2013 Pay Range Movement vs. MDA Ratio Analysis .................................................................16
Action Items ..........................................................................................................................10
Announcements .....................................................................................................................1
Announcements/Reports (Officer/Trustee/Staff/Outside Liaisons) ......................................14
Board Committee on Finance (BCF) ..................................................................................11
Clinics, Member Concerns ....................................................................................................13
Consent Calendar ..................................................................................................................5
Defined Contribution Plan Percentage for 2014 .................................................................16
Executive Session ................................................................................................................15
Fund Balances ......................................................................................................................10
Governance Work Group ....................................................................................................10
Immediate Past President Verhagen, Presentation to ..........................................................13
Informational ........................................................................................................................14
Legislative Update .................................................................................................................14
MDA Employee Health Savings Account (HSA) Funding ..................................................16
MDA Insurance and Financial Group (MDAIFG) .................................................................2
Michigan Dental Association Foundation Leadership Circle .............................................13
Mission of Mercy (MOM) Project, Update on ....................................................................13
New Business .......................................................................................................................13
Old Business ........................................................................................................................13
Performance Requirements .................................................................................................10
Reserve Level, Board Committee on Finance (BCF) ..........................................................11
Strategic Planning ................................................................................................................2
Twitter Program, MDA ..........................................................................................................14

ATTACHMENTS:
Legislative Update
MDA Performance Requirements
OFFICERS:
Dr. Jeffery Johnston, president
Dr. Norman Palm, president-elect
Dr. Martin Makowski, vice-president
Dr. Connie Verhagen, past president
Dr. Debra Peters, speaker
Dr. Virginia Merchant, editor
Dr. Mark Johnston, secretary
Mr. Drew Eason, CAE, executive director

TRUSTEES:
Dr. Mark Barsamian
Dr. Charles Burling
Dr. John Carter
Dr. Brian Cilla
Dr. Curles Colbert
Dr. Howard Hamerink
Dr. Vincent Mack
Dr. Scott Meldrum
Dr. Robert Richards
Dr. Danielle Ruskin
Dr. Colette Smiley
Dr. Robert Tremblay
Dr. Michele Tulak-Gorecki

LEGAL COUNSEL:
Mr. Dan Schulte

ABSENT:
Dr. Dennis Engel, ADA 9th District Trustee
Dr. Thomas Goodsell
Dr. Zelton Johnson

MDA STAFF: (for a portion)
Ms. Grace DeShaw-Wilner, CAE, managing vice president of professional affairs
Ms. Bernie Droste, CMP, manager of continuing education
Mr. David Foe, director of print and e-publications
Mr. Josh Lord, MBA, director of membership and strategic initiatives
Ms. Michelle Nichols-Cruz, board and house administrator
Mr. Brian Stump, MBA, director of finance
Mr. Bill Sullivan, JD, director of legislative and insurance affairs
Ms. Andrea Sundermann, CAE, director of continuing education

GUESTS: (for a portion)
Dr. Joanne Dawley, chair, Employee Benefits Advisory Committee/MDA Governance Work Group
Dr. Larry DeGroat, chairman, MDAIF/ADA Alternate Delegate
Michael E. Gallery, PhD, FASAE, CAE, President, OPIS, LLC (via phone)
Dr. Gary Jeffers, MDA past president/ADA Alternate Delegate
Dr. Michael Jennings, president, MDA Foundation/MDA past president
Dr. Alexa Vitek, chair, Committee on Membership Recruitment and Retention

ANNOUNCEMENTS:
New Business:
President Johnston 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 Johnston 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.

**MDA INSURANCE AND FINANCIAL GROUP (MDAIFG):**
Mr. Craig Start, president, MDA Insurance and Financial Group, provided the Board with a
report on MDAIFG activities.

**Blue Cross/Blue Shield:**
The Board was informed that Governor Rick Snyder is proposing a total overhaul of Blue Cross
Blue Shield of Michigan ("BCBSM"). Governor Snyder's proposal would:

1. convert BCBSM to a non-profit mutual company;
2. end its tax exemptions; and
3. no longer require Attorney General review of requested rates.

In essence, Michigan would treat BCBSM as it would any other health insurer as BCBSM would
be regulated by the Insurance Code.

Changing the tax status would incur a tax liability for Blue Cross. The State is also interested in a
1.5B investment made by Blue Cross earmarked for healthcare initiatives. Blue Cross initiated
the dialogue; it has been claiming that the negatives of meeting PA350 provisions far outweigh
the tax advantages BCBSM enjoys.

What does it mean to the MDA? Mr. Start doesn’t see an immediate effect to the MDA member
health plan. Member premiums contain about 2% to fund the Medicare portion and the premium
would be reduced by this percentage.

**Other IFG News:**
MDAIFG continues to work hard on its other programs. The Missouri Dental Association now
endorses the glove program. The glove program had a record month in August with over
$220,000 in sales. This three year old program is now over a 2M dollar business.

**STRATEGIC PLANNING UPDATE:**
Mr. Josh Lord and Mr. Drew Eason provided the board with an update on strategic planning.

The current strategic goals are:

- Provide Practice Management Support to Members
- Increase Advocacy, Education and Awareness on Legislative and Insurance Issues
- Be an Authority in Addressing Access to Care Issues in Dentistry
• Ensure That the MDA is a Financially Stable Organization

While these are all great goals, they lack specificity. How will we know when a goal has been accomplished? What does success look like? Where are we today?

The Board provided feedback on each goal so that staff would have a benchmark:

<table>
<thead>
<tr>
<th>Provide Practice Management Support to Members</th>
</tr>
</thead>
</table>

- Managing debt – providing information to members on how a dentist manages debt (new, transition, etc.).
- Collect questions from members that MDA does not have an answer to, and obtain an answer.
- Create a practice management program/curriculum.
- Providing information on stress management – balancing personal/professional lives.
- MDA has resources beyond what Mercer can provide. Create a “professional management” program which includes practice management as well as other areas such as stress management.
- ADA is creating a “professional success” program. MDA should evaluate what is out there so there is no duplication of efforts.
- This topic is going to be changing constantly. How do you know when the goal has been met? When the maintenance stage is reached?
- Lack of promotion of existing programs and services. We need to promote to the grass root member. Toni Talbot/KRW services – many members are not aware of what they offer.
- Survey members on what types of practice management services they want/need. Pointed questions that cause them to focus on the issues (debt management, etc.). Have an annual seminar based on what the member wants – lawyers, psychologists, etc.
- Going out to the components and promoting programs and services; bringing professionals to the components that provide practice management support.
- Address the dental student and new dentists – corporate contracts vs. general practitioner. Older dentists retiring that may want to work for a corporate dental office.
- People don’t know what they need until they need it. Staff is working with SMZ to create an “Ask the Question” campaign. If the MDA doesn’t know the answer it knows where to get it.
- Management, CE – it is all merging. The information needs to be deliverable in many different platforms.

<table>
<thead>
<tr>
<th>Increase Advocacy, Education and Awareness on Legislative and Insurance Issues</th>
</tr>
</thead>
</table>

- SpCAC and CCEA are both looking at the issue of apathy. MDA can’t be apathetic – it needs to develop outreach to the legislators and provide data that MDA is the go to resource.
• Continue to increase the promotion of Lynn Aronoff to the components – more special alert email blasts to the members. Expand the outreach beyond component meetings – to the grass root member.

• Set a target number of members that are regularly responding to Capwiz requests.

• The member needs to know how the issue will affect them individually—MDA should not just say how it will affect dentist as a whole.

• Spread our message to more than the members (dentists) – spouse/office manager—they can influence the decision making and behavior of the member.

• Need to be careful not to bombard the member with too many emails, etc. Consider one-on-one with each component over a 9-12 month period. Eventually, the information won’t be read as they are receiving too much.

• Executive staff to meet with Delta bi-annually and talk about how they can work together.

• 100% of legislative and insurance issues in favor of MDA.

• It is the trustee’s responsibility to promote this topic to its members. The trustee needs to be out in the component promoting the ideas.

---

**Be an Authority in Addressing Access to Care Issues in Dentistry**

• Metric for being an authority on access to care. Every article/news story on access should have a response from MDA. The public/news media should automatically know to come to the MDA for response as it is the authority in addressing access to care issues.

---

**Ensure That the MDA is a Financially Stable Organization.**

• What does that mean? What is MDA’s definition of financially stable? The Finance Committee was posed that question and, as a result, the Board will be voting on the following resolutions:

  Resolved, that the Michigan Dental Association maintain 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

  Resolved, that the Michigan Dental Association maintain a maximum of 15% of total annual expenditures (exclusive of assessments) in a strategic project 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.

Those resolutions clarify for MDA what success looks like on the goal. Should the board support those resolutions, that goal will be complete once those reserve levels are reached.

Staff will review all of the Board comments and provide recommendations to the Board on whether the goals should be revised, how to move forward, etc.
CONSENT CALENDAR:

Eight recommendations were contained on the Consent Calendar.

The following was adopted:

1-912  Resolved, that the following be adopted:  Adopted

COMMITTEE ON MEMBERSHIP RECRUITMENT AND RETENTION (CMRR)

Bylaws Change: Non-Dental Spouse Members
Recommendation Numbers: 352-353

COMMITTEE ON MEMBERSHIP RECRUITMENT AND RETENTION (CMRR)

Committee Name Change
Recommendation Number: 355

MDA FOUNDATION

New Board Directors
Recommendation Numbers: 359-360

MDA FOUNDATION

Term Limits for MDAF Officers
Recommendation Number: 364

NEW BUSINESS

Establishment of Special Committees for 2013-2014
Recommendation Number: 361

NEW BUSINESS

Termination of Endorsed Programs
Recommendation 354

A roll call vote was taken.

ROLL CALL:

In Favor: Drs. Barsamian, Burling, Carter, Cilla, Colbert, Hamerink, Harris, Johnston, M., Mack, Makowski, Meldrum, Merchant, Palm, Richards, Ruskin, Smiley, Tremblay, Tulak-Gorecki and Verhagen.

Opposed: None

Absent: Drs. Johnson, Z., Goodsell
The recommendations are listed below in their entirety:

**2-912** Resolved, that the following recommendation be forwarded to the 2013 MDA House of Delegates with a recommendation for adoption: Adopted

Resolved, that the following Bylaws provisions regarding non-dental spouse membership be amended as follows:

**Chapter I, Membership, Section 1, Classification, I.**

Section 1. - Classification: The membership of this association shall consist of dentists and other qualified persons who shall be classified as:

A. Active Members
B. Life Members
   1. Working Life Members
   2. Retired Life Members
C. Affiliate Members
D. Honorary Members
E. Retired Members
F. Student Members
G. Graduate Student Members
H. Provisional Members

**Chapter I, Membership, Section 1, Classification, I, Non-Dental Spouse Members**

I. Supportive Members
J. Limited Time Practice/Professional Leave Members
K. Associate Members
L. Nonpracticing Member

**Chapter I, Membership, Section 2, Qualifications, I, Non-Dental Spouse Member**

The surviving spouse of an active, life, retired, or limited time practice/professional leave member who died while in good standing shall be entitled to all privileges of an active member, except those of voting or holding any office or appointive position in the association and may participate in all programs for which such member is eligible.

**Chapter I, Membership, Section 4, Privileges, I, Non-Dental Spouse Member**

I. Non-Dental Spouse Member: The surviving spouse of an active, life, retired, or limited time practice/professional leave member who died while in good standing shall be entitled to all privileges of an active member, except those of voting or holding any office or appointive position in the association and may participate in all programs for which such member is eligible.

**Chapter I, Membership, Section 5, Dues, J, Non-Dental Spouse Member**

J. Non-Dental Spouse Member: The annual dues of a non-dental spouse member shall be established by the house of delegates in conformity with chapter iii, section 5, g. and shall be due January 1 of each year.

**3-912** Resolved, that the following recommendation be forwarded to the 2013 MDA House of Delegates with a recommendation for adoption: Adopted to 2013

Resolved, that Resolution 15H-98 regarding annual dues of a Michigan Dental Association non-dentist spouse member be rescinded and removed from the Association Policy Manual.
Resolved, that the Michigan Dental Association Board of Trustees transition the MDA’s Committee on Membership Recruitment and Retention to the “Membership Advisory Committee”, effective with the 2013-2014 administrative year, and be it further

Resolved, that the scope of the Membership Advisory Committee be as follows:

Michigan Dental Association

Scope of the Membership Advisory Committee (MAC)

Structure
The advisory committee includes: chair, staff liaison, member outreach, board liaison, ninth district representative from ADA Council on Membership and others as needed based on initiative and to be defined by the chair, MDA president, CEO/executive director, and director of membership and strategic initiatives.

Primary Duties
The primary duties of the advisory committee is as follows: member retention, nonmember recruitment, coordinating focus groups of diverse member groups for feedback, cultivating relationships between MDA and its components, serving as a liaison to the ADA’s Council on membership and ADA New Dentist Committee, student outreach, and special initiatives as designated by the MDA’s Board of trustees.

Note: Non-voting, ex-officio members of the committee include the liaison trustee, president, president-elect, vice-president, secretary and executive director.

Approved: September 21, 2012

and be it further

Resolved, that the manuals and documents be revised to reflect this change.

Resolved, that the following be elected as a Michigan Dental Association Foundation Board member to a three year term to expire June 30, 2015:

Robert Steiman, DDS, MDA member

Resolved, that the following be elected as a Michigan Dental Association Foundation Board member to a three year term to expire June 30, 2015:

Scott Smith, DDS, MDA member

Resolved, the following recommendation be forwarded to the MDA Board of Trustees with a recommendation for adoption:

Resolved, that the Michigan Dental Association Foundation Bylaws, be revised as follows:
Article II, Directors and Board of Directors Meetings, 2. Number, Term and Election:

2. Number, Term and Election. A board of directors shall manage the Foundation’s business and affairs.

The board of directors shall consist of not less than seven (7) nor more than twenty-one (21) members. At least fifty-one percent (51%) of the members of the board of directors shall be comprised of members of the Michigan Dental Association. Up to ten (10) directors may be from the community at large, and may include representatives from the Michigan Dental Assistants Association, the Michigan Dental Hygienists Association and other affiliated dental entities.

Directors shall be nominated and elected by the MDAF board of directors and confirmed by the MDA board of trustees at any regular meeting of the MDA board of trustees. Directors shall hold office for staggered terms of three (3) years, except that the initial board of directors shall be divided into three groups with one group holding office for a term of one (1) year, one group holding office for a term of two (2) years and the third group holding office for a term of three (3) years.

An immediate past president or vice-president may be elected to the board as a director after having previously served as such officer.

Article III, Officers, 2. Term, Removal and Resignation:

2. Term, Removal and Resignation. It is recommended, but not mandatory, that directors serve on the board for two years before announcing candidacy for the office of president or vice-president.

The officers of the Foundation shall hold office until their term expires, successors are elected or until their resignation or removal. Any officer may be removed with or without cause at any time by the affirmative vote of a majority of the MDAF board of directors. An officer may resign by written notice to the foundation. The resignation is effective upon its receipt by the foundation or at a subsequent time specified in the notice. If any office becomes vacant for any reason, the vacancy shall be filled by the affirmative vote of a majority of the MDAF board of directors.

Article III, Officers, 3. President:

3. President. The president shall serve for no more than two three-year terms. After the expiration of one (1) year, a former president is eligible for re-election to the former office. The president is the chief elected officer of the foundation. The president is the presiding officer at all meetings of board of directors. The president shall perform all of the duties usually appertaining to the office of president and chief operating officer of a foundation. The president shall have general charge of the business affairs of the foundation. The president shall have such other powers and duties as may be assigned by the board of directors.
Article III, Officers, 4. Vice-President:

4. Vice-President. The vice-president shall serve for no more than two three-year terms. After the expiration of one (1) year, a former vice-president is eligible for re-election to the former office. In the event the board of directors shall appoint a vice-president, the vice-president shall perform all the duties usually appertaining to that office, subject to the control of the president. The vice-president shall also exercise the duties of the president in the absence of the president; provided, if there is more than one vice-president, the board of directors shall decide who shall exercise the duties of the president in the absence of the president. The vice-president shall also perform any other duties as assigned by the board of directors.

Article III, Officers, 5. Secretary:

5. Secretary. The secretary shall serve for no more than two (2) two-year terms. The secretary shall attend and keep the minutes of the board of directors meetings. The secretary shall have custody of all records, papers, books and files of the foundation, except the books of account (which shall be in the custody of the treasurer). The secretary shall issue notice of all meetings of the board of directors. The secretary shall perform all of the duties usually appertaining to the office of secretary of a corporation, subject to the control of the president. The secretary shall also perform any other duties as assigned by the board of directors.

Article III, Officers, 6. Treasurer:

Treasurer. The treasurer shall serve for no more than two (2) two-year terms. The treasurer shall have the custody of all corporate funds and securities. The treasurer shall keep in books belonging to the foundation, full and accurate accounts of all receipts and disbursements. The treasurer shall deposit all monies, securities and other valuable effects in the name of the foundation, in such depositories as may be designated for that purpose by the board of directors. The treasurer shall disburse funds of the foundation as ordered by the board of directors, taking vouchers for such disbursements, and shall render to the president and directors at the meetings of the board of directors, and whenever requested by them, an account of the foundation. The treasurer, subject to the control of the president, shall also perform all duties incident to the office of treasurer. The treasurer shall also perform additional powers and duties as may be assigned by the board of directors.

8-912 Resolved, that the MDA Board of Trustees approves the continuance of the following special committees for the 2013-2014 year:

Adopted

Special Committees:
- Employee Benefits 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

Minutes of the Board of Trustees
September 21, 2012
Page 9
Resolved, that the Resolutions 14-606 regarding endorsement of YTB Travel program and Resolution 12-606 regarding AED Systems defibrillator’s be rescinded and removed from the Board Policy Manual.

FUND BALANCES:
The Board reviewed the balances of the 2012 Non-Reserved Fund and Contingency Fund.

ACTION ITEMS:

GOVERNANCE WORK GROUP:

Performance Requirements:
At the Board’s most recent meeting in Traverse City, Michael Gallery, PhD, CAE, president of OPIS provided the Board with an overview of the Governance Reorganization Process as depicted below:

The first step in the process involves identifying what principals and performance requirements the organization believes MDA’s governance structure should meet. In other words, what elements are important to MDA in a governance structure? Is democratic election of board members important? Should the Board be representative of the membership, etc.?

The Governance Work Group met at the MDA Headquarters on this past July 25. Dr. Gallery provided an overview of the governance process used and then facilitated a discussion of the work group regarding performance requirements for the MDA. The work group was divided into three teams and each team developed a list of proposed requirements. The work group, as a whole, then reviewed the work of each team and combined similar proposed requirements.
into a single statement and eliminated those the entire group believed were not in order. Decisions were reached by group consensus.

Once the Board approves the performance requirements, the work group will compare MDA’s current structure (what is) to the performance requirements (what should be) and identify any gaps. A significant gap between what should be and what is will be defined as a problem. A list of gaps (problems) will then be sent to the Board for its approval.

When the Board reviews and agrees on the problems, if any, with the current structure, the work group will then develop alternative solutions to close identified gaps. Those alternatives will then be presented to the Board and the House for approval by both bodies.

The Board was asked whether it believed anything was missing from the performance requirements. A comment was made that MDA must institutionalize leadership development. Points number 7 and 9 of the requirements pertain to leadership roles, responsibilities and qualifications, and the Board was informed that this feedback would be communicated to the Governance Work Group.

The following was adopted:

**10-912** Resolved, that the MDA Board of Trustees approves the list of performance requirements, as presented to the Board at its September 21, 2012 meeting, to be used as a basis for evaluating MDA’s current governance structure as well as making any needed changes to that structure.

**BOARD COMMITTEE ON FINANCE (BCF):**

**MDA Reserve Level:**

Background information is contained in a report from the BCF, dated August 10, 2012.

The following were proposed for adoption:

```
Recommendation 356:
Resolved, that the Michigan Dental Association maintain 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.

Recommendation 357:
Resolved, that the Michigan Dental Association maintain a maximum of 15% of total annual expenditures (exclusive of assessments) in an Strategic Project 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.
```

Minutes of the Board of Trustees
September 21, 2012
Page 11
A question was asked whether there is an IRS rule on the level of reserve funds that can be maintained by a 501(C)(6). The Board was informed that there is no limitation.

It is a strategic goal of the MDA to have a financially stable organization. Mr. Start informed the BCF regarding the forthcoming changes in health care and how they might potentially affect the MDA Blue Cross program. All of the health exchanges are going to potentially be slammed by people that have never had insurance before.

In addition, MDA is on the bell curve of baby boomers moving to categories of membership that do not pay dues.

It is the BCF’s belief that rather than building reserves in case something happens, it would be better to plan for how the MDA will look in the future.

At stake with Blue Cross is 1/2M per year; Mr. Start predicts it will be a slow erosion at first and then speed up. That is the threat that is out there.

The Board believes that there should be a policy on minimum and maximum reserves with guidelines as to what occurs when the level is at the minimum and/or goes over the maximum.

The following were adopted as amended:

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.

Drs. Barsamian and Smiley requested that their negative vote be recorded.

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, that 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.

Drs. Barsamian and Smiley requested that their negative vote be recorded.

13-912 Resolved, that Resolution 10-1207 regarding MDA reserve level be rescinded and removed from the Board Policy Manual. Adopted

NEW BUSINESS:

Michigan Dental Association Foundation Leadership Circle:
The Board was provided with information on the Foundation Leadership Circle and Board members were encouraged to participate.

Member Concerns Regarding Clinics:
The Board was informed that members have contacted the MDA with concerns they have regarding dental clinics in their town. These clinics treat the underserved and also treat fee-for-service patients.

MDA cannot make agreements or have conversations that might be deemed either up to an agreement or be an oral agreement on fixing prices or dividing markets (i.e. geographically, insurance they have, Medicaid). The State of Michigan and Federal Government are providing funding to dental clinics where both Medicaid and private insurance patients are being seen.

Therefore, when members call they are being informed that they need to speak with their local health department, Medicaid (state and federal) and county commissioner. The MDA does not have an opinion.

While this item is informational only, the Board should be aware that members are asking questions and that there is little the MDA can do. If local dental societies have good relationships with their city councils, hopefully the councils will work with the local dentists when these issues arise in their areas.

PRESENTATION TO IMMEDIATE PAST PRESIDENT VERHAGEN:
Editor Merchant presented Immediate Past President Dr. Connie Verhagen with a bound version of the 2011-2012 MDA Journals to chronicle her year as president of the MDA.

OLD BUSINESS:
Update on Mission of Mercy (MOM) Project:
Dr. Connie Verhagen provided the Board with a report on the MDA’s MOM Project. MDA is in the beginning stages of coordinating this project.

While there is a learning curve involved, if the MDA elects to hold a MOM project in the future, 80% of the groundwork will have been completed.
The Board reviewed:

- Dates of the Event:
  - Thursday, June 6, 2013 – set up clinic
  - Friday, June 7 and Saturday, June 8, 2013 - clinic open to all
  - Sunday, June 9 – tear down clinic
- The MOM organizational chart
- Draft diagram of the clinic layout
- Budget and fundraising/donations

**Legislative Update:**
The Board was provided with a written legislative update by Mr. Bill Sullivan, director of legislative and insurance affairs.

**MDA TWITTER PROGRAM:**
Ms. Stephanie Olds, MDA’s MSU student intern, provided the Board with a report on the MDA Twitter program.

The MDA’s primary audience includes legislators, news media, oral health and health related organizations, dental associations, dental practices, dental schools and dental supply companies. These are people/groups that the MDA wants to know and influence. This is an easy, quick way for MDA to get its message out to those of interest. MDA’s SMZ and Truscott/Rosman are also part of the network.

MDA has sent 380 tweets to-date. Typically, two tweets are sent per day, one in the morning and one in the late afternoon. Since a tweeter can only tweet a limited amount of characters, each tweet contains a link to either an article or a video for additional information.

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

- MDA Calendar of Referrals
- Committee Minutes (posted online since the June Board meeting)
- June 2012 Board Minutes
- MDA Dues Statement Optional Contributions
- Update from Detroit District Dental Society (MDA Board Resolution 18-901)
- Annual Session Report (Cobo Hall will be completely remodeled after 2014 – MDA may consider going back to Cobo Hall in 2016)

**ANNOUNCEMENTS/REPORTS (OFFICER/TRUSTEE/STAFF/OUTSIDE LIAISONS):**

**Michigan Board of Dentistry:**
The new chair of the Michigan Board of Dentistry is Dr. Diane Hines and the vice chair is Dr. Deb Manos.
Committee Scopes:
In June, Michael Gallery led the Board through a process of reviewing MDA committees. The executive staff, along with their committee chairs, are in the process of reviewing each committee scope, structure and duties. Revised scopes, with charges for each committee for 2013, will be presented to the Board at its December 2012 meeting. New charges will be set by the Board annually each June.

Golden Apple Awards:
The MDA received two Golden Apples from the ADA in the category of legislative achievement: “Grassroots Development Program” and in the category of Excellence in Membership Recruitment and Retention Activity: “Nonmember Five Pillars Campaign.” A formal presentation of the awards will be conducted at the Board’s December 7, 2012 meeting.

Symposium on School Based Oral Health Programs:
MDA and the Michigan Department of Community Health will sponsor a ½ day symposium on school based oral health programs during the 2013 Annual Session on Friday, April 19, 2012. The goal of the symposium is to educate and inform MDA members on the school based oral health program. There will be a reasonable fee charged for the symposium.

Macomb Seminar:
The Macomb District Dental Society is presenting the Dr. Charles J. Defever All-Day Memorial Seminar on Friday, Nov. 16. Registration is open now and all MDA members and staffs are invited to attend.

The all-day session features Marie Fluent, DDS, of The Dental Advisor speaking on “The Latest in Direct Restorative Materials — Bonding Agents, Composites, Finishing and Polishing.” A morning-only session, “Staying on Top: Tips, Tools and Techniques for Team Success” features Jennifer Ireland, also of The Dental Advisor.

Registration opens at 8:30 a.m. with a continental breakfast and lunch provided. Seven CE credits will be awarded for the all-day session; three credits for the morning-only option.

Michigan Dental Association Foundation (MDAF):
The MDA Foundation Board met a couple weeks ago and its strategic plan is progressing. The Foundation added an executive consultant, Grace DeShaw-Wilner, who will work with the Foundation over the next year. Two new board directors were recently added.

Executive Session is on the next page
Executive Session

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

EMPLOYEE BENEFITS ADVISORY COMMITTEE (EBAC):

Defined Contribution Plan Percentage for 2014:

Background information is contained in a report from EBAC, dated September 24.

The following was adopted:

13-912 Resolved, that the defined contribution plan percentage be Adopted
six (6) percent of total compensation for the year 2014.

EMPLOYEE BENEFITS ADVISORY COMMITTEE (EBAC):

2013 Pay Range Movement vs. MDA Ratio Analysis:

Background information is contained in a report from EBAC, dated September 24.

The following was adopted:

14-912 Resolved, that MDA eliminate an annual board vote on the Adopted
suggested aggregate pay range movement and instead receive
a report from the Employee Benefits Advisory Committee
regarding the ratio analysis highlighting a comparison between
MDA and ASAE averages for similar organizations.

EMPLOYEE BENEFITS ADVISORY COMMITTEE (EBAC):

MDA Employee Health Savings Account (HSA) Funding:

Background information is contained in a report from EBAC, dated September 24.

The following was adopted:

15-912 Resolved, that MDA continue funding the employee health Adopted
savings accounts from January 2013 through December 2014
(up to $1,000 annually for singles and up to $2,000 annually
for families).

Jeffery Johnston, DDS, MS
President

Mark Johnston, DDS
Secretary
LEGISLATIVE UPDATE
(Updated September 17, 2012 by Bill Sullivan)

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

LEGISLATION

Appropriations

The Governor’s budget was presented on February 9. The Governor proposed expanding Healthy Kids Dental to the 18 counties that do not have it. This would be phased in over the next several years beginning with a $25 million appropriation in 2013. Expected completion would be 2016. The Governor also proposed to maintain funding for adult dental Medicaid at $5.2 million and Donated Dental Services at $150,000. The Governor, Senate and House of Representatives finalized the Department of Community Health budget in June. The agreed to amounts were as follows: Healthy Kids Dental - $16.6 million; Adult Dental Medicaid - $5.2 million; and Donated Dental Services - $150,000.

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

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

Tort Reform

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

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

House Bill 4389 (Stamas) – provides immunity for an individual who provides care under a special volunteer license to engage in the practice of medicine, osteopathic medicine and surgery, podiatric medicine and surgery, or dentistry, at a health facility for medically indigent individuals.
Status: Now law. PA 55 of 2011.
*2009 MDA House of Delegates Resolution - 15H-09 (Adopted: Consent Calendar)
Resolved, that the Michigan Dental Association pursue a changes to current statutes related to the volunteer dentist license to include the term “dentist”.

**Senate Bill 53** (Marleau) – prevents genuine expressions of sympathy or compassion from being used as an admission of liability.  
Status: Now law.  **PA 21 of 2011**.  
*MDA 2010 House Resolution - 11H-10. (Adopted: Consent Calendar)
Resolved, that the MDA seek passage of legislation that would prevent genuine expressions of sympathy or compassion from being used as an admission of liability.  

**Senate Bills** **1115, 1116, 1117, 1118** (Kahn, Meekhof, Moolenaar, Hune) – this package of bills deals with malpractice reform.  
Status: Senate Committee on Insurance  

**Taxes**  
**House Bill 4361** (Gilbert) – this is the bill implementing Governor Snyder’s tax plan.  
Status: Now law.  **PA 38 of 2011 MDA analysis on the impact on dentists**.  
**House Bill 5390** (Dillon) – creates an exemption from the sales tax for dental prosthetic devices.  This bill was initiated by MSOMS.  
Status: House Tax Policy Committee  
**House Bill 5808** (Ananich) – allows a physician, who accepts Medicaid, to claim a 50% tax credit on the difference between the amount that the physician would regularly charge a patient and the amount that the Medicaid program would pay.  
Status: House Tax Policy Committee  
**Senate Bill 34** (Nofs) – repeals personal tax.  
Status: Senate Finance Committee  

**Senate Bills** **347, 348** (Kahn) – this is the governor’s proposed tax on paid health insurance claims.  
Status: Now law.  **PA 141 of 2011**.  
**Senate Bill 883** (Hildenbrand) – eliminates taxation on personal property for purchases after January 1, 2012.  
Status: Senate Finance Committee  

**Licensing**  
**House Bill 4085** (Slavens) – requires disciplinary subcommittee to impose license revocation or denial upon conviction of first, second, or third degree criminal sexual conduct.  
Status: House Health Policy Committee
**House Bills 4411, 4412, 4413** (Haines, Huuki, Liss respectively) – allows a disciplinary subcommittee to permanently revoke the license or registration of a healthcare professional upon conviction of certain criminal sexual offenses.


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


**Insurance**

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

Status: House Health Policy Committee

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

Status: House Floor

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

Status: House Health Policy

**Senate Bill 47** (Gregory) – requires that dental hygienists services be covered under Medicaid. This would allow the hygienist to directly bill Medicaid and to directly receive payment from Medicaid.

Status: Senate Appropriations Committee

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

State: Passed Senate. Currently in House Committee on Insurance.

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

Status: Senate Committee on Insurance

**Senate Bill 1237** (Marleau) – creates an All-Payer Claims Database in Michigan.

Status: Senate Health Policy Committee

**House Bill 5908** (Haines) and **5909** (Shirkey) – these bills were initiated by MSMS and would place limits on when and how an insurance can do “take back.”

Status: House Committee on Insurance

*2012 MDA House of Delegates Resolution - 09H-12* (Adopted; Consent Calendar)

Resolved, that the Michigan Dental Association supports the Michigan State Medical Society initiatives to address payment accountability and audit time limits for insurers, and be it further
Resolved, that the MDA seek to add those carriers covered by the Non Profit Corporation Dental Act to the legislation.

**Regulatory**

**House Bill 4090 and 5048** (Genetski) – creates the office of Medicaid inspector general.
Status: House Families and Children’s Services Committee

**House Bill 4192** (Scott) – allows for practitioners who prescribe a controlled substance to have access to data collected through the Michigan automated prescription system (MAPS).
Status: Now law. [PA 108 of 2011](#).

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

**House Bill 4718** (Kowall) – this is the “second pair of hands” legislation. It allows a dental hygienist to supervise dental assistants during certain procedures, under the supervision of a dentist.
Status: Now law. [PA 289 of 2012](#).

**House Bill 5002** (Jacobsen) – modifies definitions of disability and conditions on compensation for covered injuries.
Status: Now law. [PA 266 of 2011](#).

**House Bill 5030** (Haveman) – establishes limitations on rules MIOSHA can promulgate.
Status: Passed House. Now in the Senate Committee on Reforms, Restructuring and Reinventing.

**House Bill 5798** (LaFontaine) – amends definition of solid waste and regulates collection centers.
Status: House Committee on Regulatory Reform

**Senate Bill 14** (Jansen) – repeals Occupational Safety and Health Act.
Status: Senate Appropriations Committee

**Senate Bill 20** (Jones) – prohibits promulgation of workplace ergonomics rules.
Status: Now law. [PA 10 of 2011](#).

**Senate Bill 99** (Jones) – prohibits possession of certain schedule I controlled substances and provides penalties. This bill concerns marihuana-like drugs such as salvia.
Status: House Floor.
**Senate Bill 213** (Casperson) – allows Michigan pharmacists to dispense a prescription for a controlled substance written by an out of state dentist.

**Senate Bills 483 & 484** (Jansen) – these bills allow the state to bond in order to pay off debt to the federal government owed because of borrowing to pay for unemployment benefits.
Status: Now law. [PA 267](https://www.legis.state.mi.us/Legislation/PA2672011.aspx) and [PA 268 of 2011](https://www.legis.state.mi.us/Legislation/PA2682011.aspx) respectively.

**Senate Bill 693** (Marleau) – creates the MI Health marketplace, which is the insurance exchange required by federal law. The MDA has been working with the Governor’s office on the issue of the essential health benefits for pediatric dental care coverage.
Status: Passed Senate. In House Health Policy Committee.

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

**Senate Bill 806** (Brandenberg) – makes technical changes to the unemployment benefits system. One change is to increase the taxable wage base from $9,000 to $9,500.

**Senate Bill 1269** (Kowall) – this bill would amend the CON statute to allow McLaren Health System to build a new hospital.
Status: Senate Committee on Economic Development

**Education**

**House Bills 5770, 5771, 5772, 5773** (Amanich, Foster, Cavanagh, McBroom) – these bills would set up scholarships and grants for primary care physicians (which includes dentists) who meet certain requirements. Chief among the requirements is that the doctor practice in a critical needs area in Michigan for a designated period of time after graduation and residency.
Status: House Committee on Education.

**OTHER ISSUES**
• **Non-Covered Services Issue:**
The MDA Board is developing its grassroots operation.

*2012 MDA House of Delegates Resolution - 13H-12 (Adopted; Consent Calendar)
Resolved, that the MDA pursue all available avenues to prohibit the practice of allowing insurance companies to set fees on services they do not cover.

• **Hygienists Directly Billing Medicaid:**
The Michigan Department of Community Health issued a new policy on November 12, 2010 which allows some RDHs to enroll as a Medicaid provider via the CHAMPS system. The policy went into effect on January 1, 2011.
Status: Senator Gregory has introduced Senate Bill 47 and Rep. MacMaster has introduced House Bill 5216 (which is the same as Senate Bill 47). Both bills allow a hygienist to directly bill, and receive payment from, Medicaid.

• **Statutory Mandate for Michigan Oral Health Program:**
The MDA sent a letter to the Governor for his special health care message and this program was highlighted. The MDA will continue working with Governor on this.

*2012 MDA House of Delegates Resolution - 15H-12 (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 or dental hygiene in the state of Michigan as stipulated in the public code; and
(c) be appointed on the basis of his or her education, training, experience and interest in public dental health and related programs.

And be it further

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

And be it further

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

• **Dental CT/Certificate of Need Commission** – The CT Standards Advisory Committee (SAC) voted to continue regulating dental CTs at their November 17,
2010 meeting. The full CON Commission approved the CT SAC recommendation on March 24, 2011. MDA staff are involved in meetings with interested parties to address MDA issues.

*2012 MDA House of Delegates Resolution - 11H-12 (Adopted)
Resolved, that the Michigan Dental Association work to streamline or eliminate the actions of the Certificate of Need Commission with regard to the practice of dentistry.

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

*2012 MDA House of Delegates Resolution - 09H-12 (Adopted; Consent Calendar)
Resolved, that the Michigan Dental Association supports the Michigan State Medical Society initiatives to address payment accountability and audit time limits for insurers, and be it further

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

- **Public Act 161:**
The Advisory Committee met on September 29, 2011. Dr. Norm Palm, Dr. Steve Dater and Bill Sullivan are representing the MDA. The first meeting of the Advisory Committee was mainly organizational in nature. The MDCH seemed to want to tighten up PA 161.

The Advisory Committee met on November 2, 2011. The preliminary PA 161 2011 annual report was reviewed. In addition, the proposed application form and data form were reviewed. Members of the committee were asked to develop questions that could be used to evaluate the PA 161 program. The MDA submitted questions.

The Advisory Committee met on May 16, 2012. The topics of discussion were a University of Michigan study that surveyed dental hygienists on their awareness of the PA 161 program; developing definitions of passive/informed parental consent; and how best to evaluate the PA 161 program. It was announced that a person was hired to deal with the evaluation process. The oral health director also asked for any comments on PA 161 as it pertains to the Governor’s plan to open up the Public Health Code. The next meeting is scheduled for November 7, 2012.

*2012 MDA House of Delegates Resolution - 18H-12 (Adopted; Consent Calendar)
Resolved, that the Michigan Dental Association pursue further changes, including the possibility of legislation, to improve PA 161 consistent with the access core values.

- **Statutory Regulation of Mobile Dental Facilities in the State of Michigan**
Legislation was drafted and reviewed by interested parties. Currently, a bill sponsor is being sought.

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

The Michigan Dental Association will seek this statutory regulation in collaboration with the Michigan Department of Community Health and the State Board of Dentistry.
Additional resolutions were adopted that provided specific parameters for mobile dental facilities. The entire package of resolutions adopted addressing this issue can be viewed beginning on page 6.

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

*2011 MDA House of Delegates Resolution – 14H-11 (Adopted as Amended)*

Resolved, that the MDA Committee on Governmental and Insurance Affairs will monitor the political and economic climate to determine when it might be feasible to pursue new revenue sources dedicated to funding public oral health programs in the State of Michigan, and be it further

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

- **Expansion of Healthy Kids Dental Using Existing Resources**
MDA staff has met with the Governor’s office and key legislators on this issue. The Governor mentioned the HKD program in his special message on health care and said HKD should be given strong consideration for full funding. The Governor has proposed expanding HKD to all remaining counties. Please see the budget update under the “Appropriations” section in this report.

*2012 MDA House of Delegates Resolution - 10H-12 (Adopted as Amended)*

Resolved, that the MDA advocate for increased funding for Healthy Kids Dental to include all 83 Michigan counties and for inclusion of any willing Michigan licensed dentist in the Healthy Kids Dental Program, regardless of their participation status in any other programs by the program administrator.

- **Decision-Makers on Dental Claims**
The ADA forwarded a resolution to the states that called for EOBs to contain detailed contact information on the persons making decisions on dental claims. The MDA Board did not feel this was a practical idea because it would make it very difficult for insurance companies to find dentists to serve as reviewers. Instead, the Board passed a resolution to the House of Delegates. The HOD adopted that resolution, which is below. The MDA will pursue this issue.

*2012 MDA House of Delegates Resolution - 23H-12 (Adopted; Consent Calendar)*

Resolved, that the MDA pursue requiring that any individual making the final decision regarding accepting or rejecting a dental claim for a dental benefit plan/company must be a licensed dentist in the United States, preferably within the jurisdiction of the dentist treating the patient in accordance with applicable state law.
Michigan Dental Association
Proposed Governance Performance Requirements
Presented to the MDA Board for Its Approval
By the MDA Governance Task Force
September 21, 2012

The MDA Governance Task Force recommends that any governance structure accepted and implemented by the MDA meet, at a minimum, the following Performance Requirements.

1. The governance system facilitates a constant stream of communication among all elements of the governance system.
2. Decision makers decide on organizational outcomes and do not prescribe the process(s) to be used to achieve those outcomes.
3. Term limits achieve a balance between the need for new leadership and the need for continuity within leadership.
4. When appropriate, spending decisions are driven by the strategic plan.
5. The group that makes final decisions about the budget should also be the group that has the responsibility for maintaining the financial sustainability of the organization.
6. The governance structure ensures that decision makers are provided with the appropriate knowledge, information, and time to make informed and timely decisions.
7. Positions of leadership are filled by those most qualified.
8. The governance structure facilitates identification and correction of leadership performance issues.
9. Roles and responsibilities of each leadership position are clearly defined and the relationship among the various positions is also clearly defined.
10. All people holding positions of leadership are to be actively engaged.
11. The governance structure encourages member engagement and participation at a variety of levels.
12. Whenever possible, decisions are made consistent with the strategic plan.
13. Bylaws, policies, and procedures of the components are consistent with the MDA.
14. Board members meet the minimum requirements for board membership, as set by the MDA.
15. Decision makers speak with one voice, once a decision is made.
16. Committees are formed (or deleted) and structured based on the strategic plan and/or needs of the association.
17. The structure has mechanisms to secure member input.