Report of Official Actions
MDA House of Delegates Meetings
April 15, 2010 and April 17, 2010

By: Norman Palm, DDS, MS, Secretary, Grace DeShaw-Wilner, CAE, vice president of professional affairs and
Michelle Nichols-Cruz, Board and House Administrator

The following are the official actions of the 2010 MDA House of Delegates.

APPROVAL OF AGENDAS OF THE HOUSE OF DELEGATES:
01H-10 (Adopted)
Resolved, that the agendas for the 2010 Michigan Dental Association House of Delegates, as posted on the House of
Delegates Web page, be adopted as the official order of business for this session.

APPROVAL OF ACTIONS OF THE 2009 HOUSE OF DELEGATES:
02H-10 (Adopted)
Resolved, that the record of actions taken by the 2009 House of Delegates be approved.

APPROVAL OF 2010 MANUAL OF THE HOUSE OF DELEGATES:
03H-10 (Adopted)
Resolved, that the Manual of the House of Delegates, dated April 15, 2010 be adopted as the statement of conduct
and the rules for operation of the 2010 House of Delegates.

2010 ADA DELEGATES AND ALTERNATES:
04H-10 (Adopted as Amended)
Resolved, that the following be elected as delegates and alternates to the 2010 American Dental Association:

<table>
<thead>
<tr>
<th>Delegates</th>
<th>Alternates</th>
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<tbody>
<tr>
<td>1. Gary Jeffers, president</td>
<td>1. Stephen Harris</td>
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<td>2. Connie Verhagen, president-elect</td>
<td>2. Scott Meldrum</td>
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<td>5. Debra Peters, speaker</td>
<td>5. Howard Hamerink</td>
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<td>7. Rob Lovell</td>
<td>7. Mert Aksu (UDM)</td>
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<td>8. Norman Palm</td>
<td>8. Marilyn Lantz (UM)</td>
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<td>10. Robert Coleman</td>
<td>10. Steven Dater</td>
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<td>11. Larry DeGroat (IFG Chair)</td>
<td>11. Rhonda Hennessy</td>
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<td>12. Michael Young</td>
<td>12. Josef Kolling</td>
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<td>15. John Carter</td>
<td>15. Lisandra Soto</td>
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<td>17. Charles Burling</td>
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STANDING COMMITTEE PERSONNEL:
05H-10 (Adopted)
Resolved, that the following be elected to serve as members of the Association's standing committees, terms to
expire in April 2011 or 2012 (as noted).
COMMITTEE ON CONTINUING EDUCATION:
Not Subject to Approval:
Douglas Henke, Farmington Hills, ‘11
John Marshall, Sheridan, ‘11

2010-2011 Recommendations:
Suzanne Port, Grand Rapids, ‘12
Sherill Behnke, East Lansing, ‘12
Thomas Lambert, Grand Rapids, ‘12
Kevin Sloan, Ann Arbor, ‘12

COMMITTEE ON GOVERNMENTAL AFFAIRS:
Not Subject to Approval:
Robert Richards, Houghton, ‘11
Ghabi Kaspo, Troy, ‘11
Michael Dionise, Lansing, ‘11

2010-2011 Recommendations:
Daniel Briskie, Flint, ‘12
Brian Maduri, Battle Creek, ‘12
Samuel Daniels, Livingston, ‘12

COMMITTEE ON MEMBERSHIP:
Not Subject to Approval:
Sandra Chang, Canton, ‘11
Kevin Rebhan, Zeeland, ‘11

2010-2011 Recommendations:
Mehul Patel, Riverview, ‘12
Alexa Vitek, St. Johns, ‘12
Danielle Ruskin, Novi, ‘12
Tracy Epley, Jackson, ‘11

COMMITTEE ON PEER REVIEW/DENTAL CARE:
Not Subject to Approval:
James Bolt, Grand Rapids ‘11, periodontist
David Madorksy, Bloomfield Hills, 11
Mark Medel, Owosso, ‘11, oral surgeon
Stephen Riedy, Livonia, ‘11, prosthodontist
Robert Shore, Eastpointe, ‘11
Irene Tseng, Westland, ‘11

2010-2011 Recommendations:
John Braud, Detroit, endodontist, ‘12
Denise Coleman, Detroit, ‘12
Scott Dexter, Lansing, ‘12
Rich Frutiger, Alma, ‘12
Michelle Matheson, North Muskegon, ‘12
John Mashni, East Lansing, ‘12
Brian Maduri, Battle Creek, ‘12
Paul Reward, Bay City, ‘12
Mary Stahle, Jackson, ‘12
Paul Ward, Lansing, ‘12, orthodontist
Jeff Weinfeld, West Bloomfield, ‘12

COMMITTEE ON PEER REVIEW DENTAL CARE/ENDODONTICS:
Not Subject to Approval:
Edward Fitzpatrick, Roseville, ‘11
Jeffrey Halvorson, Grand Rapids, ‘11
Mark Nearing, Gaylord, ‘11
Steven Shoha, Southfield, ‘11
Martha Zinderman, Livonia, ‘11

COMMITTEE ON PEER REVIEW DENTAL CARE/ORAL AND MAXILLOFACIAL SURGERY:
Not Subject to Approval:
Craig Fountain, Traverse City, ‘11
Wayne Olsen, Traverse City, ‘11
Jeffrey Persico, Okemos, ‘11
Larry Skoczylas, Midland, ‘11
Scott Woodbury, Saginaw, ‘11
COMMITTEE ON PEER REVIEW DENTAL CARE/PEDIATRIC DENTISTS:
Not Subject to Approval:
2010-2011 Recommendations:
Claire Cullen, Novi, ‘11
Kevin Hale, Brighton, ‘11
Daniel Klein, East Lansing, ‘11
Robert Payne, Grand Rapids, ‘11
Kay Wilson, Ann Arbor, ‘11

COMMITTEE ON PEER REVIEW DENTAL CARE/PROSTHODONTICS:
Not Subject to Approval:
2010-2011 Recommendations:
Thomas Bloem, Ann Arbor, ‘11
James Braun, Saginaw, ‘11
Robert Brustad, Ann Arbor, ‘11
Kok-Heng Chong, Royal Oak, ‘11
Benjamin Czerniawski, Grosse Pointe Woods, ‘11
Stephen Doezema, Grand Rapids, ‘11
Michael Girskis, Livonia, ‘11
Douglas Henke, Farmington Hills, ‘11
Douglas Hock, Ypsilanti, ‘11
Robert Humphries, Portage, ‘11
Gary Johnson, Lansing, ‘11
Mark Marunick, Farmington Hills, ‘11
Frederick Matvias, Troy, ‘11
Averil Mearnis, Gregory, ‘11
Marvin Novetsky, Farmington Hills, ‘11
Stephen Riedy, Livonia, ‘11
Laurence Seluk, Plymouth, ‘11
Robert Stewart, Grosse Pointe, ‘11
Alfred Stines, Howell, ‘11
Frederick Thompson, Grand Blanc, ‘11
Felicia Wilson, Southfield, ‘11
Samuel Zwetchkenbaum, Ann Arbor, ‘11

COMMITTEE ON PEER REVIEW/ETHICS:
Not Subject to Approval:
2010-2011 Recommendations:
Steven Conlon, Grand Rapids, ‘11
Mark Hostetler, Dewitt, ‘12
Kristal Greniuk-Wioncek, Livonia, ‘11
Marilyn Lantz, Ann Arbor, ‘12
Keith Konvalinka, Kalamazoo, ‘11
Richard Sambuchi, Bad Axe, ‘12
Michael Maihofer, Roseville, ‘11
Colette Smiley, Grand Rapids, ‘12
Michel Nasif, Lansing, ‘11
Bonita Neighbors, Ypsilanti, ‘11
Michael Wojcik, Clinton Township, ‘11

COMMITTEE ON PUBLIC RELATIONS:
Not Subject to Approval:
2010-2011 Recommendations:
Curles Colbert, Detroit, ‘11
Tessa Buchanan, Midland, ‘12
Lisa Christy, Berrien Springs, ‘11
Ken Egger, Mt. Pleasant, ‘12
Michelle Dziurgot, Shelby Township, ‘11

HONORARY MEMBERSHIP:
06H-10  (Adopted)
Resolved, that Mrs. Geraldine Cherney be awarded honorary membership in the Michigan Dental Association.
POINTS OF LIGHT PROGRAM:
76
07H-10. (Adopted)
Resolves, that the Michigan Dental Association endorse the Points of Light Program, which strives to bring dentists
77
and physicians together to encourage a dental exam prior to age one, including comprehensive oral health care in a
78
continuously accessible, coordinated and family-centered way, and be it further
79
Resolved, that the Michigan Dental Association strongly encourages its component dental societies and
80
members to support and participate with the Points of Light Program.
81

BYLAWS CHANGE REGARDING WORKING LIFE MEMBERS AND SPECIAL ASSESSMENTS
85
08H-10. (Adopted: Consent Calendar)
Resolved, that the MDA Bylaws, Chapter I., Membership – Section 5. – Dues be revised to read as follows:
86
B. Life Membership

Chapter I., Membership – Section 5. – Dues:.....

B. Life Member: The annual dues and contributions toward any MDA assessments for working life members shall
be 50% of an active member’s payments. Retired life members shall be exempt from payment of dues to this
association.

Members in the working life category prior to the 2010 dues cycle are not required to pay half of any assessment.

BYLAWS CHANGE REGARDING WORKING LIFE MEMBERS (MAKING MDA BYLAWS
99
CONSISTENT WITH ADA BYLAWS)
100
09H-10. (Adopted: Consent Calendar)
Resolved, that the MDA Bylaws, Chapter 1, Membership, Section 2., Qualifications, b., Life Member, be revised as
101
follows:

B. Life Membership

Chapter I., Membership – Section 2. – Qualifications:.....

B. Life Member: A member who is 65 years of age and has been in good standing for thirty (30) consecutive years
either as an active, retired or limited time practice/professional leave member in the Michigan Dental Association or
in combination with another constituent society, or a member who is 65 years of age and has a total of forty (40)
years of membership. Those no longer earning income as a member of the faculty of a dental school, a dental
administrator, a consultant, or a practitioner shall be classified as a working or retired life member by the executive
director. Such classification shall be effective on May 1 of the year in which the requirements are met, provided the
member is an active, retired, or limited time practice/professional leave member on that date. Each year the list of
new life members shall be published in the Journal of the Michigan Dental Association. Maintenance of good
standing in a member’s component society shall be a requirement for continuance of life membership in this
association.

RETIRING THE NEW MDA HEADQUARTERS BUILDING DEBT
10. (Not Adopted: Substituted by 10RC)
Resolved, that the Michigan Dental Association extend the dues increase to fund the MDA headquarters project for
three additional years (2012 – 2014) at a level not to exceed $160.

10H-10. (Adopted as Substituted)
Resolved, that the Michigan Dental Association dues shall include up to $160 to fund the MDA headquarters project
through the year 2014.

I'M SORRY LEGISLATION
11H-10. (Adopted: Consent Calendar)
Resolved, that the MDA seek passage of legislation that would prevent genuine expressions of sympathy or
compassion from being used as an admission of liability.
CALENDAR YEAR JANUARY 1 – DECEMBER 31, 2011 BUDGET

12H-10.  (Adopted: Consent Calendar)
Resolved, that the 2011 Michigan Dental Association budget, dated 2/19/10, be approved as the budget for Calendar Year January 1 to December 31, 2011.

AUTHORIZATION TO INVESTIGATE THE FEASIBILITY OF NEW STATE REVENUE OR TAX DEDICATED TO FUNDING DENTAL PUBLIC PROGRAMS IN MICHIGAN

13.  (Not Adopted: Substituted by 13RC)
Resolved, that the appropriate agencies of the Michigan Dental Association investigate the feasibility of a new state revenue source or tax that would be dedicated to funding public oral health programs in the state of Michigan. The Board of Trustees of the Michigan Dental Association will report the findings to the House of Delegates in either a special session later in 2010 or to the House of Delegates in 2011.

13A  (Not Adopted: Substituted by 13RC)
Resolved, that the appropriate agencies of the Michigan Dental Association investigate the feasibility of a new state revenue source or tax that would be dedicated to funding public oral health programs in the state of Michigan and/or a tax credit or incentive designed to encourage a broad base of private practice dentists to participate in government assistance programs (Medicaid and/or others) in Michigan. The Board of Trustees of the Michigan Dental Association will report the findings to the House of Delegates in either a special session later in 2010 or to the House of Delegates in 2011.

13RC.  (Not Adopted: Substituted by 13RC-1)
Resolved, that the Board of Trustees of the Michigan Dental Association investigate the feasibility of new revenue sources that would be dedicated to funding public oral health programs in the state of Michigan. The Board of Trustees of the Michigan Dental Association will report its findings back to the House of Delegates in 2011.

13H-10  (Adopted as Substituted)
Resolved, that the speaker appoint a committee of the House of Delegates to investigate the feasibility of new revenue sources that would be dedicated to funding public oral health programs in the state of Michigan. This committee will report its findings back to the House of Delegates in 2011 or in a special session called for this purpose.

STATUTORY MANDATE FOR MICHIGAN ORAL HEALTH PROGRAM

14H-10.  (Adopted: Consent Calendar)
Resolved, that the Michigan Department of Community Health, through the appropriations of the Michigan legislature, maintain a state oral health program and a state dental officer, and be it further

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

And be it further

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

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

STATUTORY REGULATION OF MOBILE DENTAL FACILITIES IN THE STATE OF MICHIGAN

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

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

16H-10. (Adopted)
Resolved, that the Michigan Dental Association seek to enact a public code to regulate mobile dental facilities in Michigan to include the following parameters:

A) Definitions
B) Physical requirements
C) Documentation and records requirements
D) Information to patients
E) Post treatment information for patients
F) Permit to operate a mobile dental facility
G) Annual report
H) Notification of changes
I) Cessation of Operations
J) Exemptions

17. (Not Adopted: Substituted for 17RC)
Resolved, that the parameters of mobile dental facilities in Michigan be as follows:

A) Definitions

Mobile Dental Facility
A self-contained intact facility in which dentistry and dental hygiene are practiced and that may be moved, towed or transported from one location to another. For purposes of this call for statutory regulation, a mobile dental facility does include dental services rendered using portable equipment.

Operator
An individual licensed to practice dentistry in the state of Michigan. A mobile dental facility shall at all times be in the charge of a dentist licensed to practice in Michigan, and a licensed dentist in Michigan shall be present at all times when comprehensive dental services are rendered. The operator may contract or employ other dentists, dental hygienists, or dental assistants. Any owner of mobile dentistry facilities or enterprises providing management services to operator dentists in a contractual manner are bound by these regulations. One operator may hold permits for more than one mobile dental facility. Each facility must have its own permit.

Dental Home
The dental home is the ongoing relationship between the dentist who is the primary care provider and the patient, which includes comprehensive care, beginning no later than age one.

Comprehensive Dentistry
A mobile dental facility that accepts patients and provides preventive treatment including examinations, prophylaxis, radiographs, fluoride treatments and sealants constitutes diagnostic preventive services for the purposes of these regulations. Comprehensive restorative care that is not provided when such treatment is clearly indicated is considered to be abandonment of the patient. For the purposes of these regulations, comprehensive care is defined as dental services that include diagnostic, preventive, restorative, surgical and dental treatment that is indicated for a patient. A comprehensive treatment plan must be established for each patient treated in the mobile dental facility. Arrangements must be made for comprehensive restorative services by the operator, a licensed specialist or other licensee who agrees to provided indicated care as demonstrated by a memorandum of agreement between the
operator and such licensee. Treatment that cannot be completed during an initial visit deemed to be of a
professionally appropriate length must be scheduled at intervals no greater than ninety (90) days apart until the
treatment plan is completed or the patient ceases treatment. If such arrangements are not made, the operator will be
construed to have committed unprofessional conduct by patient abandonment and be subject to disciplinary action
by the Board of Dentistry.

Informed Consent
A written consent must be obtained prior to the provision of any dental services in a mobile dental facility. The
form must be signed by the patient or parent/guardian of any minor child or incapacitated person for the initial visit
for diagnostic and preventive services. After completion of a treatment plan, consent for subsequent comprehensive
restorative care may be written or verbal providing that the verbal consent is recorded and retained as part of the
dental record.

The consent form at a minimum must include the name of the dentist providing dental services, the permanent
address of the mobile dental facility, the telephone number that is available 24 hours per day for emergency calls,
and the treatment to be provided. If the patient is a minor, the consent form must also contain the following
questions and statement:

- Has the child had dental care in the past twelve months? Yes No
  - If yes, please list the name and address of the dentist or dental office where the care was provided

- Does the child have an appointment scheduled at the dental home? Yes No
  I understand that I can choose to have any or all dental treatment for my child at the dental home. I understand that
  all dental care provided by my dental home or mobile dental facility may affect future benefits that the child may
  receive from private insurance, Medicaid/ Healthy Kids Dental, SCHIP or other third party providers of dental
  benefits.

- If the patient is an adult, the consent form must be signed by the patient and contain the following statement:
  I understand that I may choose at any time to receive care from my dental home rather than a mobile dental facility.

- If the patient is an incapacitated person, the consent form must be signed by the patient’s legal guardian and
  contain the following statement:
  I understand that I may choose at any time to take the patient to his/her dental home for dental care rather than the
  mobile dental facility.

Active Patient
An active patient is any person who received any level of dental care in a mobile dental facility within the preceding
twenty four months.

B) Physical Requirements
All mobile dental facilities must comply with all applicable federal, state and local laws, regulations and ordinances
including but not limited to those concerning radiographic equipment, flammability, construction, sanitation, zoning,
infectious waste management, universal precautions, MiOSHA guidelines and Center for Disease Control
guidelines, and all rules of the Board of Dentistry of the State of Michigan. In addition, the mobile dental facility
must have the following functional equipment: instrument sterilization system, potable hot and cold water, ready
access to toilet facilities, ready access to a ramp or lift, smoke and carbon dioxide detectors, radiographic equipment
properly registered and inspected by the State of Michigan, and communication device(s) constantly available
able to make and receive telephone calls.

C) Documentation and Records Requirements
All written, printed or electronic materials must contain the official business address and telephone number of the
mobile dental facility enterprise. A post office box is not acceptable. When not being transported to or from a
treatment site, all dental and clerical records must be maintained at the official office business address. All treatment
completed for Medicaid billing related to EPSDT must be linked to the diagnostic, preventive or restorative services.
All records must be available to the Board of Dentistry upon request with the cost of providing such records borne
A permit to operate a mobile dental facility shall be required. An applicant for a permit shall complete an application in the form and manner required by the Michigan Department of Community Health Oral Health Program. The applicant shall pay a registration fee at the time of application with the fee set by the Michigan Department of Community Health. The applicant shall provide evidence of compliance with the requirements of this proposed regulation. Permits will be for one year and are renewable with proof of compliance with this proposed regulation. Permits are not transferable during their term. The applicant must be a licensed dentist in the State of Michigan. The applicant must provide a list of dentists and dental hygienists who will be providing care in the mobile dentistry facility complete with full name, address, telephone number and Michigan license number. The applicant must provide the address of the mobile dentistry enterprise where the patient records including radiographs are maintained and available for inspection and copying. The permit shall require a communication device constantly available for making and receiving telephone calls or summoning emergency services. The applicant will provide a written procedure for emergency follow-up care for patients treated in the mobile dental facility. These specified arrangements will include care in a dental facility that is permanently maintained as the operator’s established practice location in the area or evidence of a memorandum of agreement that stipulates a dentist that will accept patients treated in the mobile dental facility for follow-up care within a 50 mile radius of where the mobile dental facility service was provided to the patient. The memorandum of agreement will include a signed statement for each dentist agreeing to provide such follow-up service. A separate memorandum of agreement for referral is required of the operator specifying dentists local to mobile dentistry treatment sites that will provide comprehensive dental care when the mobile dentistry facility is unable to provide said dental service. Such a memorandum of agreement for referral must be produced by the operator within 10 days of any request by the Michigan Department of Community Health. The applicant must present evidence of radiographic equipment registration and inspection by the State of Michigan. A checklist must be developed and presented by the applicant detailing the working order of all the equipment in the mobile dental facility. The checklist must be signed by the applicant and resubmitted annually at the time of any permit renewal. A copy of the driver’s license of the person that will be driving the mobile dental facility shall be provided with the application and include a history of that person’s motor vehicle driving record. Proof of professional liability insurance of each dentist or dental hygiene provider is required and is to be maintained at annual renewal dates. Proof of general liability insurance for the mobile dental facility with a licensed carrier of at least $1,000,000 is required and must be maintained. The name of the established non-mobile dental facility with which the mobile dental facility is associated shall be provided. An inspection by the Board of Dentistry or its designee is required before the start of operation of the mobile dental facility and the facility may be inspected at any future date at the Board’s discretion.

An annual report of the mobile dental facilities activities for the previous year must be submitted to the Michigan Department of Community Health and the Board of Dentistry by January 15 of each calendar year. The report must be type written and signed by the operator. This report shall include: A list of all locations including street address, city, and state, where any level of dental service was provided; the dates when services were provided; and the total
number of patients treated by site during the calendar year. The types of services provided shall be reported in a like
and similar manner as stipulated with CMS Form 416 annual reporting, using the appropriate diagnostic, preventive,
and restorative coding and the total number of these procedures for all dentist and all dental hygienist providers.

H) Notification of Changes

The Board of Dentistry and the Michigan Department of Community Health must be notified in 30 days if
ownership of the mobile dentistry facility changes. The Board of Dentistry and Michigan Department of Community
Health must be notified in 30 days if there is any change in memorandum of agreements for follow-up care and
memorandum of agreements for referral for comprehensive services. In addition the Board of Dentistry and the
Michigan Department of Community Health must be notified in 30 days of any personnel changes in providers of
dental and dental hygiene services or if the official address or telephone number of the dental facility enterprise
changes.

I) Cessation of Operations

The Board of Dentistry and the Michigan Department of Community Health must be notified in 30 days of the
cessation of operation of a mobile dental facility. Active patients must be notified in writing of the cessation of
operation and proof of said notice must be made available to the Board of Dentistry upon request. The operator of
the mobile dentistry facility ceasing operation must make transfer of all patient records at the request of active
patients or their parent/guardian for a period of no less than 6 months after cessation of operation of the mobile
dental facility.

J) Exemptions

Dental and hygiene services provided in mobile dental facilities by students, faculty or charitable volunteers in
programs approved by the Council on Dental Accreditation for instruction are exempted from these proposed
regulations in their entirety. Mobile dental facilities providing charitable dental and hygiene services and operated
by agencies of the State of Michigan, county health departments, or public health agencies are exempted from these
proposed regulations in their entirety.

17H-10. (Adopted as Amended)
Resolved, that the parameters of mobile dental facilities in Michigan be as follows:

A) Definitions

Mobile Dental Facility
A self-contained intact facility in which dentistry and dental hygiene are practiced and that may be moved, towed or
transported from one location to another. For purposes of this call for statutory regulation, a mobile dental facility
does include dental services rendered using portable equipment.

Operator
A licensed dentist in the state of Michigan. A mobile dental facility shall at all times be in the charge of a dentist
licensed to practice in Michigan, and a licensed dentist in Michigan shall be present at all times when
comprehensive dental services are rendered. The operator may contract or employ other dentists, dental hygienists,
or dental assistants. Any owner of mobile dentistry facilities or enterprises providing management services to
operator dentists in a contractual manner are bound by these regulations. One operator may hold permits for more
than one mobile dental facility. Each facility must have its own permit.

Dental Home
The dental home is the ongoing relationship between the dentist who is the primary care provider and the patient,
which includes comprehensive care, beginning no later than age one.

Comprehensive Dentistry
A mobile dental facility that accepts patients and provides preventive treatment including examinations, prophylaxis,
radiographs, fluoride treatments and sealants constitutes diagnostic preventive services for the purposes of these
regulations. Comprehensive restorative care that is not provided when such treatment is clearly indicated is
considered to be abandonment of the patient. For the purposes of these regulations, comprehensive care is defined as
dental services that include diagnostic, preventive, restorative, surgical and dental treatment that is indicated for a
patient. A comprehensive treatment plan must be established for each patient treated in the mobile dental facility.
Arrangements must be made for comprehensive restorative services by the operator, a licensed specialist or other
licensee who agrees to provide indicated care as demonstrated by a memorandum of agreement between the licensed
dentist and such licensee. Treatment that cannot be completed during an initial visit deemed to be of a
professionally appropriate length must be scheduled at intervals no greater than ninety (90) days apart until the
treatment plan is completed or the patient ceases treatment. If such arrangements are not made, the operator will be
construed to have committed unprofessional conduct by patient abandonment and be subject to disciplinary action
by the Board of Dentistry.

**Informed Consent**

A written consent must be obtained prior to the provision of any dental services in a mobile dental facility. The
form must be signed by the patient or parent/guardian of any minor child or incapacitated person for the initial visit
for diagnostic and preventive services. After completion of a treatment plan, consent for subsequent comprehensive
restorative care may be written or verbal providing that the verbal consent is recorded and retained as part of the
dental record.

The consent form at a minimum must include the name of the dentist providing dental services, the permanent
address of the mobile dental facility, the telephone number that is available 24 hours per day for emergency calls,
and the treatment to be provided. If the patient is a minor, the consent form must also contain the following
questions and statement:

- Has the child had dental care in the past twelve months? Yes  No
  - If yes, please list the name and address of the dentist or dental office where the care was provided

- Does the child have an appointment scheduled at the dental home? Yes  No
I understand that I can choose to have any or all dental treatment for my child at the dental home. I understand that
dental care provided by my dental home or mobile dental facility may affect future benefits that the child may
receive from private insurance, Medicaid/ Healthy Kids Dental, SCHIP or other third party providers of dental
benefits.

- If the patient is an adult, the consent form must be signed by the patient and contain the following statement:
I understand that I may choose at any time to receive care from my dental home rather than a mobile dental facility.

- If the patient is an incapacitated person, the consent form must be signed by the patient's legal guardian and
contain the following statement:
I understand that I may choose at any time to take the patient to his/her dental home for dental care rather than the
mobile dental facility.

**Active Patient**

An active patient is any person who received any level of dental care in a mobile dental facility within the preceding
twenty four months.

**B) Physical Requirements**

All mobile dental facilities must comply with all applicable federal, state and local laws, regulations and ordinances
including but not limited to those concerning radiographic equipment, flammability, construction, sanitation, zoning,
infectious waste management, universal precautions, MiOSHA guidelines and Center for Disease Control
guidelines, and all rules of the Board of Dentistry of the State of Michigan. In addition, the mobile dental facility
must have the following functional equipment: instrument sterilization system, potable hot and cold water, ready
access to toilet facilities, ready access to a ramp or lift, smoke and carbon monoxide detectors, radiographic
equipment properly registered and inspected by the State of Michigan, communication device(s) constantly available
capable of making and receiving telephone calls and necessary emergency medical equipment.

**C) Documentation and Records Requirements**

All written, printed or electronic materials must contain the official business address and telephone number of the
mobile dental facility enterprise. A post office box is not acceptable. When not being transported to or from a
treatment site, all dental and clerical records must be maintained at the official office business address. All treatment completed for Medicaid billing related to EPSDT must be linked to the diagnostic, preventive or restorative services. All records must be available to the Board of Dentistry upon request with the cost of providing such records borne by the mobile dental facility. All records must be made available to patients wishing to transfer care to another dentist provider and to the subsequent treating dentist.

D) Information to Patients

The license or a copy of the license of each dentist or dental hygienists working in the mobile dental facility shall be prominently displayed in the facility. The permit to operate the mobile dental facility shall be prominently displayed in the facility.

E) Post Treatment Information for Patients

Each person receiving dental care in a mobile dental facility must receive the following printed information: name of the dentist or dental hygienist who provided the service; the telephone number or emergency contact number to reach the care provider; a listing of the treatment rendered at the visit including CDT code, fee, and tooth number; description of any further treatment that is needed or scheduled; referral to specialists or other dentist if the mobile facility is unable to provide the necessary treatment; copy of the consent form or recorded, verbal consent for additional treatment that is needed or scheduled.

F) Permit to Operate a Mobile Dental Facility

A permit to operate a mobile dental facility shall be required. An applicant for a permit shall complete an application in the form and manner required by the Michigan Department of Community Health Oral Health Program. The applicant shall pay a registration fee at the time of application with the fee set by the Michigan Department of Community Health. The applicant shall provide evidence of compliance with the requirements of this proposed regulation. Permits will be for one year and are renewable with proof of compliance with this proposed regulation. Permits are not transferable during their term. The applicant must be a licensed dentist in the State of Michigan. The applicant must provide a list of dentists and dental hygienists who will be providing care in the mobile dentistry facility complete with full name, address, telephone number and Michigan license number. The applicant must provide the address of the mobile dentistry enterprise where the patient records including radiographs are maintained and available for inspection and copying. The permit shall require a communication device constantly available for making and receiving telephone calls or summoning emergency services. The applicant will provide a written procedure for emergency follow-up care for patients treated in the mobile dental facility. These specified arrangements will include care in a dental facility that is permanently maintained as the operator’s established practice location in the area or evidence of a memorandum of agreement that stipulates a dentist that will accept patients treated in the mobile dental facility for follow-up care within a 50 mile radius of where the mobile dental facility service was provided to the patient. The memorandum of agreement will include a signed statement for each dentist agreeing to provide such follow-up service. A separate memorandum of agreement for referral is required of the operator specifying dentists local to mobile dentistry treatment sites that will provide comprehensive dental care when the mobile dentistry facility is unable to provide said dental service. Such a memorandum of agreement for referral must be produced by the operator within 10 days of any request by the Michigan Department of Community Health. The applicant must present evidence of compliance with the requirements of this proposed regulation. The license or a copy of the license of each dentist or dental hygiene provider is required and is to be maintained at annual renewal dates. Proof of professional liability insurance of each dentist or dental hygiene provider is required and is to be maintained at annual renewal dates. Proof of general liability insurance for the mobile dental facility with a licensed carrier of at least $1,000,000 is required and must be maintained. The name of the established non-mobile dental facility with which the mobile dental facility is associated shall be provided. An inspection by the Board of Dentistry or its designee is required before the start of operation of the mobile dental facility and the facility may be inspected at any future date at the Board’s discretion.
G) Annual Report

An annual report of the mobile dental facilities activities for the previous year must be submitted to the Michigan Department of Community Health and the Board of Dentistry by January 15 of each calendar year. The report must be type written and signed by the operator. This report shall include: A list of all locations including street address, city, and state, where any level of dental service was provided; the dates when services were provided; and the total number of patients treated by site during the calendar year. The types of services provided shall be reported in a like and similar manner as stipulated with CMS Form 416 annual reporting, using the appropriate diagnostic, preventive, and restorative coding and the total number of these procedures for all dentist and all dental hygienist providers.

H) Notification of Changes

The Board of Dentistry and the Michigan Department of Community Health must be notified in 30 days if ownership of the mobile dentistry facility changes. The Board of Dentistry and Michigan Department of Community Health must be notified in 30 days if there is any change in memorandum of agreements for follow-up care and memorandum of agreements for referral for comprehensive services. In addition the Board of Dentistry and the Michigan Department of Community Health must be notified in 30 days of any personnel changes in providers of dental and dental hygiene services or if the official address or telephone number of the dental facility enterprise changes.

I) Cessation of Operations

The Board of Dentistry and the Michigan Department of Community Health must be notified in 30 days of the cessation of operation of a mobile dental facility. Active patients must be notified in writing of the cessation of operation and proof of said notice must be made available to the Board of Dentistry upon request. The operator of the mobile dentistry facility ceasing operation must make transfer of all patient records at the request of active patients or their parent/guardian for a period of no less than 6 months after cessation of operation of the mobile dental facility.

J) Exemptions

Dental and hygiene services provided in mobile dental facilities by students, faculty or charitable volunteers in programs approved by the Commission on Dental Accreditation for instruction are exempted from these proposed regulations in their entirety. Mobile dental facilities providing charitable dental and hygiene services and operated by agencies of the State of Michigan, county health departments, or public health agencies and federally qualified health centers (FQHC) are exempted from these proposed regulations in their entirety.

ENDORSEMENT OF JANE GROVER’S CANDIDACY FOR STATE REPRESENTATIVE (MI 64TH DISTRICT)

18H-10.  (Adopted: Consent Calendar)
Resolved, that the Michigan Dental Association supports the candidacy of Dr. Jane Grover for the State House of Representatives (MI 64th District).

REMOVAL OF DENTAL TECHNOLOGY FROM THE CERTIFICATE OF NEED COMMISSION

19.  (Not Adopted: Substituted by 19S-1)
Resolved, that it shall be the Policy of the Michigan Dental Association to support all devices and techniques approved by the FDA for use in dentistry, unfettered by agencies unrelated to the Board of Dentistry, and be it further

Resolved, that the MDA shall seek legislation to remove from the Certificate of Need Commission the regulatory oversight of all dental devices and techniques to be used in private dental practice settings outside of a Hospital, and be it further

Resolved, that the MDA shall advocate for their members, fair use and compensation for these devices and techniques.
19RC.  (Not Adopted: Not Substituted for 19)
Resolved, that it shall be the policy of the Michigan Dental Association to support all devices and techniques approved by the FDA for use in dentistry, unfettered by agencies unrelated to the Board of Dentistry, and be it further

Resolved, that the MDA shall seek legislation to remove from the Certificate of Need Commission the regulatory oversight of all dental devices and techniques to be used in private dental practice settings outside of a Hospital, and be it further

Resolved, that the MDA shall advocate for its members, fair use and compensation for these devices and techniques, and be it further

Resolved, that the MDA Board of Trustees investigate the feasibility of the appointment of a dentist to the Certificate of Need Commission to advance the interest of dentistry, and act accordingly to follow through on such an appointment, and be it further

Resolved, that the Board report back to the 2011 House of Delegates.

19H-10  (Adopted as Substituted)
Resolved, that it shall be the Policy of the Michigan Dental Association to support devices and techniques approved by the FDA for use in dentistry, unfettered by the Certificate of Need Commission, and be it further

Resolved, that the Committee on Insurance and Governmental Affairs shall develop a legislative strategy and present to the 2011 House, or the Board of Trustees in the interim, the timing and mechanisms for the Association to consider, to remove from the Certificate of Need Commission the regulatory oversight of all dental devices and techniques to be used in private dental practice settings outside of a Hospital, and be it further

Resolved, that the MDA shall advocate for its members, fair use and compensation for these devices and techniques when the dentists have been adequately trained.

REFERENCE COMMITTEE A CONSENT CALENDAR:
20H-10.  (Adopted as Amended)
Resolved, that the following resolutions be adopted:

Resolution 11, I'm Sorry Legislation
(-yellow Page 1006)

Resolution 14, Statutory Mandate for Michigan Oral Health Program
(Yellow Page 1030)

Resolution 18, Endorsement of Jane Grover's Candidacy for State Representative (MI 64th District) (Yellow Page 1043)

FINANCIAL IMPLICATIONS FOR RESOLUTIONS BEFORE THE HOUSE OF DELEGATES
21H-10.  (Adopted: Consent Calendar)
Resolved, that all recommendations before the MDA House of Delegates contain an estimate of direct, ongoing and indirect costs of the program/activity, for both the MDA and the individual member when members are individually impacted by the recommendation.

22H-10.  (Adopted: Consent Calendar)
Resolved, that Resolution 19H-94 regarding House resolutions with budgetary impact be rescinded and removed from the Association Policy Manual.
REFERENCE COMMITTEE B CONSENT CALENDAR:

23H-10. (Adopted)
Resolved, that the following resolutions be adopted:

Resolution 08, Bylaws Change Regarding Working Life Members and Special Assessments
(Green Page 2004)

Resolution 09, Bylaws Change Regarding Working Life Members (Making MDA Bylaws Consistent with ADA Bylaws)
(Green Page 2006)

Resolution 12, Calendar Year January 1 – December 31, 2011 Budget
(Green Page 2015)

Resolutions 21-22, Financial Implications for Resolutions Before the House of Delegates
(Green Page 2000)

REFERENCE COMMITTEE PERSONNEL:
The following members studied 23 resolutions before the 2010 House of Delegates:

Reference Committee A:
Lloyd Lariscy, Detroit, chair
Louis Maiorano, Macomb
Gregory Maxson, Central
William Patchak, Jackson
Bruce Ryding, Oakland
Wayne Walcott, Washtenaw

Staff Assistant:
Ms. Michelle Nichols-Cruz

Reference Committee B:
James Wright, Oakland, chair
Rhonda Hennessy, Detroit
James Hur, West Michigan
Edward Knight, Saginaw Valley
Alison Ladd, Genesee
Aaron Ruskin, Livingston

Staff Assistant:
Ms. Lisa Boettger

ELECTION RESULTS:

Vice-President: Speaker of the House:
Dr. Jeffery Johnston, Macomb Dr. Debra Peters, West Michigan

Editor: New Trustee:
Dr. Virginia Merchant, Detroit Dr. Mark Barsamian, Detroit

CANDIDATES FOR OFFICE IN 2011:

Candidate for Vice-President: Candidate for Speaker:
Dr. Norman Palm, West Michigan Dr. Debra Peters, West Michigan

Candidate for Editor:
Dr. Virginia Merchant, Detroit