

Unlike BCBSM, where checks were issued and sent 3 times a week, with the transition to DNoA, this has changed and they only send checks out once a week, on Fridays
LEGISLATIVE UPDATE
(Updated November 18, 2011 by Bill Sullivan)

To view any of the bills listed below, click the bill number.

LEGISLATION

Appropriations

Governor Snyder presented his budget for 2012 on February 17. The budget is now law. The budget maintained funding for adult dental Medicaid and donated dental. In addition, Healthy Kids Dental was expanded to cover the counties of Mason, Ocean, Newaygo and Muskegon counties.

House Resolution 99 (Dillon) – memorializes Congress and the President to oppose any proposal to eliminate the traditional Medicare program and to convert the Medicaid program to a block grant.
Status: House Committee on Government Operations

Senate Bill 564 (Schuitmaker) – modifies the Medicaid “Freedom to Work” program.
Status: Senate Committee on Appropriations

Tort Reform

House Bill 4350 (Haines) – clarifies the law so that volunteer immunity is extended to employees who are being paid by their employer to provide voluntary care at health clinics that receive no compensation for non-emergency care.
Status: Now law. PA 94 of 2011.

House Bill 4351 (Liss) – clarifies the law so that entities that refer individuals for treatment to health facilities that receive no compensation are covered by immunity for non-emergency care.
Status: House Committee on Health Policy

House Bill 4389 (Stamas) – provides immunity for an individual who provides care under a special volunteer license to engage in the practice of medicine, osteopathic medicine and surgery, podiatric medicine and surgery, or dentistry, at a health facility for medically indigent individuals.
Status: Now law. PA 55 of 2011.

*2009 MDA House of Delegates Resolution - 15H-09 (Adopted: Consent Calendar)
Resolved, that the Michigan Dental Association pursue a changes to current statutes related to the volunteer dentist license to include the term “dentist”.

Senate Bill 53 (Marleau) – prevents genuine expressions of sympathy or compassion from being used as an admission of liability.
*MDA 2010 House Resolution - 11H-10. (Adopted: Consent Calendar)

Resolved, that the MDA seek passage of legislation that would prevent genuine expressions of sympathy or compassion from being used as an admission of liability.

**Taxes**

**House Bill 4001** (Heise) – repeals the Michigan Business Tax surcharge.

**House Bill 4047** (Scott, P.) – repeals the Michigan Business Tax.

**House Bill 4091** (Horn) – eliminates the modified gross receipts tax base of the Michigan Business Tax, increases the business income tax rate and repeals certain credits.


**House Bill 4361** (Gilbert) – this is the bill implementing Governor Snyder’s tax plan.

**Senate Bill 1** (Hildenbrand) – repeals the Michigan Business Tax.

**Senate Bill 6** (Jansen) – eliminates the Michigan Business Tax surcharge.

**Senate Bill 34** (Nofs) – repeals personal tax.

**Senate Bill 190** (Hildenbrand) – repeals the Michigan Business Tax surcharge.

**Senate Bills 347, 348** (Kahn) – this is the governor’s proposed tax on paid health insurance claims.

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Licensing

**House Bill 4085** (Slavens) – requires disciplinary subcommittee to impose license revocation or denial upon conviction of first, second, or third degree criminal sexual conduct.

Status: House Health Policy Committee
House Bills 4411, 4412, 4413 (Haines, Huuki, Liss respectively) – requires disciplinary subcommittee to impose license revocation or denial upon conviction of first, second, or third degree criminal sexual conduct.

Status: House Bills 4411 and 4412 are now law. PA 223 and PA 224 of 2011 (respectively).

Senate Bill 235 (Jones) – same text as for House Bills 4411, 4412, 4413.

Status: Now law. PA 222 of 2011

Insurance

Non-covered services bills – the Committee on Government and Insurance Affairs (CGIA) has recommended the bills from last year be re-introduced. The MDA Board concurs with CGIA.

*2009 MDA House of Delegates Resolution - 36H-09 (Adopted)

Resolved, that the Michigan Dental Association seek legislation to prohibit a dental benefits carrier from setting a fee for non-covered services.

House Bills 4056, 4057, 4058 (Callton) – provide for certain restrictions on whether a health care service can be listed as a health care benefit in regard to health care benefits that require certain deductibles or copays.

Status: House Health Policy Committee

House Bill 4936 (Lund) – makes changes to the no-fault auto insurance system.

Status: House Floor

Senate Bill 47 (Gregory) – requires that dental hygienists services be covered under Medicaid.

Status: Senate Appropriations Committee

Senate Bills 429 (Schuitmaker), 430 (Marleau) – requires OFIR to create one form for prior authorizations on medications that would be used by all insurance companies.

State: Senate Insurance Committee

Senate Bill 649 (Hune) – makes changes to the no-fault auto insurance system.

Status: Senate Committee on Insurance

Regulatory

House Bill 4090 and 5048 (Genetski) – creates the office of Medicaid inspector general.

Status: House Families and Children’s Services Committee

House Bill 4192 (Scott) – allows for practitioners who prescribe a controlled substance to have access to data collected through the Michigan automated prescription system (MAPS).

House Bill 4693 (McMillan) – authorizes Michigan’s entry into a multi-state health care compact. If the compact is approved by Congress, all federal Medicaid and Medicare funds would be block-granted to member states and member states would be exempt from federal health care reform law.

Status: House Health Policy Committee

House Bill 4718 (Kowall) – this is the “second pair of hands” legislation. It allows a dental hygienist to supervise dental assistants during certain procedures.

Status: House Health Policy Committee

House Bill 5002 (Jacobsen) – modifies definitions of disability and conditions on compensation for covered injuries.

Status: Senate Committee on Reform, Restructing and Reinventing

House Bill 5030 (Haveman) – establishes limitations on rules MIOSHA can promulgate.

Status: House Committee on Regulatory Reform.

Senate Bill 14 (Jansen) – repeals Occupational Safety and Health Act.

Status: Senate Appropriations Committee

Senate Bill 20 (Jones) – prohibits promulgation of workplace ergonomics rules.

Status: Now law. PA 10 of 2011.

Senate Bill 99 (Jones) – prohibits possession of certain schedule I controlled substances and provides penalties. This bill concerns marihuana-like drugs such as salvia.

Status: House Floor.

Senate Bill 213 (Casperson) – allows Michigan pharmacists to dispense a prescription for a controlled substance written by an out of state dentist.

Status: Now law. PA 155 of 2011.

Senate Bill 693 (Marleau) – creates the MI Health marketplace, which is the insurance exchange required by federal law.

Status: Passed Senate. In House Health Policy Committee.

Senate Bill 747 (Proos) – requires nursing homes and homes for the aged to provide private examination rooms for on-site medical or dental treatment.

Status: Senate Health Policy Committee.

Criminal

Senate Bill 642 (Jones) – increases penalties for assaulting a health care professional. MDA is working on getting dentists included.

Status: House Committee on Judiciary
Senate Bill 643 (Kahn) – enacts sentencing guidelines for crime of assaulting or battering a health care professional.

Status: House Committee on Judiciary

OTHER ISSUES

- **Hygienists Directly Billing Medicaid** – The Michigan Department of Community Health issued a new policy on November 12, 2010 which allows some RDHs to enroll as a Medicaid provider via the CHAMPS system. The policy went into effect on January 1, 2011.
Status: Senator Vincent Gregory has introduced Senate Bill 47 to put this policy into law.

- **Statutory Mandate for Michigan Oral Health Program**
The MDA sent a letter to the Governor for his special health care message and this program was highlighted.

*2010 MDA House of Delegates Resolution - 14H-10, (Adopted: Consent Calendar)*

Resolved, that the Michigan Department of Community Health, through the appropriations of the Michigan legislature, maintain a state oral health program and a state dental officer, and be it further

Resolved, that the state dental officer must:
(a) Be a resident of Michigan;
(b) Hold a current license to practice dentistry in the state of Michigan as stipulated in the public code; and
(c) Be appointed on the basis of his or her education, training, experience and interest in public dental health and related programs.

And be it further

Resolved, that the state dental officer shall:
(a) Determine the needs of the residents of the state of Michigan for public dental health;
(b) Serve as the guardian of a state comprehensive oral health plan with action that furthers the plan’s ongoing implementation, effectiveness, and oversight;
(c) Provide the Michigan Department of Community Health with advice regarding public dental health;
(d) Make recommendations to the Michigan Department of Community Health and the legislature regarding programs for Michigan’s public dental health;
(e) Supervise the activities of state authorized and regulated providers of dental hygiene, preventive, and dental services rendered in a public health setting within the state;
(f) Devote all of his or her time to the duties of the oral health program and shall not pursue any other business or vocation or hold any other office.

And be it further

Resolved, that the Michigan Department of Community Health and the state dental officer, in addition to appropriations dedicated to the oral health program, may solicit and accept grants to fund oral health programs and the position of the state dental health officer.

- **Dental CT/Certificate of Need Commission** – The CT Standards Advisory Committee (SAC) voted to continue regulating dental CTs at their November 17,
2010 meeting. The full CON Commission approved the CT SAC recommendation on March 24, 2011. Pursuant to the House of Delegates resolution 19H-10 the Committee on Government and Insurance Affairs recommended the following legislative strategy:

1. The MDA will no longer pursue the Dental CT issue at the SAC level.
2. The MDA will see if someone on the full CON Commission will make a motion to exempt the Dental CT from CON regulation. An attempt will be made to over-ride the decision of the SAC with the full CON Commission. (This is unlikely to happen because the CON rarely overturns SAC recommendations.)
3. The long term plan is to have bills introduced exempting Dental CT from CON regulation.
4. At the same time, the MDA will work to streamline the CON process for Dental CT.

The MDA Board of Trustees sent its own resolution to the 2011 House of Delegates.

The 2011 House of Delegates adopted the following strategy:

*2011 MDA House of Delegates Resolution - 12H-11 (Adopted as Substituted and Amended)*

Resolved, that the 2011 MDA House of Delegates adopts the following strategy for seeking changes to the current Dental CT requirements:

1. The MDA will no longer pursue the Dental CT issue at the CT Standards Advisory Committee level.
2. The MDA will seek a sponsor on the full CON Commission to make a motion to exempt the Dental CT from CON regulation.
3. The MDA will seek legislation to exempt Dental CT from CON regulation.
4. The MDA will work to streamline the CON process for Dental CT.
5. The MDA will work towards changing the terminology from "Dental CT" to "3D Cone Beam" so that in the future it will be referred to by all parties as "3D Cone Beam."

MDA staff are involved in meetings with interested parties to address MDA issues.

- **Payment Accountability** (MSMS initiative) – would allow insurance company to issue payment jointly to patient and dentist. CGIA and the MDA Board voted to support MSMS initiative.
  Status: Not yet introduced.

- **Audit Time Limits** (MSMS initiative) – would decrease the time in which an insurance company could do “take back”. CGIA and the MDA Board voted to support MSMS initiative.
  Status: Not yet introduced.

- **Public Act 161** – the Advisory Committee met on September 29. Dr. Norm Palm, Dr. Steve Dater and Bill Sullivan are representing the MDA. The first meeting of the Advisory Committee was mainly organizational in nature. The MDCH seemed to want to tighten up PA 161.
The Advisory Committee met on November 2, 2011. The preliminary PA 161 2011 annual report was reviewed. In addition, the proposed application form and data form were reviewed. Members of the committee were asked to develop questions that could be used to evaluate the PA 161 program. The MDA submitted questions. The next meeting is on May 16, 2012.

*2009 House of Delegates - Resolution 19. (Resolution 19 and the reference committee’s comments were referred to the MDA Committee on Governmental and Insurance Affairs and the speaker to report back to the House of Delegates through the Delegate Digest anytime there are actions with regard to PA 161.)

Resolved, that the MDA endorse and pursue the following additions to PA 161:

1. A PA 161 provider who is not underwritten by agreement with a community dental clinic, federally qualified health center, or public health dental clinic shall not provide services within 10 miles of a community dental clinic, federally qualified health center, or community public health dental clinic.

2. A PA 161 provider must have a written procedure for emergency care for patients treated. This written procedure is to include arrangements for treatment or a referral to private dental office, community dental health clinic, federally qualified health center or public health department in the area where comprehensive services may be provided. Records obtained from that patient must be forwarded to the comprehensive provider free of charge to that patient and provider.

3. A PA 161 provider must provide the Michigan Board of Dentistry with a list of names of dentists to whom the PA 161 provider will refer patients for follow-up care. This list shall contain the dentist's full name, physical office address, telephone number, and an attached statement from each dentist so listed indicating that the dentist will be responsible for follow-up care.

4. Patients under the age of 19 who are provided care by a PA 161 provider (non-dentist) must have a dental exam within 6 months by a licensed dentist.

5. The provisions for care under PA 161 do not provide for, endorse, or make legitimate the independent or private practice of hygiene.

The 2011 House of Delegates adopted the following resolution:

*2011 MDA House of Delegates Resolution - 19H-11 (Adopted as Substituted and Amended)

Resolved, that the MDA endorse and pursue the following additions, legislatively or otherwise, to PA 161:

1. A Michigan licensed PA 161 provider must have a written procedure for emergency care for patients treated. This written procedure is to include arrangements for treatment or a referral to a private dental office, community dental health clinic, federally qualified health center or public health department in the area where comprehensive services may be provided. Records obtained from that patient must be forwarded to the comprehensive provider free of charge to that patient and provider.

2. A PA 161 supervising dentist with a current Michigan dental license must provide the Michigan Department of Community Health with a list of names of dentists who will provide the patient with clinical evaluation and treatment if the supervising dentist is unable to do so.

3. A PA 161 provider is prohibited from providing dental hygiene services to a patient more than once unless that patient has had a clinical evaluation prior to
any planned subsequent care. Clinical evaluation means the diagnosis and
treatment plan determined for an individual patient by a Michigan licensed
dentist.

4. The provisions for care under PA 161 do not provide for, endorse, or make
legitimate the independent or private practice of hygiene. The Michigan
licensed dentist is the head of the dental team.

5. MDA shall be allowed to pursue further changes and ideas to improve PA 161
consistent with the Access Core Values.

* Statutory Regulation of Mobile Dental Facilities in the State of Michigan
Legislation is drafted and being reviewed by interested parties.

*2010 MDA House of Delegates Resolution - 15H-10, (Adopted)
Resolved, that Michigan Dental Association seek statutory regulation of mobile dental facilities in
the state of Michigan to maintain patient safety, define the appropriate standard of care in this
delivery setting, and provide for quality assurance in the dental services rendered in mobile dental
facilities.

The Michigan Dental Association will seek this statutory regulation in collaboration with the
Michigan Department of Community Health and the State Board of Dentistry.

Additional resolutions were adopted that provided specific parameters for mobile
dental facilities. The entire package of resolutions adopted addressing this issue
can be viewed beginning on page 6.

* New Revenue Sources Dedicated to Funding Public Oral Health Programs
The original resolution on this came to the 2010 MDA House of Delegates from
the Special Committee on Access to Care and was also contained in the “United
Voice” report. The 2010 MDA House of Delegates appointed the House
Committee on Access Funding to further research this issue and provide its
recommendation to the 2011 House of Delegates. The House Committee on
Access Funding hired Anderson Economic Group to do a full economic and
political analysis on the feasibility of pursuing a new revenue source. The report
and Committee’s recommendation was to refer this issue to CGIA for monitoring.
The House passed the following resolution:

*2011 MDA House of Delegates Resolution – 14H-11, (Adopted as Amended)
Resolved, that the MDA Committee on Governmental and Insurance Affairs will monitor the
political and economic climate to determine when it might be feasible to pursue new revenue
sources dedicated to funding public oral health programs in the State of Michigan, and be it further

Resolved, that at such a time, the MDA Committee on Governmental and Insurance Affairs will
provide the MDA Board of Trustees and House of Delegates its recommendation on the
appropriate revenue source and legislative strategy.

* Expansion of Healthy Kids Dental Using Existing Resources
The Oakland County Dental Society presented a resolution to the 2011 MDA
House of Delegates regarding a restructuring of the Healthy Kids Dental program.
The House adopted the following resolution. MDA will be meeting with
legislators. The Governor mentioned the HKD program in his special message on
health care and said HKD should be given strong consideration for full funding.
MDA is meeting with the Governor’s office and legislators to support full funding
for HKD.
2011 MDA House of Delegates Resolution - **16H-11** (Adopted as Substituted and Amended)

Resolved, that the MDA Committee on Governmental and Insurance Affairs advocate for:

- reallocating the existing amount of State dollars spent on the Healthy Kids Dental Program. The goal is to cover the greatest age range of children beginning at birth and up to a minimum of age eight in all 83 counties in the State;
- continuing to expand the age range of those covered in the program, by funding the expansion through cost savings realized from effective early prevention in these young children; and
- increased funding for Healthy Kids Dental,
- Inclusion of any willing Michigan licensed dentist in the Healthy Kids Dental Program regardless of their participation status in any other programs by the program administrator.

and be it further,

**Resolved**, that if age eight is not attainable the committee is to investigate other options and report back to the House of Delegates.
I. Goal

The goal is to increase Michigan Dental Association Membership involvement with the grassroots operations. This translates to an increased involvement of the MDA members with members of the state and federal legislature. This involvement is the beginning of an ongoing relationship thus emphasizing the importance of issues regarding organized dentistry.

II. Strategies:

a. ADA Check Disbursement: Periodically, the ADA sends checks to the MDA for distribution to various federal office holders. Once we receive the check, we schedule an appointment with the recipient’s office and then gather various MDA members who are constituents of the office holder.

i. June 10, 2011 was our first such meeting with Congressman Fred Upton. Drs. Burling, Logie, Kim and Smith attended a breakfast meeting with the Congressman in St. Joe’s. The format is informal and the check is not “technically” given to the office holder at that time. Rather, the actual check exchange occurs privately either to the office holder or, more preferably, to a staff member if present.

ii. The next Check Disbursement meeting was scheduled for August 17, 2011 with Congressman John Dingell. Drs. Harris, Dawley, Colbert, Barsamian and Hennessy attended.
iii. After that, we met with Congressman Mike Rogers on August 26, 2011. Drs. Johnston, Sood and Behnke attended this meeting.

iv. On December 15 a group of our members, lead by Dr. William Wright, will meet with Congressman Tim Walberg to have lunch and deliver a check.

v. The MDA has received a check for Congressman Dave Camp and we are in the process of scheduling an appointment with the Congressman’s office after the first of the year.

b. Meetings with Local Legislators: Another strategy we are employing is to schedule various meetings with members and their local elected officials. These meetings can be one on one, as in the case of Dr. Robert Richards who we asked to meet with State Representative Matt Huuki to discuss a particular issue – in this instance the issue was primary care providers. More often, however, we are scheduling informal coffees with 2-4 member dentists in attendance. First step is to find a couple of members who would be willing to attend such a meeting. Next, schedule with the local elected official. Once we have a date, we solicit firm commitments from possible attendees from that geographic area.

i. The first meeting on July 8, 2011 was with State Senator Rebecca Warren and Drs. Malcheff, Bloomfield and Clinthorne attended.

ii. The next meeting was scheduled for August 19, 2011 with Senator Nofs and Drs. Maduri, Polumbo, Goodsell, Zoutendam and Puchalski in attendance.

iii. Then we met with State Representative Gail Haines on September 9, 2011. The members who attended this meeting were Drs. DeGroat, Meldrum and Ryding.

iv. We received a request from Congressman Justin Amash’s office to put together a group of our members from his district to meet with him. The meeting was on August 23, 2011 and
the attendees were Drs. Dater, Jim Hoekwater, Drew Hoekwater, Panek, Norman and Vredenberg.

v. On October 21 Drs. Maduri, Goodsell, Polumbo, Puchalski and Zoutendam had lunch with Representative Kate Segal.

vi. We scheduled coffee with Representative Mike Shirkey on October 28 and Drs. Logan, Wright, Goodsell, Mathein and Patchak attended.

vii. On November 4 Drs. Bauer, Daniels, Demsky along with a representative from Dr. Goodell (Samantha Goodell) and Fowlerville Dental Center (Harbir Chahal) had lunch with Senator Joe Hune. They had such a wonderful time that they requested scheduling another meeting as soon as possible. The topic they would like to cover is insurance—

c. Event Attendees: The MDA purchases tickets for various fundraising events to benefit elected officials. Our goal here is to find members who are constituents of whomever the event is benefitting to attend. The idea is that our local members are representing the MDA so that the MDA has a strong local presence and they are relationship building with the elected official(s), as well.

i. Drs. Mark Johnston and Jeff Johnston attended the Senate Republican Caucus Committee’s event on May 11, 2011 on behalf of the MDA.

ii. Dr. Kerry Kasserian attended Senator Walker’s fundraiser on May 16, 2011, as well as, Congressman Dan Benishek’s event on June 9, 2011.

iii. Representative Mike Shirkey had an event on May 21, 2011 and Drs. Ed Mathein, Jeanine Mathein, Sorrow, and Thompson were in attendance.

iv. Senator Arlan Meekhof had a series of breakfast events and we had members at all three: Drs. Colette Smiley, Klein and Ellsworth.

v. On June 10, 2011 Senate Majority Leader Randy Richardville had a fishing event that Dr. Bill Wright attended.
vi. Senator Rick Olson’s event was on June 20, 2011 and Dr. Malcheff attended.


viii. Dr. Vanderveen played golf at State Senator Dave Hildenbrand’s golf outing on July 18.

ix. Dr. Dulude participated in a golf outing to benefit Senator John Moolenaar on July 26.

x. Representative Paul Scott had an event on August 1 and Dr. Chinonis attended.

xi. On August 25 Dr. Debra Chinonis attended a fundraising event for Senator Dave Robertson.

xii. Dr. Jeffrey Johnston attended a fundraiser for Representative Gail Haines on August 27.


xiv. Dr. Jane Grover attended a fundraiser for Congressman Mike Rogers on September 2.

xv. Attorney General Bill Schuette had a fundraiser on September 12 and Dr. John Carter attended.

xvi. Senate Majority Leader Randy Richardville held a golf outing and Drs. Beattie, Dull, Laboe and Yentz were in attendance on September 19.

xvii. From September 19-21, Dr. Shunk was at a fundraising event for Congressman Sander Levin.

xviii. On October 19 Dr. Mark Johnston attended an event to benefit Representative Mike Shirkey.

xix. Believe it or not, Drs. Frank, Lange, Palmer and Meldrum played Bocce Ball at the Annual Bocce Ball tournament to benefit Senator Jim Marleau!

xx. Dr. Steve Dater attended Representative Wayne Schmidt’s event on November 17.
d. Fundraisers: The MDA had two member initiated fundraisers:

i. The first was hosted by Dr. Ellsworth to benefit the House Republican Campaign Committee on September 19, 2011. There were various state representatives present, specifically those located in West Michigan. The cost per person was $50. Dr. Ellsworth designed, printed and sent invitations to a list of her contacts, as well as the entire West Michigan District. We did extensive follow up in terms of calls and emails which is extremely important for a successful event especially a fundraiser. The event raised $1,700 and over 49 people attended!

ii. The next fundraising event was on September 30, 2011 hosted by Dr. Connie Verhagen. This event was to benefit State Senator Geoff Hansen and was also $50 per person. Dr. Verhagen built a terrific host committee. Whenever possible, this is a very good tactic. To be a member of the host committee, we are asking that you commit to attending the event and bring 3 additional people with you. Because our membership is fairly inexperienced when it comes to raising money for legislators, building a host committee isn’t always possible. Our strategy is to try to build a committee for every event and eventually it will happen. This event was a big success! $2,000 was raised and over 24 people attended!!!

iii. Dr. Rhonda Hennessy’s fundraiser to benefit Senator Debbie Stabenow has been indefinitely postponed due to scheduling issues.

e. Misc

i. We secured Senator Tom Casperson for The Upper Peninsula Dental Meeting on June 24-25, 2011. Senator Casperson joined their breakfast event and gave a general legislative update.
ii. We scheduled our DentPac Dinner on November 2. Members who have contributed $500 and up were invited to attend. The Special Guest was Attorney General Bill Schuette. Drs. Verhagen, Johnson, Christy, Kaysserian, Makowski, Smiley, Gaspo, Jeffers and Hennessy were in attendance.

III. Upcoming Projects:

a. We continue to refine our list of targeted legislators. To date we have chosen those who serve on the Health Policy Committees in both the House and Senate. We are adding those who serve on the Appropriations Subcommittee on Community Health in both the House and Senate. We work from this list in terms of meetings that we initiate, as well as, the events where we choose to write checks and ask members to attend.

b. In an effort to identify legislative chairs for each Component, members of the MDA Board of Trustees will be asked to contact the component officers for those within their region and determine a chair if one has not yet been selected, and, if one has been selected, to relay that information on to me.

c. In an ongoing effort, we are working toward identifying the name of each legislator’s personal dentist.

d. The Oakland County Dental Society is planning a series of coalition based seminar events. The first one, Women in Dentistry, will be scheduled in February/March of 2012. We will work with them to help facilitate all activities including participation from local elected officials. After that, we will work to help facilitate an Arab Americans in Dentistry, etc.
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