<table>
<thead>
<tr>
<th>Resolution Number</th>
<th>House Action</th>
<th>Resolution</th>
</tr>
</thead>
</table>
| 1H.               | Adopted (Consent Calendar Action) | **Task Force to Study Councils Resolution 1—Council, Commission and Committee Self-Assessments**  
**Resolved,** that each council and commission undertake a thorough self-assessment based on a topical outline to be developed by the Board of Trustees and submit a report to the 2014 House of Delegates (in time for the Board to consider the report at its June 2014 meeting) on the process and its results, including any proposed resolutions to implement those results, and be it further  
**Resolved,** that following 2014, each council and commission undertake a thorough self-assessment on a rotating basis over every five years based on a schedule and outline to be developed by the Board of Trustees, and within the Annual Report include information on the process followed and results to the next session of the House, including any proposed resolutions to implement those results, and be it further  
**Resolved,** that the Board be urged to require the New Dentist Committee and the Committee on International Programs and Development to undertake a self-assessment, with reports to the Board, and to be included in the schedule applicable to councils and commissions, and be it further  
**Resolved,** any council which has undertaken a thorough self-assessment in 2013 as determined by the Board and reported on that self-assessment to the 2013 House of Delegates is exempted from the requirement to conduct a self-assessment in 2014, and be it further  
| 2H.               | Adopted by a 2/3s affirmative vote | **Board of Trustees Resolution 2, as corrected by the Standing Committee on Constitution and Bylaws, in lieu of Twelfth Trustee District Substitute Resolution 2S-1—Delegate Allocation**  
**Resolved,** that CHAPTER II. CONSTITUENT SOCIETIES, **Section 100. PRIVILEGE OF REPRESENTATION,** of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):  

Section 100. PRIVILEGE OF REPRESENTATION:  
Each state constituent dental society and the District of Columbia Dental Society shall be entitled to a minimum of two (2) delegates in the House of Delegates. Each territorial constituent society and federal service shall be entitled to a minimum of two (2) delegates in the House of Delegates, except that, if its total membership is equal to or greater than the size that of the smallest state constituent society; otherwise the territorial society or service shall receive one (1) delegate shall be allocated to the Virgin Islands Dental Association. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veterans Affairs shall each be entitled to two (2) delegates, one of which shall be elected by the respective service, without regard to the number of members. The remaining... |
number of delegates shall be allocated as provided in Chapter V, Sections 10C and 10D.

Each constituent society and each federal dental service may select from among its active, life and retired members the same number of alternate delegates as delegates and shall designate the alternate delegate who shall replace an absent delegate.

and be it further
Resolved, that CHAPTER V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection A. VOTING MEMBERS of the ADA Bylaws be amended as follows (additions underscored, deletions struck through):

Section 10. COMPOSITION.
A. VOTING MEMBERS. The House of Delegates shall be limited to four hundred sixty (460) voting members for the two years 2004 to 2005 inclusive. Thereafter, the number of voting members shall be determined by the methodologies set forth in Section 10C of this Chapter. It shall be composed of the officially certified delegates of the constituent dental societies and of the five (5) federal dental services, who shall be active, life or retired members, two (2) officially certified delegates from each of the five (5) federal dental services, who shall be active, life or retired members and five (5) student members of the American Student Dental Association who are officially certified delegates from the American Student Dental Association. Proxy voting is explicitly prohibited; however, an alternate delegate may vote when substituted for a voting member in accordance with procedures established by the Committee on Credentials, Rules and Order.

and be it further
Resolved, that CHAPTER V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection C. REPRESENTATIONAL REQUIREMENTS AND GOALS of the ADA Bylaws be amended as follows (additions underscored, deletions struck through):

C. REPRESENTATIONAL REQUIREMENTS AND GOALS. Each constituent society and each of the five federal dental services shall be entitled to the minimum two (2)-number of delegates set forth in CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION, except that one (1) delegate shall be allocated to the Virgin Islands Dental Association. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veteran Affairs shall each be entitled to two (2) delegates, one of which shall be elected by the respective service, without regard to the number of members. The American Student Dental Association shall be entitled to the number of delegates set forth in CHAPTER V. HOUSE OF DELEGATES, Section 100. COMPOSITION, Sub-section A.

The allocation of the remaining delegates shall be made pursuant to the delegate allocation methodology set forth in Subsection D. of this Section, with the goals of (i) achieving as close to proportional representation of active, life and retired members of the Association as possible while providing for the minimum representational requirements set forth in CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION; (ii) providing
for representation of the American Student Dental Association; and (iii) maintaining the size of the House of Delegates as close to 473 delegates as possible while meeting the other goals recited in this Subsection. For the two years 2004-2005 inclusive, the remaining number of delegates shall be allocated to the constituent societies, through their trustee districts based on the representational goals that each trustee district's representation in the House of Delegates shall vary by no more or less than 0.3% from its active, life or retired membership share in this Association, based on the Association's December 31, 2002 membership records, and that no district or constituent shall lose a delegate from its 2003 allocation. Thereafter, to allow for changes in the delegate allocation due to membership fluctuations, the Board of Trustees shall use this variance method of district delegate allocation (a variance of no more than 0.3% of its active, life and retired membership share in the Association) at subsequent intervals of three (3) years, with the first such review occurring for the 2006 House of Delegates. Such reviews shall be based on the Association's year-end membership records for the calendar year preceding the review period in question. No district shall lose a delegate unless their membership numbers are at least one percent less than their membership numbers of the prior three years. Any changes deemed necessary shall be presented to the House of Delegates in the form of a Bylaws' amendment to Section 10D of this Chapter.

and be it further

Resolved, that CHAPTER V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection D. DELEGATE ALLOCATION of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

D. DELEGATE ALLOCATION METHODOLOGY. Commencing in 2014, Based based on the representational requirements and goals set forth in Section 10C, the delegates shall be allocated according to the allocation methodology set forth below. Thereafter, to account for membership fluctuations, delegate allocations shall be reviewed and delegates shall be reallocated by the Secretary of the House of Delegates every four (4) years among the constituent dental societies, the five (5) federal dental services and the American Student Dental Association in accordance with that same methodology. Delegate allocations shall be based on the Association's year-end membership records for the second calendar year preceding the year in which the delegate allocations become effective. The review of delegates shall take place as soon as possible after the membership numbers on which the delegate allocations are based are available and the Secretary of the House of Delegates shall publish the new delegate allocations expeditiously thereafter to the constituent dental societies, the five (5) federal dental services and the American Student Dental Association. The delegate allocations shall also be published in the Manual of the House of Delegates. The delegate allocation methodology is as follows:

DISTRIBUTION
Connecticut State Dental Association, 7 delegates
Maine Dental Association, 3 delegates
Massachusetts Dental Society, 13 delegates
New Hampshire Dental Society, 3 delegates
<table>
<thead>
<tr>
<th>DISTRICT 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhode Island Dental Association, 3 delegates</td>
<td></td>
</tr>
<tr>
<td>Vermont State Dental Society, 2 delegates</td>
<td></td>
</tr>
<tr>
<td>District Total: 31 delegates</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISTRICT 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New York State Dental Association, 41 delegates</td>
<td></td>
</tr>
<tr>
<td>District Total: 41 delegates</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISTRICT 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Dental Association, 18 delegates</td>
<td></td>
</tr>
<tr>
<td>District Total: 18 delegates</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISTRICT 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Force Dental Corps, 2 delegates</td>
<td></td>
</tr>
<tr>
<td>Army Dental Corps, 2 delegates</td>
<td></td>
</tr>
<tr>
<td>Delaware State Dental Society, 2 delegates</td>
<td></td>
</tr>
<tr>
<td>District of Columbia Dental Society, The, 2 delegates</td>
<td></td>
</tr>
<tr>
<td>Maryland State Dental Association, 7 delegates</td>
<td></td>
</tr>
<tr>
<td>Navy Dental Corps, 2 delegates</td>
<td></td>
</tr>
<tr>
<td>New Jersey Dental Association, 12 delegates</td>
<td></td>
</tr>
<tr>
<td>Public Health Service, 2 delegates</td>
<td></td>
</tr>
<tr>
<td>Puerto Rico, Colegio de Cirujanos Dentistas de, 2 delegates</td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs, 2 delegates</td>
<td></td>
</tr>
<tr>
<td>Virgin Islands Dental Association, 1 delegate</td>
<td></td>
</tr>
<tr>
<td>District Total: 36 delegates</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISTRICT 5</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama Dental Association, 5 delegates</td>
<td></td>
</tr>
<tr>
<td>Georgia Dental Association, 10 delegates</td>
<td></td>
</tr>
<tr>
<td>Mississippi Dental Association, The, 3 delegates</td>
<td></td>
</tr>
<tr>
<td>District Total: 18 delegates</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISTRICT 6</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky Dental Association, 6 delegates</td>
<td></td>
</tr>
<tr>
<td>Missouri Dental Association, 7 delegates</td>
<td></td>
</tr>
<tr>
<td>Tennessee Dental Association, 7 delegates</td>
<td></td>
</tr>
<tr>
<td>West Virginia Dental Association, 3 delegates</td>
<td></td>
</tr>
<tr>
<td>District Total: 23 delegates</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISTRICT 7</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana Dental Association, 9 delegates</td>
<td></td>
</tr>
<tr>
<td>Ohio Dental Association, 16 delegates</td>
<td></td>
</tr>
<tr>
<td>District Total: 25 delegates</td>
<td></td>
</tr>
</tbody>
</table>
| DISTRICT 8 | Illinois State Dental Society, 20 delegates  
| District Total: 20 delegates |
| DISTRICT 9 | Michigan Dental Association, 17 delegates  
| Wisconsin Dental Association, 9 delegates  
| District Total: 26 delegates |
| DISTRICT 10 | Iowa Dental Association, 5 delegates  
| Minnesota Dental Association, 9 delegates  
| Nebraska Dental Association, The, 3 delegates  
| North Dakota Dental Association, 2 delegates  
| South Dakota Dental Association, 2 delegates  
| District Total: 21 delegates |
| DISTRICT 11 | Alaska Dental Society, 2 delegates  
| Idaho State Dental Association, 3 delegates  
| Montana Dental Association, 2 delegates  
| Oregon Dental Association, 6 delegates  
| Washington State Dental Association, 11 delegates  
| District Total: 24 delegates |
| DISTRICT 12 | Arkansas State Dental Association, 4 delegates  
| Kansas Dental Association, 4 delegates  
| Louisiana Dental Association, The, 6 delegates  
| Oklahoma Dental Association, 5 delegates  
| District Total: 19 delegates |
| DISTRICT 13 | California Dental Association, 67 delegates  
| District Total: 67 delegates |
| DISTRICT 14 | Arizona Dental Association, 7 delegates  
| Colorado Dental Association, 8 delegates  
| Hawaii Dental Association, 3 delegates  
| Nevada Dental Association, 3 delegates  
| New Mexico Dental Association, 3 delegates  
| Utah Dental Association, 4 delegates  
| Wyoming Dental Association, 2 delegates |
a. The Target Delegate Number. For purposes of allocating delegates, the target number of
delegates to be used in calculating the allocation is four hundred seventy-three (473). From
that target number two delegates will be deducted for each constituent society except that
only a single delegate will be deducted from each of the Colegio de Cirujanos Dentistas de
Puerto Rico and the Virgin Islands Dental Association unless the number of members in
either of those societies is equal to or greater than the number of members in the smallest
state constituent society, in which case a minimum of two (2) delegates will be deducted from
the target delegate number for that society. One delegate is deducted from the target
delegate number for each of the five (5) dental services, except that a minimum of two (2)
delegates will be deducted for any federal dental service where the number of members is
equal to or greater than the number of members in the smallest state constituent society. In
addition, five (5) delegates will be deducted from the target delegate number for the
American Student Dental Association. For purposes of the delegate allocation methodology
set forth in these Bylaws, the remaining number of delegates in the target number of
delegates following the deductions of delegates listed above from the target number of
delegates shall be referred to as the net delegate allocation pool.

b. Allocation to the American Student Dental Association. Five (5) delegates shall be
allocated to the American Student Dental Association regardless of the number of members.

c. Determination of the True Proportional Delegate Counts for each Constituent and each
Federal Dental Service. Divide each constituent’s and each federal dental service’s total
membership by the total membership of the Association. Multiply the resulting percentage of
membership for each constituent and federal dental service by the target number of
delegates set forth in paragraph a. of this Sub-section less the number of delegates allocated
to the American Student Dental Association in paragraph b. of this Sub-section. The
resulting true proportional delegate numbers will be used later in the delegate allocation
methodology.
d. **Determination of Constituents and Federal Dental Services that Qualify to Receive More than the Minimum Delegate Allocation.**
   
i. Divide the total constituent and federal dental service membership of the Association by the target number of delegates set forth in paragraph a. of this Sub-section less the number of delegates allocated to the American Student Dental Association in paragraph b. of this Sub-section. Compare the resulting number against the membership numbers for the Colegio de Cirujanos Dentistas de Puerto Rico, Virgin Islands Dental Association and Public Health Service if they received a single delegate pursuant to the review performed in paragraph a. of this Sub-section. If the membership numbers of any of those entities are less than the result of the calculation, allocate the number of delegates deducted from the target delegate allocation number for each such entity and exclude those entities from the remaining steps of the delegate allocation methodology.

   ii. Take the result of the calculation performed in sub-paragraph i. of this paragraph d. and multiply it by two (2). Compare the resulting number against the membership numbers for each constituent society and each federal dental service for which two (2) delegates were deducted from the target delegate allocation number in paragraph a. of this Sub-section. If the membership of any of those constituent societies and federal dental services are less than that number, allocate the number of delegates deducted from the target delegate allocation number for each such entity and exclude those entities from the remaining steps of the delegate allocation methodology.

e. **Calculation of Non-Minimum Membership Total.** Subtract the total membership numbers of each constituent society and federal dental service identified as being excluded from the remaining steps of the delegate allocation methodology from the total membership of the Association. The resulting non-minimum membership total will be used in the remaining delegate allocation methodology steps.

f. **Allocation of Remaining Delegates.**
   
i. Divide each remaining constituent’s and federal dental service’s membership by the non-minimum membership total determined in paragraph e. of this Sub-section to arrive at their percentages of the non-minimum membership total.

   ii. Calculate the remaining number of delegates to be allocated by subtracting from the target number of delegates listed in paragraph a. of this Sub-section the delegates allocated to the American Student Dental Association in paragraph b. of this Sub-section and the delegates allocated by the minimum allocation steps in paragraphs d.i and d.ii. of this Sub-section.

   iii. For each remaining constituent and federal dental service, multiply its percentage of the non-minimum membership total determined by the calculation in paragraph f.i. of this Sub-section and the remaining number of delegates to be allocated as determined by the calculation in paragraph f.ii. of this Sub-section. Round the result to the nearest whole number.

   iv. For each remaining constituent and federal dental service, multiply the result obtained in paragraph f.i. of this Subparagraph by the target number of delegates specified in paragraph a. of this Sub-section less the number of delegates allocated to the American Student Dental Association pursuant to paragraph b. of the Sub-section and
round the result to the nearest whole number.

v. For each remaining constituent and federal dental service, subtract the result obtained in sub-paragraph f.iv. of this Sub-section from the result obtained in sub-paragraph f.iii. of this Sub-section. If the result is negative, use the result obtained in subparagraph f.iv. of this Sub-section as that constituent’s allocated delegate total. If the result is zero or positive, use the result obtained in sub-paragraph f.iii. of this Sub-section as that constituent’s allocated delegate total.

g. **Finalize the Delegate Allocation.** Add together the final delegate allocations for the constituent societies, federal dental services and the American Student Dental Association determined through the calculations of paragraph b., sub-paragraphs d.i. and d.ii. and sub-paragraph f.v. of this Subsection. The result is the total delegates allocated. The total delegates allocated should vary no more than 5% from the target number of delegates set forth in paragraph a. of this Subsection.

h. **Calculating the Fairness Ratio.** Divide each constituent’s and each federal dental service’s percentage of total delegates (the constituent’s allocated delegates divided by the total delegates allocated as determined by the calculation set forth in sub-paragraph f.v. of this Sub-section) by its percentage of total membership as calculated in paragraph a. of this Sub-section. Except for those constituents that only receive the minimum number of allocated delegates, the resulting “fairness ratio” should deviate by a small amount on either side of 1, with 1 representing a perfectly proportional delegate allocation. The fairness ratio for constituents and federal dental services that receive only the minimum allocation of delegates may deviate from 1 to a larger degree because those constituents and federal dental services may be slightly over-represented.

and be it further

**Resolved,** that CHAPTER VII. BOARD OF TRUSTEES, Section 100. DUTIES, Subsection N. of the ADA Bylaws be amended as follows (additions underscored):

Section 100. DUTIES: It shall be the duty of the Board of Trustees to:

N. Review the periodic delegate allocations to the House of Delegates performed pursuant to the methodology set forth in CHAPTER V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection D. DELEGATE ALLOCATION against the representational requirements and goals as provided in Chapter V, Section 10C, of these Bylaws.

3H. Adopted

**Board of Trustees Resolution 3—Approval of 2014 Budget**

Resolved, that the 2014 Annual Budget of revenues and expenses, including net capital requirements be approved.

4H. Adopted by a 60% affirmative vote

**Board of Trustees Resolution 4—Establishment of Dues Effective January 1, 2014**

Resolved, that the dues of ADA active members shall be five hundred twenty-two dollars ($522.00), effective January 1, 2014.
Council on Dental Benefit Programs Resolution 5—Amendment of the Policy, Tooth Designation Systems

Resolved, that the ADA policy on Tooth Designation Systems (Trans.1994:652; 2002:394) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association accepts the following definitions of the Universal/National Tooth Designation System and the International Standards Organization (ISO)-TC106 ISO/ANSI/ADA Specification No. 3950 for Designation System for Teeth and Areas of the Oral Cavity as the human tooth and oral cavity enumeration schemas, and be it further

Resolved, that the Universal/National Tooth Designation System is defined as follows:

Permanent Dentition

Teeth are numbered 1-32, starting with the third molar (1) on the right side of the upper arch, following around the arch to the third molar (16) on the left side, and descending to the lower third molar (17) on the left side, and following that arch to the terminus of the lower jaw, the lower right third molar (32).

Supernumerary teeth are identified by the numbers 51 through 82, beginning with the area of the upper right third molar, following around the upper arch and continuing on the lower arch to the area of the lower right third molar (e.g., supernumerary #51 is adjacent to the upper right molar #1; supernumerary #82 is adjacent to the lower right third molar #32).

Primary Dentition

Consecutive upper case letters (A-T), in the same order as described for permanent dentition should be used to identify the primary dentition.

Supernumerary teeth are identified by the placement of the letter “S” following the letter identifying the adjacent primary tooth (e.g., supernumerary “AS” is adjacent to “A”; supernumerary “TS” is adjacent to “T”).

and be it further

Resolved, that ISO/ANSI/ADA Specification No. 3950 for International Standards Organization (ISO)-TC106 Designation System for Teeth and Areas of the Oral Cavity is defined as in standards documents prepared and published by the ADA Standards Committee on Dental Informatics.

Designation of Areas of the Oral Cavity

The oral cavity is designated by a two-digit number where at least one of the two digits is zero, as follows:
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Designates the whole of the oral cavity</td>
</tr>
<tr>
<td>01</td>
<td>Designates the maxillary area</td>
</tr>
<tr>
<td>02</td>
<td>Designates the mandibular area</td>
</tr>
<tr>
<td>10</td>
<td>Designates the upper right quadrant</td>
</tr>
<tr>
<td>20</td>
<td>Designates the upper left quadrant</td>
</tr>
<tr>
<td>30</td>
<td>Designates the lower left quadrant</td>
</tr>
<tr>
<td>40</td>
<td>Designates the lower right quadrant</td>
</tr>
<tr>
<td>03</td>
<td>Designates the upper right sextant</td>
</tr>
<tr>
<td>04</td>
<td>Designates the upper anterior sextant</td>
</tr>
<tr>
<td>05</td>
<td>Designates the upper left sextant</td>
</tr>
<tr>
<td>06</td>
<td>Designates the lower left sextant</td>
</tr>
<tr>
<td>07</td>
<td>Designates the lower anterior sextant</td>
</tr>
<tr>
<td>08</td>
<td>Designates the lower right sextant</td>
</tr>
</tbody>
</table>

**Designation of Teeth**

Teeth are designated by using a two-digit code. The first digit of the code indicates the quadrant and the second indicates the tooth in this quadrant:

a. **First digit (quadrant)**

Digits 1-4 are used for quadrants in the permanent dentition and digits 5-8 for those in the deciduous dentition, clockwise from the upper right quadrant.

b. **Second digit (tooth)**

Teeth in the same quadrant are designated by the second digit 1-8 (1-5 in the deciduous dentition); this designation is from the median line in a distal direction.
**6H.** Adopted (Consent Calendar Action)  
Council on Dental Benefit Programs Resolution 6—Amendment of the Policy, Reporting of Dental Procedures to Third Parties

**Resolved,** that the ADA policy on Reporting of Dental Procedures to Third Parties (*Trans.*1991:637; 2009:418) be amended through text additions and deletions, so that the amended policy reads as follows (additions are *underscored*; deletions are *stricken*):

- **Resolved,** that the ADA acknowledges the specification of the *CDT Code* as the sole taxonomy for reporting dental services on HIPAA standard electronic dental claims, and be it further
- **Resolved,** that when reporting dental treatment under dental plans, the method used by dentists for submitting claims to third-party payers and for filing fees *should* be the American Dental Association’s *Code on Dental Procedures and Nomenclature*, as contained in the ADA’s publication, *Current Dental Terminology* (*CDT Code*), and be it further
- **Resolved,** that third-party payers and their agents who process dental claims *should* not require the reporting of dental treatment or filing fees by any other coding taxonomies, and be it further
- **Resolved,** that the Association formally contact commercial carriers, service corporations, any and all other third-party payers and their agents who process dental claims, and vendors of electronic claims processing, to request that the ADA’s *Code on Dental Procedures and Nomenclature* be used as the code taxonomy for their claims adjudication process, and be it further
- **Resolved,** that when an unusual procedure, or a procedure that is accompanied by unusual circumstances, is reported with a procedure code that includes “by report” in its nomenclature, that procedure code and its accompanying by a narrative description, that may or may not include a reference to an appropriate unspecified (-999) code, it should be accepted by the third-party payer to assist in benefit determination.

**7H.** Adopted as Amended  
Council on Dental Benefit Programs Resolution 7—as amended—Amendment of the Policy, Recognition of Tooth Designation Systems for Electronic Data Interchange

**Resolved,** that the ADA policy on Recognition of Tooth Designation Systems for Electronic Data Interchange (*Trans.*1994:675) be amended through text additions and deletions, so that the amended policy reads as follows (additions are *underscored*; deletions are *stricken*):

- **Resolved,** that the American Dental Association recognizes that the two major systems used in the United States for tooth designation are the Universal/National Tooth Designation System used primarily in the United States and the ISO/ANSI/ADA Specification No. 3950 for Designation System for Teeth and Areas of the Oral Cavity International Standards Organization (ISO) TC 106 method used in most other countries, and be it further
- **Resolved,** that electronic oral health records should be designed to provide dentists the flexibility to select which tooth designation system best suits his or her office, and be it further
- **Resolved,** that the ADA urge the developers of the software intended for electronic transmission of clinical information *should* have the capability ensure the software is capable of translating this tooth designation information into either system, and be it further
- **Resolved,** that the American Dental Association, through its activities as secretariat and
sponsoring the Accreditation Standards Committee (ASC) MD 156, support the integration of the ISO/ANSI/ADA Specification No. 3950 for Designation System for Teeth and Areas of the Oral Cavity, in addition to the Universal/National ISO/FDI Tooth Designation System, into clinical computer systems to allow information on tooth designation and other areas of the oral cavity to be transmitted electronically, and be it further

**Resolved**, that the American Dental Association encourage all accredited dental schools to familiarize dental students with both the Universal/National Tooth Designation System and the ISO/ANSI/ADA Specification No. 3950 for Designation System for Teeth and Areas of the Oral Cavity and the ISO/FDI Systems for designation of teeth and areas of the oral cavity, and be it further

**Resolved**, that looking at the teeth from outside the mouth, radiographs should be viewed in the same manner and so mounted.

<table>
<thead>
<tr>
<th>Number</th>
<th>Adopted (Consent Calendar Action)</th>
<th>Council on Dental Benefit Programs Resolution 8—Amendment of the Policy, Statement on Capitation Dental Benefit Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>8H.</td>
<td></td>
<td><strong>Resolved</strong>, that the ADA policy on Statement on Capitation Dental Benefit Programs <em>(Trans. 1985:582; 1993:689)</em> be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):</td>
</tr>
</tbody>
</table>

A capitation dental benefit program is one in which a dentist or dentists contract with the program’s sponsor or administrator to provide all or most of the dental services covered under the program to subscribers in return for payment on a per capita basis.

Because the contracting dentist’s compensation in these programs is entirely or largely unrelated to the services actually provided, a circumstance is created in which the possibility of needed treatment being delayed or withheld by the contracting dentist, compelled by financial exigencies of maintaining a practice, must be acknowledged.

Because the financial responsibility of the capitation program subscriber for the payment from treatment provided is wholly or largely removed by this system of “prepaying” the contracting dentist, the subscriber-patient’s participation in decisions about his treatment is likewise reduced or eliminated.

Because it is a practical certainty that not all dentists in a given community will choose to contract with will participate in a given capitation program, even if invited to do so. Therefore, the opportunity for capitation program subscribers to freely choose their receive treatment from any dentist in their community is necessarily restricted.

Because in capitation dental benefit programs payment for covered services by specialists must be paid for in whole or part by the contracting general dentist or the program itself, a circumstance is created in which the possibility of the contracting general dentist’s undertaking treatment beyond his or her capabilities or referring patients to a specialist of the program’s rather than the dentist’s choice must be recognized.
These inherent design limitations in capitation dental benefit programs make it incumbent upon the American Dental Association to provide the following recommendations to group benefit purchasers considering such programs:

1. Capitation dental benefit programs should be offered only as an additional alternative to a benefit program which does not restrict the subscriber's opportunity to receive treatment from the dentist of his or her choice on a fee-for-service basis.
2. The scope of services covered in the unrestricted freedom of choice and capitation programs should be equal.
3. Each employee (or group member) should be provided comprehensive, unbiased information about the programs being offered and should be given a reasonable opportunity to select the program which he the employee believes best suits his or her needs, as well as periodic opportunities thereafter to choose to continue his enrollment in the program of his the employee's initial selection or to enroll in a different program.
4. All dentists willing to abide by the terms of the capitation program's provider contract should be eligible to participate in the program.
5. There should be no automatic enrollment in capitation dental benefit programs.
6. A system of monitoring the dental needs and treatment provided under a capitation dental benefit program should be required of the administrator by the group purchaser. In this regard, the dental needs and procedures performed should be reported, not merely on an aggregate, but on an individual patient basis.
7. Additionally, all services provided by specialists should be separately reported on both an aggregate and individual patient basis.
8. Finally, all patients treated under a capitation dental benefit program should be provided in writing a list of their overall dental needs and the dental procedures rendered at each treatment visit.
9. Questions regarding the quality, appropriateness or thoroughness of treatment provided under capitation dental benefit programs should be resolved through the peer review system of the appropriate dental society.

Resolution 9

Resolved, that the ADA policy on Guidelines for Dental Components of Health Maintenance Organizations (Trans.1988:476; 1993:689; 1995:610) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Guidelines for Dental-Components of Dental Health Maintenance Organizations

The concept has been defined as an organized system for health care is a dental benefits plan that is a legal entity that accepts the responsibility to provide or otherwise ensure the delivery of an agreed upon set of comprehensive oral health care services for a voluntarily enrolled group of persons in a

9H. Adopted (Consent Calendar Action) Council on Dental Benefit Programs Resolution 9—with a minor change for clarity—Amendment of the Policy, Guidelines for Dental Components of Health Maintenance Organizations

- 13 -
geographic area, and is reimbursed through a pre-negotiated and fixed periodic payment made by or on behalf of each person or family unit enrolled in the plan, with dental care provided by only those dentists having contracts with the DHMO to provide these services.

The American Dental Association recognized the HMO concept (Trans. 1971:501) but opposes this approach as the only one DHMOs as the sole benefit plan available to subscribers. Rather, such plans a DHMO should be presented to consumers as an alternative mode of financing and delivering oral health services, along with a comparable program that permits free choice of health provider dentist.

The HMO concept has not demonstrated itself to be more economical, efficient or otherwise better in the delivery of dental services. Therefore, the ADA maintains that DHMOs should not receive preferential treatment and . The Association suggests the following guidelines for DHMOs dental components:

1. The DHMO should be recognized as only one of many alternatives to deliver finance oral health care.
2. A complete description of benefits provided under each plan should be given to all eligible individuals prior to each enrollment period. Benefit limitations and exclusions of each plan should be clearly described, and a complete and current list of dentists who participate in the closed panel plan should be provided. The subscriber should be made aware of limitations on choice of dentist and treatment location prior to enrollment.
3. Development and administration of a dental component of an DHMO should be under the control of a dentist.
4. Dental subscribers in an DHMO setting should be made fully aware of, and have access to, the profession’s peer review mechanism.
5. A dental health education program with emphasis on prevention should be provided to all enrolled in an DHMO dental program.
6. The utilization of dental personnel should be consistent with American Dental Association policy.
7. Benefit programs offering dental care through an DHMO should also offer a comparable dental plan with equal or comparable benefits that permits free choice of dentist under a fee-for-service arrangement. Under this dual choice system, the individual consumers should also have periodic options to change plans and there should be equal premium dollars per subscriber available to both dental delivery systems plans.
8. The freedom of choice plan should be designated the primary enrollment plan, i.e., eligible individuals who fail to enroll in any plan should be enrolled in the freedom of choice plan.
9. Administration should assure maximum benefits in dental care and minimum expenditures for administration.
10. When requested by the patient, the DHMO should pay for a second opinion from a dentist outside the DHMO network.
11. A broad range of dental services should be available to subscribers.
12. There should be no economic deterrent imposed that would discourage the utilization of diagnostic, preventive and emergency services.

| 10. | Referred to the appropriate ADA agency for review with a report to the 2014 House of Delegates |
| Council on Dental Benefit Programs Resolution 10—Rescission of the Policy, Closed Panel Dental Benefit Plans |

| 11H. | Adopted |
| Reference Committee Substitute Resolution 11RC in lieu of Council on Dental Benefit Programs Resolution 11 and Fifth Trustee District Substitute Resolution 11S-1—Amendment of the Policy, Statement on Dental Benefit Plans |
| Resolved, that the ADA policy on Statement on Dental Benefit Plans (Trans.1988:481) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken): |

   From their inception, dental benefit plans have had the support of the American Dental Association on the premise that they can increase the availability of dental care and consequently foster better oral health in the United States. Research confirms that utilization of dental services increases proportionately with the availability of dental benefits.

   In the interest of assuring that the best level of dental care possible is available under dental benefit plans, the following guidelines are offered for reference in the establishment and growth of dental benefit plans.

   **Mechanisms for Third-Party Payment.** The Association believes that the dental benefit programs administered by commercial insurance companies, dental service corporations, other service corporations and similar organizations offering dental plans are an effective means of assisting patients in obtaining dental care. Conventional dental benefit plans are usually structured in ways that encourage prevention. Health maintenance organizations have followed dentistry’s example and represent a similar approach in their preventive orientation. Direct reimbursement dental plans reimburse patients based on dollars spent, rather than on category of treatment received, and provide maximum flexibility to their specific dental needs.

   The Association also believes that if dental plans restricting patients’ freedom of choice are offered to subscribers, a plan that offers free choice of dentist should be offered as an option. This approach should include periodic options to change plans and equal premium dollars per subscriber for each option.

   **Standards for Dental Benefit Plans.** The Association urges all purchasers and third parties involved with dental benefit plans to review the “Standards for Dental Benefit Plans.” These “Standards” have been developed to reflect the profession’s views on all types of dental benefit plans and will be a useful benchmark in reviewing the many options that are available.
Dental Society Review Mechanisms. The Association urges patients, plan purchasers and third-party payers to make use of the peer review committees that have been established by the constituent dental societies. The Association believes that it is important to use review mechanisms as established by organized dentistry, in order to obtain objective and impartial professional review. Third-party review is recognized as an important first step in the screening process for clarification and resolution of disputes which arise out of pretreatment or post-treatment review. However, it is not equivalent to, nor is it a substitute for, the constituent or component peer review process.

Statement on Areas Needing Improvement. Dental benefit plans have demonstrated an ability to keep pace with the economy without contributing significantly to inflation of dental care costs. However, the American Dental Association believes that dental benefit plans should be expanded in several areas, as follows include, but not be limited to, the following preventive services:

1. Most dental benefit plans limit preventive services to topical fluoride applications, regular prophylaxes, and space maintainers for children. The inclusion of broader prevention benefits, such as the application of pit and fissure sealants and oral hygiene instruction and or dietary counseling, is encouraged.

1. Topical fluoride applications for children and all at risk populations
2. Prophylaxis as indicated by a healthcare provider
3. Application of pit and fissure sealants at any age as warranted
4. Space maintainers
5. Oral health risk assessments
6. Screening and education for oral cancer and other dental/medical related conditions
7. Oral hygiene instruction
8. Dietary consultation

2. Experience research has shown that substantial numbers of covered individuals do not utilize their dental benefit plans. The Association supports a dental benefit plan design which encourages utilization of diagnostic and preventive services, such as a plan that covers these services at 100%, without a deductible.

To help dental benefit decision makers, the Council maintains a dynamic Purchaser Information Service. The Service conducts research on the factors which influence a purchaser’s dental benefit decisions. This knowledge equips the Service to carry out a full-time program to reach plan purchasers to promote the Association’s policies of traditional fee-for-service dentistry and freedom of choice of provider. It is also able to clarify the plans and options available to those purchasers, so that they may make a more qualified dental benefit decision.

The Association and its constituent and component societies should maintain active
communication with all groups and individuals interested in the development and operation of dental benefit plans. Because of this activity, a great deal of knowledge about all aspects of dental benefits has been acquired. The dental profession is eager to share this knowledge with all interested parties.

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<tr>
<th>12H.</th>
<th>Adopted (Consent Calendar Action)</th>
<th>Council on Dental Benefit Programs Resolution 12—Amendment of the Policy, Support for Individual Practice Associations (IPAs)</th>
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|      | Resolved, that the ADA policy on Support for Individual Practice Associations (IPAs) (Trans.1988:475; 1994:655; 2000:458) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association provide information to members and plan purchasers about dental individual practice associations (IPAs) that includes legal and regulatory limitations on the uses of IPAs, are established and/or directed by organized dentistry and that conform to Association policy, and be it further

Resolved, that discussion of IPAs be included in the Purchaser Information Service Program |

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<tr>
<th>13H.</th>
<th>Adopted (Consent Calendar Action)</th>
<th>Council on Dental Benefit Programs Resolution 13—Amendment of the Policy, Government Reports on Payments to Dentists</th>
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|      | Resolved, that the ADA policy on Government Reports on Payments to Dentists (Trans.1976:858) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that government agencies issuing reports on reimbursements income amounts paid to dentists for services rendered under public programs be strongly urged to release such information in a clear context accompanied by such facts as:

- the number of practitioners dentists represented in the payment
- the number of patients cared for, and the fact that these payments are gross receipts from which the dentist(s) or dentists must pay all overhead costs, and be it further

Resolved, that the American Dental Association exhort governmental agencies that there is yet other expense incurred by these public dental care programs. This expense includes pro rata governmental administrative expense and pro rata overhead expense of the facilities they use. In total fairness these additional expenses must be included in releases to the news media to reflect actual cost to the public, and be it further

Resolved, that the Washington Office of the Association bring this matter forcefully to the attention of all federal agencies involved in such programs. |

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<tr>
<th>14H.</th>
<th>Adopted (Consent)</th>
<th>Council on Dental Benefit Programs Resolution 14—Amendment of the Policy, Use of DEA Numbers for Identification</th>
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</table>
| Calendar Action) | **Resolved,** that the ADA policy on Use of DEA Numbers for Identification (Trans.2000:454) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

**Resolved,** that the ADA agrees with the Drug Enforcement Administration (DEA) that the DEA number is to be used solely for purposes of prescribing controlled substances, take steps to assure that unauthorized and non-discretionary use by the insurance industry and other entities regarding the DEA number cease as promptly as prudence and reality permit, and be it further

**Resolved,** that health care insurance providers be urged to immediately discontinue the use of the Drug Enforcement Administration (DEA) Registration Numbers as a means of identification and instead, voluntarily switch to a more appropriate and safer method of identifying health care providers who prescribe medications to insured patients such as the national health care provider identifier currently under development by the Health Care Financing Administration (HCFA), and be it further

**Resolved,** that the ADA contact the HCFA and the DEA by the end of year 2000 to offer input for the expeditious development and implementation of the alternative number currently being considered. |

| 15H. | Adopted (Consent Calendar Action) | **Council on Dental Benefit Programs Resolution 15—Amendment of the Policy, Authorization of Benefits**

**Resolved,** that the ADA policy on Authorization of Benefits (Trans.1994:665) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

**Resolved,** that the American Dental Association supports the right of each dentist to accept or reject authorized benefits from any dental benefits plan, and be it further

**Resolved,** that the Association supports the right of every patient to authorize that his or her benefits be paid to the treating dentist and to have the authorization honored by the third-party payer, and be it further

**Resolved,** that when a third-party payer inadvertently submits payment directly to the patient, contrary to the patient's authorized preference, it is the third-party payer's responsibility of the third-party payer: first, to submit the correct payment to the dentist and second, to reclaim the erroneously submitted payment from the patient, and be it further

**Resolved,** that in those states where dentists are not notified of the rescission of a prior authorization of benefits, the Association encourage state dental societies to seek legislative relief. |

| 16H. | Adopted (Consent Calendar Action) | **Council on Dental Benefit Programs Resolution 16—Amendment of the Policy, Statement on Preventive Coverage in Dental Benefits Plans**

**Resolved,** that the ADA policy on Statement on Preventive Coverage in Dental Benefits Plans
be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

**Resolved**, that preventive dentistry refers to the procedures in dental practice and health programs which, in conjunction with clinical and radiographic examinations, aid in the prevention of oral diseases, and be it further

**Resolved**, that the American Dental Association recognizes the importance of implementing preventive oral health practices as an effective means of promoting and affording optimal oral health to all individuals, and be it further

**Resolved**, that the ADA urges that all dental benefit plans include the following preventive procedures as covered services:

- prophylaxis (at least twice in a calendar (contract) year);
- topical fluoride applications for all patients (at least twice in a calendar (contract) year);
- application of pit and fissure sealants and reapplication as necessary;
- oral health risk assessment;
- screening for oral cancer and other dental/medical related conditions;
- preventive resin restorations;
- resin infiltrations;
- fixed and removable appliances to prevent malocclusion in the developing dentition;
- construction of athletic mouth protectors for use in sports guards;
- prescription or use of supplemental dietary or topical fluoride for home use; and
- in-office patient education, i.e., oral hygiene instruction, and dietary counseling, and tobacco cessation counseling with regard to the promotion of good oral and overall health.

and be it further

**Resolved**, that the Council on Dental Benefit Programs continue to recommend to third-party payers, service plans, prospective purchasers and policyholders that, where considered necessary and appropriate, contract limitations on frequency of providing benefits allow for coverage of preventive services as at least “twice in a calendar (or contract) year” and more frequently if risk factors are identified that warrant increased frequency rather than “once in every six months.”

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<th>17H.</th>
<th>Adopted (Consent Calendar Action)</th>
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<td>Reference Committee Substitute Resolution 17RC in lieu of Council on Dental Benefit Programs Resolution 17—Amendment of the Policy, Age of “Child”</td>
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<td><strong>Resolved</strong>, that the ADA policy on Age of “Child” (Trans.1991:635) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):</td>
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<td><strong>Resolved</strong>, that when dental plans differentiate coverage of specific procedures based on the child or adult status of the patient, this determination be based on the clinical development of</td>
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the patient’s dentition, and be it further
Resolved, that for the sole purpose of eligibility for coverage, chronological age of at least 21 be used to determine enrollment status, where administrative constraints of a dental plan preclude the use of clinical development so that chronological age must be used to determine child or adult status, the plan defines a patient as an adult beginning at age 12 with the exclusion of treatment for orthodontics and sealants.

18H. Adopted (Consent Calendar Action) **Reference Committee Substitute Resolution 18RC in lieu of Council on Dental Benefit Programs Resolution 18—Amendment of the Policy, ADA’s Dental Claim Form**

Resolved, that the ADA policy on ADA’s Dental Claim Form (Trans.1991:633; 2001:428) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the Council on Dental Benefit Programs, with the approval of the Board of Trustees, have the authority to evaluate and effect all changes to the American Dental Association’s Dental Claim Form in consultation with the ADA recognized specialty organizations as well as the dental benefits and electronic data interchange industries, and be it further
Resolved, that the American Dental Association urge universal use and acceptance of the ADA’s Dental Claim Form and Code on Dental Procedures and Nomenclature by third-party payers, third-party payer organizations, and electronic data interchange agencies, and be it further
Resolved, that the constituent dental societies be encouraged to work with third-party payers and third-party payer organizations to take whatever steps are necessary to influence dentists and third parties in their respective states to use and accept the most current approved Dental Claim Form.

19H. Adopted (Consent Calendar Action) **Council on Dental Benefit Programs Resolution 19—Amendment of the Policy, Bulk Benefit Payment Statements**

Resolved, that the ADA policy on Bulk Benefit Payment Statements (Trans.1990:536) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that although the ADA goes on record as being opposed to bulk payments by a third-party payer, in the interest of facilitating prompt settlement of patients’ accounts, bulk benefit payments may be made by a third-party but should include a statement containing, at a minimum, the following information for each claim payment represented in the bulk benefit check-payment:

1. Subscriber (employee) name;
2. Patient name;
3. Dates of service;
4. Specific treatment service reported on the submitted claim, by ADA procedure code CDT Code number and nomenclature;
5. Total fee charged;
6. Specific ADA procedure CDT Code number and nomenclature on which benefits were determined;
7. Total covered expense;
8. Total benefits paid; and
9. In instances where benefits are reduced or denied, an explanation of the reason(s) that why the total covered expense differs from the total fee charged, consistent with Association policy on Explanation of Benefits Statements.

and be it further
Resolved, that insurance companies should not withhold funds from current bulk benefit payments as a means of settling disputes over prior claims experience with the dentist and that constituent dental societies be encouraged to seek legislation to resolve this problem, and be it further
Resolved, that bulk benefit payments should be issued to dentists at intervals of not longer than every ten business days, and be it further
Resolved, that the Council on Dental Benefit Programs work with the insurance industry and dental service plans to incorporate this policy into their administrative procedures.

20. Referred to the appropriate ADA agency for study with a report to the 2014 House of Delegates.

Note: A response to questions raised by the Reference Committee (Worksheet:4079) should be provided in the 2014 report

Council on Dental Benefit Programs Resolution 20—Amendment of the Policy, Medically Necessary Care

Resolved, that the ADA policy on Medically Necessary Care (Trans.1988:474; 1996:686) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association make every effort on behalf of patients to see that the language specifying treatment coverage in health insurance plans be clarified so that medically necessary care, essential to the successful treatment of a medical or dental condition being treated by a multidisciplinary health care team, is available to the patient, and be it further
Resolved, that third-party payers and their consultants should appropriately limit their benefit determinations to plan design and not make benefit determinations based on medical necessity without the complete information that would be required for a definitive diagnosis, when the ADA is notified of a situation in which a patient's treatment is jeopardized by the narrow interpretation of language contained in a medical benefit policy, the Association, with the assistance of its legal advisor, shall contact the plan purchaser directly in an effort to see that the employer's intentions regarding the benefit purchased for the employee are conveyed to the third-party payer.

20S-1. Referred along with Resolution 20.

Fifth Trustee District Resolution 20S-1—Substitute for Resolution 20: Amendment of the Policy, Medically Necessary Care

Resolved, that the ADA policy on Medically Necessary Care (Trans.1988:474; 1996:686) be amended
through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

**Resolved,** that the American Dental Association make every effort on behalf of patients to see that ensure the language specifying treatment coverage in health insurance plans be clarified so that medically necessary care, essential to the successful treatment of a medical or dental condition being treated by a multidisciplinary health care team is available to the patient, and be it further

**Resolved,** that third-party payers and their consultants should appropriately limit their benefit determinations to plan design and not make benefit determinations based on medical necessity without the complete information that would be required for a definitive diagnosis, and be it further

**Resolved,** that when the ADA is notified of a situation in which a patient’s treatment is jeopardized by the narrow interpretation of language contained in a medical benefit policy, the Association, with the assistance of its legal advisor, shall contact the plan purchaser directly in an effort to see that the employer’s intentions regarding the benefit purchased for the employee are conveyed to the third-party payer.

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<thead>
<tr>
<th>21H.</th>
<th>Adopted (Consent Calendar Action)</th>
<th>Council on Dental Benefit Programs Resolution 21—Amendment of the Policy, Third-Party Acceptance of Descriptive Information on Dental Claim Form</th>
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|      | **Resolved,** that the ADA policy on Third-Party Acceptance of Descriptive Information on Dental Claim Form (*Trans.*1978:507) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

**Resolved,** that the descriptive narrative included on a claim submission when the *CDT Code* nomenclature includes “...by report” in its nomenclature, of a dental procedure claim form be given professionally appropriate consideration during adjudication to the procedure codes which are used by third-party payers carriers for administrative purposes, and be it further

**Resolved,** that any descriptive narrative or any information voluntarily submitted by the dentist to assist in benefit determination should be considered during claim adjudication accepted by the third-party payer. |

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<tr>
<th>22H.</th>
<th>Adopted (Consent Calendar Action)</th>
<th>Council on Dental Benefit Programs Resolution 22—Amendment of the Policy, Charge for Administrative Costs</th>
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</thead>
</table>
|      | **Resolved,** that the ADA policy on Charge for Administrative Costs (*Trans.*1974:656; 1989:553) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

**Resolved,** that when administration costs are incurred by dental providers for non-clinical services such as filling out a claim form, an administrative charge separate fees may be charged for this such services. |
| 23H. | Adopted (Consent Calendar Action) | Board of Trustees Substitute Resolution 23B in lieu of Council on Dental Benefit Programs Resolution 23—Amendment of the Policy, Development of ADA Diagnostic Coding |

**Resolved**, that the ADA policy on Development of ADA Diagnostic Coding (Trans.1995:619) be amended through text additions and deletions, so the amended policy reads as follows (additions are underscored; deletions are stricken):

**Development of ADA Diagnostic Coding SNODENT Clinical Terminology**

**Resolved**, that the Council on Dental Benefit Programs, acting within its Bylaws authority, with the approval of the Board of Trustees, shall continue to develop and, in conjunction with the National Library of Medicine and International Health Terminology Standards Development Organization, to maintain the SNODENT clinical terminology system, maintain a diagnostic coding system for the dental profession, and be it further

**Resolved**, that the American Dental Association urge encourage universal use and acceptance adoption of the ADA's diagnostic coding SNODENT clinical terminology system by: public and private healthcare organizations; national and international standards developing development organizations; national quality measurement initiatives; dental schools; computer practice management dental information technology vendors, including but not limited to developers of Electronic Health Records (EHR) systems, digital imaging systems, and peripheral devices that capture clinical data; health information databases and networks; electronic data interchange organizations; plan purchasers; third-party payers and third-party organizations.

| 24H. | Adopted as amended | Reference Committee Substitute Resolution 24RC—as amended—in lieu of Council on Dental Benefit Programs Resolution 24—Amendment of the Policy, Policy on Fees |

**Resolved**, that the ADA Policy on Fees (Trans.1990:540) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

**Policy on Fees for Dental Services**

**Resolved**, that the fiscal and health interests of patients are best served by the existence of an economic climate within which a dentist and his or her patient are able to freely arrive at a mutual agreement with respect to fees for service, and be it further

**Resolved**, that the American Dental Association considers third-party intervention in fee determination to be potentially anticompetitive in nature and to be a disservice to the public, which is interested in securing the best possible dental care for themselves and their families, and be it further

**Resolved**, that the Association is opposed to any law, regulation or third-party intervention that disrupts the relationship between the dentist and patient, including, but not limited to, encouraging patients to select dentists principally on the basis of cost, and be it further

**Resolved**, that if a disagreement with regard to fees arises between a dentist, a patient and/or
third-party and the component or constituent dental society accepts fee dispute cases for review, the American Dental Association should transmit the complaint should be transmitted to the appropriate constituent and component dental society, which should then be available to assist in resolving the disagreement within the limitations of applicable law.

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<tr>
<th>25H.</th>
<th>Adopted (Consent Calendar Action)</th>
<th>Council on Dental Program Benefits Resolution 25—Amendment of the Policy, Fee Profiles</th>
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<td>Resolved, that the ADA policy on Fee Profiles (Trans.1987:502) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):</td>
<td><strong>Resolved,</strong> that when a dentist is employed and then leaves for new employment or to open his or her own practice, all insurance companies and/or dental service corporations shall allow said dentist to establish a new fee profile, and be it further <strong>Resolved,</strong> that dentists beginning practice should be advised made aware of this policy on the development of individual fee profiles and also be advised made aware of the potential limitations due to methodologies used by the insurance industry and service corporations to develop fee profiles for individual practitioners ADA’s contract analysis service which is authorized to analyze various types of dental provider contracts at no charge to members who request a review through their constituent dental society, and be it further <strong>Resolved,</strong> that the Council on Dental Benefit Programs work with the insurance industry, dental service corporations and other appropriate agencies to solve this problem for assist dentists beginning practice.</td>
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<th>26H.</th>
<th>Adopted (Consent Calendar Action)</th>
<th>Council on Dental Benefit Programs Resolution 26—Amendment of the Policy, Hospitalization Insurance for Dental Treatment</th>
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<td>Resolved, that the ADA policy on Hospitalization Insurance for Dental Treatment (Trans.1972:674) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):</td>
<td><strong>Resolved,</strong> that the Association actively urge hospital insurance carriers medical plans to include hospitalization benefits for dental treatment in public and private insurance programs so that the resources of a hospital are available to those dental patients whose condition, in the professional judgment of the dentist, makes hospitalization necessary.</td>
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<th>27H.</th>
<th>Adopted</th>
<th>Reference Committee Substitute Resolution 27RC in lieu of Council on Dental Benefit Programs Resolution 27—Amendment of the Policy, Alteration of Dental Treatment Plans by Third-Party Claims Analysis</th>
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<td>Resolved, that the ADA policy on Alteration of Dental Treatment Plans by Third-Party Claims Analysis (Trans.1999:929) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):</td>
<td><strong>Resolved,</strong> that the American Dental Association should transmit the complaint should be transmitted to the appropriate constituent and component dental society, which should then be available to assist in resolving the disagreement within the limitations of applicable law.</td>
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</table>
Resolved, that in consideration of existing policy on standards for dental benefit plans \((Trans.1988:478; 1989:547; 1993:696; 2000:458; 2001:428; 2008:453; 2010:546)\) \((Trans.1993:696)\), the challenge of a dental treatment plan by a third-party claims analysis is considered diagnosis and thereby constitutes the practice of dentistry, which can only be performed by a dentist licensed in the state in which the procedures are being performed, who has equivalent training with that of the submitting treating dentist, and carries with it full liability, and be it further

Resolved, that the ADA encourage the adoption of this position by the American Association of Dental Boards Examiners, all state dental associations, and all states’ boards of dentistry, and be it further

Resolved, that the ADA urges the American Association of Dental Examiners, all state dental associations and all states’ boards of dentistry to pursue legislation and/or regulations to meet this end.

| 28H. | Adopted (Consent Calendar Action) | Council on Dental Benefit Programs Substitute Resolution 28S-1 in lieu of Council on Dental Benefit Programs Resolution 28—Amendment of the Policy, Principles for Pay-for-Performance or Other Third-Party Financial Incentive Programs |

**Resolved, that the ADA policy on Principles for Pay-for-Performance or Other Third-Party Financial Incentive Programs \((Trans.2006:328)\) be amended through text additions and deletions, so that the amended policy reads as follows:**

**Principles for Pay-for-Performance or Other Third-Party Financial Incentive Programs**

1. The primary objective of Pay-for-Performance (P4P) or other third-party financial incentive programs must be improvement in the quality of oral health care, so performance measures in those plans programs shall should be valid measures of healthcare quality quality-related.
2. The provisions of P4P or other third-party financial incentive programs should must not interfere with the patient-doctor relationship by injecting factors unrelated to the patient’s needs into treatment decisions. Treatment plans can vary based on a clinician’s sound judgment, available evidence and the patient’s needs and preferences. Benchmarks to judge performance should allow for such variations in treatment plans.
3. The incentives in P4P or other third-party financial incentive programs should must reward both the progressive quality improvement as well as attainment of achievement of desired quality metrics, levels and significant improvement in quality directed toward meeting the desired quality levels.
4. P4P or other third-party financial incentive programs should must not limit access to care for patients requiring extraordinary levels or types of care-, nor provide a disincentive for practitioners to treat complex or difficult cases because of concern about performance ratings. There should be a system of risk adjustments for difficult or complex cases.
5. The incentives in a P4P or other third-party financial incentive program must be positive and of a type and magnitude that will drive improvement in the quality of care or support consistently high quality care.
6. The measures upon which incentive payments are based:
• **should** must be **valid, reliable and feasible** exact, clear, measurable and based on valid science
• **should** must be **standardized** and have broad acceptance within the dental community

6. Before comparing measure scores between two entities the results should must be risk-adjusted to account for patient differences and must factor in patient compliance.
   • **must** factor in patient compliance
   • **must** require a minimum of measurements

7. Reporting of quality to the public should must be fair and provide an opportunity for dentists to comment on ratings. Payers should must discuss quality problems they identify with dentists before any public action is **taken reporting of ratings.**

8. Participation by dentists **should** must be voluntary, with no financial penalties for not participating.

9. Savings in costs **should** must not accrue to plans but **should** must be returned to patients in reduced co-payments or expansion of benefits.

10. Development and subsequent **Regular** reassessment of P4P or other third-party financial incentive programs **should** must be done, with input from participating dentists.

and be it further
**Resolved,** that the American Dental Association use these principles in discussions with organizations designing P4P or other third-party financial incentive programs and also monitor and continue to evaluate Pay-for-Performance or other third-party financial incentive programs being implemented in dental benefit plans, and be it further
**Resolved,** that the ADA advocacy efforts with respect for P4P or other third-party financial incentive programs be guided by these principles.
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<th>Resolution Number</th>
<th>Title</th>
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| 29H.              | Council on Dental Benefit Programs Resolution 29—Amendment of the Policy, Quality Health Care | Resolved, that the ADA policy on Quality Health Care (Trans.1995:609) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):  

Oral health care is an integral component of health care. The Association promotes the public’s oral health through commitment of member dentists to provide quality dental care.  

Historically, the quality of dental care and the level of oral health care enjoyed by citizens of the United States have been significantly enhanced by freedom of choice, fee-for-service dentistry.  

Quality of care is the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (Institute of Medicine).  

Quality oral health care is characterized by the effective integration of multiple components of care consisting of prevention, acceptable treatment modalities, access, availability, utilization, patient management, patient autonomy, practice management, dental ethics and professionalism.  

Quality oral health care is only possible when treatment decisions and planning are determined by the dentist and the patient, based on the patient’s oral health needs and health status.  

Any entity which seeks to participate in the managed dental benefit marketplace should be required by federal and state legislation to design and fund managed care dental plans that emphasize the value and importance of prevention, utilization, access, availability, cost effectiveness, acceptable treatment modalities, specialist referrals, the profession’s peer review system and an efficient administrative process. |
| 30H.              | Council on Dental Benefits Resolution 30—Amendment of the Policy, Position Statement on the Appropriate Use of Assessment Data | Resolved, that the ADA policy on Position Statement on the Appropriate Use of Assessment Data (Trans.1998:701) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):  

Position Statement on the Appropriate Use of Assessment Data  
From Quality Measurement  

It is widely recognized that assessment data from quality measurement can provide very useful information when dealing with addressing the many different issues confronting the health care system, from improving the quality and effectiveness of patient care, to improving |
the efficiency of care, to designing health benefit plans, based on the value of care. However, as productively as While data from quality measurement can be used productively, it can also be misused and counterproductive. Measurement instruments Measure specifications must be precisely designed to address specific concerns. One set of data cannot appropriately fit all purposes. To try to fit one set of data to meet all purposes is a major pitfall that should be avoided.

Assessment data Quality measures, are used today, is used for three basic quite distinct purposes: to improve the quality of direct patient care delivery—improvement, to demonstrate accountability in the delivery of health care, and to conduct research, on the effectiveness of direct health care or on the efficiency of different delivery and financing structures. Quality improvement, accountability and research are three quite distinct purposes and one. One set of data uniform measures should does not satisfy the discrete needs of each purpose, e.g.: improve the quality of care; demonstrate accountability in the delivery of health care; and conduct research on the effectiveness of health care, or on the efficiency of different delivery and financing structures be used to meet these three purposes, uniformly.

Practitioners and health care institutions, such as hospitals, frequently use data from measurement for internal quality improvement, where the objective is:

- to understand the process of care and how it varies
- to understand how the process of care relates to the effectiveness of care for patients
- to clarify the clinician’s perspective on the process of care and the need to change
- to plan and test changes in the process of care

The data collected for quality improvement is used in planning and implementing change. Thus, it should not be used prematurely as a conclusive or absolute statement about the quality of care. Because internal quality improvement requires that practitioners identify potential quality of care concerns, critique the process of care and test change, the practitioner must know that the data will remain confidential and will not be used as a premature judgment of either the practitioner or the process of care. Thus, internal improvement data should not be used for purposes of public accountability.

Accountability is distinct from internal quality improvement. Accountability data It is intended to be publicly reported information. For example, although the specific data from the internal quality improvement program would not be suitable for accountability purposes, the fact that a practitioner has a quality improvement program in place could be an indication of accountability. Accountability data It is generally focused on the results or outcomes of care, and is often (but not exclusively) used to compare institutions, practitioners and health plans. In using such data for comparison, the sample must be large and the data measures must be adjusted for the different populations, environments and markets within which the practitioners, health plans and
institutions operate. For example, the measures must be risk-adjusted for severity of illness or demographic factors.

Research is also distinct in its use of assessment data. Quality of care research is often focused on examining the outcomes of care or the effectiveness of care. Measures should be specified in a manner that yields very precise results. Identifying and controlling variables that can influence the results is a more precise and extensive part of the data collection process than it is in either internal assessment or accountability.

There are, however, overlaps among the data measures used for internal quality improvement, public accountability and research. The results of research can be applied to identifying the best practices for quality improvement. Likewise, the need for accountability can set agendas for outcomes research and internal quality improvement. Internal quality improvement can define reasonable expectations for public accountability and the need for specific outcomes research. However, the feedback that will occur among internal quality improvement, accountability and research, should not be confused with the distinct purposes of each and the need for different measurements measures for each. The limits of the data that is collected from each sphere of assessment should must be recognized. Caution should must be used in applying interpreting assessment measurement data.

31H. Adopted

Reference Committee Substitute Resolution 31RC in lieu of Council on Dental Benefit Programs Resolution 31—Amendment of the Policy, Principles for the Application of Risk Assessment in Dental Benefit Plans

Resolved, that the ADA policy on Principles for the Application of Risk Assessment in Dental Benefit Plans (Trans.2009:424) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

**Individual Risk Assessment:**

1. The assessment of the risk for the development of oral diseases, the progress of existing disease or the adverse outcomes of treatment of oral disease for an individual patient is a professional matter that is the sole responsibility of the attending dentist.
2. Individual risk assessment is an important consideration in developing a complete diagnosis and treatment recommendations for each patient, the complexity of which is influenced determined by the oral health status, goals and desires of the individual patient. The assessment should be scientifically based, clinically relevant and continually refined through outcomes studies.
3. There should be no interference by outside parties in the patient-doctor relationship by injecting factors unrelated to the patient’s needs in any aspect of the diagnosis of the patient’s oral health status or the attending dentist’s treatment recommendations.
4. Risk assessments should not limit access to care for patients, including individuals who require extraordinary levels or type of care, nor provide a disincentive for practitioners to treat complex or difficult cases because of concern about performance ratings. There should be a
system of risk adjustments for difficult or complex cases.  

54. Risk assessments are tools which can be utilized should be conducted periodically on a schedule determined by the attending dentist and should be based upon the needs and medical status of the individual patient, since risk can change over time due to application of preventive measures, changes in science, the effects of therapy and changes in patient behaviors.  

65. Self-administered patient questionnaires provided by third-party payers used for risk assessment purposes should contain the admonition that they are not to be considered as a substitute for a clinical evaluation performed by a dentist.  

Population Risk Assessment:  

17. Risk assessment for communities or groups populations within a community is a science separate from individual patient risk assessment, one that requires different skills and techniques than those used in the assessment of individual patients.  

2. If dental plans develop models to categorize their members based on risk, this should be accomplished through a scientifically validated method.  

3. At no time should these risk assessment models be applied to design benefit packages for the purpose of limiting benefits.  

4. Eligibility for preventive services within a dental benefit plan should not be limited based on population level risk assessment.  

8. When a disease is present in a community and its prevalence is low because of the effectiveness of preventive efforts, third-party payers should continue those preventive services as benefits of a dental plan.

32H. Adopted (Consent Calendar Adopted)  

Reference Committee Substitute Resolution 32RC in lieu of Council on Dental Benefit Programs Resolution 32—Amendment of the Policy, Third-Party Payers Overpayment Recovery Practices  

Resolved, that the ADA policy on Third-Party Payers Overpayment Recovery Practices (Trans.1999:930) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):  

Resolved, that the American Dental Association shall and its constituent societies are urged to seek or support legislation to prevent opposing all inappropriate third-party payers from withholding assigned benefits when a payment made in error has been made on behalf of a different patient covered by the same third-party payer overpayment recovery practices, and be it further  

Resolved, that the American Dental Association encourage state dental societies to seek or support legislation to prevent third-party payers from withholding fully assigned benefits to a dentist when an incorrect payment has been made to the dentist on behalf of a previous patient with the same third-party payer.

33H. Adopted (Consent Calendar Action)  

Council on Dental Education and Licensure Resolution 33—Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists  

Resolved, that Requirement (1) of the Requirements for Recognition of Dental Specialties be revised as follows (additions are underscored; deletions are stricken):  

Resolved, that...
(1) In order for an area to be become and/or remain recognized as a dental specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the special area of that proposed or recognized dental specialty practice; (b) in which the privileges to hold office and to vote on any issue related to the specialty are reserved for dentists who either have completed a CODA-accredited advanced education program in that proposed or recognized specialty or have sufficient experience in that specialty as deemed appropriate by the sponsoring organization and its certifying board; and (c) that demonstrates the ability to establish a certifying board.

and be it further

Resolved, that the introductory paragraph of the Requirements for Recognition of National Certifying Boards for Dental Specialists be revised as follows (additions are underlined; deletions are stricken):

In order to become, and remain, eligible for recognition by the American Dental Association as a national certifying board for a special area of practice dental specialty, the area specialty shall have a sponsoring or parent organization whose membership is reflective of the recognized special area of dental practice that meets all the elements of Requirement (1) of the Requirements for Recognition of Dental Specialties. A close working relationship shall be maintained between the parent organization and the board. Additionally, the following requirements must be fulfilled.

and be it further

Resolved, that requirement (2) in the section on Organization of Boards be revised as follows (additions are underscored; deletions are stricken):

(2) Each board shall submit in writing to the Council on Dental Education and Licensure a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board. This statement should include evidence of sponsorship of the board by a national organization representing dental practitioners interested in that special area of practice that meets all the elements of Requirement (1) of the Requirements for Recognition of Dental Specialties.

and be it further

Resolved, that the sponsoring organizations representing the currently recognized dental specialties be given until July 1, 2015, to demonstrate compliance with this revised requirement, and be it further

Resolved, that the Council on Dental Education and Licensure develop and implement a procedure to certify compliance by each sponsoring organization representing a currently recognized dental specialty and report its findings to the 2015 House of Delegates.

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34H. Adopted (Consent Calendar Action) Council on Dental Practice Resolution 34—Rescission of the National Healthcare Infrastructure (NHII) Task Force

<table>
<thead>
<tr>
<th>Resolution</th>
<th>Action</th>
<th>Reference Committee Substitute Resolution 35RC in lieu of Council on Dental Practice Resolution 35—Amendment of the Policy, Recommendations of Future of Dentistry Report</th>
</tr>
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</table>
| 35H.       | Adopted (Consent Calendar Action) | Resolved, that the ADA policy, "Recommendations of Future of Dentistry Report" (Trans.1983:552) be amended as follows (deletions are stricken):  
Resolved, that the Association accept the following five principal recommendations of the Future of Dentistry Report as priority guidelines for the ADA to prepare the profession for the challenges of the future.  
- Convert public unmet need into demand for dental services;  
- prepare the practitioners (existing and future) to be more patient/market oriented;  
- broaden the practitioner’s clinical skills and mix of services offered to the public;  
- influence the quality and quantity of the manpower supply workforce; and  
- stimulate research and development.  
and be it further  
Resolved, that all appropriate Association agencies be directed to reassess their current programs and use these guidelines in formulating their future program activities, and be it further  
Resolved, that a report be forwarded annually by the Board of Trustees to the House of Delegates describing to what extent these guidelines have been incorporated. |

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<tr>
<th>Resolution</th>
<th>Action</th>
<th>Council on Dental Practice Resolution 36—Amendment of the Policy, Electronic Technology Activities</th>
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| 36H.       | Adopted (Consent Calendar Action) | Resolved, that the ADA policy “Electronic Technology Activities” (Trans.1993:695) be amended as follows (additions are underscored; deletions are stricken):  
Resolved, that the American Dental Association intensify its efforts in the field of electronic technology and that such efforts be established as a high priority for the American Dental Association, and be it further  
Resolved, that appropriate agencies of the Association are encouraged to provide full services in the areas of information science and dental electronic technology, and report developments and trends in these fields on a regular basis to the Board of Trustees, and be it further  
Resolved, that the Association is opposed to mandatory participation in electronic data interchange for dental claims processing. |

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<tr>
<th>Resolution</th>
<th>Action</th>
<th>Council on Dental Practice Resolution 37—Statement Supporting the Dental Team Concept</th>
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<tbody>
<tr>
<td>37H.</td>
<td>Adopted (Consent Calendar Action)</td>
<td>Resolved, that constituent dental societies, dental educators and dental examiners are encouraged to work closely and cooperatively with the ADA to support the dental team concept to prevent</td>
</tr>
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</table>
| 38H. | Adopted (Consent Calendar Action) | Council on Dental Practice Resolution 38—Use of Environmentally Conscientious Measures in the Production, Packaging and Shipping of Dental Products  
Resolved, that the American Dental Association strongly encourages dental manufacturers to employ environmentally conscientious measures in the production, packaging and shipping of their products including, but not limited to, the use of disposable materials that are biodegradable whenever possible, and be it further  
| 39H. | Adopted | Reference Committee Substitute Resolution 39RC in lieu of Council on Ethics, Bylaws and Judicial Affairs Resolution 39 and Sixteenth Trustee District Substitute Resolution 39S-1—Amendment of the Policy, Eliminating Use of Human Subjects in Board Examinations  
Resolved, that the ADA policy “Eliminating Use of Human Subjects in Board Examinations” (*Trans.*2005:335) be amended as follows (additions are underscored and deletions are stricken):  
**Eliminating Use of Human Subjects Patients in Board Examinations**  
Resolved, that dental students providing patient care under the direct and/or indirect supervision of qualified faculty is an essential method of learning clinical skills including the ability to manage the anxieties, fears, reflexes and other emotions related to dental treatment, and be it further  
Resolved, that the Association recognizes that ethical considerations, including those identified in the ADA Council on Ethics, Bylaws and Judicial Affairs statement entitled *Ethical Considerations When Using Patients in the Examination Process* (Annual Reports and Resolutions 2008:103), may arise from the use of patients in the clinical licensure examination process, even though the clinical examination process is itself ethical, and be it further  
Resolved, that the ADA supports the elimination of human subjects/patients in the clinical licensure examination process with the exception of the curriculum integrated format, as defined by the ADA, within dental schools, and be it further  
Resolved, that the Association encourages all states to adopt methodologies for licensure that are consistent with this policy. and be it further |

| 40H. | Adopted |

**Reference Committee Substitute Resolution 40RC in lieu of Council on Ethics, Bylaws and Judicial Affairs Resolution 40—Statement Regarding Employment of a Dentist**

**Resolved**, that the American Dental Association adopts the following as a statement of fair practices in employing a dentist:

**Statement Regarding Employment of a Dentist**

These guidelines provide guidance for practice owners or management companies (collectively “employers”) in their working relationships with dentists associated with their practices, either as employees or independent contractors, except for postdoctoral education programs where a resident dentist is an employee of the educational program (collectively “employees”). The purpose of these guidelines is to protect the public in the provision of safe, high-quality and cost-effective patient care. Employers and employees should recognize and honor each of the guidelines set forth in this policy statement.

I. As described in the ADA Principles of Ethics and Code of Professional Conduct, dentists’ paramount responsibility is to their patients. An employee dentist should not be disciplined or retaliated against for exercising independent professional judgment in patient assessment, diagnosis, treatment and comprehensive management, including with respect to but not limited to:

a. The use of any materials, or the delivery of a prosthetic device, that represents an acceptable standard of care or the refusal to use materials or deliver a prosthetic device that does not represent an acceptable standard of care;

b. The use of techniques that are reasonably believed to be within the standard of care and are in the patient’s best interest or the refusal to use techniques that are not within the standard of care and are not in the patient’s best interests (recognizing the patient’s right to select among treatment options);

c. The mandated provision of treatment that the employee dentist feels unqualified to deliver; and

d. The provision of treatment that is not justified by the employee dentist’s personal diagnosis for the specific patient.

II. Because all employers and employee dentists must conform to applicable federal, state, and local laws, rules and regulations, an employed dentist should not be disciplined or retaliated against for 1) adherence to legal standards and 2) reporting to appropriate legal authorities suspected illegal behavior by employers. Employers should make certain that,
for example:

a. Appropriate business practices, including but not limited to billing practices, are followed;

b. Facilities and equipment are maintained to accepted standards;

c. Employment contractual obligations are adhered to.

III. Because a dentist is functioning within a professional domain, anyone employing a dentist should, for example:

a. Guard against lay interference in the exercise of a dentist's independent professional judgment in patient assessment, diagnosis, treatment and comprehensive management;

b. To the extent permitted by law, promptly provide the dentist access to all relevant patient records in the event of peer review, board complaint or lawsuit, both during and subsequent to the dentist's employment; and

c. Recognize and honor the dentist's commitment, as an ADA member, to comply with the ADA Principles of Ethics and Code of Professional Conduct.

* Dentists are advised that employment contracts may have provisions that conflict with these guidelines and the ADA recommends that dentists seek legal counsel when considering how contracts affect their professional rights and responsibilities.

and be it further

Resolved, that the Association publish and promote this statement to dentist employers and employees, and be it further

Resolved, that the Association encourage constituent societies to utilize this statement to facilitate legislative and regulatory measures to ensure the fair and ethical treatment of dentist employees and the patients that they treat.

41H. Adopted by a 2/3s affirmative vote

Reference Committee Substitute Resolution 41RC—as corrected—in lieu of Council on Ethics, Bylaws and Judicial Affairs Resolution 41—Amendment to Chapter VIII, Sections 30. B and C, 50 and 80.A of the ADA Bylaws (Nominations, Terms of Service and Vacancies for the Offices of Treasurer and Speaker)

Resolved, that CHAPTER VIII. ELECTIVE OFFICERS, Section 30. NOMINATIONS, Subsection B of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

B. Nominations for the office of Treasurer shall be made in accordance with the order of business. The search for Treasurer shall be announced in an official publication of the
Association in November of the final year of the incumbent Treasurer’s term, together with the recommended qualifications for that position as provided in Chapter VII, Section 100G of these Bylaws. Candidates for the office of Treasurer shall apply by submitting a standardized Treasurer Curriculum Vitae form to the Executive Director at least one hundred twenty (120) days prior to the convening of the House of Delegates. Each candidate’s application shall be reviewed by the Board of Trustees. The Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior to the convening of the House of Delegates, with each candidate’s standardized Treasurer Curriculum Vitae and the determination of the Board of Trustees as to whether the candidate meets the recommended qualifications for the office of Treasurer. Only those candidates shall be nominated from the floor of the House of Delegates. The nominations may be followed by an acceptance speech not to exceed four (4) minutes by each candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted. No further nominations for the office of Treasurer shall be accepted from the floor of the House of Delegates. If there are no eligible candidates for the office of Treasurer when the House of Delegates meets, the term of the incumbent Treasurer shall be extended by one (1) year. Should the incumbent Treasurer be unwilling or unable to serve an additional one (1) year term, the office of Treasurer shall be filled in the same manner as provided in Chapter VIII, Section 80 of these Bylaws. Under these circumstances, former Treasurers of this Association not otherwise eligible to serve as Treasurer due to term limits would be eligible to serve as Treasurer pro tem for one (1) additional year until the House of Delegates can elect a Treasurer.

and be it further

Resolved, that CHAPTER VIII. ELECTIVE OFFICERS, Section 30. NOMINATIONS, Subsection C of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

C. Nominations for the office of Speaker of the House shall be made in accordance with the order of business. The search for Speaker of the House shall be announced in an official publication of the Association in January-November of the final year of the incumbent Speaker of the House’s term. Candidates for the office of Speaker of the House shall apply by submitting curriculum vitae along with a statement supporting their qualifications to the Executive Director at least one hundred twenty (120) days prior to the convening of the House of Delegates. The Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior to the convening of the House of Delegates, with each candidate’s curriculum vitae and statement of qualifications for the office of Speaker of the House. If no candidate has applied, or if there is no remaining eligible candidate for election, then the Association shall inform all delegates of this circumstance and the period to apply shall be extended to thirty (30) days prior to the convening of the House of Delegates. If thirty (30) days prior to the convening of the House of Delegates there is no remaining candidate for election then the Association shall inform all delegates of this circumstance and also inform them that nominations shall be permitted from the floor of the House of Delegates. Only those candidates shall be nominated from the floor of the House of Delegates. The nominations may be followed by an acceptance speech not to exceed four (4) minutes by each candidate from the podium, according to the protocol established by the Election Commission. Seconding a nomination is
not permitted. No further nominations for the office of Speaker of the House shall be accepted from the floor of the House of Delegates. If there are no eligible candidates for the office of Speaker of the House when the House of Delegates meets, the term of the incumbent Speaker of the House shall be extended by one (1) year. Should the incumbent Speaker of the House be unwilling or unable to serve an additional one (1) year term, the office of Speaker of the House shall be filled in the same manner as provided in Chapter VIII, Section 80 of these Bylaws. Under these circumstances, former Speakers of the House of this Association not otherwise eligible to serve as Speaker of the House due to term limits would be eligible to serve as Speaker of the House until the House of Delegates can elect a Speaker of the House of Delegates.

and be it further

Resolved, that CHAPTER VIII. ELECTIVE OFFICERS, Section 50. TERM OF OFFICE of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

Section 50. TERM OF OFFICE: The President, President-elect, First Vice President and Second Vice President shall serve for a term of one (1) year, except as otherwise provided in this chapter of the Bylaws, or until their successors are elected and installed. The Speaker of the House of Delegates shall be limited to two (2) terms of three (3) years each in total, consecutive or otherwise, excepting the case of a former Speaker of the House who has been elected Speaker of the House as provided in Chapter VIII, Section 30 of these Bylaws, who may serve until the House of Delegates can elect a Speaker of the House of Delegates. Serving any portion of a three (3) year term shall be considered service of a full three (3) year term. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer pro tem as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year until the House of Delegates can elect a Treasurer. Serving any portion of a three (3) year term shall be considered service of a full three (3) year term.

and be it further

Resolved, that CHAPTER VIII. ELECTIVE OFFICERS, Section 80. VACANCIES, Subsection A. VACANCY OF ELECTIVE OFFICE of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the First Vice President shall become President for the unexpired portion of the term. In the event the office of First Vice President becomes vacant, the Second Vice President shall become the First Vice President for the unexpired portion of the term. A vacancy in the office of the Second Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint an interim Speaker pro tem who
shall serve until the House of Delegates can elect a Speaker of the House of Delegates for a three (3) year term. Service as an interim Speaker shall not count toward the term of office limitation for Speaker of the House as set forth in Section 50 of this Chapter. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read “President for the Ensuing Year.” A vacancy in the office of Treasurer shall be filled with an interim Treasurer by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer pro tem shall be eligible for election to a new consecutive three (3) year term. Service as an interim Treasurer shall not count toward the term of office limitation for Treasurer as set forth in Section 50 of this Chapter. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer pro tem as provided in Chapter VIII, Section 30 of these Bylaws who may serve one (1) additional year.

42H. Adopted (Consent Calendar Action) Council on Ethics, Bylaws and Judicial Affairs Resolution 42—Amendment of Chapter X, Section 120, Subsection G, Paragraph I of the ADA Bylaws (Duties of the Council on Ethics, Bylaws and Judicial Affairs)

Resolved, that CHAPTER X COUNCILS, Section 120 DUTIES, Subsection G COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS, Paragraph i of the ADA Bylaws be amended as follows (additions underscored):

G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS. The duties of the Council shall be to:

* * *

i. Notwithstanding paragraph g of this subsection, the Council shall have the authority to make corrections in punctuation, grammar, spelling, name changes, gender references, change syntax, delete moot material and make similar editorial corrections in the Bylaws which do not alter its context or meaning. Such corrections shall be made only by a unanimous vote of the Council members present and voting.

43H. Adopted (Consent Calendar Action) Council on Ethics, Bylaws and Judicial Affairs Resolution 43—Amendment of ADA Policy Entitled Definition of Committees

Resolved, that the ADA policy on Definitions of Committees (Trans.2001:447) be amended so that the amended policy reads as follows (additions are underscored; deletions are stricken through):

Resolved, that the American Dental Association accepts the following definitions for the terms standing committee, special committee, task force, and subcommittee, and ad hoc advisory
committee:

Standing committee—A standing committee is ongoing and performs any a group of members whose work, assignments, or tasks are ongoing and that performs any work within its particular field either assigned to it by the Bylaws or referred to it by the House of Delegates or Board of Trustees. The councils and commissions of the Association are standing committees of the House of Delegates. The Board of Trustees has standing committees of its own members, and the Committee on the New Dentist composed of one new dentist from each trustee district.

Special committee (also known as a Task Force)—A special committee or task force is a group of members selected to perform a specific task and automatically ceases to exist once the task is completed. Special committees of the American Dental Association may be created by the House of Delegates or, when the House is not in session, by the Board of Trustees, for the purpose of performing specific tasks duties not otherwise assigned by the Bylaws. The Association’s parliamentary authority, The Standard Code of Parliamentary Procedure (4th edition) by Alice Sturgis also refers to special committees as ad hoc committees, and which ceases to exist either when its assigned task is completed or with the adjournment sine die of the annual session of the House of Delegates following its creation.

Task force—A task force is a type of special committee.

Subcommittee—A subcommittee is a subdivision of a committee subgroup of a body which is organized created for a specific purpose within the jurisdiction of that body, and reports only to the committee that established it. ADA councils and commissions may establish one or more ongoing subcommittees of their own members to which they may delegate have authority delegated to it by the body, and which reports and is are directly responsible to only the delegating body, which may be a the council, committee or commission.

Ad hoc advisory committee—An ad hoc advisory committee is established by an ADA council or commission for a singular purpose and limited duration. An ad hoc advisory committee is composed of subject matter experts who assist the council or commission with a specific matter.

<table>
<thead>
<tr>
<th>44.</th>
<th>Not Adopted (Failed to receive a 2/3s affirmative vote)</th>
<th>Council on Membership Resolution 44—Dues Structure</th>
</tr>
</thead>
</table>

**Resolved**, that the ADA Bylaws, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection E. STUDENT MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 1, be amended as follows (new language underscored; deletions stricken through):

(1) PREDICTORAL STUDENT MEMBERS: The dues of predoctoral student members shall be established by the Board of Trustees, five dollars ($5.00). Predoctoral student member dues shall be due January 1 of each year. Such student members shall be exempt from the payment of any special assessment.
and be it further

**Resolved**, that the ADA *Bylaws*, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection E. STUDENT MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 2, be amended as follows: (new language underscored; deletions stricken through).

(2) POSTDOCTORAL STUDENTS AND RESIDENTS: The dues of dentists who are student members pursuant to Chapter I, Section 20E shall be established by the Board of Trustees. thirty dollars ($30.00) Postdoctoral students and resident dues shall be due January 1 of each year. Such student members shall be exempt from the payment of any special assessment.

and be it further

**Resolved**, that the ADA *Bylaws*, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A. ACTIVE MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 2, be amended as follows (new language underscored; deletions stricken through):

(2) Dentists who are engaged full-time in (a) an advanced training course of not less than one (1) academic year’s duration in an accredited school or a residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation shall pay an amount to be established by the Board of Trustees, pay thirty and shall be dollars ($30.00) due on January 1 of each year until December 31 following completion of such program. For dentists who enter such a course or program while eligible for the dues reduction program, the applicable reduced dues rate shall be deferred until completion of that program. Upon completing the program, the dentist shall pay dues and any special assessment for active members at the reduced dues rate where the dentist left off in the progression. This benefit shall be conditioned on maintenance of continuous membership or payment of post-graduate student dues and active member dues and any special assessment for years not previously paid, at the rates current during the missing years. The dentist who is engaged full-time in (a) an advanced training course of not less than one (1) academic year’s duration in an accredited school or residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation shall be exempt from the payment of any active member special assessment then in effect through December 31 following completion of such course or program.

Council on Membership Resolution 45—Review of Student Dues Category (Fifth Trustee Substitute Resolution 45S-1 was withdrawn by sponsor with consent of the House of Delegates)

**Resolved**, that effective January 1, 2016, the ADA *Bylaws*, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection E. STUDENT
MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 1, be amended as follows (new language underscored; deletions struck through):

(1) PREDOCTORAL STUDENT MEMBERS: The dues of predoctoral student members shall be ten dollars ($10.00) five dollars ($5.00) due January 1 of each year. Such student members shall be exempt from the payment of any special assessment.
<table>
<thead>
<tr>
<th>Resolution</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.</td>
<td><strong>Council on Membership Resolution 46—Review of Graduate Dues Category (Fifth Trustee District Substitute Resolution 46S-1 was withdrawn by sponsor with consent of the House of Delegates)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Resolved, that the ADA Bylaws, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection E. STUDENT MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 2, be amended as follows (new language underscored; deletions stricken through):</strong></td>
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<tr>
<td></td>
<td>(2) POSTDOCTORAL STUDENTS AND RESIDENTS: The dues of dentists who are student members pursuant to Chapter I, Section 20E shall be <strong>fifty dollars ($50.00)</strong> thirty dollars ($30.00) due January 1 of each year. Such student members shall be exempt from the payment of any special assessment.</td>
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<td></td>
<td>and be it further <strong>Resolved, that the ADA Bylaws, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A. ACTIVE MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 2, be amended as follows (new language underscored; deletions stricken through):</strong></td>
</tr>
<tr>
<td></td>
<td>(2) Dentists who are engaged full-time in (a) an advanced training course of not less than one (1) academic year’s duration in an accredited school or a residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation shall, pay thirty dollars ($30.00) fifty dollars ($50.00) due on January 1 of each year until December 31 following completion of such program. For dentists who enter such a course or program while eligible for the dues reduction program, the applicable reduced dues rate shall be deferred until completion of that program. Upon completing the program, the dentist shall pay dues and any special assessment for active members at the reduced dues rate where the dentist left off in the progression. This benefit shall be conditioned on maintenance of continuous membership or payment of post-graduate student dues and active member dues and any special assessment for years not previously paid, at the rates current during the missing years. The dentist who is engaged full-time in (a) an advanced training course of not less than one (1) academic year’s duration in an accredited school or residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation shall be exempt from the payment of any active member special assessment then in effect through December 31 following completion of such course or program.</td>
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<td>Resolution</td>
<td>Action</td>
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<tr>
<td>47H.</td>
<td>Adopted</td>
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<td>48H.</td>
<td>Adopted</td>
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<tr>
<td>49H.</td>
<td>Adopted</td>
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<tr>
<td>50H.</td>
<td>Adopted</td>
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<tr>
<td>51.</td>
<td>See Resolution 90</td>
</tr>
<tr>
<td>52H.</td>
<td>Adopted</td>
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<tr>
<td>Reference Committee Substitute Resolution 53RC in lieu of Board of Trustees Resolution 53 and Ninth Trustee District Substitute Resolution 53S-1—ADA Advocacy Agenda</td>
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<td><strong>Resolved,</strong> that the ADA advocacy agenda on behalf of dental education, dental students, and recent dental school graduates include:</td>
<td></td>
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<tr>
<td>1. Dental school approval as Federally Qualified Health Centers (FQHC) or ability to partner with FQHC’s.</td>
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<tr>
<td>2. Graduate Medical Education (GME) funding for non-hospital-based programs (i.e., dental schools).</td>
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<tr>
<td>3. Increased Medicaid fees and cost-based reimbursement for dental schools.</td>
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<tr>
<td>4. Increased number of loan forgiveness programs at the state and national level, including additional debt relief programs targeting rural/underserved areas.</td>
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<tr>
<td>5. Financial incentives to practice in underserved areas through supplemental payments or tax credits.</td>
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<td>6. Increased eligibility for dental graduates for all health profession loan forgiveness programs.</td>
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<tr>
<td>7. Student loan interest rate reform.</td>
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<tr>
<td>Resolution Number</td>
<td>Action</td>
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<tr>
<td>55H.</td>
<td>Adopted</td>
</tr>
</tbody>
</table>
| 56H. | Adopted | **Sixteenth Trustee District Substitute Resolution 56S-1 in lieu of Board of Trustees Resolution 56—A Comprehensive Study of the Current Dental Education Model** | **Resolved,** that the ADA seek collaboration with the broad communities of interest, including dental educators, students, practicing dentists, health economists, and others with appropriate expertise to conduct a define the scope and specific aims of a comprehensive study of the current dental education models, to include:  
2. Evaluation of all the efficiency of the current dental school curricula and delivery methods.  
3. Analysis of the impact of student debt on dentistry as a career choice and subsequent practice choices. competency and outcomes-based educational model.  
4. Analysis of dental school outcomes data.  
5. Analysis on the impact of student debt on career and practice choices.  
6. A determination of whether students are being adequately prepared for the practice of dentistry.  
7. A determination of whether dental schools that are opening in non-traditional academic health centers are meeting the appropriate level of scholarship to ensure that dentistry continues to be a learned profession; and be it further **Resolved,** that the ADA’s financial implication for this resolution shall not exceed $80,000, to be used to define the scope and specific aims of the study, to determine the estimated cost of the study, to identify potential funding sources for the study, and to report to the 2014 ADA House of Delegates identify funding sources for the study; write grant proposals; coordinate conference calls; hire a consultant to do a literature review; and provide funds for one in-person stakeholder meeting, and be it further **Resolved,** that funding (estimated to be $1,156,000) be raised from outside sources within a two year period in order for the study to proceed. |
<table>
<thead>
<tr>
<th>Resolution</th>
<th>Status</th>
<th>Text</th>
</tr>
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</table>
| 57H. | Adopted | **Board of Trustees Resolution 57—Revision of Accreditation Standards**  
*Resolved,* that the Commission on Dental Accreditation be urged to revise the Accreditation Standards for Dental Education Programs related to practice management to include instruction on personal debt management and financial planning. |
| 58H. | Adopted | **Joint Commission on National Dental Examinations Resolution 58—JCNDE Standing Rules Revisions**  
*Resolved,* that the criteria for Dental Hygiene Test Constructors in the area of Clinical Dental Hygiene, as stated in the *Standing Rules of the Joint Commission on National Dental Examinations*, be amended as follows (deletions stricken through, additions underscored):  
\[c. \text{ At least three years' experience, preferably within the last five years, teaching and practicing clinical dental hygiene; full-time or part-time in private practice or faculty practice.}\] and be it further  
*Resolved,* that lines 13, 21, 26, 47, on Worksheet: 3097; and lines 5 and 13 on Worksheet 3098, be amended as follows:  
At least three years’ experience within the last five years … |
| 59H. | Adopted | **Council on Membership Resolution 59—Amendment of ADA Policy on Qualifications for Membership**  
*Resolved,* that the ADA policy on Qualifications for Membership (*Trans.* 1959:219; 1996:672) be amended so that the policy reads as follows (additions are underscored; deletions are stricken):  
\[\text{Resolved, that the constituent societies be requested to examine their bylaws with a view and consider to making any changes in the qualifications for an appropriate membership category to permit a dentist licensed in another state to become a member with other than resident active membership category.}\] |
| 60H. | Adopted | **Council on Membership Resolution 60—Amendment of ADA Policy on Promoting the Value of Tripartite Dentistry**  
*Resolved,* that the ADA policy on Promoting the Value of Tripartite Dentistry (*Trans.* 1995:606) be amended with the following language (additions are underscored and deletions are stricken):  
\[\text{Resolved, that constituents and components be encouraged to identify new mechanisms to promote the value of tripartite membership, and be it further}\]  
\[\text{Resolved, that these mechanisms include a focus on tripartite membership as a foundation for a successful practice and career, and be it further}\]  
\[\text{Resolved, that constituent and component societies be encouraged to communicate these messages through their respective programs and publications, printed and electronic}\] |
### 61H. Adopted (Consent Calendar Action)

<table>
<thead>
<tr>
<th>Council on Communications Resolution 61—Rescission of Policy on Use of ADA Logo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resolved</strong>, that the policy &quot;Use of ADA Logo&quot; (<em>Trans.</em> 1984:520) be rescinded.</td>
</tr>
</tbody>
</table>

### 62H. Adopted (Consent Calendar Action)

<table>
<thead>
<tr>
<th>Council on Communications Resolution 62—Rescission of Policy on Placement of Paid Education Television Messages Upon Request</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resolved</strong>, that the policy &quot;Placement of Paid Education Television Messages upon Request&quot; (<em>Trans.</em> 1984:534) be rescinded.</td>
</tr>
</tbody>
</table>

### 63H. Adopted—Consent Calendar

<table>
<thead>
<tr>
<th>Board of Trustees Resolution 63—Conflict of Interest (Disclosure Policy) Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resolved</strong>, that the ADA Disclosure Policy (<em>Trans.</em> 2010:624; 2011:537) be amended as follows (additions are underscored; deletions stricken):</td>
</tr>
</tbody>
</table>

- **Resolved**, that chairs of any meeting of the ADA, including Executive Committee, Board of Trustees, councils, committees and the House of Delegates **read the following at the opening of meetings** include the disclosure policy as a written part of the agenda at each meeting:

  In accordance with the ADA Disclosure Policy, at this time anyone present at this meeting is obligated to disclose any personal, professional or business relationship that they or their immediate family may have with a company, professional organization or individual doing business with the ADA, when such company, professional organization or person is being discussed. This includes, but is not limited to insurance companies, sponsors, exhibitors, vendors and contractors.

  and be it further

- **Resolved**, that the disclosure policy be read at the opening of each meeting of the House of Delegates, and be it further

- **Resolved**, that when speaking on the floor of the House of Delegates or in Reference Committees, those individuals/members shall first identify those relationships before speaking on an issue related to such conflict of interest.

### 64. Not Adopted (Failed to receive a 2/3s affirmative vote)

<table>
<thead>
<tr>
<th>Board of Trustees Substitute Resolution 64B in lieu of 97H Workgroup Resolution 64—Approval of the ADA Budget, and Resolution 65—Procedures Governing the Budget Approval Process</th>
</tr>
</thead>
</table>
| **Resolved**, that CHAPTER V. HOUSE OF DELEGATES, Section 50. DUTIES of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

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

  A. Elect the elective officers.

  B. Elect the members of the Board of Trustees.
C. Elect the members of the councils and commissions except as otherwise provided by these Bylaws.

D. Receive and act upon reports of the committees of the House of Delegates.

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

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

and be it further

Resolved, that CHAPTER V. HOUSE OF DELEGATES, Section 130. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, paragraph c. APPROVAL OF ANNUAL BUDGET of the ADA Bylaws be deleted in its entirety as follows (deletions stricken through):

A. STANDING RULES AND REPORTS.

a. REPORTS. All reports of elective officers, councils and committees, except supplemental reports, shall be sent to each delegate and alternate delegate at least fourteen (14) days in advance of the opening of the annual session. All supplemental reports shall be distributed to each delegate before such report is considered by the House of Delegates.

b. APPROPRIATION OF FUNDS. Any resolution proposing an appropriation of funds, shall be referred to the Board of Trustees for a report at the same session on the availability of funds for the purpose specified.

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

and be it further

Resolved, that the remaining paragraphs d. through f. of CHAPTER V. HOUSE OF DELEGATES, Section 130. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, be re-lettered as paragraphs c. through e., respectively, and be it further

Resolved, that CHAPTER VII. BOARD OF TRUSTEES, Section 100. DUTIES, Subsection F. of the ADA Bylaws be amended as shown below (additions underscored, deletions stricken through):

F. Develop, prepare and adopt a budget for carrying on the activities of the Association for each ensuing fiscal year, and present for action by each House of Delegates a resolution setting forth the proposed dues of active members for the following year. Notice of such a resolution shall be sent by a certifiable method of delivery to each constituent society not less than ninety (90) days before such session to permit prompt, adequate notice by each
constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of the Association at least sixty (60) days in advance of the annual session.

and be it further

**Resolved**, that the section entitled “Consideration of Budget” contained in the *Rules of the House of Delegates* be deleted in its entirety.

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**Consideration of Budget**

The proposed annual budget shall be submitted to the members of the House of Delegates at least 30 days prior to the opening meeting of the annual session. In the event the proposed budget as submitted is not approved, all recommendations for changes adopted by the House of Delegates shall be referred to the Board of Trustees to prepare and present a revised, proposed budget.

Recommendations for changes shall be made in the form of fully debatable motions which shall be individually considered and acted upon by the House of Delegates. To be in order, the proper wording for such a motion must be:

“I move that the proposed budget be returned to the Board of Trustees for revision with the recommendation that...”

If any recommendations for changes in the proposed budget receive House approval, they shall be identified as House Budget Recommendation 1, House Budget Recommendation 2, etc.

House approval of any recommendations for changes automatically returns the proposed budget to the Board of Trustees for revision and subsequent resubmission to the House of Delegates for approval or further recommendations for modification. This procedure will be repeated until a preliminary budget for the ensuing fiscal year is adopted.

This preliminary budget includes all items that the Board of Trustees and House of Delegates have approved, but it remains a preliminary budget since it does not incorporate any programs that may subsequently be adopted by the House at this session which require additional funding. The final budget is established and adopted by the House of Delegates through its approval of the preliminary budget plus the changes made as a result of actions by the House of Delegates. The Board of Trustees will present this final budget, which will include the preliminary budget plus any additions made as a result of action by the House of Delegates, to the House at the last meeting of the annual session.
97H Workgroup Resolution 65—Procedures Governing the Budget Approval Process

Resolved, that the following procedures govern the Budget Approval Committee of the House of Delegates:

A. Appointment of Members. The President is urged to name all members of the Budget Approval Committee at the same time the two (2) members of the House of Delegates who do not sit on the Administrative Review Committee of the Board of Trustees’ Budget and Finance Committee at the same time as other members of the standing committees of the Board of Trustees are named. The Board of Trustees is urged to direct that the Administrative Review Committee of the Board of Trustees’ Budget and Finance Committee invite the two (2) House of Delegates members of the Budget Approval Committee to meetings of the Administrative Review Committee of the Board of Trustees’ Budget and Finance Committee as observers to allow those members to become as familiar as possible with the budget process.

B. Balanced or Surplus Budget. If at the adjournment of the House of Delegates the budget proposed by the Board of Trustees, together with the financial implications of any resolutions adopted by the House of Delegates, is balanced or has revenues that exceed expenditures, the sole duty of the committee shall be to approve the proposed budget including the financial implications of any resolutions adopted by the House of Delegates as the annual budget for the ensuing fiscal year.

C. Deficit Budget. If at the adjournment of the House of Delegates the budget proposed by the Board of Trustees, together with the financial implications of any resolutions adopted by the House of Delegates, results in expenses that exceed revenues, the committee shall review the Board’s proposed budget and the financial implications of any resolutions adopted by the House of Delegates. In conducting such review, the committee may consider any additional data and any updates to data used to develop the proposed budget that may be available to the committee. The Committee shall then approve or disapprove the proposed budget and financial implications of any resolutions adopted by the House of Delegates. If disapproved, the committee shall:

1. Return the proposed budget to the Board of Trustees;

2. Forward budgetary recommendations to the Board of Trustees which shall include the recommendation that any financial implications of resolutions passed by the House of Delegates that are offset by an approved increase in the membership dues of the Association be included in any revised budget the Board of Trustees develops.

3. The recommendations of the committee shall be based upon the Universal Assessment Criteria and Strategic Plan then in effect.

Following the transmittal of such recommendations, the committee shall receive a revised budget from the Board of Trustees for its approval or disapproval. The process set forth in this section shall repeat until a budget (either balanced or in surplus or deficit) is approved by
<table>
<thead>
<tr>
<th>Resolution</th>
<th>Sponsor</th>
<th>Action</th>
<th>Policy/Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>66.</td>
<td>Council on Ethics, Bylaws and Judicial Affairs</td>
<td>Not Adopted</td>
<td>Resolution 66—Approval of High Level Strategic Goals by the House of Delegates</td>
</tr>
<tr>
<td>67.</td>
<td>Board of Trustees</td>
<td>Adopted</td>
<td>Resolution 67—Nominations to ADA Councils and Commissions</td>
</tr>
<tr>
<td>69.</td>
<td>Council on Access, Prevention and Interprofessional Relations</td>
<td>Adopted (Consent Calendar Action)</td>
<td>Resolution 69—Amendment of Policy on State Dental Programs</td>
</tr>
<tr>
<td>70.</td>
<td>Council on Access, Prevention and Interprofessional Relations</td>
<td>Adopted (Consent Calendar Action)</td>
<td>Resolution 70—Amendment of Policy on Dental Care in Institutional Settings</td>
</tr>
</tbody>
</table>

**D. Report to the House of Delegates.** Following approval of the budget, the committee shall provide a summary report of its activities to the House of Delegates.

**E. Adjournment.** Following the completion of its duties enumerated above, the committee shall adjourn *sine die*. 

**Resolution 66: Approval of High Level Strategic Goals by the House of Delegates**

*Resolved*, that upon the initiation of a new strategic plan, the Board shall submit the draft plan to the House for approval of the high level strategic goals.

**Resolution 67: Nominations to ADA Councils and Commissions**

*Resolved*, that the nominees for membership on ADA councils, commissions and the New Dentist Committee submitted by the Board of Trustees in accordance with Chapter VII, Section 100(H) of the Bylaws be elected.

**Resolution 68: Rescission of the Policy: “The Dentist's Prayer”**

This resolution has been withdrawn by the sponsor.

**Resolution 69: Amendment of Policy on State Dental Programs**

*Resolved*, that the ADA policy on State Dental Programs (*Trans. 1954:278*) be amended to read as follows:

> *Resolved*, that constituent dental societies be urged to **take immediate steps to strengthen** the support state oral health dental health programs in their respective state by (1) assuming the necessary leadership to secure the appropriation of state funds earmarked for dental health purposes, (2) fostering the appointment of a capable state dental director, and (3) aiding in the establishment of a sound administrative position for the state oral health program dental unit.

**Resolution 70: Amendment of Policy on Dental Care in Institutional Settings**

*Resolved*, that the policy on Dental Care in Institutional Settings (*Trans. 1986:518*) be amended by revising the title to Dental Care in Institutional and Homebound Settings, and amending the policy to read as follows:

> **Dental Care in Institutional and Homebound Settings**
Resolved, that appropriate agencies of the American Dental Association work with national organizations involved with care for the disabled, mentally retarded, blind and elderly aged, blind and disabled in homebound or longer term care facilities in formulating policies that will assure delivery of comprehensive dental care, and be it further
Resolved, that constituent and component dental societies be urged to work with health care facility administrators, dental and medical directors and other responsible parties to assure that any underserved populations are receiving comprehensive dental care and that dental auxiliaries functioning in these programs are under direct, indirect or personal the supervision of a licensed dentist, and be it further
Resolved, that the Association, through appropriate councils and agencies, explore and develop new programs that will assist constituent and component societies in responding to the needs of underserved populations, and be it further
Resolved, that the ADA only endorse existing and newly developed programs that meet or follow existing ADA policies.

71H.  Adopted (Consent Calendar Action) Council on Access, Prevention and Interprofessional Relations Resolution 71—Amendment of Policy on Informational Support for Members Providing Oral Care in Long-Term Care Facilities

Resolved, that the policy on Informational Support for Members Providing Oral Care in Long-Term Care Facilities (Trans.1997:671) be amended to read as follows (additions underscored; deletions are stricken).

Resolved, that constituent dental societies be encouraged to collect, maintain and distribute to members information about federal and state laws and regulations, including the Incurred Medical Expenses reimbursement mechanism, for provision of dental care in long-term care facilities, assisted living facilities, and private homes, and be it further
Resolved, that such information should include details about: the Post Eligibility Treatment of Income Provision contained within the Social Security Act, the regulations pertaining to the use of allied dental personnel in long-term care facilities, assisted living facilities and private homes; the oral health services covered under the Medicare program; and the state regulations pertaining to non-Medicaid and Medicare certified nursing homes.

72H.  Adopted (Consent Calendar Action) Council on Access, Prevention and Interprofessional Relations Resolution 72—Amendment of Policy on Communication and Dental Practice

Resolved, that the policy on Communication and Dental Practice (Trans.2008:454) be amended to read as follows (additions underscored; deletions are stricken).

Resolved, that the ADA affirms that clear, accurate and effective communication is an essential skill for effective patient-centered dental practice.

<table>
<thead>
<tr>
<th>Resolution Number</th>
<th>Action</th>
<th>Committee</th>
<th>Resolution Title</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>74H.</td>
<td>Adopted (Consent Calendar Action)</td>
<td>Council on Access, Prevention and Interprofessional Relations Resolution 74—Amendment of Policy on Preventive Dental Procedures</td>
<td>Resolved, that the policy on Preventive Dental Procedures (<em>Trans.</em> 1967:325) be amended to read as follows (additions underscored; deletions are stricken).</td>
<td>Resolved, that the ADA recognizes that limited oral health literacy is a potential barrier to effective prevention, diagnosis and treatment of oral disease, and be it further Resolved, that the Council on Access, Prevention and Interprofessional Relations and other appropriate ADA agencies work with constituent and component societies, other dental and non-dental organizations, the health care community and governmental agencies to increase awareness that many adults have limited oral health literacy skills and difficulty understanding oral health information and available services.</td>
</tr>
<tr>
<td>75H.</td>
<td>Adopted (Consent Calendar Action)</td>
<td>Council on Access, Prevention and Interprofessional Relations Resolution 75—Amendment of Policy on Bottled Water, Home Water Treatment Systems and Fluoride Exposure</td>
<td>Resolved, that the policy on Bottled Water, Home Water Treatment Systems and Fluoride Exposure (<em>Trans.</em> 2002:390) be amended to read as follows (additions underscored; deletions are stricken).</td>
<td>Resolved, that in order to ensure optimal fluoride intake, the American Dental Association urges its members to educate their patients regarding the level of fluoride in bottled water and the possible removal of fluoride by some home water treatment systems, and be it further Resolved, that the American Dental Association supports the labeling of bottled water with the fluoride concentration of the product and company contact information including address and telephone number, and be it further Resolved, that the American Dental Association supports the inclusion of information on the system’s effect on water fluoride levels with each home water treatment system, and be it further Resolved, that the American Dental Association inform other communities of interest of the ADA’s policy on bottled water, home water treatment systems and fluoride exposure.</td>
</tr>
</tbody>
</table>
**Resolved**, that the policy on Pouring Rights Contracts and Marketing of Soft Drinks to Children (*Trans.*2003:359) be amended to read as follows (additions *underscored*; deletions are *stricken*).  
**Resolved**, that the policy titled “Marketing of Soft Drinks in Schools” (*Trans.*2000:457) be renamed “Pouring Rights Contracts and Marketing of Soft Drinks to Children” and be amended to read as follows:  
**Resolved**, that the American Dental Association, through its appropriate agencies, continue to gather the scientific facts and supporting data concerning the oral health effects of the increasing consumption of beverages containing sugars, carbonation or acidic components. These products are commonly referred to as “soft drinks,” including but not limited to juice drinks, sports drinks and soda pop, and be it further  
**Resolved**, that the Association encourages constituent and component dental societies efforts to work with education officials, pediatric and family practice physicians, dietetic professionals, parent groups, and all other interested parties, to increase awareness of the importance of maintaining healthy vending choices in schools, and to encourage the promotion of beverages of high nutritional value, and be it further  
**Resolved**, that the American Dental Association opposes contractual arrangements, including pouring rights contracts that influence consumption patterns that promote increased access to “soft drinks” for children. |
|---|---|---|
| 77H. | Adopted (Consent Calendar Action) | Council on Access, Prevention and Interprofessional Relations Resolution 77—Amendment of Policy on Obesity  
**Resolved**, that the Policy on Obesity (*Trans.*2009:420) be amended to read as follows (additions *underscored*; deletions are *stricken*).  
**Resolved**, that the ADA supports collaborative efforts with other health professionals (physicians, pediatricians, nurses, dieticians, nutritionists, etc.) to combat the growing problems of overweight and obesity, and be it further  
**Resolved**, that the ADA supports collaborative efforts with other work in collaboration with appropriate stakeholder organizations/agencies to assure that educate professionals and the public regarding issues specific to nutrition and oral health, as well as the systemic/oral health relationship, are incorporated into documents and educational materials, and be it further  
**Resolved**, that the ADA investigate opportunities to offer continuing education courses related to nutrition and obesity. |
| 78H. | Adopted | Council on Access, Prevention and Interprofessional Relations Resolution 78 substituted for Reference Committee Resolution 78RC—Amendment of Policy on Oral Health Assessment for School Children  
**Resolved**, that the Policy on Oral Health Assessment for School Children (*Trans.*2005:323) be |
amended to read as follows (additions underscored; deletions are stricken).

**Resolved**, that the ADA policy supports oral health assessments for school children, intended to gather data, detect clinically apparent pathologic conditions and allow for triage and referral to a dentist for a comprehensive dental examination, and be it further **Resolved**, that the ADA urges supports state dental associations’ efforts to sponsor legislation to provide oral health assessments for school children, and be it further **Resolved**, that children and their parents and/or caregivers be informed that an oral assessment is not an examination, and that ADA policy recommends that school children receive a comprehensive examination conducted by a licensed dentist, and be it further **Resolved**, that the ADA take steps supports efforts to educate policymakers and the public that oral health is an integral part of overall health, and as such, oral health assessments should be given the same priority as other health assessments for children, and urges state and local dental societies to take similar actions.

<table>
<thead>
<tr>
<th>79H.</th>
<th>Adopted (Consent Calendar Action)</th>
<th>Council on Access, Prevention and Interprofessional Relations Resolution 79—Amendment of Policy on High Blood Pressure Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Resolved</strong>, that the Policy on High Blood Pressure Programs <em>(Trans.1974:643)</em> be amended to read as follows (additions underscored; deletions are stricken).</td>
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<td><strong>Resolved</strong>, that the members of the American Dental Association be urged to participate supports member participation in the National High Blood Pressure Program.</td>
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<td></td>
<td><strong>Resolved</strong>, that the ADA Policy, Home Health Care <em>(Trans.1989:541)</em> be rescinded.</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>81H.</th>
<th>Adopted (Consent Calendar Action)</th>
<th>Council on Access, Prevention and Interprofessional Relations Resolution 81—Rescission of Policy on Health Hazards of Air and Water Pollution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Resolved</strong>, that the ADA Policy, Health Hazards of Air and Water Pollution <em>(Trans.1969:325)</em> be rescinded.</td>
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<tr>
<td>Resolution</td>
<td>Action</td>
<td>Resolution Title and Details</td>
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</table>
| 82.        | Referred to the Council on Access, Prevention and Interprofessional Relations for updating of the policy with a report on its work to be given to the 2014 House of Delegates (Consent Calendar Action) | Council on Access, Prevention and Interprofessional Relations Resolution 82—Rescission of Policy on Guidelines for Hospital Dental Services  
Resolved, that the ADA Policy, Guidelines for Hospital Dental Services (*Trans.*1991:618) be rescinded. |
| 83H.       | Adopted (Consent Calendar Action) | Council on Access, Prevention and Interprofessional Relations Resolution 83—Rescission of Policy on Suggestions for Dentists on Participating in the National High Blood Pressure Education and Screening Program  
Resolved, that the ADA Policy, Suggestions for Dentists on Participating in the National High Blood Pressure Education and Screening Program (*Trans.*1976:114, 849; *Trans.*1995:610) be rescinded. |
| 84H.       | Adopted | Reference Committee Substitute Resolution 84RC in lieu of Council on Members Insurance and Retirement Programs Resolution 84—Study of a Potential Approach to On-Going Royalty Revenue  
Resolved, that the Board of Trustees is urged to maintain the royalties received from the ADA Members Insurance Plans in a designated reserve account, and be it further  
Resolved, that the Board of Trustees is urged to form a workgroup to explore the benefits and drawbacks of maintaining all or some portion of the royalties received from the ADA Members Insurance Plans in a designated reserve account for purposes of dues stabilization and long term financial stability, and be it further  
Resolved, that the Board of Trustees is urged to include two members from the Council on Members Insurance and Retirement Programs on its workgroup studying the issue of a designated reserve account, and be it further  
Resolved, that the Board of Trustees report to the 2014 House of Delegates on its findings. |
| 85.        | Not Adopted (Consent Calendar Action) | Board of Trustees Substitute Resolution 85B in lieu of Sixth Trustee District Resolution 85—Investigate Dental Instrument Purchase and Leasing Plans Offered to Students by Dental Schools  
Resolved, that the Council on Dental Education and Licensure explore the feasibility of collaborating with the American Dental Education Association and the American Student Dental Association on an investigation of dental instrument purchase and leasing plans offered to students by dental schools, and be it further |
Resolved, that the Council also explore the financial implications of conducting this study, and be it further
Resolved, that the Council report on the feasibility of the study to the 2014 House of Delegates.

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<thead>
<tr>
<th>86.</th>
<th>Referred to the Council on Membership</th>
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<tbody>
<tr>
<td>86.</td>
<td>Eleventh Trustee District Resolution 86—Lifetime Membership Rule of 95</td>
</tr>
</tbody>
</table>
| 86. | **Resolved**, that the [ADA Bylaws](https://www.ada.org) Chapter I MEMBERSHIP, Section 20 QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection B. LIFE MEMBER be amended as follows (additions underscored, deletions stricken through):

  **B. LIFE MEMBER**

  **a. QUALIFICATIONS.** A life member shall be a member in good standing of this Association who (1) does not meet the qualifications of retired or retired life membership set forth in Chapter I, Section 20Ca(1); (2) has been an active and/or retired and/or retired life member in good standing of this Association for thirty (30) consecutive years or a total of forty (40) years of active and/or retired and/or retired life membership or has been a member of the National Dental Association for twenty-five (25) years and subsequently held at least ten (10) years of membership in the American Dental Association; (3) has attained the age of sixty-five (65) years in the previous calendar year; and (4) has submitted an affidavit attesting to the qualifications for this category through said component and constituent societies, if such exist.

  A dentist who immigrated to the United States may receive credit for up to twenty-five (25) consecutive or total years of membership in a foreign dental association in order to qualify for the requirements for life membership.

  Years of student membership shall not be counted as active membership for purposes of establishing eligibility for life membership unless the dentist was an active member in good standing prior to becoming a student member.

  The Association will give notification to members who are eligible for life membership. Life membership shall be effective the calendar year following the year in which the requirements are fulfilled. Maintenance of membership in good standing in the member’s constituent and component societies, if such exist, shall be a requisite for continuance of life membership in this Association.

  **b. PRIVILEGES.** A life member in good standing of this Association shall receive annually a membership card. A life member shall be entitled to all the privileges of an active member, except that a retired life member shall not receive The Journal of the American Dental Association except by subscription.

  A life member under a disciplinary sentence of suspension or probation shall not be privileged to hold office, either elective or appointive, including delegate and alternate delegate, in such member’s constituent and constituent societies and this Association. A life member under a disciplinary sentence of suspension shall also not be privileged to vote or otherwise participate
in the selection of officials of such member’s component and constituent societies and this Association.

c. DUES AND SPECIAL ASSESSMENTS.

(1) ACTIVE LIFE MEMBERS DUES. The dues of life members who have not fulfilled the qualifications of retired membership pursuant to Chapter I, Section 20C(a)(1) of these Bylaws with regard to income related to dentistry shall be seventy-five percent (75%) of the dues of active members, due January 1 of each year. In addition to their annual dues, active life members shall pay seventy-five percent (75%) of any active-member special assessment, due January 1 of each year.

(2) RETIRED LIFE MEMBERS. Life members who have fulfilled the qualifications of Chapter I, Section 20C of these Bylaws with regard to income related to dentistry shall be exempt from payment of dues and any special assessment.

(3) ACCEPTANCE OF BACK DUES AND SPECIAL ASSESSMENTS. For the purpose of establishing continuity of active membership to qualify for life membership, back dues and any special assessment, except as otherwise provided in these Bylaws, shall be accepted for not more than the three (3) years of delinquency prior to the date of application for such payment. The rate of such dues and/or any special assessment, except as otherwise provided in these Bylaws, shall be in accordance with Chapter I, Section 40 of these Bylaws.

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

and be it further Resolved, that the ADA Bylaws, Chapter I. MEMBERSHIP, Section 20 QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection C. RETIRED MEMBER, be amended as follows (additions underscored, deletions stricken through):

C. RETIRED MEMBER.

a. QUALIFICATIONS.

(1) RETIRED MEMBER. A retired member shall be an active member in good standing of this Association who is now a retired member of a constituent society, if such exists, and is no longer earning income from the performance of any dentally related activity. An affidavit attesting to qualifications for this category must be submitted through said component and
constituent society, if such exists. Maintenance of active or retired membership in good standing in the member’s constituent society and retired membership in good standing in the member’s constituent, if such exist, entitling such member to all the privileges of an active member, shall be requisite for entitlement to and continuance of retired membership in this Association.

(2) RETIRED LIFE MEMBER. A member shall be eligible for retired life membership if, in addition to meeting the qualifications for retired membership set forth in Chapter I, Section 20Ca(1) of these Bylaws, the sum of the member’s chronological age as of January 1 of the membership year and the number of years the member has been an active and/or retired member in good standing of this Association equals or exceeds ninety-five (95).

b. PRIVILEGES. A retired or retired life member in good standing shall be entitled to all the privileges of an active member, except that a retired life member shall not receive The Journal of the American Dental Association except by subscription.

A retired or retired life member under a disciplinary sentence of suspension or probation shall not be privileged to hold office, either elective or appointive, including delegate and alternate delegate, in such member’s constituent society and this Association. A retired or retired life member under a disciplinary sentence of suspension shall also not be privileged to vote or otherwise participate in the selection of officials of such member’s constituent society and this Association.

c. DUES AND SPECIAL ASSESSMENTS.

(1) RETIRED MEMBER. The dues of retired members shall be twenty-five percent (25%) of the dues of active members, due January 1 of each year. In addition to their annual dues, retired members shall pay twenty-five percent (25%) of any active member special assessment, due January 1 of each year.

(2) RETIRED LIFE MEMBER. A member who has fulfilled the qualifications of retired life membership set forth in Chapter I, Section 20Ca(2) of these Bylaws shall be exempt from the payment of dues and any special assessment.

and be it further

Resolved, that the ADA Bylaws, Chapter I. MEMBERSHIP, Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES, Subsection A. PAYMENT DATE AND INSTALLMENT PAYMENTS be amended as follows (deletions stricken through):

Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES.

A. PAYMENT DATE AND INSTALLMENT PAYMENTS. Dues and any special assessment of all members are payable January 1 of each year, except for active and active life members who may participate in an installment payment plan. Such plan shall be sponsored by the members’ constituent or component dental societies, or by this Association if the active or active life members are in the exclusive employ of, or are serving on active duty in, one of the
federal dental services. The plan shall require monthly installment payments that conclude with
the current dues and any special assessment amount fully paid by December 15. Transactional
costs may be imposed, prorated to this Association and the constituent or component dental
society. The installment plan shall provide for the expeditious transfer of member dues and any
special assessment to this Association and the applicable constituent or component dental
society.

and be it further

Resolved, that the ADA Bylaws, CHAPTER XVIII. FINANCES, Section 40. SPECIAL ASSESSMENTS,
be amended as follows (deletions stricken through):

Section 40. SPECIAL ASSESSMENTS: In addition to the payment of dues required in Chapter
I, Section 20 of these Bylaws, a special assessment may be levied by the House of Delegates
upon active, active life, retired and associate members of this Association as provided in
Chapter I, Section 20 of these Bylaws, for the purpose of funding a specific project of limited
duration. Such an assessment may be levied at any annual or special session of the House of
Delegates by a two-thirds (2/3) affirmative vote of the delegates present and voting, provided
notice of the proposed assessment has been presented in writing at least ninety (90) days prior
to the first day of the session of the House of Delegates at which it is to be considered. Notice of
such a resolution shall be sent by a certifiable method of delivery to each constituent society,
federal dental service and the American Student Dental Association not less than ninety (90)
days before such session to permit prompt, adequate notice by each constituent society, federal
dental service and the American Student Dental Association to their delegates and alternate
delegates to the House of Delegates of this Association, and shall be announced to the general
membership in an official publication of this Association at least sixty (60) days in advance of
the session. The specific project to be funded by the proposed assessment, the time frame of
the project, and the amount and duration of the proposed assessment shall be clearly presented
in giving notice to the members of this Association. Revenue from a special assessment and
any earnings thereon shall be deposited in a separate fund as provided in Chapter XVII, Section
30 of these Bylaws. The House of Delegates may amend the main motion to levy a special
assessment only if the amendment is germane and adopted by a two-thirds (2/3) affirmative
vote of the delegates present and voting. The House of Delegates may consider only one (1)
specific project to be funded by a proposed assessment at a time. However, if properly adopted
by the House of Delegates, two (2) or more special assessments may be in force at the same
time. Any resolution to levy a special assessment that does not meet the notice requirements
set forth in the previous paragraph also may be adopted by a unanimous vote of the House of
Delegates, provided the resolution has been presented in writing at a previous meeting of the
same session.

and be it further

Resolved, that the foregoing amendments to the ADA Bylaws shall take effect on January 1, 2014.

87H. Adopted as amended

Sixth Trustee District Resolution 87—as amended—National Oral Health Reports

Resolved, that when an oral health report, national in scope, is released to the American public via the
media and the report is purported to be based upon sound scientific principles and the American Dental
<table>
<thead>
<tr>
<th>Resolution</th>
<th>Action</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>88.</td>
<td>Withdrawn by sponsor with consent of the House of Delegates</td>
<td>Sixteenth Trustee District Resolution 88—Requirements in Dental School Education Programs</td>
</tr>
<tr>
<td>89H.</td>
<td>Adopted (Consent Calendar Action)</td>
<td>Fifth Trustee District Resolution 89—Use of Health Care Effectiveness Data and Information Set (HEDIS) for Utilization Measures</td>
</tr>
<tr>
<td>90H.</td>
<td>Adopted as amended</td>
<td>Reference Committee Substitute Resolution 90RC—as amended—in lieu of Fifth Trustee District Resolution 90—Sale of Dental Equipment to Illegal Practitioners and Council on Dental Practice Resolution 51—Rescission of the Policy, Sale of Dental Equipment to Illegal Practitioners</td>
</tr>
<tr>
<td>91.</td>
<td>Referred to the Council on Dental Education and Licensure for consideration and report to the 2014 House of Delegates</td>
<td>Fourteenth Trustee District Resolution 91—Disclosure of Costs Incurred by Dental Students</td>
</tr>
</tbody>
</table>

The American Dental Association (ADA) believes the report's facts, conclusions, or methods, including its claims of using scientific principles or being evidence-based are suspect, and when such report may mislead the public or is harmful to the reputation of the Association or the tripartite, the ADA must challenge the report if the appropriate agency of the ADA determines it prudent to do so by written rebuttal, and be it further

Resolved, that the ADA challenge any such nationally publicized report that clearly implies or states that there is an underlying motive or agenda furthering an organization's policies when the report is released without a proper disclaimer, and be it further

Resolved, that in such instances the ADA determine the appropriate response, inform the public through appropriate media outlets including, but not limited to, the same media outlets that released the original report.
<table>
<thead>
<tr>
<th>(Consent Calendar Action)</th>
<th>Fourteenth Trustee District Resolution 92—Presentations for Long-Term Financial Implications of Debt Incurred by Students During Dental School</th>
</tr>
</thead>
<tbody>
<tr>
<td>92. Referred to the Council on Dental Education and Licensure for consideration and report to the 2014 House of Delegates (Consent Calendar Action)</td>
<td><strong>Resolved,</strong> that the appropriate agencies of the ADA develop presentations for pre-dental students explaining the long-term financial implications of debt incurred during dental school, and be it further <strong>Resolved,</strong> that the ADA be urged to make these presentations available in the public area of the Center for Practice Success website.</td>
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<tr>
<th>(Consent Calendar Action)</th>
<th>Reference Committee Substitute Resolution 93RC in lieu of Fourteenth Trustee District Resolution 93—Contingency Based Medicaid Audits</th>
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<tbody>
<tr>
<td>93H. Adopted</td>
<td><strong>Resolved,</strong> that the appropriate agencies of the ADA study and evaluate how Medicaid audits are conducted, as well as explore options for improving the current audit system by revising contingency based audits, and be it further <strong>Resolved,</strong> that the appropriate agencies of the ADA coordinate with other healthcare organizations/associations to develop a politically prudent, fiscally responsible federal legislative and/or regulatory effort to revise contingency based audits as determined by the ADA Council of Government Affairs and/or the ADA Board of Trustees, and be it further <strong>Resolved,</strong> that the ADA advocate for auditing procedures that include appropriate professional review by general dentists, or dental specialists in the case of specialty care, who are licensed in that state, and be it further <strong>Resolved,</strong> that a report of activities and its findings be made to the 2014 House of Delegates.</td>
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<table>
<thead>
<tr>
<th>(Consent Calendar Action)</th>
<th>First Trustee District Resolution 94—Designate Individuals with Intellectual Disabilities as a Medically Underserved Population</th>
</tr>
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<tbody>
<tr>
<td>94. Referred</td>
<td><strong>Resolved,</strong> that the American Dental Association supports a simplified process across appropriate governmental agencies to designate individuals with intellectual disabilities as a medically and dentally underserved population, and be it further <strong>Resolved,</strong> that the ADA seek to collaborate with the American Medical Association and American Academy of Developmental Medicine and Dentistry to promote this process to appropriate governmental agencies.</td>
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<thead>
<tr>
<th>(Consent Calendar Action)</th>
<th>Fourteenth Trustee District Resolution 95S-1 substituted for Fourteenth Trustee District Resolution 95—Assignment of Benefits</th>
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<tbody>
<tr>
<td>95H. Adopted</td>
<td><strong>Resolved,</strong> that appropriate ADA agencies develop model Assignment of Benefits legislation and seek</td>
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the endorsement of applicable stakeholder organizations, and be it further
Resolved, that the ADA transmit the model legislation to every constituent society to introduce in their legislature as appropriate.

<table>
<thead>
<tr>
<th>96H.</th>
<th>Adopted as amended</th>
<th>Reference Committee on Dental Benefits, Practice and Related Matters Resolution 96—as amended—Consent Calendar</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Resolved, that the recommendations of the Reference Committee on Dental Benefits, Practice and Related Matters on the following resolutions be accepted by the House of Delegates.</td>
</tr>
<tr>
<td>1.</td>
<td>Resolution 5—(ADOPT)—Amendment of the Policy, Tooth Designation Systems (Worksheet:4000)</td>
<td></td>
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<td></td>
<td>$: None; FTE: 0</td>
<td>COMMITTEE RECOMMENDATION: Vote Yes</td>
</tr>
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<td>2.</td>
<td>Resolution 6—(ADOPT)—Amendment of the Policy, Reporting of Dental Procedures to Third Parties (Worksheet:4003)</td>
<td></td>
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<td></td>
<td>$: None; FTE: 0</td>
<td>COMMITTEE RECOMMENDATION: Vote Yes</td>
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<td>3.</td>
<td>Resolution 7—(ADOPT)—Amendment of the Policy, Recognition of Tooth Designation Systems for Electronic Data Interchange (Worksheet:4005)</td>
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<td>$: None; FTE: 0</td>
<td>COMMITTEE RECOMMENDATION: Vote Yes</td>
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<tr>
<td>4.</td>
<td>Resolution 8—(ADOPT)—Amendment of the Policy, Statement on Capitation Dental Benefit Programs (Worksheet:4007)</td>
<td></td>
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<tr>
<td></td>
<td>$: None; FTE: 0</td>
<td>COMMITTEE RECOMMENDATION: Vote Yes</td>
</tr>
<tr>
<td>5.</td>
<td>Resolution 9—(ADOPT)—Amendment of the Policy, Guidelines for Dental Components of Health Maintenance Organizations (Worksheet:4009)</td>
<td></td>
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<tr>
<td></td>
<td>$: None; FTE: 0</td>
<td>COMMITTEE RECOMMENDATION: Vote Yes</td>
</tr>
<tr>
<td>6.</td>
<td>Resolution 12—(ADOPT)—Amendment of the Policy, Support for Individual Practice Associations (IPAs) (Worksheet:4015)</td>
<td></td>
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<tr>
<td></td>
<td>$: None; FTE: 0</td>
<td>COMMITTEE RECOMMENDATION: Vote Yes</td>
</tr>
<tr>
<td>7.</td>
<td>Resolution 13—(ADOPT)—Amendment of the Policy, Government Reports on Payments to Dentists (Worksheet:4016)</td>
<td></td>
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<tr>
<td></td>
<td>$: None; FTE: 0</td>
<td>COMMITTEE RECOMMENDATION: Vote Yes</td>
</tr>
<tr>
<td>8.</td>
<td>Resolution 14—(ADOPT)—Amendment of the Policy, Use of DEA Numbers for Identification</td>
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<tr>
<td>Resolution</td>
<td>Action</td>
<td>Description</td>
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<tr>
<td>9.</td>
<td>(ADOPT)</td>
<td>Amendment of the Policy, Authorization of Benefits (Worksheet:4020)</td>
</tr>
<tr>
<td>10.</td>
<td>(ADOPT)</td>
<td>Amendment of the Policy, Statement on Preventive Coverage in Dental Benefits Plans (Worksheet:4021)</td>
</tr>
<tr>
<td>11.</td>
<td>(ADOPT IN LIEU OF RESOLUTION 17)</td>
<td>Amendment of the Policy, &quot;Age of Child&quot;</td>
</tr>
<tr>
<td>12.</td>
<td>(ADOPT IN LIEU OF RESOLUTION 18)</td>
<td>Amendment of the Policy, ADA’s Dental Claim Form</td>
</tr>
<tr>
<td>13.</td>
<td>(ADOPT)</td>
<td>Amendment of the Policy, Bulk Benefit Payment Statements (Worksheet:4025)</td>
</tr>
<tr>
<td>14.</td>
<td>(ADOPT)</td>
<td>Amendment of the Policy, Third-Party Acceptance of Descriptive Information on Dental Claim Form (Worksheet:4028)</td>
</tr>
<tr>
<td>15.</td>
<td>(ADOPT)</td>
<td>Amendment of the Policy, Charge for Administrative Costs (Worksheet:4029)</td>
</tr>
<tr>
<td>16.</td>
<td>(ADOPT IN LIEU OF RESOLUTION 23)</td>
<td>Amendment of the Policy, Development of ADA Diagnostic Coding (Worksheet:4031)</td>
</tr>
<tr>
<td>17.</td>
<td>(ADOPT)</td>
<td>Amendment of the Policy, Fee Profiles (Worksheet:4033)</td>
</tr>
<tr>
<td>Resolution</td>
<td>Action</td>
<td>Recommendation</td>
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</tr>
<tr>
<td>18. Resolution 26</td>
<td>(ADOPT)</td>
<td>Vote Yes</td>
</tr>
<tr>
<td>19. Resolution 28S-1</td>
<td>(ADOPT IN LIEU OF RESOLUTION 28)</td>
<td>Vote Yes</td>
</tr>
<tr>
<td>20. Resolution 29</td>
<td>(ADOPT)</td>
<td>Vote Yes</td>
</tr>
<tr>
<td>21. Resolution 30</td>
<td>(ADOPT)</td>
<td>Vote Yes</td>
</tr>
<tr>
<td>22. Resolution 32RC</td>
<td>(ADOPT IN LIEU OF RESOLUTION 32)</td>
<td>Vote Yes</td>
</tr>
<tr>
<td>23. Resolution 34</td>
<td>(ADOPT)</td>
<td>Vote Yes</td>
</tr>
<tr>
<td>24. Resolution 35RC</td>
<td>(ADOPT IN LIEU OF RESOLUTION 35)</td>
<td>Vote Yes</td>
</tr>
<tr>
<td>25. Resolution 36</td>
<td>(ADOPT)</td>
<td>Vote Yes</td>
</tr>
<tr>
<td>26. Resolution 37</td>
<td>(ADOPT)</td>
<td>Vote Yes</td>
</tr>
<tr>
<td>Resolution</td>
<td>Recommendation</td>
<td>Description</td>
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<tr>
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</tr>
<tr>
<td>27. Resolution 38</td>
<td>Adopt</td>
<td>Use of Environmentally Conscientious Measures in the Production, Packaging and Shipping of Dental Products (Worksheet:4053) $: None; FTE: 0</td>
</tr>
<tr>
<td>97H.</td>
<td>Adopted as amended</td>
<td>Reference Committee on Legislative, Health, Governance and Related Matters Resolution 97—as amended—Study of Trustee Districts</td>
</tr>
<tr>
<td>98H.</td>
<td>Adopted as amended by general consent</td>
<td>Reference Committee on Legislative, Health, Governance and Related Matters Resolution 98—as amended—Consent Calendar</td>
</tr>
<tr>
<td>1. Resolution 99-2012</td>
<td>Adopt</td>
<td>Amendment of the ADA Bylaws Regarding Notice for Dues, Special Assessments and Procedure for Changing the Dues of Active Members (Worksheet:5005) $: None; FTE: 0</td>
</tr>
<tr>
<td>2. Resolution 1</td>
<td>Adopt</td>
<td>Council, Commission and Committee Self-Assessments (Worksheet:5013) $: None; FTE: 1.0</td>
</tr>
<tr>
<td>3. Resolution 42</td>
<td>Adopt</td>
<td>Amendment of Chapter X, Section 120, Subsection G, Paragraph I of the ADA Bylaws (Duties of the Council on Ethics, Bylaws and Judicial Affairs) (Worksheet:5036) $: None; FTE: 0</td>
</tr>
<tr>
<td>4. Resolution 43</td>
<td>Adopt</td>
<td>Amendment of ADA Policy Entitled Definition of Committees (Worksheet:5037) $: None; FTE: 0</td>
</tr>
<tr>
<td>5. Resolution 61</td>
<td>Adopt</td>
<td>Rescission of Policy on Use of ADA Logo (Worksheet:5041) $: None; FTE: 0</td>
</tr>
</tbody>
</table>
6. Resolution 62—(ADOPT)—Rescission of Policy on Placement of Paid Education Television Messages Upon Request (Worksheet:5043) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes

7. Resolution 63—(ADOPT)—Conflict of Interest (Disclosure Policy) Revision (Worksheet:5045) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes

8. Resolution 69—(ADOPT)—Amendment of Policy on State Dental Programs (Worksheet:5086) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes

9. Resolution 70—(ADOPT)—Amendment of Policy on Dental Care in Institutional Settings (Worksheet:5087) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes

10. Resolution 71—(ADOPT)—Amendment of Policy on Informational Support for Members Providing Oral Care in Long-Term Care Facilities (Worksheet:5089) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes

11. Resolution 72—(ADOPT)—Amendment of Policy on Communication and Dental Practice (Worksheet:5090) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes

12. Resolution 73—(ADOPT)—Amendment of Policy on Limited Oral Health Literacy Skills and Understanding in Adults (Worksheet:5091) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes

13. Resolution 74—(ADOPT)—Amendment of Policy on Preventive Dental Procedures (Worksheet:5092) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes

14. Resolution 75—(ADOPT)—Amendment of Policy on Bottled Water, Home Water Treatment Systems and Fluoride Exposure (Worksheet:5093) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes
15. Resolution 76—(ADOPT)—Amendment of Policy on Pouring Rights Contracts and Marketing of Soft Drinks to Children (Worksheet:5094) $: None; FTE: 0

COMMITTEE RECOMMENDATION:  Vote Yes

16. Resolution 77—(ADOPT)—Amendment of Policy on Obesity (Worksheet:5095) $: None; FTE: 0

COMMITTEE RECOMMENDATION:  Vote Yes

17. Resolution 79—(ADOPT)—Amendment of Policy on High Blood Pressure Programs (Worksheet:5097) $: None; FTE: 0

COMMITTEE RECOMMENDATION:  Vote Yes

18. Resolution 80—(ADOPT)—Rescission of Policy on Home Health Care (Worksheet:5098) $: None; FTE: 0

COMMITTEE RECOMMENDATION:  Vote Yes

19. Resolution 81—(ADOPT)—Rescission of Policy on Health Hazards of Air and Water Pollution (Worksheet:5100) $: None; FTE: 0

COMMITTEE RECOMMENDATION:  Vote Yes

20. Resolution 82—(REFER)—Rescission of Policy on Guidelines for Hospital Dental Services (Worksheet:5102) $: None; FTE: 0

COMMITTEE RECOMMENDATION:  Vote Yes on Referral

21. Resolution 83—(ADOPT)—Rescission of Policy on Suggestions for Dentists on Participating in the National High Blood Pressure Education and Screening Program (Worksheet:5105) $: None; FTE: 0

COMMITTEE RECOMMENDATION:  Vote Yes

22. Resolution 89—(ADOPT)—Use of Health Care Effectiveness Data and Information Set (HEDIS) for Utilization Measures (Worksheet:5129) $: None; FTE:.05

COMMITTEE RECOMMENDATION:  Vote Yes

23. Resolution 94—(ADOPT)—Designate Individuals with Intellectual Disabilities as a Medically Underserved Population (Worksheet:5132) $: None; FTE: 0

COMMITTEE RECOMMENDATION:  Vote Yes

99H. Adopted by Reference Committee on Membership and Related Matters Resolution 99—Consent Calendar
<table>
<thead>
<tr>
<th>Resolution</th>
<th>Action</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>(ADOPT)</td>
<td>Vote Yes.</td>
</tr>
<tr>
<td>60</td>
<td>(ADOPT)</td>
<td>Vote Yes.</td>
</tr>
</tbody>
</table>

**100H.** Adopted as amended by general consent

Reference Committee on Dental Education, Science and Related Matters Resolution 100—as amended—Consent Calendar

Resolved, that the recommendations of the Reference Committee on Dental Education, Science and Related Matters on the following resolutions be accepted by the House of Delegates.

1. **Resolution 33**—(ADOPT)—Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists (Worksheet:3027) $: None; FTE: 0
   
   COMMITTEE RECOMMENDATION: Vote Yes.

2. **Resolution 50**—(ADOPT)—Response to Resolution 110H-2012 Monitoring the Dental Board of California’s Development of a Portfolio Examination (Worksheet:3035) $: None; FTE: 0
   
   COMMITTEE RECOMMENDATION: Vote Yes.

3. **Resolution 53RC**—(ADOPT IN LIEU OF RESOLUTIONS 53 AND 53S-1)—ADA Advocacy Agenda (Worksheet:3078) $: None; FTE: 0
   
   COMMITTEE RECOMMENDATION: Vote Yes.

4. **Resolution 54**—(REFER)—Development of a Robust Information Portal (Worksheet:3079) $:25,000 (Initial) + $:64,000 (Ongoing); FTE: 0.5
   
   COMMITTEE RECOMMENDATION: Vote Yes on Referral.

5. **Resolution 54S-1**—(REFER)—Substitute Resolution for Resolution 54 (Worksheet:3079) $: None; FTE: 0
6. Resolution 55 — (ADOPT) — Expanding Research Efforts in the Area of Dental Education Financing (Worksheet: 3080) $: 112,000; FTE: 1

COMMITTEE RECOMMENDATION: Vote Yes

7. Resolution 56S-1 — (ADOPT IN LIEU OF RESOLUTION 56) — A Comprehensive Study of the Current Dental Education Model (Worksheet: 3082a) $: 80,000; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes

8. Resolution 57 — (ADOPT) — Revision of Accreditation Standards (Worksheet: 3083) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes

9. Resolution 58 — (ADOPT) — JCNDE Standing Rules Revisions (Worksheet: 3084) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes

10. Resolution 85B — (ADOPT IN LIEU OF RESOLUTION 85) — Substitute Resolution, Investigate Dental Instrument Purchase and Leasing Plans Offered to Students by Dental Schools (Worksheet: 3103) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote No

11. Resolution 91 — (REFER) — Disclosure of Costs Incurred by Dental Students (Worksheet: 3106) $: None; FTE: 0

COMMITTEE RECOMMENDATION: Vote Yes on Referral

12. Resolution 92 — (REFER) — Presentations for Long-Term Financial Implications of Debt Incurred by Students During Dental School (Worksheet: 3107) $: 30,000; FTE: 0.1

COMMITTEE RECOMMENDATION: Vote Yes on Referral

13. Resolution 101 — (ADOPT) — Composition of the ADA Library and Archives Advisory Board $: 2,500; FTE: 0
<table>
<thead>
<tr>
<th>Resolution</th>
<th>Action</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>101H.</td>
<td>Adopted</td>
<td>Reference Committee on Dental Education, Science and Related Matters Resolution 101—as corrected—Composition of the ADA Library and Archives Advisory Board</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Resolved,</strong> that the Board [of Trustees] be urged that the composition of the ADA Library and Archives Board be modified to include a public member who is a special librarian, and be it further <strong>Resolved,</strong> that the Board be urged that one of the two ADA at-large members of the Advisory Board appointed by the President should preferably be a dental editor.</td>
</tr>
<tr>
<td>102.</td>
<td>Withdrawn by sponsor with consent of the House of Delegates</td>
<td>Eighth Trustee District Resolution 102—The ADA Library Physical Collection</td>
</tr>
<tr>
<td>103.</td>
<td>Withdrawn by sponsor with consent of the House of Delegates</td>
<td>Second Trustee District Resolution 103—Amendment to the Manual of the House of Delegates</td>
</tr>
<tr>
<td>Resolution</td>
<td>Description</td>
<td>Text</td>
</tr>
<tr>
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</tr>
<tr>
<td>95-2012</td>
<td>Not Adopted since it was not moved for consideration after 95-2012S-1 failed</td>
<td>Board of Trustees Resolution 95-2012—Amendment of the ADA Constitution and Bylaws Regarding the Offices of First and Second Vice President</td>
</tr>
<tr>
<td>95-2012S-1</td>
<td>Not Adopted (Failed to receive a 2/3s affirmative vote)</td>
<td>Fourth Trustee District Substitute Resolution 95-2012S-1 in lieu of Board of Trustees Resolution 95-2012—Amendment of the ADA Constitution and Bylaws Regarding the Offices of First and Second Vice President</td>
</tr>
</tbody>
</table>

**Resolved,** that at the adjournment *sine die* of the 2014 House of Delegates, ARTICLE V. OFFICERS, Section 10. ELECTIVE OFFICERS, of the ADA Constitution shall be amended as follows (deletions stricken):

**ARTICLE V. OFFICERS**

*Section 10. ELECTIVE OFFICERS:* The elective officers of this Association shall be a President, a President-elect, a First Vice President, a Second Vice President, a Treasurer and a Speaker of the House of Delegates, each of whom shall be elected by the House of Delegates.

and be it further

**Resolved,** that at the adjournment *sine die* of the 2015 House of Delegates, ARTICLE V. OFFICERS, Section 10. ELECTIVE OFFICERS, of the ADA Constitution shall be amended as follows (deletions stricken):

**ARTICLE V. OFFICERS**

*Section 10. ELECTIVE OFFICERS:* The elective officers of this Association shall be a President, a President-elect, a Vice President, a Treasurer and a Speaker of the House of Delegates, each of whom shall be elected by the House of Delegates.

and be it further

**Resolved,** that at the adjournment *sine die* of the 2014 House of Delegates, CHAPTER VI. CONFLICT OF INTEREST, of the ADA Bylaws shall be amended as follows (deletions stricken):

**CHAPTER VI. CONFLICT OF INTEREST**

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

a. placing themselves in a position where personal or professional interests may conflict with their duty to this Association.

b. using information learned through such office or position for personal gain or advantage.

c. obtaining by a third party an improper gain or advantage.

As a condition for selection, each nominee, candidate and applicant shall complete a conflict of interest statement as prescribed by the Board of Trustees, disclosing any situation which might be construed as placing the individual in a position of having an interest that may conflict with his or her duty to the Association. Candidates for offices of President-elect, Second Vice President, Treasurer, Speaker of the House, nominees for office of trustee, and nominees to councils and commissions shall file such statements with the Secretary of the House of Delegates to be made available to the delegates prior to election. As a condition of appointment, consultants, advisers and staff of Councils, Commissions and Special Committees, and each person nominated or seeking such positions, shall file conflict of interest statements with the executive director of this Association.

While serving in any elective, appointive or employed office or position, the individual shall comply with the conflict of interest policy applicable to his or her office or position, shall complete and file a conflict of interest statement for each year of service, and shall promptly report any situation in which a potential conflict of interest may arise.

The Board of Trustees shall approve any additional compliance activities that will implement the requirements of this chapter. The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

and be it further

Resolved, that at the adjournment sine die of the 2014 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, Section 10. COMPOSITION, of the ADA Bylaws shall be amended as follows (deletions stricken):

Section 10. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each of the seventeen (17) trustee districts. Such seventeen (17) trustees, the President-elect and the two Vice Presidents shall constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the Bylaws shall be ex officio members of the Board without the right to vote.

and be it further

Resolved, that at the adjournment sine die of the 2015 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, Section 10. COMPOSITION, of the ADA Bylaws shall be amended as follows (deletions
Section 10. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each of the seventeen (17) trustee districts. Such seventeen (17) trustees and the President-elect and Vice President shall constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the Bylaws shall be ex officio members of the Board without the right to vote.

and be it further Resolved, that at the adjournment sine die of the 2014 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, Section 130. OFFICERS, Subsection A. CHAIR AND SECRETARY, of the ADA Bylaws shall be amended as follows (deletions stricken):

Section 130. OFFICERS:

A. CHAIR AND SECRETARY. The officers of the Board of Trustees shall be the President of the Association who shall be the Chair, and the Executive Director of the Association who shall be the Secretary.

In the absence of the President, the office of Chair shall be filled by the President-elect and, in his or her absence, by the First or Second Vice President in that order and, in their absence, a voting member of the Board shall be elected Chair pro tem.

In the absence of the Secretary, the Chair shall appoint a Secretary pro tem.

and be it further Resolved, that at the adjournment sine die of the 2015 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, Section 130. OFFICERS, Subsection A. CHAIR AND SECRETARY, of the ADA Bylaws shall be amended as follows (deletions stricken):

Section 130. OFFICERS:

A. CHAIR AND SECRETARY. The officers of the Board of Trustees shall be the President of the Association who shall be the Chair, and the Executive Director of the Association who shall be the Secretary.

In the absence of the President, the office of Chair shall be filled by the President-elect and, in his or her absence, by the Vice President in that order and, in their absence, a voting member of the Board shall be elected Chair pro tem.

In the absence of the Secretary, the Chair shall appoint a Secretary pro tem.
Resolved, that at the adjournment sine die of the 2014 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 10. TITLE, of the ADA Bylaws shall be amended as follows (deletions stricken):

Section 10. TITLE: The elective officers of this Association shall be President, President-elect, First Vice President, Second Vice President, Treasurer and Speaker of the House of Delegates, as provided in Article V of the Constitution.

and be it further

Resolved, that at the adjournment sine die of the 2015 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 10. TITLE, of the ADA Bylaws shall be amended as follows (deletions stricken):

Section 10. TITLE: The elective officers of this Association shall be President, President-elect, Vice President, Treasurer and Speaker of the House of Delegates, as provided in Article V of the Constitution.

and be it further

Resolved, that at the adjournment sine die of the 2014 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 30. NOMINATIONS, Subsection A, of the ADA Bylaws shall be amended as follows (deletions stricken):

Section 30. NOMINATIONS:
A. Nominations for the offices of President-elect and Second Vice President shall be made in accordance with the order of business. Candidates for these elective offices shall be nominated from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

and be it further

Resolved, that at the adjournment sine die of the 2014 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 50. TERM OF OFFICE, of the ADA Bylaws shall be amended as follows (deletions stricken):

Section 50. TERM OF OFFICE: The President, President-elect, First Vice President and Second Vice President shall serve for a term of one (1) year, except as otherwise provided in this chapter of the Bylaws, or until their successors are elected and installed. The Speaker of the House of Delegates shall be limited to two (2) terms of three (3) years each in total, consecutive or otherwise. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected.
Treasurer pro tem as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further

Resolved, that at the adjournment sine die of the 2015 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 50. TERM OF OFFICE, of the ADA Bylaws shall be amended as follows (additions underscored, deletions stricken):

Section 50. TERM OF OFFICE: The President, and President-elect and Vice President shall serve for a term of one (1) year, except as otherwise provided in this chapter of the Bylaws, or until their successors are elected and installed. The Speaker of the House of Delegates shall be limited to two (2) terms of three (3) years each in total, consecutive or otherwise. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer pro tem as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further

Resolved, that at the adjournment sine die of the 2013 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 60. INSTALLATION, of the ADA Bylaws shall be amended as follows (deletions stricken):

Section 60. INSTALLATION: The elective officers shall be installed at the last meeting of the annual session of the House of Delegates. The President-elect shall be installed as President at the next annual session of the House following election. The Second Vice President shall be installed as Vice President at the next annual session of the House following election.

and be it further

Resolved, that at the adjournment sine die of the 2014 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 60. INSTALLATION, of the ADA Bylaws shall be amended as follows (deletions stricken):

Section 60. INSTALLATION: The elective officers shall be installed at the last meeting of the annual session of the House of Delegates. The President-elect shall be installed as President at the next annual session of the House following election. The Second Vice President shall be installed as Vice President at the next annual session of the House following election.

and be it further

Resolved, that at the adjournment sine die of the 2014 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 80. VACANCIES, Subsection A. VACANCY OF ELECTIVE OFFICE, of the ADA Bylaws shall be amended as follows (deletions stricken):

Section 80. VACANCIES:
A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the First-Vice President shall become President for the unexpired portion of the term. A vacancy in the office of the Second-Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker pro tem. In the event of a vacancy in the office of Treasurer, the Treasurer pro tem shall be eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer pro tem as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further

Resolved, that at the adjournment sine die of the 2015 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 80. VACANCIES, Subsection A. VACANCY OF ELECTIVE OFFICE of the ADA Bylaws shall be amended as follows (additions underscored, deletions stricken):

Section 80. VACANCIES:

A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the Vice President shall become President for the unexpired portion of the term. The Board of Trustees shall select a President from among the voting members of the Board of Trustees or any of the past presidents for the unexpired portion of the term. Such a selection can take place at either a regular or special session of the Board of Trustees which in either case shall be convened by the Secretary of the Board of Trustees, who shall preside until either a temporary chair from among the voting members of the Board of Trustees or a President is selected. A vacancy in the office of the Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker pro tem. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read “President for the ensuing Year.” A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer pro tem shall be eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer pro tem as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.
session, the office of President for the ensuing year shall be filled at the next annual session of
the House of Delegates in the same manner as that provided for the nomination and election of
elective officers, except that the ballot shall read “President for the Ensuing Year.” A vacancy in
the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process
of inviting applications, screening and nominating candidates and electing a new Treasurer has
been completed by the Board of Trustees and the House of Delegates. The Treasurer pro tem
shall be eligible for election to a new consecutive three (3) year term. The newly elected
Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the
case of a former Treasurer who has been elected Treasurer pro tem as provided in Chapter VIII,
Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further
Resolved, that at the adjournment sine die of the 2014 House of Delegates, CHAPTER VIII. ELECTIVE
OFFICERS, Section 90. DUTIES, Subsection C. FIRST VICE PRESIDENT, of the ADA Bylaws shall be
amended as follows (deletions stricken):

Section 90. DUTIES:
C. FIRST VICE PRESIDENT. It shall be the duty of the First Vice President to:
a. Assist the President as requested.
b. Serve as an ex officio member of the House of Delegates without the right to vote.
c. Serve as an ex officio member of the Board of Trustees.
d. Succeed to the office of President, as provided in this chapter of the Bylaws.

and be it further
Resolved, that at the adjournment sine die of the 2015 House of Delegates, CHAPTER VIII. ELECTIVE
OFFICERS, Section 90. DUTIES, Subsection C. FIRST VICE PRESIDENT, of the ADA Bylaws shall be
deleted in its entirety as follows (deletions stricken):

Section 90. DUTIES:
C. VICE PRESIDENT. It shall be the duty of the Vice President to:
a. Assist the President as requested.
b. Serve as an ex officio member of the House of Delegates without the right to vote.
c. Serve as an ex officio member of the Board of Trustees.
d. Succeed to the office of President, as provided in this chapter of the Bylaws.

and be it further
Resolved, that at the adjournment sine die of the 2014 House of Delegates, CHAPTER VIII. ELECTIVE
OFFICERS, Section 90. DUTIES, Subsection D. SECOND VICE PRESIDENT, of the ADA Bylaws shall be
deleted in its entirety as follows (deletions stricken through):

D. SECOND VICE PRESIDENT. It shall be the duty of the Second Vice President to:
a. Assist the President as requested.
b. Serve as an ex officio member of the House of Delegates without the right to vote.
c. Serve as an *ex officio* member of the Board of Trustees.

d. Succeed to the office of First Vice President at the next annual session of the House of Delegates following election as Second Vice President.

e. Succeed immediately to the office of First Vice President in the event of vacancy not only for the unexpired term but also for the succeeding term.

and be it further

**Resolved**, that at the adjournment *sine die* of the 2014 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 90. DUTIES, Subsections E and F, of the ADA Bylaws be relettered as Subsections D and E, and be it further

**Resolved**, that at the adjournment *sine die* of the 2015 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 90. DUTIES, Subsections D and E of the ADA Bylaws be relettered as subsections C and D.

<table>
<thead>
<tr>
<th>99-2012H.</th>
<th>Board of Trustees Resolution 99-2012—Amendment of the ADA Bylaws Regarding Notice for Dues, Special Assessments and Procedure for Changing the Dues of Active Members</th>
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</table>
| **Resolves,** that CHAPTER VII. BOARD OF TRUSTEES, Section 100. DUTIES, Subsection F. of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

> F. Prepare a budget for carrying on the activities of the Association for each ensuing fiscal year, and present for action by each House of Delegates a resolution setting forth the proposed dues of active members for the following year. Notice of such a resolution shall be sent electronically by a certifiable method of delivery to each constituent society and posted on ADA Connect or its equivalent for the House of Delegates not less than ninety (90) thirty (30) days before such session to permit prompt, adequate notice by each constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of the Association at least sixty (60) fifteen (15) days in advance of the annual session.

and be it further

**Resolved,** that CHAPTER XVIII. FINANCES, Section 40. SPECIAL ASSESSMENTS of the ADA Bylaws be amended as follows:

> **Section 40. SPECIAL ASSESSMENTS:** In addition to the payment of dues required in Chapter I, Section 20 of these Bylaws, a special assessment may be levied by the House of Delegates upon active, active life, retired and associate members of this Association as provided in Chapter I, Section 20 of these Bylaws, for the purpose of funding a specific project of limited duration. Such an assessment may be levied at any annual or special session of the House of Delegates by a two-thirds (2/3) affirmative vote of the delegates present and voting, provided notice of the proposed assessment has been presented in writing at least ninety (90) thirty (30) days prior to the first day of the session of the House of Delegates at which it is to be considered. Notice of such a resolution shall be sent by a certifiable method of delivery electronically to each constituent society and posted on ADA Connect or its equivalent for the House of Delegates not less than ninety (90) thirty (30) days before such session to permit
prompt, adequate notice by each constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of this Association at least sixty (60) fifteen (15) days in advance of the session. The specific project to be funded by the proposed assessment, the time frame of the project, and the amount and duration of the proposed assessment shall be clearly presented in giving notice to the members of this Association. Revenue from a special assessment and any earnings thereon shall be deposited in a separate fund as provided in Chapter XVII, Section 30 of these **Bylaws**. The House of Delegates may amend the main motion to levy a special assessment only if the amendment is germane and adopted by a two-thirds (2/3) affirmative vote of the delegates present and voting. The House of Delegates may consider only one (1) specific project to be funded by a proposed assessment at a time. However, if properly adopted by the House of Delegates, two (2) or more special assessments may be in force at the same time. Any resolution to levy a special assessment that does not meet the notice requirements set forth in the previous paragraph also may be adopted by a unanimous vote of the House of Delegates, provided the resolution has been presented in writing at a previous meeting of the same session.

and be it further **Resolved**, that CHAPTER XXII. AMENDMENTS, Section 20. AMENDMENT AFFECTING THE PROCEDURE FOR CHANGING THE DUES OF ACTIVE MEMBERS be amended as follows (additions underscored, deletions stricken through):

**Section 20. AMENDMENT AFFECTING THE PROCEDURE FOR CHANGING THE DUES OF ACTIVE MEMBERS**: An amendment of these **Bylaws** affecting the procedure for changing the dues of active members may be adopted only if the proposed amendment has been presented in writing at least ninety (90) thirty (30) days prior to the first day of the session of the House of Delegates at which it is to be considered. Notice of such a resolution shall be sent electronically by a certifiable method of delivery to each constituent society not less than ninety (90) thirty (30) days before such session to permit prompt, adequate notice by each constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of the Association at least sixty (60) fifteen (15) days in advance of the annual session.

Amendments affecting the procedure for changing the dues of active members may also be adopted by a unanimous vote provided that the proposed amendment has been presented in writing at a previous meeting of the same session.

<table>
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<tr>
<th>175-2012.</th>
<th>Withdrawn by sponsor with consent of the House of Delegates</th>
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<tbody>
<tr>
<td><strong>Seventeenth Trustee District Resolution 175-2012--Amendment of the ADA Constitution, Section 20. Administrative Body</strong></td>
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<td><strong>Resolved</strong>, that the ADA Constitution be amended by addition to Article IV Government, Section 20, in line 52 after the word &quot;Board&quot; the following: &quot;with the exception that the Board and the House of Delegates shall have joint responsibility for development and adoption of the annual budget&quot; so that Section 20 reads:</td>
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</tr>
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</table>
Section 20. ADMINISTRATIVE BODY: The administrative body of the Association shall be a Board of Trustees, which may be referred to as ‘the Board” or “this Board,” with the exception that the Board and the House of Delegates shall have joint responsibility for development and adoption of the annual budget.