# MEETING OF THE BOARD OF TRUSTEES

**June 22-23, 2013**  
**Okemos, Michigan**

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Dr. Mark Johnston, vice-president
Dr. Jeffery Johnston, past president
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LEGAL COUNSEL:
Mr. Dan Schulte (for a portion)

Absent:
Dr. Dennis Engel, ADA 9th District Trustee
Dr. Scott Meldrum

MDA STAFF:
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Mr. David Foe, director of print and e-publications
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Mr. Bill Sullivan, JD, director of legislative and insurance affairs
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MDAIFG BOARD OF DIRECTORS: (for a portion)
Dr. Todd Christy, director
Dr. Larry DeGroat, chair
Dr. Nicholas Fontana, director
Dr. Gary Jeffers, director
Dr. Josef Kolling, director
Dr. Ryan Lebster, director
Dr. Dale Nester, director
SUNDAY, JUNE 22, 2013:

For the first time in the history of the MDA, the MDA Board met with its subsidiary boards: MDA Insurance and Financial Group, MDA Foundation, and MDA Dental PAC.

WELCOME/ANNOUNCEMENTS:

President Palm welcomed all Boards to the meeting. He informed the group that staying in tune with what is going on with membership is an ongoing process.

The group will be conducting exercises to find ways for all four boards to help each other meet the mission of the MDA. He stressed that participants need to listen, empathize and trust during these exercises.

OPENING REMARKS:

Dr. Kerry Kaysserian, Chair, MDA Dental PAC Board

MDA Dental PAC, the political action committee of the Michigan Dental Association, was formed in 1968. For the past 42 years MDA Dental PAC has helped legislators, governors, Supreme Court justices, and other elected officials that are friends of dentistry get elected and re-elected to public office. MDA Dental PAC is funded entirely by the donations of member dentists. Donations are made through the annual dues assessment, fundraising activities and online contributions.
The PAC maintains a stream of communication between members and legislators by attending fundraisers and events to create and maintain relationships with legislators. It is difficult with term limits as there are 30-40 new legislators every two years. New legislators are jockeying for leadership positions before they even get elected. MDA needs a close relationship with chairs of House committees and leadership.

How contributions have been made has changed over years. In the past, contributions were distributed individually to legislators. Now there is a standard policy that $10,000 is contributed to each party in control of the House and Senate. MDA issues are mostly non-partisan (i.e. helping young children, the disabled, etc).

The Dental PAC chair monitors the contributions. Any contribution over $500 has to be signed off by the PAC chair. Anything under $500 is approved by MDA legislative staff.

**Dr. Larry DeGroat, Chair, MDA Insurance & Financial Group Board**

MDAIFG provides services and insurance to the membership. Relationships are developed with vendors in order to purchase the best possible products at the best possible price. Profits are provided back to the MDA in the amount of $506 per active member.

MDAIFG is currently dealing with health care reform and attempting to develop a self funded health care plan that would allow MDAIFG to offer a high end health care plan to MDA members.

MDAIFG has several committees and current and previous MDA Board members and MDA past presidents serve on the MDAIFG Board and committees to maintain an MDA relationship and oversight.

**Dr. Michael Jennings, President, MDA Foundation Board**

The original mission of the MDA Foundation was to provide grants. The focus has been broadened and the MDA Foundation recently went through a formal strategic planning process in 2011. Time was spent on positional focus to grow into the future and continues to fine tune those items. One strategic goal is the Foundation’s relationship with MDA.

The planned giving program is a viable program. The Foundation is attempting to enlarge its footprint with philanthropy and networking. Some projects are too big for just one organization to take on and thus the Foundation is looking at ways to partner with other foundations. For example, MDAF is working on the 2nd phase of the Drool to School with Delta Dental Foundation. This project will be overlaid with the Healthy Kids Dental Program.

Some of the Foundation’s current projects:

- Providing dental kits to Good Fellows for distribution
- Grants and scholarships
- Mission of Mercy
Annual Golf Outing; while it’s a fundraising opportunity, it’s conducted more for visibility.

Creating new volunteer opportunities where more people can be involved with MDAF.

Matching funds program for philanthropy.

Looking into hiring a person with fundraising, grant writing skills because as the Foundation grows, it needs to be in contact with other organizations.

OVERVIEW OF RELATIONSHIP BETWEEN A PARENT AND ITS SUBSIDIARY ORGANIZATIONS:

Michael E. Gallery, PhD, FASAE, CAE, President, OPIS, LLC informed the group that the reasons for MDA subsidiaries are:

- An extension of MDA’s mission
- Allows access to alternative sources of money
- Protects MDA’s tax status

MDA has been approved as a 501(c) 6 tax exempt organization by the IRS. It is tax exempt for activities for which it was granted and related to its purpose. The MDA is the parent organization to its subsidiaries.

As a for-profit, MDAIFG allows money to come into the MDA that it would otherwise have to pay tax on and could jeopardize the MDA tax status. All new MDAIFG programs and its strategic plan have to be approved by the MDA Board. The MDA Board also elects MDAIFG board members.

MDAF is 501(c) 3 which is another category of tax exemption. Its Board is elected by the MDA Board, and MDA’s Board should approve its strategic plan and programs as it does with IFG.

Subsidiaries are created to carry out things that MDA is not allowed to carry out. These are controlled subsidiaries and weren’t meant to be independent. The parent should approve the subsidiary board members, strategic plan and programs. The IRS allows this as long as the parent does not elect the subsidiary officers and stays out of the day-to-day activities of the subsidiary.

Key Protective Elements:
- Separate corporations (not totally independent)
- Arm’s length
- Keeping out of the day-to-day
- Bona-fide business purpose

Key to control
- The IRS permits the parent to establish long-range plans and policies for its subsidiaries without jeopardizing the parent’s tax status.

It is fine to determine where the MDA is headed and how the subsidiaries fit into this plan. The Boards need to work together to further the purpose of the MDA.
Key Factors to Consider:

- Operation (parent stays out of the day-to-day operations)
- Business purpose
- Directors (only the parent should determine who is on the boards, each board elects its own leadership)
- Offices and Staff (not dictated by the Board)
- Facilities and Services
- Money flow

Boards have three key duties:

1. Duty of care – make decisions that are the most fair and reasonable for the corporation you are serving.
2. Duty of loyalty – undivided loyalty to the corporation. If a dentist serves on two boards that person should be loyal to both corporations and determine what is fair for both corporations.
3. Duty of obedience

Mr. Gallery recommends that MDA Board members serve on the subsidiary boards. It was suggested that consideration be given to having MDA board members serve on the MDAF Board as full voting members. Currently, an MDA board member is assigned as a non-voting liaison to the MDAF board. A liaison is a watcher; ex-officio members can make motions but cannot vote and it may help bridge any gaps by having MDA board members serve on the Foundation Board similar to the structure of the MDAIFG Board.

DISCUSSION AMONG BOARDS:

Members met with other members from their own organization and addressed the following questions:

1. What do we contribute to the other organizations?
2. What do we receive from the organizations?
3. What could our organization do to improve the relationship?
4. How could the other organizations help us be stronger?
5. **MDA Board Only:** What would our organization look like if the other related organizations did not exist?

The responses for each Board are as follows:

MDA BOARD:

1. What do we contribute to the other organizations?

   - Membership for their Boards
   - Communication to general membership
   - Resources and expertise
   - Through MDA’s mission statement they receive vision
   - Oversight and staff time/consulting
2. What do we receive from the organizations?

- Financial support
- Enhanced public image
- Public policy image
- Ability to remain tax exempt

3. What could our organization do to improve the relationship?

- Consolidate control over subsidiaries
- Look at a different mechanism for liaison trustees
- Mandate trustee presence on subsidiary boards
- Question of role – define role of participation for each subsidiary

4. How could the other organizations help us be stronger?

- Increase financial input
- Public relations improvement
- Share skills/opportunity (IFG board has skills MDA could use)
- Receive reports from subs to take back to components to inform grassroot members
- There are different roles in our sub’s missions and we may want to look at coordinating missions with all subsidiaries.
- Work for consistent oversight for all subsidiaries
- Share strategic plans for approval by MDA Board
- Restructure EC to include representatives from the other boards
- Help market services, provide MDA with measures of success to work in one direction rather than different directions.

5. *MDA Board Only*: What would our organization look like if the other related organizations did not exist?

- Much smaller market share
- Less happy members
- No discounted services
- Less member benefits
- Higher dues
- Weakened public perception
- Less political influence
- Look more like the American Medical Association
MDA FOUNDATION:

1. What do we contribute to the other organizations?
   - Humanitarian face
   - Good will arm of the MDA
   - Visibility that MDA may not have access to due to philanthropic connections
   - Provide professional grants within the profession.

2. What do we receive from the organizations?
   - Visibility
   - Access to MDA/IFG contacts
   - MDA contacts to membership
   - Staffing resources and expertise
   - Funding support
   - Credibility

3. What could our organization do to improve the relationship?
   - Continue to enhance exchange of communication
   - Be more involved in new trustee orientation
   - Rotate more MDAF members attending other boards (PAC, IFG)
   - Visibility with access to care ties in with the PAC.

4. How could the other organizations help us be stronger? Enhance visibility, leverage (partnering with other organization) contacts
   - Visibility
   - Leverage their strengths with our strengths.

MDA DENTAL PAC:

1. What do we contribute to the other organizations?
   - Voice in the political arena by providing access to public figures. Members are more active as a result.

2. What do we receive from the organizations?
   - Agenda and direction, input and direction in terms of where contributions are going
   - Relationship building activities

3. What could our organization do to improve the relationship?
   - Need to make what we do more known
   - Submit more information to the Journal
• Publicize activities more
• Acknowledge other committees

4. How could the other organizations help us be stronger?
• Remain on the MDA dues statement above the line
• Continue to grow the student relationship with the PAC
• Coordinate activities with others (i.e., MOM and Veterans Program)

MDAIFG:
1. What do we contribute to the other organizations?
• Money, except for PAC
• Brain power
• Problem-solving
• Staff expertise with MDA and some Foundation/PAC
• Legal separation causes hesitation with regard to financial contributions (i.e. Foundation)

2. What do we receive from the organizations?
• MDA is access to membership
• Marketing opportunities
• Credibility from MDA
• MDA staff expertise

3. What could our organization do to improve the relationship?
• More communication to Foundation/Dental PAC and grassroots membership on why IFG exists.
• Should there be direct conversation between subs?

4. How could the other organizations help us be stronger?
• Marketing and public relations support
• Go to grassroots component meetings and talk up products, remind them they can save money by participating.
• MDA Board – when they meet members from other states mention the glove and DMX programs.

DISCUSSION AMONG GROUPS:
Attendees were broken into several small groups composed of members from all Boards and addressed five questions. Below are the questions and responses provided:

1. How can we develop a culture of connectedness and trust that meets member expectations?
• Password connected web site for board members of all four groups (similar to Facebook). As membership gets younger it counts more on web presence.

• Other subsidiaries having liaison with other groups.

• Continuous flow of asking what the other groups need. Don’t be afraid to ask for help. Top dentist leaders of all four groups should meet regularly.

• Are we truly visible to the public as a brand? Is there consistency among all boards?

• Develop a new letterhead including all entities.

• Develop an infrastructure that promotes and enables transparency between groups

• Provide information to members who may not understand the actions and purpose of MDA. Explain/respond to objections proactively

• Include Foundation in school education

• Increase communication

• Same mission/vision statement for each entity

• Strategic plan must support mission statement

• Four chairs/presidents should meet as a team regularly

• Co-branded – are we truly visible to the public as a joint functioning unit?

• Open, available, listening.

• Meeting on line, video conferencing, notes taken online, save time, collaborative effort, short meetings, one topic. 30 minutes limit, each person has 7 minutes to talk, web cam, and laptop. Gmail account, web cam, microphone, password protect to log in.

2. How can we assure that differing perspectives are heard so consequential discussion on issues can happen?

• Challenge leadership when they are not allowing discussion to occur. The culture is such that the position is so highly respected, that the leadership position is never challenged.

• Leadership being sensitive to the offerings – new trustee orientation and top officer training on sensitivity (body language). ADA is looking at training modules and maybe ADA will do this training for us.

• Each Board should have an item on each agenda for the other organization to report.

• Atmosphere of inclusiveness. Efficient use of time and efforts

• Provide an annual review to each organization.

• New trustee/officer training to being more open. Challenge leaders to challenge board members/components.

• Acting on differences

• Require chairs to make a statement of openness. Ability to vote anonymously.

• Share cliff note version of minutes for the other organizations to review. Share agendas and minutes amongst subsidiaries

• Ability to bring up issues anonymously. Pick independent thinkers who are willing to submit their opinions

• Create a culture of willingness/openness of participation beginning with leadership selection and training

• Develop a You Tube presence
• Allow anonymous voting or discussion
• Annual review from each organization – continue that at the House
• Evaluate effectiveness and communicating that, depending on leadership model, sets the tone
  and culture of the organization
• Assure that a different perspective is heard so open discussion can happen: Chat dialog can
  be anonymous on the side of video conference, must have someone that can read the
  contrarian view as an anonymous comment. When you pick the board it will contain
  independent thinkers to voice their opinion.

3. How can we present one voice that is singular in message to audiences outside the MDA?
• Have a spokesperson (dentist and/or ED) at events that is cross-trained in each area.
• Common mission statement identifying activities of each group or mission statements to be
  viewed by MDA Board, subs should have similar mission statement as MDA. Again,
  consistency.
• Align mission and goals of each organization
• All organizations using same core talking points
• Educating volunteers on the message
• Utilizing board member orientations/orient all boards together
• Mentoring from outgoing board members
• Spokespersons for all entities. Common mission among all
• Common mission statement
• Difference between talking amongst outside organizations and trustee going to component
  and talking about MDA board decision versus their own opinion. Individual trustee can be
  truthful to their own opinion and not harm their job as trustee.
• Healthy Kids Dental – each committee should have talking points vetted by MDA Board (or
  provided)
• Oral health authority – educate volunteers on message by utilizing board member
  orientations. Combined new board member orientation
• Communicate mission statement, “helping member dentists succeed” by starting each
  mission statement that way
• Singular voice is presented to the membership and to the outside. One voice from the BOT
  and not an individual opinion. We have a frank discussion on who we are representing the
  MDA or our individual opinion.

4. How can we share responsibility and accountability?
• No finger pointing – operate as a team. If leaders set the tone there will not be finger
  pointing.
• Celebrate successes rather than call more attention to failures. Example is MOM – all
  involved.
• Shared mission statement. A couple of MDA board members on each organization board
• Annual evaluation of each subsidiary – did they meet the goals and how can other
  organization help them meet the goal
• Full time staff person to: communicate – central person – salary paid by all entities. Would
go to all meetings to know what is going on.
• Operate as a team and be unified – no finger pointing – we all made a mistake – successes
should be shared. Equal representation at all big events such as MOM.
• Inform before perform. Clear through MDA first.
• Executive director sits on all boards and has opportunity to connect. Accountability with IFG
– term limits are one year – could be not reelected if not performing
• MDA Board might have an officer position responsible for attending all board members
• Define roles and communicate quarterly
• Inform before perform (MDA Board)
• Ombudsperson (fact finder, paid staff person, salary paid by all entities)
• Share responsibility and accountability? Roles must be defined, each subset needs to know
what they are responsible for. Each subset must communicate to the whole on a quarterly
basis.

5. How can we align efforts to maximize member experience?

• Bridging the generational gap
• Create “story” for each subsidiary that is aligned to the entire organization
• Use technology to limit actual meetings in person
• Dentists talking to dentists – there is nothing more powerful than that. It has to come from
the top down.
• Creating a story for each subsidiary
• Don’t overburden trustees
• Continually promote involvement with local components
• Member input from all age ranges, practice, diversity
• Word of mouth is the way to maximize member experience.
• Culture, ability to cross sell and know what is going on in all areas – be able to speak
• Oversight and control process
• Mission statements and vision statements aligned
• Cross promote
• We need to get leadership house in order in order to be more effective in member experience
• Talk up more what we are doing
• Align efforts to maximize member experience: Having a staff Trustee Report and then the
Trustee can add to the report, so that each component gets the same information after a BOT
meeting. Would also include PAC, IFG, MDAF reports.

IDENTIFICATION OF NEXT STEPS:
President Palm requested that each attendee write down one best idea they took from this
meeting and turn it in before the end of the meeting. These ideas will be collated and President
Palm will review the list and determine which ideas can be implemented immediately and which
ones can be implemented in the future. This list will be provided to each organization.
GOVERNANCE PRESENTATION:

Report of the Work Group on Governance:

Background information is contained in a report to the Board from the Governance Work dated May 28, 2013.

Drs. Joanne Dawley and Michael Gallery provided the Board with an overview of the governance process to-date as well as the process the work group went through to formulate the proposed solutions.

Board members discussed the report at length and a vote on the report will take place on Sunday, June 23, 2013.

SUNDAY, JUNE 23, 2013:

ANNOUNCEMENTS:

New Business:

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

Conflict of Interest:

President Palm informed the Board that this agenda item is a time for trustees to mention or ask questions/comments regarding conflict of interest. The conflict of interest policy states that the trustee should report potential conflicts to the president with the Board making the final decision as to whether a conflict exists. No conflicts of interest were noted.

BOARD CAPACITY BUILDING DISCUSSION:

The Board conducted an exercise designed to develop group discussion abilities. The topic was chosen by President Palm and is intended to spark controversy.

The topic for this meeting is: The tripartite no longer provides the MDA and the components with enough new leaders. The discussion began with Dr. Danielle Ruskin providing the pro point of view and then Dr. Vincent Mack providing the con point of view.

Dr. Danielle Ruskin – Pro

Dr. Ruskin began with a question: Is a leader a warm body with intelligence or a person who has been educated on the issues and is well versed in the Association (MDA and components) mission, vision and strategic plan?

She suggested that leaders be thought of as a team and each person on the team is as important as the next. Some leaders will be the captains or the officers, some will be the co-captains like the Board of Trustees, some will be the players such as the committee chairs and their members and others will be the ball boys or “girls”. Each has an important role.
Can you imagine a team with all of those positions (or people serving and volunteering in those positions) who haven’t shown real passion for the game or even interest in the game itself?

Is the tripartite providing enough new leaders to the MDA? When looking at the ADA they have some great programs in place such as the ADA Diversity Institute but by the time a majority of the team has made it to the ADA to serve/volunteer they have climbed the ladder or they have decided to play soccer not baseball. I’m an advocate of a team filled with players that represent diversity, multigenerational, cultural, gender, different modalities of dental practice including general private practice, specialist, educators, students, retired dentists, and dentists practicing in a large group practice otherwise known as corporate dentistry.

Let’s look at the components providing enough leadership. I still say no. It may appear that they are because there are only 1-2 positions on the team as a “player” but each component struggles to find players for their own teams.

Is the call for “players” sent out appropriately? Is the player then educated on the team’s visions, mission and strategic plan?

Is the player immersed in the process so they can be given the opportunity to find their passion? Does the player have time to commit and the passion for the game?

Leadership doesn’t happen by chance, without the right opportunities and training. There are abilities that have never been realized and the mechanisms to realize those abilities are lacking.

Dr. Ruskin challenged the group to agree the answer is no and to help with the solution by looking into and developing a strategic plan for a well thought out leadership development curriculum to help the entire tripartite.

Vince Mack – Con

Yes the tripartite does foster leaders in the tripartite. We are all a part of the American Dental Association. When we all join together the ADA does a great job.

For example:

1) The ADA grooms students immediately into the dental profession. Students are identified and the MDA/ADA takes care of them right away. MDA sponsors functions at the dental schools and they are engaged to do table clinics.

2) The new dentists are very busy and want shorter terms of service and family friendly activities. The ADA does this with its Annual Session and at council meetings.

3) New dentists want technology and the ADA is in tune with those needs.

4) The ADA Diversity Institute was established in 2013 and has been well attended. The Institute is taking people from a cultural cross section and trying to build enthusiasm. The goal of the Institute is to provide a diverse group of dentists with education and experience so that they can set new leadership paths within the profession and their communities.

5) MDA has a student mentoring program that is co-sponsored by the ADA. Established dentists need to take them to a meeting and show them the ropes.
6) Washington Advocacy Program – the legislators love it and there were 20 new dentists who went to the 2013 meeting and had fun.

7) Corporate dentistry. 15-20% of new dentists are employed by corporate dentistry. The ADA is working with the corporations in getting the dentists involved in the ADA and paying for dues.

Personal contact and contributing to the profession is what helps create leaders. The tripartite is doing this.

**Reaction and Comment:**

Dr. Metz informed the Board that until he became involved on the membership committee and toured the ADA building he had no concept of what the MDA/ADA was all about. MDA needs to get dentists to come to the MDA/ADA and see what they offer.

The analogy with sports by Dr. Ruskin was accurate. By the time a decision has been made a dentist decides to play soccer rather than baseball. Dentists have a lot of money at stake and lifestyle is a valid point. There is difficulty understanding how to express this to a group that is not just a group of dentists. The public already thinks dentists have too much money and lifestyle.

How does the MDA present to members and the larger community the value of organized dentistry without sounding greedy? Most people understand the value of dentistry and its role. However, the cost of the education process and setting up a practice needs to be brought out. The UDM tuition is $70,000 per year with $30,000 in living expenses.

Being involved with the tripartite provides opportunities in getting to know other dentists as well as job opportunities.

Ann Arbor has a large population of students in dental school. There is no way the component can mentor all of these students. The MDA provides what the component is not able to do with the students. That is where the tripartite becomes invaluable; MDA and ADA have the resources that the component may not have. Components have to rely on tripartite resources.

Dentistry is a profession. Dentistry should fear the transition from a profession to a trade. The difference is what a profession provides to society. As tradesman the social contract no longer exists. With a profession a social contract exists. What would dentistry look like today without organized dentistry and its code of ethics?

Not sure it is the ADA’s job to provide leaders. Leaders should be provided from the component up. It is everybody’s job. It is MDA’s job to have avenues and opportunities for leaders.

**STRATEGIC PLANNING:**

The Board was provided with an update on the current strategic goals and tactics. The ADA conducted a 2012 ADA Member Value and Loyalty study. This study allowed the state dental society to craft a portion of the survey specifically for its state. For areas where MDA did not rate high, MDA was provided with a template on how to improve in those areas.
Between now and early August the executive staff will determine how to incorporate some of the suggested improvements into the strategic plan by creating tactics and setting deadlines.

**DISCUSSION ON CONSIDERATIONS IN LEADERSHIP DEVELOPMENT**

**Discussion on Integration of Leadership Development and Engaged Volunteerism into MDA’s Strategic Plan:**

Background information is contained in a report to the Board dated May 30, 2013.

Treasurer Harris believes it is acceptable to remove the financially stable organization objective as it is covered in the following resolutions adopted by the Board in September 2012:

- **Resolution 11-912:**
  - Resolved, that the Michigan Dental Association maintain a minimum of 40% and a maximum of 55% of total annual expenditures (exclusive of assessments) in an Emergency Reserve Fund, and be it further
  - Resolved, that the fund be comprised of both reserved and non-reserved funds with 75% of the total in reserved funds and 25% of the total in non-reserved funds.

- **Resolution 12-912:**
  - Resolved, that the Michigan Dental Association maintain a minimum of 0% and a maximum of 15% of total annual expenditures (exclusive of assessments) in a new Strategic Project Reserve Fund, and be it further
  - Resolved, that the overflow from the Emergency Reserve Fund will capitalize this Strategic Project Reserve Fund, and be it further
  - Resolved, if the Emergency Reserve Fund drops below 40%, funds will be taken from the Strategic Project Reserve Fund to bring the Emergency Reserve Fund up to 40%, and be it further
  - Resolved, that the fund be comprised of both reserved and non-reserved funds with 75% of the total in reserved funds and 25% of the total in non-reserved funds.

The following were adopted:

- **1-613** Resolved, that the MDA strategic goals are:
  - Adopted Board Policy Manual
  - Ensure that the MDA is a financially stable organization (70% reserves)
  - Help members succeed at the business-side of their practice
  - Public policy on access to care will be consistent with MDA policy
  - Increase members’ involvement in legislative affairs
  - Increase the dental benefits knowledge or understanding of member dentists and their staff
  - Assure sustainable leadership development and engaged volunteerism throughout the MDA and its components
Resolved, that Resolution 17-213 regarding MDA strategic goals be rescinded and removed from the Board Policy Manual. Adopted

President Palm is interested in the idea of creating leadership institute. The ADA and Kellogg offer an Executive Management Program where participants learn the core principles of an MBA program. There is some ability to use what works well from that program but the ADA/Kellogg program is more of a business management program than personal leadership.

Board member suggestions included:

- The concept of partnering with another group should be discussed by a work group. In the long term there may be the possibility of working with Pierre Fauchard, AGD, etc.
- Finding a way to draw component leaders back into the leadership pipeline when their current leadership position ends.
- Dentists 2-3 years out of dental school could be a target group to invite to the MDA building for a free CE program where they could be introduced to leadership roles at that time.

The Arizona Dental Association has a program specifically designed for students.

The following was adopted:

3-613 Resolved, that the MDA president form a workgroup charged with developing a proposal for a leadership institute with recommendations due to the Executive Committee by its August 2013 meeting, and be it further

Resolved, that $1,000 be allocated from the Non Reserve Fund to address any workgroup-generated expenses. Adopted

DISCUSSION OF PRIORITY TOPIC:
Consideration of How the Shift in Member Demographics Will Affect Member Expectations:
The Board discussed how the shift in member demographics will affect member expectations.

If MDA wants to keep young and old dentists as members it needs to think about what is important to each when designing programs or discussing issues. It is very hard for young people to wait to get into the leadership roles. They don’t think they should have to go through the leadership chain or “pay dues”.

Generations Y and X have different values/opinions than the Baby Boomers. MDA can run the risk of losing them if they don’t recognize and allow for these core values and opinions.

Generation X may have up to 40 jobs in their lifetime. If they are willing to change that quickly they could be worked into a leadership role and be gone when something better comes along. If they are not challenged they could get bored.
MDA needs to recognize that a core value is not wrong – it exists; it is just different. To present that face is the challenge to the MDA leadership. It takes much too long to get into leadership in organized dentistry. While it might be a risk MDA would benefit greatly from some fresh ideas.

It is a double edged sword. It can disenfranchise those members that have been involved and attended meetings to see younger/newer members move up the ladder quickly. The best way to move people into action is to ask new/young dentists to become involved on a committee first.

Services:
For Generations X and Y, MDA staff created a career services center 1 ½ years ago. This service provides customized plans for finding jobs and reviewing resumes. To-date, approximately 200 resumes and 50 personal statements and letters have been reviewed. MDA receives on average 9-10 requests per week for cover letter/resume reviews. Even member dentists and baby boomers are using this service. While this is stated as a Generation X and Y service, Baby Boomers are now using this service as they make changes in their practice/transitioning, etc. MDA is considering holding a job fair.

A suggestion was made that a continuing education program could be held at Annual Session for dentists seeking positions and dentists looking to sell a practice/hire an associate. If there was a time to interact and have a discussion after the program that would be a nice benefit.

September Board Meeting:
This topic will be discussed further at the September Board meeting. The Board requested that it be provided with race/gender information for members. Discussion should be held regarding the different modes of practice (educator, private practice, corporate model, public health) as well.

CORE VALUES OF GOVERNING:
Background information is attached to the Sunday, June 23, 2013 Board agenda. For the MDA to be one community it has to be able to speak to the subsidiaries on the expectations the MDA has. MDA has to be the exemplary model before asking subsidiaries to follow a behavior.

The Board discussed which core values it should have. It requested that a survey monkey be sent where Board members can rank the issues so that the results can be reviewed at the September Board meeting.

FUND BALANCES:
Treasurer Harris reviewed the Contingency and Non Reserve fund balances with the Board. The Contingency Fund is funded annually with $20,000 and is used for unbudgeted projects/funding requests. Typically, the requests are under $5,000.

The Non Reserve Fund has a set of criteria that must be met when requesting monies from this fund. These funds are typically for large projects requiring a larger amount of funds.

MDA policy allows the Treasurer to approve 10% over any budget line item. Discussion was held as to whether it is time to increase the annual amount of the Contingency Fund. Treasurer
Harris doesn’t believe it needs to be increased as this is the first time it has been zeroed out and the full amount allocated is not typically used.

**TRUSTEE SENIORITY:**

A straw vote was held for trustee seniority and the announced results are:

<table>
<thead>
<tr>
<th>Seniority</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. William Metz</td>
</tr>
<tr>
<td>2</td>
<td>Dr. William Patchak</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Paul Revard</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Vincent Mack</td>
</tr>
<tr>
<td>5</td>
<td>Dr. James Cantwil</td>
</tr>
</tbody>
</table>

**CONSENT CALENDAR:**

Twelve recommendations were contained on the Consent Calendar. Recommendations 417 and 438 were removed.

The following was adopted:

4-213 Resolved, that the following be adopted: Adopted

**NEW BUSINESS**

July Funding for Truscott Rossman
Recommendation Number: 437 and 452

**BOARD COMMITTEE ON FINANCE**

MDA Travel Policy Changes/ADA Meeting
Recommendation Numbers: 413-416

**COMMITTEE ON PEER REVIEW/DENTAL CARE**

Sample Release Form for MDA Members
Recommendation Number: 434

**NEW BUSINESS**

Legislative Advocacy Training
Recommendation Number: 449

**COMMITTEE ON GOVERNMENTAL AND INSURANCE AFFAIRS**

Opposition to Senate Bill 180 – Registered Nurse Anesthetists
Independent Practice
Recommendation Number: 454

**COMMITTEE ON GOVERNMENTAL AND INSURANCE AFFAIRS**

Senate Bill 250 – Assault on Health Care Workers
Recommendation Number: 455
The recommendations are listed below in their entirety:

5-613 **Resolved**, that up to $3,750 be allocated from the 2013 Non Reserve Fund to contract for the month of July with Truscott Rossman to assist with communications and advocacy activities. **Adopted**

6-613 **Resolved**, that $2,500 be allocated from the 2013 Non Reserve Fund to supplement the Truscott Rossman contract for Mission of Mercy and ADA Action for Dental Health Campaign Media Outreach. **Adopted**

7-613 **Resolved**, that the MDA Travel Policy document dated June 23, 2013 be adopted as the travel policy for representatives approved for travel. **Adopted**

8-613 **Resolved**, that Resolution 2-210 regarding MDA Travel Policy be rescinded and removed from the **Board Policy Manual**. **Adopted**

9-613 **Resolved**, that $580 be allocated from the 2013 Contingency Fund to cover the increase in ground transportation costs for the 2013 ADA Annual Session. **Adopted**

10-613 **Resolved**, that $580 be allocated from the 2014 Contingency Fund to cover the increase in ground transportation costs for the 2014 ADA Annual Session. **Adopted**

11-613 **Resolved**, that MDA provide members with a sample “Release of Patient Liability for Dental Treatment” form. **Adopted**

12-613 **Resolved**, that up to $1,000 be allocated from the 2013 Contingency Fund for lunches and supplies to hold a Legislative Advocacy Training Session in 2013. **Adopted**

13-613 **Resolved**, that the Michigan Dental Association is opposed to Senate Bill 180 which would allow Certified Registered Nurse Anesthetists to practice independently. **Adopted**

14-613 **Resolved**, that the Michigan Dental Association pursue having dentists, registered dental hygienists, registered dental assistants’, and dental assistants added to Senate Bill 250. **Adopted**

DISCUSS AND VOTE ON RECOMMENDATIONS REMOVED FROM CONSENT CALENDAR:

**MDA Travel Policy Changes/ADA Meeting/Baggage Fees:**

Background information is contained in a report to the Board dated February 12, 2013.

The following was proposed for adoption:

**Recommendation 417:**

**Resolved**, that $750 be allocated from the 2013 Contingency Fund to cover the costs of airline baggage fees for the 2013 ADA Annual Session.
The Board was informed that $25 per person would only cover baggage fees one way and not round trip. The BCF believes that the travel policy should state "up to $50" as not every traveler incurs bag charges. Some travelers have Delta Airlines credit cards and bags travel free.

The following was adopted as amended:

**15-613** Resolved, that up to $1,500 be allocated from the 2013 Contingency Fund to cover the costs of airline baggage fees for the 2013 ADA Annual Session. 

**Adopted as Amended**

**Contribution to Oklahoma Dental Relief & Disaster Grant Program:**
Background information is contained in a report to the Board dated May 23, 2013.

Discussion was held as to whether the Board should recommend that the MDA Foundation provide the contribution to the Oklahoma Dental Relief & Disaster Grant Program.

The Board believes that the role of the MDA Foundation is philanthropic in nature. It believes that the donation request is not philanthropic and is dental association to dental association.

The Board is aware that it is not in the position to direct the Foundation; that is strictly up to the Foundation Board. Discussion was held on whether MDA should make the contribution via the Foundation by forwarding the money to the foundation to be used for this purpose only. Legal counsel informed the Board that the Foundation would have to create a Donor Advised Fund and the Foundation would then be required to follow those legal guidelines. Funds cannot just pass from the MDA to the Foundation with a request.

The following was adopted:

**16-613** Resolved, that the MDA contribute $5,000 from the Non Reserve Fund to the Oklahoma Dental Relief & Disaster Grant Program to assist with tornado recovery efforts for Oklahoma dentists. 

**Adopted**

**ACTION ITEMS:**

**Proposed Solutions to Gap Analysis**
Background information is contained in a report to the Board from the Work Group on Governance, dated May 28, 2013.

The recommendations contained in the report were discussed and voted on in five separate groups as follows:

**Group 1:**
- Recommendation 440 – Combining Secretary/Treasurer Positions
- Recommendation 441 – Elimination of Vice President Position
- Recommendation 442- Editor to Serve as a Non Voting Member of the Board
The Board went into a committee of the whole to discuss Recommendations 440-442. Board members comments were:

**Board Discussion:**

**Recommendation 440 – Combining Secretary/Treasurer Positions**

The Board discussed the workloads of the secretary and treasurer. Several of the duties of the secretary (i.e., review Board minutes draft and review of manuals) can be assigned to the Executive Director who is a Board officer. Ultimately, final approval of these items is by the Board. Due to electronic capabilities, duties have been streamlined (i.e., researching policy during Board meetings).

**Recommendation 441 – Elimination of Vice President Position**

The Board is in agreement with the Work Group that one position should be eliminated and it be the vice president position.

With the advent of electronic communications the Board believes the leadership is better informed and thus the need to have another leader “in the pipe line” is no longer necessary.

**Recommendation 442 - Editor to Serve as a Non Voting Member of the Board**

The Board discussed the pros and cons:

1) this could disenfranchises the editor by requiring they be present but not able to vote; 2) concern that editorial content would be compromised; 3) responsibility without any authority; 4) the editor speaks to the whole and thus should have some autonomy from the Board

Ultimately, the Board believes the editor should be a voting member of the Board and does not recommend that this resolution be adopted.

The following were adopted:

17-613 Resolved, that the following recommendation be forwarded to the September 20, 2013 MDA House of Delegates with a recommendation for adoption: Adopted to 2013 MDA HOD

Resolved, that the MDA combine the secretary and treasurer positions and that this officer position be elected by the House of Delegates beginning in 2015.

18-613 Resolved, that the following recommendation be forwarded to the September 20, 2013 MDA House of Delegates with a recommendation for adoption: Adopted to 2013 MDA HOD

Resolved, that the MDA eliminate the vice president position beginning in 2015.
19-613  Resolved, that the following recommendation be forwarded to the September 20, 2013 MDA House of Delegates with a recommendation **not to adopt:**

**Adopted to 2013 MDA HOD**

Resolved, that the editor serve as a non-voting member of the Board effective 2014.

**Group 2:**

Recommendation 443 – Reducing the Number of Trustees
Recommendation 448 – Executive Committee

The Board went into a committee of the whole to discuss Recommendations 443 and 448. Board members comments were:

**Recommendation 443 – Reducing the Number of Trustees**

The Board cautions the HOD to focus on the principle and not get mired in the details.

With the decrease in the number of trustees the remaining trustees will have greater responsibility and accountability.

The Board would have 9 trustees and 6 officers for a total of 15 Board members. This is a decrease of 8 Board members.

The number 9 allows for a smaller Board to meet the performance requirements. By allowing for the number 9, it makes it clear Board composition is not based on component or trustee district representation.

It is typically the trustee that works with the smaller components in discussing and explaining the resolutions before the House of Delegates. This could make delegates less educated by not having a trustee to guide them.

There are board liaisons to every committee however perhaps one is not needed for every MDA committee.

The current concept is that the trustees report back to their components. If elected at-large the 9 trustees are responsible for getting the information out to all of the components. The trustees may have to attend all of the component caucuses. Or the MDA would have to create a different communications system.

This will force House members to become more educated and involved. If the governance model is flipped, delegates won’t necessarily have to have a trustee attend a caucus.

The Board amended the recommendation to read “elected trustee positions” rather than “elected board positions”.

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Minutes of the Board of Trustees  
June 22-23, 2013  
Page 22
Recommendation 448 – Executive Committee

The Board discussed:

- Reinventing the Executive Committee to focus on leadership development
- If the MDA reduces the trustees to 9 the Executive Committee is no longer necessary
- There may be situations where an Executive Committee should be appointed, such as executive director search, urgent situations

The following were adopted:

20-613 Resolved, that the following recommendation be forwarded to the September 20, 2013 MDA House of Delegates with a recommendation for adoption:

Adopted to 2013 MDA HOD

Resolved, that the MDA reduce the number of elected trustee positions from 17 to 9 and make them all at-large positions, nominated by the Nominating Committee and elected by the House.

21-613 Resolved, that the following recommendation be forwarded to the September 20, 2013 MDA House of Delegates with a recommendation for adoption:

Adopted to 2013 MDA HOD

Resolved, that the Board annually has the authority to form an Executive Committee as needed and that if it is appointed, it be comprised of the officers.

Group 3:

Recommendation 439 – Nominating Committee

The Board went into a committee of the whole to discuss Recommendations 443 and 448. Board members comments were:

Recommendation 439 – Nominating Committee

The Board discussed the following which are details. The focus now is on the principle:

1) Expertise
2) Diversity
3) Term limits of nomination committee members
4) How nomination committee will be appointed

The Board discussed a requirement that the nomination committee submit a contested slate vs. a non contested slate. It does not believe it is practical to force a contested slate if there are not qualified candidates. Nominations from the floor, which is current practice, will not change.
The Committee could decide not to nominate an incumbent who has completed his/her first term and is up for his/her second and final term and wants to serve. It is not an automatic two three years terms.

The current nominating system is mysterious, lacks transparency, and discourages people from some elective offices. The new dentist’s won’t tolerate the current model – they want faster access to leadership positions.

The Board believes that the each component should submit the name of its representative to serve on the committee and amended the recommendation to reflect this.

The following was adopted:

22-613  **Resolved,** that the following recommendation be forwarded to the September 20, 2013 MDA House of Delegates with a recommendation for adoption:

**Adopted** to 2013 MDA HOD

**Resolved,** that the MDA form a Nominating Committee to:

- Provide nominations for officers, MDA trustee positions and delegates/alternates to the ADA
- Vet candidates by following a predetermined set of criteria (i.e., diversity such as geographic, qualifications, etc.), established by the House of Delegates,

And be it further

**Resolved,** that the committee be comprised of the following:

- Twelve people (one from each region), appointed by the MDA Region, with immediate past president serving as chair
- The twelve committee members are to be elected from the following pool: past presidents, former or current delegates, former MDA board members
- Sitting Board members should not serve on the committee with the exception of the immediate past president
- Nominating Committee can submit more nominees than the number of openings

**Group 4:**

Recommendation 444 – Role of the HOD
Recommendation 445 – Removal of Board Members

The Board went into a committee of the whole to discuss Recommendations 444 and 445. Board members comments were:
Recommendation 444 – Role of the HOD

The HOD, as diverse as it is, should be the ultimate focus group – why MDA needs policy -- and it should be the Board’s duty to figure out the how. The workgroup and Board believe that if the MDA can be nimble and efficient in its decision making, it will position the MDA to better meet future challenges.

It is important to note that the HOD retains the highest level of control as it will elect the Board of Trustees and approve Bylaws changes. If the Board is not performing to the level the HOD requires with regard to the functions the HOD has delegated to it, the HOD can replace the Board.

In the past, the HOD has been prescriptive to the detriment of the MDA. An example:

The House of Delegates (HOD) adopted a resolution in 2011 that directed the MDA to work toward reallocating how the money for Health Kids Dental (HKD) was distributed. The method for distributing the HKD funding is by county. The HOD resolution would have required the money be distributed across the ENTIRE state based on having a cap of a certain age (i.e. the money would be distributed to ALL kids up to age 6, for example, until the money was used up).

Soon after the resolution was passed, MDA staff met with legislators on the proposal and received very negative feedback. The negative feedback was from legislators in areas that had HKD and they didn’t want to see benefits cut for their constituents. The legislators that were met with were in very important positions.

If the MDA had continued to pursue this the Association would have caused itself damage in the legislative arena. The problem was that MDA policy could not be changed until the next HOD. After leadership was informed of the situation, the decision was made to hold off on doing anything. As a result, valuable time was lost on lobbying legislators on this important issue because the policy could not be reconsidered in a timely fashion.

It should be noted that the HOD rescinded the HKD policy in 2012.

According to the state of Michigan the House of Delegates does not have the liability but is the final authority. The decision-making should be with the body that is held accountable for business decisions.

The Workgroup and Board believe that this change is not taking power away from the House; it is actually providing the House with the ultimate power of voting in the trustees.

If the HOD is to continue to set policy then it should meet more than once per year.

Recommendation 445 – Removal of Board Members

Concern was expressed that vacancies should be handled sooner rather than waiting until the next session of the House. These are details that will be worked out in the next step, once the House approves the recommendation. The Board amended the recommendation to reflect that the Board may appoint an interim trustee if one becomes vacant.
The following were adopted:

23-613  **Resolved**, that the following recommendation be forwarded to the September 20, 2013 MDA House of Delegates with a recommendation for adoption:

**Adopted**

**MDA HOD**

Resolved, that the MDA House or Board of Trustees have the authority to suspend or remove Board members following criteria to be established by the House, and be it further

**Adopted**

**MDA HOD**

Resolved, that the MDA Board of Trustees may appoint an interim trustee to fill a vacancy between meetings of the House, and be it further

Resolved, that the House of Delegates will replace the vacant trustee position at its next regularly scheduled meeting.

24-613  **Resolved**, that the following recommendation be forwarded to the September 20, 2013 MDA House of Delegates with a recommendation for adoption:

**Adopted**

**MDA HOD**

Resolved, that the Board of Trustees be the governing body of the MDA with the House of Delegates serving in an advisory capacity, bringing forth issues for the Board to consider and responding to the Board’s request for input and feedback on issues.

Group 5:
Recommendation 446 – Committee Evaluation
Recommendation 447 – Committee Review

The following were adopted and do not require HOD action:

25-613  **Resolved**, that the MDA Board of Trustees institute a formal evaluation process of committees as whole, as well as members and chairs to include staff liaison evaluation of chair and committee members.

**Adopted**

26-613  **Resolved**, that the MDA Board of Trustees review term limits for committee members, consider eliminating all standing committees and making them all special committees, and be it further

**Adopted**

Resolved, that the Board decide annually whether each individual committee should be continued.
2014 Committee Goals/Scopes:
Background information is contained in a report to the Board dated May 15, 2013.

The following were adopted:

27-613  Resolved, that the MDA Board of Trustees approves the following committee scopes, dated June 23, 2013:

- ADA Delegate/Alternate Nomination Committee
- Board Committee on Finance
- Committee on Continuing Education
- Committee on Governmental and Insurance Affairs
- Committee on Peer Review/Dental Care
- Committee on Peer Review/Ethics
- Employee Benefits Advisory Committee
- Executive Committee
- Membership Advisory Committee
- Public Relations Advisory Committee
- Special Committee on Access to Care
- Special Committee on Annual Session
- Special Committee on Executive Director Evaluation
- Special Committee on Peer Review/Care and Well-Being

28-613  Resolved, that each MDA committee (with the exception of the ADA Delegate/Alternate Nomination Committee, Employee Benefits Advisory Committee and the Special Committee on Executive Director Evaluation) answer the following questions and submit them in writing by the December 6, 2013 Board meeting:

1) What should you be doing to maintain top notch member experience?
2) How are your committee’s activities aligned with member mission and needs?
3) What outside forces will have an impact on member expectations related to your committee’s activities?
4) What needs to be said now about the future positioning of your committee’s products and services?
5) As you analyze your committee’s activities, what should you do more of and what should you do less of?

From Drool to School a Collaborative Project with MDA Foundation and Delta Dental Foundation:
Background information is contained in a report to the Board from the Michigan Dental Association Foundation, dated June 3, 2013.
The Foundation Executive Committee met recently and authorized $5,000 from its Contingency Fund to fund the reprinting of the Drool to School books. The Foundation Executive Committee is only authorized to approve $5,000, $10,000 is needed and the MDA Foundation Board does not meet until September.

The funds requested by the Foundation would be taken from the MDA’s Non Reserve Fund and the Board does not believe that the request meets the criteria. The Foundation is the MDA’s philanthropic arm and the funding should come from the Foundation. The Board is aware that the MDA provides a $10,000 contribution to the Foundation annually and believes that the Foundation should utilize these funds which can be released now if MDAF makes the request.

The following was proposed for adoption and defeated:

<table>
<thead>
<tr>
<th>Recommendation 450:</th>
<th>Defeated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolved, that the MDA allocate $5,000 from the Non Reserve Fund to assist the Michigan Dental Association Foundation in collaborating with Delta Dental Foundation to print additional “From Drool to School” books.</td>
<td></td>
</tr>
</tbody>
</table>

Potential Changes to Health Licensing Boards:
Background information is contained in a report to the Board from the Committee on Governmental and Insurance Affairs, dated June 5, 2013.

The following was adopted:

29-613 Resolved, that the Michigan Dental Association send a letter to Sen. Rick Jones with the following points regarding potential changes to health licensing boards:

- Allow licensing boards to issue permanent revocation on a license.
- Require that more than one person on a board must decide on requests for investigations.
- Maintain that the majority of a board should be made up of the professionals that are being regulated.
- Require that a board send out a press release periodically throughout the year stating who has been suspended or revoked.
- Send a copy of the Dental Code of Ethics to Sen. Jones so that policymakers can see the tenets that dentists must live by.

OPERATIONAL CONCERNS:
Report on 2013 Mission of Mercy:
Dr. Stephen Harris provided the Board with a report on the 2013 Mission of Mercy.

A legislative proclamation was given to the MDA at the Mission of Mercy event and was signed by Senator Kahn and Governor Snyder.
The committee has ideas on how to improve the event for next year. The MOM committee will meet next week and review evaluation forms from the event. The 2014 MOM is scheduled for May 29 – June 1 at the Wink Arena at Ferris State University. There may be some concerns with the layout/space of Wink Arena. The contract has not been signed with Ferris State University yet. If the space isn’t feasible the event will move to the secondary site near Holland.

MOM committee is will be reviewing site proposals for the 2015 MOM in the fall. Trustees should let their components know to submit a proposal to the MDA if they would like the event in their area. It was mentioned that the Workgroup formed by Dr. Johnston during his term, to discuss future MOMs and other activities and report back to the MDA Board, will be meeting this summer.

**Legislative Update:**

Mr. Bill Sullivan, director of government and insurance affairs, provided the Board with an update on legislative activities.

- The spouse of a senator that took a tour of the MOM event signed up to volunteer for next year’s event. A senator spoke for 20 minutes on the MOM event at a republican senate caucus.
- Mobile Dentistry bill was introduced last week (HB 4685). There are 17 co-sponsors on the this bill. The prognosis of this bill is good right now but that could change.
- Governor Snyder stated that his plan for next year is to add Kent and Kalamazoo counties to Healthy Kids Dental. That would leave only Wayne, Oakland and Macomb counties not covered. This will cost a great deal of money and it is unclear how to bring all three counties into the program at one time.
- Certificate of Need: The instructions for dental CT have been approved and are posted online. This should make it easier for dentists to apply. This is completely separate from the current CON application process. There will be a fee increase for registering machines - $1,500 to $3,000 for machines that cost $500,000 and under. MDA will work with work groups to reform the CON system and attempt to get dentistry removed from the Certificate of Need.
- Medicaid Expansion: The House passed a bill last week on Medicaid expansion and the Senate did not act on the bill. The governor is continuing to work on the expansion.
- Health Insurance Claims Tax: The Governor wanted to increase the tax from 1 to 1 ½ % to cover a hole in the Medicaid budget. The legislature did not want to increase the tax which is currently at 1% so they removed the sunset so that the 1% tax will continue. The 1% will cover some of the deficit in the Medicaid budget. The legislature will have to figure out how to fund the remainder of the deficit.
- ADPAC Campaign School: ADPAC developed a school for dentists interested in running for office. The school will take place August 9-10, 2013 in Washington DC.
- Fundraiser for the Governor: Staff conducted a Survey Monkey to Board members on level of interest in funding and attending a fundraiser. The minimum contribution is $11,000 for 20 minutes with the Governor. The MDA has never had a governor so supportive of dentistry.
The Board agreed that Mr. Sullivan and Ms. Aronoff can begin to work on this project by contacting MDA grassroots members, PAC Board members and MDA Board members. A $500 contribution would guarantee a ticket to the event.

- Legislative Action Alerts Report: In May the MDA began sending action alerts to more people (students, retired members, home and work emails). The numbers are disappointing and it literally takes two minutes to send an email to the legislator. The MDA has already written the email and tells them who their legislator is. The concern is that they are not even opening the emails. Not every board member replies to the Legislative Action Alerts. Every single board member should be replying to these as they are the leaders of the Association.

PRESENTATION TO IMMEDIATE PAST PRESIDENT JOHNSTON:
Dr. Virginia Merchant, editor, provided Dr. Jeffery Johnston, immediate past president, with a bound edition of the MDA Journals from his year as president of the MDA.

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

- MDA Calendar of Referrals
- 2012 MDA Audit
- Committee Minutes (those posted online since the June Board meeting)

OFFICER, TRUSTEE, LIAISON AND STAFF ANNOUNCEMENTS:
House of Delegates Special Meeting:
The Board was informed that staff will be asking board members assistance in contacting delegates and alternates from their components that have not responded to the MDA on their attendance plans for the September 20, 2013 special House meeting.

New University of Michigan Dental School Dean:
Dr. Laurie McCauley met with Dr. Howard Hamerink and had in depth discussion on MDA activities, nonmember faculty, shared mission statement and vision dedicated to the oral health of the public, need for translation research and areas in which the MDA and the UM can collaborate.

She will be an alternate delegate to the ADA this year. She plans to have meetings with several component societies and is interested in connecting with MDA whenever possible.

BOARD SELF ASSESSMENT:
President Palm led the Board through a short assessment exercise:
- What should we do more of?
- What should we do less of?

A comment was made that encouraging participation by individual trustees was great.
A suggestion was made to consider changing the venue for the June 2014 meeting to a northern site. Staff will research what venues are available and may ask for funding as the Board is not budgeted to go back up north in 2014.

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

Report from the Executive Director Search Committee:

The Board was informed that a firm has been chosen for the search and a contract should be signed by the end of next week.

The Search Committee will develop a questionnaire profile for the executive director and ask that executive staff and board members complete. There will be a tight time frame to complete the survey and the search committee needs this information.

Michigan Board of Dentistry (MBD):

The MDA submitted questions to the Michigan Board of Dentistry regarding its Botox Statement. The answers have been received and staff will be forwarding them to the MDA Board soon.

The MBD currently has a $50,000 cap on fines. State statute allows up to $250,000. The MBD is going to start tracking billable hours on each case and look at increasing fees levied on licensees who incur disciplinary action.

The UDM has a program that allows RDH students to take classes that would allow them to sit for the RDA exam upon graduation. The concern is that people will be sitting for the RDA exam without attending a CODA approved school. This issue will be investigated and more information provided at the Board’s September meeting.

Norman Palm, DDS, MS  
President  

Charles Burling, DDS  
Secretary