

Florida Dental Association
BOARD OF TRUSTEES MEETING
AGENDA

FRIDAY, DECEMBER 6

EVENT: Board of Trustees Business Meeting – Session 1
TIME: 8:30 AM – 3:30 PM
LOCATION: FDA Headquarters
545 John Knox Rd., Ste 200, Tallahassee, FL 32303

SATURDAY, DECEMBER 7

EVENT: Board of Trustees Business Meeting – Session 2
TIME: 8:15 AM – 12:00 PM
LOCATION: FDA Headquarters
545 John Knox Rd., Ste 200, Tallahassee, FL 32303

Mission: Helping Members Succeed
Vision: Florida’s Advocate for Oral Health

Goals:

1. Finance – Assure Organizational Sustainability
2. Membership – Increase Member Loyalty and Investment
3. The FDA (and ADA) will be recognized as the leaders and advocates for oral health

Core Values:

1. Commitment to Members
2. Commitment to the Improvement of Oral Health
3. Integrity/Ethics
4. Excellence

ATTENDEES:

**Indicates member unable to attend*

CHAIR:	President	Dr. Jeff Ottley
FDA OFFICERS:	President-elect	Dr. John Paul
	1st Vice-President	Dr. Dan Gesek
	Immediate Past Pres.	Dr. Beatriz Terry
TRUSTEES:	ACDDA	Dr. John Pasqual
	CFDDA	Dr. Bert Hughes
	NEDDA	Dr. Bethany Douglas
	NWDDA	Dr. Reese Harrison
	SFDDA	Dr. Richard Mufson*
	WCDDA	Dr. Fred Grassin
	At-large	Dr. Karen Glerum

	At-large	Dr. John Cordoba
	At-large	Dr. Tom Brown
	At-large	Dr. Eddie Martin
	At-large	Dr. Sam Desai
	At-large	Dr. Chris Bulnes
EX-OFFICIO OFFICERS	Executive Director	Drew Eason
	Parliamentarian	Dr. Don Ilkka*
	Treasurer	Dr. Rodrigo Romano
	TFDA Editor	Dr. Hugh Wunderlich
GUESTS:	ADA Trustee	Dr. Andy Brown*
	BOD Liaison	Dr. Steve Hochfelder*
	Moore Communications	Liz Underwood
STAFF:	COO, CFO	Greg Gruber
	Chief Legislative Officer	Joe Anne Hart
	FDAS General Mgr./COO	Scott Ruthstrom
	FDAS Dir of Insurance Opp	Carrie Millar
	Chief Legal Officer	Casey Stoutamire
	FDA General Counsel	Dylan Rivers
	Director of Conventions and CE	Crissy Tallman
	Director of Foundation Affairs	R. Jai Gillum
	Director of Member Relations	Kerry Gomez-Rios
	Director of Publications	Jill Runyan
	Dir of Strategic Initiatives & Tech	Larry Darnell
	Leadership Affairs Manager	Lianne Bell

Expenses Covered for this meeting: Thursday & Friday night at the Hotel Duval (reimbursed at the group rate of \$189 per-night plus taxes & fees). Hotel Duval is valet parking only at \$36 per day and will be reimbursed. Milage or airfare (includes baggage fees and airport parking), will be covered. Meals necessary while traveling to meeting on Thursday and Saturday are reimbursable with receipts. Thursday night dinner is reimbursable with receipts. Cash tips and gratuities are reimbursable, **no** receipts required. For any special accommodations or requests please contact the executive director to see if reimbursement will be given.

[FDA Travel Guidelines](#)

AGENDA:

FRIDAY: December 6, 2024

Breakfast will be available in the meeting room beginning at 7:30 a.m.

1. **Call to Order** Dr. Jeff Ottley
8:30 a.m.
2. **Invocation & Americanism** Dr. John Paul
3. **Opening Remarks & Recognition of Guests** Dr. Ottley
4. **Legal Compliance and Other Matters**
 - A. Conflict of Interest Policy Dr. Ottley
[Page 8](#)
 - B. Confidentiality Policy Update Casey Stoutamire
 1. BOT Confidentiality Policy [Page 9](#)
 2. Board of Trustees Confidentiality Policy JotForm:
<https://form.jotform.com/242384320411041>
5. **Review and Approval of Consent Agenda**
 - A. Approval of Minutes of October 28, 2024, meeting [Page 10](#)
 - B. FDC2024 Program [Page 14](#)
6. **Communities of Interest** Drew Eason
7. **ADA House of Delegates Updates** Dr. Dan Gesek
8. **17th District Delegation** Dr. Gesek
 - A. June 2025 Openings on the Delegation to ADA House [Page 17](#)
 - B. 17th Delegation to the ADA Manual Updates [Page 19](#)
9. **ADA Council Updates**
 - A. Strategic Forecasting Committee (SFC) Dr. Tom Brown

- | | | |
|------------|----------------------------------------------|-------------------------|
| 1. | 2024 Strategic Forecast | Page 22 |
| 2. | 2024 Strategic Forecast Summary | Page 36 |
| B. | ADPAC | Dr. Beatriz Terry |
| C. | Council on Dental Benefits & Practice (CDBP) | Dr. Bert Hughes |
| D. | Council on Governmental Affairs (CGA) | Dr. Chris Bulnes |
| 10. | Audit Committee Position | Greg Gruber |

RECESS

Meeting of FDAS Shareholders	Dr. Ottley Page 37
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RECONVENE

- | | | |
|------------|-------------------------------------|------------------------------------------------------------|
| 11. | FDA Member/Non-member Survey | Drew Eason |
| 12. | Focus Group Proposal | Drew Eason,
Kerry Gomez-Rios
Page 41 |
| A. | Resolution 2024B-010 | |

BREAK

10:30 AM

- | | | |
|------------|----------------------------------------------------------------------------------------------------------|---------------------------------------|
| 13. | Fluoridation Updates
<i>*See supplemental advanced reading emailed to BOT on November 18th</i> | Dr. Johnny Johnson |
| 14. | FDA Current Policy on Fluoridation | Dr. Ottley
Page 42 |
| 15. | Component Management – updates | Drew Eason |

LUNCH

11:45 AM

- | | | |
|------------|----------------------------------------------------|------------|
| 16. | Future Challenges and Opportunities Session | Dr. Ottley |
|------------|----------------------------------------------------|------------|

- | | |
|--------------------------------------------------------------|---------------|
| 17. Future Challenges and Opportunities Presentations | Board Members |
| 18. ED Evaluation (Executive Session ¹) | Dr. Ottley |

RECESS	3:30 p.m.
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[FDA Board of Trustees and FDA Foundation Board of Directors group dinner at 6:00 p.m.](#)

The Hub at Feather Oaks

6500 Miccosukee Road, Tallahassee, FL

The bus will pick up for dinner at Hotel Duval at 5:45 p.m. Friday evening. Please meet in the hotel lobby.

SATURDAY: December 7, 2024

Breakfast will be available in the meeting room beginning at 7:30 a.m.

- | | |
|--------------------------------------------------------|----------------------------------|
| 19. Call to Order | Dr. Jeff Ottley
8:15 a.m. |
| 20. Opening Remarks & Recognition of Guests | Dr. Ottley |
| 21. Legal Compliance and Other Matters | Dr. Ottley |
| 22. Legislative Update | Joe Anne Hart |
| 23. FDA Foundation Highlights | R. Jai Gillum |
| 24. RFDA Proposal | Greg Gruber,
Casey Stoutamire |
| 25. Board of Dentistry Highlights | Casey Stoutamire |
| 26. Editor Advisory Committee | Dr. Hugh Wunderlich |
| A. Resolution 2024H-012 | Page 43 |
| 27. Healthy Dentist Program Update | Larry Darnell |
| 28. FDA Policy Clean-Up | Casey Stoutamire |
| A. New Policy Document | Page 45 |

B.	Proposed Policy Recissions	
	1. Increase in penalty for non-repayment of student loan	Page 70
	2. Funding for hiring outside legislative consultants	Page 71
	3. Transfer of relief fund to Foundation	Page 72
	4. Foundation Relief Fund Committee, formation from dissolution of the FDA charitable relief fund	Page 74
	5. Transfer portion of relief fund to disaster fund	Page 76
	6. Agenda posting	Page 77
	7. Staggering of council terms	Page 78
	8. Date determination of membership numbers	Page 79
	9. Duties of the Council on Dental Education & Licensure	Page 80
	10. Duties of the Council on the New Dentist	Page 81
	11. Non-members at FDA meetings	Page 82
	12. Reduced Faculty members dues	Page 83
	13. FDA non-member panel/value prop objectives	Page 84
	14. Expenditures in excess of budget, itemization on membership dues statement	Page 85
	15. FDAF sustaining membership category, addition on the FDA dues statement	Page 86
	16. Life Member Award	Page 87
C.	Proposed Policy Updates	
	1. Non-discriminatory basis recruitment	Page 88
	2. Membership Antidiscrimination Policy	Page 89
29.	FDA Communications & Social Media Campaigns	Liz Shawn, Moore
30.	Resources	
	A. Pending List	Page 90
	B. Board of Trustees Calendar & Meetings	Page 92
	C. FDA Strategic Plan	Page 93
31.	Dates of Future Meetings/Topics/Social Events	
	<i>*attendance at these is expected.</i>	
	17th Delegation	
	Saturday, Jan. 18, 2025	
	7:30 AM – 9:00 AM	

Marriott Orlando Airport Lakeside

FDA Semi-Annual House of Delegates*

Saturday, Jan. 19, 2025

9:00 AM – 4:00 PM

Marriott Orlando Airport Lakeside

BOT Conference Call*

March 12, 2025

6:00 – 7:30 p.m.

Virtual Meeting held via Zoom

Florida Mission of Mercy

May 20-22, 2025

Daytona Beach, FL

BOT Business Meeting*

May 16-17, 2025

FDA Headquarters, Tallahassee, FL

FDA Annual House of Delegates*

Florida Dental Convention

June 19-21, 2025

Gaylord Palms Resort & Convention Center, Orlando, FL

BOT Retreat & Business Meeting*

August 14-16, 2024

One Ocean, Atlantic Beach, FL

LUNCH

11:00 AM

*boxed lunches will be available to eat onsite or take to-go.

32. Announcements

EXECUTIVE SESSION¹ (if needed)

33. Adjournment

12:00 PM (estimate)

¹ The purpose of an executive session is to discuss sensitive matters requiring the utmost confidentiality of Board members. While executive sessions may exclude invitees, guests and staff, no decisions should be made during executive sessions. Rather, any ideas discussed during executive sessions that warrant agreement and official action by the Board should be raised and acted upon by the Board after the executive session is concluded and during the Board's normal proceedings so that all such actions can be properly reviewed by legal counsel (when applicable) and duly recorded in the organization's official minutes.

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5 **CONFLICTS OF INTEREST DISCLOSURE POLICY**

6 For reference purposes at this meeting, all participants are advised of the FDA's policy
7 governing the disclosure of conflicts of interest. This policy is codified as Resolution
8 92H-022, as adopted by the House of Delegates on January 9, 1993, and reads as follows:
9

10 Resolved, that individuals serving as delegates, alternate delegates,
11 officers, trustees, alternate trustees, council or committee members shall,
12 at all times, exercise diligent care and unbiased judgment in assuring that
13 no detriment to the FDA results from conflicts between their personal or
14 business interests and those interests of the FDA. And, be it further
15

16 Resolved, that agendas at all official meetings of FDA agencies contain a
17 declaration of conflicts of interest at which time the presiding chairperson
18 will ask all members of that body to express the conflict. And, be it
19 further
20

21 Resolved, that if an individual believes that he or she or a member of his
22 or her immediate family may have a conflict of interest, whether personal
23 or business in nature, which pertains to an ownership, contractual,
24 financial or fiduciary interest, then the individual shall promptly and fully
25 disclose the possible conflict to the president of the association and/or
26 chairperson of the body for which the individual serves. And, be it further
27

28 Resolved, that failure to disclose a material conflict of interest may be the
29 basis for reconsideration of the question on a given issue according to
30 parliamentary procedure at any further time.

Board of Trustees Confidentiality Policy

I. The Parties. This Board of Trustees (BOT) Confidentiality Agreement, referred to as the “Agreement”, applies to an FDA Board of Trustee member, referred to as the “Volunteer”, in their duties associated with and/or involved in the activities or affairs of my position on the FDA Board of Trustees referred to as the “Volunteer Program”, with both the Volunteer and Volunteer Program collectively referred to as the “Parties”.

I hereby acknowledge that as a Board of Trustee member for the Florida Dental Association, I will uphold the strict confidentiality of board meetings, deliberations and communications. I will not share, copy, or otherwise disclose confidential information related to association business affairs or board deliberations.

There are two exceptions to the standard of confidentiality: First, after consultation with association legal counsel and as required by law; and second, where the board authorizes disclosure (e.g., corporate minutes, resolutions and policies).”

II. Confidential Information. All data, materials, and proprietary information generated through, originating from, or having to do with my position on the FDA Board of Trustees or persons associated with its activities, including contractors, is to be considered Confidential Information and is not to be disclosed to any outside party. This includes, but is not limited to, documents, contracts, planning information, designs, printed matter, procedures, templates, financials (of any nature), conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, whether internally between staff or outside the volunteer program is confidential and the sole property of the Florida Dental Association. I agree that I will not at any time – during my tenure on the Board of Trustees or in the five years following that tenure – divulge any such confidential information, nor transfer any such confidential information to any third party, nor use any such confidential information for my own purpose or for any purpose other than in connection with my authorized role as a Board of Trustee member.

III. Third Party. Florida Dental Association information, including all file information (electronic, written or printed), is not to be disclosed to any third party, under any circumstances, without the written consent of the the Executive Director or Chief Legal Officer at the Florida Dental Association.

IV. Damages. Any disclosure, misuse, copying or transmitting of any material, data or information will subject the Board of Trustee member to the Florida Dental Association’s disciplinary process for FDA leaders and applicable Florida law, which may result in removal from the board position, prosecution, and/or monetary damages according to the procedures set by the Florida Dental Association and any applicable laws.

Florida Dental Association

Board of Trustees

DRAFT
MINUTES

NOTICED DATE: Monday, October 28, 2024

NOTICED TIME: 6:30pm ET

LOCATION: Zoom Call

CHAIR: Dr. Jeff Ottley, President

ATTENDANCE:

			Present	Absent
CHAIR:	President	Dr. Jeff Ottley	X	
OFFICERS:	President-elect	Dr. John Paul	X	
	1st Vice-President	Dr. Dan Gesek	X	
	Immediate Past Pres.	Dr. Beatriz Terry	X	
TRUSTEES:	ACDDA	Dr. John Pasqual	X	
	CFDDA	Dr. Bert Hughes	X	
	NEDDA	Dr. Bethany Douglas	X	
	NWDDA	Dr. Reese Harrison		X
	SFDDA	Dr. Richard Mufson	X	
	WCDDA	Dr. Fred Grassin	X	
	At-large	Dr. Karen Glerum	X	
	At-large	Dr. John Cordoba	X	
	At-large	Dr. Tom Brown	X	
	At-large	Dr. Eddie Martin	X	
	At-large	Dr. Sam Desai	X	
	At-large	Dr. Chris Bulnes	X	
EX OFFICIO:	Parliamentarian	Dr. Don Ilkka		X
	Treasurer	Dr. Rodrigo Romano	X	
	TFDA Editor	Dr. Hugh Wunderlich	X	
	BOD Liaison	Dr. Steve Hochfelder	X	
	ADA Trustee	Dr. Andy Brown	X	
	FDA Executive Director	Drew Eason	X	
STAFF:	Chief Financial/Operating Officer	Greg Gruber	X	
	Director of Accounting	Breana Giblin	X	

RETURN

Chief Legislative Officer	Joe Anne Hart	X
FDAS General Mgr./COO	Scott Ruthstrom	X
Director of Member Rel.	Kerry Gomez-Rios	X
Chief Legal Officer	Casey Stoutamire	X
Director of Comm. Mktng.	Renee Thompson	X
Director of Conventions & CE	Crissy Tallman	X
Director of Foundation Affairs	R. Jai Gillum	X
Director of Information Systems	Larry Darnell	X
Leadership Affairs Manager	Lianne Bell	X

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CALL TO ORDER

Dr. Ottley, Chair and FDA President, called the meeting to order at 6:30 pm.

OPENING REMARKS AND RECOGNITION OF GUESTS

Dr. Ottley welcomed everyone and thanked them for volunteering their time and expertise.

LEGAL MATTERS

Dr. Ottley reviewed the conflicts of interest, antitrust, and confidentiality policies with the BOT.

CONSENT AGENDA

The BOT adopted the following items by unanimous consent:

Approved Approval of Minutes of August 16-17, 2024, Meeting
Ratification of Interim Appointments

Board vote:

<input type="radio"/>	Ottley	<input checked="" type="checkbox"/>	Pasqual	<input checked="" type="checkbox"/>	Mufson	<input checked="" type="checkbox"/>	Brown
<input checked="" type="checkbox"/>	Paul	<input checked="" type="checkbox"/>	Glerum	<input checked="" type="checkbox"/>	Bulnes	<input checked="" type="checkbox"/>	Douglas
<input checked="" type="checkbox"/>	Gesek	<input checked="" type="checkbox"/>	Hughes	<input checked="" type="checkbox"/>	Grassin	<input checked="" type="checkbox"/>	Martin
<input checked="" type="checkbox"/>	Terry	<input checked="" type="checkbox"/>	Cordoba	<input checked="" type="checkbox"/>	Harrison		

Legend: Yea Nay Abstain Absent

AUDIT COMMITTEE UPDATE

Dr. Rodrigo Romano and Greg Gruber presented the FY 2023-2024 report from Thomas Howell Ferguson and the BOT approved the following:

2024B-006 [Procedure] RESOLVED, that the FDA Board of Trustees approve the annual consolidated audited financial statements and “Management Letter” documents for the Association’s annual audit (FDA, FDA Services, Inc. and Florida Dental Association Foundation, Inc. combined entities’ audit) for

RETURN

the 2023-2024 Fiscal Year ending June 30, 2024.

The BOT made the following recommendation to FDA services & FDAF board of directors: The following resolution is hereby submitted to the Board of Directors of both FDA Services, Inc. and to the Florida Dental Association Foundation, Inc. (FDAF):

[Procedure] RESOLVED, that the Board of Directors of both FDA Services and the Florida Dental Association Foundation acknowledge receipt of and approve the annual consolidated audited financial statements, “Management Letter” and for 2023-2024 Fiscal Year ending June 30, 2024.

The BOT made the following recommendation to the FDAPAC Board of Directors: The following resolution is hereby submitted to the Board of Directors of Florida Dental Association Political Action Committee

[Procedure] RESOLVED, that the Board of Directors of Florida Dental Association Political Action Committee acknowledge receipt of and approve the annual consolidated audited financial statements, “Management Letter” and for 2023-2024 Fiscal Year ending June 30, 2024.

Board vote:

<input type="radio"/>	Ottley	<input checked="" type="checkbox"/>	Pasqual	<input checked="" type="checkbox"/>	Mufson	<input checked="" type="checkbox"/>	Brown
<input checked="" type="checkbox"/>	Paul	<input checked="" type="checkbox"/>	Glerum	<input checked="" type="checkbox"/>	Bulnes	<input checked="" type="checkbox"/>	Douglas
<input checked="" type="checkbox"/>	Gesek	<input checked="" type="checkbox"/>	Hughes	<input checked="" type="checkbox"/>	Grassin	<input checked="" type="checkbox"/>	Martin
<input checked="" type="checkbox"/>	Terry	<input checked="" type="checkbox"/>	Cordoba	<input checked="" type="checkbox"/>	Harrison		

Legend: Yea Nay Abstain Absent

IGNITEDDS TASKFORCE UPDATE

Dr. Fred Grassin reported on the further due diligence done by the task force, which was made up of Drs. Grassin, Chris Bulnes and Resse Harrison. He said they all spoke with current clients of IgniteDDS (including solo practitioners and DSOs) as well as had a follow-up conversation with Dr. Rice.

After discussion, the Board approved the following:

2024B-008 [Procedure] RESOLVED, that the Board of Trustees authorizes the Executive Director to move forward with negotiating and executing a contract between the FDA and Ignite DDS and Dr. David Rice for the benefit of the FDA and its members.

Board vote:

<input type="radio"/>	Ottley	<input checked="" type="checkbox"/>	Pasqual	<input checked="" type="checkbox"/>	Mufson	<input checked="" type="checkbox"/>	Brown
<input checked="" type="checkbox"/>	Paul	<input checked="" type="checkbox"/>	Glerum	<input checked="" type="checkbox"/>	Bulnes	<input checked="" type="checkbox"/>	Douglas

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<input checked="" type="checkbox"/>	Gesek	<input checked="" type="checkbox"/>	Hughes	<input checked="" type="checkbox"/>	Grassin	<input checked="" type="checkbox"/>	Martin
<input checked="" type="checkbox"/>	Terry	<input checked="" type="checkbox"/>	Cordoba	<input checked="" type="checkbox"/>	Harrison		

Legend: Yea Nay Abstain Absent

CREATION OF WELLNESS COMMITTEE

Dr. Ottley spoke of his focus on wellness during his presidential year. This is also a focus of ADA President, Dr. Brett Kessler. Dr. Ottley asked the Board to approve the creation of this committee to enhance the member benefits the FDA can offer its members as it relates to both physical and mental wellness.

After discussion, the Board approved the following:

2024B-007 [Procedure] RESOLVED, the Board of Trustees establish a Florida Wellness committee, chaired by a Florida ADA wellness ambassador, populated by a member of each component selected by the President and confirmed by the board.

Board vote:

<input type="checkbox"/>	Ottley	<input checked="" type="checkbox"/>	Pasqual	<input checked="" type="checkbox"/>	Mufson	<input checked="" type="checkbox"/>	Brown
<input checked="" type="checkbox"/>	Paul	<input checked="" type="checkbox"/>	Glerum	<input checked="" type="checkbox"/>	Bulnes	<input checked="" type="checkbox"/>	Douglas
<input checked="" type="checkbox"/>	Gesek	<input checked="" type="checkbox"/>	Hughes	<input checked="" type="checkbox"/>	Grassin	<input checked="" type="checkbox"/>	Martin
<input checked="" type="checkbox"/>	Terry	<input checked="" type="checkbox"/>	Cordoba	<input checked="" type="checkbox"/>	Harrison		

Legend: Yea Nay Abstain Absent

DIA UPDATE

Mr. Gruber updated the Board on the investment with DIA. The initial contribution has been made. He stated Florida is still the only state dental association investor, but that DIA plans to present to several states in the near future. Mr. Gruber also participated in the FDA’s first investor call.

ANNOUNCEMENTS AND DATES OF FUTURE MEETINGS

The next in-person BOT meeting will be held in Tallahassee on December 6-7, 2024.

ADJOURNMENT

Without objection, the meeting was adjourned at 7:45 pm ET.

1 DATE: November 20, 2024

2
3 SUBMITTED BY: Committee on Conventions & Continuing Education

4
5 **FDC2026 PROGRAM**

6
7 **RECOMMENDATION:** The Committee on Conventions & Continuing Education recommends
8 adoption of the following resolution:

9
10 2024B-029 [Procedure] RESOLVED, that the proposed program of speakers for the
11 FDC2026 meeting be approved by the FDA Board of Trustees.

12 **BACKGROUND:** At the October 4, 2024, meeting of the Committee on Conventions &
13 Continuing Education, Dr. Becky Warnken, on behalf of FDC2026 Scientific Program Chairperson
14 Dr. Jason Portnoff, presented the proposed speaker selection and scientific program for acceptance.
15 The proposed program was reviewed by the committee and adopted for submission to the Board of
16 Trustees.

17
18 **STRATEGIC PLAN LINK:** This matter relates to Program Goal 7 “Ensure the FDA is well
19 organized and adequately resourced to accomplish its mission.”

20
21 **UNBUDGETED IMPACT:** None. The committee will work to ensure that all honorariums are
22 covered under the current budget or are offset by sponsorship dollars.

23
24 **2026 Florida Dental Convention - Scientific Program – Proposed Program Speakers**

25 **NOTE: THIS LIST IS CONFIDENTIAL AND SHOULD NOT BE SHARED; SPEAKERS**
26 **HAVE NOT BEEN CONTRACTED YET AND SHOULD NOT BE CONTACTED OR**
27 **CONGRATULATED UNTIL AN EXECUTED CONTRACT IS RECEIVED BY THE FDA.**

28
29 **2026 List of Potential Speakers to Contract**

- 30 1. Marcus Abboud
- 31 2. Melissa Amundson
- 32 3. Monica Anderson
- 33 4. Reza Ardalan
- 34 5. Tarek Assi
- 35 6. Amber Auger
- 36 7. Bruno Azevedo
- 37 8. Meredith Bailey
- 38 9. Suzie Bergman
- 39 10. Suheil Boutros
- 40 11. Jason Brady
- 41 12. Lee Ann Brady
- 42 13. Laura Brenner
- 43 14. Judith Chin
- 44 15. Ashley Clark

RETURN

- 1 16. Kristin Evans
- 2 17. Leslie Fehl
- 3 18. AndreaFonner
- 4 19. Bruce Freeman
- 5 20. Kurt Friedman
- 6 21. Bassel Gebrael
- 7 22. Marie Geisenger
- 8 23. Anita Gohel
- 9 24. Rania Habib
- 10 25. Jasmin Haley
- 11 26. David Harris
- 12 27. Cathy Hung
- 13 28. Marty Jablow
- 14 29. Sarah Jockin
- 15 30. Shiva Khatami
- 16 31. Loren King
- 17 32. Kelly Kirtland
- 18 33. David Klingman
- 19 34. Setareh Lavasani
- 20 35. Katie Lee
- 21 36. Beatrice Leung
- 22 37. Mark Limosani
- 23 38. Jeanette MacLean
- 24 39. Pamela Maragliano-Muniz
- 25 40. Jon Marashi
- 26 41. Gina Marcus
- 27 42. Glenn Maron
- 28 43. Robert McNeil
- 29 44. David Meerman Scott
- 30 45. Attila Nagy
- 31 46. Frederic Norkin
- 32 47. Greg Oxford
- 33 48. Neel Patel
- 34 49. Christopher Phelps
- 35 50. Joy Poskozim
- 36 51. Anastasiya Quimby
- 37 52. Michael Ragan
- 38 53. Michael Roseff
- 39 54. Ronald Rosenbaum
- 40 55. Nasser Said-Al-Naief
- 41 56. Wendy Sellers
- 42 57. LESLIE Sultan
- 43 58. Kevin Suzuki
- 44 59. Melissa Turner
- 45 60. Alessandro Villa
- 46 61. David Wiener

RETURN

- 1 62. David Yates
- 2 63. Gy Yatros
- 3 64. Roya Zandparsa
- 4 65. Edward Zuckerberg

1 DATE: November 19, 2024
 2
 3 SUBMITTED BY: Lianne Bell, Leadership Affairs Manager
 4

JUNE 2025 OPENINGS ON DELEGATION TO ADA HOUSE

AT-LARGE POSTIONS

9 **BACKGROUND:** The Florida Delegation to the ADA House of Delegates, which consists of
 10 23 delegate and 23 alternate delegate positions, has a number of terms that expire in June 2025
 11 (at the close of the FDA’s June House of Delegates meeting).
 12

13 **Open at-large positions:** Additional nominations for both at-large delegate and at-large alternate
 14 positions can be made from the floor of the House of Delegates. Persons who have been nominated
 15 for at-large delegate positions but who are not elected in the first session of the HOD may be
 16 nominated to run for at-large alternate delegate positions during the second session. All open at-
 17 large delegate and at-large alternate delegate positions (except automatic positions) are subject to
 18 the electoral process.
 19

20 The status of the delegation as of January 2025 – the number of seats that will be “OPEN” at the
 21 close of the House of Delegates’ annual session in June of 2024 – are as follows:
 22

23 **DELEGATES:**

<u>Category</u>	<u># of Seats</u>	<u>2024 Openings</u>	<u>Term Length</u>
Automatic Positions (FDA President, President-elect, IPP)	3	0	1 year
At-Large delegates	14	6	3 years
Component-designated delegates (filled by component)	6	2	3 years
Total Delegates	23	8	

24
 25 **At-Large Delegate positions expiring in 2025:**

26 Bert Hughes, Christopher Bulnes, Robin Nguyen, Linda Trotter, John Cordoba
 27

28 **ALTERNATES:**

<u>Category</u>	<u># of Seats</u>	<u>2023 Openings</u>	<u>Term Length</u>
Automatic Positions (FDA 1 st Vice President) *	1	1	1 year
At-Large alternates	16	6	2 years
Component-designated alternate delegates (filled by component)	6	3	2 years
Total	23	10	

29
 30 **At-Large Alternate positions expiring in 2024:**

31 Eva Ackley, Joe Richardson, Steve Cochran, Anthony Wong, Rick Stevenson, Alla
 32 Bizanti
 33
 34

RETURN

35 *Resolution 2024H-011 would resolve this opening and the position would be filled by the FDA Secretary.
36

37 **Timeline:**

38 October 25, 2024 Official call for Delegation nominations

39 December 16, 2024 Deadline for Delegation nominations to be included in HOD Agenda

40 December 20, 2024 HOD agenda is emailed*

41

42 *After the agenda is posted, Delegation nominations may be received by the FDA to send to the HOD as
43 a supplemental item.

44

45 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
46 in leadership, programs, and services.

47

48 **UNBUDGETED IMPACT:** None.

49

1 DATE: November 19, 2024

2
3 SUBMITTED BY: Dr. Dan Gesek,
4 17th Delegation Chairman
5

6 **17th Trustee District Delegation to the ADA Manual Updates**

7 **RECOMMENDATION:**

8
9
10 2024H-011 [Procedure] RESOLVED, that the Operations Manual for the 17th Trustee
11 District Delegation to the American Dental association House of Delegates
12 Composition and Terms of Service of the Delegation be updated to reflect
13 changes in the FDA’s governance structure (deletions are ~~stricken~~ and
14 additions are underlined):

15 **COMPOSITION OF THE DELEGATION**

16 The FDA's representation at the ADA HOD consists of those delegates and alternate delegates who are duly
17 elected by the FDA's HOD in such numbers by type of position as are determined annually by the provisions
18 of this manual and/or the FDA's bylaws provided such numbers are not inconsistent with the Bylaws of the
19 ADA and are duly allocated among all ADA trustee districts. Delegates and alternate delegates of the
20 delegation shall consist of the following classifications:

21
22 **“Automatic” delegates and alternate delegates:** Some delegates and alternate delegates are on the
23 delegation due to offices held within the association's leadership structure. The FDA's President, President-
24 elect and Immediate Past President are automatic delegates by virtue of their offices (unless one or more of
25 these individuals also hold office within the ADA which precludes them from also serving as a delegate to the
26 ADA's HOD in which case a special at-large delegate position is added to the 17th Delegation to offset this
27 vacancy and ensure full representation of the delegation at the ADA's House.) The FDA ~~First Vice President~~
28 Secretary is an automatic alternate delegate.
29

30 **Component-designated delegates and alternate delegates:** Component dental associations of the FDA
31 also select component-designated delegates and alternates to be brought before the BOT and the FDA HOD
32 for approval. Because these positions are “protected” positions, component associations are encouraged to
33 consider candidates who may be less well known to the FDA HOD.
34

35 **“At-large” delegates and alternate delegates:** The remainder of the delegation is elected by the FDA HOD
36 as at-large delegates and at-large alternate delegates (with the delegation as a whole comprised of an equal
37 number of delegates and alternate delegates).
38

RETURN

1 **Honorary members of the delegation:** In addition to the above categories of voting members on the
2 delegation, honorary members shall be those persons who the delegation wishes to honor by virtue of their
3 past service to the delegation and the dental profession. Honorary members may be invited to attend a
4 caucus by a majority vote of the delegation. Once invited they shall have the privilege of the floor at caucuses,
5 but shall be without vote, and shall not have the right to attend executive session without specific invitation.
6 This invitation will be extended if a majority vote of the delegation is achieved. Such persons shall be awarded
7 honorary lifetime memberships on the delegation upon election by a three-fourths vote of the delegation.
8 Expenses of the honorary members in attending meetings and functions of the delegation shall be the
9 responsibility of the honorary member.

10 **TERMS OF SERVICE ON THE DELEGATION**

11 Terms of service on the delegation are three-year terms for all classes of delegates (except honorary
12 members) and two-year terms for all alternate delegates except the FDA's ~~first vice president~~ Secretary who
13 shall serve a special one-year term as an "automatic" alternate delegate.
14

15 Any FDA voting member may be nominated for election as a delegate or alternate delegate. Nominations
16 may be made by the FDA BOT, or any member of the FDA's HOD (whether acting alone or on behalf of his
17 or her respective component delegation).
18

19 When an FDA officer becomes an automatic delegate (beginning with his or her term as FDA President-
20 Elect) he or she will normally serve one term of three years (except when the officer is also serving in an
21 office at the ADA which precludes simultaneous service on the ADA HOD). FDA past-presidents can only
22 continue on the delegation as an at-large delegate, at-large alternate delegate or honorary member. FDA
23 past-presidents may not serve as a designated delegate or alternate delegate from their respective
24 component dental association.
25

26 The term of service for a component-designated delegate is 3 years with a term limit of 1 term served. After
27 such time, the component-designated delegate position will be vacated. That candidate, if he / she chooses,
28 may then be presented to the BOT and the HOD according to the normal election process for a component-
29 designated alternate, or the component may elect to have the candidate run as an at-large delegate or
30 alternate. A new component-designated delegate will then be presented to the BOT and the HOD according
31 to the normal election process.
32

33 The component-designated alternate's term of service is 2 years with a term limit of 1 term. After such time,
34 the component-designated alternate position will be vacated. That candidate, if he / she chooses, may then
35 be presented to the BOT and the HOD according to the normal election process for a component-designated
36 delegate, or the component may elect to have the candidate run as an at-large delegate or alternate. A new
37 component-designated alternate delegate will then be presented to the BOT and the HOD for approval
38 according to the normal election process.
39

40 **BACKGROUND:**

41
42 In June of 2021 the FDA's House of Delegates finalized and approved several changes to the
43 overall governance structure of the FDA. One of these changes included removing the positions

1 of first vice president and second vice president from the FDA officers and making the position of
2 FDA Secretary an at-large position voted on by the House of Delegates. These changes to the 17th
3 Delegation manual reflect the new officer positions of the FDA while still ensuring that all FDA
4 officers have experience serving on the 17th Delegation.

5
6 **STRATEGIC PLAN LINK:** This matter relates to Objective four of the FDA’s strategic plan,
7 Increase member engagement in leadership, programs, and services.

8
9 **UNBUDGETED IMPACT:** None

ADA Strategic Forecast Adopted October 2024

Mission and Vision

202H-2024. Resolved, that the ADA House of Delegates retain the current mission and vision statements of the American Dental Association as set forth below:

Mission Statement: Help dentists succeed and support the advancement of the health of the public.

Vision Statement: Empowering the dental profession to achieve optimal health for all.

Direct to Dentist Component of 2024 Strategic Forecast

203H-2024. Resolved, that the American Dental Association adopt an inaugural Strategic Forecast in order to focus efforts and financial support in the subject matter area of Direct to Dentist in a manner that results in sustainable positive growth toward the ADA's Mission and Vision statements, and be it further

Resolved, that the high-level outcome of an increase in interpersonal and digital connections with members, dental students, and future members over the next five years be, and hereby is established, as a part of the ADA's Strategic Forecast, with the following high-level goals:

- By 2030, 75% of all dentists are engaging with the ADA digitally and interpersonally.
- By 2030, 75% of all dentists consider the ADA as indispensable to their success and are professionally satisfied.
- By 2030, ADA's market share will be 70% of Generation Z and new dentists.

and be it further

Resolved, that Appendix 1 of the Report of the Strategic Forecasting Committee to the 2024 House of Delegates, and also appended here, which reflects the work product of the Direct to Dentist Action Groups, shall be communicated to the appropriate ADA agencies so that additional supporting elements to the identified high-level goals may be given consideration for those agencies' work product under any approved Strategic Forecast, and be it further

Resolved, that all appropriate ADA agencies charged with carrying forward the work of the Association support the overarching high-level elements of this Strategic Forecast in all their efforts, including, but not limited to, creation of, evaluation of and prioritization of any strategic decisions or work product from each's specific area of expertise or responsibility, either currently in existence or to be implemented, in such a manner that positive progress toward achieving the desired outcomes is demonstrated in a year-over-year fashion This also includes thoughtful consideration, revamping, or discontinuation of activities determined to be of lesser or no impact in supporting the Strategic Forecast, and be it further

Resolved, that the ADA communicate and collaborate with states and local dental societies before offering a new product or service in that state, and be it further

Resolved, that the outcomes and goals, as well as any of the Associations supporting objectives, be tracked against the Strategic Forecast through the use of the Quarterly Business Review or similar vehicle, and that such reporting be made available to the House of Delegates on a quarterly basis.

Appendix 1
Direct to Dentist

The tables below outline the work product of all levels of the SFC with regard to Direct to Dentist discussions. The Outcomes category notes the highest level, overarching target of the Strategic Forecast. The tables also contain input from Councils and Committees, in addition to that of the Action Groups, especially in the areas of Objectives.

- Purpose: Indicate the reason this outcome is sought.
- Five-Year Goals: Indicates the current five-year highest priority targets.
- Outcomes: Represent the highest-level desired state for the ADA to reach.
- Objectives / Key Results: Supporting goals and tactical initiatives that might support reaching the desired outcomes, subject to evaluation and potential implementation by the ADA agencies charged with the area of responsibility under which they fall AND availability of funds.
- In certain instances within the key results, “x” means the baseline has yet to be determined and the measure will be inserted once that baseline work is completed.

Direct to Dentist Table 1

Purpose	5-Year Goals	Outcomes	Objectives
<p>1a. Improve ADA’s ranking as a trusted source of information.</p> <p>1b. Collaboration among interested affiliated dental organizations.*</p>	<p>1a. By 2030, 75% of all dentists are engaging with the ADA digitally and interpersonally. [Based on 2025 Baseline goal from Fonteva/ Salesforce].</p> <p>1b. By 2030, ADA and interested affiliated dental organizations* collaborate on areas of mutual interest.</p>	<p>1. ADA universal engagement and loyalty.</p>	<p>1a. By 2030, more dentists are engaging with the ADA in new ways. Includes: loyalty program, new membership model, custom / personalized content, Salesforce, Marketing Cloud, social media, ADA App, ADA.org, Google search, Omni-Channel content engagement, proactive social media, marketing, communications, paid/earned/shared/owned, products/services, etc.</p> <p>1b. Organizations will achieve Operational efficiency to benefit the organizations and their dentists.</p>

Direct to Dentist Table 2

Purpose	5-Year Goals	Outcomes	Objectives
<p>2a. Ensure dentists and dentistry thrives in tomorrow’s healthcare environment.</p> <p>2b. Consistent value delivered at each level of the Tripartite.</p>	<p>2a. By 2030, 75% of all dentists consider the ADA as indispensable to their success and are professionally satisfied. [Baseline: x%].</p>	<p>2a. Help dentists succeed today and thrive tomorrow in a rapidly-changing healthcare environment.</p> <p>2b. Support dentists and connect DSO / large group practice and clinical leaders.</p>	<p>2a. By 2030, at least x% of dentists engage with ADA-developed regulatory compliance tools, clinical information, guidelines, science, financial services, etc. Loan Forgiveness, CDT, financial resources, HIPAA / OSHA / Regulatory Compliance / new guidelines, advocacy, credentialing, contract analysis, global brand building, etc.</p>

*Affiliated dental organizations may include, but are not limited to: dental specialty societies, dental school related organizations such as the American Student Dental Association (ASDA) and American Dental Education Association (ADEA), DSO-related organizations such as the Association of Dental Support Organizations (ADSO) and Women in DSO, diverse organizations such as the National Dental Association (NDA) and Hispanic Dental Association (HDA), and such entities as the American College of Dentists (ACD), International College of Dentists (ICD), and Pierre Fauchard Academy (PFA).

	<p>2b. By 2030, ADA members receive consistent and equitable value, regardless of their location and practice modality.</p>	<p>2c. Global oral health improvements and global brand building.</p>	<p>2b. By 2030, dentists engage with ADA to prepare and shape the future of dentistry. Includes: HPI Trends, AI-enabled tools to improve practice efficiency on both admin and clinical issues, ADA co-pilot, DenTech, products, etc.</p> <p>2c. Overall member value will be clearly defined, being both collaborative and customizable across national, state and local societies to ensure consistency, as practice modalities evolve, and dentists become increasingly mobile in their careers.</p> <p>2d. Total member price will be customizable and reflective of members' perceived value.</p>
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Direct to Dentist Table 3

Purpose	5-Year Goals	Outcomes	Objectives
<p>3. Making the generational transition to engage with future members.</p>	<p>3. By 2030, ADA's market share will be 70% of Generation Z dentists and new dentists. [Baseline today's generational market share and forecasted future generational market share: x%].</p>	<p>3. Reimagined, unified end-to-end dental students-to-dentists strategy and activation.</p>	<p>3a. By 2030, ADA engages x% of early career dentists and dental students. Includes: Reimagined end-to-end student and early career engagement, experiences, career guidance content, loan forgiveness, financial services, student ambassadors, targeted content, social media.</p> <p>3b. By 2030, converting more early career dentists to membership or engagement. Includes: Reimagined early career engagement and value delivery, new membership model, loyalty program, early career engagement and CE, social media.</p>

Direct to Dentist Table 4

Purpose	5-Year Goals	Outcomes	Objectives
<p>4. Consumers / patients view ADA as a key source for trusted oral health information.</p>	<p>4. By 2030, x% of consumers / patients are aware of and see ADA as a trusted source for oral health information.</p>	<p>4. Direct-to-consumer: promoting healthy behaviors.</p>	<p>4a. By 2030, x% increase in consumer / patient awareness of the ADA. Reimagined Mouth Healthy and Find a Dentist, direct-to-consumer campaigns, paid/earned/shared/owned marketing, Seal products promotion.</p> <p>4b. By 2030, x% of consumers / patients view ADA as a trusted source for oral health information. Global brand building, direct-to-consumer marketing, ADA Seal products promotion.</p>

Tripartite Component of 2024 Strategic Forecast

204H-2024. Resolved, that the American Dental Association adopt an inaugural Strategic Forecast in order to focus efforts and financial support in the subject matter area of the Tripartite in a manner that results in sustainable positive growth toward the ADA's Mission and Vision statements, and be it further

Resolved, to achieve a stable and successful Tripartite, that the high-level outcomes of promoting Tripartite stability, success, and future growth, along with aligning member value across the Tripartite, be, and hereby are, established as part of the ADA's Strategic Forecast, with the following five-year goals:

- By 2030, the Tripartite will achieve financial stability and operational efficiency across all three levels.
- By 2030, ADA members will receive consistent and equitable value, regardless of their location and practice modality.
- By 2030, ADA and interested affiliated dental organizations will align on areas of mutual interest.

And be it further

Resolved, that Appendix 3 of the Report of the Strategic Forecasting Committee to the 2024 House of Delegates, and also appended here, which reflects the work product of the Tripartite Action Groups, shall be communicated to the appropriate ADA agencies so that additional supporting elements to the identified high-level goals may be given consideration for those agencies' work product under any approved Strategic Forecast, and be it further

Resolved, that all appropriate ADA agencies charged with carrying forward the work of the Association support the overarching high-level elements of this Strategic Forecast in all their efforts, including, but not limited to, creation of, evaluation of and prioritization of any strategic decisions or work product from each's specific area of expertise or responsibility, either currently in existence or to be implemented, in such a manner that positive progress toward achieving the desired outcomes is demonstrated in a year-over-year fashion. This also includes thoughtful consideration, revamping, or discontinuation of activities determined to be of lesser or no impact in supporting the Strategic Forecast, and be it further

Resolved, that the ADA communicate and collaborate with states and local dental societies before offering a new product or service in that state, and be it further

Resolved, that outcomes and goals, as well as any of the Association's supporting objectives, be tracked against the Strategic Forecast through the use of the Quarterly Business Review or similar vehicle, and that such reporting be made available to the House of Delegates on a quarterly basis.*

*Affiliated dental organizations may include, but are not limited to: dental specialty societies, dental school related organizations such as the American Student Dental Association (ASDA) and American Dental Education Association (ADEA), DSO-related organizations such as the Association of Dental Support Organizations (ADSO) and Women in DSO, diverse organizations such as the National Dental Association (NDA) and Hispanic Dental Association (HDA), and such entities as the American College of Dentists (ACD), International College of Dentists (ICD), and Pierre Fauchard Academy (PFA).

Appendix 3
Tripartite

The tables below outline the work product of all levels of the SFC with regard to Tripartite discussions. The Outcomes category notes the highest level, overarching target of the Strategic Forecast. The tables also contain input from Councils and Committees, in addition to that of the Action Groups, especially in the areas of Objectives.

- Purpose: Indicate the reason this outcome is sought.
- Five-Year Goals: Indicates the current five-year highest priority targets.
- Outcomes: Represent the highest-level desired state for the ADA to reach.
- Objectives & Key Results: Supporting goals and tactical initiatives that might support reaching the desired outcomes, subject to evaluation and potential implementation by the ADA entities charged with the area of responsibility under which they fall AND availability of funds.

Tripartite Table 1

Purpose	5-Year Goals	Outcomes	Objectives	Key Results
1. A stable and successful Tripartite.	1. By 2030, achieve financial stability and operational efficiency across all three levels of the Tripartite.	1a. Promote Tripartite stability, success, and future growth.	1a. National, state, and local societies have clearly defined roles.	1a. Study structure/size/capacity and purpose of state/local societies for consideration of equitable value offerings and services for all members by 12/2026.
			1b. National, state, and local societies will be financially net positive.	1b. Offer operational stabilization components to pilot states as they transition onto the new membership model through collaborative and customizable service level Agreements (2025-2027). -Explore and implement shared revenue models to address inequities by 12/2027.
			1c. National, state, and local societies will achieve operational efficiency.	1c. Offer leadership, financial, HR, marketing / communications, and technology training, resources, and support (through collaborative and customizable service level agreements) for state and subsequently, local societies: ongoing through 2029.
				1d. Adoption and utilization of technology platforms. -Salesforce/Fonteva, among national, state, and local societies by 2025 dues cycle. -Others TBD.

			<p>1d. Each level of the Tripartite will achieve 70% market share for Gen Z and new dentists to ensure relevance, vibrancy, and future growth of the Tripartite.</p>	<p>1e. Offer leadership, marketing / communications, technology, programing and staff training, resources, and support (through collaborative and customizable service level agreements) for state societies by 12/2026.</p>
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Tripartite Table 2

Purpose	5-Year Goals	Outcomes	Objectives	Key Results
<p>2. Consistent value delivered at each level of the Tripartite.</p>	<p>2. By 2030, ADA members receive consistent and equitable value, regardless of their location and practice modality.</p>	<p>2. Align member value across the Tripartite.</p>	<p>2a. Overall member value will be clearly defined, being both collaborative and customizable across national, state, and local societies to ensure consistency, as practice modalities evolve, and dentists become increasingly mobile in their careers.</p>	<p>2a. Alignment and clear communication on unique value among the Tripartite on national, state, local offerings by 12/2027 (allows for 1 year after the study is completed above).</p>
				<p>2b. Leverage technology to provide stronger member support through personalized value propositions and engagement at all three levels of the Tripartite: ongoing through 2029.</p>
				<p>2c. Implementation of Group Practice Initiative, including: -Launch of Clinical Mastery Certificate Program at the national level by 12/2025. -Development of Tripartite group practice value proposition by 12/2025. -Implementation of Tripartite Culture of Acceptance Program by 12/2025.</p>
				<p>2d. Exploration and implementation of best practice member leadership engagement (including new dentists) guidelines, resources, and support by 12/2026.</p>

				<p>2e. Implementation of Dental Student to Dentist Initiative, including: -Placement of faculty ambassadors at each school by 6/2025. -90% capture of new grad data through Signing Day and other tactics by 6/2025. -Implementation of consistent and measurable state and local engagement with the dental schools and students by 12/2025. -Implementation of seamless transition experience for students to dentist Tripartite members by 12/2026.</p>
				<p>2f. Identify and fill value gaps at the state and local level through collaborative and customizable service level agreements: ongoing through 2029.</p>
			<p>2b. Total member price will be customizable equitable and reflective of members' perceived value.</p>	<p>2g. Implementation of new Membership and Engagement Model by 2028 dues cycle.</p>
				<p>2h. Implementation of pilot for group practice model (including dental schools and large group practices) by 2026 dues cycle.</p>

Tripartite Table 3

Purpose	5-Year Goals	Outcomes	Objectives	Key Results
<p>3. Collaboration among interested affiliated dental organizations.*</p>	<p>3. By 2030, ADA and interested affiliated dental organizations collaborate on areas of mutual interest.</p>	<p>3. Foster organizational collaboration.</p>	<p>3. Organizations will achieve operational efficiency to benefit the organizations and their dentists.</p>	<p>3a. Adoption and utilization of technology platforms, such as Salesforce/Fonteva, to share mutually beneficial data and insights: ongoing through 2029.</p>

*Affiliated dental organizations may include, but are not limited to: dental specialty societies, dental school related organizations such as the American Student Dental Association (ASDA) and American Dental Education Association (ADEA), DSO-related organizations such as the Association of Dental Support Organizations (ADSO) and Women in DSO, diverse organizations such as the National Dental Association (NDA) and Hispanic Dental Association (HDA), and such entities as the American College of Dentists (ACD), International College of Dentists (ICD), and Pierre Fauchard Academy (PFA).

				<p>3b. Exploration and implementation of cross promotion of organizational membership offerings and pricing incentives: ongoing through 2029.</p>
				<p>3c. Additional collaboration opportunities TBD.</p>

Public Profession Component of 2024 Strategic Forecast

320H-2024. Resolved, that the American Dental Association adopt an inaugural Strategic Forecast in order to focus efforts and financial support in the subject matter area of Public Profession in a manner that results in sustainable positive growth toward the ADA’s Mission and Vision statements, and be it further

Resolved, that for the purposes of improving oral health and ensuring that dentistry thrives in tomorrow’s healthcare environment the following outcomes be, and hereby are, established as a part of the ADA’s Strategic Forecast over the next five years:

- Promote Healthy Behaviors
- Increase and Improve Dental Coverage & Access
- Support a Healthy, Well-Distributed, Skilled & Scoped Workforce
- Drive Evidence-Based, Ethical Quality Care

and be it further

Resolved, in order to support foundational work toward the above outcomes, that the following five-year goals be, and hereby are, established:

- By 2030, at least 50% of the U.S. population should utilize oral health care. (Supporting an increase in and improvement of dental coverage and access, while also highlighting the need for a healthy, well-distributed, skilled, and scoped workforce.)
- By 2030, the majority of clinicians are aware of new guidelines within 18 months of publication, and ADA and the ADA Forsyth Institute remain the leaders on research, guidelines, and standards for dentistry and oral health. (Supporting driving evidence-based ethical quality care.)
- By 2030, only 11.5% of daily calories are from added sugars consumed by people aged 2 years and over. (Supporting promotion of healthy behaviors.)
- By 2030, only 11.3% of children grades 6-12 report using any product containing nicotine in the past 30 days. (Supporting promotion of healthy behaviors.)
- By 2030, 77.1% of people served by community water systems will have optimally fluoridated water. (Supporting promotion of healthy behaviors.)
- By 2030, at least 80% of adolescents aged 13 through 15 years received recommended doses of the HPV vaccine. (Supporting promotion of healthy behaviors.)

and be it further



Resolved, that Appendix 2 of the Report of the Strategic Forecasting Committee to the 2024 House of Delegates, and also appended here, which reflects the work product of the Public Profession Action Groups, shall be communicated to the appropriate ADA agencies so that additional supporting elements to the identified high-level goals may be given consideration for those agencies’ work product under any approved Strategic Forecast, and be it further

Resolved, that all appropriate ADA agencies charged with carrying forward the work of the Association support the overarching high-level elements of this Strategic Forecast in all their efforts, including, but not limited to, creation of, evaluation of and prioritization of any strategic decisions or work product from each one’s specific area of expertise or responsibility, either currently in existence or to be implemented, in such a manner that positive progress toward achieving the desired outcomes is demonstrated in a year-over-year fashion. This also includes thoughtful consideration, revamping, or discontinuation of activities determined to be of lesser or no impact in supporting the Strategic Forecast, and be it further

Resolved, that outcomes and goals, as well as any of the Association’s supporting objectives, be tracked against the Strategic Forecast through the use of the Quarterly Business Review or similar vehicle, and that such reporting be made available to the House of Delegates on a quarterly basis.

Appendix 2
Public Profession

The tables below outline the work product of all levels of the SFC with regard to Public Profession discussions. The Outcomes category notes the highest level, overarching target of the Strategic Forecast. The tables also contain input from Councils and Committees, in addition to that of the Action Groups, especially in the areas of Objectives.

- Purpose: Indicate the reason this outcome is sought.
- Five-Year Goals: Indicates the current five-year highest priority targets.
- Outcomes: Represent the highest-level desired state for the ADA to reach.
- Objectives & Key Results: Supporting goals and tactical initiatives that might support reaching the desired outcomes, subject to evaluation and potential implementation by the ADA agencies charged with the area of responsibility under which they fall AND availability of funds.
- In certain instances, within the key results, “x” means the baseline has yet to be determined and the measure will be inserted once that baseline work is completed.

Public Profession Table 1

Purpose	5-Year Goals	Outcomes	Objectives	Key Results
1. Improve oral health. Ensure dentistry thrives in tomorrow’s healthcare environment.	1a. By 2030, only 11.5% of daily calories are from added sugars consumed by people aged 2 years and over. <small>Baseline / Source: 13.5% of daily calories are from added sugars consumed by people aged 2+ years [Healthy People 2020: 2017 – 2020].</small>	1. Promote healthy behaviors.	1a. Children and parents / guardians will reduce consumption of foods and beverages high in added sugars / ultra-processed foods.	1a. By 2030, x% of children and parents / guardians report reduction in consumption of foods and beverages high in added sugars. <small>Baseline / Source: Not available/ New Data Collection Needed by HPI</small>
	1b. By 2030, only 11.3% of children grades 6 - 12 report using any product		1b. Children will reduce use of any product containing nicotine (cigarettes & vaping).	1b. By 2030, x% of children refrain from using nicotine containing products. <small>Baseline / Source: Not available/ New Data Collection Needed by HPI</small>

	<p>containing nicotine in the past 30 days. Baseline:18.3% for children grades 6 - 12 report using any tobacco product in the past 30 days [Healthy People 2030].</p>			
	<p>1c. Brushing behavior change goal for 2030 still to be defined. Baseline data needs to be established.</p>		<p>1c. People will brush 2x per day with fluoride toothpaste.</p>	<p>1c. By 2030, x% of parents of vulnerable at-risk children report improvement in brushing behavior. Baseline / Source: Not available/ New Data Collection Needed by HPI.</p>
	<p>1d. By 2030, 77.1% of people served by community water systems will have optimally fluoridated water. Baseline: 72.8% of community water systems are fluoridated [Healthy People 2030, OH-11]</p>		<p>1d. Children, adults, people with physical and/or mental disabilities, and the elderly population will benefit from systemic and topical fluoride modes of action delivered by water fluoridation.</p>	<p>1d. By 2030, 77.1% of people served by community water systems will have optimally fluoridated water as recommended by the U.S. Department of Health and Human Services.</p>

Public Profession Table 2

Purpose	5-Year Goals	Outcomes	Objectives	Key Results
<p>2. Improve oral health. Ensure dentistry thrives in tomorrow's healthcare environment.</p>	<p>2. By 2030, at least 50% of the U.S. population should utilize care. Baseline/Source: 43.3% for U.S. population overall and 24.9% for low-income adults [MEPS/ HPI Analysis]</p>	<p>2. Increase and improve dental coverage & access.</p>	<p>2a. Employer-sponsored dental plans will be comprehensive, efficiently administered, meet standards with minimum cost-sharing and will have adequate reimbursement rates to support a sufficient provider network.</p>	<p>2a. -By 2025, establish criteria to define "comprehensive" benefits. -By 2030, the majority of covered individuals in the employer sponsored large group markets are in plans that appropriately address annual maximums and co-insurance with coverage, plan policies and use of premium dollars are transparently reported to participants and providers. -By 2030, ensure that self-funded plans are subject to state laws (e.g., non-covered services, assignment of benefits etc.) and payers cannot claim ERISA pre-emption. -By 2025, ADA and state dental associations will have an aligned commercial insurance reform agenda across the Tripartite and by 2026, any state public affairs funding allocated for the commercial market will be directed to move this agenda forward. Baseline / Source: Industry Data Reports</p>

			<p>2b. State Medicaid programs will provide comprehensive dental benefits to adults, will be efficiently administered, and will have adequate reimbursement rates to support a sufficient provider network to increase access for children and adults.</p>	<p>2b. -By 2025, ADA and state dental associations have an aligned Medicaid reform agenda across the Tripartite and by 2026, any state public affairs funding allocated for the Medicaid market is directed to move this agenda forward. -By 2030, all state Medicaid programs include an appropriately defined comprehensive adult dental benefits. -By 2030, fewer low-income adults report cost barriers to dental care. -By 2030, all state Medicaid programs will have sufficient provider networks. Baseline / Source: TMSIS, MEPS Data available</p>
			<p>2c. Dental insurance plans offered on ACA marketplaces will meet standards including comprehensive benefit, and minimum cost-sharing requirements (like separate dental deductibles), will be efficiently administered, and will have adequate reimbursement rates to support a sufficient provider network.</p>	<p>2c. -By 2030, all states establish oral health for adults as a required EHB in ACA health insurance marketplaces and adult oral health benefits with separate dental deductibles are required to be purchased. Baseline / Source: Staff assessment</p>
			<p>2d. If Medicare includes dental benefits, then the program should be sufficiently funded and efficiently administered, and the benefit should meet standards including range of services necessary to achieve and maintain oral health and minimum cost-sharing requirements in line with ADA policy.</p>	<p>2d. -By 2030, CMS adopts a payment system for dental services recommended by the ADA for those dental services intrinsically related to medical procedures covered by Medicare. If CMS further expands payment for dental services under Medicare, then ADA will work to assure that an appropriately defined range of services necessary to achieve and maintain oral health is included to assure necessary services can be accessed by beneficiaries. Baseline / Source: Staff Assessment</p>

			<p>2e. Vulnerable patients will be able to navigate care to establish a dental home.</p>	<p>2e. -By 2030, 30% of low-income adult Medicaid beneficiaries visit the dentist. -By 2030, at least 3 state Medicaid programs have a tool to help beneficiaries find open appointment times with participating dental providers. Baseline / Source: TMSIS, MEPS Data available</p>
		<p>3. Support a diverse, healthy, well-distributed, skilled and scoped workforce.</p>	<p>3a. Dentists and team members will be comfortable seeking mental health care and fewer will report burnout and levels of distress.</p>	<p>3a. -By 2030, based on the Well-Being Index (WBI) risk assessment data of most recent reassessments, decrease the number of participants distressed and struggling by 12%, therefore decreasing the risk of suicide. Baseline / Source: 2023 ADA sponsored Mayo WBI Index</p>
			<p>3b. Dentists will practice to the level of their competency, utilizing technology to support their practice. There will be a sufficient pipeline of allied team members such as hygienists, assistants and EFDA as needed within each state to optimize access to care under the supervision of the dentist in line with ADA policy.</p>	<p>3b. -By 2025, conduct necessary studies to establish policy along with a futuristic model dental practice act for what the dental team of the future looks like, including for public health/safety net workforce agreed upon by key stakeholders. -By 2025, ADA and state dental associations will have an aligned workforce legislative agenda across the Tripartite and by 2026, any state public affairs funding allocated for workforce issues will be directed to move this agenda forward. -By 2030, the pipeline of allied team members should be such that dental offices report that they are able to fill positions within x months. Baseline / Source: HPI Survey</p>
			<p>3c. Dental workforce will thrive as new practice models emerge including models within integrated healthcare systems in alignment with current ADA policy.</p>	<p>3c. -By 2025, initiate the process of identification of what the practice model of the future looks like including dentistry as part of primary care, agreed upon by identified key stakeholders and in alignment with ADA policy. -By 2030, deliver clinical support tools to enhance dentists' clinical</p>

				care and solutions to manage administrative functions for the office to increase practice efficiency for all practice models. Baseline / Source: Staff Assessment.
			3d. Dental workforce will be sufficient and appropriately distributed geographically, and education costs will not limit dentists from serving in underserved areas.	3d. -By 2030, a higher share of the U.S. population will have adequate geographic access to dentists, particularly populations in rural areas, and Medicaid populations. Baseline / Source: HPI Data Available
			3e. An adequate number of dental residency programs will exist to accommodate graduating dental students and such programs are sufficiently funded using federal / state dollars.	3e. -By 2030, there is sufficient and stable funding through HHS like the GME funding streams, for all primary care (GPR, AEGD) and dental specialty residency programs. Baseline / Source: Staff Assessment

Public Profession Table 3

Purpose	5-Year Goals	Outcomes	Objectives	Key Results
4. Improve oral health. Ensure dentistry thrives in tomorrow's healthcare environment.	4. By 2030, the majority of clinicians are aware of new guidelines within 18 months of publication, and ADA and the ADA Forsyth Institute remain the leaders on research, guidelines, and standards for dentistry and oral health. Baseline/ Source: 42.1% adherence to guidelines [Unpublished calculated from 2023 Registry Sample].	4. Drive evidence-based, ethical quality care.	4a. ADA will publish evidence-based clinical practice guidelines and dental teams will continuously learn from care experience and research including their own performance to provide high-quality care.	4a. -By 2025, publish at least 1 evidence-based guideline every 18 months with at least x% of all practicing dentists aware of new guidelines within the next 6 months. -By 2029, at least top 5 practice management systems will provide clinical decision support tools and performance dashboards based on ADA guidelines at the point of care. Baseline / Source: Staff Assessment & Industry Survey
			4b. Medical colleagues will learn that oral health is a modifiable risk factor for overall health and EHR/EDR systems will allow multidisciplinary teams to coordinate care in support of whole person health.	4b. -By 2026, all key medical societies accept oral health as a modifiable risk factor for overall health. -By 2027, the Office of the National Coordinator for Health IT adopts a robust roadmap for clinical and administrative data exchange in dentistry including strategies to incentivize adoption of EHR's, safe and responsible incorporation of AI in clinical care



				<p>and secure exchange of patient information. -By 2030, at least 50% of the dental EDR market is able to exchange data seamlessly between dental-dental and dental-medical systems to coordinate care. Baseline / Source: Staff Assessment & Industry Survey</p>
			<p>4c. The United States government and manufacturers will rely on ADA for standards and ethical guidance on technology including Artificial / Augmented Intelligence.</p>	<p>4c. -By 2030, the (1) Food and Drug Administration (FDA) recognizes at least 60% of applicable ADA and ADA-informed ISO standards to establish safety and efficacy of dental products, (2) ONC recognizes ADA interoperability standards for clinical and administrative data exchange, (3) CMS only uses Dental Quality Alliance measures for dental programs, and (4) Any federal agency and all national organizations developing standards that may impact practice of dentistry and patient safety rely on ADA for dental expertise. -By 2030, establish mechanisms to ensure that the use of AI-driven technologies in dentistry are ethically sound and meaningfully contribute to improvements in patient care and oral health. Baseline / Source: Staff Assessment and FDA Reports</p>

Mission: Help dentists succeed and support the advancement of the health of the public.

Vision: Empowering the dental profession to achieve optimal health for all.

Core Values:

- Commitment to members
- Integrity
- Excellence
- Commitment to the improvement of oral health
- Science/Evidence-based
- Diversity
- Inclusion

2024 STRATEGIC FORECAST: HIGH-LEVEL SUMMARY*

Direct to Dentist Desired Outcome: Increase interpersonal and digital connections with members, dental students, and future members over the next five years.

High-Level Goals:

- By 2030, 75% of all dentists are engaging with the ADA digitally and interpersonally.
- By 2030, 75% of all dentists consider the ADA as indispensable to their success and are professionally satisfied.
- By 2030, ADA's market share will be 70% of Generation Z and new dentists.

Tripartite Desired Outcomes:

- Achieve a stable and successful Tripartite.
- Promote Tripartite stability, success, and future growth.
- Align member value across the Tripartite.

High-Level Goals:

- By 2030, the Tripartite will achieve financial stability and operational efficiency across all three levels.
- By 2030, ADA members will receive consistent and equitable value, regardless of their location and practice modality.
- By 2030, ADA and interested affiliated dental organizations will align on areas of mutual interest.

Public Profession Desired Outcomes:

- Promote Healthy Behaviors.
- Increase and Improve Dental Coverage & Access.
- Support a Healthy, Well-Distributed, Skilled & Scoped Workforce.
- Drive Evidence-Based, Ethical Quality Care.

High-Level Goals:

- By 2030, at least 50% of the U.S. population should utilize oral health care.
- By 2030, the majority of clinicians are aware of new guidelines within 18 months of publication, and ADA and the ADA Forsyth Institute remain the leaders on research, guidelines, and standards for dentistry and oral health.
- By 2030, only 11.5% of daily calories are from added sugars consumed by people aged 2 years and over.
- By 2030, only 11.3% of children grades 6-12 report using any product containing nicotine in the past 30 days.
- By 2030, 77.1% of people served by community water systems will have optimally fluoridated water.
- By 2030, at least 80% of adolescents aged 13 through 15 years receive recommended doses of the HPV vaccine.

*To view the full adopted 2024 Strategic Forecast, please visit <https://www.ada.org/about/governance/strategic-forecasting>.



FDA SERVICES, INC.
SHAREHOLDER MEETING
AGENDA

DATE: Friday, December 6, 2024
LOCATION: FDA Headquarters
TIME: 9:30 AM

CHAIRPERSON: Dr. Jeff Ottley, President

1. Call to Order Dr. Ottley
2. Adoption of Agenda
3. Approval of Minutes Dr. Ottley
(August 17, 2024)
4. Conflict of Interest Reminder and Dr. Ottley
Legal Compliance Statement
5. FDAS President’s Report on Operations Dr. Michael Stratton
6. Date of next Shareholder meeting
TBD
7. Adjournment

FDA SERVICES, INC.

FDAS Shareholder

MINUTES

DATE: Saturday August 17, 2024
 TIME: 12:40 PM
 LOCATION: Streamsong Resort, Pegasus Room
 CHAIRPERSON: Dr. Jeff Ottley, President

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			Present	Absent
CHAIR:	President	Dr. Jeff Ottley	X	
OFFICERS:	President-elect	Dr. John Paul	X	
	1st Vice-President	Dr. Dan Gesek		X
	Immediate Past Pres.	Dr. Beatriz Terry	X	
EX-	FDA Executive Director	Drew Eason	X	
	Parliamentarian	Dr. Don Ilkka	X	
	Treasurer	Dr. Rodrigo Romano		X
	TFDA Editor	Dr. Hugh Wunderlich	X	
OTHERS:	BOD Liaison	Dr. Steve Hochfelder	X	
	ADA Trustee	Dr. Rudy Liddell		X

	ACDDA	Dr. John Pasqual	X	
TRUSTEES:	CFDDA	Dr. Bert Hughes	X	
	NEDDA	Dr. Bethany Douglas	X	
	NWDDA	Dr. Reese Harrison	X	
	SFDDA	Dr. Richard Mufson	X	
	WCDDA	Dr. Fred Grassin	X	
	At-large	Dr. Karen Glerum	X	
	At-large	Dr. John Cordoba	X	
	At-large	Dr. Tom Brown	X	
	At-large	Dr. Eddie Martin	X	
	At-large	Dr. Chris Bulnes	X	
	At-large	Dr. Sam Desai	X	
	COO/CFO	Greg Gruber		
STAFF:	Chief Legislative Officer	Joe Anne Hart	X	
	FDAS COO	Scott Ruthstrom	X	
	Chief Legal Officer	Casey Stoutamire	X	
	Director of C-CCE	Crissy Tallman	X	
	FDAS Dir of Ins	Carrie Millar		X
	Director of Mbr Relations	Kerry Gomez-Rios		X
	Dir. Comm./Marketing	Renee Thompson	X	
	Director of Information	Larry Darnell	X	
	FDA Legal Counsel	Dylan Rivers		X
	Dir. of Foundation Affairs	R. Jai Gillum	X	
	Leadership Affairs	Lianne Bell	X	

Call to Order

After calling the meeting to order at 12:40 PM the Chairperson welcomed the Shareholder to the meeting.

Adoption of Agenda

The Agenda was adopted.

Approval of Minutes

■ The Shareholder approved the Minutes from the meeting May 17, 2024.

Conflict of Interest and anti-Trust Reminders

The Reminder Notices were given.

FDAS Status Report

Mr. Ruthstrom reported final new sales, revenue, and retention numbers for the 2023.24 FYE. New sales ended at an all-time high of 2,016 – which is 369 more sales than the last fiscal year. With an increase in marketing expenses, our outsourced social media campaign and strong call to action were key to driving more professional leads to FDAS & DIS. Total annualized revenue for the year amounted to \$6,536,808 – up from last year by \$786k, or 13.74%. The commercial bonuses FDAS received for CY 2023 amounted to \$707k; these bonuses are typically based on increased production and profitability from our commercial insurance carriers. Mr. Ruthstrom paused to praise his talented and well-trained staff for their contributions, making FY 2023.24 such an overall success. Carrie, Greg, and Scott have all attended several DSO trade shows across the country developing relationships and creating opportunities to quote large group malpractice insurance. Mr. Ruthstrom informed the board that the WCDDA has named Dr. Jose Peralta their board representative, thus leaving an “at-large” spot available for future expansion of the board, and one “Trustee” position still available. This was necessary once Dr. Sam Desai was ineligible to remain on the FDAS Board from the WCDDA once he was elected to the FDA’s Board of Trustee during FDC. Lastly, Mr. Ruthstrom informed the board that a lawsuit has been filed against FDAS in the cybersecurity matter by the client that fell victim to a cybersecurity scam and wired more than \$1MM to a fraudulent entity. This matter first came up in May 2023 and the board was made aware of the incident. FDAS’s E&O insurance carrier, Swiss Re, assigned an attorney that has been handling this matter since it first surfaced. Mr. Ruthstrom will continue to keep the board apprised of the status of this lawsuit.

Date of next meeting

Friday, December 6, 2024

Adjournment - Shareholder meeting adjourned at 1:00 PM

1 DATE: November 12, 2024
2
3 SUBMITTED BY: Membership Task Force
4

5 Focus Group Proposal

6 RECOMMENDATION:

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8
9 2024B-010 [Procedure] **RESOLVED**, that the Florida Dental Association shall
10 contract with Sharp Research for an amount up to \$11,000 to conduct 12
11 follow-up focus groups, supplementing the initial membership survey with
12 qualitative insights, and be it further
13 **RESOLVED**, that an additional \$3,600 be allocated to provide \$50 gift
14 cards as incentives for focus group participants.

15 16 17 BACKGROUND:

18
19 To gain deeper insights into member perspectives, the FDA has engaged Sharp Research to
20 conduct membership surveys via email, gathering quantitative data on the values and priorities of
21 both groups.
22 To further enhance the findings of this quantitative survey, the Membership Task Force,
23 comprising Dr. Angela McNeight, Dr. Demetrick LeCorn, and FDA staff, recommends conducting
24 additional qualitative research. Specifically, the task force proposes that Sharp Research be
25 retained to facilitate 12 Zoom-based focus groups (six with members and six with nonmembers).
26 These sessions will provide detailed feedback on the needs and values of both segments.

27
28 **STRATEGIC PLAN LINK:** This matter relates to Goal 2 and Strategy 3.4 of the FDA's strategic
29 plan: Increase member loyalty and investment and ensure member benefits and value proposition
30 are member focused, and data driven.

31
32 **UNBUDGETED IMPACT:** Up to \$14,600 one-time cost.

FDA CURRENT POLICY ON WATER FLUORIDATION

2006H-046

RESOLVED, that it is therefore policy of the Florida Dental Association:

- 1) To wholly and resolutely commit itself to positively pressing for county and municipal governments to require all community water utilities in the state to adjust their water to contain optimal and safe levels of fluoride as recommended by the American Dental Association, the Centers for Disease Control, and the Environmental Protection Agency;
- 2) To wholly and resolutely commit itself to increasing substantially public awareness of proper oral hygiene procedures and dietary habits;
- 3) To insist that the State of Florida adequately support and fund secondary and tertiary dental care for the underserved and develop criteria for personal accountability; and
- 4) To wholly and resolutely commit itself to assisting the state by providing volunteers through the Florida Dental Association's Project: Dentists Care organization to serve the neediest of Floridians, but not as a substitution of the state's responsibility to its own citizens.

2007H-007

RESOLVED, that the FDA reaffirms its support for fluoridation and urges local officials to support all efforts to fluoridate community water. And be it further

RESOLVED that the FDA adopt the following "generic" resolutions to be transmitted to local governments as needed:

RESOLVED, that the Florida Dental Association reaffirms its longstanding support for water fluoridation and urges local officials to support [targeted governmental unit's] efforts to fluoridate water systems that are currently lacking optimal levels of fluoride in accordance with Centers for Disease Control guidelines.

RESOLVED, that the Florida Dental Association reaffirms its longstanding support for water fluoridation and urges [targeted governmental unit] officials to continue to support water fluoridation in accordance with Centers for Disease Control guidelines for fluoridation of water systems.

1 DATE: November 20, 2024

2
3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor and FDA Communications Team

4 5 **Editor Advisory Committee**

6 7 **RECOMMENDATION:**

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9 2024H-012 [Procedure] RESOLVED, that the Florida Dental Association create an
10 Editor Advisory Committee made up of the FDA Editor (chair) and one
11 member from each component (appointed by the component President),
12 preferably that component's editor and/or a member who has an interest in
13 writing and communication. Terms would be three years with a maximum
14 of two terms. Members of the committee will:

- 15 • Participate in up to two meetings per year (may be virtual).
- 16 • Review FDA's annual editorial calendar and provide feedback.
- 17 • Serve as liaisons between the FDA editor and their components.
- 18 • Provide suggestions of dentists in their geographic area who would
19 be good authors, contributors or subjects of features, articles or
20 social media post.
- 21 • Submit, at minimum, two blogs (300-500 words) annually written
22 by themselves or someone they've recruited.
- 23 • Author articles for *Today's FDA*, *News Bites* or other FDA
24 publications as requested.
- 25 • Submit newsworthy items or leads to the FDA for consideration in
26 publishing print, electronically or online.

27
28
29 **BACKGROUND:** At the June 2024 House of Delegates (HOD), a resolution was passed asking
30 the FDA Editor and FDA Communications team to review the position of editor and bring
31 forward a resolution, if needed, to the January HOD as to whether or not it is time for an
32 Associate Editor position. After discussion, it was decided that an Associate Editor position was
33 not needed and to instead propose the creation of an Editor Advisory Committee. In addition to
34 leadership service, participation on the Editor Advisory Committee will offer exposure to tasks
35 associated with the FDA editor position as well as mentoring by the current Editor. There will
36 be opportunities to interact with FDA staff and other committee members. Initially the members
37 will draw lots to stagger terms moving forward.

38
RETURN

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STRATEGIC PLAN LINK: This matter relates to Objective four of the FDA’s strategic plan, Increase member engagement in leadership, programs, and services.

UNBUDGETED IMPACT: None

Florida Dental Association Policies

Year	Month	Res #	Leadership Body	Title	Text	Category	FDA Dept
2008	June	2007H-027r/s	HOD	Early Childhood Caries (ECC Programs)	RESOLVED , the Florida Dental Association (FDA) supports and affirms that preventative dental care to diminish the incidence of dental caries for children 0-3 years of age may be provided by non-dental health professionals to include physicians, physician assistants, and nurses provided these professionals have had mandatory training from appropriate, qualified dental professionals.	Access to Care	GAO
2009	June	2009H-073	HOD	Definition of Dental Home	RESOLVED , that the Florida Dental Association's definition of "dental home" is as follows: "The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate."	Access to Care	GAO
2011	January	2010H-013	HOD	Medicaid Packer, Access to Dental Care	RESOLVED , that the FDA pursue legislative efforts to (1) increase Medicaid dental reimbursement rates and rates for other governmental dental programs; (2) reduce administrative barriers and burdens within the Medicaid program and other governmental dental programs; (3) reinstate the funding for the dental student loan repayment program and the dental scholarship program; and (4) encourage the state to provide low interest loans for dentists to purchase dental offices and dental equipment in underserved areas.	Access to Care	GAO
2012	January	2011H-045	HOD	Dentists in Health Access Settings	RESOLVED that, with all due speed, appropriate agencies within the FDA investigate and locate dentists to serve in the four health access settings in Florida where a dentist or physician is not currently practicing.	Access to Care	GAO
2012	January	2011H-061r/s	HOD	Access to Care White Paper	RESOLVED , that the FDA's attached "Access to Dental Care" white paper [herein "white paper" Attachment 1], is approved for public distribution, and, be it further RESOLVED that the FDA's attached white paper on Access to Dental Care supersedes any contradictory policy previously adopted by the House of Delegates; and be it further	Access to Care	GAO
2012	January	2011H-061r/s	HOD	Access to Care White Paper	RESOLVED that any future clarification, expansion or contraction of any statement contained in the FDA's attached white paper on Access to Dental Care is subject to approval of the FDA's House of Delegates (or interim approval of the Board of Trustees).	Access to Care	GAO
					RESOLVED , that this document be subject to periodic future review and possible revision by the Board with a recommendation to the House.		GAO
2016	January	2015H-029	HOD	Coordination of Benefits Between Primary & Secondary Insurers, a Fair System of	RESOLVED , that the Governmental Action Committee support legislation similar to Texas (2015 HB 3024) requiring primary and secondary insurers to coordinate benefits.	Access to Care	GAO
2017	June	2016H-040	HOD	ADA and Medicare Policy	RESOLVED , that the 17th District delegation to the ADA be requested to bring a resolution to the 2017 ADA HOD and actively pursue policy which prevents dental coverage under Medicare, unless those policies allow doctors to present comprehensive dental treatment plans to patients and that doctors be allowed to provide care for services that are not covered by Medicare.	Access to Care	GAO
1999	January	98H-054	HOD	Statewide Donated Dental Services	RESOLVED , that the FDA hereby endorses a statewide expansion of DDS's efforts. And, be it further RESOLVED , that the FDA investigate funding options, including legislative initiatives, for this valuable program.	Access to Care	GAO
2011	January	2010H-023	HOD	Collaboration with Key Florida Advocacy Groups	RESOLVED , that all FDA agencies charged with implementing policy are urged to establish coalitions that further FDA policy or help shape opinions which favor FDA policy provided all such outreach is appropriately coordinated with the FDA's Office of Governmental Affairs. RESOLVED , that the FDA maintain, at least annually, a list of possible coalition partners in addition to the recognized specialty organizations.	Agencies, FDA	GAO

RETURN

1985	May	5018	BOT (EC)	<p>Summary Reports by FDA Representatives</p> <p>RESOLVED, that those persons appointed by the president to represent the FDA at meetings, the expense of which is paid by the FDA, be required to file with the executive director of the FDA a summary report of the meeting attended for transmission at least to the Board of Trustees. And be it further, RESOLVED, that those attending meetings at the request of and paid for by allied organizations, such as the ADA, be requested to file a report with the FDA executive director if the information would be useful to other members of the FDA.</p> <p>Agencies, FDA</p> <p>LA</p>
2002	January	2001H-018RC	HOD	<p>Policies, Annual Review of</p> <p>RESOLVED, that annually each FDA council or committee chair, assisted by the appropriate FDA staff support, shall inform the Editor which (if any) policy statements from the prior year's Policies should be deleted and why, and be it further RESOLVED, that immediately following said "Report of the Editor," the Board of Trustees shall decide whether those policy statements will appear in next year's Policies and, if necessary, whether the policy itself should be rescinded.</p> <p>Agencies, FDA</p> <p>LA</p>
2006	January	2005H-050rc-S-1	HOD	<p>Guidelines Governing the Conduct of Campaigns for all FDA Offices</p> <p>RESOLVED, that the attached guidelines (modified from ADA guidelines) governing the conduct of campaigns for all FDA offices, are hereby approved for use during all future elections for the offices of Speaker of the House, Treasurer, Treasurer-elect and Editor, except as provided herein with respect to nomination and campaign procedures associated with the 2006-2007 speaker of the House race and be it further</p> <p>RESOLVED, that regardless of the source of a nomination, no nominee for the office of Speaker of the House, Treasurer, or Treasurer-elect shall be eligible to stand for election if she lacks the qualifications enumerated for such position in the FDA's Bylaws or corresponding candidate qualification criteria unless such requirements are waived with respect to a given race by 2/3rds vote of the House of Delegates in advance of any such election. The above referenced guidelines can be found on the FDA Website at the following location: http://fda.dental.org/profmembers/legal</p> <p>Agencies, FDA</p> <p>LA</p>
2006	January	2006H-018s-1	HOD	<p>Agenda Posting</p> <p>RESOLVED, that, when feasible, the FDA post on its website in a secure manner that will restrict access to FDA members only, all agendas and proposed resolutions of the BOT and the HOD at least 3 weeks prior to the noticed meetings, and post all minutes of the BOT and HOD within 2 weeks of the noticed meetings, and be it further</p> <p>RESOLVED, that, when feasible, the FDA send electronically any printed agendas, proposed resolutions, or other HOD package material at least 21 days prior to the noticed meetings.</p> <p>Agencies, FDA</p> <p>LA</p>
2012	January	2011H-014.1	HOD	<p>Policy on Confidentiality: PART ONE</p> <p>RESOLVED, that the following three-part policy is hereby adopted: PART ONE: CONFIDENTIALITY REMINDER FOR ALL FDA AGENCIES. The following statement shall be added to the written Legal Compliance Statement included with all FDA agendas and, when the agency chair calls for an executive session, FDA support staff (or in the absence of staff, the chair of the executive session) is directed to verbally read the following statement: Confidentiality is an integral part of how an association works. Agencies often require access to sensitive or potentially embarrassing information and must be able to disclose this information freely in executive session to make recommendations on association policy or candidates for office. To deliberate honestly and openly, the agency must know that the trust they have placed in other agency members will not be broken by an individual improperly disclosing information outside of the executive session. Unauthorized disclosure of information that was provided to the group with the understanding that it will be kept confidential is serious. It impairs the association's ability to function effectively and presents liability risk. Once the group's trust is broken by making improper disclosure, it is very difficult to restore a positive working relationship. Only information discussed during a formally announced executive session is confidential. The chair must announce the start and end of the executive session and the minutes must reflect this. No official action can be taken during executive session (i.e., the group must come out of executive session before voting). Executive session is mandatory for discussion of personnel matters, Corporate Affiliation Program proposals, dues waivers, legislation or regulatory matters, litigation or when the chair determines information is sensitive. "Confidential" means the information may not be disclosed at any time in any manner (including but not limited to verbally, in writing, electronically, or through social media) to anyone (including but not limited to friends outside of dentistry, spouses or significant others, business partners or employees; association staff; dental or dental hygiene schools; licensure agencies; accrediting organizations; governmental agencies; association leadership serving on other agencies; associations or specialty groups at other levels of organized dentistry; or public media). It may not be discussed between members who participated in the executive session after the executive session concludes.</p> <p>Agencies, FDA</p>

RETURN

	<p>PART TWO: ENFORCEMENT PROCEDURES FOR CONFIDENTIALITY VIOLATIONS. The following will be added to the FDA policy manual: If an FDA member honestly and in good faith believes that another member of the group has violated the FDA confidentiality reminder (all agencies) or the confidentiality agreement (Board of Trustees (BOT), Governmental Action Committee (GAC), and ADA Delegation) and caused detriment to the FDA, then he or she should immediately bring the matter to the attention of the other member and caution him / her in private. If an FDA member observes a second failure of the confidentiality reminder or the confidentiality agreement that causes detriment to the FDA, then he or she should discuss the matter with the chair. If the chair is convinced in good faith that there has been a confidentiality violation that caused detriment to the association, the chair will consult association legal counsel and may request a formal investigation of the matter. Legal counsel will then investigate the alleged breach of confidentiality and report his or her findings and recommendations to the chair. The chair will then discuss the matter in executive session with both parties and all witnesses in attendance and the group, by two-thirds majority vote, will decide on a sanction. However, if the group, by two-thirds majority vote, determines that the breach of confidentiality has been proven to be severe and that the damage caused to the association by the breach is serious enough for the group to recommend removal from an FDA elective office (i.e., FDA officer or trustee), then the FDA Bylaws, Chapter VII, Section 10, paragraph H, apply. If removal from a component-designated or appointive office is involved (i.e., Governmental Action Committee members, delegates, and alternate delegates to the ADA House of Delegates), then the president of the component that made the appointment will be informed.</p>
<p>2012 January 2011H-014.2</p> <p>HOD</p> <p>Policy on Confidentiality: PART TWO</p>	<p>Agencies, FDA</p> <p>LA</p>
<p>2012 January 2011H-014.3</p> <p>HOD</p> <p>Policy on Confidentiality: PART THREE</p>	<p>PART THREE: ANNUAL SIGNED AGREEMENT FOR BOT, GAC AND ADA DELEGATION. Confidentiality Agreement: As a volunteer on one of the most important agencies of the Florida Dental Association, you have special access to executive sessions and sensitive discussions of confidential material vital to the efficacy of the association. Your peers, who have placed you in this office, trust you to keep confidences. Only if all members of the group maintain confidentiality, will the group discussions be productive and honest. To uphold this pledge you agree to follow the following principles and values: Adhere to the confidentiality reminder published in all agendas; the enforcement procedures for confidentiality violations found in the FDA policy manual, and the terms of this confidentiality agreement. Maintain strict confidentiality of your meetings, deliberations and communications when the chair indicates the material was discussed in executive session. If you are unsure whether something is confidential, ask the chair before disclosing it beyond the group. Do not share, copy, or otherwise disclose confidential information learned in executive session to anyone at any time. As high-profile leadership, set the proper tone for all agencies in the FDA by scrupulously upholding confidentiality. I have read, understood and agree to abide by this confidentiality agreement. If at any time I believe I will not be able to comply with the terms of this agreement, I will excuse myself at the time the executive session is convened.</p>
<p>2015 June 2014H-063d</p> <p>HOD</p> <p>Council on Dental Health, Sunseting of</p>	<p>Agencies, FDA</p> <p>LA</p>
<p>2015 June 2014H-065d</p> <p>HOD</p> <p>Council on Ethics, Bylaws and Judicial Affairs, Duties of</p>	<p>RESOLVED, that the Council on Dental Health should sunset and instead create a task force when needed that is needs / skills based.</p> <p>RESOLVED, that CEBJA should be charged with reviewing FDA, component, and affiliate bylaws and compare them to the ADA bylaws with the goal of streamlining. Additionally, the FDA Secretary should be an ex-officio member of this Council and charged with an annual review of the FDA bylaws to ensure they are current and accurate and report back to the full Council.</p>
<p>2015 June 2014H-066ds</p> <p>HOD</p> <p>Council on Dental Education and Licensure, Duties of</p>	<p>RESOLVED, that Council on Dental Education and Licensure: Eliminate two duties: — (1) Develop mechanisms to teach school-age children the importance of proper dental health care and oversee the FDA's role with respect to organized dentistry's annual observance of Children's Dental Health Month. (2) Monitor continuing education programs provided for dentists and allied dental personnel. Additionally, this Council should review and make necessary recommendation on existing policies – especially workforce.</p>
<p>2015 June 2014H-068d</p> <p>HOD</p> <p>Council on the New Dentist, Duties</p>	<p>RESOLVED, that the scope of the Council on the New Dentist is to infuse the new dentist perspective into all the FDA does. They should provide feedback to leadership, other councils, the editor, staff, etc. on the views of the new dentists.</p>

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2019	January	2019H-024	HOD	Policy, Inclusion	<p>RESOLVED, that the FDA's House of Delegates adopt the FDA Inclusion policy, and be it further RESOLVED, that the task force continue to work until an objectives outline is completed and implementation of the policy can begin.</p> <p>FDA Inclusion Policy.</p> <p>As a result, we serve and support the different identities, beliefs, perspectives, leadership, workforce and staff, as well as a wide range of communities and organizations. The objective of an inclusive experience in the FDA is to create comprehensive programs that are reflective of the diversity of our profession and communities served. It should aim to engage members and non-members in Association affairs; reducing oral health disparities across population groups; leadership development; diversity education for FDA leaders; and encouraging under-represented students from diverse backgrounds to pursue dental careers.</p> <p>The Florida Dental Association strives to support diversity and inclusiveness in all our endeavors. We believe that these principles foster an innovative and dynamic culture and lead to sustainable results. They allow us to advance the dental profession, improve the oral health of the public, and promote equity and access to oral health care.</p>	Agencies, FDA	LA
2019	June	2019H-033	HOD	Volunteer Burnout Awareness Policy	<p>RESOLVED, that the FDA's House of Delegates adopt the FDA Volunteer Burnout Awareness policy; and be it further RESOLVED, that the leadership development committee hold an annual call for volunteers in January/February.</p>	Agencies, FDA	LA
2019	June	2019H-034	HOD	Grassroots Contact Network and Annual Volunteer Opportunity List	<p>RESOLVED, that the FDA's House of Delegates requests the Board of Trustees to work in consultation with the FDA Executive Director to create and implement a Grassroots FDA contact network; and be it further RESOLVED, that the Leadership Development Committee post a list of Affiliate Component, and FDA volunteer opportunities each July.</p>	Agencies, FDA	LA
2022	August	2022B-002	BOT	FDA Members Travel Guidelines for Reimbursement	<p>RESOLVED that the travel guidelines be updated to pay for the President and President-elect's spouse/significant other's meals when traveling for FDA business.</p>	Agencies, FDA	LA
2023	June/July	2022H-027	HOD	Code of Ethics, Reaffirming the FDA's Code of Ethics in 1999, with an addendum for peer review which was also adopted in 1999.	<p>Resolved, that the HOD reaffirm and ratify that the ADA Code of Ethics (and subsequent amendments) that was adopted as the FDA Code of Ethics in 1999, with an addendum for peer review which was also adopted in 1999.</p>	Agencies, FDA	LA
2024	January	2023H-007	HOD	Board of trustees Attendance Policy	<p>RESOLVED, that the following language (underlined) be added to the Board of Trustee Manual: ATTENDANCE: Board members and officers are expected to attend all regularly scheduled meetings as indicated in the Florida Dental Association Board of Trustees manual in Appendix 1: FDA Board of Trustees job description meetings. Board members are allowed one (1) absence per year during their term. Officers are allowed one (1) absence per year during their term. For impromptu or short noticed meetings, while attendance is expected, absences will not count against board members or officers. An exception to this policy may be requested by the affected Board member or Officer to a committee comprised of the President, President-elect and Speaker of the House.</p>	Agencies, FDA	LA
1989	Sept	89-026	BOT	Calendar of Events, Review of	<p>RESOLVED, that in the interest of promoting uniform acceptance and observance of the FDA's calendar of events, the Board of Trustees shall review the official calendar at the December and June meetings each year to ensure that an accurate and comprehensive schedule of events is maintained at least six months into the future at all times.</p>	Agencies, FDA	LA
1993	Sept	93B-034	BOT	Manuals, Revisions to FDA Manuals (Administrative to be done by BOT)	<p>RESOLVED, that all revisions to FDA manuals that are administrative in nature and do not establish new association policy, shall be approved by the Board of Trustees.</p>	Agencies, FDA	LA
1993	Sept	93B-26	BOT	Meetings, Non-members at FDA Meetings	<p>RESOLVED, that agendas for official FDA meetings include a reminder that the chairperson has the right to limit attendance of non-members in accordance with the FDA Bylaws</p>	Agencies, FDA	LA
1982	January	H-13As	HOD	Agenda Items, Origin and Background of	<p>RESOLVED, that the FDA staff be instructed to include the origin of any proposal, as well as background information and a synopsis of background materials, in the House of Delegates agenda, as such is necessary for intelligent consideration.</p>	Agencies, FDA	LA
1981	January	H-14	HOD	Meetings, Cancellation of	<p>RESOLVED, that the FDA Board of Trustees initiate the following procedure: The chairperson of any association agency may cancel a meeting of that agency upon majority consent of its members. And, be it further RESOLVED, that this cancellation policy be added to all manuals of the association in the appropriate section(s).</p>	Agencies, FDA	LA
2002	June	2001H-098	HOD	Payment of Dues for Spouse, Support for Alliance via	<p>RESOLVED, that the FDA recommends that FDA leadership support the AFDA via paying Alliance dues for their spouses.</p>	Alliance of the FDA	LA

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2006	January	2005H-047/CS-1	HOD	Dental Hygiene Charting Services	<p>RESOLVED, that the FDA supports state legislation allowing dental hygienists to provide dental charting services and, be it further RESOLVED, Dental charting shall be defined in this context as recording visual observations of clinical conditions of the oral cavity without the use of x-rays, laboratory tests, or other diagnostic methods or equipment, except the instruments necessary to record visual restorations, missing teeth and suspicious areas. Charting may include probing of the periodontal pockets only following clearance by a Florida licensed dentist or physician.</p>	Allied Dental Team Members, Training and Supervision	GAO
2010	January	2009H-045	HOD	Dental Hygienists, Administration of Anesthesia by	<p>RESOLVED, that the policy of the FDA is to allow appropriately trained and supervised Florida licensed dental hygienists to administer local anesthesia.</p>	Allied Dental Team Members, Training and Supervision	GAO
2010	January	2009H-050	HOD	Dental Hygiene Workforce Issues	<p>RESOLVED, that the FDA supports allowing a dental hygienist in any setting and without the presence, prior examination or authorization of a dentist, to perform the following remedial tasks: A) Applying topical fluorides which are approved by the ADA or Food and Drug Administration to include fluoride varnishes; and B) Instruct patients in oral hygiene care; and C) Supervise patients in oral hygiene care. And, be it further RESOLVED, that the FDA supports that the following remedial tasks may be performed by a dental hygienist in health access settings as defined by s. 466.003, F.S., without the presence, prior examination or authorization of a dentist: A) Performing dental charting as authorized by current law; B) Applying dental sealants; and C) The requirement to be seen by a dentist within 180 days of treatment may be waived not more than one time in a thirteen month period if the patient or guardian certifies in writing that he/she is unable to meet this requirement. And be it, further RESOLVED, that patients receiving care by dental hygienists in health access settings without the prior examination or authorization of a dentist also receive the same disclaimers required under the dental charting provisions of the dental practice act. And be it further, RESOLVED that the definition of health access setting be expanded to include school based preventative programs serving Medicaid eligible children.</p>	Allied Dental Team Members, Training and Supervision	GAO
2010	January	2009H-051	HOD	Dental Assisting, Workforce Issues	<p>RESOLVED, that the FDA supports allowing graduates from a dental assistant program approved by the Board of dentistry or a program accredited by the ADA Commission on Dental Accreditation to perform the following expanded duties under general supervision in health access settings, as currently defined by law: A) Applying topical fluorides including varnishes; B) Applying dental sealants; C) Polishing clinical crowns when not for the purpose of changing the existing contour of the tooth with slow speed hand pieces, rubber cups, bristle brushes and porte polishers only; D) Polishing dental restorations when not for the purpose of changing the existing contour of the tooth with slow speed hand pieces, rubber cups, and bristle brushes; E) Using appropriate implements for preliminary charting of existing restorations and missing teeth and a visual assessment of existing oral conditions; F) Positioning and exposing dental and carpal radiographic film and sensors; and G) Taking and recording of blood pressure, pulse rate, respiration rate, case history and oral temperature.</p>	Allied Dental Team Members, Training and Supervision	GAO
2021	June	2020H-035	HOD	Dental Auxiliary Workforce	<p>RESOLVED, that the FDA supports innovation in educational programs and active recruitment of talented candidates for careers as dental hygienists, dental assistants, and dental laboratory technicians, and be it further, RESOLVED, that the FDA President refer to the Workforce Innovation Task Group the duty of examining dental auxiliary workforce within Florida and making recommendations as appropriate to the FDA BOT and report back to the January 2022 FDA House of Delegates.</p>	Allied Dental Team Members, Training and Supervision	GAO
1984	January	449 RC	HOD	Dental Hygiene, FDHA Proposal for Separate Board	<p>RESOLVED, that it is the policy of the FDA to oppose formation of a Board of Dental Hygiene and recommend to the Council on Governmental Affairs that it oppose any effort within the legislature to create one.</p>	Allied Dental Team Members, Training and Supervision	GAO
1984	June	460s	HOD	Dental Ancillary Personnel, Training Program Curriculum	<p>RESOLVED, that it is the policy of the FDA to discourage any program in the State of Florida educating dentist or their ancillary personnel from teaching any procedure that is not legal to practice in the State of Florida. And, be it further RESOLVED, that this policy be distributed to all dental and allied dental training programs and the Department of Education Technical Allied Dental Team Members, Training Committee for Health Sciences Education.</p>	Allied Dental Team Members, Training and Supervision	GAO
1994	June	93H-100	HOD	Dental Hygiene, Standardization of Curriculum for	<p>RESOLVED, that the FDA support the standardization of dental-hygiene programs with a community-college level commensurate to an Allied Dental Team Members, Training associate of science degree.</p>	Allied Dental Team Members, Training and Supervision	GAO
1997	January	96H-013a	HOD	Amalgam Fillings, Banning	<p>RESOLVED, that the FDA oppose legislation banning the use of mercury amalgams or limiting the Board of Dentistry's authority to discipline dentist who misrepresent to patients the side effects of amalgam fillings containing mercury or the advantages of alternative restorative materials. And, be it further RESOLVED, that the FDA oppose legislation requiring unnecessary forms of informed consent for the use of dental amalgam fillings.</p>	Amalgam	GAO

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1985	June	438#SC	HOD	Anesthesia, Supervision by Dentists for	RESOLVED , that it is the FDA policy to prohibit a dentist from supervising other persons in the administration of anesthesia unless that dentist is qualified in the mode of anesthesia administered.	Anesthesia	GAO
1989	January	88-072sa	HOD	Local Anesthesia, Injection of	RESOLVED , that the FDA supports the position that the only health professionals qualified and trained to administer intraoral local anesthesia are only those individuals specifically permitted under Chapters 466, 458 and 459, Florida Statutes, and those certified Advanced Registered Nurse Practitioners licensed under Chapter 464, F.S., who specialize as Certified Registered Nurse Anesthetists.	Anesthesia	GAO
1992	May	91B-111	BOT	Anesthesia, Use of Outstanding Legislative Leadership Award	RESOLVED , it is FDA policy to require enforcement of existing statute and board rules establishing qualifications for use of anesthesia and to do so by support for an appropriate mechanism to verify that existing standards are met.	Anesthesia	GAO
1988	July	80-019	BOT	J Leon Schwartz Award	RESOLVED , that the FDA approve a discretionary award for those legislators who have provided meritorious and outstanding service through their support of positions advocated by the dental profession.	Awards	GAO
1990	Sept		BOT	Life Member Award	RESOLVED , that the Board of Trustees establish as policy, a J. Leon Schwartz Lifetime Service Award.	Awards	LA
1990	January	89-043a(1)	BOT	Board of Dentistry, Budget	RESOLVED , that the FDA present a Life Membership Award to those individuals who have been members of the Association for 35 years and who have reached the age of 65 years old. And, be it further	Awards	Mbr
1992	December	92B-083	BOT	Board of Dentistry, Role of FDAs Representative to the	RESOLVED , that those individuals who are FDA members and have been members of the Association for 35 years, but who have not reached the age of 65 years old, shall receive a 35-year award.	Awards	GAO
1996	June	95H-078	HOD	Delegable Duty, Authority Over Instrumentation	RESOLVED , the FDA shall support and encourage legislation designed to give the Board of Dentistry more authority and control over its own budget.	Board of Dentistry	GAO
2009	January	2008H-131	HOD	Code of Ethics, Conflict of Interest & Whistleblower Policies	RESOLVED , that the role of the FDA's representative to the Board of Dentistry be changed from one of a "recorder" to that of an advocate before the board.	Board of Dentistry	GAO
2014	January	2013H-099c/c	HOD	Recording Individual Roll Call Votes in BOT Minutes	RESOLVED , that the FDA support the Board of Dentistry's appeal of the hearing officer's final order. And, be it further;	Board of Dentistry	GAO
1982	August	2TGAR-82	BOT	Officers and Trustees, Reports from	RESOLVED , that the FDA, in concert with the Board of Dentistry, seek to clarify the board's legislative authority to limit the types of instruments and devices that may be used in performing delegable tasks.	Board of Dentistry	GAO
1990	December	BOT (A162)	BOT	Orientation Program, Board of Trustees	RESOLVED , that the FDA House of Delegates adopted Code of Ethics, Conflict of Interest and Whistleblower Policies that are binding on the FDA Board of Trustees. These policies can be found on the FDA website.	Board of Trustees	LA
1978	August	BOT-25	BOT	Meeting Schedule, Board of Trustees	RESOLVED , that the FDA Board of Trustees continue its long-standing practice of recording individual votes on board business and include these recorded votes in the BOT minutes, as well as HOD agendas, only for exhibits referred to the HOD and made available to FDA members.	Board of Trustees	LA
2016	June	2015H-046	HOD	Appointments, Committee on Conventions and Continuing Education	RESOLVED , that the FDA Board of Trustees encourage the elected officers and trustees from each component dental association verbally to report to each affiliate dental association in the component dental association they represent no less than once each administrative year and to submit a written report to the Board of Trustees outlining the issues and concerns of the membership.	Board of Trustees	LA
2016	June	2015H-052	HOD	Term Limits, C-CCE Chair	RESOLVED , that an FDA Board of Trustee orientation session for all newly elected trustees and alternate trustees and any other interested members of the board be established and scheduled.	Board of Trustees	LA
					RESOLVED , that no Board of Trustees meetings be in conflict with component dental association meetings if sufficient notice is received by the FDA offices (as of annual session meeting of the Board of Trustees).	Board of Trustees	LA
					RESOLVED , that the Workgroups Manual regarding the Committee on Conventions and Continuing Education be clarified so that each component nominates 2 of its members to committee terms that are about to expire. The BOT appoints committee members from the list of component nominees. Should the component not bring forth a nomination the open spot can be filled by a member from any component and that member will then serve the full 3 year term or the remainder of the expired term. Should a member of the committee resign, the original component has 45 days to fill the position and send the nomination to the BOT. If after 45 days the spot has not been filled, the open spot can then be filled by a member from any component. That member will then fulfill the remaining term of the leaving member. Once that position term expires the originating component will have first right of refusal for the opening and will send the nomination to the BOT by the appropriate deadline.	Committees	EDC
					RESOLVED , that the Workgroups Manual regarding the term limits of the C-CCE Chair be clarified so that at the end of the chair's term, under extenuating circumstances, including for example but not by way of limitation the lack of an experienced replacement, the FDA President may recommend to the BOT that the term limit be extended no more than two successive one-year terms.	Committees	EDC

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2022	December	2022B-007	BOT	Allowing Consultant Members to Vote. C-CCE	RESOLVED , to include as a voting member to the Committee on Conventions and Continuing Education, the dental assisting consultant, dental hygiene consultant and dental student consultant.	Committees	FDC
2002	January	2001H-025	HOD	Electronic Communication Use by Non-FDA Employees	RESOLVED , that the following policy – FDA Policy on Electronic Communication Use by Non-FDA Employees – be adopted and distributed to all current and future leaders	Communications	COM
2019	January	2018H-021	HOD	FDA Email Policy	RESOLVED , that the FDA's House of Delegates approve the updates to the FDA's email policy.	Communications	LA
2015	June	2014H-053	HOD	Date Determination of Membership Numbers	RESOLVED that Page 5, lines 14-16, of the House of Delegates Manual be amended to read as follows: "The allocation of delegates among the component dental associations is made proportionately on the basis of membership as of December 31st of the preceding membership year as reported by the ADA in its End-Of-Year Membership Statement". And, be it further RESOLVED that page 3, lines 17 – 19 of the Board of Trustees Manual be amended to read as follows: "Each of the component dental associations is to elect no more than two (2) Trustees and no more than two (2) Alternate Trustees based on a ratio of one (1) Trustee and one (1) Alternate Trustee per 500 voting members or fraction thereof". The number of voting members in each delegate shall be determined as of December 31st of the preceding membership year as reported by the ADA in its End-Of-Year Membership Statement."	Component and Affiliate Dental Associations	LA
2006	June	2005H-076	HOD	Support for Dentists Called Into Active Military Duty	RESOLVED , that component and affiliate dental societies in Florida be urged to develop networks of volunteer dentists to help maintain the practices of member dentists who are temporarily called into active military service; and, be it further RESOLVED , that, as a means of helping to maintain the practices of member dentists who are temporarily called into active military service, volunteers would treat the patients of deployed dentists during their active military service; and, be it further RESOLVED , that this information be communicated to Florida's component and affiliate societies through FDA print and electronic publications so Florida's societies may implement this program at the district and affiliate levels.	Component and Affiliate Dental Associations	Mbr
2011	January	2010H-037	HOD	Full-time Faculty Members, Reduction in Component Dues	RESOLVED , that the FDA encourages the six (6) respective district components of the FDA to enact a fifty percent (50%) dues reduction for full-time faculty at one or more accredited dental and dental hygiene schools that would otherwise be considered full-dues paying members at the component level. For the purposes of this section, a dentist shall be considered "full-time faculty" only if the individual is considered by his/her employing institution of higher learning as "full-time faculty."	Component and Affiliate Dental Associations	Mbr
1985	January	4033 BOT	BOT	Components and Affiliates, Membership in	RESOLVED , that it be the policy of the FDA that it shall be the option of the affiliate dental association to determine the qualifications of its members; however, non-membership in an affiliate dental association shall not preclude membership in the component dental association in which the affiliate exists.	Component and Affiliate Dental Associations	Mbr
1993	January	92H-022	HOD	Conflict of Interest Disclosure Policy	RESOLVED , that individuals serving as delegates, alternate delegates, officers, trustees, council or committee members shall, at all times, exercise diligent care and unbiased judgment in assuring that no detriment to the FDA results from conflicts between their personal or business interests and those interests of the FDA. And, be it further, RESOLVED , that agendas at all official meetings of FDA agencies contain a declaration of conflicts of interest at which time the presiding chairperson will ask all members of that body to express the conflict. And, be it further, RESOLVED , that if an individual believes that he or she or a member of his or her immediate family may have a conflict of interest, whether personal or business in nature, which pertains to an ownership, contractual, financial or fiduciary interest, then the individual shall promptly and fully disclose the possible conflict to the president of the association and/or chairperson of the body for which the individual serves. And, be it further, RESOLVED , that failure to disclose a material conflict of interest may be the basis for reconsideration of the question on a given issue according to parliamentary procedure at any further time.	Conflict of Interest	LA
2009	July	2009B-008	BOT	Today's FDA, CE in	RESOLVED , that the Editor is authorized to offer up to one (1) credit hour of continuing education credit to member-readers of appropriate scientific articles in Today's FDA, not to exceed a total annual offering of six (6) credit hours. And, be it further RESOLVED , that up to \$1000 is hereby allocated from the contingency account to purchase web-based software to allow member-readers to earn such credits.	Continuing Education	COM
2016		2016H-030	HOD	Discontinuation of Online CE on FDA Paid Platform	RESOLVED that the FDA discontinue providing online CE to members on the FDA paid platform. RESOLVED , that the FDA not renew the contract with Adia (formerly Peach New Media) and seek other opportunities to partner with companies that have free online CE platforms.	Continuing Education	COM

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2018	June	2017H-055	HOD	Mandatory Continuing Education for Controlled Substances	RESOLVED , that the Florida Dental Association (FDA) support the requirement of a 2-hour continuing education (CE) course on the safe and effective prescribing of controlled substances, and be it further RESOLVED , that the FDA support requiring 2-hour CE on controlled substances as part of the 30 hours requirement for licensure renewal.	Continuing Education	FDC
1985	Sept		BOT	Verification Form, Course	RESOLVED , that the Board of Trustees adopt a standardized voucher form for use in continuing-education programs.	Continuing Education	FDC
2004	June	2003H-515	HOD	Council on Ethics, Bylaws and Judicial Affairs, Duties of	RESOLVED , that, effective immediately, the principal responsibilities of the Council on Ethics, Bylaws and Judicial Affairs are as follows: • assisting the Speaker of the House in reviewing the clarity and legality of all initiatives before the House of Delegates which propose the establishment of or changes to Association policy or bylaws; • routinely comparing the reported actions of the Board and association officers with established Association policy and recommend measures to (a) clarify inconsistencies and (b) assure that each standing policy of the organization adequately addresses all aspects of an existing or foreseen issue so that, in the future, decision makers will have adequate policy guidance from which to govern their conduct; • administering the FDA's peer review and ethics review program; • recommending revisions to the FDA's Code of Ethics; • monitoring interim actions taken by the Board of Trustees and committees of the Board and providing recommendations to the House with respect to modifications to Association policy, when needed, in response to such actions; and • monitoring the legal affairs of the FDA.	Councils	LA
2011	June	2010H-067	HOD	Council Terms, Stagging of	RESOLVED , that in order to create staggering of appointments within the councils and components beginning with the 2011-2012 fiscal year, and for this fiscal year alone, the following schedule will be followed: Council on Membership: all council members from all six components, regardless of whether the current term has expired, will be appointed. Members from ACDDA, SFDPA and NEDDA will serve standard two year terms. Members from the following respective components will have initial terms of one year: CENDA	Councils	LA
2016	January	2015H-020	HOD	Student Consultants on FDA Councils, Committees	RESOLVED , that the House of Delegates create non-voting student consultant positions with a representative from each of the Florida dental schools on the following FDA councils and committees: - Leadership Development Committee	Councils	LA
1987	January	6006a		FL Delegation to the ADA, Appointment of Consultant to	RESOLVED , that the FDA establish policy that the Florida Delegation to the ADA may request the president to appoint one consultant when the need for special assistance can be demonstrated, such as technical qualifications and/or geographical advantages essential to the fulfillment of a specific task or program.	Delegation to the ADA	LA
1997	January	96H-067s	HOD	FL Delegation to the ADA, Biographical Background for Candidates	RESOLVED , that any nominations for ADA Delegate and Alternate Delegate, which are forwarded to the FDA House of Delegates by the FDA Board of Trustees, should be accompanied by a standardized biographical sketch of their qualifications developed by the Florida delegation to the ADA. And, be it further, RESOLVED , that a complete listing of these biographical sketches be provided of those incumbent delegates who, by virtue of their office or uncompleted terms, will also be serving on the delegation for the current year. And, be it further, RESOLVED , that biographical sketches of candidates nominated on the floor of the House of Delegates will be provided by the nominator, using the standardized form.	Delegation to the ADA	LA
2019	January	2018H-011	HOD	Disallowed Clauses, Preventing Third Party Payers from Using	RESOLVED , that the FDA support legislation to prohibit a dental plan from using disallowed clauses.	Dental Benefits & Care	GAO
2019	January	2018H-012	HOD	Insurer's Recovery of Overpayment to Providers in Florida	RESOLVED , that the FDA support legislation to shorten the period in which an insurer can recover an overpayment to a provider in Florida to 12 months.	Dental Benefits & Care	GAO
1984	June	457s	CDH	Lead Aprons, Use of	RESOLVED , that the FDA continue to encourage its members to use lead shield devices on patients when taking X-rays.	Dental Benefits & Care	GAO
1994	January	93H-023a	HOD	Dental Hygiene Services in County Public Health Units, Billing of	RESOLVED , that the FDA oppose the billing of dental-hygiene services as separate "encounters" by public-health-care units unless such services are supported by a dentist in accordance with requirements of law.	Dental Benefits & Care	GAO
2019	January	2018H-010	HOD	Type of Payment to Providers by Third Party Payers	RESOLVED , that the FDA support legislation to ensure third party payers cannot require a provider to accept an electronic payment or virtual credit card instead of a physical check; require the third party payer to inform providers they have the ability to choose whether to receive an electronic payment or physical check; and ensure the default payment method from a third party payer to a provider is a physical check.	Dental Benefits & Care	GAO
2023	June/July	2022H-025	HOD	Dental Insurance, Unilaterally Down Coding	RESOLVED that the policy of the Florida Dental Association is to oppose the policies of dental insurance companies unilaterally down coding appropriately coded procedures. And be it further, RESOLVED , that the FDA's Governmental Action Committee actively lobby to address dental insurance companies unilaterally down coding appropriately coded procedures.	Dental Benefits & Care	GAO

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1990	Sept	90-19		Pit and Fissure Sealants, Insurance Reimbursement for	RESOLVED , that the FDA encourage insurance companies to include in their fee schedules payment for pit-and-fissure sealants because this is a proven method of caries prevention.	Dental Benefits & Care	LA
2011	January	2010H-045	HOD	Programs Overview, Dental Assisting	RESOLVED , that the FDA support legislation that creates an annual re-certification process in which Board-approved expanded duties programs for dental assisting verify that the program maintains standards consistent with those required for initial approval.	Dental Education	GAO
2011	June	2010H-088	HOD	Special Needs Dentistry Programs	RESOLVED , that if additional courses are needed that CDEL discuss expanding the programs offered by the two dental schools and also consider having a yearly presentation at the Florida Dental Convention and, be it further RESOLVED , the FDA Council on Dental Education and Licensure survey the current number and content of special needs continuing education courses offered by the University of Florida College of Dentistry, Nova-Southeastern University College of Dental Medicine and in the marketplace and, be it further RESOLVED , that as dentists are trained through CE courses to treat persons with special needs, the FDA will request UFCD and NSUCDM course presenters to recommend that all FDA members update their profiles on SmileFlorida.org indicating that they treat special needs patients. And, be it further, RESOLVED , that the Council on Dental Health work with the Dental Lifetime Network to assist it with identification of possible funding sources for a statewide coordinator for the Donated Dental Services program.	Dental Education	GAO
2021	June	2020H-023	HOD	Non-Patient Based Exam for Dental Licensure	RESOLVED , that the FDA support the use of the non-patient (high fidelity restorative CompedonTIM human tooth simulation) ADEX exam as administered by the CDCA for licensure in the state of Florida.	Dental Education	GAO
2008	June	V2007H-062	HOD	Support for UF IEDP	RESOLVED , that the Florida Dental Association will continue to support the IEDP at the only public dental school, the University of Florida College of Dentistry, and be it further, RESOLVED , that the FDA be urged to use its lobbying efforts to obtain the necessary funds from the Florida Legislature to restore this most valuable program at the University of Florida College of Dentistry.	Dental Education	GAO
2007	February		BOT	Study on the Need for a New Dental School at FAMU	RESOLVED , that the FDA supports Florida A&M University's efforts to obtain legislative funding for a well-designed feasibility study relating to the creation of a new dental school administered by FAMU.	Dental Education	GAO
2013	January	2012H-044r/c/s	HOD	Teaching Permits, FDA Policy on	RESOLVED , that the Florida Dental Association support and approve the Florida Board of Dentistry in (a) requiring teaching permit holders and clinical instructors to have passed the Florida Laws and Rules portion of the Florida Licensure Examination or its equivalent; (b) requiring permit holders to complete the same mandatory continuing education as is required of Florida licensed dentists and renew their permits every biennium; (c) requiring foreign-trained dentists applying for teaching permits or working as clinical instructors to successfully complete the National Boards Parts I and II, or its successor examination(s), excluding those that are graduates of a Commission on Dental Accreditation approved specialty programs; (d) grandfathering in any existing teaching permit holders or clinical instructors from the requirement of completing National Board Parts I and II, or successor examination(s), provided such holders are hired and are on staff at an accredited dental school within one year of this law becoming effective.	Dental Education	GAO

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2014	January	013H-0406/s	HOD	Public Health Setting, Encounter Fees in	RESOLVED , that as the state transitions all Medicaid services to managed care, the FDA encourage the Agency for Health Care Administration (AHCA) to investigate the reliance on the encounter fee by public health facilities and urges AHCA to evaluate the effectiveness and efficiency of dental treatment under this reimbursement system. RESOLVED , the FDA urges directs the Agency for Health Care Administration (AHCA) to revise the Florida Medicaid County Health Department (CHD) Clinic Services Coverage and Limitations Handbook to authorize and encourage County Health Departments to accurately report and appropriately bill for the dental services being provided. And, be it further RESOLVED , that the FDA urges the AHCA to revise the Federally Qualified Health Center (FQHC) Services Coverage and Limitations Handbook to authorize and encourage FQHCs to accurately report and appropriately bill for the dental services being provided. And be it further RESOLVED that the FDA urges AHCA to review and evaluate the treatment being rendered at CHDs and FQHCs.	Dental Health	GAO
2002	June	2001H-140	HOD	Give Kids a Smile Public-Awareness Campaign, FDA Support of	RESOLVED , that the House of Delegates urge FDA members to commit to giving their best personal efforts to facilitate successful "Give Kids a Smile" events through their component and/or affiliate dental societies.	Dental Health	GAO
2003	June	2002H-225	HOD	Give Kids a Smile! Public Awareness Campaign, FDA's Ongoing Support of ADAs	RESOLVED , that the House of Delegates continue its support and commitment to facilitate a Project: Dentists Care annual "Give Kids a Smile!" events.	Dental Health	GAO
2003		2003H-033		Carbonated & Sweetened Drinks, Effect on School Age Children, Dentistry's Position	RESOLVED , that the Florida Dental Association support the formation of state and local coalitions of dental, medical and other health organizations and agencies to focus attention on the detrimental oral- and general-health effects of the over-consumption by school-age children of carbonated soft drinks and sweetened drinks. RESOLVED , that the FDA oppose contractual arrangements, including pouring-rights contracts, that influence consumption patterns that promote increased access to "soft drinks" for children.	Dental Health	GAO
2012	January	2011H-031/b/s	HOD	Dental Exams, Mandating School Based	RESOLVED , that the FDA support legislation to mandate school based dental charting (also known as dental screening under the ADA Code of Dental Terminology) for children prior to entering kindergarten in Florida.	Dental Health	GAO
2013	January	2012H-026/c/s	HOD	Medicaid Managed Care, FDA Policy on	RESOLVED , that the FDA supports legislative efforts to maintain the fee-for-service payment methodology in the Medicaid program for dental services as the state transitions to managed care, and, be it further RESOLVED , that the FDA supports the Agency for Health Care Administration having a Florida-licensed dentist provide ongoing reviews of dental contracts; and, be it further RESOLVED , that the FDA strongly encourages the state to enforce the terms of its contracts with dental plans to ensure fair and equitable treatment of all participating providers; and, be it further RESOLVED , that the FDA supports having a periodic evaluation of the managed care delivery system for dental services that specifically provides information that includes data pertaining to actual treatment and care rendered; and be it further RESOLVED , that the ADA Seventeenth Trustee District delegation shall lobby the ADA to perform a study of the relative effectiveness of treating access to care populations under a managed-care Medicaid system versus a fee-for-service Medicaid system.	Dental Health	GAO
2015	January	2014H-036	HOD	Florida's Action for Dental Health	RESOLVED , that the Florida Dental Association approves Florida's Action for Dental Health and directs staff to implement its policy objectives and strategies.	Dental Health	GAO
2015	June	2014H-071	HOD	Coordination of Care for Medication-Related Osteonecrosis of the Jaw	RESOLVED , that the FDA accept and support the American Association of Oral and Maxillofacial Surgeons (AAOMS) Position Paper on Medication-Related Osteonecrosis of the Jaw – 2014 Update.	Dental Health	GAO

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2006	January	2005H-03HCS-1	HOD	School District Resources Dentists	RESOLVED , that the FDA request its component and affiliate dental associations to establish a volunteer network of dentists to serve as resource persons for county school districts to coordinate oral health prevention and care programs.	Dental Health	Mbr
2011	January	2010H-040	HOD	Hygiene Response Team	RESOLVED , that the Florida Dental Association consider development of the dental hygiene response team concept. And be it further, RESOLVED , that a special committee consisting of a member of the FDA Council on Dental Health, FDA Council on Dental Education and Licensure, FDA Government Affairs Committee and consultants from the Board of Dentistry, Florida Dental Hygiene Association, Florida Academy of Pediatric Dentistry, Nova Southeastern University College of Dentistry and the University of Florida College of Dentistry, be appointed to study and develop the a proposal to implement this concept through the Florida Legislature and Board of Dentistry as necessary in 2012, and report back to the June 2011 House of Delegates.	Dental Hygienists	GAO
2012	January	2011H-043	HOD	Medicaid Billing Numbers for Dental Hygienists	RESOLVED , that the FDA oppose the request and suggest instead that a collaborative agreement protocol, where the dentist or physician authorize the hygiene services, be pursued as an alternative to issuing a separate billing number to dental hygienists.	Dental Hygienists	GAO
2012	January	2011H-047	HOD	Hygienist Delivery of Interim Restorative Services	RESOLVED , that beginning with the 2012 legislative session, the FDA support statutory permission for dental hygienists to perform RTI but only after completing an RTI program from one of Florida's licensed dental schools; being certified by the Board of Dentistry as successfully completing the course and carrying medical malpractice insurance in amount approved by the Board of Dentistry; and be it	Dental Hygienists	GAO
2018	June	2017H-059	HOD	Proposed Changes to CODA Standards for Hygienists, FDA Opposition of	RESOLVED , that the FDA oppose the CODA proposed changes to definition of terms used in Dental Hygiene Accreditation Standards and Standard 2-8d and 2-13.	Dental Hygienists	GAO
1986	January	5132s		Moratorium on Additional Dental Hygiene Schools	RESOLVED , that the FDA rescind any policies and positions that support a moratorium on the establishment of state funded dental-hygiene-training programs in Florida whenever and wherever there is an indicated need.	Dental Hygienists	GAO
1992	December	92B-084	BOT	Foreign-trained Dentists Who Are Hygienists, Disciplinary Action Against	RESOLVED , that the FDA encourage the board of dentistry to amend its rules and regulations to provide a provision to automatically revoke the dental-hygiene license of any foreign dental-school graduate who obtained such license and who was found in violation of the dental practice act, Chapter 466.028 (2), F.S., by "Practicing or offering to practice beyond the scope permitted by law." And, be it further,	Dental Hygienists	GAO
1979	March	BOT-36	BOT	Examination By Dentist Prior to Hygienist Treatment	RESOLVED , that the dentist be required to provide an oral examination on all new patients before and after the dental hygienist provides treatment and on regular patients the dentist must re-examine and check the patient following the treatment by the dental hygienist.	Dental Hygienists	GAO
2017	January		HOD	Supervision Level of Hygienists on Delegable Duties BOD Rule Change	RESOLVED , that the Florida Dental Association oppose the recent changes made by the BOD within Rule 64B5-16.006 and 65B5-16.007, and take such steps as appropriate, up to and including, a challenge of the proposed Rule.	Dental Hygienists	GAO
2011	June	2010H-098	HOD	Additional Delegable Duty, Possible Rule Change	Oral cancer evaluation is an essential part of a comprehensive oral evaluation and clinical exam and, as such, is the sole responsibility of the dentist.	Dental Hygienists	GAO
1992	Sept	92B-035a	BOT	Laser use by Allied Dental Personnel	RESOLVED , that the FDA strongly support the Board of Dentistry's position against the use of lasers or laser devices by any person other than a licensed dentist.	Dental Hygienists	GAO

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1989	January	88-073	Dental Laboratory Safety	RESOLVED , that the FDA shares the FDA's concern for the safety of dental-laboratory personnel and accepts that enhanced regulation of the dental-laboratory workplace may be needed to protect laboratory personnel. And, be it further: RESOLVED , that while the two associations share a concern for workplace safety, the FDA does not support limiting future entry into the dental-lab business to only Certified Dental Technicians as a means of accomplishing workplace safety because: 1. CDT training is not deemed necessary to adhere to OSHA- or CDC-type workplace safety standards. 2. Access to quality dental-laboratory services may be unnecessary if restricted.	Dental Laboratories	GAO
1995	January	94H-021	Dental Practice, Proprietorship of a	RESOLVED , that the FDA reaffirms its support of the conviction that the health interests of patients are best protected when dental practices and other private facilities for the delivery of dental care are owned and controlled by Florida licensed dentists; and, be it further: RESOLVED , that the FDA oppose legislation attempting to weaken the current statutory prohibition against non-Florida licensed dentists employing a dentist or controlling the use of dental equipment.	Dental Office Ownership & Management	GAO
1996	January	95H-038	Denturism	RESOLVED , that the FDA oppose legislative, regulatory and other efforts to allow dental-laboratory technicians and other non-dentists to repair existing dentures and advertise their services to the public.	Denturism	GAO
1984	January	341 BOT	Freedom of Choice	RESOLVED , it is the policy of the FDA to support the patient's right to freely choose a treating dentist in all pre-paid dental-benefit plans.	Direct Assignment/Direct Reimbursement	GAO
1990	January	89-044	Prescription Drug Abuse	RESOLVED , that the FDA seek legislation that provides dental providers with civil immunity in instances when the provider submits a patient's name to appropriate law-enforcement authorities in good faith and based upon the suspicion that the patient has or is committing prescription drug fraud.	Drugs	GAO
1991	January	90H-087	Dental Laboratories	RESOLVED , that it be the policy of the FDA to refrain from endorsing any dental laboratory.	Endorsements	GAO
2010	June	2009H-102	Pre-Dental and Pre-clinical Students Utilization on Dental Mission Trips	RESOLVED that the FDA encourage and support the ASDA chapters at Nova and UF to work with their respective administrations and any other Florida licensed dentist to end the practice of utilizing pre-dental students and unsupervised preclinical students to perform irreversible dental procedures worldwide; and be it further: RESOLVED that the FDA support the universal upholding of the ASDA student code of ethics and the ADA principles of ethics and code of professional conduct; and be it further, RESOLVED that the 17th District Delegation to the ADA HOD is encouraged to support ASDA national effort to end such practices.	Ethics	LA
1979	May	H31	Ethics, Violations of Advertising Provisions	RESOLVED , that the Florida Dental Association and each component and affiliate dental association shall not take enforcement action against a member dentist for violating the advertising provisions of the FDA or component and affiliate dental association Code of Ethics without first consulting with the association's office for legal advice.	Ethics	LA
1985	January	418	Dentistry, Definition of	RESOLVED , that the FDA create policy pertaining to the definition of dentistry as follows: 1. It is FDA policy to support broadening the definition of dentistry to include procedures adjunctive to oral and maxillofacial surgery. 2. It is FDA policy to support incorporating the definition of dental hygiene (educational preventive and therapeutic services) into the larger definition of dentistry and to reinforce the requirement for supervision and authorization of hygiene services. 3. It is FDA policy to support changing the definition of dental hygiene in the Dental Practice Act to read: Dental hygiene means that part of dentistry rendering educational preventive and therapeutic dental services.	Examination & Licensure	GAO
2006	June	2005H-081	Raisings Florida's Dental Licensure Fee Cap	RESOLVED , that the FDA encourage the Board of Dentistry to decrease the renewal fee for dental hygiene licensure to more closely reflect the actual costs of regulating dental hygienists.	Examination & Licensure	GAO
2011	January	2010H-030	Regional/National Hygiene Exam	RESOLVED , that the Florida Dental Association supports, as an interim position, that the Florida hygiene and dental clinical exam remain on a parallel track in regard to development and administration of clinical licensure examinations whether these Florida specific exams should move to a regional and/or national clinical exam.	Examination & Licensure	GAO

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		<p>RESOLVED, that the FDA supports amending the current Florida clinical exam's use of live patients to require a minimum of one periodontal procedure and two restorative procedures on live patients; and be it further</p> <p>RESOLVED, that the FDA hereby adopts the following strategy concerning Florida's clinical licensure process: 1. After (a) review by a committee of dentists selected by the Board of Dentistry, and composed of dentists who serve as both ADLEX and Florida examiners, (b) the ADLEX and Florida exams are determined to be identical by the committee, and (c) the Board of Trustees determines that Florida law should be revised to facilitate joining ADLEX or (d) the Board of Dentistry so requests the FDA's assistance in doing such, the FDA's Governmental Action Committee shall seek to amend Florida statutes to allow compliance with ADEX bylaws in accordance with established statutory guidelines (i.e., Florida recognizes results of ADLEX exams administered in other states after XXXXX/201X, the date at which the exams are determined to be equivalent); 2. Florida joins ADEX; 3. Florida maintains the DOH as the exam's "administrative agency" and maintains Florida examiners, such that the ADLEX administered in Florida will use only Florida licensed dentists; 4. Candidates for Florida licensure will be required to pass the ADLEX exam given on or after XXXXX/201X, (the date at which the exams are determined to be equivalent), as well as Florida's current diagnostic skills examination, Laws and Rules, and other examination requirements; 5. Candidates must apply for licensure in Florida within one year of passing ADLEX; and 6. Dentists who took the ADLEX exam given on or after XXXXXXXX (the date at which the exams are determined to be equivalent) but did not apply for Florida licensure within one year, may apply for licensure with additional requirements as established in law and consistent with FDA policy.</p>	<p>Examination & Licensure</p>	GAO		
2016	June	2015H-047	HOD	<p>Examiners Licensed Outside of Florida</p> <p>RESOLVED, that the language in section 466.006, Florida Statutes, requiring that the practical or clinical examination given in Florida be graded by dentists licensed only in this state be revised to allow non-Flores-licensed dentists to act as examiners. And be it further</p> <p>RESOLVED, that language be added to Rule 64B5-2.020(3) to encourage the department to solicit Florida licensed dentists from the pool of examiners first before using out-of-state dentists as examiners.</p>	<p>Examination & Licensure</p>	GAO
2016	June	2015H-048	HOD	<p>Florida Statute and Rules on Licensure, Revision of</p> <p>RESOLVED, that section 466.006, Florida Statutes, and Rule 64B5-2.0150, Florida Admin. Code, be revised to delete obsolete language since Florida now uses the American Board of Dental Examiners (ADEX) exam as administered by the Commission on Dental Competency Assessments (CDCA) and no longer administers its own dental licensure examination.</p>	<p>Examination & Licensure</p>	GAO
2023	October	2023B-005	BOT	<p>Universal Licensure in Florida</p> <p>RESOLVED that the Florida Dental Association oppose legislation that would create universal licensure in Florida.</p>	<p>Examination & Licensure</p>	GAO
1985	January	4011 CGA		<p>Non-accredited Dental Schools, Graduates of</p> <p>RESOLVED, that it is the policy of the FDA to oppose the State of Florida conducting accreditation/evaluation of foreign professional schools as a basis for admitting candidates for licensure examination but that should the state be granted such authority that: 1. The FDA should support use of standards, criteria and methodology in evaluating foreign dental schools equal to those used by the ADA Commission on Accreditation; 2. The FDA support existing provisions of the Dental Practice Act regarding credentials, approval, examination and reexamination; 3. The FDA support vesting the BOD with all policy decisions requiring professional dental judgment; 4. The FDA support policy that would require all costs to be borne by foreign schools or candidates.</p>	<p>Examination & Licensure</p>	GAO
1994	June	93H-107	HOD	<p>Alternate Licensure Procedure</p> <p>RESOLVED, that, if necessitated by legislative developments, the FDA authorize the Board of Trustees to introduce legislation in future sessions that would provide alternative licensing mechanisms for applicants who apply for a license pursuant to Chapter 466, F.S. And, be it further,</p> <p>RESOLVED, that the FDA oppose the inclusion of dentistry in the standardized licensing of foreign-trained professionals</p>	<p>Examination & Licensure</p>	GAO
2000	Sept	2000B-020	BOT	<p>Dues, Florida Dental Association Foundation</p> <p>RESOLVED, that the Florida Dental Association hereby approves that the voluntary contribution to the Florida Dental Association Foundation's annual sustaining membership campaign be increased from \$36 to \$125 on the 2001 dues statement with the stipulation that it continues to be clear on the dues statement that the contribution is voluntary.</p>	<p>FDA Foundation</p>	Acct

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2002	June	2001H-077	HOD	Florida Dental Association Foundation, FDA Sponsorship of	<p>RESOLVED, that the FDA Board of Trustees hereby approves an amendment to the Florida Dental Association Foundation's bylaws to provide that, at all times, (a) a simple majority of all FDAF Board members be designated by the Florida Dental Association's Board of Trustees, and (b) that, at all times, all directors of the Florida Dental Association Foundation's Board act in a manner which is wholly consistent with the Foundation's charitable purpose. And, be it further RESOLVED, that, in addition to the above-referenced changes, the Florida Dental Association Foundation's Bylaws are further amended to clarify that the FDA Board of Trustees approval authority over the Foundation's budget be limited only to the extent that the Foundation's final approved budget and all planned expenditures herein must remain wholly consistent with the Foundation's charitable purpose. And, be it further</p> <p>RESOLVED, that the FDAF is encouraged to establish criteria for the solicitation, review and granting of funds for projects and programs which ensures that such process, and its resultant financial support, only extend to causes that are wholly consistent with the Foundation's charitable purpose. And, be it further</p> <p>RESOLVED, that the FDAF is further encouraged to ensure that all grants for the financial support of projects and programs be subject to a written contract between the Foundation (as grantor) and the grantee (including the FDA when applicable) which requires the full accounting of expenditures as well as the submission of interim and final progress reports as appropriate to ensure that, at all times during the life of a FDAF-funded project and program, the undertaking remains wholly consistent with the Foundation's charitable purpose. And, be it further</p> <p>RESOLVED, that, all FDAF grants for the financial support of projects and programs and their corresponding contract with grantees (including contracts with the FDA when applicable) reserve the Foundation's right to define and, as needed, clarify program parameters at least to the extent that such direction may be necessary to ensure that program goals and effects remain wholly consistent with the Foundation's express charitable purpose. Conversely, provided such contract parameters establish sufficient guidance to ensure that a project or program will indeed be administered in a manner that is wholly consistent with the Foundation's charitable purpose (including contracts with the Florida Dental Association as applicable), such contracts may delegate other aspects of program design and decision-making to the grantee subject to periodic reports and/or auditing as shall be further specified in such grants and their associated contracts.</p>
2004	June	2003H-814	HOD	Transfer of Relief Fund to Foundation	<p>RESOLVED, that the Florida Dental Health Foundation at its June 2004 meeting be requested to formally accept the FDA Relief Fund as a temporarily restricted fund and accept the current FDA Relief Fund Indenture of Trust and ADA Relief Fund Rules documents.</p>
2006	June	2005H-084	HOD	Transfer Portion of Relief Fund to Disaster Fund	<p>RESOLVED, that the FDAF is hereby granted budget authority by the FDA House of Delegates (as original grantor of the restricted FDA Relief Fund in June 2004) to transfer 50% of the Relief Fund's current balance into the FDAF Disaster Fund with said transferred funds to be available if needed to qualified Florida dentist applicants for disaster grants and loans.</p>
2008	December	2008B-039	BOT	Foundation and PDC Merger	<p>RESOLVED, that, in the best interest of the public and the FDA, FDAF absorbs all Florida dental charitable activities under its corporate umbrella, and, be it further</p> <p>RESOLVED, that, the FDAF Board is encouraged to apply for a group exemption with the IRS to provide an umbrella for those PDC affiliates who wish to take advantage of FDAF's tax-exempt status with expenses associated with the application being paid from the PDC's Hybrid Endowment Fund Account # 40-5-030-8157, and, be it further RESOLVED, that, the FDAF Board is encouraged to include three members from the current PDC Board as Class II members of the FDAF Board, and, be it further</p> <p>RESOLVED, that, the FDAF Board if reconstituted as requested to include three members from the PDC Board shall serve in tandem as both PDC and FDAF Boards until such time as final action is taken by the IRS on FDAF's group exemption letter application; and, be it further</p> <p>RESOLVED, that, should the IRS approve the FDAF group exemption letter, the PDC, Inc. shall be dissolved and the FDHF Board as reconstituted shall assume responsibility for all PDC activities under the FDAF banner; and, be it further</p> <p>RESOLVED, that, should the IRS not approve the FDAF group exemption letter, the PDC, Inc. shall return to its same status prior to initiating the group exemption letter; and, be it further</p> <p>RESOLVED, that, FDAF should apply for an appropriate protection for the permanent protection of PDC's brand, with the expense being paid from the PDC Hybrid Endowment Fund Account # 40-5-030-8157</p>
1980	May	H-25	HOD	Florida Dental Association Foundation, Establishment of	<p>RESOLVED, that the FDA adopt the Articles of Incorporation and Bylaws of the Florida Dental Association Foundation.</p>

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2014	January	2013H-026	HOD	Outside Legislative Consultants, Funding for Hing	RESOLVED , that the FDA include in its budget a line item to possibly hire an outside lobbyist(s)/consultant firm (with funds allocated for this effort) and place as encumbered funds.	FDA Office Management	Acct
1994	Sept	401 EC	EC	Antidiscrimination Policy	RESOLVED , that the Board of Trustees direct all members, officers and staff of the FDA not to discriminate, based upon consideration of age, sex, race, religion or national origin.	FDA Office Management	LA
1990	June	89-114a		FDA Wholly Owned Subsidiary Corporation, Formation of	RESOLVED , that formation of the subsidiary corporation is hereby affirmed as a necessary and appropriate mechanism for assuring the continued strength and financial stability of the FDA by using the profits generated from FDAS in supporting the budget of the FDA. And, be it further, RESOLVED , that the FDAS Board of Directors is requested to provide the House of Delegates, Board of Trustees and presidents of component and affiliate dental associations throughout the state with a comprehensive Annual Report of then Shareholder, which includes information concerning business performance, budget, an explanation about who monitors the affairs of the subsidiary's existence, along with answers to typical questions from FDA members. And, be it further, RESOLVED , that once the presidents of the component and affiliate dental associations receive that report, they state the content of the report with their constituents through local newsletters and at appropriate membership meetings. And, be it further, RESOLVED , that the report be printed in Today's FDA each year.	FDA Services, INC	FDAS
1990	December	90B-06	BOT	FDAS, Protocol for Making Recommendations to	RESOLVED , that the proper protocol for a council or committee to make a recommendation to FDAS is to make the recommendation to the FDA Board of Trustees sitting as the sole shareholder of FDAS.	FDA Services, INC	FDAS
2015	June	2014H-079s	HOD	Campaign Funding, Direction of	RESOLVED , that starting Fiscal Year 2015-2016, the FDA create an ADA Campaign Fund (a board-designated net assets fund) to provide financial assistance to FDA members running for ADA elective office and who are approved as candidates by both the 17th District Delegation and the FDA House of Delegates and that \$8,500 each fiscal year be budgeted for the ADA Campaign Fund until such time as funding totals the sum of \$34,000.	Financial Matters	Acct
2019	January	2019H-006	HOD	FDA Reserve Ratio	RESOLVED , that the FDA implement a target reserve ratio of 35% defined as Board Designated reserves of the FDA divided by the operating expense budget of FDA less depreciation.	Financial Matters	Acct
2020	January	2019H-010	HOD	ADA Election Unused Campaign Funds	RESOLVED , that any FDA member who received FDA funds in order to run for an ADA elected office return to the FDA any unused funds up to the amount the FDA provided the candidate. And be it further RESOLVED that each candidate be encouraged to make a general donation to the FDA Foundation of any remaining excess campaign funds after the candidate returns funds to the FDA.	Financial Matters	Acct
1990	June	89-113		Non-dues Related Income	RESOLVED , that whenever possible the development and use of non-dues sources of revenue through prudent and responsible business management by authorized FDA and subsidiary officers and directors is found to be an appropriate and desirable alternative to increasing membership dues to assure the continuation of the FDA as a strong and effective professional association.	Financial Matters	Acct
1991	January	90H-090	HOD	FDA Officers, Remuneration for	RESOLVED , that any officially appointed FDA representative to an outside agency who receives compensation for serving on the agency shall be permitted to retain the remuneration.	Financial Matters	Acct
1997		97B-030	BOT	Investment Policy of FDA	RESOLVED , that the Florida Dental Association, Inc.'s "Statement of Investment Policy, Objectives and Guidelines" is hereby approved.	Financial Matters	Acct
1994	June	472a	EC	Investments Control	RESOLVED , it is the policy of the FDA that the treasurer is responsible for investments of the association, under the policy direction of the Board of Trustees.	Financial Matters	Acct

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2003	2003H-814	HOD	Foundation Relief Fund Committee Formation from Dissolution of FDA Charitable Relief Fund	<p>RESOLVED, that the Florida Dental Association Foundation at its June 2004 meeting be requested to formally accept the FDA Relief Fund as a temporarily restricted fund and accept the current FDA Relief Fund Indenture of Trust and ADA Relief Fund Rules documents, pending receipt of amended documents from FDA and ADA staff that have the applicable change in entity and agency terminology, procedures, etc. And, be it further</p> <p>RESOLVED, that, as a condition of the FDA's contribution herein, the Florida Dental Association Foundation shall create a separate Relief Fund Committee, composed of six FDA member dentists (the Chair to be authorized to review and approve relief grant applications for the constituent), one from each component of the FDA, with said committee having oversight of the cash and investments, Indenture of Trust, investment policy and interaction with the ADA Foundation Relief Fund Committee with respect to this separate temporarily restricted fund of the Foundation and that this committee shall provide an annual report of the reassigned Relief Fund to the FDA Council on Association Affairs. And, be it further RESOLVED, that the interest or net investment earnings derived by the Foundation from the relief fund also be recorded as temporarily restricted assets and net assets. And, be it further RESOLVED, that, consistent with the restricted nature of this transfer, the FDA Board of Trustees is hereby authorized to approve the future utilization of the Foundation relief fund derived investment earnings for other charitable programs by the Florida Dental Association Foundation, if the Board of Trustees deems that the investment earnings are not needed by or will not adversely impact the relief fund. And, be it further RESOLVED, that, during June of 2004, the FDA charitable Relief Fund entity be dissolved and the entire asset balance (cash, investments and accounts receivable) be transferred as a charitable contribution to the Florida Dental Association Foundation, Inc., to be held as temporarily restricted fund (assets & net assets (surplus)). And, be it further</p> <p>RESOLVED, that the FDA Treasurer authorize the purchase or exchange by the FDA Reserve Fund of cash for two FDA Relief Fund bonds at market value and hold them until their maturity dates (4/15/2005 and 2/1/2006). And, be it further</p> <p>RESOLVED, that FDA accounting and legal staff amend the Relief Fund Indenture of Trust as applicable for terminology (agency and entity name, etc.) and as used by the Florida Dental Health Foundation. And, be it further</p> <p>RESOLVED, that the Foundation Relief Fund Committee is urged to periodically publicize the existence of this fund via Today's FDA, the FDA Web site and other ways. And, be it further</p> <p>RESOLVED, that the membership staff of the FDA and components shall publicize the existence, purpose and application form/procedures to FDA members, especially to any FDA member who is inquiring or applying for a dues hardship or disability waiver.</p>	FDAF
1997	March	BOT	Affiliate Dental Association Rider on Liability Insurance	<p>RESOLVED, that the FDA include all the affiliate dental associations in any special rider to the current FDA liability policy at their own expense.</p>	Financial Matters
1993	January	HOD	FDA Representatives, Travel Advances for	<p>RESOLVED, that it is the policy of the FDA that travel advances to FDA members on official association business be made at the discretion of the president on an individual basis and be limited to cases of extreme hardship or emergency.</p>	Financial Matters
1984	June	EC	Dues Reimbursement	<p>RESOLVED, it is the policy of the FDA to reimburse all dues paid before Jan. 1 of the dues year by a deceased member, both annual and quarterly payments.</p>	Financial Matters
1997	97H-101s	HOD	Expenditures in Excess of Budget, Itemization on Membership Dues Statement	<p>RESOLVED, that, whenever the House of Delegates approves a membership assessment which is, by its nature, separate and apart from the amount of the membership dues, the amount of the assessment and its stated purpose shall be separately noted on the membership's annual dues statement.</p>	Financial Matters
1998	Sept	BOT	FDAF Sustaining Membership Category, Addition on the FDA Dues Statement of	<p>RESOLVED, that the Florida Dental Association direct staff to add a category of the Florida Dental Association Foundation "sustaining member" \$56 amount to the annual dues statement beginning with the 1999 billing cycle. And, be it further</p> <p>RESOLVED, that this action shall be reviewed by the Board of Trustees in one year to determine the impact that it may have had on the other categories of voluntary contributions which are included on the FDA's annual dues statement.</p>	Financial Matters
2013	2012H-014rcs	HOD	FDC Standardized Honorarium Schedule	<p>RESOLVED, that the FDC committee be vested with the authority to develop internal guidelines for honorarium for speakers and remunerate speakers according to these guidelines provided that the total honoraria expenses are within the fiscal year budget as set forth by the BOT. In addition, these guidelines will be reviewed on a periodic basis.</p>	Florida Dental Convention
1987	December	BOT	Audiotaping Scientific Sessions	<p>RESOLVED, that the FDA Board of Trustees approve incorporating as a permanent service the audio taping of scientific sessions at the FDC.</p>	Florida Dental Convention

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1992	December	92B-065	BOT	Speakers, Restrictive Clause - Continuation of FDC	RESOLVED , that the Board of Trustees approve continuing with the present speaker restrictive clause, whereby speakers are required "not" to appear in Florida during the six months preceding the meeting in which they are participating or 30 days after the meeting without prior approval of the Committee on FDC.	Florida Dental Convention	FDC
1994	June	93H-087s	HOD	Exhibitors Policy	RESOLVED , that the exhibit hall at the FDC be filed with dental-related materials, equipment, and services that may include practice management and computer systems. And, be it further, RESOLVED , that the FDA amend its policy on acceptance of exhibitors at the FDC, as follows: "That the exhibitor warrants in the FDC exhibit contract that the product or service to be exhibited has not been proved unsafe or ineffective by the appropriate council of the ADA or the Food and Drug Administration and that the product or service is safe and effective." And, be it further, RESOLVED , that the appropriate changes be made to the FDC exhibit contract. And, be it further, RESOLVED , that, in instances where the safety or effectiveness of a product or service remains in question, the FDC Committee be given the authority to determine whether to allow the product to be exhibited at the FDC. And, be it further, RESOLVED , that any FDC exhibitor whose advertising is in conflict with FDA policy may not be approved.	Florida Dental Convention	FDC
1995	December	95B-023	BOT	Speaker Contract Waiver	RESOLVED , that the current clause in the FDC contract restricting participation within Florida six months before and 30 days after an FDC meeting be changed to provide a limited waiver of the clause with respect to any University of Florida College of Dentistry, Nova Southeastern University College of Dental Medicine and Lake Erie College of Medicine (LECOM) School of Dental Medicine faculty member for purposes of allowing the faculty member to provide courses or lectures within the confines of the State of Florida university system.	Florida Dental Convention	FDC
1996	December	96B-048a	BOT	Attendance of General Chairperson and Manager to Attend National Meeting	RESOLVED , that the FDA Board of Trustees approve the travel of two future FDC program chairpersons and the FDA Meetings Manager each to attend up to one meeting as designated by the FDA committee for the purpose of consulting with their program committee and developing future FDC programs.	Florida Dental Convention	FDC
1997	May	96B-083C	BOT	Florida Dental Association Foundation, Relationship with	RESOLVED , that the Florida Dental Association Foundation work in cooperation with the Committee on the FDC to provide visual presence at future meetings at the expense of the Foundation.	Florida Dental Convention	FDC
1997	May	96B-084	BOT	Mandatory Courses for Re-licensure	RESOLVED , that the state mandated continuing-education courses be evaluated yearly and continued as part of the FDC program at the discretion of the Committee on the Florida Dental Convention.	Florida Dental Convention	FDC
1997		97B-041	BOT	FDC Committee, Additional Meeting of	RESOLVED , that a third meeting of the committee be held in August of each year for the purpose of critiquing the recently conducted FDC meeting, orientation of new members, appointment of new subcommittees and strategic long-range planning	Florida Dental Convention	FDC
1997		97B-061	BOT	Committee on FDC, Staggered Terms for Membership on	RESOLVED , that, for the purpose of implementing staggered terms on the FDC committee, the component districts' members terms shall initially expire as follows: * In 1999, the term of one member from the East Coast, Central, Northwest and Northeast component districts shall expire. * In 2000, the term of one member from the Atlantic Coast, West Coast, South Florida and Northwest component districts shall expire. * In 2001, the term of one member from the Central, Northeast, West Coast and Atlantic Coast component districts shall expire.	Florida Dental Convention	FDC
1998	Sept	98B-004	BOT	"No Compete" Policy for FDC Convention	RESOLVED , that the FDA Board of Trustees approve as a written policy, the restriction of groups, companies and organizations from holding functions or meetings that compete with or dilute the effectiveness of the FDC program as determined by the Committee on FDC. And, be it further RESOLVED , that the restriction should apply to the speaker program, social functions, suite assignments and matters related to the exhibit hall and/or exhibitors, including solicitation of exhibitors contracted with the FDC. And, be it further RESOLVED , that allied and specialty dental groups and organizations who provide private meetings in conjunction with the FDC, and specifically limit attendance at these meetings to their membership, must require all participants to register for the FDC. And, be it further RESOLVED , that component organizations be requested not to schedule meetings that conflict with the dates chosen for the FDC.	Florida Dental Convention	FDC
1999	May	98B-005	BOT	Saturday Night Room Reservations for FDC Committee	RESOLVED , that, beginning at the 1999 FDC and thereafter, the FDA adopt a policy to provide members of the Committee on FDC with a Saturday evening room night during FDC (convention) meetings. And, be it further RESOLVED , that this expenditure be approved as an FDC budgeted committee expense beginning in 2000 and thereafter.	Florida Dental Convention	FDC

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1984	February	No resolution #	CFNDC	Speaker Honoraria	That the Committee on FDC make every attempt to negotiate an all-inclusive honorarium for speaker participation on future FDC programs.	Florida Dental Convention	FDC
2011	January	No resolution #	CFNDC	FDC Committee Objectives and Duties	OBJECTIVES: The Committee on FDC is obligated to continually evaluate, analyze, improve and upgrade scientific programs, social events and exhibits to the highest level of professionalism. DUTIES: The Committee on FDC shall make recommendations as to the selection of site and meeting dates to the FDA Board of Trustees. Site selections and meeting dates should be ongoing, five to 10	Florida Dental Convention	FDC
1995	January		BOT	Registration Fees, Non-member Fees Applied to FDA Membership Dues	Summary: [Staff Note: original wording of resolution amended to comply to legal counsel's opinion.] RESOLVED, that upon approval of active membership, the \$350 non-member registration fee will be applied toward FDA membership dues on applications received during FDC or within 30 days after the session.	Florida Dental Convention	FDC
2007	June	2006H-046	HOD	Position Statement, Fluoride	RESOLVED, that it is therefore policy of the Florida Dental Association: 1) To wholly and resolutely commit itself to positively pressing for county and municipal governments to require all community water utilities in the state to adjust their water to contain optimal and safe levels of fluoride as recommended by the American Dental Association, the Centers for Disease Control, and the Environmental Protection Agency; 2) To wholly and resolutely commit itself to increasing substantially public awareness of proper oral hygiene	Fluoridation	GAO
2008	January	2007H-007	HOD	Generic Policy Statement on Fluoridation	RESOLVED, that the FDA reaffirms its support for fluoridation and urges local officials to support all efforts to fluoridate community water. And be it further RESOLVED that the Florida Dental Association adopt the following "generic" resolutions to be transmitted to local governments as needed: RESOLVED, that the Florida Dental Association reaffirms its longstanding support for water fluoridation and urges local officials to support [targeted governmental unit's] efforts to fluoridate water systems that are currently lacking optimal levels of fluoride in accordance with Centers for Disease Control guidelines. RESOLVED, that the Florida Dental Association reaffirms its longstanding support for water fluoridation and urges [targeted governmental unit] officials to continue to support water fluoridation in accordance with Centers for Disease Control guidelines for fluoridation of water systems.	Fluoridation	GAO
2009	June	2008H-089	HOD	Establishment of Affiliate Fluoridation Contact Dentists	RESOLVED, that the FDA change the appropriate agency to maintain a fluoridation contact dentist(s) in each affiliate. And be it further RESOLVED, that the appropriate FDA agency maintain up-to-date information about fluoridation on the FDA's web site as an educational resource for affiliate fluoridation contact dentists.	Fluoridation	GAO
2011	January	97H-100a	HOD	Fluoridation, Generic Resolution for Transmittal to Local Governments	RESOLVED, that the FDA reaffirms its support for fluoridation and urges local officials to support Pensacola's efforts to fluoridate water. And be it further RESOLVED that the FDA adopt the following "generic" resolution to be transmitted to local governments, with the specific name of the targeted local governmental unit inserted in the blank spaces upon request of the component dental society: RESOLVED, that the FDA reaffirms its support for fluoridation and urges local officials to support (_____) efforts to fluoridate water.	Fluoridation	GAO
1984	January	303	CGA	Pharmacists Prescription Authority	RESOLVED, that it is the policy of the FDA to oppose authority for pharmacists to prescribe drugs.	Governmental Matters	GAO
1984	January	304	CGA	Professional Fee Review	RESOLVED, that it is the policy of the FDA to oppose professional fee review or regulation by the Department of (Business) and Professional Regulation and the boards or any other governmental agency. And, be it further, RESOLVED, that it is the policy of the FDA to support legislation to amend Chapter 455, Florida Statutes, to differentiate between minor technical violations and serious, dangerous or threatening violations of professional practice acts so as to encourage the Department of (Business) and Professional Regulation to devote its resources to serious or repeat violations. And, be it further, RESOLVED, that it is the policy of the FDA to support the DPR use of dentist consultants in the process of complaint analysis and in	Governmental Matters	GAO

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1986	December	6071	BOT	Sales-tax Exemption	RESOLVED , that it is FDA policy to support state sales-tax exemptions for services and products that meet basic human needs, such as food and health care.	Governmental Matters	GAO
2002	January	2001H-010RC	HOD	Dentists' Day on the Hill. Approval of Issues to Discuss	RESOLVED , that Dentists Day participants who wish to address an issue with a legislator that falls outside of the priority statements of Dentists' Day on the Hill be requested (through confirmation packets and Dentists' Day briefings) that he or she should inform the legislator that they are speaking in a personal capacity and not on behalf of organized dentistry.	Governmental Matters	GAO
2003	June	2002H-219c/a	HOD	Inoculation by Volunteer Dentists of Florida Citizens in the Event of Bioterrorism	RESOLVED , that volunteer dentists of the Florida dental profession be considered part of the health-care team that could provide mass inoculations in the event of bioterrorism; and, be it further RESOLVED , that the FDA communicates the dental profession's interest in participating in mass inoculation and surveillance to the Secretary of the Florida Department of Health and the Governor. Furthermore, that the FDA request sovereign immunity be provided to participating volunteer dentists.	Governmental Matters	GAO
2011	January	2003H-019c/c	HOD	Monitoring of State Bid Proposals	WHEREAS , the FDA believes the ADA guidelines for first, recognizing dental specialty areas and second, recognizing accrediting organizations in dental specialty areas are valuable programs but largely inconsequential when patients select dental specialists; therefore be it	Governmental Matters	GAO
2009	June	2008H-82Ds-1	HOD	Advertising, Dental Specialty Contracts	RESOLVED , that the legislative and regulatory monitoring activities of the FDA include any bids, request for bids, request for applications (RFAs) and request for proposals (RFPs) for any program that may affect dentistry. And, be it further RESOLVED , that any issues immediately be reported to the Governmental Affairs Committee and the Board of Trustees.	Governmental Matters	GAO
2010	January	2009H-024	HOD	Legislation, Non-covered Services in Contracts	RESOLVED , that the Florida Dental Association support legislation that states that no contract between a dental plan and a network provider dentist for the provision of services to covered individuals may require that the dentist provide services to plan subscribers at a fee set by the dental plan unless the services are included in the subscriber agreement. Services would include all procedures reimbursable under the provider agreement subject to contract limitations which would include deductibles, waiting periods, frequency limitations and annual maximums and, be it further RESOLVED , that the FDA governmental affairs staff draft legislation to amend the state insurance statutes to implement this association policy.	Governmental Matters	GAO
2010	January	2009H-041	HOD	Electronic Health Records, Participation in FHO	RESOLVED , that the Florida Dental Association hereby agrees to participate in the collaborative, voluntary, nonprofit Florida Health Information Organization as a charter member [See Attachment I]; and, be it further RESOLVED that, if another entity other than the FHO is selected by AHCA, the FDA shall seek membership on that organization's board.	Governmental Matters	GAO

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2010 January 2009H-043 HOD Evidence Based Dentistry

RESOLVED, that the Florida Dental Association supports the American Dental Association's policy on the development of evidence-based dentistry protocols which allows for scientific studies that ultimately will assist dentists in clinical decision making and the promotion of disease prevention; and, be it further

RESOLVED, that the FDA maintain a presence at the ADA's Champions Conference to provide input on the development of evidence based dentistry protocols; and, be it further

RESOLVED, that the FDA provide information to its members on developments in evidence-based dentistry protocols in its publications and courses, lectures and workshops at the FNDC and other appropriate venues.

Governmental Matters GAO

2012 January 2011H-032rcs HOD Dental Records Retention

RESOLVED, that the FDA Board of Trustees partner with the forensic odontology and the medical examiners communities in support of a statutory change to Section 466.018(5), Florida Statutes, that states that all inactive dental charts and radiographs, when available, be maintained for a period of 7 years rather than 4 years and that pediatric records be kept for 7 years after the child reaches the age of 18 or is legally emancipated as an adult by a Florida court (whichever is earlier).

Governmental Matters GAO



2019	June	2019H-036	HOD	DIY Dentistry Policy	<p>RESOLVED, that the FDA strongly discourages the practice of do-it-yourself and direct to consumer dental laboratory services because of the potential for irreversible harm to patients; and be it further</p> <p>RESOLVED, that the FDA strongly encourage the Florida Board of Dentistry to define what constitutes a patient of record under Florida law; and be it further</p> <p>RESOLVED, that the FDA strongly encourage the Legislature to update its rules to incorporate and define supervision levels of scans and impressions taken digitally; and be it further</p> <p>RESOLVED, that the FDA strongly encourage the Legislature to provide coverage for all regulatory board members to protect them in a anti-trust lawsuit; and be it further</p> <p>RESOLVED, that the FDA strongly encourage its members, all dentists and their patients to report instances of individuals being harmed by Do-It-Yourself and/or Direct to Consumer Dental Laboratory services to: The Florida Board of Dentistry: http://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html or call 850-245-4474</p> <p>The Unlicensed Activity Bureau at the Department of Health: http://www.floridahealth.gov/licensing-and-regulation/enforcement/report-unlicensed-activity/index.html The Food and Drug Administration: https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting_home</p>	Governmental Matters	GAO
1984	January	2M-83s	HOD	Split Fees and Rebates	<p>RESOLVED, that the FDA actively pursue the enforcement and prosecution of those in violation of Florida Statute 466.028 to ensure the practitioner's disclosure to the patient of any financial arrangement that exists between the referer that would fall into the category of commissions, split-fees, rebates, kickbacks or corporate financial agreements that have a similar effect.</p>	Governmental Matters	GAO
1985	January	419 SC		Interdisciplinary Membership and Terms, Structure of	<p>RESOLVED, that the FDA create policy pertaining to the Board of Dentistry as follows: 1) Support the existing interdisciplinary membership of the board and that all aspects of dentistry and dental-care delivery continue to be required by a single board. 2) Should other parties propose changes in the Board of Dentistry structure, the association would support increasing the ratio of dentists to non-dentists. 3) Support a limit of service by Board of Dentistry members to two consecutive four-year terms. 4) The chairperson of the board be elected from among the dentist members.</p>	Governmental Matters	GAO
					<p>RESOLVED, that annually Oct. 3 be officially recognized as Dentists' Day.</p>		
1990	June	89-121		Dentists' Day, Official Recognition of		Governmental Matters	GAO
1992	December	92B-087	BOT	AHCA, Agency for Health Care Administration Representative	<p>RESOLVED, that the FDA designate a long-term representative to serve as liaison to the Agency for Health Care Administration to monitor and attend meetings as requested; And, be it further,</p> <p>RESOLVED, that the appointment be subject to annual review by the Board of Trustees.</p>	Governmental Matters	GAO
2011	January	97H-006	HOD	Infectious Diseases, Continuing-education Courses on	<p>RESOLVED, that the FDA support a proposal granting the board of dentistry the authority to determine which infectious diseases should be the subject of a continuing biannual education course for a license renewal in lieu of the mandated HIV and AIDS course. And be it further RESOLVED, that HIV and AIDS be one of the infectious disease topics that the Board of Dentistry be required to provide for the biannual education course on infectious diseases.</p> <p>RESOLVED, that the FDA pursue, either regulatory or legislatively, a measure prohibiting Florida licensed insurers from incorporating in their claim forms, checks or other similar documents provisions that limit a non-participating provider to accepting only the fee agreed to by a panel provider, or otherwise known as a silent PPO.</p>	Governmental Matters	GAO
1997		97H-046	HOD	Silent PPOs		Governmental Matters	GAO
1997		97H-093	HOD	Dentistry, Scope of Practice of	<p>RESOLVED, that the FDA lobby to ensure that the Board of Dentistry maintains its authority as the sole entity having regulatory jurisdiction to determine the scope of practice of a dentist in Florida.</p> <p>RESOLVED, that the FDA work with the Department of Health and the Board of Dentistry to monitor routinely quiz the continuing provisions of Chapter 455, Florida Statutes, in order to assure the expeditious use of investigative and prosecution services to protect the public; and, be it further</p>	Governmental Matters	GAO
1998		98H-066c	HOD	Investigators and Prosecutors, Board of Dentistry's Ability to Contract With	<p>RESOLVED, that the Florida Board of Dentistry, the Florida Board of Dental Practice, and the Florida Board of Dental Examiners be encouraged to encourage those designers who are not members of FDAPAC to become members.</p>	Governmental Matters	GAO
1978	November		CGA	FDAPAC Membership, Contact Dentists		Governmental Matters	GAO

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1992	January		HOD	FDA Agencies, Members Serving on Board of Dentistry and in FDA Leadership	RESOLVED , that, based on the Florida Statutes and Board of Dentistry legal-counsel opinion, FDA members may serve on both the Board of Dentistry and FDA councils and committees and the ADA Delegation, but not on decision-making bodies within the FDA.	Governmental Matters	GAO
2011	January		HOD	Board of Dentistry, Scope of	RESOLVED , that the FDA reaffirm its policy of support of the regulation of all aspects of dental care and all dental-team personnel by a single Board of Dentistry.	Governmental Matters	GAO
1985	January	401s	CGA	Investigative Files, Confidentiality of	RESOLVED , that it is policy of the FDA to support protecting the confidentiality of [state] investigatory files until and unless probable cause is found against the licensee.	Governmental Matters	LA
1988	January	87-029-3s		Discipline, Professional	RESOLVED , that it is the policy of the FDA to support the [state] use of dentist consultants in the process of complaint analysis; and to support the continued use of dentist members of the Board of Dentistry in the Probable Cause Committee of the Board of Dentistry.	Governmental Matters	LA
1988	May	88-008a	BOT	FDA Leadership, Attendance at Meetings	RESOLVED , that the Board of Trustees direct trustee(s), and/or officer(s) to attend the Board of Dentistry meetings when they are held in their components, with advance notice and briefing being provided by the FDA staff.	Governmental Matters	LA
1992	Sept	92B-035a	BOT	Allied Dental Personnel, Laser Use by	RESOLVED , that the FDA strongly support the Board of Dentistry's position against the use of lasers or laser devices by any person other than a licensed dentist.	Governmental Matters	LA
1989	January	88-075	HOD	HIV Infection - Right to Know	RESOLVED , that the FDA supports the dentist's right to know if a dental patient has HIV infection or any other disease that may affect dental-treatment decisions.	Infectious Diseases	GAO
1984	September	499	EC	Confidential Legal Matters	RESOLVED , that the FDA establish administrative policy, to require the association's legal counsels to include in any agreement to represent the dental groups a provision to share all legal information on the case with the FDA.	Legal Affairs	LA
2003		2003H-23rc/s	HOD	Support Program to Better Serve Emergency and Basic Dental Services	RESOLVED , that the FDA support efforts to encourage Congress to craft a new Medicaid program that shall include emergency, preventive and basic restorative dental services according to funding availability and delivered by a system that reflects current standards of care for all populations being served.	Medicaid	GAO
2007	June	2006H-010rc/s	HOD	Medicaid Litigation	RESOLVED , that the Florida Dental Association pursue fair reasonable and prudent avenues or recourse, regarding regular and irregular action to secure to all infants, children and adolescents in Florida full access to timely, continuous and complete dental health care and services and, be it further, RESOLVED , that the FDA continuously monitor the data being generated by all state programs involved in providing dental care to the infant, children and adolescent populations in Florida and, be it further, RESOLVED , that the Florida Dental Association supports that only Florida licensed dentists should be allowed to enroll as Medicaid dental program providers and bill for services to eligible participants, and be it further, RESOLVED that the Council on Dental Benefits and Care, working in conjunction with the Florida Association of Community Health Centers, further study potential solutions for permitted dentists in community health centers to receive reimbursement for Medicaid services and report back to the June 2007 House of Delegates.	Medicaid	GAO
2011	January	2006H-042rc/s	HOD	Policy on Providers of Medicaid Dental Services		Medicaid	GAO

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2008	June	2007H-029	HOD	Pregnant Women, Medicaid Dental Services for	RESOLVED , that the FDA supports a change in the state's Medicaid program that would provide dental services to pregnant women in an effort to reduce the potential risk of pre-term labor and low birth weight babies which may increase the costs to the State to treat these potential medical problems under the Medicaid program.	Medicaid	GAO
2008	June	2007H-030 cr/s	HOD	Fraud and Abuse, Recommendations to Resolve Medicaid	RESOLVED , that a Florida licensed dentist be included among the investigators of all dental Medicaid fraud and abuse investigations.	Medicaid	GAO
2008	June	2007H-032bs	HOD	Encounter Fees in Public Health Settings, Potential for Inappropriate Use of	RESOLVED , that the FDA encourage the Agency for Health Care Administration (AHCA) to investigate and address the efficiency of dental treatment plans for patients receiving care in public health facilities that are reimbursed by encounter fees. And, be it further RESOLVED , that the FDA seek to re-direct any funds recouped from inappropriate use of encounter fees to go directly towards Medicaid dental care services.	Medicaid	GAO
2013	June	2012H-051	HOD	Maintain Dental Services Separate from Medicaid under Medicaid Reform	RESOLVED that, as the state transitions the entire Medicaid program to managed care, the FDA supports keeping dental services separate from medical services with specific assurances outlined and contract provisions addressed in statute to the greatest extent possible.	Medicaid	GAO
1984	September	401	EC	Membership Antidiscrimination Policy	RESOLVED , that the Board of Trustees direct all members, officers and staff of the FDA not to discriminate, based upon consideration of age, sex, race, religion or national origin.	Membership	Mbr
2010	June	2009H-101	HOD	Dues, Reduced Faculty Members	RESOLVED , a dues reduction for one year of 50% should be offered to all full time faculty who are current members or seek new membership with the FDA pursuant to chapter 1 section 100 of the FDA bylaws. The metrics of this dues reduction program would be reviewed by the council on membership annually to evaluate its effectiveness and determine the continuation of the program.	Membership	Mbr
2019	June	2018H-035	HOD	FDA Nonmember Panel/Value Prop Objectives	RESOLVED , that the FDA's House of Delegates request that each component hold a nonmember panel discussion; and be it further RESOLVED , that each component's Board of Trustees member report back to the Board of Trustees, any Value Proposition Objectives that the Components created from the panel.	Membership	Mbr
1990	December	90H-085	HOD	Recruitment, Non-discriminatory Basis	RESOLVED , the policy of the FDA is to recruit all non-member licensed dentists on a non-discriminatory basis. Therefore, be it RESOLVED , that the FDA, through its component and affiliate dental societies, make every effort to recruit all non-member dentists.	Membership	Mbr
2011	January	97B-087	BOT	Recruitment, Membership Standardization of Committees Across the State	RESOLVED , that the Florida Dental Association request its component and affiliate dental associations to establish standing membership recruitment committees with chairpersons appointed for at least two-year terms to provide program continuity.	Membership	Mbr
1985	January	441	CGA	Dental Records, Maintaining	RESOLVED , that the FDA create policy pertaining to patient records and the obligations of the dentists of records as follows: 1. It is FDA policy that each dentist shall maintain written dental records and medical history records, which justify the course of treatment of each patient; 2. It is FDA policy that all patient records kept in accordance with Florida law be retained for at least four years and that all such legal requirements be a standardized number of years. The number of years should not be excessive; 3. It is FDA policy that: if the dentist of record is not identified in the record of the patient, as required by statute, it shall be presumed as a matter of law that the dentist of record is the dentist who examined the patient and developed or recommended a treatment plan for the patient; if the dentist of record is not identified in the patient record, and if the record does not identify which dentist examined, planned the treatment and treated the patient, it shall be presumed as a matter of law that the dentist of record is the dentist(s) examined, planned the treatment and treated the patient; that the FDA direct that the dentist(s) examine(s) the patient, in which the dentist(s) examine(s) shall adhere to the operational procedures as set forth in the FDA Dental Care Programs Manual, then the following shall occur: 1. The FDA office will notify the president of the association who will appoint the dentist representative from the Council on Dental Care from the respective component and affiliate dental associations.	Patient Records	LA
1983	January	10DC-82a		Peer Review, Compliance by Component and Affiliate Dental Associations	RESOLVED , that the FDA encourage the Agency for Health Care Administration (AHCA) to investigate and address the efficiency of dental treatment plans for patients receiving care in public health facilities that are reimbursed by encounter fees. And, be it further RESOLVED , that the FDA seek to re-direct any funds recouped from inappropriate use of encounter fees to go directly towards Medicaid dental care services.	Peer Review	LA
1985	December	512S		FDA Mailing Labels	RESOLVED , that the FDA be authorized to sell membership mailing labels to FLADPAC for use on behalf of FLADPAC-endorsed candidates or as in-kind contributions to FLADPAC-endorsed candidates, the ultimate use of which may include solicitation.	Political Action Committees	GAO

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1992	January	91H-075	HOD	Local Political Action Committees, Formation of	RESOLVED , that local political action committees be encouraged to be formed to support local candidates who favor issues that enhance the oral health status of the public, such as community water fluoridation and other public-health programs endorsed by organized dentistry.	Political Action Committees	GAO
1985	January	4014s		Compulsory Malpractice Insurance	RESOLVED , that it is the policy of the FDA to support the freedom of individual dentists to make decisions about professional liability insurance.	Professional Liability	FDAS
1986	January	5099s		General Damage Awards in Malpractice Statutory Limitation on	RESOLVED , that the FDA support a statutory limitation on general damages awarded (for pain, suffering, loss of quality of life, etc.) in malpractice cases. And, be it further, RESOLVED , that the FDA support statutory requirements for structured payment over time rather than lump-sum payment of general damages.	Professional Liability	FDAS
2001	June	2000H-104	HOD	Website, Advertising on	RESOLVED , that the communications department staff develop appropriate promotional materials and advertising guidelines consistent with those used for Today's FDA, and be it further RESOLVED , that the communication department staff, in consultant with Today's FDA's editor, review and approve or reject advertisements consistent with methods used to review and approve or reject advertisements for Today's FDA; and, be it further RESOLVED , that the FDA offer advertising options on its Web site.	Publications	COM
1998	September	98B-009	BOT	Today's FDA, Use One Issue as Recruitment Tool to Non-member Florida Licensed Dentists	RESOLVED , that one issue of Today's FDA per year include articles of interest to all Florida licensed dentists, including but not limited to an invitation from the current president to non-members to join the FDA; a story outlining the benefits of belonging to organized dentistry; a listing of names of Florida's component and affiliate societies; and a listing of component and affiliate events; and, be it further RESOLVED , that this issue be mailed to all Florida licensed dentists; and, be it further RESOLVED , that this issue will contain pages highlighting membership benefits and FDA Services.	Publications	COM
2000	June	99H-073a	HOD	Today's FDA, Distribution to Retired FDA Members	RESOLVED , that retired FDA members be given the choice of receiving (in print) the Today's FDA publication.	Publications	COM
1981	September	B-30	BOT	Advertising Discrimination Policy	RESOLVED , that the FDA prohibit in its publications any advertisement that discriminates on the basis of sex, race or religion or does not meet the standards established for the FDA's publications.	Publications	COM
1993		93B-043	BOT	Today's FDA, Complimentary Subscriptions to	RESOLVED , that the FDA not distribute complimentary copies of Today's FDA to legislators and other officials.	Publications	GAO
2006	January	2005H-023	HOD	Craniofacial Pain as a Possible Dental Specialty	RESOLVED , that the FDA hereby opposes the establishment of an ADA-recognized specialty in craniofacial pain.	Specialties, Dental	GAO
1992	September	92B-023a	BOT	Overlap in Scope of Practice Among Specialty	RESOLVED , that the FDA submit to the ADA the following language with a request that the ADA incorporate it into an advisory opinion: "When a specialist is presented with a particular condition requiring a procedure that falls within the scope of another specialty, a specialist is required to inform the patient that no other specialty exists in which the accredited educational program is significantly more extensive with regard to the procedure under consideration, and providing the procedure under the circumstances presented by the patient." If the specialist elects not to refer the patient under the circumstances, the specialist assumes the obligation to inform the patient that he or she no longer is rendering care as a specialist and has the obligation to offer the patient the option of seeking such specialty care. Failure to inform the patient is in violation of the ADA Code of Ethics."	Specialties, Dental	GAO
1995	June	94H-094	HOD	Pediatric Dentistry, Definition of	RESOLVED , that the House of Delegates adopt the following definition of pediatric dentistry and forward the recommendation to the ADA Council on Dental Education for review: "Pediatric dentistry is an age-defined specialty that provides comprehensive primary, preventive and therapeutic oral care for infants and children through adolescence, including those with special health-care needs."	Specialties, Dental	GAO
2011	January	2003H-542	HOD	Strategic Planning Retreat, Board of Trustees to Hold	RESOLVED , that, subject to the adoption of an implementing resolution, the Board of Trustees, hold an annual strategic planning retreat.	Strategic Plan	LA
2012	January	2011H-058	HOD	Strategic Planning Updates to the Semi-Annual House	RESOLVED , that the President-Elect prepare and submit a report to each semi-annual session of the House of Delegates on (a) the status of the Board of Trustees' implementation of the FDA's strategic plan to date as well as (b) any recommended updates and/or changes to the strategic plan, if any.	Strategic Plan	GAO

RETURN

1986	September	6035	BOT	Student Loan, Increase in Penalty for Non-repayment of	Student Loans Act
2008	June	2007H-061	HOD	Tooth Whitening Administered by Non-Dentists RESOLVED , that any legal costs incurred by the FDA or the debtor in the collection of past due accounts will be the responsibility of the loan recipient RESOLVED , the Florida Dental Association supports educating the public on the need to consult with a licensed dentist to determine if bleaching is an appropriate course of treatment, and be it further, RESOLVED , that the Florida Dental Association consult with dental product and equipment suppliers and manufacturers regarding the distribution of regulated dental materials and devices to other than licensed dentists; and be it further, RESOLVED , The Florida Dental Association supports the Board of Dentistry's interpretation that the administration or application of any	Unlicensed Practice GAO
2000	January	99H-049	HOD	Unlicensed Practice of Dentistry, Combating the RESOLVED , that the FDA support and implement the following recommendations of the Taskforce on the Illegal Practice of Dentistry: Aid the media in the investigation and the reporting of the dangers of illegal practice. The Florida Dental Association shall present itself as the spokesperson for Public Safety. The issues of cross-contamination, sterilization, appropriate diagnosis, and skilled measured care. Utilize the organization of the Florida Dental Association, to assemble, arrange, and disseminate information on illegal practice to the media to educate the public and motivate law-enforcement officials to pursue investigation and prosecution of fraudulent practitioners. The Florida Dental Association can act as a conduit by assigning member dentists as a repository for information to aid the media as spokespersons and law-enforcement for leads in the investigation and in the design of sting operations for the full prosecution of criminal charlatans who put the public at risk for personal gain.	Unlicensed Practice GAO

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, STUDENT LOAN, INCREASE**
6 **IN PENALTY FOR NON-REPAYMENT OF**

7

8

9 2024H-018 [Policy] **RESOLVED**, that the FDA policy, Increase in Penalty for Non-

10 Repayment of Student Loan, be rescinded.

11

12 **BACKGROUND:** Reason for rescission: The FDA no longer has any student loans.

13

14 Policy to be rescinded: 6035; Adopted September 1986:

15

16 **RESOLVED**, that the Student Loan Provisions (No. 8) be amended as follows to include a
17 4 percent increase in interest above that charged by the federally insured loan program for
18 all recipients who are in arrears of repayment. And, be it further,

19 **RESOLVED**, that any legal costs incurred by the FDA or the debtor in the collection of
20 past due accounts will be the responsibility of the loan recipient

21

22 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
23 in leadership, programs, and services.

24

RETURN

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, OUTSIDE LEGISLATIVE**
6 **CONSULTANTS, FUNDING FOR HIRING**

7

8

9 2024H-020 [Policy] **RESOLVED**, that the FDA policy, Funding for Hiring Outside

10 Legislative Consultants, be rescinded.

11

12 **BACKGROUND:** Reason for rescission: The FDA uses an outside lobbyist, and this fee is
13 included in the annual budget.

14

15 Policy to be rescinded: 2013H-026; Adopted January 2014:

16

17 **RESOLVED**, that the FDA include in its budget a line item to possibly hire an outside
18 lobbyist(s)/consultant firm (with funds allocated for this effort) and place as encumbered
19 funds.

20

21 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
22 in leadership, programs, and services.

23

1 DATE: November 20, 2024

2
3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4
5 **RESCISSION OF THE POLICY, TRANSFER OF RELIEF FUND**
6 **TO FOUNDATION**

7
8
9 2024H-021 [Policy] **RESOLVED**, that the FDA policy, Transfer of Relief Fund to
10 Foundation, be rescinded.

11
12 **BACKGROUND:** Reason for rescission: There is only a \$3,500 balance at 10/31/2024 in the
13 Relief Fund. The FDA Foundation will be closing the Relief Fund entirely and move the
14 remaining funds into the Disaster Fund.

15
16 Policy to be rescinded: 2003H-814; Adopted June 2004:

17
18 **RESOLVED**, that the Florida Dental Health Foundation at its June 2004 meeting be
19 requested to formally accept the FDA Relief Fund as a temporarily restricted fund and
20 accept the current FDA Relief Fund Indenture of Trust and ADA Relief Fund Rules
21 documents, pending receipt of amended documents from FDA and ADA staff that have the
22 applicable change in entity and agency terminology, procedures, etc. And, be it further
23 **RESOLVED**, that, as a condition of the FDA's contribution herein, the Florida Dental
24 Health Foundation shall create a separate Relief Fund Committee, composed of six FDA
25 member dentists (the Chair to be authorized to review and approve relief grant applications
26 for the constituent), one from each component of the FDA, with said committee having
27 oversight of the cash and investments, Indenture of Trust, investment policy and interaction
28 with the ADA Foundation Relief Fund Committee with respect to this separate temporarily
29 restricted fund of the Foundation and that this committee shall provide an annual report of
30 the reassigned Relief Fund to the FDA Council on Association Affairs. And, be it further
31 **RESOLVED**, that the interest or net investment earnings derived by the Foundation from
32 the relief fund also be recorded as temporarily restricted assets and net assets. And, be it
33 further

34 **RESOLVED**, that, consistent with the restricted nature of this transfer, the FDA Board of
35 Trustees is hereby authorized to approve the future utilization of the Foundation relief fund
36 derived investment earnings for other charitable programs by the Florida Dental Health
37 Foundation, if the Board of Trustees deems that the investment earnings are not needed by
38 or will not adversely impact the relief fund. And, be
39 it further

40 **RESOLVED**, that, during June of 2004, the FDA charitable Relief Fund entity be dissolved
41 and the entire asset balance (cash, investments and accounts receivable) be transferred as

RETURN

1 a charitable contribution to the Florida Dental Association Foundation, Inc., to be held as
2 temporarily restricted fund (assets & net assets {surplus}). And, be it further
3 RESOLVED, that the FDA Treasurer authorize the purchase or exchange by the FDA
4 Reserve Fund of cash for two FDA Relief Fund bonds at market value and hold them until
5 their maturity dates (4/15/2005 and 2/1/2006). And, be it further
6 RESOLVED, that FDA accounting and legal staff amend the Relief Fund Indenture of
7 Trust as applicable for terminology (agency and entity name, etc.) and as used by the
8 Florida Dental Health Foundation. And, be it further
9 RESOLVED, that the Foundation Relief Fund Committee is urged to periodically publicize
10 the existence of this fund via Today's FDA, the FDA Web site and other ways. And, be it
11 further RESOLVED, that the membership staff of the FDA and components shall publicize
12 the existence, purpose and application form/procedures to FDA members, especially to any
13 FDA member who is inquiring or applying for a dues hardship or disability waiver.
14

15 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
16 in leadership, programs, and services.
17

1 DATE: November 20, 2024

2
3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4
5 **RESCISSION OF THE POLICY, FOUNDATION RELIEF FUND**
6 **COMMITTEE, FORMATION FROM DISSOLUTION OF THE**
7 **FDA CHARITABLE RELIEF FUND**

8
9
10 2024H-022 [Policy] **RESOLVED**, that the FDA policy, Foundation Relief Fund
11 Committee, formation from dissolution of the FDA Charitable Relief fund,
12 be rescinded.

13
14 **BACKGROUND:** Reason for rescission: There is only a \$3,500 balance at 10/31/2024 in the
15 Relief Fund. The FDA Foundation will be closing the Relief Fund entirely and move the
16 remaining funds into the Disaster Fund.

17
18 Policy to be rescinded: 2003H-814; Adopted June 2004:

19
20 **RESOLVED**, that the Florida Dental Association Foundation at its June 2004 meeting be
21 requested to formally accept the FDA Relief Fund as a temporarily restricted fund and
22 accept the current FDA Relief Fund Indenture of Trust and ADA Relief Fund Rules
23 documents, pending receipt of amended documents from FDA and ADA staff that have the
24 applicable change in entity and agency terminology, procedures, etc. And, be it further
25 **RESOLVED**, that, as a condition of the FDA’s contribution herein, the Florida Dental
26 Association Foundation shall create a separate Relief Fund Committee, composed of six
27 FDA member dentists (the Chair to be authorized to review and approve relief grant
28 applications for the constituent), one from each component of the FDA, with said
29 committee having oversight of the cash and investments, Indenture of Trust, investment
30 policy and interaction with the ADA Foundation Relief Fund Committee with respect to
31 this separate temporarily restricted fund of the Foundation and that this committee shall
32 provide an annual report of the reassigned Relief Fund to the FDA Council on Association
33 Affairs. And, be it further **RESOLVED**, that the interest or net investment earnings derived
34 by the Foundation from the relief fund also be recorded as temporarily restricted assets and
35 net assets. And, be it further **RESOLVED**, that, consistent with the restricted nature of this
36 transfer, the FDA Board of Trustees is hereby authorized to approve the future utilization
37 of the Foundation relief fund derived investment earnings for other charitable programs by
38 the Florida Dental Association Foundation, if the Board of Trustees deems that the
39 investment earnings are not needed by or will not adversely impact the relief fund. And, be
40 it further **RESOLVED**, that, during June of 2004, the FDA charitable Relief Fund entity be
41 dissolved and the entire asset balance (cash, investments and accounts receivable) be

RETURN

1 transferred as a charitable contribution to the Florida Dental Association Foundation, Inc.,
2 to be held as temporarily restricted fund (assets & net assets {surplus}). And, be it further
3 RESOLVED, that the FDA Treasurer authorize the purchase or exchange by the FDA
4 Reserve Fund of cash for two FDA Relief Fund bonds at market value and hold them until
5 their maturity dates (4/15/2005 and 2/1/2006). And, be it further
6 RESOLVED, that FDA accounting and legal staff amend the Relief Fund Indenture of
7 Trust as applicable for terminology (agency and entity name, etc.) and as used by the
8 Florida Dental Health Foundation. And, be it further
9 RESOLVED, that the Foundation Relief Fund Committee is urged to periodically publicize
10 the existence of this fund via Today's FDA, the FDA Web site and other ways. And, be it
11 further
12 RESOLVED, that the membership staff of the FDA and components shall publicize the
13 existence, purpose and application form/procedures to FDA members, especially to any
14 FDA member who is inquiring or applying for a dues hardship or disability waiver.
15

16 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
17 in leadership, programs, and services.
18

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, TRANSFER PORTION OF**
6 **RELIEF FUND TO DISASTER FUND**

7

8

9 2024H-023 [Policy] **RESOLVED**, that the FDA policy, Transfer Portion of Relief Fund

10 to Disaster Fund, be rescinded.

11

12 **BACKGROUND:** Reason for rescission: There is only a \$3,500 balance at 10/31/2024 in the
13 Relief Fund. The FDA Foundation will be closing the Relief Fund entirely and move all the
14 remaining funds into the Disaster Fund.

15

16 Policy to be rescinded: 2005H-084; Adopted June 2006:

17

18 **RESOLVED**, that the FDAF is hereby granted budget authority by the FDA House of
19 Delegates (as original grantor of the restricted FDA Relief Fund in June 2004) to transfer
20 50% of the Relief Fund's current balance into the FDAF Disaster Fund with said
21 transferred funds to be available if needed to qualified Florida dentist applicants for disaster
22 grants and loans.

23

24 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
25 in leadership, programs, and services.

26

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, AGENDA POSTING**

6

7

8 2024H-013 [Policy] RESOLVED, that the FDA policy, Agenda Posting, be rescinded.

9

10 **BACKGROUND:** Reason for rescission: The FDA’s Bylaws, Board of Trustees (BOT) manual,
11 and House of Delegates (HOD) manual outline the timeline for posting of agendas, so a separate
12 policy is not needed. The FDA follows its bylaws and manuals.

13 Additionally, all agendas and minutes for leadership groups are now shared electronically and
14 are accessible through the secure portion of the FDA’s website. The FDA no longer mails hard
15 copies of agendas in advance of meetings.

16

17 Policy to be rescinded: 2011H-067; Adopted June 2011:

18

19 RESOLVED, that, when feasible, the FDA post on its website in a secure manner that will
20 restrict access to FDA members only, all agendas and proposed resolutions of the BOT and
21 the HOD at least 3 weeks prior to the noticed meetings, and post all minutes of the BOT
22 and HOD within 2 weeks of the noticed meetings, and be it further

23 RESOLVED, that, when feasible, the FDA send electronically any printed agendas,
24 proposed resolutions, or other HOD package material at least 21 days prior to the noticed
25 meetings.

26

27 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
28 in leadership, programs, and services.

29

1 DATE: November 20, 2024

2
3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4
5 **RESCISSION OF THE POLICY, COUNCIL TERMS,**
6 **STAGGERING OF**

7
8
9 2024H-014 [Policy] **RESOLVED**, that the FDA policy, Staggering of Council Terms,
10 be rescinded.

11
12 **BACKGROUND:** Reason for rescission: the FDA governance manual along with the House of
13 Delegates, Board of Trustees, and 17th Delegation manuals outline parameters for the staggering
14 of terms and appointments. This policy was written to help establish the new Council on
15 Membership. The Council on Membership is no longer a standing council and this policy is
16 obsolete.

17
18
19 Policy to be rescinded: 2010H-067; Adopted June 2011:

20
21 **RESOLVED**, that in order to create staggering of appointments within the councils and
22 components beginning with the 2011-2012 fiscal year, and for this fiscal year alone, the
23 following schedule will be followed; Council on Membership: all council members from
24 all six components, regardless of whether the current term has expired, will be appointed.
25 Members from ACDDA, SFDDA and NEDDA will serve standard two year terms.
26 Members from the following respective components will have initial terms of one year:
27 CFDDA, NWDDA, and WCDDA. All subsequent appointments will be for two year terms
28 consistent with the bylaws.

29
30 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
31 in leadership, programs, and services.

32
RETURN

1 DATE: November 20, 2024

2
3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4
5 **RESCISSION OF THE POLICY, DATE DETERMINATION OF**
6 **MEMBERSHIP NUMBERS**
7

8
9 2024H-015 [Policy] **RESOLVED**, that the FDA policy, Date Determination of
10 Membership Numbers, be rescinded.

11
12 **BACKGROUND:** Reason for rescission: The FDA’s House of Delegates (HOD) manual has
13 undergone several updates since 2015 and as a result these page numbers are no longer accurate.
14 Additionally, the HOD manual specifies the manner in which the FDA allocates its delegates
15 among the state component dental associations. This policy is redundant as the FDA HOD
16 follows its manuals.

17
18 Policy to be rescinded: 2014H-053; Adopted June 2015:

19
20 **RESOLVED**, that Page 5, lines 14-16 of the House of Delegates Manual be amended to
21 read as follows: “The allocation of delegates among the component dental associations is
22 made proportionately on the basis of membership as of December 31st of the preceding
23 membership year as reported by the ADA in its End-of-Year Membership Statement.” And,
24 be it further **RESOLVED** that page 3, lines 17 – 19, of the Board of Trustees Manual be
25 amended to read as follows: “Each of the component dental associations is to elect no more
26 than two (2) Trustees and no more than two (2) Alternate Trustees based on a ratio of one
27 (1) Trustee and one (1) Alternate Trustee per 500 voting members or fraction thereof. The
28 number of voting members in each delegate shall be determined as of December 31st of
29 the preceding membership year as reported by the ADA in its End-Of-Year Membership
30 Statement.”

31
32 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
33 in leadership, programs, and services.
34

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, COUNCIL ON DENTAL**
6 **EDUCATION AND LICENSURE, DUTIES OF**

7

8

9 2024H-016 [Policy] **RESOLVED**, that the FDA policy, Duties of the Council on

10 Dental Education and Licensure, be rescinded.

11

12 **BACKGROUND:** Reason for rescission: This council no longer exist and items pertaining to
13 this subject matter are now handled on an as needed basis by a task group.

14

15 Policy to be rescinded: 2014H-066ds; Adopted June 2015:

16

17 **RESOLVED**, that Council on Dental Education and Licensure: Eliminate two duties: —
18 (1) Develop mechanisms to teach school-age children the importance of proper dental
19 health care and oversee the FDA’s role with respect to organized dentistry’s annual
20 observance of Children’s Dental Health Month; (2) Monitor continuing education
21 programs provided for dentists and allied dental personnel. Additionally, this Council
22 should review and make necessary recommendation on existing policies – especially
23 workforce.

24

25 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
26 in leadership, programs, and services.

27

RETURN

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, COUNCIL ON THE NEW**
6 **DENTIST, DUTIES OF**

7

8

9 2024H-017 [Policy] **RESOLVED**, that the FDA policy, Duties of the Council on the

10 New Dentist, be rescinded.

11

12 **BACKGROUND:** Reason for rescission: The Council on the New Dentist no longer exist as a
13 standing council and instead is handled by a task force on an as needed basis.

14

15 Policy to be rescinded: 2014H-068d; Adopted June 2015:

16

17 **RESOLVED**, that the scope of the Council on the New Dentist is to infuse the new dentist
18 perspective into all the FDA does. They should provide feedback to leadership, other
19 councils, the editor, staff, etc. on the views of the new dentists.

20

21 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
22 in leadership, programs, and services.

23

RETURN

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, NON-MEMBERS AT FDA**
6 **MEETINGS**

7

8

9 2024H-019 [Policy] **RESOLVED**, that the FDA policy, Non-members at FDA

10 meetings, be rescinded.

11

12 **BACKGROUND:** Reason for rescission: FDA Bylaws and Manuals already state the
13 chairperson has the right to limit attendance of non-members at meetings. An additional policy
14 requiring this be included in agendas is not needed. The FDA will continue to follow its Bylaws
15 and Manuals as passed by the House of Delegates.

16

17 Policy to be rescinded: 93B-26; Adopted September 1993:

18

19 **RESOLVED**, that agendas for official FDA meetings include a reminder that the
20 chairperson has the right to limit attendance of non-members in accordance with the FDA
21 Bylaws

22

23 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
24 in leadership, programs, and services.

25

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, DUES, REDUCED FACULTY**
6 **MEMBERS**

7

8

9 2024H-024 [Policy] **RESOLVED**, that the FDA policy, Reduced Faculty Members

10 Dues, be rescinded.

11

12 **BACKGROUND:** Reason for rescission: This is a redundant policy that is currently being
13 addressed by FDA policy 2018H-035

14

15 Policy to be rescinded: 2009H-101; Adopted June 2010:

16

17 **RESOLVED**, a dues reduction for one year of 50% should be offered to all full time faculty
18 who are current members or seek new membership with the FDA pursuant to chapter 1
19 section 100 of the FDA bylaws. The metrics of this dues reduction program would be
20 reviewed by the council on membership annually to evaluate its effectiveness and
21 determine the continuation of the program.

22

23 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
24 in leadership, programs, and services.

25

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, FDA NONMEMBER**
6 **PANEL/VALUE PROP OBJECTIVES**

7

8

9 2024H-025 [Policy] **RESOLVED**, that the FDA policy, FDA Nonmember Panel/Value

10 Prop Objectives, be rescinded.

11

12 **BACKGROUND:** Reason for rescission: The FDA’s Membership Task Force is putting forth a
13 proposal to hire a professional company to conduct focus groups of members and non-members.

14

15 Policy to be rescinded: 2018H-035; Adopted June 2019:

16

17 **RESOLVED**, that the FDA’s House of Delegates request that each component hold a
18 nonmember panel discussion; and be it further

19 **RESOLVED**, that each component’s Board of Trustees member report back to the Board
20 of Trustees, any Value Proposition Objectives that the Components created from the panel.

21

22 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
23 in leadership, programs, and services.

24

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, EXPENDITURES IN EXCESS**
6 **OF BUDGET, ITEMIZATION ON MEMBERSHIP DUES**
7 **STATEMENT**

8

9

10 2024H-026 [Policy] **RESOLVED**, that the FDA policy, Expenditures in Excess of
11 Budget, Itemization on Membership Dues Statement, be rescinded.

12

13 **BACKGROUND:** Reason for rescission: The FDA’s budget is now approved by the Board of
14 Trustees annually.

15

16 Policy to be rescinded: 97H-101s; Adopted 1997:

17

18 **RESOLVED**, that, whenever the House of Delegates approves a membership assessment
19 which is, by its nature, separate and apart from the amount of the membership dues, the
20 amount of the assessment and its stated purpose shall be separately noted on the
21 membership’s annual dues statement.

22

23 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
24 in leadership, programs, and services.

25

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, FDAF SUSTAINING**
6 **MEMBERSHIP CATEGORY, ADDITION ON THE FDA DUES**
7 **STATEMENT OF**

8

9

10 2024H-026 [Policy] **RESOLVED**, that the FDA policy, Addition on the FDA Dues
11 Statement of FDAF Sustaining Membership Category, be rescinded.

12

13 **BACKGROUND:** Reason for rescission: This resolution is now obsolete since the FDAF
14 Sustaining Membership Category is now the FDAF Emerald Club and this item is listed
15 automatically on the dues statement each year along with the other voluntary dues items: FDA
16 Century Club, Alliance of the FDA, and ADPAC.

17

18 Policy to be rescinded: 98B-019; Adopted September 1998:

19

20 **RESOLVED**, that the Florida Dental Association direct staff to add a category of the
21 Florida Dental Association Foundation “sustaining member” \$56 amount to the annual
22 dues statement beginning with the 1999 billing cycle. And, be it further
23 **RESOLVED**, that this action shall be reviewed by the Board of Trustees in one year to
24 determine the impact that it may have had on the other categories of voluntary contributions
25 which are included on the FDA’s annual dues statement.

26

27 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
28 in leadership, programs, and services.

29

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Dr. Hugh Wunderlich, FDA Editor

4

5 **RESCISSION OF THE POLICY, LIFE MEMBER AWARD**

6

7

8 2024H-027 [Policy] **RESOLVED**, that the FDA policy, Life Member Award, be

9

rescinded.

10

11

BACKGROUND: Reason for rescission: This resolution is now obsolete since the FDA HOD

12 voted to align its life membership criteria with the ADA criteria in January 2020 dropping the

13 age as a requirement and changing the years of membership from 35 total years to 30

14 consecutive or 40 total membership years.

15

16

Policy to be rescinded: [Resolution Number Unknown]; Adopted September 1990:

17

18 **RESOLVED**, that the FDA present a Life Membership Award to those individuals who

19 have been members of the Association for 35 years and who have reached the age of 65

20 years old. And, be it further

21 **RESOLVED**, that those individuals who are FDA members and have been members of the

22 Association for 35 years, but who have not reached the age of 65 years old, shall receive a

23 35-year award.

24

25 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement

26 in leadership, programs, and services.

27

1 DATE: November 20, 2024

2

3 SUBMITTED BY: Kerry Gomez-Rios, Director of Member Relations

4

5 **UPDATE OF THE POLICY, NON-DISCRIMINATORY BASIS**
6 **RECRUITMENT**

7

8

9 2024H-028 [Policy] **RESOLVED**, that the FDA policy, Non-discriminatory basis
10 recruitment be updated as follows (additions are underlined and deletions
11 are ~~stricken~~):

12 RESOLVED, the policy of the FDA is to not discriminate when recruiting
13 non-member licensed dentists, based upon consideration of age, sex, race,
14 religion, sexual orientation, practice modality or national origin. Therefore,
15 be it,

16 RESOLVED, that the FDA, through its component and affiliate dental
17 societies, make every effort to not discriminate when recruiting ~~all~~-non-
18 member dentists.

19

20 **BACKGROUND:** Reason for update: The additional language being proposed to this policy
21 defines discrimination by current standards.

22

23 **STRATEGIC PLAN LINK:** This matter relates to Objective 4: Increase member engagement
24 in leadership, programs, and services.

25

26 **UNBUDGETED IMPACT:** None

27

1 DATE: November 20, 2024

2
3 SUBMITTED BY: Kerry Gomez-Rios, Director of Member Relations
4

5 **UPDATE OF THE POLICY, MEMBERSHIP**
6 **ANTIDISCRIMINATION POLICY**
7

8
9 2024H-030 [Policy] **RESOLVED**, that the FDA antidiscrimination policy be updated
10 as follows (additions are underlined and deletions are ~~stricken~~):

11 **RESOLVED**, that the Board of Trustees direct all members, officers and
12 staff of the FDA not to discriminate, based upon consideration of age, sex,
13 race, religion, sexual orientation, practice modality or national origin.
14

15 **BACKGROUND**: Reason for update: The additional language being proposed to this policy
16 defines discrimination by current standards.
17

18 **STRATEGIC PLAN LINK**: This matter relates to Objective 4: Increase member engagement
19 in leadership, programs, and services.
20

21 **UNBUDGETED IMPACT**: None
22

RETURN

Florida Dental Association
PENDING LIST
Board of Trustees and House of Delegates
As of 8/19/2024

Item	Referral	Description	Status	Due Date	Completed
HOD 1/23/2015	GAO	Directs that the Governmental Action Committee support legislation similar to Texas (2015 HB 3024) requiring primary and secondary insurers to coordinate benefits.	In progress (<i>pending filing legislation at this time due to dental therapist threat</i>)		
BOT 8/21/2021	Ruthstrom	BOT directed FDA Services to investigate and review for profit business opportunities in the area of third party payers that would benefit current and future members.	In progress	Ongoing	
BOT 12/2/2023	Communications	BOT asked FDA staff to research and make a recommendation: should the FDA do a marketing plan to patients explaining dental "insurance?"	In progress		
HOD 6/22/2024	FDA President/ Membership staff	The HOD directed the FDA President to create a Membership Retention & Recruitment Task Force to address the need for increased membership and improved participation among new members.	In progress; update expected at the December 2024 BOT meeting.		Task force created in September 2024
BOT 8/17/2024	Task Group	FDA President created a small task force of BOT trustees and directed them to work with FDA staff to evaluate opportunities to work with a practice management consultant and to bring their recommendation to the	Task force meets Oct 2nd and will present finding to the BOT on Oct 9th.	October 9, 2024	Completed October 2024.

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		Board at their October 9, 2024 meeting.		
BOT 8/17/2024	Stoutamire	The BOT would like for FDA CLO, Casey Stoutamire to continue working with the ADA Licensure Application Task Force to propose question changes to the current licensure application in Florida.	In Progress	
BOT 8/17/2024	Gillum	The FDA's BOT approved sending a request to the Foundation Board of Directors for a \$5,000 one-time donation to the Give Vets a Smile program.	Donation given and the FDA Foundation was recognized at the October event.	October 2024 Completed
BOT 10/27/2024	Darnell	The BOT approved the creation of a new Wellness Committee. Staff will take the resolution and work with FDA President to assemble this committee and update the FDA governance manual to reflect the new group.	In Progress	June 2025

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FDA Board of Trustees Annual Calendar Review

2024

August 15-18	August BOT Strategic Planning Meeting & Retreat Streamsong Resort, Bowling Green, FL
October 9	BOT Video Conference Call 6:00-7:30 PM
October 19-22	ADA House of Delegates (not required for BOT members) New Orleans, LA
December 6-7	BOT Meeting* FDA Headquarters, Tallahassee, FL

2025

January 17-18	LEAD & Semi-annual House of Delegates Marriott Orlando Airport Lakeside, Orlando, FL
March 12	BOT Video Conference Call 6:00-7:30 PM
March 20-22	FLA-MOM (not required for BOT) Daytona Beach, FL
March 25	Dentists' Day on the Hill (not required for BOT) Governmental Affairs Office, Tallahassee, FL
March 31-April 1	ADA Lobby Day (not required for BOT) Washington DC
May 16-17	BOT Meeting* FDA Headquarters, Tallahassee, FL
June 19-21	FDC & Annual House of Delegates Gaylord Palms Resort, Orlando, FL
August 14-16	August BOT Strategic Planning Meeting & Retreat One Ocean Resort, Atlantic Beach, FL
October 25-28	ADA House of Delegates (not required for BOT) Washington DC

**new meeting schedule, Friday 8am-4pm and Saturday 8am-2pm (plan for arrival on Thursday and departure on Saturday)*

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Florida Dental Association Strategic Plan

FDA Mission: Helping Members Succeed
Goals / Objectives / Strategies

Goal 1: Finance – Assure organizational sustainability:

Objective 1: Revenue will exceed operating expenses annually:

Strategies:

- 1.1 Develop and implement program and service evaluation criteria
- 1.2: Review and ensure FDA’s governance structure facilitates implementation of the strategic plan and is efficient, cost effective, and meets organizational needs
- 1.3: Modify the budget process to enable more timely and accurate budget decisions to support the strategic plan

Objective 2: Increase sources of non-dues revenue:

Strategies:

- 2.1: Create new sources of non-dues revenue
- 2.2: Increase utilization of existing revenue generating products and services
- 2.3: Offer revenue-generating products and services to new markets
- 2.4: Develop and implement program and service evaluation criteria

Goal 2: Membership – Increase member loyalty and investment:

Objective 3: Achieve the following goals in the Five Pillars of Membership by year-end 2025:

Membership Pillar	Goal
Active Licensed Members	7,127
Full Dues Paying Members	5,151
Total Dues Revenue	\$2,594,076.00
Average Dues Per Member	\$364.00
Market Share	55.3%

Strategies:

- 3.1: Streamline the membership process while maintaining ethical standards
- 3.2: Continue to recruit new dentists in engagement opportunities
- 3.3: Stratify and segment recruitment and retention marketing strategies
- 3.4 Ensure member benefits and value proposition are member focused and data driven

Objective 4: Increase member engagement in leadership, programs and services:

Strategies:

- 4.1: Establish a database of membership involvement at the national, state, component, and affiliate level
- 4.2: Increase awareness and use of FDA products and services
- 4.3: Use baseline data to identify potential leaders
- 4.4: Develop leaders

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Goal 3: The FDA (and ADA) will be recognized as the leaders and advocates for oral health.

Objective 5: Targeted stakeholders will recognize the ADA/FDA and its members as the authority on oral health

Strategies:

- 5.1 Educate and provide **members** with tools that assist them in becoming leaders in oral health and prevention
- 5.2 Educate and influence **elected officials**, legislative and regulatory entities on oral health and prevention
- 5.3 Proactively engage **media** outlets
- 5.4 Improve the doctor/patient relationship by influencing **third party payers**
- 5.5 Educate the public on oral health and prevention
- 5.6 Sponsor high visibility programs that highlight FDA's commitment to oral health and prevention