

September Board of Trustees Meeting Report

Over recent years, the ADA has greatly improved its budget process. We have continued to make incremental improvements in our governance processes as well. At our September board meeting, we approved a report and resolution to be sent to the House to further both goals. This report addresses the most appropriate place in the Association to place final authority to approve the Association's budget. The report reviews what we have learned and the best practices of other organizations, as well as advice we have received from outside experts. The Board is asking the House to shift authority to approve budgets to the Board. The report itself provides the rationale in support of this proposal. Dr. Roberts will also host an open forum in Atlanta on this topic.

We addressed a number of district submissions to the House. We are grateful to each district which submitted its resolutions in time to allow the Board to offer comments. Our comments and recommendations on these resolutions will be posted for the House in the second set of resolutions. Among other reports being transmitted to the House is a report from the Council on Communications as an update on 67H-2016 (Three Year Initiative to Drive Utilization of Dental Services). The news is very good and we are pleased that the campaign is largely on track to meet its success measures for the year and we thank the Council for its comprehensive report.

Mike Graham, VP governmental affairs, presented his report on government affairs federal activities. The ADA Washington office has been active on SCHIP reauthorization, which is expected to be passed on or around September 30. We are also very close to getting a Senate bill introduced regarding McCarran-Ferguson. On health care reform, a new proposal has been proposed in the Senate and has garnered significant activity, but its fate is uncertain. The bill must pass by September 30 and it is no more favorable to dentistry than the last health care reform bill. We are also contesting some significant HHS Medicaid regulations, and are awaiting a ruling by HHS in the near future.

The ADA has been participating in the Choosing Wisely campaign as the only dental organization involved in that campaign. The campaign focuses on five statements recommended by the ADA. These statements are reviewed every year so that we can update them as needed. For example, this year, we voted to add a statement on opioid use. We approved the new statements at this meeting. Our five statements are now:

1. Don't recommend non-fluoride toothpaste for infants and children.
2. Avoid restorative treatment as a first line of treatment in incipient (non-cavitated) occlusal caries without first considering sealant use.
3. Avoid protective stabilization, sedation or general anesthesia in pediatric patients without consideration of all options with the legal guardian.
4. Don't routinely prescribe antibiotics for irreversible pulpitis (toothache) in the absence of cellulitis (swelling).
5. Don't routinely prescribe narcotics/opioids to manage pain associated with dental pathologies and/or procedures.

Each of these statements was reviewed by CAAP, CSA, CC and CDP as well

Each year, our Board meets with the ASDA Board. At this meeting, through panel discussions and table exercises, we examined the similarities and differences in the experience of new graduates today versus when our Board members finished dental school. The similarities between generations was striking, but new dentists today clearly face different choices and different environments. Many of our Board members shared stories about how they were welcomed into the profession by older dentists and local societies. Is that still true today? The second part of the session focused on how to talk about organized dentistry in a compelling way. The group noted the importance of personal experiences, tangible benefits and displaying passion and emotion while talking about the benefits of membership.

Dr. Marcello Araujo, VP science, provided us with an update on the CSA and Science Institute strategy and projects and on the ADA's important work focused on Interprofessional activities.

- The Science Institute is focusing on member value through, for example, Standards, the Seal of Acceptance program and EBD. It is also focusing on assuring that our members are leaders in dentistry through access to scientific knowledge. We look forward to upcoming initiatives on both of these fronts.
- Our Interprofessional work is now spread throughout the Association. Responsibility for interprofessional work has moved from a single council to the entire Association. CAAP, the Practice Institute, the Division of Conferences and Continuing Education and the Science Institute are all involved. MD Anderson is one of our partners in this area, focusing on oral cancer.

An issue facing dentistry is the possible addition of a dental benefit to Medicare. This is not imminent but discussions among policy makers are taking place. Such a benefit will only be effective in enhancing care if it makes sense from the provider perspective. Our preliminary research indicates that a majority of dentists would participate in a Medicare dental benefit, *if it is fair*. At the Board's direction, CDBP and HPI are working diligently to identify what would be a workable Medicare dental benefit and advocating for a benefit design that makes sense for dentists and older adults. In this way, the ADA is effectively influencing the multi-stakeholder advocacy efforts that are already well underway. Advocacy efforts by CGA are pending until results of the work by CDBP and HPI become clear.

One of our proposals going to the House is a resolution to convert the New Dentist Committee (NDC) liaison position on our councils to full voting members of those councils (Resolution 47). These new council members shall be drawn from any new dentist in the Association, as recommended to the Board by the New Dentist Committee. It is very clear that the ADA must attract and retain new dentists to membership in order to remain viable into the future. To do this, we must better incorporate the voice of the new dentist throughout our governance structure. At the Board level, we now invite the chair of the NDC to attend all of our meeting. At the council level, Res. 47 will enhance the voice of the new dentist by coupling it with the power to vote within those councils. We believe this is an important governance innovation and we look forward to discussing it at the House.

Our country has recently experienced very difficult times dealing with the impact from two hurricanes. The ADAF offers financial assistance to affected dentists, as do our state

societies. In addition, the ADA has been in regular contact with both Texas and Florida and offers comprehensive information, advice and guidance regarding necessary resources related to dealing with property and business losses for affected dentists and dental societies. The Board recognized that the Foundation is doing great work, and the ADA is ready to support the Foundation's relief efforts. At this meeting, we allocated up to \$250,000 to donate to the Foundation for its emergency disaster grant fund, upon the request of the Foundation. This will allow the Foundation to identify and vet the financial need. We support the Foundation and this donation is an important message to everyone to support dentists affected by these disasters.

I look forward to seeing everyone in Atlanta and working together as a district and supporting our candidate, Dr. Carolyn Malon, for ADA vice president.

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