<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Dues</td>
<td>5</td>
</tr>
<tr>
<td>Action Items</td>
<td>4</td>
</tr>
<tr>
<td>ADA Golden Apple Awards</td>
<td>4</td>
</tr>
<tr>
<td>ADA House of Delegates, 2012 MDA Delegates/Alternates to the</td>
<td>20</td>
</tr>
<tr>
<td>ADA Ninth District Trustee</td>
<td>9</td>
</tr>
<tr>
<td>Anesthesia Guidelines</td>
<td>6</td>
</tr>
<tr>
<td>Announcements</td>
<td>2</td>
</tr>
<tr>
<td>Announcements/Liaison Reports</td>
<td>9</td>
</tr>
<tr>
<td>Budget, January 1 – December 31, 2013</td>
<td>5</td>
</tr>
<tr>
<td>Building Mortgage</td>
<td>4</td>
</tr>
<tr>
<td>Changing Oral Health Care Environment</td>
<td>21</td>
</tr>
<tr>
<td>Committee Appointments, Approval of 2012-2013</td>
<td>12</td>
</tr>
<tr>
<td>Conflict of Interest</td>
<td>2</td>
</tr>
<tr>
<td>Consent Calendar</td>
<td>3</td>
</tr>
<tr>
<td>Council Appointments, ADA</td>
<td>15</td>
</tr>
<tr>
<td>Council Appointment Rotation Schedule, Annual Review of MDA/WDA</td>
<td>15</td>
</tr>
<tr>
<td>Dental CT Requirements, House Resolution 12H-11</td>
<td>5</td>
</tr>
<tr>
<td>Detroit District Dental Society</td>
<td>12</td>
</tr>
<tr>
<td>Executive Director Evaluation, Special Committee on</td>
<td>25</td>
</tr>
<tr>
<td>Executive Session</td>
<td>12</td>
</tr>
<tr>
<td>Informational</td>
<td>9</td>
</tr>
<tr>
<td>Invocation</td>
<td>3</td>
</tr>
<tr>
<td>Friday, February 17, 2012</td>
<td>2</td>
</tr>
<tr>
<td>Governance</td>
<td>7</td>
</tr>
<tr>
<td>Healthy Kids Dental Program</td>
<td>24</td>
</tr>
<tr>
<td>Legislative Tribute</td>
<td>3</td>
</tr>
<tr>
<td>Legislative Update and Grassroots Update</td>
<td>21</td>
</tr>
<tr>
<td>Mandated Oral Health Program, Amend (House Resolution 14H-10)</td>
<td>16</td>
</tr>
<tr>
<td>MDA Insurance &amp; Financial Group</td>
<td>8</td>
</tr>
<tr>
<td>Membership Projections</td>
<td>9</td>
</tr>
<tr>
<td>Michigan Board of Dentistry, Nominations to</td>
<td>14</td>
</tr>
<tr>
<td>Mid-Level Providers</td>
<td>18</td>
</tr>
<tr>
<td>Mission of Mercy</td>
<td>4</td>
</tr>
<tr>
<td>New Business</td>
<td>2</td>
</tr>
<tr>
<td>Ninth District Suite</td>
<td>8</td>
</tr>
<tr>
<td>Non-Covered Services Legislation</td>
<td>21</td>
</tr>
<tr>
<td>PA 161</td>
<td>18</td>
</tr>
<tr>
<td>Payment Accountability and Audit Time Limits for Insurers, MSMS Bill</td>
<td>22</td>
</tr>
<tr>
<td>Roll Call Votes</td>
<td>2</td>
</tr>
<tr>
<td>School-Based Care Guidelines</td>
<td>19</td>
</tr>
<tr>
<td>Shaefer, Luke, Meeting With</td>
<td>16</td>
</tr>
</tbody>
</table>
Strategic Planning Update .................................................................................................................. 8
Thursday, February 16, 2012 ........................................................................................................... 2
Workforce Resolutions ...................................................................................................................... 15

ATTACHMENTS:
Mr. Michael Gallery Presentation
Strategic Planning Presentation
Membership Projections Presentation
Blue Cross Dental Network of America
Legislative Update
Grassroots Initiative Update
Michigan Dental Association

MINUTES OF THE BOARD OF TRUSTEES
February 17, 2012
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

TRUSTEES:
Dr. Mark Barsamian
Dr. John Carter
Dr. Brian Cilla
Dr. Curles Colbert
Dr. Thomas Goodsell
Dr. Howard Hamerink
Dr. Stephen Harris
Dr. Zelton Johnson
Dr. Vincent Mack
Dr. Scott Meldrum
Dr. Robert Richards
Dr. Robert Tremblay
Dr. Michael Young

LEGAL COUNSEL:
Mr. Dan Schulte

NINTH DISTRICT TRUSTEE:
Dr. Dennis Engel, ADA 9th District Trustee

ABSENT:
Dr. Charles Burling
Dr. Colette Smiley

MDA STAFF: (for a portion)
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. Michelle Nichols-Cruz, board and house administrator
Mr. Bill Sullivan, JD, director of legislative and insurance affairs
Ms. Andrea Sundermann, CAE, director of continuing education
Ms. April Stopczynski, public affairs and legislative/insurance affairs assistant
Mr. Brian Stump, MBA, director of finance

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

GUESTS: (for a portion)
Dr. Mert Aksu, dean, University of Detroit Mercy School of Dentistry
Dr. Larry DeGroat, IFG Chairman
Dr. Christopher Gorecki, Macomb District
Dr. Alan Mead, member, Special Committee on Peer Review/Care and Well-Being
Dr. Ronald Paler, Michigan Dental Association Foundation
Dr. Bill Piskorowski, member, Special Committee on Access to Care
Dr. Peter Polverini, dean, University of Michigan School of Dentistry
Dr. Danielle Ruskin, Region IX Trustee-Elect
Dr. Michele Tulak-Gorecki, Region VIII Trustee-Elect

THURSDAY, FEBRUARY 16, 2012:

On Thursday, February 16, 2012 the Executive Committee met with Michael E. Gallery, PhD, CAE, President, OPIS (Organizational Performance Improvement Systems), for a continuing education program on "Leadership in Turbulent Times". Attached is a copy of the Power Point presented.

Discussion centered on leadership, strategic planning, governance and communicating with members on critical issues facing the profession that may be of a sensitive and potentially divisive nature.

At 7:00pm the full Board met with Mr. Gallery and was provided with an overview of the discussions held with the Executive Committee earlier in the day. The Board had the opportunity to ask questions and brainstorm solutions to challenges the profession is facing.

FRIDAY, FEBRUARY 17, 2012:

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.

An item of new business was introduced to approve an honorary award for Governor Rick Snyder for his strong support for dental issues in the State of Michigan. This item received a 2/3 vote to consider and was moved to the consent calendar.

Conflict of Interest:

President Verhagen informed the Board that this agenda item affords trustees the opportunity 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.

Roll Call Votes:

President Verhagen informed the Board that Speaker Peters is interpreting the roll call vote policy differently than in the past. Traditionally, roll call votes were taken for every action item being sent to the MDA House by the Board. Now, roll call votes will be taken for any actions that establish interim policy and will actually be acted upon prior to the next meeting of the MDA House of Delegates. Items that establish interim policy but will not be acted upon before the House meeting will not have a roll call vote.
LEGISLATIVE TRIBUTE:
Dr. Jeffery Johnston introduced State Senator Geoff Hansen who bestowed upon President Connie Verhagen a legislative tribute on behalf of the State of Michigan and the Michigan Legislature.

INVOCATION:
Dr. Debra Peters provided the invocation.

CONSENT CALENDAR:
Five recommendations were contained on the Consent Calendar.
The following was adopted:

1-212  Resolved, that the following be adopted:  Adopted

COMMITTEE ON GOVERNMENTAL AND INSURANCE AFFAIRS (CGIA)
2012 Legislative Achievement Award
Recommendation Number 296

NEW BUSINESS
MDA Spokesperson Training
Recommendation Number 299

NEW BUSINESS:
Award for Governor Snyder
Recommendation Number: 331

NEW BUSINESS:
2011 MDA Employee Retirement Plan Contribution
Recommendation Numbers: 306-307

The recommendations are listed below in their entirety:

2-212  Resolved, that Senator Roger Kahn receive the 2012 Legislative Achievement Award for his public commitment to oral health care and the dental profession.  Adopted

3-212  Resolved, that up to $3,500 be allocated from the 2012 Contingency Fund to hold a spokesperson training session in 2012.  Adopted

4-212  Resolved, that in recognition of Governor Rick Snyder’s strong support for dental issues in the state of Michigan, the MDA Board of Trustees bestows a special award recognizing his efforts.  Adopted

5-212  Resolved, that effective December 31, 2011 the corporation contribute out of net profits for the plan year ended December 31, 2011, the amount of $89,444.53 in a safe harbor contribution, and $98,622.19 in a profit sharing contribution to the trustees of the Michigan Dental Association 401(k) profit
sharing plan in the manner and at the time prescribed by the plan, and that
the president of the corporation be and hereby is authorized and directed to
communicate this resolution and the amount of the corporation’s contribution
to the plan to all participants.

6-212 Resolved, that effective December 31, 2011 the corporation contribute to
the trustee of the Michigan Dental Association 401 (k) profit sharing plan,
in the manner and at the time prescribed by the plan, for the plan year
January 1, 2011 to December 31, 2011:

- A matching contribution equal to 25% of each participant’s salary reduction
election. In applying the match percentage specified, only salary reductions up
to 4% of compensation shall be considered. The president of the corporation be
and hereby is authorized and directed to communicate this resolution and the
amount of the corporation’s contribution to the plan to all participants.

ADA GOLDEN APPLE AWARDS:
Dr. Dennis Engel, ADA Ninth District Trustee, presented the MDA with the following 2011
Golden Apple Awards:
- Non Covered Services Recruitment Campaign
- Comprehensive Connections to Dental Students
- MDA COVER Program
- "A United Voice" Report

ACTION ITEMS:
Mission of Mercy Project:
Background information is contained in a report to the Board, dated January 12, 2012.
The Board requested that staff look into an insurance policy for a natural disaster/event
cancellation. A question was raised as to what would occur if MDA was unable to raise the
funds. The Board was informed that the committee would attempt to adjust costs accordingly.
The organizers do not want to have to come back to the MDA for additional funds.
The following was adopted:

7-212 Resolved, that the Michigan Dental Association donate $10,000 toward the Mission of Mercy project, and be it further
Resolved, that the funds be taken from the Non-Reserved Fund.

MDA Building Mortgage:
Background information is contained in a report to the Board, dated January 12, 2012.
The following was adopted:

8-212 Resolved, that $300,000 be allocated from excess MDA reserves and be applied to the building mortgage principal.
2013 Dues Decrease:
Background information is contained in a report to the Board, dated January 12, 2012.

The following were adopted:

9-212  Resolved, that the following recommendation be forwarded to
       the 2012 MDA House of Delegates with a recommendation
       for adoption: Adopted
       MDA HOD

       Resolved, that the annual dues for the Michigan Dental Association
       active members shall be $641, effective January 2013.

10-212 Resolved, that the following recommendation be forwarded to
       the 2012 MDA House of Delegates with a recommendation
       for adoption: Adopted
       MDA HOD

       Resolved, that Resolution 14H-06 regarding MDA active member
       dues be rescinded and removed from the Association Policy Manual.

January 1, 2013 – December 31, 2013 Budget:
Background information is contained in a report to the Board, dated January 12, 2012.

The following was adopted:

11-212  Resolved, that the following recommendation be forwarded to
        the 2012 MDA House of Delegates with a recommendation
        for adoption: Adopted
        MDA HOD

        Resolved, that the 2013 Michigan Dental Association budget,
        dated 2/17/12, be approved as the budget for calendar year
        January 1 to December 31, 2013.

House Resolution 12H-11 (Dental CT Requirements):
Background information is contained in a report to the Board, dated January 12, 2012.

The following were adopted:

12-212  Resolved, that the following recommendation be forwarded to
        the 2012 MDA House of Delegates with a recommendation
        for adoption: Adopted
        MDA HOD

        Resolved, that the 2012 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 work to streamline the CON process for Dental CT.

4. The MDA will seek legislation to exempt Dental CT from CON regulation if the effort to streamline the CON process does not succeed.

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."

13-212 Resolved, that Resolution 12H-11 be rescinded and removed from the **Association Policy Manual**. Adopted To 2012 MDA HOD

A roll call vote was taken.

**ROLL CALL:**

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

Opposed: None

Absent: Drs. Burling and Smiley

**ADA Anesthesia Guidelines:**

Background information is contained in a report to the Board, dated January 12, 2012.

The MDA has been receiving calls from reporters on the MDA's position on anesthesia. If the State Board’s guidelines do or don’t get passed, MDA will be asked what its position is. MDA does not currently have one.

The Board discussed the proposed anesthesia guidelines being developed by the Michigan Board of Dentistry and the current ADA Anesthesia Guidelines. Recommendation 324 was proposed but not read in and therefore was rendered moot.
Michigan Board of Dentistry Guidelines:
The MDA was informed that the Governor’s office may be pulling the plug on the proposed
guidelines. The Board was informed that this is untrue. The Governor set a moratorium on rules
being set by the boards until a decision is made on where the rules will go once adopted by the
various boards.

The Michigan Board of Dentistry has been working on rules revisions for the past five years. The
guidelines are not ready to be released for public comment.

The proposed guidelines have been compared to the ADA's as well as any dental specialties that
primarily use sedation as part of their work. The essential elements of all were put into one
document.

ADA Guidelines:
The ADA Anesthesia Guidelines were adopted in 2009 and are out of date. One concern with the
ADA guidelines is that there is a section that urges states to have a permitting process and MDA
has been told by the State of Michigan it will never institute a permitting process due to the costs
of implementation.

The Board believes that MDA members are members of the ADA and the ADA has guidelines.
The MDA supports and encourages anything that protects the public and patients and is awaiting
the new Michigan guidelines to come out for public comment.

While the Board considered adopting the ADA Guidelines, it believes that MDA should not do
anything at this point until the state board proposed rules have been released for public comment.

Governance:
Background information is contained in a report to the Board, dated January 12, 2012.

The Board went into a meeting of the whole to discuss the issue of governance. It believes that a
conversation has to begin with the House of Delegates and at the component level with the
members. Until those discussions are initiated, the Board does not believe it should make any
recommendations that relate to governance, such as downsizing the board, eliminating the vice
president position, or decreasing the years of a trustee’s term.

Furthermore, the board believes that external expertise is necessary when navigating a complex
subject such as this. The Board requested that the MDA submit RFPs to outside consultants to
conduct a governance study. It was requested that the RFP include strategies for educating the
House members on this subject, and include the consultant’s attendance at a House of Delegates
meeting.

The following was adopted:

14-212 Resolved, that the MDA send out RFP’s to study MDA governance Adopted
and be it further
Resolved, that up to $30,000 be allocated from the Non-Reserved Fund.

The EC will review the RFP's at its March 2012 meeting. The EC will choose the consultant so that a resolution can be presented to the House of Delegates.

Recommendations 314-320 were proposed but not read in and therefore were rendered moot.

*Ninth District Suite:*

The Board was provided with several options that the Executive Director considered in lieu of a joint suite with Wisconsin at the 2012 ADA Annual Session.

There are multiple purposes of a suite such as social interaction, discussion on resolutions, a meeting site, etc. However the rising costs of the suite and the “behind the scenes” effort it takes makes continuing it questionable.

Rather than a suite in 2012, Michigan and Wisconsin will:

- Hold an evening event in a hotel meeting room with cocktail rounds, beverages and heavy hors d’oeuvres in lieu of a meal;
- If there are enough monies in the budget, there would also be a night where everyone would meet up at the hotel bar for refreshments/socializing and limited drinks would be provided;
- Encourage the delegation members to meet in smaller groups by sending out email reminders so the delegation has each other’s emails.

Mr. Eason informed the Board that the Wisconsin Dental Association Board of Trustees is meeting this weekend and discussing these options as well. Mr. Eason will report to the EC at its March meeting on the final decisions once MDA hears from WDA.

The Board was informed that this is just a trial. If it doesn’t work it can be changed next year. Staff will be looking for feedback after the meeting to see how the new arrangement worked.

**REPORT ON MDA INSURANCE & FINANCIAL GROUP:**

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

- Amalgam Separator Grant
- Health Care/Insurance Arena
- Mercer On Track

**STRATEGIC PLANNING:**

*Strategic Planning Update:*

Mr. Drew Eason, CAE, executive director and Mr. Josh Lord, director of membership and student affairs, provided the Board with a presentation on the MDA strategic planning and reporting process. Mr. Eason has overhauled the process staff uses, to insure timely progress is being made on the plans’ broad goals.
Membership Projections:
Mr. Josh Lord, director of membership and student affairs, provided the Board with a report on membership projections for 2012 and beyond.

ADA NINTH DISTRICT TRUSTEE:
Dr. Dennis Engel, ADA Ninth District Trustee, provided the Board with a report on ADA activities:

- Fraudulent dues statement: 171 members sent letters to the box. The ADA has identified the individual who perpetrated the fraud and is pursuing it.
- Urged board members to complete the election commission survey regarding ADA elections.
- Give Kids a Smile dinner may be combined with presidential gala at the ADA meeting.
- JADA – ADA received a complaint that there wasn’t enough advertisements to cover the costs. JADA is doing fine.
- ADA Foundation is in the process of awarding grants.
- CODA is working on standards for new mid level providers in Minnesota. Some new providers have been unable to pass the boards.
- The book the ADA Board is reading is "The End of Membership as We Know It". A report will be coming out next week from the ADA Board that focuses on three key areas: Relevant visible and impactful solutions for members, effective advocacy and third party intrusions into the practice.
- The ADA hired an outside governance consultant. An aggressive timetable has been set as well as an aggressive communications plan to keep the House of Delegates in the loop.

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

Committee Minutes (posted online since the December Board meeting)
December Board Minutes
2012 Contingency Fund and Non-Reserve Fund Balances
Report on MDA Non-Dues Revenue
Master Calendar of Referrals

ANNOUNCEMENTS/LIAISON REPORTS:
"In Lieu Of":
Speaker Peters informed the Board that she will begin to use "in lieu of" at the House of Delegates meetings similar to what occurs in the ADA House. She asked the Board members for assistance in helping delegations understand this term.

UP Dental Meeting:
The 2012 UP dental meeting will be held June 15-16 which is one week prior to the MDA Board meeting. The meeting will be held at the Grand Hotel on Mackinac Island.
ADA President-Elect:
The Board was informed that at the 2012 ADA House of Delegates meeting, seven individuals will announce for ADA President-Elect; one of them being current Speaker Holiday.

New Intern:
The MDA has hired an intern to assist with the MDA's social media program.

Blue Cross Dental Network of America:
The Board was provided with a document from Blue Cross regarding the concerns with Dental Network of America’s processing of claims.

Executive Session is on the next page
EXECUTIVE SESSION:

Detroit District Dental Society:
The Board was provided with a written update on the Detroit District Dental Society.

Approval of 2012-2013 Committee Appointments:
The following was adopted:

16-212 Resolved, that the following recommendation be forwarded Adopted

to the 2012 MDA House of Delegates with a recommendation 2012

for adoption: MDA HOD

Resolved, that the following be elected to serve as members of

the association's standing committees, terms to expire in April 2013

or April 2014 (as noted below):

COMMITTEE ON COMMUNICATION, EDUCATION AND AWARENESS:
Not Subject to Approval:
Lisa Christy, Berrien Springs, ’13
Elizabeth Curtis, Grand Haven, ’13
Michelle Dziurgot, Shelby Township, ’13

2012-2013 Recommendations:
*Tessa Buchanan, Midland, ’14
*Ken Egger, Mt. Pleasant, ’14
Mr. Eric Mencarelli, UM student, ’13
*Sandeep Sood, Holt, ’14

COMMITTEE ON CONTINUING EDUCATION:
Not Subject to Approval:
John Marshall, Sheridan, ’13
Douglas Henke, Farmington Hills, ’13

2012-2013 Recommendations:
*Sherill Behnke, East Lansing, ’14
*Thomas Lambert, Grand Rapids, ’14
Jon McLain, Alpena, ’14
Ms. Anna Pogonchef, UM student ’13
*Kevin Sloan, Ann Arbor, ’14

COMMITTEE ON GOVERNMENTAL AND INSURANCE AFFAIRS:
Not Subject to Approval:
Rhonda Hennessy, Romulus, ’13
Ghabi Kaspo, Troy, ’13
Curt Ralstrom, Clinton Township, ’13
Clayton Shunk, Sault Ste. Marie, ’13

2012-2013 Recommendations:
Ms. Crystal Ammori, UM student, ’13
*Mark Connelly, St. Johns, ’14
*Brian Maduri, Battle Creek, ’14
*Brent Moeggenborg, Alma, ’14
Christopher Smiley, Grand Rapids, ’14

COMMITTEE ON MEMBERSHIP RETENTION AND RECRUITMENT:
Not Subject to Approval:
Sandra Chang, Canton, ’13
Mehul Patel, Riverview, ’13
Alexa Vitek, St. Johns, ’13

2012-2013 Recommendations:
*Eric Childs, Battle Creek, ’14
Nathalie Dube’, Mt. Pleasant, ’13
*Tracy Epley, Jackson, ’14
Ryan Wilson, Rockford, ’13
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.

Christopher Manduzzi, Troy, 14
Greg Maxson, Lansing, '14
Kevin Rebhan, Zeeland, '14
Mr. Yazdan Haider, UM student, '13

COMMITTEE ON PEER REVIEW/DENTAL CARE:
Not Subject to Approval:
Vincent Benivegna, '13, Okemos, oral surgeon
Peter Leone, St. Clair Shores, '13, periodontist
Gary Johnson, Lansing, '13, prosthodontist
David Madorsky, Bloomfield Hills, 13
Mark Medel, Owosso, '13, oral surgeon
Robert Shore, Eastpointe, '13

2012-2013 Recommendations:
Jeffrey Baker, Shelby Township, '14
* John Braud, Northville, endodontist, '14
* Denise Coleman, Detroit, '14
* Scott Dexter, Lansing, '14, pediatric dentist
* Rich Frutiger, Alma, '14
* Brian Maduri, Battle Creek, '14
* John Mashni, East Lansing, '14
* Charles Marinelli, Warren, '14
* Mary Stahle, Jackson, '14
* Paul Ward, Lansing, orthodontist, '14
* Jeff Weinfeld, West Bloomfield, '14

COMMITTEE ON PEER REVIEW DENTAL CARE/ENDODONTICS:
Not Subject to Approval:
Jeffrey Halvorson, Grand Rapids, '13
* Mark Nearing, Gaylord, '13
* Steven Shoha, Southfield, '13
* Martha Zinderman, Livonia, '13

COMMITTEE ON PEER REVIEW DENTAL CARE/ORAL AND MAXILLOFACIAL SURGERY:
Not Subject to Approval:
Craig Fountain, Traverse City, '13
Joseph Hildebrand, Clinton Township, '13
Wayne Olsen, Traverse City, '13
Jeffrey Persico, Okemos, '13
Edward Royal, '13
Larry Skoczylas, Midland, '13

COMMITTEE ON PEER REVIEW DENTAL CARE/PEDIATRIC DENTISTS:
Not Subject to Approval:
* Phillip Monroy, Hart, '13
* Daniel Klein, East Lansing, '13
Shufei Wang, Bloomfield Hills
* Kevin Hale, Brighton

COMMITTEE ON PEER REVIEW DENTAL CARE/PROSTHODONTICS:
Not Subject to Approval:
David Bartolovic, Shelby Township
* Thomas Bloem, Ann Arbor
* James Braun, Saginaw
* Robert Brustad, Ann Arbor

Minutes of the Board of Trustees
February 16-17, 2012
Page 13
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.

* Kok-Heng Chong, Royal Oak
* Benjamin Czerniawski, Grosse Pointe Woods
* Stephen Doezema, Grand Rapids
* Michael Girskis, Livonia
* Douglas Henke, Farmington Hills
* Douglas Hock, Ypsilanti
* Robert Humphries, Portage
* Soong-Ryong Jung, Ann Arbor
* Mark Marunick, Farmington Hills
* Frederick Matvias, Troy
* Averil Mearnic, Ann Arbor
* Stephen Riedy, Livonia
* Laurence Seluk, Plymouth
* Robert Stewart, Grosse Pointe Woods
* Alfred Stines, Howell
* Frederick Thompson, Grand Blanc
* Samuel Zwetchkenbaum, Ann Arbor

Committee on Peer Review/ethics:

Not Subject to Approval:

Steven Conlon, Grand Rapids, '13
Kristal Greniuk-Wioncek, Livonia, '13
Keith Konvalinka, Kalamazoo, '13
Michael Maihofer, Roseville, '13
Michel Nasif, Lansing, '13
Bonita Neighbors, Ypsilanti, '13
Michael Wojcik, Clinton Township, '13

2012-2013 Recommendations:

* James C. Hoekwater, Wyoming, '14
* Mark Hostetler, Dewitt, '14
* Marilyn Lantz, Ann Arbor, '14
* Denise Polk, Flint, '14

Nominations to the Michigan Board of Dentistry:

The following were adopted:

17-212 Resolved, that the name of Dr. Deborah Manos, be forwarded to the governor with a recommendation for reappointment to the Michigan Board of Dentistry, term to begin June 2012, contingent upon payment of current year dues.

18-212 Resolved, that the following name(s) be forwarded to the Governor with a recommendation for appointment to the Michigan Board of Dentistry, term to begin June 2012, contingent upon payment of current year dues.

Adopted

Dr. Nicholas Bournias
Dr. Timothy Schmakel

Minutes of the Board of Trustees
February 16-17, 2012
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.

ADA Council Appointments:
The Board approved the names of one nominee for Council on ADA Sessions, one nominee for the ADA Committee on the New Dentist and one nominee for the ADA Council on Dental Education and Licensure. The names will be forwarded to the 9th District Trustee.

Annual Review of MDA/WDA Council Appointment Rotation Schedule:
No recommendations for change were voiced.

Workforce Resolutions:
Background information is contained in a report to the Board, dated January 12, 2012.

The Board discussed the draft resolution and whether the MDA should define what the current dental team consists of as this may change over time. It decided that the primary purpose states what the MDA's principles are and provides staff with groundwork with the legislators. When these principles are discussed, it will be explained as to what the dental team consists of.

This resolution will provide the board with flexibility in the future if it is asked to serve on an advisory committee for a new dental team member. Whether the MDA participates on an advisory committee will be decided at the time MDA receives a request to serve.

The following was adopted:

19-212 Resolved, that when addressing dental workforce, the following principles are the guiding principles as sanctioned by the Michigan Dental Association:

- The MDA maintains that only a dentist provides comprehensive oral health care. The dentist has the ultimate responsibility for all dental care provided under his/her direction and supervision.
- The MDA recognizes the dentist as the leader of the dental team and is responsible for maintaining one standard of care for all patients.
- The MDA supports the current dental team members to improve the efficiency of delivering oral health care services. These current team members should be used to their maximum effectiveness with team member duties being expanded when it is appropriate to improve the efficiency of delivering care.

Adopted to 2012 MDA HOD
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.

- The MDA maintains that only a dentist can diagnose oral conditions, prescribe treatment and medications, perform irreversible procedures, supervise patient care, and engage in the responsibilities that require the education and training of a dentist.

- The MDA believes that the creation of a new member of the dental team must be based upon need. The new team member must be supervised by a dentist, have sufficient education and training through a coda-accredited program, have oversight by the Michigan Board of Dentistry, and a scope of practice that ensures the protection of the public’s oral health.

A roll call vote was taken.

ROLL CALL:

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

Opposed: None

Absent: Drs. Burling and Smiley

Recommendation 329 was proposed but not read in, and therefore was rendered moot.

Meeting with Dr. Luke Shaefuer:

Dr. Norman Palm provided the Board with an update on a meeting he and Bill Sullivan had with Dr. Luke Shaefuer, assistant professor of social work, University of Michigan. The discussion centered on Shaefuer’s current and future plans in the area of access to dental care.

Speaker Peters requested that the Board provide feedback on informing the House of Delegates. Dr. Palm will work with Speaker Peters in developing the materials for the House.

Amend Mandated Oral Health Program (House Resolution 14H-10):

Background information is contained in a report to the Board, dated January 12, 2012.

The following were adopted:
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.

20-212 Resolved, that the following recommendation be forwarded to and adopted by the 2012 MDA House of Delegates with a recommendation for adoption:

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 or dental hygiene 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.
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.

571
572 21-212  Resolved, that the following recommendation be forwarded to Adopted
573  the 2012 MDA House of Delegates with a recommendation to 2012
574  for adoption: MDA HOD
575
576  Resolved, that Resolution 14H-10 regarding mandated oral health
577  program be rescinded and removed from the Association Policy
578  Manual.
579
580  A roll call vote was taken.
581
582  ROLL CALL:
583  In favor: Drs. Barsamian, Carter, Cilla, Colbert, Goodsell, Jeffers, Johnson, Z., Johnston, J.,
584  Johnston, M., Mack, Makowski, Meldrum, Merchant, Palm, Richards, Tremblay, Young.
585  Opposed: Dr. Harris
586  Abstain: Dr. Hamerink
587  Absent: Drs. Burling and Smiley
588
589  Mid-Level Providers:
590  The Board held discussion regarding mid-level providers.
591
592  PA 161:
593  Background information is contained in a report to the Board dates January 12, 2012.
594  Dr. Palm will develop the background statement for the worksheet to be provided to the House
595  of Delegates.
596  The following were adopted:
597
598  22-212  Resolved, that the following recommendation be forwarded Adopted
599  to the 2012 MDA House of Delegates with a recommendation to 2012
600  for adoption: MDA HOD
601
602  Resolved, that the Michigan Dental Association pursue further
603  changes, including the possibility of legislation, to improve
604  PA 161 consistent with the access core values.
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.

23-212 Resolved, that the following recommendation be forwarded to the 2012 MDA House of Delegates with a recommendation for adoption: Adopted to 2012 MDA HOD

Resolved, that Resolution 19H-11 regarding PA161 be rescinded and removed from the Association Policy Manual.

School-Based Care Guidelines
Background information is contained in a report to the Board dates January 12, 2012.

The following was adopted:

24-212 Resolved, that the following recommendation be forwarded to the 2012 MDA House of Delegates with a recommendation for adoption: Adopted to 2012 MDA HOD

Resolved, that MDA supports and approves distribution of the School-Based care guidelines as stated in the following documents:

- Selecting a school-based oral health program: questions and answers for school staff
- School-based oral health care: a choice for Michigan children
- Best practices for the application of dental Sealants
- Guidelines for school-based oral health care

A roll call vote was taken.

ROLL CALL:

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

Opposed: None

Abstain: None

Absent: Drs. Burling and Smiley
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.

2012 MDA Delegates/Alternates to the ADA House of Delegates:
Background information is contained in a report to the Board dates January 12, 2012. Should Dr. Hines be unable to serve, Dr. Rhonda Hennessey will be asked to serve. Both currently serve on the Michigan Board of Dentistry and having a board member as part of the delegation has been helpful.

The following was adopted:

25-212 Resolved, that the following recommendation be forwarded to the 2012 MDA House of Delegates with a recommendation for adoption: Adopted to 2012 MDA HOD

Resolved, that the following be elected as delegates and alternates to the 2012 American Dental Association House of Delegates, contingent upon payment of current year dues:

<table>
<thead>
<tr>
<th>Delegates:</th>
<th>Alternates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Jeffery Johnston, president</td>
<td>1. Danielle Ruskin (ADA to cover costs as council chair)</td>
</tr>
<tr>
<td>2. Norman Palm, president-elect</td>
<td>2. Michele Tulak-Gorecki</td>
</tr>
<tr>
<td>3. Martin Makowski, vice-president (candidate)</td>
<td>3. Marilyn Lantz (ADA to cover costs as council chair)</td>
</tr>
<tr>
<td>4. Virginia Merchant, editor (candidate)</td>
<td>4. Larry DeGroat, IFG Chair (IFG will cover costs)</td>
</tr>
<tr>
<td>5. Debra Peters, speaker (candidate)</td>
<td>5. Mert Aksu</td>
</tr>
<tr>
<td>6. Mark Johnston (IFG will cover costs)</td>
<td>6. Peter Polverini</td>
</tr>
<tr>
<td>10. Scott Meldrum</td>
<td>10. Brian Maduri</td>
</tr>
<tr>
<td>12. Howard Hamerink</td>
<td>12. Lisandra Soto</td>
</tr>
<tr>
<td>13. Mark Barsamian</td>
<td>13. TO REMAIN UNFILLED TO CONTAIN COSTS</td>
</tr>
<tr>
<td>14. Curles Colbert</td>
<td>14. TO REMAIN UNFILLED TO CONTAIN COSTS</td>
</tr>
<tr>
<td>15. Robert Tremblay</td>
<td>15. NOT BUDGETED</td>
</tr>
<tr>
<td>16. Robert Richards</td>
<td>16. NOT BUDGETED</td>
</tr>
<tr>
<td>17. Colette Smiley</td>
<td>17. NOT BUDGETED</td>
</tr>
</tbody>
</table>

A roll call vote was taken.

ROLL CALL:
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.

<table>
<thead>
<tr>
<th>In favor: Drs. Barsamian, Carter, Cilla, Colbert, Goodsell, Hamerink, Harris, Jeffers, Johnson, Z., Johnston, J., Johnston, M., Mack, Makowski, Meldrum, Merchant, Palm, Richards, Tremblay, Young.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opposed: None</td>
</tr>
<tr>
<td>Abstain: None</td>
</tr>
<tr>
<td>Absent: Drs. Burling and Smiley</td>
</tr>
</tbody>
</table>

Changing Oral Health Care Environment:
Dr. Mert Aksu, Dean, University of Detroit Mercy School of Dentistry and Dr. Peter Polverini, Dean, University of Michigan School of Dentistry, provided the Board with presentations on the changing oral health care environment.

Legislative Update and Grassroots Update (informational):
Mr. Bill Sullivan, director of legislative and insurance affairs, provided the Board with an oral and written report on legislation and grassroots initiatives.

Non-Covered Services Legislation:
Background information is contained in a report to the Board, dated January 25, 2012.

The following were adopted:

26-212 Resolved, that the following recommendation be forwarded to the 2012 MDA House of Delegates with a recommendation for adoption:

Resolved, that the MDA pursue all available avenues to prohibit the practice of allowing insurance companies to set fees on services they do not cover.

A roll call vote was taken.

ROLL CALL:

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

Opposed: None
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.

Abstain: None
Absent: Drs. Burling and Smiley

27-212 Resolved, that the following recommendation be forwarded to the 2012 MDA House of Delegates with a recommendation for adoption:

Resolved, that HOD Resolution 36H-09 be rescinded and removed from the Association manuals.

A roll call vote was taken.

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

Opposed: None
Abstain: None
Absent: Drs. Burling and Smiley

MSMS Bill on Payment Accountability and Audit Time Limits for Insurers:
Background information is contained in a report to the Board dated January 25, 2012.

The following was proposed for adoption:

Recommendation 300:
Resolved, that the Michigan Dental Association supports the Michigan State Medical Society initiatives to address payment accountability and audit time limits for insurers, and be it further

Resolved, that the MDA not seek to add Delta to the legislation.

The following was adopted as amended:

28-212 Resolved, that the following recommendation be forwarded to the 2012 MDA House of Delegates with a recommendation for adoption as Amended
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.

Resolved, that the Michigan Dental Association supports the Michigan State Medical Society initiatives to address payment accountability and audit time limits for insurers, and be it further

Resolved, that the MDA seek to add to the legislation those dental benefit carriers covered by the Non Profit Corporation Dental Act.

A roll call vote was taken.

ROLL CALL:

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

Opposed: None

Abstain: None

Absent: Drs. Burling and Smiley

The following was adopted:

29-212 Resolved, that Resolution 9-910 regarding payment accountability and audit time limits for insurers be rescinded from the Board Policy Manual. Adopted

A roll call vote was taken.

ROLL CALL:

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

Opposed: None

Abstain: None
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.

Absent: Drs. Burling and Smiley

Healthy Kids Dental Program (HKD):

Current policy reads as follows:

House Policy 16H-11:
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.

The Board was informed that this resolution presents several practical and political problems for the MDA. The resolution puts the MDA in the position of advocating for the cutting of dental benefits for children ages 9-19 in all current HKD counties. In addition, there is no answer as to where these children will then go for dental care. The Governor mentioned in his Special Health Care Message that HKD should be expanded to all counties. In addition, the Governor has recommended in his FY2013 budget that HKD should be expanded to all the remaining counties. This would be done in phases, with $25 million being advocated this year. The plan is to have the expansion completed by 2016.

Politically, there are several problems. The main one being that several key legislators represent areas that would lose coverage under this plan.

Dentist participation with Healthy Kids Dental is a contractual arrangement with Delta. Delta does not believe that it is worth changing its entire computer system for a small amount of dentists that don't participate with Delta. MDA was informed that 115 dentists are not par. Of the 115 non-par dentists, Delta believes maybe only half would become par to participate in Healthy Kids Dental.

The following was adopted:
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.

30-212 Resolved, that Resolution 16H-11 regarding Healthy Kids Dental be rescinded and removed from the Association Policy Manual.

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

Connie Verhagen, DDS, MS
President

Mark Johnston, DDS
Secretary
Effective Board Leadership: Michigan Dental Association

Michael E. Gallery, PhD FASAE, CAE
President
OPIS, LLC

Our Agenda
- Review markers of Excellence
- Discuss critical elements of successful board functioning
- Review your survey data
- Identify next steps

The Importance of Comparison

The Importance of Replication

Picking the Best

What the Best do Best
They Understand Their Mission

- Great organizations have a clear sense of:
  - Whose needs
  - Which needs

They are Purpose Focused... Not Profit Focused

The Have a Strong Culture

- Collins defined it as “cult-like”
- Employees assimilate – or leave
- Associations are customer focused
- It starts at the top

Leaders Seek to Influence. Not Control

- Level 5 leader: an individual who blends extreme personal humility with intense professional will
- “I never stopped trying to become qualified for the job” – Steve Smith
- Non-profit CEO’s are visionary... but don’t push THEIR vision
- Leaders follow the golden rule
- “More like Lincoln than Caesar”

Great Organizations Clean Their plates

- The mission is used as a first filter
- Objectives provide a finer filter
- They don’t try to shove 10 lbs. of %&^ into a 5 lb. can
- They execute!

Knowledge Is Not Guarded... Its Shared

- Great organizations operate as effective systems
- No part is greater than the whole
- Each part understands its role... as well as the role of the other parts
- They learn from their mistakes
- They share their learning
Basic Components of an Organizational System

- Organizational Inputs
- Performance
- Outputs

- Policies
- Staff talents
- Processes
- Budget
- Staff structure

- Strategies
- Tactics
- Meetings
- Publications
- Member Benefits

- Membership Numbers
- Meeting attendance
- Net profit
- Gross revenue

They Remain Humble

- They are driven by what they don’t know
- They don’t assume
- They don’t view their customers as the “unwashed”
- They confront the “brutal facts”

Other Lessons from Collins

- The flywheel: No miracle moment
- The 3 D’s
  - Disciplined people
  - Disciplined things
  - Disciplined ways

Critical Role and Function of the Board

Why Boards Succeed

- Mission focused
- Understand their customers
- Understand economic drivers
- Hold themselves and staff accountable for results
- Remain outward focused

Why Boards Fail

- Mission drift
- Activity driven
- Believe members “don’t get it”
- Focus on internal issues
- Confusing means with ends
- Have a club mentality
- Chasing money
Common Myths About Boards

- I'm a director so I am supposed to direct
- I get to express my personal views – it’s protected speech
- I'm here to represent the interests of the group I represent
- It won’t take much time
- The best part of the board is... the social interaction...the prestige...the visibility

Carver’s Role for Boards

- Keepers of the vision
- Protectors of organizational values
- External focus
- Outcome driven organization
- Separate large issue from small
- Forward thinking

Carver’s Role for Boards

- Enable productivity
- Enforce discipline
- Balance control
- Use time wisely

Legal Responsibility of Each Board Member

- **Duty of care**: to make prudent business decisions;
- **Duty of loyalty**: to put the interests of the organization ahead of personal interests; and
- **Duty of obedience**: to ensure that the organization remains true to its central purposes.

Critical Components of Strategic Thinking and Action

- Whose needs will we meet?
- Which needs?
- What key strategies will we employ?
- How will we measure success?
Whose Needs

- Customer vs. Beneficiary
- A customer pays money in return for goods and services
- A customer makes a buying decision

Which Needs?

- No shortage of needs
- Some needs are not rational
- Must prioritize in relation to organizational resources
- Smart boards make data-based decisions
- Focus on the greatest wants of customers
- Be disciplined in saying “no”

Which Strategies?

- Provide strategic direction – don’t dictate specific methods
- Insist on a match between mission, objectives, and programs/services
- Be disciplined about growth, sustainability, and harvesting of programs

How Will We Measure Success?

- Focus on a few areas
- Develop specific targets
- Perform formative review

The Ideal Board Meeting

The Proper Action Item

- The Recommendation for action appears first
- Background and analysis of the issue is summarized – who, what, when, where why.
- Fiscal impact of recommendation is provided
The Advanced Agenda

- Input from board members
- Identifies items for:
  - Action
  - Discussion
  - Information
- Provides sufficient time for items
- Provides for accountability

The Proper Discussion Item

- The problem is presented:
  - What is...
  - What should be...
  - Thus, the gap
- Background to the problem is provided (who, what, when, where, why)
- Discussion questions are presented
  - Is the problem clear,
  - Do we need more information
  - What are the optional actions?
- Most of the board time should be spent on discussion

The Proper Information Item

- Is clearly labeled as such
- Source is clearly identified
- Reason for providing it to the board is identified

Proper Board Room Behavior

- Material is read in advance of the meeting
- Remain on point
- Don’t seek action in discussion or discussion in action
- Attack ideas, not people
- State your position first and reasons second
- Use the PC and phone for board material – ONLY

The Effective Board CEO Relationship

- Leadership
  - Mission focused
  - Strategic planning
  - Facing the cold hard facts
- Management
  - Aligns talent with outcome
  - Provides incentives for promotion
  - Removes obstacles
  - Keeps board informed

Role of the CEO
The Proper Role of the CEO

- Board Coach
  - Ensures Board stays mission focused
  - Brings options
  - Ensures all voices are heard
  - Provides Relevant data

Establish a Partnership with the Chief Staff Executive

- Keep the chief staff executive informed about what you are doing, who you are talking to.
- Stay in frequent communication with your chief staff executive, board of directors, and others as required, and solicit input on issues and decisions as the need arises.
- Use the chief staff executive as a sounding board when leadership challenges arise.

Establish a Partnership with the Chief Staff Executive

- Consider the chief staff executive a resource throughout your term of office.
- Set clear and specific performance objectives with the CEO.
- Periodic status reports
- Provide specific feedback
- NEVER meet without the CEO unless it is to review his performance

Establish a Partnership with the Chief Staff Executive

- Don’t get involved in staff issues
- Don’t assign staff work

Recruiting…Retaining … Succeeding

- Hidden agendas
- Fit
- Level of maintenance required
- Motivation
- Competencies
- Trust
- Contacts
- Track Record
The Role of the Nominating Committee

- Talent Scouts
- Work with the Board to honestly assess its strengths and weaknesses
- Find suitable candidates to fill competency voids
- Recruit/convince the reluctant participants
- Inform candidates what they are in for
Strategic Planning

Board of Trustees Meeting
February 17, 2012

What Comes to Mind When You Hear Strategic Planning

Is it...

Or maybe...

Or this...

Maybe this...
Could be…

Probably most likely…

What SP is really all about…

What we’ve done

Without

Right now we’re
Without

But, we need...

To Avoid Becoming

June 2008

• Review member survey results
• Create strategic “goals”
  – 3-5 at a time
  – Designed to be fluid
• Direct staff to execute
• “Talk” about plan at Board meeting

The end product was designed to be...

The aftermath

We all walked away feeling

Which turned into
Where we are today

- New plan structure
- New tactic worksheets
- New tactic binders
- New presentations at executive staff meetings
- New dashboards
- New annual evaluation component

- The best of the 2008 process, with an MDA twist

Where we’re going

- Goals
- Visions
- Reporting
- Dashboards

- And…

What’s with all of the changes?

Critical thinking

Does the plan address the priorities of your profession?

Priorities of your profession?

- Practice management
- Legislative and insurance advocacy
- Access to care
- Financial stability of association

We need you!
Because

So,

Does the plan address the priorities of your profession?

Practice Management?

Legislative and Insurance Advocacy?

Access?

Financial Stability?
Membership Projections 2012 & Beyond

Demographic Transition
Revenue Changes
Stable Market Share

Why Should I Care?

This Conversation Started in the

YEAR 2000

And, since that time

The Facts
Looking Back at 2010

Membership Transition 2010 - Actual

- 87% ACT
- 13% Rest

4% Change in One Year

Membership Transition 2011 - Actual

- 83% ACT
- 17% Rest

Baby Boomers + Recovering Economy

Anticipated Transition 2012

- 20% ACT
- 80% Rest

Assume We’re Losing ~3%/Year

Forecasted Transition 2015

- 30% ACT
- 70% Rest

The Five-Year Change

Membership Transition 2010 - Actual

- 87% ACT
- 13% Rest

Forecasted Transition 2015

- 70% ACT
- 30% Rest

Forecasted/Actual Members and Revenue

- Projected Revenue
- Actual Members
- Actual Revenue

- $1,500,000.00
- $2,000,000.00
- $2,500,000.00
- $3,000,000.00
- $1,000,000.00
- $500,000.00
- $0.00

- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
Bucking the National Trend

**What You Can Expect**

- Ongoing slide of ACT members
  - Corresponding revenue transition
- ~65 new dentists/year staying in Michigan post-graduation
  - 33% of graduating class
  - More coming back to MI every year
- 75-76.5% market share
  - 80% new dentist market share
- 98% retention

**Back to Basics**

- Membership and revenue transition well underway
- Market share remains strong and steady
- Retention remains above 95%
- Limited number of new dentists staying in MI, but many will return
- MDA is the envy of many state dental societies

**Thank You**

- Discussion
- Comments
- Questions
Blue Cross Blue Shield of Michigan (BCBSM) and its dental administration partner, the Dental Network of America (DNoA) are committed to working together to ensure long-term smooth processing for you and your Blue Dental patients. BCBSM processes between 1.3 and 1.4 million claims annually and is dedicated to providing the level of service you've become accustomed to and expect from the Blues.

A team of experts at BCBSM and DNoA are dedicated to fixing unforeseen issues some dental offices have reported as a result of the transition of Blue Dental administrative functions to DNoA. The team is achieving results on a per-case basis while developing permanent resolutions.

A time-sensitive action plan is underway to improve system compatibility between BCBSM and DNoA to better process your claims, verify patient benefits, and enhance overall service to you. These permanent fixes and updates are occurring for the next 30-60 days to provide continuous, near-term results.

We want to be transparent about the issues and how are they being addressed. An outline of steps we have taken is below.

- **A communication issue is preventing DNoA from receiving some electronic claims or there are inaccurate rejections.**

  Fixing the electronic claims issue is a top priority for the team of technicians working on the administrative resolutions. If you have contacted customer service and cannot get resolution for an issue with an electronic claim, please re-submit a hardcopy of that claim to:

  Blue Cross Blue Shield of Michigan
  PO Box 49
  Detroit, Michigan 48231

- **A small percentage of claims placed on hold (in a “pend” status) for too long.**

  Blue Dental administration is aware of the delay in payments for some claims and is currently working daily to pay those claims on a priority basis. As issues are resolved during the next 60 days, the number of affected claims will be reduced.
Other actions underway

- For appropriate security reasons, claims are rejected if they’re submitted using the patient’s Social Security Number. For patient protection, we now require you to use the patient’s **contract number** when submitting claims.

- The membership and eligibility system may have some discrepancies when verifying coverage and benefits. This issue has increased calls to customer service. To reduce waiting times, we have expanded servicing hours and updated Interactive Voice Response (IVR) system to help provide additional ways of getting accurate information. Other issues related to benefits and coverage will be resolved with improved system compatibility over the next 30-60 days.

- BCBSM and DNoA are working to enhance the SecureXchange website with additional information. In the meantime, enhancements to the IVR system offer additional patient information to your office.

How can my office get help?

- If your office is experiencing issues with Blue Dental benefits or claims, please continue to call **888-826-8152** to access the updated IVR system. Servicing hours to speak to a representative are from 8:00 a.m. to 6:00 p.m. EST.

- Follow the prompts to listen for specified patient information or have that data faxed to your office. Be sure to use the patient’s **contract number** and not the Social Security Number when requesting information, including:
  - Current benefits remaining; last date of service for exams, cleaning and X-rays; maximum dependent age; waiting period information; and benefit period start and end dates
  - Detailed X-ray benefits
  - Pre-authorization status
  - Clarified language regarding participating and in-network providers

We apologize for the inconvenience these issues have caused and thank you and your offices for your patience and assistance as we work to resolve these issues.
LEGISLATIVE UPDATE
(Updated February 6, 2012 by Bill Sullivan)

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

LEGISLATION

Appropriations

The Governor’s budget for fiscal year 2013 will be presented in February.

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.
Status: Now law. PA 21 of 2011.

*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 4361 (Gilbert) – this is the bill implementing Governor Snyder’s tax plan.
Status: Now law. PA 38 of 2011 MDA analysis on the impact on dentists.

Senate Bill 34 (Nofs) – repeals personal tax.
Status: Senate Finance Committee

Senate Bills 347, 348 (Kahn) – this is the governor’s proposed tax on paid health insurance claims.
Status: Now law. PA 141 of 2011.

Senate Bill 883 (Hildenbrand) – eliminates taxation on personal property for purchases after January 1, 2012.
Status: Senate Finance Committee

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) – allows a disciplinary subcommittee to permanently revoke the license or registration of a healthcare professional upon conviction of certain criminal sexual offenses.
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

House Bill 5216 (McMaster) – expands covered Medicaid providers to include registered dental hygienists. This would allow the hygienist to directly bill Medicaid and to directly receive payment from Medicaid.
Status: House Health Policy

Senate Bill 47 (Gregory) – requires that dental hygienists services be covered under Medicaid. This would allow the hygienist to directly bill Medicaid and to directly receive payment from 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: Now law. PA 266 of 2011.
House Bill 5030 (Haveman) – establishes limitations on rules MIOSHA can promulgate.
Status: Passed House. Now in the Senate Committee on Reforms, Restructuring and Reinventing.

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 Bills 483 & 484 (Jansen) – these bills allow the state to bond in order to pay off debt to the federal government owed because of borrowing to pay for unemployment benefits.
Status: Now law. PA 267 and PA 268 of 2011 respectively.

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.

Senate Bill 806 (Brandenberg) – makes technical changes to the unemployment benefits system. One change is to increase the taxable wage base from $9,000 to $9,500.
Status: Now law. PA 269 of 2011.

Criminal

Senate Bill 642 (Jones) – increases penalties for assaulting a health care professional.
MDA is working on getting dentists included.
Status: Passed Senate. In House Committee on Judiciary.

Senate Bill 643 (Kahn) – enacts sentencing guidelines for crime of assaulting or battering a health care professional. MDA is working on getting dentists included.
Status: Passed Senate. In 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 Gregory has introduced Senate Bill 47 and Rep. MacMaster has introduced House Bill 5216 (which is the same as Senate Bill 47). Both bills allow a hygienist to directly bill, and receive payment from, Medicaid.

- **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. The HOD resolution 19H-11 is being reviewed at the Special Committee on Access to Care on Feb. 10, 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.
Lynn Aronoff Background Information

The Michigan Dental Association (MDA) embarked upon the effort to prohibit insurance companies from setting fees on non-covered services in early 2010. The effort was not successful and the bills that were introduced to achieve this goal died at the end of 2010. The main reason the non-covered services campaign failed was due to the lack of involvement by member dentists.

In evaluating why member dentists did not participate it became readily apparent that the MDA needed to develop its grassroots operations because the involvement of dentists with their local state elected officials was virtually nonexistent.

To help fix this problem the MDA hired Lynn Aronoff as an independent contractor in March of 2011. Lynn’s task was to develop a program that would educate the MDA membership on how they can be effective ambassadors in the government arena. This would involve planning, developing, orchestrating, and implementing a grassroots effort to engage the MDA membership in government related initiatives.

Lynn has been very successful in beginning this challenge of building a strong grassroots organization for the MDA. The attached documents show what Lynn has accomplished in 2011. With this solid base, the prospect of achieving this goal is greatly enhanced.

However, it must be recognized that achieving a strong grassroots organization will not take place overnight. This is something that will take years to accomplish and once accomplished must be maintained. That is why it is critical to have Lynn continue in her current capacity.

The grassroots campaign expenses are not included in the 2012 MDA budget. However, we will use the balance of the designated market place issues fund as previously approved by the Board of Trustees and any balance will be offset by savings in the legislative staff salary line item. The 2013 budget includes the continuation of this contract as a budgeted expense.
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<td>Northern Thumb</td>
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<td>Detroit</td>
<td>Barsamian</td>
<td>Colbert</td>
<td>Harris</td>
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<td>they are narrowing down prospects</td>
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<td>Washtenaw</td>
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<td>Sam Malcheff</td>
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<td>Jackson</td>
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<td>will be either Fred Slete or Bill Patchak</td>
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<td>Southwestern</td>
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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.


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

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

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

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

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


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

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

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

xviii. From September 19-21, Dr. Shunk was at a fundraising event for Congressman Sander Levin.
xix. On October 19 Dr. Mark Johnston attended an event to benefit Representative Mike Shirkey.

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

xxi. 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.