



**September 2022**

**MDA HOUSE OF DELEGATES**

**WELCOME!**

As a key participant in the 2022 MDA House of Delegates meeting, to be held at the Mayo Civic Center in Rochester, you have an important role in helping set MDA policies on issues affecting our profession. I thank you for accepting this important responsibility.

Here, for your study and review, is the electronic manual for the MDA House of Delegates. Please bring it with you to the First Session of the House, which begins promptly at 8:00 a.m., Friday, September 23, 2022.

This manual contains:

1. Reports from your officers, the Board of Trustees, and all committees.
2. Resolutions being considered that will provide directions to the Board of Trustees.
3. Reference information about delegates' responsibilities.
4. Reference information about the protocol and procedures that direct the operations of the House.

You will be voting on many important issues during the 2022 Minnesota Dental Association House of Delegates. Carefully read this manual so you may be best prepared to represent the membership.

I appreciate your time commitment to improve the MDA's advocacy and presence as the voice of dentistry in Minnesota and look forward to seeing you at the House of Delegates meeting in September.

A handwritten signature in black ink, appearing to read "Amber Cziok".

Amber Cziok, D.D.S.  
MDA President

## **HOUSE OF DELEGATES INFORMATION**

**INTRODUCTION:** The House of Delegates, as the legislative and governing body, is the supreme authority in the Minnesota Dental Association. As such, it speaks for the members of the Association and for the dental profession in Minnesota.

**COMPOSITION:** The official certified delegates of each component district society and the elective officers of this Association are the House of Delegates. The members of the Board of Trustees are ex-officio members of the House of Delegates without the power to vote unless duly selected as delegates of their respective component district societies. The allocation of delegates to the component societies is made on the basis of membership, with each component society having at least four delegates. In addition thereto, each component district society, except the Minnesota Student District, shall be entitled to one additional delegate for each seventy-five (75) members or major fraction thereof. In further addition thereto, each component district society having 300 or more members shall be entitled to one additional delegate for each one hundred fifty (150) members or major fraction thereof. Such representation shall be based on the active, active life, retired, and retired life membership total as of December 31 of the previous year.

**CERTIFICATION OF DELEGATES AND ALTERNATE DELEGATES:** The secretary of each component district society files with the Executive Director of this Association, immediately following their election, the names of the delegates and the alternates duly selected by his or her society. The Executive Director of this Association provides each delegate and alternate delegate with proper credentials of the House of Delegates for registration and admission to the meetings of the session. In the event of a contest over the credentials of any delegate or alternate delegate, the Committee on Credentials holds a hearing and reports its findings and recommendations to the House of Delegates for final action.

The members of the House of Delegates have the duty to consider not only the wishes of their component societies and their geographical regions, but also the welfare of the Minnesota Dental Association, the dental profession as a whole, and the health of the public.

Since the House of Delegates meets only once a year, it is obvious that many important matters must be considered and decisions made at the annual session in order to handle the numerous, complex issues that come before it. The House of Delegates must have a well-established routine for the conduct of business. This routine demands the close cooperation of the members of the House, the members of the Board of Trustees, the officers, and the administrative staff.

The following pages contain information relating generally to the organization and operation of the House of Delegates and specifically to this session of the House of Delegates. Please read this material carefully to gain a more informed view of the activities which lead to the establishment of policy for the Minnesota Dental Association and for the dental profession in Minnesota.

### **GENERAL INFORMATION FOR DELEGATES AND ALTERNATES**

**CREDENTIALS FOR DELEGATES AND ALTERNATES:** Each individual will report to the Credentials and Rules of Order Committee table, which is located by the registration area in the Grand Lobby for certification. Credentials have been prepared in advance of the session, in accordance with the listing of delegates and alternate delegates sent by the component districts to the MDA Administrative Office.

**REGISTRATION:** For the convenience of those who attend the meeting of the House of Delegates, registration check in will be located the Grand Lobby West. Registration will be available on Friday, September 23, 2022, from 7:00 a.m. to 8:00 a.m.

**SEATING OF ALTERNATE DELEGATES AND TRUSTEES:** If a delegate cannot attend a meeting of the House of Delegates, the chair of the delegation should submit, to the Committee on Credentials, the proper credentials for the alternate delegate. Special seating will be designated for alternate delegates who wish to observe the actions of the House of Delegates. Trustees will be seated with the delegation from their district.

**ACCESS TO FLOOR:** Access to the floor of the House of Delegates is limited to the officers and members of the House of Delegates, the elective and appointive officers of the Association, the members of the Board of Trustees, the chairs of the committees, the members of committees when requested by the chair, the secretaries and executive directors of component societies, legal counsel, past presidents, and members of the MDA administrative office staff. Speakers included on the approved agenda of the House have access to the floor for the purpose of making their presentation.

**MICROPHONES:** Delegates wishing to state a position or make another motion must approach a microphone and wait to be recognized by the speaker. If the delegate is making an interrupting motion (e.g., point of order), the delegate should approach the microphone. Division of the House and Appeal can be made without a microphone from a delegate's seat if necessary. After being recognized by the speaker, the delegate states his/her name, district, position, and if applicable, whether they are in favor or opposed. The delegate then presents his or her position on the motion. For example,

*"John Doe, District, Delegate, I speak in favor (or in opposition) of the motion/resolution."*

The number of microphones and specific method for use is determined by the Speaker of the House.

**SCHEDULE OF HOUSE MEETINGS:** There are two sessions of the House of Delegates. The First Session is scheduled for 8:00 a.m. on Friday, September 23. The Second Session is scheduled for 2:45 p.m. that day.

Both sessions of the House of Delegates will be held in Suite 102 & 103 of the Mayo Civic Center, in Rochester, Minnesota. Discussion Sessions, open to all delegates, alternate delegates, trustees, officers, out-of-state representatives, committee chairs, MDA or ADA members, and MDA administrative staff, will be held in Suite 102 & 103.

The Reference Committee will hold an open hearing on Friday, September 23, in Suite 102 & 103 beginning at 9:15 a.m. The Reference Committee will then meet in Executive Session at approximately 10:30 a.m. in Suite 101.

**DISTRICT DELEGATION CAUCUSES:** Rooms have been reserved in the hotel for the district dental society delegations to use for caucus meetings on Friday, September 24, just prior to the Second Session of the House of Delegates. Caucus room assignments are as follows:

Minneapolis District	Suite 106	1:15 – 2:30 p.m.
Northeastern District	Suite 107	1:15 – 2:30 p.m.
Northwestern District	Hattie Mayo Boardroom	1:15 – 2:30 p.m.
Saint Paul District	Suite 105	1:15 – 2:30 p.m.
Southeastern District	Suite 114	1:15 – 2:30 p.m.
Southern District	Suite 108	1:15 – 2:30 p.m.
Student District	Suite 109	1:15 – 2:30 p.m.
West Central District	American Legion Room	1:15 – 2:30 p.m.





## 2022 MDA HOUSE OF DELEGATES

Mayo Civic Center  
30 Civic Center Drive SE, Rochester MN

September 22-23, 2022  
SCHEDULE OF EVENTS

### **Thursday, September 22**

- 10:00 a.m. MDA Office – **Edith Mayo Boardroom**
- 2:00 p.m. to 5:00 p.m. **Board of Trustees Meeting – American Legion Room**
- 7:00 p.m. to 9:00 p.m. **Delegate Reception – Grand Lobby South**

### **Friday, September 23**

- 6:30 a.m. MDA Office – **Edith Mayo Boardroom**
- 7:00 a.m. to 8:00 a.m. **House of Delegates Registration – Grand Lobby West**
- 7:00 a.m. to 8:00 a.m. **Breakfast – Suite 104**
- 8:00 a.m. to 9:00 a.m. **Opening Session of the House of Delegates – Suite 102 & 103**
- 9:15 a.m. to 10:30 a.m. **Reference Committee Open Hearing – Suite 102 & 103**
- 10:30 a.m. to 11:30 a.m. **Townhall Open Forum – Suite 102 & 103**
- 10:30 a.m. to 12:30 p.m. **Closed Reference Committee Meeting (with lunch)  
Committee AB – Suite 101**
- 11:30 a.m. to 1:00 p.m. **Lunch – Suite 104**
- 1:15 p.m. – 2:30 p.m. **District Caucus Meeting**

Mpls. District - **Suite 106**

St. Paul District – **Suite 105**

West Central District – **American Legion Room**

Southeastern District – **Suite 114**

NW District – **Hattie Mayo Boardroom**

NE District – **Suite 107**

SO District – **Suite 108**

Student District – **Suite 109**

- 2:45 p.m. to 5:00 p.m. **Second Session of the House of Delegates – Suite 102 & 103**

**A G E N D A**  
**MINNESOTA DENTAL ASSOCIATION**  
**HOUSE OF DELEGATES**

**First Session, September 23, 2022 – 8:00 a.m.**  
**Hilton/ Rochester MN**

1. Call to Order – 8:00 a.m.
2. Report of Credentials and Rules of Order Committee
  - a. Report of Presence of a Quorum
  - b. Adoption of Agenda
3. Invocation
4. Pledge of Allegiance
5. Welcome
6. Introduction of Distinguished Guests, Board of Trustees
7. Explanation of Procedures
8. Committee Appointment Announcements
9. Recognition of Deceased Members

**REPORTS**

10. Recognition of all other written reports
11. Report from the Board of Trustees Nominating Committee
12. Report from the Chair of the ADA Dental Benefits
13. Report from the ADA 10<sup>th</sup> District Trustee
14. Report on MDA Legislative & MINDENPAC

**OFFICER REPORTS**

15. Report of the President
16. Report of the President-Elect
17. Report of the First Vice President
18. Report of the Second Vice President
19. Report of the Treasurer
20. Report of the Executive Director

**BUSINESS OF THE HOUSE**

21. Consideration of Post Deadline Resolutions
22. Speaker's Referral of Reports and Resolutions Received by the House of Delegates
23. Report of the Reference Committee
24. Announcements
25. Recess until 2:45 p.m.

# **A G E N D A**

## **MINNESOTA DENTAL ASSOCIATION HOUSE OF DELEGATES**

**Second Session, September 23, 2022 – 2:45 p.m.  
Hilton/ Rochester MN**

1. Call to Order – 2:45 p.m.
2. Report of the Credentials and Rules of Order Committee

### **REFERENCE COMMITTEE REPORT**

3. Report of the Reference Committee

### **ELECTIONS AND REPORTS**

4. Election of Members to be recommended for Appointment to the Board of Dentistry
5. Election of Alternate Delegates & Delegates to the American Dental Association House of Delegates
6. Election of Minnesota Dental Association Trustees
  - a. Expiring Term - Minnesota Student District
  - b. Expiring Term – Northwestern District
  - c. Expiring Term - Southeastern District
7. Election of Officers
  - a. Second Vice President
  - b. First Vice President
  - c. President-Elect
  - d. Treasurer

### **INSTALLATION, RECOGNITION, AND REMARKS**

8. Remarks – Immediate Past President
9. Presentation of Certificates of Appreciation
10. Presentation of ADA Past President's Pin
11. Presentation of MDA Past President's Certificate of Appreciation & Pin
12. Installation of New Officers & Trustees
13. Installation of the New MDA President
14. Presentation of Gavel to the New President
15. Remarks – New President

### **BUSINESS OF THE HOUSE**

16. Unfinished Business
17. New Business
18. Announcements
19. Adjourn Sine Die

# DELEGATES AND ALTERNATE DELEGATES 2022 MDA HOUSE OF DELEGATES

## STUDENT DISTRICT (4)

### DELEGATES

1. Brady Hartman, Chair
2. Kevin Marzolf
3. Paige Reiners
4. Annmarie Schmid

### ALTERNATES

1. Emily Dolan
2. Kimberly Hart
3. Madison Hirn
4. Aleksa Tataryn

## MINNEAPOLIS DISTRICT (27)

### DELEGATES

1. Dr. Woojin (Woody) Kwon, Chair
2. Dr. Elizabeth Brack
3. Dr. Bruce Brandsness
4. Dr. Shari Bruning
5. Dr. Shana Heisler
6. Dr. Lee Ann Herbert
7. Dr. Robert Kochenderfer
8. Dr. Kirsten Langguth
9. Dr. Stephen Litton
10. Dr. Jee Hyun (Diana)Lyu
11. Dr. Andrew Madson
12. Dr. Andrew Moffitt
13. Dr. James Nickman
14. Dr. James Omlie
15. Dr. Paul Peterson
16. Dr. William Rolfe
17. Dr. Robert Springer
18. Dr. Cale Strait
19. Dr. Tasha Strait
20. Dr. Tyler Varhol
- 21.
- 22.
- 23.
- 24.
- 25.
- 26.
- 27.

### ALTERNATES

# DELEGATES AND ALTERNATE DELEGATES 2022 MDA HOUSE OF DELEGATES

## **NORTHEASTERN DISTRICT (7)**

### DELEGATES

1. Dr. Jeffrey Johnson, Chair
2. Dr. Kyle Hammer
3. Dr. David Haugen
4. Dr. Timothy Morse
5. Dr. Eileen Patterson
6. Dr. Mark Phillips
7. Dr. Jeffrey Polzin

### ALTERNATES

1. Dr. Peter Mayer
2. Dr. Jason Naud

## **NORTHWESTERN DISTRICT (5)**

### DELEGATES

1. Dr. Jon Hallie, Chair
2. Dr. John Haseman
3. Dr. Zachary Hazelton
4. Baret Williams-Furfaro
- 5.

### ALTERNATES

- 1.

## **SOUTHEASTERN DISTRICT (8)**

### DELEGATES

1. Dr. Frederick Nolting, Chair
2. Dr. Joseph Becker
3. Dr. Michael Flynn
4. Dr. Abheer Jayakar
5. Dr. Paul Morgan
6. Dr. John Noack
7. Dr. Travis Schmitt
8. Dr. Robert Vander Broek

### ALTERNATES

- 1

## **SOUTHERN DISTRICT (6)**

### DELEGATES

1. Dr. Bartholomew Johnson, Chair
2. Dr. Keith Flack
3. Dr. Karl Haemig
4. Dr. David Kirkhoff
5. Dr. Gretchen Osdoba
6. Dr. Christina Sorensen

### ALTERNATES

1. Dr. Seth Huiras
2. Dr. Grant Sorensen
3. Dr. Maureen Sorensen

# DELEGATES AND ALTERNATE DELEGATES 2022 MDA HOUSE OF DELEGATES

## SAINT PAUL DISTRICT (18)

### DELEGATES

1. Dr. Erik Davis, Chair
2. Dr. Michael Ahn
3. Dr. Peter Cannon
4. Dr. Geetha Damodaran
5. Dr. Michael Downie
6. Dr. Christopher French
7. Dr. Heather Horton
8. Dr. Michael Kurkowski
9. Dr. Vacharee Peterson
10. Dr. Loren Taple
11. Dr. Howard Taylor
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.

### ALTERNATES

## WEST CENTRAL (11)

### DELEGATES

1. Dr. Brandon Ulstad, Chair
2. Dr. Kevin Dens
3. Dr. Robert Gardetto
4. Dr. Rachel Grieger
5. Dr. Jeffrey Griffith
6. Dr. Michael Hamann
7. Dr. Deepak Kademani
8. Dr. Marc Orjansen
9. Dr. Aruna Rao
10. Dr. Eric Strand
11. Dr. Fallon Theis

### ALTERNATES

1. Dr. Scott Wagnild

# MINNESOTA DENTAL ASSOCIATION

## HOUSE OF DELEGATES

### STANDING RULES

#### Standing Rule I Order of Business

- A. Business shall be considered in the order outlined on the official agenda distributed in advance to delegates and any amendment duly made thereto. The Speaker of the House, however, may recess the meeting briefly at any time to present distinguished guests for introduction or brief remarks. He may also request permission of the House to extend the privilege of the floor to a non-member of the House for the purpose of pertinent information.
- B. The House of Delegates shall be governed by The American Institute of Parliamentarians "Standard Code of Parliamentary Procedure" when not in conflict with the *Constitution* and *Bylaws* of the Minnesota Dental Association or the Standing Rules of the House of Delegates.
- C. A majority of the votes cast shall be considered a "majority" to carry a motion or resolution.
- D. The Verbatim Record and the Proceedings shall constitute the official Minutes of the Annual Session.
- E. MDA Trustees, Past Presidents, and Committee Chairs of the Minnesota Dental Association shall be accorded the privilege of the floor of the House and will have the right to speak, but shall not have the right to vote unless they are an officially certified delegate.
- F. Reading of the Minutes of the meetings of the previous annual session shall be dispensed with, the Minutes having been previously published in digest form in the Proceedings, and the Verbatim Minutes being on file with the Executive Director.
- G. The student district delegation to the House of Delegates comprises eight Minnesota Student District Dental Society members enrolled at the University of Minnesota. Four members of the delegation shall be voting delegates. The other four members shall have the right to speak.

**Standing Rule II**  
**Consideration of Reports and Resolutions by Reference Committee**

- A. All MDA committee and officers' reports included in the *House of Delegates Manual* and provided via electronic means in advance shall be considered received by this House of Delegates.
- B. The President shall, prior to the First Session of the House of Delegates, review all reports and resolutions and refer these to the appropriate Reference Committee. These reports, resolutions, and their referrals will be listed in the *House of Delegates Manual* distributed to each delegate and alternate delegate. Any delegate may request the redirection of a referral by the House through a motion to amend the list of referrals. The Secretary may assign identification numbers or a similar system to each referred matter.
- C. An executive meeting of the Reference Committee shall be held prior to the First Session of the House at which only the members of the committee, officers of the House, and committee staff are present and during which the reports included in the Manual, as distributed to the delegates and alternates, will be reviewed. The committee shall, as a result of such review, prepare a report for the First Session of the House that acknowledges all reports containing no resolutions. The committee may also originate a resolution on the basis of the information contained in such a report. Resolutions originated in this manner shall be presented at the First Session of the House, but will not be subject to debate or vote at the First Session of the House. Such resolutions shall be considered in the Second Session of the House of Delegates and shall not require two-thirds vote of the majority to be considered.
- D. Motions made by a Reference Committee Chair as part of the committee report shall not require a second. Reference Committee motions are not to be constructed as amendments but as final resolutions for the House to consider. The House shall have the right to consider resolution(s) as originally submitted.
- E. Open hearings of the Reference Committees shall be held following the First Session of the House, at which time information and opinions are received but no decisions are made. Members of a Reference Committee shall not give testimony at the open hearing of the Reference Committee on which they serve; however, they may give personal testimony at the open hearing of the other Reference Committee and at their Reference Committee's Executive Session, which follows the open hearings.
- F. Following the open hearings, each Reference Committee shall hold an Executive Session at which only the members of the committee, officers of the House, and committee staff are present, where the information received at the open hearing is considered, evaluated, and used in consideration of the committee's informed recommendations to the House. These recommendations shall be made at the Second Session of the House



1 and may include resolutions not previously reported to the First Session of the House,  
2 but in such cases these new resolutions reported for the first time shall be based upon  
3 and germane to information presented at the hearings or in committee reports.  
4

5 **Standing Rule III**  
6 **Submission of Resolutions**  
7

- 8 A. The MDA Board of Trustees and Committees, component dental societies, a caucus of a  
9 district dental society's duly credentialed delegates, or individual delegates and  
10 alternate delegates may propose resolutions in writing.  
11  
12 1. Resolutions for consideration by the House of Delegates shall be submitted to the  
13 Speaker or the Executive Director on a designated form and in a designated means  
14 no later than June 15<sup>th</sup>.  
15  
16 2. Resolutions submitted by the deadline prescribed in Standing Rule III.A.1. shall be  
17 distributed and referred by the Speaker, in accord with Standing Rule II.B., to the  
18 appropriate Reference Committee at the First Session of the House. The Speaker's  
19 referral to the appropriate Reference Committee will occur without debate, subject  
20 to the right of any delegate to appeal the ruling of the Speaker on the question of  
21 whether such committee is the appropriate committee.  
22  
23 3. A resolution not received by June 15<sup>th</sup> may be brought forward during the First  
24 Session of the House of Delegates. Such a resolution must be presented in electronic  
25 or written form to the Secretary of the House not later than seven (7) days prior to  
26 the start of the First Session of the House and must meet legal approval to be  
27 presented. Such resolution shall be labeled "Post Deadline" and the author is  
28 required to include statements on both the critical and urgent nature of the  
29 resolution. Such resolution shall require two-thirds majority vote of those present  
30 and voting to be considered by the House. Upon the affirmative action of the House  
31 such resolution shall be added to the docket of resolutions scheduled to be heard by  
32 the appropriate reference committee.  
33  
34 4. A resolution presented from the floor at the Second Session of the House under  
35 "New Business" will be considered if it receives a two-thirds majority vote of those  
36 present and voting for immediate consideration. Such motion shall not be  
37 debatable.  
38  
39 B. Resolutions that have been properly submitted pursuant to Standing Rule III A.1 may be  
40 debated or considered at the First Session of the House, if by a two-thirds majority vote  
41 of those present and voting, a motion is adopted to bring a resolution before the House  
42 for immediate consideration.  
43  
44

**Standing Rule IV**  
**Alternate Delegates**

If a delegation wishes to substitute an alternate delegate for a delegate during a session of the House of Delegates, the chair of the delegation must complete an appropriate "Delegate-Alternate Substitution Form" at the Credentials Committee desk. Substitution of alternate delegates may be made during all sessions of the House of Delegates.

**Standing Rule V**  
**Suspension of Rules**

Suspension of the rules of the House shall require an affirmative vote of three-fourths (3/4) of the total number of delegates present and voting.

**Standing Rule VI**  
**Amendments**

Every proposed amendment to these Standing rules shall be submitted using the same means as a resolution. It will take a 2/3 vote to adopt the amendment. Amendments to the Standing Rules shall become effective upon adjournment of the Second Session of the House of Delegates.

## **COMMITTEES TO THE HOUSE OF DELEGATES**

### **I. REFERENCE COMMITTEE**

Reference Committee on Administrative Matters; Affinity Products; Board of Dentistry; Barriers to Care; Constitution, Bylaws and Ethics; Dental Education; Dentists Concerned for Dentists (DCD); Environment and Safety; Legislative Affairs; Membership; MINDENPAC; New Dentist; Officer Reports; Peer Review; Resolution Review Task Force; Scientific Session; Minnesota Dental Foundation; and miscellaneous matters.

Woojin Kwon, Chair	Minneapolis District
Erik Davis	Saint Paul District
Jon Hallie	Northwestern District
Brady Hartman	Student District
Bartholomew Johnson	Southern District
Jeffrey Johnson	Northeastern District
Frederick Nolting	Southeastern District
Brandon Ulstad	West Central District

### **II. COMMITTEE ON CREDENTIALS AND RULES OF ORDER**

Robert Springer, Chair	Minneapolis District
Christina Sorensen	Southern District
Annmarie Schmid	Student District

### **III. TELLERS**

Paige Reiner, Chair	Student District
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## **DUTIES OF THE HOUSE OF DELEGATES COMMITTEES**

### **1. Committee on Credentials and Rules of Order**

- (a) This committee shall consist of an officially certified delegate and shall be appointed by the president at least ten (10) days in advance of each session.
- (b) It shall be the duty of this committee to:
  - (1) Determine and record the roll of the House at each meeting, and to report at the time provided in the order of business.
  - (2) Conduct a hearing on any contest which may arise over the certification of a delegate or alternate delegate, and to report its recommendations to the House.
  - (3) Prepare a report, in consultation with the speaker and secretary of the House of Delegates, on matters relating to the order of business and special rules of order and report its recommendations to the House of Delegates.

### **2. Reference Committee**

- (a) The Reference Committee, consisting of at least five (5) officially certified delegates, shall be appointed by the president at least ten (10) days in advance of each session. All districts shall be represented in the number of delegates so appointed.
- (b) It shall be the duty of the Reference Committee to consider reports referred to it, to conduct open hearings, and to report recommendations to the House of Delegates. The committee shall, as soon as possible, consider such business as may have been referred to it and shall report at the next meeting, or when called upon to do so. Reference Committee members should be prepared to be present for a virtual meeting at 6:30 p.m. on Tuesday, September 13<sup>th</sup>. They shall also be available on Friday, September 23<sup>rd</sup> through the conclusion of the House.

### **3. Tellers**

Tellers should report to the Secretary at the House **one-half hour prior to** the convening of each session of the House. They are responsible for House decorum; distribution, collection, and counting of ballots; and distribution of printed material.

# GENERAL INSTRUCTIONS AND MEETING GUIDE FOR REFERENCE COMMITTEE

## SCHEDULE OF HEARINGS AND REFERENCE COMMITTEE AB:

Following are the room assignments for the Reference Committee for each day of the meeting, as well as general instructions on the activities of the Reference Committee:

AB. Reference Committee Barriers to Care; Dental Education; Environment and Safety; Legislative Affairs; MINDENPAC; and related matters. Officer Reports; Administrative Matters; Affinity Products; Constitution, Bylaws and Ethics; Dentists Concerned for Dentists (DCD); Membership; New Dentist; Peer Review; Editorial Advisory Board; Scientific Session; Minnesota Dental Foundation; and miscellaneous matters.	<b><u>Tuesday, September 13</u></b> <b><u>Zoom Meeting</u></b>	(Session to review resolutions and open hearing agenda) 6:30p.m.
	<b><u>Friday, September 23</u></b> <b><u>Suite 102 &amp; 103</u></b>	(Open Reference Hearing) 9:15 a.m.
	<b><u>Suite 101</u></b>	(Executive Session) 10:30 a.m.

## SCOPE OF THE REFERENCE COMMITTEE:

Reference Committees must consider all matters referred to them. The committees may also originate proposals of their own.

## DUTIES OF THE REFERENCE COMMITTEE:

The primary duty of a Reference Committee is to recommend to the House of Delegates an appropriate course of action on the matters referred to it. This duty can best be discharged by evaluating all resolutions which it has received, by basing its recommendations on the best information and advice available, and by making its decisions in the best interests of the public, the Association, and the dental profession. The committee chair has been asked to be available at the Reference Committee open hearing on Friday morning. MDA officers and trustees will be available to provide information to the Reference Committee but, due to their busy schedules during this meeting, the Reference Committee chair is encouraged to arrange specific times for their appearances. It is not the duty of a Reference Committee to attempt to prevent the House of Delegates from considering a recommendation placed before the House. Nor is it the Committee's duty to accept automatically, without further consideration, the opinion of its own members or the opinions of those who have appeared before the Committee. A Reference Committee fulfills its obligation only when it considers all factors and advises the House as to a recommendation which has been placed before it. No matter referred to a Reference Committee may be killed by the Committee. It must be reported back to the House for final action. The Reference Committee chair should also contact the Speaker of the House or the Executive Director for proper wording of all amendments to the *Articles of Incorporation, Constitution, Bylaws and Principles of Ethics*.

## CONDUCT OF REFERENCE COMMITTEE HEARINGS AND EXECUTIVE SESSIONS:

The primary duty of a Reference Committee is to receive and evaluate opinions so that it may present a well-informed recommendation to the House of Delegates. The MDA Board of Trustees will have reviewed and reflected upon each resolution received in advance of the day prior to the First Session of the House of Delegates. Other opinions are received during the open hearing, which is conducted by the Reference Committee and later evaluated in an executive session at which the Committee's decisions are made.

The chair of the Reference Committee should preside at both the open hearing and the executive session. He or she should carry out the usual duties of a chair in maintaining order, facilitating the transaction of business, and in ruling on length and pertinence of discussion.

The chair should not permit the making of motions or the taking of formal votes at an open hearing, since the objective of the hearing is to receive information and opinions and not to make decisions of any sort which would bind the Reference Committee in its subsequent deliberations.

The first executive session of the Reference Committee on September 13<sup>th</sup> should first concern itself with the officers' reports and committee reports that do not contain any recommendations. The Reference Committee should be prepared to provide a report to the First Session of the House, indicating that the reports have been reviewed and do not contain any recommendations or resolutions. In the event that a Reference Committee feels that, although not stated, a report does contain information upon which the House should consider some action, the Reference Committee should draft a resolution, which should be presented to the House at its First Session. No action should be taken by the House on this resolution until after the open hearings on Friday.

After evidence and information have been received at the open hearing, the Reference Committee shall retire to an executive session at which only the members may be present. At this meeting, the committee reaches its decisions and prepares its report. Decisions shall be reached by a majority vote of the committee members. The report shall be submitted in accordance with a standard form and should be as brief as possible.

The Speaker of the House will be available and should be consulted by the Reference Committee regarding questions of procedure.

The Reference Committee is responsible for providing a written report to the MDA executive director. Typing services will be available for the chair in preparation of his or her committee report.

Further instructions will be given when the Reference Committee first convenes.

## GUIDE FOR REFERENCE COMMITTEE REPORTS TO THE HOUSE OF DELEGATES

### I. Reporting on Committee Reports that Contain No Recommendations or Resolutions

*"The committee has examined the Report of the \_\_\_\_\_ Committee and wishes to commend the committee for its activity this past year" (or something similar).*

*"The report contains no resolutions for consideration by the House."*

(When several reports that have no recommendations have been referred, these reports may be mentioned all at the same time - see Section V for an example.)

**Note:** A committee report may not contain any recommendation, but upon review of the report, the Reference Committee may find information in the body of the report upon which they feel the House should take some action. In such cases, the following guide should be used:

*"The report contains no recommendations. However, the Reference Committee wishes to call the delegates' attention to the subject matter on page(s) \_\_\_\_\_, line \_\_\_\_\_ to line \_\_\_\_\_. The Reference Committee feels this calls for consideration of the House and, therefore offers the following resolution, RC# \_\_\_\_\_ or will consider developing a resolution as part of its reference committee report:*

*RESOLVED, \_\_\_\_\_."*

### II. Reporting on a Resolution

*"The Reference Committee has examined the Resolution A/B# from the \_\_\_\_\_ District Dental Society/Committee."*

(Take each resolution separately. Since all of the delegates have received a copy of the resolution, it is not necessary to read the resolution, but it would be helpful to provide the intent of the resolution.)

*"Resolution # ( ), dealing with amendments to the MDA Peer Review Manual."*

(AT THIS POINT, THE REFERENCE COMMITTEE HAS FIVE OPTIONS AS TO ITS COURSE OF ACTION.)

1. The Reference Committee agrees with the resolution.

*"The Reference Committee concurs with the committee's recommendation, and the chair moves the resolution with the recommendation to vote YES."*

2. The Reference Committee does not agree with the resolution and wishes to dispose of the resolution.

*"The Reference Committee considered this resolution. However, (then give the Reference Committee objections to the resolution). Therefore, the chair moves the resolution with the recommendation to vote NO."*

3. The Reference Committee feels there is merit in the intent of the resolution, but wishes to amend it. The committee can then amend by adding, deleting, or substituting words.

*"The committee concurs with the intent of the resolution, but feels that the resolution should be amended for the following reasons (state reasons)." Therefore, the committee recommends the following amendments (list amendments).*

*"The chair moves the resolution as amended with the amendments proposed by the reference committee."*

*"The chair moves the resolution as amended with a recommendation to vote YES."*

4. In some instances, it is too difficult to amend a resolution with just adding, deleting, or substituting a few words. In these instances, the Reference Committee can then amend by substitution.

*"The committee concurs with the general intent of the resolution, but feels it should be amended for the following reasons (state reasons)."*

*"Therefore, the committee submits the following substitute resolution."*

*"The chair moves the resolution as amended with a recommendation to vote YES."*

5. The Reference Committee does not feel the subject of the resolution has been given enough study and should not be acted upon.

*"The committee has studied this resolution and believes that this matter requires more research. Therefore, the committee offers substitute resolution RC# \_\_\_\_\_ to direct the (appropriate MDA Committee) to study the matter (specific action), and report back to the next House of Delegates. "*

*"The chair moves Resolution RC# \_\_\_\_\_ with a recommendation to vote YES."*

- III. If the committee finds that there are two resolutions quite similar in context, it may write a new main motion that would take the place of each of the submitted resolutions.

"Reference Committee (A or B) has studied the resolution submitted by the \_\_\_\_\_ Committee on page \_\_\_\_\_, as well as the resolution submitted by the \_\_\_\_\_ Committee on page \_\_\_\_\_. The Reference Committee feels the resolutions are of a similar nature and wishes to combine the two into one resolution with substitute resolution RC # , which adds, deletes, or substitutes language as shown.

Therefore the Chair moves that the following motion be adopted in lieu of Resolution X, Y, and Z.

#### IV. Other Guides

- A. If the Reference Committee is clearly divided in its opinion (the chair has a vote), a minority report can also be submitted to the House.



- B. All items involving money that has not already been provided for in the proposed budget should include a fiscal impact statement.
- C. For items involving amendment of *Articles of Incorporation, Constitution, Bylaws* and *Principles of Ethics*, consult with the Speaker of the House or the Executive Director for proper wording and their advisory opinions.
- D. A committee report itself cannot be amended; only the proposed resolution or recommendation can be subject to change.
- E. Check the Digest of Policies, included in the *House of Delegates Manual*, when there is a question of whether or not a recommendation is being repeated. If a recommendation has been adopted once by the House, it is then a policy of the Minnesota Dental Association and therefore need not be repeated year after year.
- F. In the event of a debate, the chair of the Reference Committee may call on any member of the Reference Committee to answer questions raised by the House. If the Reference Committee is unable to answer the question asked, the Speaker of the House of Delegates may call on any officer or MDA committee member to supply the information requested.

The chair of the Reference Committee should be prepared to comment on the position taken in the report of the committee.

# **SUMMARY OF REFERRALS**

## **REFERRALS TO THE**

**Reference Committee on Administrative Matters; Officer Reports; Affinity Products; Barriers to Care; Constitution, Bylaws and Ethics; Dental Education; Environment and Safety; Legislative Affairs; Membership; New Dentist; Peer Review; Scientific Session; Editorial Advisory Board; MINDENPAC; Minnesota Dental Foundation; and miscellaneous matters.**

No.

1. Report of the Board of Trustees
2. Report of the President
3. Report of the President-Elect
4. Report of the First Vice President
5. Report of the Second Vice President
6. Report of the Treasurer
7. Report of the Affinity Products Committee
8. Report of the Barriers to Care Committee
9. Report of the Constitution, Bylaws, and Ethics Committee
10. Report of the Dental Education Committee
11. Report of the Environment and Safety Committee
12. Report of the Legislative Affairs Committee
13. Report of the Membership Committee
14. Report of the New Dentist Committee
15. Report of the Peer Review Committee
16. Report of the Scientific Session Committee
17. Report of the Editorial Advisory Board
18. Report of the MINDENPAC Board of Directors
19. Report of the Minnesota Dental Foundation
20. (R1) Resolution from the Constitution Bylaws & Ethics Committee on DEI
21. (R2) Resolution from the Northeastern District on county based purchasing programs

- 22. (R3) Resolution from the Barriers to Care Committee on accessing hospital/surgical time for special needs patients
- 23. (PD5) Resolution from the Board of Trustees on Dental Practice
- 24. (PD6) Resolution from the Board of Trustees on Digest of Adopted Resolutions
- 25. (PD7) Resolution from the Board of Trustees on Workforce – Licensing Compacts
- 26. (PD8) Resolution from the Board of Trustees on Teledentistry – Patient Protections
- 27. (PD9) Resolution from a delegate – Providing Fiscal Information to Delegates

# BOARD OF TRUSTEES REPORT

2022

## MEMBERS

Amber Cziok, President; Tim Holland, President-Elect; Rosalie Perpich, First Vice President; Alejandro Aguirre, Second Vice President; Douglas Williams, Treasurer; Stephen R. McDonnell, Speaker of the House; Zachary Hazelton, Northwestern District; Lee Ann Herbert, Minneapolis District; Geetha Damodaran, Saint Paul District; John Noack, Southeastern District; Scott Wagnild, West Central District; Seth Huiras, Southern District; Kimberly Lindquist, Northeastern District; Hayley Mathie, Student District; Kevin Marzolf, Student District; Carmelo Cinqueonce, Executive Director.

## MAJOR ACTIVITIES

The Board of Trustees held a total of five meetings since the 2021 House of Delegates. The Board of Trustees hosted one MDA Leadership Conference with MDA committee chairs, district officers, specialty organization officers, and the MDA Board of Trustees in attendance.

Major activity areas received continuous attention throughout the year, with topics of special concern and interest receiving ongoing attention from the Board of Trustees, the Executive Committee, and MDA committees. Following are some of the primary issues on which the Board of Trustees concentrated this year.

## RESPONDING TO THE DIRECTIVES OF THE 2021 HOUSE OF DELEGATES:

For a status report on the resolutions passed by the 2021 MDA House of Delegates, please log in as a member dentist on the MDA website ([www.mndental.org](http://www.mndental.org)), click on Member Services, House of Delegates, then click on the link "2021 Resolutions."

## BOT ACTION ITEMS

For the information of the House, the following is a summary from Board of Trustees meetings during the 2021-2022 year, in chronological order, and since the last BOT report was written.

### November 19, 2021

#### 2022 MDA Award Nominations

The Board selected Drs. Grant and Maureen Sorenson as co-recipients of the Outstanding Service Award, and Dr. Levi Bursch as the recipient of the New Dentist Award. Guest of Honor and Humanitarian Service Award recipients will be voted on at the next Board of Trustees meeting on January 7, 2022.

#### Legal Report

A. Amann reported that she continues to work with C. Cinqueonce on member questions regarding COVID-19 vaccination issues and she is also working with T. Holland on the annual Executive Director evaluation.

### **Officer Reports**

President. A. Cziok reported she recently attended the ADA House of Delegates, the Executive Committee and Minnesota Dental Foundation (MDF) meetings, and the “MDA Now” town hall meeting. She and J. Nickman are also attending the Dental Home Advisory Committee meetings that are attempting to define a dental home.

President-Elect. T. Holland reported that he recently attended the ADA House of Delegates, the New Dentist Committee and Southeastern District meetings. He also attended the recent meeting with the School of Dentistry leadership and will be attending the upcoming Dental Assistant Workgroup meeting.

First Vice President. R. Perpich reported that she also attended the ADA House of Delegates, the Northwest Dentistry meeting, and the meeting with the School of Dentistry leadership.

Second Vice President. A. Aguirre reported that he attended the ADA House of Delegates and the recent Board of Dentistry meetings. He also attended the meeting with the School of Dentistry leadership and the “MDA Now” town hall meeting.

Treasurer. D. Williams referred members to his written report and the MDA balance sheet and income statement through the end of October.

He commented that he and C. Cinqueonce have been looking at some preliminary year-end projections and it appears that the MDA may end up in a more positive financial position than originally anticipated due to the receipt of several ADA grants, and the PPP loan.

Form 990 Review. D. Williams and the Board reviewed the MDA 2021 Form 990 prepared by the MDA accountants Olson Thielen.

- It was moved and seconded that the MDA Form 990 be approved as presented. Motion passed unanimously.

2022 MDA Budget Review. D. Williams and C. Cinqueonce reviewed the 2022 MDA draft budget. D. Williams commented that the 2022 budget will also reflect a small negative budget amount similar to last year. This is primarily due to concerns over the lingering pandemic, conservative income projections and unknowns like the Star of the North meeting revenue if the meeting is not able to be held in-person with the accompanying trade show. The MDA is hoping to be at approximately 80% of pre-COVID revenue and expenses for 2022.

- It was moved and seconded that the 2022 MDA Budget be approved as presented. Motion passed unanimously.

### **Report from Dental Home Advisory Committee**

Activity Update. J. Nickman gave a report on the progress of the committee. He commented that the goals of the committee are to increase dental Medicaid participation and develop alternative

care delivery models including the creation of a dental home. The committee is supposed to submit its report to the legislature in February, and he feels that this is way too tight a timeline to produce anything meaningful.

J. Nickman further commented that his role on the committee is to provide input on how the dental home concept will work in the private dental practice setting. Some of the models being presented by some of the larger group practices like Apple Tree are not workable in a private practice setting.

The Board discussed the challenges of the dental home concept for private practices. One solution may be to provide sufficient economic incentives for participation that would make Medicaid patients indistinguishable from regular patients.

### **Report from the MDA Endorsed Programs**

MDA Endorsed Programs. T. Dyste and C. Johnson provided a report on the current MDA endorsed programs and royalty revenue. T. Dyste commented that it appears that the MDA is on track to receive an approximately \$72,000 royalty from Dyste Williams this year in addition to Star of the North meeting sponsorship payments. He also informed the Board that the MDA continues to review the possible creation of an association-sponsored health plan (AHP) for MDA members, but there is still more information that needs to be gathered to determine whether an AHP would be a benefit to the MDA.

### **Report from the Minnesota Dental Foundation**

MDF Report and Update. S. Litton provided an update on the current programs funded by the MDF which include Give Kids a Smile, the Martha Mordini Rukavina Loan Forgiveness Program, the Mission of Mercy, and Donated Dental Services.

### **Report from Northwest Dentistry**

Northwest Dentistry Update. S. Miller and J. Lueth joined the meeting via Zoom. S. Miller and provided a brief update on her role as Managing Editor of Northwest Dentistry. The Board thanked her for her years of service to Northwest Dentistry and on the publication of the 100<sup>th</sup> volume.

### **Legislative Report**

2022 Legislative Session. K. Goodno reported that it is not yet clear whether the legislature will be dealing with a budget deficit or surplus during the upcoming session. He commented that 2022 will be a challenging year due to tensions between the parties. In addition, the House will be conducting all business virtually while the Senate will have a hybrid approach with some virtual and in-person activities.

2022 MDA Legislative Agenda. K. Goodno reviewed the 2022 MDA Legislative Agenda which includes the following:

Medicaid Fee Rebasing. The MDA has legislation that will still be active during the 2022 legislative session to rebase the rates to 2018, authored by Rep. Reyer. The MDA will

1 continue to advocate for rebasing with the inclusion of an automatic update for every X  
2 number of years.

3  
4 Dental Home Pilot Program. The MDA will continue to work with the Dental Services  
5 Advisory Committee in collaboration with stakeholders to develop a dental home  
6 demonstration project design that must be presented to legislative chairs by February 2022.  
7 The MDA will continue to work with stakeholder groups on legislation to implement the  
8 dental home demonstration project and future changes to the state Medicaid program  
9 related to the dental home model.

10  
11 Help Minnesota Smile. The MDA, in collaboration with the Help Minnesota Smile coalition,  
12 will continue to advocate for opportunities to expand the adult dental benefit set including  
13 opportunities to cover codes related to special needs patients.

14  
15 Virtual Credit Cards. The MDA is looking to pass legislation that will allow dentists to easily  
16 opt out of virtual card payment by third-party payers and prohibit the practice of only  
17 allowing for payment by virtual credit card.

18  
19 Network Leasing. The MDA is pursuing legislation that would give dentists the opportunity  
20 to accept or refuse contracts that contain network leasing provisions that obligate the dentist  
21 to participate in any other third-party payer contract or managed care network without full  
22 disclosure of fees, processing policies and written consent from the dentist.

23  
24 Disallow Clause. The MDA is also seeking to pass legislation that would prevent plan  
25 contracts with participating providers from including a disallow clause that allows dental  
26 benefit plans to deny payment for services in certain situations that are normally covered  
27 AND prohibit participating dentists from charging the patient for the procedure that was  
28 denied.

29  
30 Fee Schedule Disclosure. The MDA is also pursuing legislation to require health plans, upon  
31 request, to provide the fee schedule to dental providers prior to signing a new contract.

### 32 **Executive Director Report**

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34  
35 C. Cinqueonce updated the Board on the issues he has been working on including:

36  
37 MDA Staffing. C. Cinqueonce commented that he is again planning for a 2022 salary freeze  
38 for all MDA staff. He is also in the process of narrowing down candidates for the Director of  
39 Government Affairs position and is still searching for applicants for the membership support  
40 position.

41  
42 Board of Dentistry. C. Cinqueonce reported that he asked the Board of Dentistry Policy  
43 Committee to explore and subsequently pursue a Board of Dentistry rule change that  
44 authorizes "Assistants without a license or permit" to perform extraoral and intraoral digital  
45 scans/impressions and/or visible light images under the direct supervision of the dentist, as  
46 per the House of Delegates resolution.

47  
48 He further reported that there are continued issues with the DASLE passage rate. The Board  
49 is considering having DANB help create a new DASLE exam and they are also considering  
50 eliminating the radiology portion of the DASLE.

ADA Member Advantage Endorsement Add-Ons. C. Cinqueonce reviewed the endorsement proposals for Revenue Well (marketing and communication software and office phone systems) and Stynt (temporary staffing). The Board reviewed the proposals.

- It was moved and seconded to endorse both Revenue Well and Stynt. Motion passed unanimously.

2022 Dues Renewals. C. Cinqueonce reported that the MDA recently did several direct mail campaigns to the 2021 non-renewing members, and they have picked up 16 re-renewing members to date. The 2022 dues renewal process has started via email and a direct mail campaign will start in early December.

2022 MDA Award Nominations. C. Cinqueonce informed the Board that there have been no submissions received for the Guest of Honor or the Humanitarian Service awards, despite repeated requests to the districts for nominations. The Board discussed how to proceed.

- It was moved and seconded to postpone the vote for the Guest of Honor and Humanitarian Service awards until the January 7, 2022 Board meeting and to close the nominations for the New Dentist and Outstanding Service awards. New submissions for the Guest of Honor and Humanitarian Service awards will be considered along with prior nominees at the January 7, 2022, Board meeting. Motion passed by a majority vote.

The districts will be asked to determine if they want to reactivate prior submissions for the Guest of Honor and Humanitarian Service awards and a mailing will be sent out to all MDA members requesting submissions.

Medicaid Participation Campaign. C. Cinqueonce commented that he thinks the MDA should consider embarking on a campaign to encourage MDA members to see Medicaid patients. He has met with DHS, and they would like to work with the MDA to try and increase Medicaid participation. C. Cinqueonce will invite a DHS representative to an upcoming Board meeting, and he will explore the possibility of DHS joining the MDA on a tour of the state to seek input from MDA members. The MN Association of Health Plans has also expressed interest in working with the MDA to increase participation.

MDA Programs. C. Cinqueonce informed the Board that Total CE will be part of the upcoming Star of the North meeting and there will also be a standalone seminar in the fall. The entrepreneurial seminar is coming up in the fall and he is also looking into a coding seminar. The MDA is also continuing to put on the "MDA Now" town hall seminars and may try to get the new ADA Executive Director as the speaker for the next event.

MDA Member App. C. Cinqueonce reported that the MDA is still working on the member app, and they hope to roll it out in early 2022. The MDA has already received Apple Store and Google Play authorizations for the app.

Other. C. Cinqueonce also informed the Board that he is working with M. Kurkowski to revise the MDF Bylaws and he is working to update the MDA Peer Review Manual.

## **Trustee Reports/Consent Agenda**



Trustee Reports/Consent Agenda. The Trustees all gave reports on the upcoming activities in their Districts. The committee reports were placed on the Consent Agenda and unanimously approved.

January 7, 2022

### **Officer Reports**

President. A. Cziok reported she recently attended the Legislative Affairs Committee meeting and continues to attend the Dental Home Advisory Committee meetings. The Dental Home Advisory Committee is currently working on their report to the legislature. A. Cziok has also been attending the Personnel Committee meetings and recently spoke about her training in the Dementia Friendly Dental Practice project.

President-Elect. T. Holland reported that he attended the Legislative Affairs Committee meeting and the Personnel Committee meetings. He also attended the Dental Assistant Workgroup meeting and the Constitution, Bylaws and Ethics Committee meeting.

First Vice President. R. Perpich reported that she attended the Personnel Committee meetings and will be attending the upcoming MDF meeting.

Second Vice President. A. Aguirre reported that he attended the Personnel Committee meetings and the MNMOM meeting. He commented that he is concerned about how the continuing pandemic will affect the ability to hold an in-person MNMOM in July and they will continue to monitor the situation. He also asked to speak at the March Leadership Conference on behalf of ADPAC.

Treasurer. D. Williams referred members to his written report and the MDA balance sheet and income statement through the end of November. C. Cinqueonce commented that V. Capistrant has almost completed the year end reconciliation and those reports should be available on Dropbox in the next week or so.

### **Legal Report**

A. Amann reported that she has been working with T. Holland and the Personnel Committee on the annual Executive Director evaluation and compensation recommendations.

### **2022 MDA Award Nominations**

Guest of Honor. The Board discussed the nominated candidates and selected Dr. Teresa Fong as the MDA Guest of Honor; however, she politely declined the nomination. The Board held another vote, on January 24, 2022, on an additional candidate; this led to the nomination and award acceptance of Dr. Michael Kurkowski.

Humanitarian Service. The Board discussed the nominated candidates and selected Dr. Steve Litton for the MDA Humanitarian Service Award.

### **Executive Director Report**

C. Cinqueonce updated the Board on the issues he has been working on including:

1  
2 MDA Staffing. C. Cinqueonce commented that he has hired Daniel Murphy as the new  
3 Government Affairs Manager, and he will be joining the MDA on February 28. He is still  
4 recruiting for the Membership Coordinator position and has two potential candidates. In the  
5 meantime, he has brought on a part-time temporary worker who has done a fabulous job in  
6 assisting with dues renewals and other administrative support duties. She may also be a  
7 candidate for the Membership Coordinator position.  
8

9 Star of the North Meeting. C. Cinqueonce commented that registrations are going well with  
10 132 exhibitor booths sold so far. The Scientific Sessions Committee is going to try to hold a  
11 fully in-person meeting with no virtual option. C. Cinqueonce feels confident that, if needed,  
12 the meeting could pivot to a fully virtual meeting, but he hopes that will not be necessary.  
13 The MDA may also consider requiring proof of vaccinations or testing options for the  
14 meeting. The Scientific Sessions Committee will continue to monitor the situation and the  
15 Board will review the issue again at the March Board meeting.  
16

17 2022 Dues Renewals. C. Cinqueonce reported that a direct mailing occurred in December  
18 2021 and renewals are in full swing. Total dues to date: Collected plus Accounts Receivable  
19 equals \$1,090,552. Park Dental renewed membership for all its dentists and Health Partners  
20 also provided a lump sum check for 27 dentists. The Board suggested that C. Cinqueonce  
21 approach some of the other large dental practices in the state to discuss a similar allocation  
22 of monies for MDA dues for member dentists.  
23

24 1,226 members renewed thus far which, is a little behind last year, but the MDA renewal  
25 cycle is two weeks later this year than last year.  
26

27 MDA Programs. C. Cinqueonce commented that the winter Total CE program will be rolled  
28 into the Star of the North meeting and the October Total CE program is being finalized. The  
29 topics will include OSHA compliance and coding. MDA staff is also working on an additional  
30 coding webinar under the concept of "Submit a clean claim...and get paid the 1st time  
31 around."  
32

33 The final details are coming together for the Entrepreneurial Seminar which is planned for  
34 an in-person meeting on May 7<sup>th</sup>, 2022. The Entrepreneurial Seminar will also be recorded  
35 and made available for future viewing. The MDA Leadership Conference is scheduled for  
36 March 4<sup>th</sup>, 2022. The agenda is being developed and registration will open mid-January.  
37

38 Board of Dentistry Update. C. Cinqueonce reported that the full Board of Dentistry meeting is  
39 scheduled for January 14<sup>th</sup>, 2022, and the agenda is not out yet. The Board of Dentistry Policy  
40 Committee last met on November 18, 2021, and the MDA presented the House of Delegates  
41 resolution on allowing dental assistants without a license to do intraoral/extraoral scans and  
42 impressions and photos. Draft language allowing this change is expected to be brought to  
43 the next Policy Committee meeting. C. Cinqueonce reminded the Board that the U of M0N is  
44 developing a training program for the limited radiology tech registrant. The program will  
45 provide 80 hours of training (50 didactic and 30 clinical) and cost about \$3,300.  
46

47 He further reported that there are continued issues with the DASLE exam passage rate. The  
48 Board of Dentistry is considering having DANB help create a new DASLE exam and they are  
49 also considering eliminating the radiology portion of the DASLE.  
50

MDA Member App. C. Cinqueonce reported that the app development continues and beta testing is scheduled for end of January. MDA staff solicited feedback from key member dentists on concept and important features. Staff is also working with the ADA on API (application programming interface) protocols to allow for member status verification with ADA Aptify database.

Dementia Friendly Dental Practice Project. The project is progressing and there are two training videos currently in development. The basic training video is meant for all staff in dental clinics. The advanced training video is focused information for clinicians. There is currently about 6 hours of content, covering topics: identification and assessment, environment and safety, decision-making capacity and consent, patient management, treatment planning, and patient and care partner support.

ADA Grant. C. Cinqueonce reported that the MDA applied for and received a \$30,000 ADA State Public Affairs Grant.

Hesy-Re. C. Cinqueonce informed the Board that Hesy-Re had its best month in November of 2021 (\$7,800) and will end 2021 as the best year thus far with over \$70,000 in revenue.

Other Activities. C. Cinqueonce also informed the Board that he was invited by the ADA to participate on a Medicaid reimbursement task force and that he officially took office as president of America's Dentists Care Foundation on January 1<sup>st</sup>, 2022.

## **Legislative Report**

2022 Legislative Session Overview. K. Goodno reported that the session will start at the end of January. There is a huge surplus this biennium and it is not clear how the legislature plans to spend it. The surplus could be used to fund programs or lower taxes, but it does not need to be spent this year and could carryover.

K. Goodno further reported that legislative districts will be redrawn as of February 15, 2022, with the final district boundaries likely being decided by the courts. The redistricting and the generally toxic legislative environment could push many legislators to retire.

Dental Home Advisory Committee. J. Nickman informed the Board that the committee has a prepared a preliminary report to the legislature that is currently being reviewed. The Dental Services Advisory Committee and DHS will be designing the dental home pilot program moving forward. There will be an initial pilot and a second phase that looks at value-based care. The draft report will satisfy the statutory directive from the legislature but there will need to be additional input from the legislature to move the project forward. This input will likely be high level direction and not detailed guidance. The MDA and the lobbying team will continue to monitor this process and will work to ensure that there is broad access for all types of providers and not just a focus on large clinics.

J. Nickman further reported that the draft report recommends that fee rebasing will be budget neutral for first year with future fee adjustment every 3 years with an inflationary factor.

2022 MDA Legislative Agenda. K. Goodno reported that Representative Reyer and Senator Utke will be carrying the MDA third-party payer legislation which includes a fee schedule disclosure requirement and bans the use of virtual credit cards and network leasing without prior notice

and consent. The bill regarding the changes to the disallow clause will be a separate piece of legislation that is based on legislation created by the New Jersey Dental Association. The intent of the legislation is to try to prohibit dental plans from saying that you cannot bill patient for a disallowed service.

C. Cinqueonce commented that Delta is aware of the House of Delegates resolutions that stated the MDA position on these third-party payer issues but they do not know that the MDA is moving forward with legislation on those topics during this session. C. Cinqueonce intends to give Delta notice of the pending legislation prior to it becoming public in order to be as transparent as possible.

The MDA is also working on legislation to attempt to restore Medicaid adult dental services coverage back to 2009 coverage levels given the large budget surplus invest in the program.

Virtual Dental Day at the Capital. The MDA is looking into setting a date for a webinar event.

### **Report from U of M Dental School Dental Therapy Program**

K. Self reported that there are currently 120 licensed dental therapists in Minnesota, which includes 87 advanced dental therapists and 62 who are dual licensed as a dental hygienist and a dental therapist. The program has found that dental therapists have resulted in an increase in the number of Medicaid patients seen, an increase in the number of high level procedures performed by dentists, an increase in net revenue to the clinic, and a decrease in patient wait times. There is also a high level of patient satisfaction.

### **Trustee Reports/Consent Agenda**

Trustee Reports/Consent Agenda. The Trustees all gave reports on the upcoming activities in their Districts. The committee reports were placed on the Consent Agenda and unanimously approved apart from the Membership Committee, Peer Review Committee, MDF, and MnMOM.

Membership Committee. The Board considered the dues waivers as presented and approved by the districts.

- It was moved and seconded to approve the dues waivers as presented. Motion passed unanimously.

Peer Review Committee. C. Cinqueonce updated the Board on the recent revisions to the MDA Peer Review manual.

MDF. C. Cinqueonce informed the Board that the MDF will be considering a few Bylaw revisions at its upcoming meeting and then the proposed Bylaw revisions will come back to the Board of Trustees for approval at the next meeting.

MnMOM. A. Aguirre reported that he attended the recent MnMOM local committee meeting and that they are looking to find a replacement for P. Sjulson. The committee is concerned about the progression of the pandemic and may have to look to requiring testing and masking for participants.

### **Report from the Minnesota Department of Human Services**

D. Reis joined the meeting via Zoom and gave an update on the Dental Service Advisory Committee and Dental Home Advisory Committee project, and the Medicaid program changes enacted during the last legislative session. He also provided an update on the potential additional Medicaid program changes on the horizon if certain statutory benchmarks are not met.

### March 4, 2022

#### Officer Reports

President. A. Cziok reported she recently attended the “MDA Now” seminar, the Southern and St. Paul District meetings, and the Scientific Sessions, Membership, Executive and Legislative Affairs Committee meetings. She also attended the MDF meeting. She further reported that the Dental Home Advisory Committee has wrapped up its meetings for now. She and C. Cinqueonce have been attending meetings about the collaborative practice dental hygienist proposals to expand the number of allowed collaborative hygienists and also allow them to become “pay to” providers. A. Cziok has also given testimony to the Legislature on several pieces of MDA-sponsored legislation. C. Cinqueonce reported that A. Cziok will be the keynote speaker at the U of M School of Dentistry commencement.

President Elect. T. Holland reported that he attended Southeastern District and Executive Committee meetings. He has also been attending the meetings about the collaborative practice dental hygienist proposals.

First Vice President. R. Perpich reported that she attended the Executive Committee meeting and the Minnesota Dental Foundation (MDF) meeting. She informed the Board that the MDF will be soliciting the districts for auction items for the gala and encouraged the districts to produce some team or event-based auction items.

Second Vice President. A. Aguirre reported that he attended the Northwest District and the Executive Committee meetings and several MNMOM planning meetings.

Treasurer. D. Williams referred members to his written report and the MDA balance sheet and income statement through the end of the year. It appears that the MDA will have a \$965,000 net profit for the year, which is a huge improvement over the original budget which anticipated a loss for 2021. He also reviewed the “CC” income statement which C. Cinqueonce explained is basically an operating budget that takes out the impact of MDA market investments and depreciation on the MDA budget. C. Cinqueonce will make the “CC” income statement/operating budget available in the Board meeting packets going forward.

The Board raised some questions about the classification of investment gains on the MDA balance sheet. C. Cinqueonce will follow up with the accountants on whether these should be on the income statement or elsewhere and he will reportback at the next meeting.

Speaker of the House. S. McDonnell reported that he attended the “MDA Now” seminar and the last Board of Dentistry meeting. He also attended the St. Paul District Midwinter meeting and the Legislative Affairs Committee meeting. S. McDonnell commented that S. Morrison reported that more states are considering doing away with their House of Delegates meeting and that the MDA will be continuing to monitor this trend moving forward.

#### Update from the ADA 10<sup>th</sup> District Trustee

S. Morrison commented that he did not have anything to add from his presentation at the morning Leadership Conference. The Board engaged in some discussion about how to better attract new members and entice students to join organized dentistry while they are in dental school.

### **Executive Director Report**

C. Cinqueonce updated the Board on the issues he has been working on including:

Third-Party Payor Legislative Package (HF2673). C. Cinqueonce reported that the MDA third-party payor package is moving forward. Delta has expressed some concerns about the network leasing opt out, fee disclosure and method of payment requirements contained in the legislation. The MDA has been working with Delta to find some compromise language on some of the requirements that will allow the legislation to move forward. Delta is currently considering the compromise language and it remains to be seen how they will respond. The MDA intends to push ahead with the legislation even if Delta does not accept the compromise language. The Board discussed some concerns about how the network leasing opt out could cause issues with patients who are not aware that their dentist has opted out of a network.

Covered Services Legislation. C. Cinqueonce reported that the legislation became more complicated regarding differences between how plans define non-covered services and other terms. The MDA has decided that it will not pursue the legislation any further this session in order to take time to clarify the terms. The MDA will put together a task force to help tighten the definitions and language in the legislation so that it can be brought forward again in the future.

Board of Dentistry Update. C. Cinqueonce referred the Board to the Board of Dentistry legislation summary contained in the Board packet.

Collaborative Practice Hygienist Proposals. C. Cinqueonce reported that a dentist who previously petitioned the Board of Dentistry to lift the cap from 4 allowed collaborative practice hygienists to 10 has approached a legislator to create legislation to eliminate the cap entirely. The MDA has been asked for feedback on this proposal. The Board discussed the proposed legislation removing the cap on the allowed number of collaborative practice hygienists and raised some concerns about whether the hygienists will be able to be properly supervised.

- It was moved and seconded to support the current law regarding the caps for the number of allowed collaborative hygienists. Motion passed unanimously.

C. Cinqueonce further reported that there is a group that would like to bring forth legislation to allow collaborative dental hygienists to be the “pay to” provider for Medicaid patients.

A. Cziok suggested that a database be created for collaborative dental hygienists and dentists who want to partner to provide care to Medicaid patients so that they can be matched up. This would get rid of the need for the collaborative dental hygienist to be the “pay to” provider. The Board agreed that it would be beneficial to explore the creation of this type of database rather than support allowing collaborative hygienists to be “pay to” providers.

Dental Assistant Shortage. The work group continues to meet to explore how to address the shortage. There was some sentiment expressed at the Legislative Affairs Committee meeting

that the MDA should take action against the Board of Dentistry to force them to implement programs to attract more dental assistants, like the elimination of licensure requirements for assistants. The Board felt that taking action against the Board of Dentistry would likely be unsuccessful since there is not a lot more the Board can do to attract candidates to the profession.

Dues Waivers. The Board considered the dues waivers as presented and approved by Minneapolis District.

- It was moved and seconded to approve temporary dues waivers as presented by the Minneapolis District. Motion passed unanimously.

Membership Claimers. The Board discussed the proposal from the Membership Committee regarding members who inaccurately claim MDA affiliation. The Membership Committee is asking that the Board approve a requirement that in order to display the MDA logo on the footer page of their website (on every page of their website), everyone in the practice needs to be a current MDA member. If everyone is not a member, the MDA will request that the practice have the logo only on the individual member dentist's profile page.

The Board also discussed the additional proposal from the Membership Committee that will add another step to the MDA affiliation enforcement process. The committee proposes that if non-member dentists do NOT remove the affiliation claim within the stated deadline and after the final letter from legal counsel, then they will be reported to the Minnesota Board of Dentistry under Minn. Stat. 150A.1.

- The Board discussed both proposals, and it was moved that the two proposals be accepted as presented by the Membership Committee. Motions passed by a majority and a unanimous vote, respectively.

### **Update on Membership**

D. Jensen provided an update on current MDA membership numbers and the MDA membership recruitment strategies for non-members and members who have not renewed their membership. The Board discussed some additional ideas for membership recruitment strategies and S. Morrison provided some information about ADA membership recruitment initiatives.

### **Trustee Reports/Consent Agenda**

Trustee Reports/Consent Agenda. There were no Trustee reports since they were given at the Leadership Conference. The committee reports were placed on the Consent Agenda and unanimously approved. A. Cziok thanked H. Mathie for her service on the Board as this is her last Board meeting.

**April 30, 2022**

### **Legal Report**

A. Amann commented that she has been working with C. Cinqueonce on some accessibility issues for the Star of the North meeting.

## **Officer Reports**

**President.** A. Cziok reported that she attended the recent “MDA Now” webinar, the Dental Assistant Workgroup meeting and the MDF meeting. She also provided testimony to the Legislature on various MDA bills.

**President Elect.** T. Holland reported that he attended the “MDA Now” webinar, the Dental Assistant Workgroup meeting, and the Minneapolis District Spring Fling.

**First Vice President.** R. Perpich reported that she attended the Nebraska meeting, the Dental Assistant Workgroup meeting and the “MDA Now” webinar.

**Second Vice President.** A. Aguirre reported that he attended the MDF meeting, the Legislative Affairs Committee meeting and the Dental Education Committee meeting. He also continues to attend MNMOM planning meetings and will be attending the South Dakota Dental Association meeting.

**Treasurer.** D. Williams referred the Board to his written report and reviewed the MDA financials through the end of March. He also reported that he met with the MDA auditors to discuss the realized/unrealized gain and tax issues raised at the last Board meeting. At the close of the year, the MDA investments are marked at fair market value and the gains or losses are realized. The MDA by virtue of its 501(c)(6) status does not pay tax on investment gains. The MDA resets the unrealized gains/losses to zero at the opening of the books for the new year with an off-setting entry to retained earnings.

D. Williams commented that there is approximately \$46,000 left to invest from the \$500,000 discretionary allocation from MDA reserves to increase the MDA position in equities while reducing the position in cash-like holdings.

The MDA audit occurred during the last week of March and is complete. The MDA auditors will present the audit report at the summer Board meeting.

**Speaker of the House.** S. McDonnell reported that he attended the recent “MDA Now” webinar and the Executive and Legislative Affairs Committee meetings. He will be attending the Nominating Committee meeting coming up in May. He reminded the Board members of the upcoming June 15<sup>th</sup> resolution and delegate roster submission deadlines.

## **Executive Director Report**

C. Cinqueonce updated the Board on the issues he has been working on including:

**Star of the North Meeting.** C. Cinqueonce commented that he felt the meeting went well. There were 5,102 attendees which was more than anticipated and there are already 80 hotel rooms prebooked for the 2023 meeting.

**ADA Data Breach.** C. Cinqueonce updated the Board on the ongoing ADA cyber security attack and Aptify database data breach. The Aptify database is currently offline and he does not know when it will be up and running again. He commented that the MDA does not use the Aptify database for Star of the North meeting registration. As such, the MDA was not impacted by the database being offline except that they were unable to verify membership or



renew dues on-site. Several states do use Aptify for meeting registration and they have been unable to access any registration information for their meetings. The ADA has informed all state organizations that the cyber attack infiltrated the Aptify database and its back ups and it is uncertain if the ADA will be able to restore any of the Aptify data. The MDA sent out a reminder to all members to be vigilant about emails from the ADA and to not click on any links contained in any ADA emails. The MDA will continue to monitor the situation and update members as more information is received.

MDA Legislation Update. C. Cinqueonce reported that the MDA third-party payer legislation continues to move forward and has been included in the House Commerce omnibus bill. The House omnibus bill passed the House Commerce Committee and will be on the House floor this week. The MDA third-party payer legislation is not currently included in the Senate Commerce bill. This means that the House will likely pass the Commerce omnibus bill and it will go to a conference committee of the House and Senate members and they will debate the House and Senate Commerce bills side by side in an attempt to come out with a final bill. The MDA will lobby the conference committee members for passage of the House Commerce bill once the conference committee members are selected.

The MDA legislation to restore comprehensive adult dental benefits to Medicaid has been included in the House Health and Human Services omnibus bill and is also on the House floor. The MDA legislation has not been included in the Senate Health and Human Services bill. This means that the House will likely pass the omnibus Health and Human Services bill and it will go to a conference committee of the House and Senate members and they will debate the House and Senate Health and Human Services bills side by side in an attempt to come out with a final bill. The MDA will lobby the conference committee members for passage of the House Commerce bill once the conference committee members are selected.

Board of Dentistry. C. Cinqueonce informed the Board that the Board of Dentistry is moving forward with rulemaking that will allow unlicensed dental assistants to do digital scans and initial impressions. The rulemaking process should start this summer and the rule change should become effective sometime in 2023. The MDA will continue to monitor the rulemaking process and provide input as appropriate.

Dental Assistant Workgroup Meetings. C. Cinqueonce reported that the Workgroup continues to brainstorm ways to address the dental assistant shortage. They are trying to identify additional duties that an unlicensed dental assistant could perform with additional certification or registration. The workgroup wants to survey MDA members to see what duties could qualify for this – some examples are sealants, polishing, and monitoring of nitrous oxide. The workgroup is also exploring how to enhance on the job training for dental assistants. The workgroup is considering asking the Board of Dentistry to recognize non-CODA programs for dental assisting and review of expanded function training requirements for assistants educated outside of MN.

Star of the North Meeting Director. C. Cinqueonce reported that S. Cook's last day at the MDA will be May 1. He is still searching for replacement candidates on national websites, and he has also selected five people for interviews. He would prefer to fill the position with a permanent MDA staff member rather than having the person manage the Star of the North meeting remotely like S. Cook. He commented that the MDA is well positioned for the 2023 Star of the North meeting already, with 60% of speakers booked, along with hotels. The goal is to have the new hire on board in June.

MDA Summer Board Meeting. The meeting will be held at Grandview Lodge on July 22-24 with a Friday arrival and half-day meetings on Saturday and Sunday. The MDA auditor will be in attendance to present the 2021 MDA audit report.

MDA Member App. C. Cinqueonce reported that the MDA Member app is up and running and they are continuing to meet with the developer to address glitches. The MDA is continuing to promote the app to members.

Potential House of Delegates Resolution. C. Cinqueonce reported that the West Central District and the Oral Health Coalition are seeking funding from the MDA to help fund statewide dental assistant recruiting activities through salary support of a dental assistant recruiter position. The Board discussed the request and directed C. Cinqueonce to get more information about the project.

- It was moved and seconded that the request be tabled until the next Board meeting in order to obtain additional information. Motion passed unanimously.

### **Report from the Minnesota Dental Foundation**

S. Litton updated the Board on a few of the current MDF programs, including the Donated Dental Services program and the Legacy Circle for estate gifts. The MDF currently has about \$2,000,000 in assets with half of those in restricted accounts and half in unrestricted accounts. The MDF provides about half of its funding to programs in the metro area and half to programs outstate. The MDF Gala is scheduled for October 7, 2022, at the Renaissance Minneapolis Hotel, The Depot.

### **July 23-24, 2022**

### **Report From Auditor/Review of MDA 2021 Audit**

D. Owens gave a detailed presentation of the 2021 MDA audit report and the 2021 MDA Consolidated Financial Statement, which includes the MDA-affiliated organizations of MDB, MDF and the MDA Relief Fund. He commented that the MDA has a clean audit report, which is the best report an association can receive.

D. Owens presented the management letter that detailed one significant deficiency regarding lack of segregation of duties. D. Owens commented that this deficiency is primarily a function of the size of the organization. D. Owens commented that short of hiring additional staff, the MDA may never achieve perfect segregation of duties due to its small size, but that this is a very common issue for most organizations the size of the MDA. He commented that the MDA has capable accounting staff which helps with segregation of duties and monitoring.

- It was moved and seconded that the 2021 MDA Audit be approved as presented. Motion passed unanimously.

### **Officer Reports**

President. A. Cziok reported that she attended the U of M Dental School commencement, the MDA Nominating, Scientific Sessions, Barriers to Care and the Constitution, Bylaws and Ethics

Committee meetings, and the MDA Now webinar. She also attended the West Central District DHS webinar, the MNMOM lead meeting and conducted interviews for the MDF loan forgiveness program.

President Elect. T. Holland reported that he attended the Legislative Affairs and Nominating Committee meetings, the Southeast District DHS webinar and the U of M Dental School awards banquet. He also attended the ADA President Elect conference.

First Vice President. R. Perpich reported that she attended the MDF meeting and assisted with the interviews for the MDF loan forgiveness program.

Second Vice President. A. Aguirre reported that he attended the Scientific Sessions and Constitution Bylaws and Ethics Committee meetings and the MNMOM planning meetings. He also attended the South Dakota Dental Association House of Delegates.

Treasurer. D. Williams reviewed the MDA financials through June and referred the Board to his written report. He also commented that the MDA has reformatted the Income Statement to focus on operating expenses and separate out non-operating expenses like investment income gains and losses and depreciation. There is still some cash available (approximately \$46,000) to invest from the original MDA investment that will likely be invested toward the end of the year.

Speaker of the House. S. McDonnell reported that he attended the MDA Now webinar, the Nominating, Legislative Affairs and the Constitution, Bylaws and Ethics Committee meetings. He is also working with C. Cinqueonce and the Resolution Review Committee on House of Delegates planning and attended the Board of Dentistry Licensing and Credentials Committee meeting.

S. McDonnell also reviewed the proposed slate of MDA officers and trustees, ADA delegates and alternate delegates and Board of Dentistry candidates. It was moved and seconded to add Rick Nolting to the Board of Dentistry candidate nominees. Motion passed unanimously. It was then moved and seconded to approve the slate of candidates as amended. Motion passed unanimously. The slate will be presented to the MDA House of Delegates for review and approval.

### **Executive Director Report**

C. Cinqueonce provided an update on all of the MDA activities he has been working on including:

ADA Governance Resolution. C. Cinqueonce reported on the proposed ADA resolution that will create a Strategic Forecasting Committee under the oversight of the House of Delegates. The goal is to move control of the ADA budget from the House of Delegates. There will be a 10<sup>th</sup> District Zoom meeting in early August with the ADA delegates to discuss the resolution.

2022 Legislative Recap. C. Cinqueonce referred Board members to the 2022 Legislative Recap report. He commented that the MDA has established workgroups on third-party payer issues and teledentistry. The workgroups will work to formulate legislative strategies on those topics which will then be presented to the Legislative Affairs Committee and Board for approval.

Board of Dentistry. C. Cinqueonce reported that the Board of Dentistry is moving forward with rulemaking to allow unlicensed dental assistants to perform digital scans, intraoral and

1 extraoral photographs, and first impressions under direct supervision. The change has  
2 passed the full Board of Dentistry and the proposed rule will be brought to the Board of  
3 Dentistry in October with implementation in mid to late 2023.

4  
5 Dental Assistant Workgroup. C. Cinqueonce informed the Board that the MDA is preparing a  
6 survey to try to identify additional duties that could be performed by unlicensed dental  
7 assistants. The idea is that the MDA would pursue rulemaking with the Board of Dentistry or  
8 possible legislative action to seek approval for the additional duties that are identified.

9  
10 CODA Accreditation Standards. C. Cinqueonce reported that the Dental Assistant Workgroup  
11 is requesting that the MDA petition CODA for the removal of the faculty to student ratio for  
12 clinical settings and also for the removal of a baccalaureate degree requirement for program  
13 administrators. It was moved and seconded that the MDA petition CODA as presented by the  
14 Dental Assistant Workgroup. Motion passed unanimously.

15  
16 Licensure by Credentials. C. Cinqueonce further reported that the Dental Assistant  
17 Workgroup also wants to change current law to allow the Board of Dentistry to recognize  
18 dental assistants that are graduates of a non-CODA accredited institution. The Board  
19 discussed the legislation and it was moved and seconded to bring forth legislation to support  
20 the revision to the legislation as presented by the Dental Assistant Workforce. Motion  
21 passed unanimously.

22  
23 Star of the North Speaker Restriction. C. Cinqueonce reviewed the email from a U of MN  
24 Dental School professor who voiced concerns about restrictions in the Star of the North  
25 speaker contracts for faculty and non-faculty. C. Cinqueonce informed the Board that  
26 university faculty are currently specifically exempted from the speaker restriction language.  
27 The Board reviewed her request to remove the speaker restriction for all speakers and the  
28 Board determined that they will continue to support the speaker restrictions for non-faculty  
29 speakers.

30  
31 West Central Initiative Funding Request. C. Cinqueonce reminded the Board about the  
32 request from the West Central Initiative and the additional information he had gathered  
33 since the last meeting. The request is for \$20,000 as a grant to the West Central Initiative for  
34 support of the dental assistant recruitment project and salary support. Pacific Dental is also  
35 willing to provide a grant of \$5,000 for the project.

- 36  
37
  - It was moved and seconded to postpone further discussion of the proposal until after  
38 discussion of the resolution from the Southeastern District on July 24th. Motion  
39 passed unanimously.

40  
41 MDA Website. C. Cinqueonce explained that the ADA offers a template website to states for  
42 free and the MDA will be likely moving to this format for the redesign of the MDA website.

43  
44 Hesy-Re. C. Cinqueonce informed the Board that he wants to explore a nationwide roll out of  
45 Hesy-Re to help address the workforce shortage. He wants to provide a free 30 day ad to  
46 attract national postings for persons seeking employees. He intends to advertise the free ad  
47 in national publications to attract a national audience. He hopes that the free ad will then  
48 transition into a paid posting. C. Cinqueonce estimates the cost of the national roll out will be  
49 approximately \$30,000 and he will bring back a detailed budget for approval by the Board.

50

- It was moved and seconded to authorize C. Cinqueonce to move forward with the national roll out of Hesy-Re and the free ad offer. Motion passed unanimously.

Learning Management System. C. Cinqueonce wants to develop an online portal where video recordings can be housed and centralized so that they can be easily accessed by members. The ADA will be switching to a Salesforce database platform and the platform will have a learning management system that will be available to state societies. He wants to wait until the ADA launches the new database and then hopefully the MDA will be able to use the learning management system that is part of their platform.

MDA News. C. Cinqueonce discussed the history of the MDA News. It comes out every other month and is different than the e-News that comes out every other Wednesday. He wants to sunset the MDA News because it is hard to find different information to put in the MDA News.

- It was moved and seconded that the MDA News be retired. Motion passed unanimously.

C. Cinqueonce commented that he is also thinking of creating a compliance section of the MDA website and possibly send out messages to members via push notifications and emails to members.

Peer Review. C. Cinqueonce informed the Board that many states have been getting rid of their Peer Review programs. Many issues that are being raised by patients are not issues that are able to be resolved in the Peer Review format and some of the cases in Peer Review involve complex and costly care. He wants to consider dissolving the Peer Review system. C. Cinqueonce will research whether the dissolution of the Peer Review process will require approval of the House of Delegates.

Future Committees and Workgroups. C. Cinqueonce would like to sunset the Evidence-Based Dentistry Task Force as they do not meet regularly and the same topics are being addressed by national and other resources. C. Cinqueonce will also research to see whether the dissolution of the Task Force will require approval of the House of Delegates.

MDA Presidents-Elect Conference. C. Cinqueonce reported that the MDA will be holding this conference in person in the fall. He feels it is a good way to connect with the district leaders.

New Projects. C. Cinqueonce will be meeting with Mark Jurkovich to discuss some opportunities for the MDA. He will report back at an upcoming meeting on what additional information he has learned.

## **Resolution Review**

S. McDonnell reviewed the House of Delegates schedule. The Board then reviewed the House of Delegates Resolutions submitted to date. The Board agreed to review the Resolutions and formulate comments by general consent.

Preserving County Based Purchasing Programs Resolution. The Board discussed the Resolution and voted to not support the Resolution with the comment that the Board feels the Resolution is

inconsistent with prior MDA support of a single administrator for dental. The MDA supports fair payment for all dentists across all Minnesota counties.

Eliminate Barriers Dentists Face in Accessing Necessary Hospital/Surgical Center Time for Special Needs Patients Resolution. The Board discussed the Resolution and voted to support the Resolution as written.

Dental Assistant Statewide Recruitment Project Funding Resolution. The Board discussed the Resolution and voted to not support the Resolution with the comment that the MDA supports a statewide program to recruit students to all auxiliary programs and the MDA will continue to explore the fiscal requirements of such an initiative.

The Board then revisited the request from the West Central Initiative for funding for \$20,000 to support the salary of the West Central Initiative dental assistant recruitment staff person.

- It was moved and seconded to not provide funding for the West Central Initiative request because it does not provide a statewide benefit. Motion passed unanimously. C. Cinqueonce will contact Pacific Dental to see if they will still provide the \$5,000 grant to the West Central Initiative.

Supporting Diversity, Equity, and Inclusion Resolution. The Board discussed the Resolution and voted to support the Resolution as written.

Board of Trustees Policy Resolutions. The Board reviewed the proposed policy Resolutions from the Board of Trustees on bundling, down coding, teledentistry, and support for the creation of interstate licensing compacts. It was moved and seconded to bring forth the proposed Resolutions to the House of Delegates as MDA policy positions. Motion passed unanimously.

Review of Past Resolutions. The Board reviewed the list of past Resolutions from the MDA and voted to accept the recommendations of the MDA in archiving or maintaining past resolutions with the exception of DOP 2018-13, which will be maintained and not archived.

### **Consent Agenda/Trustee Reports**

The Trustees gave reports on the activities in their districts. The committee reports were placed on the Consent Agenda and unanimously approved with the exception of the MDF.

MDF Bylaw Changes. C. Cinqueonce reviewed the proposed changes to the MDF Bylaws that have been approved by the MDF Board. A. Aguirre voiced some concerns with the proposed Bylaw revisions and the Board asked him to prepare a written document of his suggested revisions that can be reviewed at a later meeting.

- It was moved and seconded to approve the MDF Bylaw revisions as presented. Motion passed unanimously.

MDF Gala. C. Cinqueonce reported that the MDA has typically been a gold level sponsor of the MDF One Smile Gala.

- It was moved and seconded that the MDA become a gold level sponsor of the MDF Gala. Motion passed with A. Cziok and R. Perpich abstaining.

1  
2 **Trustee Reports/Consent Agenda**

3  
4 Trustee Reports/Consent Agenda. The Trustees all gave reports on the upcoming activities in  
5 their districts. The committee reports were placed on the Consent Agenda and unanimously  
6 approved.  
7

8 **2023 ADA Delegates**

- 9 1. Dr. Scott Wagnild  
10 2. Dr. Rose Perpich  
11 3. Dr. Steve McDonnell  
12 4. Dr. Loren Taple  
13 5. Dr. Alejandro Aguirre  
14 6. Dr. John Noack  
15 7. Dr. Amber Cziok  
16 8. Dr. Jim Nickman  
17 9. Dr. Tim Holland  
18

19 **2023 ADA Alternate Delegates**

- 20 1. Dr. Seth Huiras  
21 2. Dr. Geetha Damodoran  
22 3. Dr. Aruna Rao  
23

24 **Board of Dentistry Nominees**

- 25 1. Dr. Pete Cannon  
26 2. Dr. Rick Nolting  
27

28 Respectfully submitted,

29  
30 Carmelo Cinqueonce, MBA  
31 Executive Director

# REPORT OF THE PRESIDENT

2022

It has been an honor to serve as the president of the Minnesota Dental Association for the past year and as an officer and trustee for the seven years prior. The MDA is a respected organization with a history of wonderful leaders. I have enjoyed working with the executive council and the members of the Board of Trustees. Thank you for electing leaders from your districts with a commitment to organized dentistry and a willingness to serve. The MDA has a bright future.

There have been many pivots by the MDA and its leadership during my time. Many of the most noticeable changes were brought on with the beginning of the pandemic. We used opportunity and technology to keep us connected during the periods of mandated isolation and now can implement some of the changes to increase member engagements. I was able to fully partake in many of the committees and task forces by attending virtual meetings. It allowed me to understand the ongoings of the MDA from many different angles.

My work this year included many virtual committee and task force meetings. Luckily, we were able to hold board meetings in person, masked initially, although that too has changed. I testified virtually to the Minnesota Congress, beginning our efforts to address third-party payer issues, Medicaid covered services, and work force concerns. These efforts will continue under Dr. Holland's leadership as the task forces continue to gain momentum and coordinate efforts. Some results were achieved as the BOD agreed to allow unlicensed dental assistants to take radiographs under a new certification training and are discussing a change in scope by also allowing digital images to be taken under direct supervision.

I made attempts to physically attend scheduled district events; unfortunately, they often overlap. I was able to be present at the University of Minnesota School of Dentistry commencement and speak to the graduating DDS students through the keynote address, making a small connection to the newest members of the profession.

The Star of the North returned to an in-person event during its usually scheduled time slot (April); it was good to see live speakers as well as enjoy social gatherings and talk with exhibitors. This year also saw the return of the MnMOM, which was held in Saint Cloud. After cancellations due to the pandemic, it was rewarding to see the MDA and the MDF work together to once again help those most in need.

I will conclude with a sincere thank you to all the members who made the effort to engage, especially those who gave of their time and talent to be a part of a committee or task force. The work of the MDA cannot be completed without the input and dedication of the membership. I will also recognize the leadership and commitment to progress of the MDA executive director and staff. Carmelo and the team work constantly to serve the membership and the dental profession---THANK YOU!

Submitted by:

Amber D. Cziok, D.D.S  
President



## REPORT OF THE PRESIDENT-ELECT

2022

I am honored and humbled to serve as president-elect for this Association.

The 2021-22 year has been busy and well accomplished. It has been a pleasure to work with such a talented and engaged Board. I believe we have an excellent mixture of personality and behavior types on our Board. This allows appropriate questions to be asked and ultimately good decisions made to benefit our membership.

There are so many activities and projects occurring at the present within our Association. I believe you are all aware of most of them, but there are key ones that require constant focus. Our dental auxiliary work groups that address workplace shortages continue to be extremely important. Our legislative happenings are ongoing and at times a moving target. We will have a robust agenda for the next legislative session and I am excited to be part of that process.

Continuing to find value for our members and potential members is a constant endeavor and we are always open to ideas any of you might have regarding this initiative. At the ADA Presidents-elect Conference we heard that there is value in many forms: Our tangible values of products, services, and education are important, but just as important are the innovation, advocacy, and camaraderie this Association can provide.

Relationships with our colleagues and other entities involved in state dental issues are key and as important as any other project. We will continue to grow and foster those relationships during the year and into the future.

Finally, I want to thank Carmelo and his talented team that keep your Association healthy and running smoothly throughout the year.

Thank you again for your membership, and do not hesitate to reach out to me if you have any comments, questions, or concerns.

Submitted by:

Tim Holland, DDS, MAGD  
President-Elect

## REPORT OF THE FIRST VICE PRESIDENT

2022

To my colleagues at the Minnesota Dental Association:

I have been honored with your trust in me as the MDA first vice president. While serving on our executive board this past year, I attended the Nebraska Annual Meeting, the MDA House of Delegates, and the ADA House of Delegates. I attended meetings both in person as well as via Zoom. Since the start of COVID-19, Zoom has become the new normal, affording leadership less time spent on the road and more time at home. In Las Vegas I joined equally enthused ADA members in welcoming our newly appointed executive director. We look forward to the continuation of our organization being led in new and innovative ways.

As our world continues to reopen, we shift our focus back to issues at hand in our practices and communities. This spring I participated in the auxiliary team member work group. We had good discussion with leadership in education, as well as with Minnesota Board of Dentistry Executive Director Bridgett Anderson, regarding concerns with staffing shortages, training limitations, and the effect this has on our ability to provide services to our patients. We did have an open dialogue and continue to work on workforce issues, bringing ideas to those who can implement change.

I also maintain my position on the Minnesota Foundation Board and participated in the Rukavina Scholarship selection process. I look forward to seeing you as we return this fall to our annual Gala on October 6th, which was canceled the last two years. The unmet oral health needs of Minnesotans continues to rise. With continued inflation, families will struggle with meeting basic needs, let alone oral care.

I continue to serve on the Northwest Dentistry Editorial Advisory Board. We continue to embrace quality and nationally recognized articles. It is a journal we should all be proud of. Just like many things in life, when we have it we don't appreciate how good it really is.

I attended Legislative Affair Committee meetings and town hall meetings, as well as the Saint Paul District Dentispre in June.

July brought our annual Board retreat and the MN Mission of Mercy in Saint Cloud. In August, I will be attending the Mid-States Leadership Conference in Indianapolis.

This fall, I am unable to attend the Minnesota House of Delegates meeting as I will be at the University of Minnesota CE. Additionally, I will be attending the ADA House of Delegates in Houston this October.

As we hope for a continued trajectory of looking at COVID in the rearview mirror, I anticipate that in 2023 we will continue encountering workforce issues and we will continue to learn to adapt to an ever-changing world.

Thank you for allowing me to serve you this past year. As always, feel free to contact me with any ideas or questions as I continue to grow and learn how to better serve you.

Submitted by:

- 1 Rosalie Perpich, D.D.S.
- 2 First Vice President

## REPORT OF THE TREASURER

2022

*"You don't command wind in the direction it blows, but you command a ship in the direction it sails."*  
— Matshona Dhliwayo

Sailing in uncharted waters has been the commission of the Minnesota Dental Association these past few years. Our travelogue describes stormy horizons and shifting headwinds, but also new discoveries and previously unidentified opportunities.

The Minnesota Dental Association exemplifies an organization with a financial stability that remains efficient during significant economic adversity. Historically, from a revenue perspective, membership dues and the Star of the North attendance are the largest contributors. The greater value in these activities is the collectivity that defines the MDA as the voice of dentistry in the region.

As the Star of the North regains normalcy, it will continue as a focus for education and congregation to inspire all dental professionals. It is for these reasons that your membership is deeply appreciated and necessary. Non-dues revenue continues to supplant annual dues increases, and expenses are closely monitored to demonstrate good stewardship of resources.

Please take time to become familiar with the mid-year Income Statement and Balance Sheet utilizing the "TR June 2022" summary narrative as a guide.

I refer you to the House of Delegates informational packet of associated financial statements of the MDA. Upon inspection of the documents one can appreciate the trim and ballast of our vessel. As always, I am available for questions or comments.

And finally, I thank you, the House of Delegates of the Minnesota Dental Association, for the opportunity to have served as your treasurer. I am appreciative of the support of the Executive Committee, the Board of Trustees, our Executive Director, Mr. Carmelo Cinqueonce, and the good offices of the MDA staff, and most importantly, the membership of the Minnesota Dental Association.

I will always treasure this voyage. Thank you!

Submitted by:

Douglas R. Williams, DDS  
Treasurer

# REPORT OF THE AFFINITY PRODUCTS COMMITTEE

2022

## Members

Travis Schmitt, Chair; Sarah Magnuson; Michael Mrosak; Maureen Sorensen; Cindy Sundet; Doug Williams, BOT Liaison; Michelle Quade, Advisor; Vicki Capistrant, MDA Staff; Carmelo Cinqueonce, Ex-officio.

## Duties

Pursuant to the committee Missions and Duties as determined by the Board of Trustees, it is the duty of this committee to:

- Facilitate the provision of insurance and other affinity products to Association members for their protection and support in a way that is beneficial to the membership, Association, and the state of dentistry in Minnesota.
- Make recommendations regarding such plans, products, and services to the Board of Trustees.
- Review existing and potential affinity programs, making recommendations for changes in existing programs, and addition of new programs, to the Board of Trustees. The committee considers the value of a program to members first, with the potential of a program to earn revenue/royalties secondary.

## Activities

The Affinity Products Committee has not met since April of 2021. As committee chair, I would like to extend a sincere thank you to all the Affinity Products Committee members for their dedication and service.

The MDA entered into two co-endorsement agreements with the ADA: RevenueWell and Stynt.

Every company we endorse supports the mission of the MDA and has been peer reviewed and found to truly meet dentists' needs. Each company upholds the highest standards of business practice. Current endorsed vendors include the following:

### **INSURANCE**

- AAA (Roadside Assistance)
- Dyste Williams (Insurance)

### **FINANCIAL SERVICES**

- Bank of America (Practice Financing)
- Best Card (Credit Card Processing)
- CareCredit (Patient Financing)
- Laurel Road (Mortgages)
- Laurel Road (Student Loan Refinancing)
- TASC (Flex Spending Accounts)
- Transworld Systems, Inc. (Cash Flow Management)
- US Bank (Credit Cards)

## OFFICE SUPPORT

- ADA TV (Waiting Room Technology)
- Compliance Group (HIPAA Compliance)
- Cyracom (Interpretation Services)
- The Digital Dental Record (Digital & Paper Patient Charts & Online Backup)
- EDS (Electronic Claims & EOB)
- HealthFirst (Amalgam Recovery Program)
- HealthFirst (Emergency Medical Kits)
- HealthFirst (Sharps Management)
- Lands' End Business (Apparel for Staff)
- LB Medwaste Services (Bio-Hazard Waste Disposal Services)
- Lenovo (Computers & Technology)
- OnPay (Payroll)
- PBHS/Secure Mail (Email)
- PBHS (Website & Marketing)
- Purair (Medical Gas)
- RevenueWell (Marketing, Communications, Phone Systems)
- Stynt (Staffing)
- UPS (Shipping)
- Zoll (AEDs)

## PERSONAL SERVICES & DISCOUNTS

- AHI Travel (Tours & Cruises)
- GE (Appliances)
- Mercedes-Benz (Luxury Vehicles)

The committee has made plans to invite current endorsed partners to present at upcoming committee meetings to hear what is new with each vendor and to ensure that this is communicated with MDA members. The committee also routinely reviews data on products and services used by MDA members on endorsed vendors.

The committee also put together guidelines for future endorsements to provide a minimum royalty amount to the Association. This is flexible if the committee feels a vendor adds value beyond that amount to the membership.

## Conclusion

We hope the endorsed vendors provide our members outstanding service at a very competitive and often discounted rate. Your patronage of these products does assist in the financial integrity of your dental association. Non-dues revenue is an integral part of the financial management of the MDA.

The Affinity Products Committee has worked hard to provide members with endorsed products that offer value and have excellent customer service. Please, evaluate every MDA and ADA endorsed product to see if these products can provide you with value and save you money!

Submitted by:

Travis Schmitt, D.D.S.  
Chair

# REPORT OF THE BARRIERS TO CARE COMMITTEE

2022

## Members

Stephen Shuman, Chair; David Andersen; Elizabeth Brack; Michael Helgeson; James Nickman; Mary Seiroe; Seth Huiras, BOT Liaison; Hanna Nguyen-Dao, MDA Staff; Carmelo Cinqueonce, Ex-officio

## DUTIES

Pursuant to the Committee Missions and Duties as determined by the Board of Trustees, it is the duty of this committee to:

1. Educate and inform MDA members and the community about challenges and opportunities to meet the oral health needs of Minnesota's children, elderly, special needs adults, and those living in poverty.
2. Network with other organizations that are closely involved in assessing and addressing the health needs of Minnesotans, particularly the Minnesota Department of Health, the Minnesota Department of Human Services, the University of Minnesota School of Dentistry, and allied professional groups.
3. Develop and promote various practice models and best practices, including effective recruitment and retention of dental professionals, to meet the needs of rural and underserved communities suffering from inadequate access to dental care.
4. Play a leadership role regarding how to promote optimal health through effective prevention and early assessment for all Minnesotans.

## Mission

The mission of the Barriers to Care Committee is to promote optimal oral health for Minnesotans, especially those living in poverty, to foster their general systemic health.

## Activities

The Barriers to Care Committee resumed a normal meeting schedule this past year and continued work via an advisory subcommittee on the Dementia Friendly Dental Practices (DFDP) project, in collaboration with the Minnesota Area Agencies on Aging and the University of Minnesota. With the help and guidance of the MDA's advisory committee, this project moved substantially toward completing its goals of developing a curriculum with supporting materials and then initiating training for dental providers throughout Minnesota as well as North Dakota. These goals were met through presentations at the 2022 MDA Star of the North Meeting, UMN Continuing Dental Education, and at Park Dental. Attached are flyers describing this project and curriculum.

Another issue of great concern tackled by the committee this year has been that of restricted access for dental professionals to operating room care for patients requiring this approach. The committee first worked to assemble and disseminate background information on this complex issue, which is national in scope, and then assigned a subcommittee to develop a resolution for consideration at the MDA's 2022 House of Delegates, and to identify other potential stakeholders who might assist with advocacy efforts.

### **Recommendations**

It is recommended that the MDA House of Delegates continue to support the Barriers to Care Committee on its multiple initiatives, including: the DFDP project, operating room dental care access, promoting oral health, and addressing the access issues that Minnesotan providers and patients face. Attached is the committee's proposed resolution to the House of Delegates on alleviating the difficulties of gaining access to operating rooms for dental care.

Submitted by:

Stephen Shuman, D.D.S., M.S.  
Chair



# REPORT OF THE CONSTITUTION, BYLAWS, AND ETHICS COMMITTEE

2022

## Members

Michael Kurkowski, Chair; Michael Hamann; Jeffrey Johnson; Stephen McDonnell; Allison McMillen; Howard Taylor; Lee Ann Herbert, Board Liaison; Carmelo Cinqueonce, Ex-officio.

## Duties

Pursuant to the Committee Policy Manual of the Board of Trustees, it is the duty of this committee to:

1. Review the Articles of Incorporation and the Constitution and Bylaws in order to keep them consistent with Association programs.
2. Act as a consultant to this Association on the Constitution and Bylaws.
3. Process and adjudicate all matters pertaining to violations of the MDA Bylaws, Principles of Ethics, or the MDA Member Conduct Policy which have been referred to the committee using the process and procedures of the Bylaws and Governance Manual of the American Dental Association. An appeal of any decision may be made in accordance with the Bylaws of the MDA.
4. Review the ADA Principles of Ethics, including any updates, and recommend any needed action by the MDA House of Delegates.
5. Assist and facilitate an annual review of the "Digest of Adopted Resolutions" for change or revisions which may be obsolete, and forward those recommendations to the House of Delegates.

## Activities

Our committee met on December 7, 2021 and on June 13, 2022, with plans for an additional meeting prior to the MDA House of Delegates 2022, if needed.

The committee continues to monitor Top Dentists-type lists generated by various sources in our state. Potential ethical risks associated with dental practices utilizing such lists to promote or market themselves continue to merit the attention of our committee. Additionally, committee discussion and communication continues with the MDA Membership Committee regarding notification and potential action for "claimers" (lapsed members and non-members who inappropriately make claims of MDA membership when they in fact are not members).

An educational communication was created and shared with a non-profit clinic that printed misleading and non-factual information in a public appeal for contributions.

All ethical complaints and inquiries were addressed as received.

The committee continues to develop diverse educational pieces for Northwest Dentistry relating to ethical issues.

The committee continues to facilitate and encourage the incorporation of coursework on ethics into the MDA's annual Star of the North educational offerings.

The committee has made available to membership three information pieces in a format for potential use on a website or for public display:

1. Member commitment to the ADA Principles of Ethics & Code of Professional Conduct which creates patient/public confidence and reminds members of their personal commitment.
2. Member benefits demonstrates our commitment to the ADA Principles of Ethics & Code of Professional Conduct.
3. Highlighting specifically selected membership benefits to reassure public confidence and trust.

These informational pieces were announced in the MDA News & Views and in a four-page article in Northwest Dentistry. These are also accessible to members at [www.mndental.org](http://www.mndental.org).

### **Goals and Objectives**

1. Continue to be a resource for our membership on ethical issues.
2. Keep ethics in the forefront of dental practice decision-making and reinforce a culture of ethical behavior.
3. Address new or continuing ethical issues and questions as they arise.
4. Further enhance state/district interactions that may promote broader interest in service to this and other committees of the MDA.
5. Assist the MDA president in populating this committee by encouraging districts and committee members to provide possible candidates to serve.
6. To continue to develop Ethics Committee rosters that reflect the evolving demographics and practice settings of our Association.
7. Maintain clarity and organization of our Bylaws and address potential conflict with ADA Bylaws and policies.

### **Recommendations**

- That the MDA continue to provide ethical guidance for our members in the areas of advertising and marketing.
- That this committee serve as a governance resource for this Association at all levels.
- That this committee maintain an ongoing liaison with the Resolution Review Committee.
- That all districts strive to have a member on our state Constitution, Bylaws, and Ethics Committee.
- That each district empower and fill out the roster of their component ethics committee.

Submitted by:

Dr. Michael Kurkowski, D.D.S.

Chair

# REPORT OF THE DENTAL EDUCATION COMMITTEE

2022

## Members

Herbert Schulte, Chair; Kim Chart; Alison Forbes; Robert Gardetto; Tim Holland, BOT Liaison; Hanna Nguyen-Dao, MDA staff; Carmelo Cinqueonce, Ex-officio.

## Duties

Pursuant to the Committee Policy Manual of the Board of Trustees, it is the duty of this committee to address dental education, workforce, and practice trend needs, questions, and problems, while serving as the Minnesota Dental Association's liaison to:

- All dental assisting, dental hygiene, other allied dental health, and dental laboratory programs in Minnesota
- University of Minnesota School of Dentistry
- All entities that provide postdoctoral dental education
- Minnesota Board of Dentistry (BOD)
- Minnesota Dental Hygienists' Association
- Minnesota Dental Therapy Association
- Minnesota Dental Assistants Association
- Minnesota Dental Hygiene Educators Association
- Minnesota Educators of Dental Assistants
- American Association of Dental Office Manager's (MN)
- Midwest Dental Laboratory Association
- Indirectly, to Minnesota's primary and secondary schools to address "dental career days" and dental health education requests by teachers for their students

## Activities

The committee met during the year and held its annual meeting in person in April 2022. The committee, led by Chair Dr. Herb Schulte, Carmelo Cinqueonce, and Hanna Nguyen-Dao, worked on the activities listed below.

1. Reviewed its "Liaison Program" and looked to increase committee membership so each program is well represented.
2. Reviewed the importance of keeping informed on the Board of Dentistry's Dental Education and Allied Education Committees activities, having a committee representative attend Board of Dentistry meetings.
3. Monitored changes to the Minnesota Dental Assistants State Licensing Exam (DASLE).
4. Encouraged member dentists to pay the membership dues of their assistants' and hygienists' respective professional associations. The committee has actively supported membership and participation in allied association activities and education through MDA newsletters. Future newsletters will include a short recommendation to member dentists to encourage and even sponsor the auxiliaries.
5. The MDA partnered with the Minnesota Oral Health Coalition to develop the Licensed Dental Assistant (LDA) Recruitment Project. The recruitment project, launched earlier this year in Minnesota, is based on a very successful program in North Dakota that aims to recruit students to dental assisting by utilizing commercial marketing methods and meeting students in high schools and on social media. It also compares dental assisting to other jobs

with similar training time, highlighting how dental assisting is by far the best choice. This program is a cooperative initiative of the Minnesota Dental Association, Minnesota Oral Health Coalition, Early Childhood Dental Network, Central Lakes Community College, and Minnesota State Community and Technical College-Moorhead.

6. In the spring of 2022, the MDA, in partnership with the Minnesota Oral Health Coalition, set up a virtual booth at the Owatonna Junior Achievement (JA) Inspire Virtual Career Expo. During the expo we were able to reach over 5,000 students in our tri-state area. Students were able to see the MDA's LDA recruitment materials that were created to recruit dental assistant students to the right programs and highlight the career of a dental assistant.
7. On April 20, 2022, the committee hosted the Annual Meeting of Dental Professionals. Representatives from the dental assisting, dental hygiene, and dental therapy programs were present, as well as the Minnesota Dental Hygienists' Association, and the Minnesota Board of Dentistry. The topics discussed at the meeting included the LDA Recruitment Project provided by Nancy Franke Wilson, executive director of the Minnesota Oral Health Coalition; Reports of Workforce Trends in Minnesota, provided by Laura McLain, senior analyst of the Minnesota Department of Health; and Board of Dentistry activities and updates by Bridgett Anderson, executive director of the Minnesota Board of Dentistry.
8. On June 9, 2022, during the Board of Dentistry Policy Committee, Carmelo Cinqueonce, on behalf of the MDA, provided supporting testimony for a proposed rule change that would allow dental assistants without a license to perform digital impressions and take intra-extra oral photos under direct supervision of a dentist.
9. Dr. Herb Schulte continues to be an active member of the MDA Dental Assistant Work Group, focusing on discussions of the dental assistant shortage in Minnesota, as well as brainstorming potential solutions and resolutions.

### **Goals and Objectives**

1. Continue the liaison program with allied dental education program directors. Multiple contacts will foster the development of personal relationships with allied educational programs and provide the committee with a more accurate picture of their status, needs, and concerns.
2. Sponsor an educational symposium.
3. Continue to foster open communication with representatives from dental professional programs and associations by hosting an annual "Meeting of Dental Professionals" and allowing them to voice their needs, concerns, and objectives.
4. Closely monitor the educational issues and changes made by the state legislature and the Minnesota Board of Dentistry.
5. Investigate and implement ways to increase the numbers of LDAs.

### **Recommendations**

1. Support the Dental Education Committee's efforts to improve communication with the allied programs and allied dental professional organizations.
2. Support the continuation of the Dental Education Committee as a standing committee of the MDA.
3. Support the Dental Education Committee's involvement in all educational issues as they arise.
4. Support the Dental Education Committee's efforts to seek increased membership so more of the districts and the dental school will be represented.
5. Approve the Dental Education Committee's budgetary request to allow the committee to meet its goals for 2022-2023.

- 1       6. Encourage dentists to locate students they feel would make a good dental assistant and
- 2       encourage them to pursue this occupation. They may offer to provide scholarship funding
- 3       to these individuals with the stipulation that they join their practice after graduation.
- 4       7. Support the Dental Education Committee with funding to produce posters and brochures
- 5       for dental offices and school counselors to recruit students.
- 6       8. Support the joint effort of the MDA and Minnesota Board of Dentistry in developing a
- 7       preparation course for the dental assisting licensing exam.
- 8

9       Submitted by:

10  
11       Herbert Schulte, D.D.S.  
12       Chair

# REPORT OF THE ENVIRONMENT & SAFETY COMMITTEE

2022

## MEMBERS

Frederick Nolting, Chair; Scott Lingle; Nathan Pedersen; R. David Resch; John Wainio, Consultant; Scott Wagnild, BOT Liaison; Hanna Nguyen-Dao, MDA Staff; Carmelo Cinqueonce, Ex-officio.

## COMMITTEE PURPOSE

Pursuant to the Committee Policy Manual of the Board of Trustees, it is the duty of this committee to:

- Address dental materials and dental environmental waste issues, including: best management practices, materials recycling, hazardous waste compliance, and the Minnesota Amalgam Separator Program.
- Coordinate dentistry's involvement within a Minnesota network of emergency preparedness and disaster response services.
- Address Minnesota's radiation regulations.
- Address dental offices' workplace safety matters: OSHA, ergonomics, etc.
- Address abuse of prescription drugs, and our role in prevention and networking with other professionals.
- Compile and/or develop related resources appropriate to these areas of focus.
- Provide leadership and deliver results of value to MDA members.

## MISSION STATEMENT

The Mission of the Environment and Safety Committee is multifold:

Our environmental mission is to develop, compile, and present best practice environmental solutions to MDA members, helping them to address dental environmental waste issues pertinent to their practice and their community. Additionally, dental materials science is encompassed within this mission.

Our safety mission furthers the role of dentistry within coordinated regional disaster response activities. Additionally, matters pertinent to dental office safety (including OSHA and radiation safety), and our role in preventing abuse of prescription drugs, are encompassed within this mission.

## MEMBER RESPONSIBILITIES AND JOB DESCRIPTION

- The committee provides an umbrella of scientific common interest, within which workgroups operate cooperatively.
- Committee membership draws from those possessing assets and interests that best balance the current goals of the committee.
- Each workgroup is led by a committee member assigned responsibility for that workgroup.
- The committee functions by shared leadership. The committee will meet upon the initiative of an individual workgroup and its assigned staff. Such meetings will be led by the workgroup chair.

- Regular attendance and participation in committee meetings and respective workgroup sessions is expected.
- Members may be asked to participate in associated activities with other interested parties.
- Members may be asked to assist with member communications.

## **RELATIONSHIPS**

The committee will retain relationships with certain divisions of the American Dental Association, University of Minnesota School of Dentistry, and other resources of value to the committee and the MDA.

Active relationships presently include Metropolitan Council Environmental Services (MCES), the Western Lake Superior Sanitary District (WLSSD), the Minnesota Pollution Control Agency (MPCA), the Minnesota Legislature, the Minnesota Department of Health, and other professional groups impacted by our activities. The committee will include other interested parties as determined from time to time.

## **GOALS AND OBJECTIVES**

### **Environment Workgroup**

- Continue MDA's relationship with MCES and MPCA pertaining to amalgam recycling and amalgam separator programs, which are part of ongoing Minnesota statewide heavy metals waste reductions initiatives.
- Develop and maintain resources for identification, storage, and disposal of hazardous waste generated within dental offices:
  - Pharmaceutical wastes
  - Chemical wastes
  - Material wastes
- Coordinate information on product characteristics (to aid purchase decisions), reduction of hazardous waste generation, and compliance with state and local regulations by dental offices via appropriate office protocols and disposal methods.
- Redesign and update the content of the Hazardous Waste Manual.
- Publish and make available all the above as useful resources to dental offices.
- Maintain a proactive stance regarding environmental and health-safety issues associated with dental materials.

### **Safety Workgroup**

- Participate in the network and registry of resources coordinated by the Minnesota Department of Health for purposes of disaster response preparedness.
- Assist members regarding Minnesota-specific OSHA regulations, radiation safety regulations, etc.
- Work with the Minnesota Department of Health to revise and streamline radiology site visits that will save time and money for the practitioner and the state. Work with all professional entities to assist our members in dealing with abuse of prescription drugs.

### **Committee of the Whole**

Assess structure and function in order to maximize effectiveness and value to our members.

For Radiology, the largest development was the legislation initiated by the Minnesota Department of Health exempting Dental Cone Beam machines from the battery of tests required of C.T. machines. This is a reversal of the Radiation Section's stance, which was to include the Dental Cone

1 Beam rule to comply with all other C.T. requirements. It is now in statute that Dental Cone Beam  
2 machines are exempt from the medical C.T. tests.

3

4 Submitted by:

5

6 Rick Nolting, D.D.S.

7 Chair



# REPORT OF THE LEGISLATIVE AFFAIRS COMMITTEE

2022

## Members

Jim Nickman, Chair; Kevin Dens; Michael Flynn; Allie Kobe; Mike Perpich; Scott Wagnild; Paul Zollinger; Kim Lindquist, Board Liaison; Dan Murphy, MDA staff; Kevin Goodno, Advisor; Cody Holliday, Advisor; Carmelo Cinqueonce, Ex-officio.

## Duties

Pursuant to the Committee Missions and Duties as determined by the Board of Trustees, it is the duty of this Committee to:

1. Monitor legislative and regulatory changes on the local, state, and federal levels that can have a direct effect on the practice of dentistry.
2. Monitor, analyze, and provide advice concerning legislative and regulatory issues affecting the practice of dentistry and dental patients. The committee, which consists of a representative from each of the MDA districts, also assists in the development and direction of MDA legislative priorities and positions.
3. Receive input from membership and dispense information in a timely fashion.
4. Implement legislative policy directives in the most strategically effective way.

## Vision

That all related legislation enacted in Minnesota will provide effective, efficient, and safe oral healthcare to the people of Minnesota, and in a manner that is fair and efficient to oral healthcare providers.

## Activities

The Legislative Affairs Committee convened four times to solidify legislative priorities and ongoing advocacy strategy. The meetings were well-attended and generated an excellent discussion on the MDA's legislative priorities.

The Legislative Affairs Committee was active in helping to direct the MDA's messaging on key issues, including third party payor issues, covered services, restoring comprehensive adult dental Medicaid benefits, and Medicaid and MinnesotaCare rate rebasing. Throughout the 2022 session, Dan Murphy, Cody Holliday, Dr. Jim Nickman, and Kevin Goodno met with legislators, provided testimony, and provided letters of support on legislation of importance to dentistry in Minnesota.

## Legislative Issues and Outcomes

### **2022 Legislative Session**

The MDA went into the 2022 Legislative Session aiming to build off the 2021 legislature's historic investment in dentistry. This year, the state had a budget surplus of over nine billion dollars, turning what is usually a quieter second session of the biennium into what felt like a budget year. Additionally, the upcoming 2022 election, redistricting, and a divided legislature were major themes that dictated legislative outcomes. The House and Senate disagreed over how to spend the

1 surplus, ultimately resulting in no supplemental budget agreements. In the end, most legislation  
2 introduced did not pass into law. While a special session is possible, the likelihood is uncertain.

3  
4 Legislators did agree to replenish the Unemployment Insurance Fund. The agreement avoided  
5 small businesses, including dental offices, seeing an increase in unemployment taxes. This  
6 agreement also provided payment to pandemic frontline workers. Many dental clinic staff could  
7 qualify for a payment upward of \$1,500.

### 8 9 **Third Party Payor Issues**

10 The MDA collaborated with Rep. Liz Reyer (DFL-Eagan) and Sen. Paul Utke (R- Park Rapids) on  
11 legislation seeking to bring fairness and transparency to dental plan contracting. The legislation  
12 addressed third party payer issues and required dental plans to provide (1) a fee schedule prior to  
13 providers signing a contract, (2) at least one method of reimbursement provided to a dental  
14 provider that does not incur fees, and (3) disclose network leasing agreements to dental providers  
15 with the opportunity for a provider to opt-out without a penalty. The MDA worked with third party  
16 stakeholders to reach a compromise on language and neutralize any opposition. The bill received  
17 bipartisan support and was included in the final report issued by the Jobs, Climate, and Commerce  
18 Conference Committee. An hour prior to the end of session deadline, the Senate adopted the  
19 Conference Committee Report but neither chamber was able to hold a vote before the end of  
20 session.

### 21 22 **Covered Services**

23 The MDA again collaborated with Rep. Reyer and Sen. Utke to introduce legislation addressing  
24 dental plan contracts that include clauses to allow dental benefit plans to deny payment for  
25 services, particularly for services that are normally covered. These clauses also prohibit  
26 participating dentists from charging the patient for the procedure that was denied. This bill would  
27 prohibit the use of these disallow clauses. After being heard in committee, there was initial  
28 pushback from third party payers, and it became clear that additional work was needed to  
29 strengthen the bill's language. Accordingly, the MDA decided to table the bill for the 2022 session.

### 30 31 **Restoring Comprehensive Adult Dental Medicaid Benefits**

32 Once again, the MDA worked with Rep. Reyer and Sen. Utke to introduced legislation that would  
33 have provided comprehensive Medicaid benefits to all adults. Currently, only children and pregnant  
34 adults receive comprehensive dental benefits within Minnesota's Medicaid program. The bill was  
35 included in the House version of the Health and Human Services omnibus bill and included in  
36 multiple negotiation offers by the House during conference committee, but not the Senate.  
37 Ultimately, the Health and Human Services Conference Committee did not come to agreement on a  
38 spending bill prior to the end of session. During meetings with legislators, many cited the bill's fiscal  
39 note of \$43 million being a reason the bill did not receive more bipartisan support.

### 40 41 **Rural Health Advisory Committee**

42 The MDA had successfully advocated in 2021 for a dentist membership position to be added to the  
43 Rural Health Advisory Committee. This year, a bill was introduced that have added additional  
44 membership positions to the Committee but replace the dentist membership position with an "oral  
45 health professional." The MDA was successful in working with stake holders and the bill authors  
46 to remove that language.

### 47 48 **Collaborative Practice Agreement Changes**

49 A bill was introduced that would have made collaborative practice dental hygienists to become pay  
50 to providers. The bill also included reporting requirements regarding the number of collaborative

1 practice dental hygienists as well as allowing dental hygienists to perform medicaments. The MDA  
2 worked with stake holders to clarify the bill's intent and was successful in removing the language  
3 that would allow dental hygienists to be pay to providers. The final bill, which was passed into law,  
4 modifies existing statute by making it clear that collaborative practice dental hygienists must be  
5 reimbursed for the services that they provide. It also clarifies that a licensed dentist may directly  
6 employ them.

7  
8 Submitted by:

9  
10 Jim Nickman, D.D.S.

11 Chair

# REPORT OF THE MEMBERSHIP COMMITTEE

2022

## Members

Aruna Rao, Chair; Alejandro Aguirre; David Andersen; Elizabeth Brack; Jeffrey Remakel; Hallie Schley; Annika Simon; Jasmine Yesil; Geetha Damodaran, BOT Liaison; Michelle Quade, Advisor; Dawn Jensen, MDA Staff; Carmelo Cinqueonce, Ex-officio.

## Membership Duties

Pursuant to the Committee Mission and Duties as determined by the Board of Trustees, it is the duty of this committee to:

1. Collaborate and coordinate with the component district societies and the American Dental Association to endeavor to stimulate a desire for all ethical dentists and student dentists in the state to become members of this Association.
2. Support the services of Dentists Concerned for Dentists and oversee the Dentists Wellness Program for members.
3. Periodically determine the income level required for qualification as a Limited Income Practice Member.
4. Review with the component district societies methods of improving membership processing and record maintenance.
5. Provide a fitting memorial service at the annual session for the deceased members of the Association.

## Committee Activities

The MDA Membership Committee held two virtual meetings this year. Special emphasis has been spent recruiting new dentists and working on a recruitment tool for the component societies.

Major committee findings and activities are as follows:

### Recruitment

**Non-Members Claiming Affiliations to MDA:** We continue to work on contacting non-member dentists who claim, on their websites, to be members of the MDA. Of the 35 notified, 13 removed their affiliation from their websites, three moved out of state, and six, which is 17 percent, joined organized dentistry in 2022 as a result of letters they received from the MDA. In June, 12 received a follow up email from the MDA executive director. This is one of the recruitment projects we will continue to work on yearly.

In February of 2022, the committee formally requested that the MDA Board take action on those membership website claimers who have not responded to the three letters sent out on behalf of the MDA. The committee is requesting that those who do not comply with the legal letter sent out be reported to the Minnesota Board of Dentistry under Minnesota Administrative Rule [3100.6500 "Communicating Deceptive Statement or Claim."](#)

**National Sign-Up Day:** The MDA participated in the ADA National Sign-Up Day via email due to scheduling conflicts and food policies on campus. This recruitment campaign helps fourth-year dental students become aware of the membership transition following graduation. The MDA sent out information to the class regarding free membership with the ADA/MDA/District for the remainder of 2022 and for 2023. We had 55 students fill out the online conversion application. The online applications go directly to the ADA, which in turn transferred the recent graduates to the appropriate state dental association in late June/early July. Those who completed the application received a gift card from the MDA, the ADA Chairside instruction guidebook, along with two years of online ADA CE subscription. The MDA has sent out most of the welcome packets to the class of 2022 and converted 50 students to active membership in the month of July. As customary, all newly licensed dentists and recent graduates receive a letter of congratulations with a membership welcome packet. A welcome letter with membership information is also sent to all dentists who moved into the state. The MDA staff spends time daily checking on newly licensed dentists and converting their membership once the location has been confirmed.

Correspondence with members and potential members remains a priority. Invitations to join were sent to:

1. Newly licensed dentists
2. Recent graduates
3. New dentists who moved into the state
4. Non-members
5. Non-renewals

**New Member Communication:** The MDA staff communicates electronically with the component districts when a welcome packet is sent out from the MDA. The local district leaders receive a PDF copy of the application; the hope is that the district will reach out and welcome the new members within a week of them receiving the welcome packet. The MDA also sends out an email from the MDA Executive Director welcoming them to the MDA.

**Women Dentist Weekend Retreat in 2021:** After taking a pandemic pause in 2020, the MDA once again hosted a women dentist weekend retreat, held November 5-7, at Grand View Lodge in Nisswa. There were 25 women dentists in attendance. Topics were: "The Perimenopausal Decades" a presentation by Ms. Courtney Smith, and a panel of speakers on Pediatric Dentistry: Dr. Pamela Erickson, Dr. Teresa Fong, Dr. Venetia Langanis, Dr. Aruna Rao, Dr. Sally Schuette, Dr. Michelle Tafoya. The MDA women's retreat group enjoyed the new arrangement with the SPA to have designated hours for their group only. This reserved SPA time will also be a main event at the 2022 Women's Retreat which will be held early this fall, October 14-16, 2022.

**ADA Membership Conference:** Dawn Jensen and Mia Stranberg attended the 2022 ADA Membership Conference in July at the ADA headquarters in Chicago. The theme of the conference was "Driving Change Together."

This conference was a chance to recharge and discuss the need to change together through a combination of presentations, peer-to-peer learning opportunities, and discussion forums. The attendees had a chance to connect and collaborate as tripartite partners and learn about ways to drive change together at all levels of organized dentistry.

## **2022 Membership Numbers**

Membership recruitment and retention efforts are critical, and the support of all members is necessary for the MDA to continue to provide services and represent the interests of dentists in Minnesota. As of December 2021, the MDA had a total of 2,983 members and 192 who did not renew their membership in 2021, which is a 93.8% renewal rate. There were 150 dentists who joined or renewed after a lapse in membership, along with 206 dental students and 17 affiliate members. The chart below is a breakdown by membership category and district.



### **2021 December - Report - Membership by District**

Type	Minneapolis	Northeastern	Northwestern	Southeastern	Southern	St Paul	West Central	Total
Full Active	558	96	55	126	76	356	190	1457
Half Yr	2	1		2		3	1	9
1st Time Member								
Grad Student	52			12		2		67
Retired	19	1	1	5	2	9	6	43
¼ year incentive 2020	3			1		5		9
Yr of Graduation	39	5	5	11	5	19	8	91
1st Yr Out of School	28	4	1	13	6	17	8	77
1st Yr Out w/ASDA	19	2		5	2	5	4	37
2nd Yr Out of School	15	2	2	5	2	23	3	52
2nd Yr Out w/ASDA	10	4		3	6	3	3	29
3rd Yr Out of School	12	4		5	5	12	4	42
3 <sup>rd</sup> Yr out w/ASDA	4	1	1		2	6	4	18
4th Yr Out of School	21	7	4	5	3	8	6	54
¼ year 2021	7				1	3	1	12
Incentive	3			1		3		7
No Dues Xfer In		2			0	1	1	4
Active Life	68	18	6	17	13	45	30	197
Perm Waiver	9	7	1	1		6	3	27
Temp Waiver 100%	4	1		1				6
Ltd Inc Full	5	1				1	1	8
Ltd Inc Life	6	1		1		5	1	14
Retired Life	261	64	27	68	54	157	91	722
Temp Waiver 50%	1							1
Total	1146	221	103	282	177	689	365	2983

There were 27 dentists who passed away since the 2021 membership year and 40 have moved out of the state, which is a loss of 108 members in 2021.

## **2022 Membership Renewal:**

Membership renewals were sent out in November with an incentive: If dues were paid by December 1<sup>st</sup>, members were eligible for a 10% discount at MDA Supply Source for an order up to \$5,000 if ordered by December 31<sup>st</sup>. Members who renewed their membership received a letter from the MDA president who thanked them for renewing. Included with the letter was a decal, and a reminder of the benefits and services available to them. Additionally, the MDA executive director sent them an email thanking them for supporting organized dentistry and included a promo code to receive the MDA Supply Source discount.

## **2022 Membership Non-Renewal Breakdown**

As of June 30, there are 216 members who have not yet renewed their membership in 2022, which is a 92.5% renewal rate. These include members pending cut-off that have moved out of state or have retired but are not eligible for retired life, in which they would no longer owe dues.

The ADA and MDA membership staff personally reached out and contacted all non-renewals in March and April. Additional attempts to renew member pending cut-offs were made with numerous emails communications, direct mailings, and an exit survey sent to 263 dentists, which 10 dentists completed.

### 2022 Nonrenewal by Membership Categories

Category	2021 EOY	2022 Non-Renews	Non-Renew %
Full Dues	1457	84	5.7
Graduate Student	67		
Retired	43	5	11.6
¼ Yr Membership	12	1	8.3
½ Yr Membership	9	5	55.5
1 <sup>st</sup> yr out of school	77	38	49.3
1 <sup>st</sup> yr out of school/ASDA	37	15	40.5
2 <sup>nd</sup> yr out of school	52	14	26.9
2 <sup>nd</sup> yr out school / ASDA	29	5	17.2
3 <sup>rd</sup> yr out of school	42	9	21.4
3 <sup>rd</sup> yr out of school/ASDA	18	1	5.5
4 <sup>th</sup> yr out of school	54	5	9.2
ADA SPI	7	3	42.8
Transfers into state	4	3	75
Active Life	197	21	10.6
Temporary Waiver	7		
Limited Practice Full Dues	8	3	37
Limited Practice Active Life	14	2	14.2
Total	2134	216	10.1

### Breakdown by District as of June 30, 2022

District	2013	2014	2015	2016	2017	2018	2019	2020	2021	YTD 2022	Non Renews	% Non Renews
Northeastern	236	227	228	228	228	222	222	223	221	210	13	5.9%
Minneapolis	1203	1198	1163	1165	1160	1174	1219	1198	1146	1069	89	7.8%
Northwestern	121	120	118	113	113	109	102	102	103	98	4	3.9%
Saint Paul	691	679	675	682	678	707	706	712	689	627	67	9.7%
Southeastern	287	285	282	282	279	282	291	291	282	261	21	7.4%
Southern	197	192	194	185	180	180	179	188	177	171	10	5.6%
West Central	354	363	360	375	370	381	373	378	365	357	12	3.3%
total	3089	3064	3020	3030	3008	3055	3092	3092	2983	2793	216	
Non Renews	118	120	147	102	135	127	163	132	192	216		
Non Renew%		3.88%	4.80%	3.38%	4.46%	4.22%	5.34%	4.27%	6.21%	7.24%		
Dues Per Mbr	528.91	519.42	514.56	516.35	503.18	527.42	510.68	\$ 496.46	\$484.37	\$489.13		
Student District	374	374	312	354	333	365	350	355	210	206		

## MDA 5 Year Targeted Group Trend for June

<b>Women</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Members	655	680	759	771	784
Non Members	377	403	404	460	514
Pending	66	28	94	71	92
Marketshare	59.6	61.9	60.3	59.2	56.4
Renewal Overall %	90.6	91.7	88.1	91.4	89.4
<b>New Dentist</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Members	516	524	623	639	644
Non Members	168	191	172	184	216
Pending	77	65	102	73	121
Marketshare	73.7	67.1	69.9	71.3	65.6
Renewal %	86.2	87.8	84.8	89.3	84
<b>Ethnically Diverse</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Members	123	132	146	145	142
Non Members	120	129	129	139	148
Pending	13	11	13	15	26
Marketshare	50	48.5	50.6	48.4	44.9
Renewal %	90.3	91.4	89.4	90.4	85.3
<b>General Practice</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Members	2301	2308	2405	2355	2326
Non Members	1256	1312	1301	1366	1446
Pending	145	130	160	154	190
Marketshare	62.1	61.5	62.2	60.7	58.7
Renewal %	94	94.4	93.4	93.7	92.4
<b>Specialist</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Members	592	594	595	607	603
Non Members	225	236	241	251	274
Pending	33	20	31	30	41
Marketshare	69.6	69.8	68.6	68.3	65.6
Renewal %	94.6	96.4	94.7	95.3	93.6
<b>All Dentists</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Members	2893	2902	3000	2962	2929
Non Members	1481	1548	1542	1617	1720
Pending	178	150	191	184	231
Marketshare	63.5	63	63.3	62.1	60
Renewal %	94.1	94.8	93.6	94	92.6

Market share % is based on members, non-members and pending members

### **Goals and Objectives:**

The goals of the Membership Committee are to recruit new members, retain current members, inform members about services and benefits, recognize members' commitment to their profession and organized dentistry, and involve all interested dentists in the MDA, ADA, and their district dental societies. The MDA will continue its phone calling, mailings, and Star of the North direct contact. Students will have information on transitioning and on legislative actions, and will have contact with organized leaders to help them see the benefits of organized dentistry. The committee will continue to focus on special groups, including women dentists, young dentists, large groups,



1 and non-members. In addition, we will also focus on those continuing to claim membership when  
2 they are not members. During the summer, one of the working groups focused on creating a  
3 guidebook to assist the district dental societies with recruitment, retention, and renewals. This  
4 guidebook will be available for the districts this fall.

5  
6 **Recommendations**

7 The committee recommends that each district leader find a member from their district to be the  
8 main contact person who will reach out to new members and non-members when requested by the  
9 committee.

10  
11 Thank you for allowing me to serve as chair of this committee.

12  
13 Submitted by:

14  
15 Aruna Rao, D.D.S.

16 Chair

# REPORT OF THE NEW DENTIST COMMITTEE

2022

## Members

Yazan Alkhatib, Chair; Allison Forbes; Kirby Johnson; Hayley Mathie; Aruna Rao; Hallie Schley; Carly Sherod; Stephen Solie; Robert Springer; Jane Yang; Michelle Quade, Advisor; Zachary Hazelton, BOT Liaison; Dawn Jensen, MDA Staff; Carmelo Cinqueonce, Ex-officio.

## Duties

Pursuant to the Committee Policy Manual of the Board of Trustees, it is the duty of this committee to:

- Identify the special needs of new dentists and propose practical and feasible activities which will enable the Minnesota Dental Association to meet these needs.
- Identify the needs and concerns of new graduate dentists and make recommendations for any programs to assist with their transition to practice.
- Enhance communications with component new dentist networks.
- Stimulate the increased involvement and active participation of new dentists in organized dentistry.
- Identify the needs and concerns of the dental students at the University of Minnesota and oversee and review the activities and benefits that the MDA provides to the students throughout the year.

## Activities

The mission of this committee is to enhance the personal and professional lives of new dentists in Minnesota, thus adding value to membership within the tripartite. The goal of the New Dentist Committee this year was to provide activities for new dentists, post graduate students, and dental students to assist them with their transition into dentistry, promote professional growth, encourage involvement and leadership in organized dentistry, and promote membership benefits.

The committee held two meetings this year, via teleconference. We reviewed the committee's strategic plan and mission.

The committee sponsored several activities for dental students to assist them in their transition into the profession and to welcome them into the MDA. The committee continued the Dental Deck program, where ASDA members are given the opportunity to check out Dental Deck study cards from the MDA for three months or via an online subscription with Dental Mastery to study for the Integrated National Dental Board Exam (INDBE). This year we offered a new study guide app option. The dental students who have been members of MN ASDA all three years prior to taking the exam are eligible for the reimbursement of a three-month subscription, up to \$98.00. Due to this new option, the MDA did not purchase an additional fifty-boxes from Dental Decks as the majority of the class of 2024 is using the app option instead. This saved the MDA a substantial amount of money over purchasing the study cards.

Many of the topics that we have discussed in person were addressed during a zoom meeting, which was recorded and sent out to the entire class of 2022. These seminars help the students prepare for

the next step after graduating, including applying to post-graduate programs, reviewing and understanding contracts, and being aware of the different practice options available to them. In-person seminars will start up again this fall.

The MDA Board of Trustees has nominated Dr. Seth Huiras, a 2015 graduate currently serving on the MDA Board of Trustees, for the new dentist representation at the American Dental Association House of Delegates in 2023. This coming October, Dr. Aruna Rao will again be representing MDA new dentists as a delegate.

#### **Recap of New Dentist Events the MDA Hosted:**

**Entrepreneurial Dental Program:** The MDA hosted the fourth annual Entrepreneurial Program which was held May 7, 2022, at the Best Western in Shoreview. This seminar was offered to all dental students at a cost of \$50.00, a fee that was refundable if they attended. The program is a comprehensive educational opportunity for new dentists and students to learn more about dental practice ownership. The goal of the program is to provide the students and new dentists with “hands-on” exposure regarding what is involved in starting, owning, and running their own businesses. The seminar focused on a unique aspects of ownership of a dentistry-driven business, along with the management skills required to effectively operate the business. We had 30 participants. We would like to thank Hillary Becchetti for her assistance and for her recommendations on many of the presenters.

#### General Business Operations:

- Fear Not: Practice Ownership Is Within Grasp; Speaker: Dr. Kimberly Harms
- Smooth Transitions: What to Expect When You Buy a Dental Practice (And Other Legal Stuff); Speaker: Hillary Becchetti (Pine Lake Law Firm)
- Maximizing Your Profitability Through Real Estate (And Avoid Costly Mistakes); Speaker: Jamie Smith (Carr HealthCare Realty)

#### Financial

- Accounting and Business Financial Management for Dental Practices; Speaker: Robyn Murray (CLA)
- Key Financial Priorities for Dental Entrepreneurs; Speakers: Marshall Gifford and Michelle (Gifford Financial)
- Path to Ownership; Speaker: Rachel Ranny (Bank of America)
- Dental Practice Startup: Core Insurance Coverages New Owners Need to Understand; Speaker: Ted Dyste (Dyste Williams)

#### Regulatory Compliance

- Regulatory Compliance (DEA, PMP, HIPAA, OSHA, IC AwDA, 1557); Speaker: Carmelo Cinqueonce (Minnesota Dental Association)
- Understanding the Current Healthcare Landscape (HMO, MCO, PMAP, MA, etc.); Speaker: Carmelo Cinqueonce (Minnesota Dental Association)

## Practice Management

- Credentialing Plus Maximizing Your Insurance Landscape; Speaker: Tracey Gutzmer (Dental Consulting Company)

**New Dentist CE Track at the Star of the North Meeting:** The committee reviewed all the Star of the North sessions and selected a list of courses which were highlighted in the program under “New Dentist Tract.” The MDA promoted these seminars through social media posts and an email blast to the dentists who have graduated in the last ten years, as well as to the current dental students.

**ADA National Signing Day for the Class of 2022:** The MDA sent out information to the class regarding free membership with the ADA/MDA/District for the remainder of 2022 and for 2023. Hayley Mathie also followed up with communication to her classmates to complete the National Signing Day applications. Those who completed the application received a gift card from the MDA, the ADA Chairsides instruction guidebook, along with two years of online ADA CE subscription. The MDA has sent out most of the welcome packets to the Class of 2022 and converted fifty students to active membership in the month of July.

**ADA Engagement Program:** The New Dentist Committee applied for a grant in 2022, and received \$3,000 from the ADA to host an event focused on the graduates from 2019-2022. The Minnesota Dental Association’s New Dentist Committee hosted the Ideas Exchange luncheon. This event was held at the Star of the North meeting on Saturday, April 30<sup>th</sup> from 11:30 a.m.– 1:00 p.m. With the grant received from the ADA, this event was free for all new dentists who graduated between 2017-2022. A committee member sat at each table, welcomed everyone in attendance. The conversations started with general questions such as “is the “real world” what you expected it to be? How is it different? How is it the same? What made you enter private practice ownership? When did you feel you were ready? List your best resources for support and learning (accountant, business CE, broker, etc.).” The main topics discussed were clinical dentistry, marketing, materials and methods, scheduling, wellness issues, organized dentistry, and the kind of support they want from the MDA, ADA, district levels. Those in attendance really enjoyed the conversation and the networking opportunity. The committee would like to see this event hosted by the MDA annually at the Star of the North meeting.

**Graduate Students:** The committee looks forward to hosting an in-person gathering for the graduate students this fall.

## Goals and Objectives

It is the committee’s goal to continue to provide activities and programs on a quarterly basis to both the dental students and the new dentists. Our focus will be to increase new member involvement at district meetings and at the MDA House of Delegates, and to continue to have representation at the ADA House of Delegates. Additional focuses will be to make sure new dentists are aware of the activities available within their respective districts, and to develop future leaders within organized dentistry.

## Conclusion

Our committee continues to move forward with new and enhanced programs that meet the needs of the new dentist. Focusing on the new dentist is essential to the future of the MDA. The New Dentist Committee provides new dentists the opportunity to get involved with the MDA and learn

1 leadership skills. This helps them and the dental students recognize the benefits of membership,  
2 while promoting active participation in the MDA.

3  
4 The chair would like to thank the student district representation, which continues to be a strong  
5 component of this committee. A special thank you to Hayley Mathie for her communication,  
6 commitment, and many great ideas related to addressing student concerns.

7  
8 Thank you to our Board Liaison, Zach Hazelton, for supporting the committee and helping out  
9 however was needed.

10  
11 Thanks to the committee members for their great ideas, help, and time. Their active participation  
12 is what keeps this committee strong and active.

13  
14 Recommendations

15  
16 The committee recommends that the MDA financially support the New Dentist Idea's exchange  
17 luncheon at the Star of the North meeting.

18  
19 Submitted by:

20  
21 Yazan Alkhatib, D.D.S.  
22 Chair

# REPORT OF THE PEER REVIEW COMMITTEE

2022

## Members

George Kinney, Jr., Chair; Dr. Kevin Dens; Dr. Douglas Lambert; Dr. Mary Shipp; Michelle Quade, Advisor; Dr. John Noack, BOT Liaison; Dr. Kim Harms, Coordinator; Linda Fomasina, Staff; Carmelo Cinqueonce, Ex-Officio.

## Duties

Pursuant to the Committee Policy Manual of the Board of Trustees, it is the duty of this committee to:

1. Offer ethical and equitable procedures for peer review committees, both state and component, by means of a Peer Review Manual, for reviewing and resolving differences which may arise between dentists and third parties, and between dentists and patients.
2. Assist and guide component peer review committees.

## Activities

The data for 2021 follows:

Sixty-six complaint calls were logged. Sixty-four calls were either resolved by the complainant and dentist before mediation, did not fit Peer Review criteria, the complainant did not return the complaint form, or included ongoing legal or Board of Dentistry involvement.

## 2021

### **MINNEAPOLIS DISTRICT**

Three cases involved appropriateness of care and general dentists. The dispositions were as follows:

Two cases were resolved through mediation.

One case is still in progress.

### **NORTHEASTERN DISTRICT**

No cases mediated or arbitrated.

### **NORTHWESTERN DISTRICT**

Two cases involved appropriateness of care, the delivery of records, and general dentists. Both cases were resolved before mediation through communication between dentist and patient.

### **SAINT PAUL DISTRICT**

No cases mediated or arbitrated.

### **SOUTHEASTERN DISTRICT**

No cases were mediated or arbitrated.

**SOUTHERN DISTRICT**

No cases were mediated or arbitrated.

**WEST CENTRAL DISTRICT**

No cases were mediated or arbitrated.

**Conclusions**

The MDA Peer Review Committee thanks the individual district committees for their time and excellent work in resolving any issues and complaints. We continue to work on ways to streamline peer review because the caseload continues to decline.

**Recommendations**

This year there were more calls from patients complaining about fees, hygienists, rude employees, dentists who dismissed them from their practices, and feelings of discrimination. There were more calls involving very angry patients this year. As the MDA moves forward and considers staffing changes and retirements, it may want to consider the future of Peer Review.

At this time, only the Minneapolis, the Northeastern, and the Southeastern Districts have active Peer Review Committees. I believe there is a need for someone to manage complaint calls from patients as most callers were ineligible for peer review, but did benefit by having someone listen to them. Sometimes just recommending the patient contact their dentist personally with a complaint or have their options explained to them is helpful. It may also be helpful to have a colorful patient complaint brochure available which we could send them to help them understand their options.

Submitted by:

Kimberly Harms, D.D.S.

Peer Review Coordinator

# REPORT OF THE SCIENTIFIC SESSION COMMITTEE

2022

## Members

Loren Taple, Chair; Maxwell Cory; Teresa Fong; Christine Hammer; Kim Harms; Anne Kent; Renee Kinney; Reilly Kroiss; Shannan Cook CPM, Star of the North meeting planner, Vicki Capistrant, Star of the North exhibits' coordinator; Carmelo Cinqueonce, Ex-officio.

## Duties

Pursuant to the Committee Missions and Duties as determined by the Board of Trustees, it is the duty of this Committee to:

- Make all arrangements, not otherwise provided for, for holding each annual scientific session; prepare a suitable program for each session; and attend to such other business as the Board of Trustees or House of Delegates may direct.
- Provide for admission to the scientific sessions.
- Maintain a manual of the techniques of operation of the committee.
- Provide for the publicity for the annual scientific session.

Our mission is to provide excellent continuing education programs; an annual tradeshow demonstrating new dental technology, products, and services; and a professional setting that encourages maximum participation and camaraderie, thereby improving dentists' and related dental professionals' ability to provide quality care for their patients.

## Goals and Objectives

1. Increase the percentage of MDA members and other dental professionals attending the Star of the North Meeting.
2. Provide ongoing information to members about current practices and scientific advancements related to the dental practice.
3. Increase real non-dues revenue.
4. Increase non-dues revenue.

## Recommendations

I would ask that the House of Delegates, MDA members, and MDA staff continue to support the members of the Scientific Session Committee so that it can continue its' due diligence in moving, shaping, and creating the meeting experience that members deserve. It is a challenge today just to compete for dentists' membership and interest in our association. I feel strongly that the Star of the North helps to promote organized dentistry and the value of our association by providing education, information, and networking opportunities on an annual basis.

## Opportunities

The Scientific Session Committee also offers an open invitation to all members of the MDA and their staff to consider helping at the meeting by volunteering to be a speaker host or room host. Our volunteers contribute to the success of our meeting and reinforce our reputation as a highly



1 respected and well-run dental meeting. In addition, the committee recruits one new member each  
2 year (applications are available from November thru January). You can view the committee  
3 guidelines on our website, <https://star.mndental.org/conference/volunteers/>.

### 4 5 **2022 Star of the North Meeting – Illuminate Brighter Together**

6 The 2022 Star of the North meeting was held only in person at the St. Paul River Centre from April  
7 28<sup>th</sup> to 30<sup>th</sup>. The meeting, in everyone's estimation, was a success. Comparing the statistics from  
8 similar dental and non-dental conferences around the country, attendance when compared to pre-  
9 COVID conference attendance levels has been running at about 60-65%. Our meeting fell within  
10 those parameters. Considering that the 2021 meeting, which had been delayed, was held only eight  
11 months earlier, I feel our attendance numbers were more than respectable. In addition to the  
12 continuing education sessions provided, we did have the return of the Big Party, featuring Hairball,  
13 which appeared to have pre-pandemic levels of attendance. Making their first appearance, the  
14 Dental Guys podcast produced audio and video content straight from the expo floor. They recorded  
15 multiple podcasts each day, interviewing our speakers and promoting their content and our  
16 meeting on social media. The overall benefit of the podcast is still under evaluation. The Thursday  
17 through Friday exhibit floor schedule was maintained, which most of the exhibitors appreciated.  
18 The keynote session featuring Mr. Mike Veeck, owner of the St. Paul Saints, was well attended as  
19 well. Booth sales on the exhibit floor were getting close to pre-pandemic sales levels and the overall  
20 feel of the meeting was something approaching "normal." In the responses to the post meeting  
21 survey, 93% rated the meeting as satisfactory or excellent. The same percentage of respondents  
22 rated that the meeting met their needs when it came to educational program content.

23  
24 Following the conclusion of the meeting, Shannan Cook, our meeting planner for roughly the past  
25 15 years, accepted a new position in her home state of Texas at the Texas Dental Association. The  
26 committee thanks her for all her years of service and wishes her well in her new role. The MDA did  
27 hire a new meeting planner, Whitney Bey, following an extensive search of qualified candidates.

28  
29 In conclusion, the Star of the North meeting is one of the signature events that the MDA puts on  
30 each year, not only for our members but for Minnesota dentistry in general and beyond our state  
31 borders. It is important that this meeting continue to stay relevant and provide educational and  
32 social opportunities for all attendees. I urge the committee to continue to look at ways to adapt the  
33 meeting to the ever-changing ways that content is consumed, be it in person, virtual or a hybrid  
34 approach. To give attendees a unique reason to attend, our meeting needs to evolve like other  
35 meetings across the country. Even pre-COVID, the Star of the North had a 7% drop in overall  
36 attendance from 2017-2019. To highlight, of the vendors who responded to the post-meeting  
37 survey, 55% plan to attend in 2023, while 30% left undecided. Relevancy is the name of the game  
38 going forward for all attendees, be they doctors, staff, or vendors. This is the challenge of any  
39 organization or event, but I know that the committee now in place is aware of this challenge and  
40 will rise to the occasion.

41  
42 I thank all the members of the 2022 Scientific Session Committee for their contributions and for the  
43 support given to me and to the Star of the North meeting. I wish them all the best of luck moving  
44 forward. I will miss my time on the committee.

45  
46 Submitted by:

47  
48 Loren J. Taple, D.D.S.  
49 Chair, 2022 Scientific Session Committee

# REPORT OF NORTHWEST DENTISTRY EDITORIAL ADVISORY BOARD

2022

## Members

John Lueth, Executive Editor; Brent Florine; Jeanni Foss; Michael Kurkowski; David Lipschultz; Bill Stein, Editor Emeritus; Gary Hildebrandt, Advisor; Sue Miller, Managing Editor; Rose Perpich, BOT Liaison; Stephanie Leclair, MDA Staff; Carmelo Cinqueonce, Ex-officio.

## Duties

It is the duty of this Advisory Board to:

1. Provide for publication of Northwest Dentistry, the official journal of this Association;
2. Establish and review editorial policy for the journal; and
3. Ensure the copyright integrity of the journal and all articles/exhibits within.

## Activities

Since our last report, *Northwest Dentistry* has made the transition from celebrating and completing our landmark Volume 100 to celebrating our 100<sup>th</sup> year in 2022, and moving into (deep breath) our next 100 volumes.

First things first, then, and this is no hyperbole:

It is our honor to present the Minnesota Dental Association with Volume 100 of *Northwest Dentistry*, the Official Journal of the Minnesota Dental Association.

It was a challenge, an opportunity, and a responsibility, and I cannot say enough about the members of our Editorial Advisory Board (EAB), who shouldered the idea of what we had before us and contributed so much to the realization of our journal's Golden Year. Kudos as well to our team at Bolger Vision Beyond Print, our print facility, who polished every issue to make sure it shone.

During this last year we also celebrated our continuing relationship with and recognition by the International College of Dentists (ICD) Dental Journalism Awards. EAB Feature Department editor Dr. Brent Florine won the Golden Pen, the top writing award the ICD gives, for his article "The Personal Cost of Addiction: How Can Dentists Help?". We also garnered the Outstanding Cover/Honorable Mention for the July-August 2022 cover, which was in support of the article on that summer's civil unrest surrounding the murder of George Floyd. We base our nominations for these highly prestigious awards on reader feedback and EAB response, and had a record 18 nominations for the year these two awards represent.

That all said, it is actually difficult to look back because "next" is so demanding ... in a good way. One hundred volumes, 100 years, serve to create a perspective, but it is in combining that "new place to stand" with how fast our lives are moving now that gives us not only direction, but energy. Recently one of our EAB members noted, appropriately in Thanksgiving wishes to his colleagues, that he was so happy to see that our journal was caring for the psychological,

1 emotional, even spiritual, health of its members. For me, every time I hear someone call NWD  
2 “our journal” means we are doing the job.

3  
4 A year passing always includes farewells, and we said good-bye to two long-time EAB members,  
5 Drs. Yvonne Hanley and Ryan Henrichsen, with immense gratitude for their contributions. Two  
6 new members will be joining us this fall, and we look forward to what they will bring to the table.

7  
8 Of note among many projects in our pages and beyond is the MDA Time Capsule, for which we  
9 have just started collecting.

10  
11 The past ... the future. Here in the present, we have the luxury of looking to both, and this  
12 journal’s various teams find a great deal of interest, instruction, and accomplishment in that role,  
13 and hope we are passing it on to our readers. Feedback tells us we are.

14  
15 When talking about the profession of dentistry, we have often quoted Sir Isaac Newton, who said,  
16 “If I have seen further it is by standing on the shoulders of Giants.” But oh, there are so many the  
17 top of that pyramid is out of sight. As we continue, we thank our own uniquely Minnesotan giants,  
18 past, present, and to come. For their inclusiveness, stewardship, collegial generosity, the famous  
19 “time and talent” given, and creativity, we could not be more grateful. For those who have passed,  
20 we hope you know. For those to come, we are here, and you are very welcome. And for those  
21 who are “right here, right now”, we couldn’t do it without you.

22  
23 Respectfully submitted,  
24 Sue Miller, Managing Editor

25  
26 A milestone has been achieved. The 100<sup>th</sup> Volume of Northwest Dentistry, the Journal of the  
27 Minnesota Dental Association! WooHoo!! Some celebration of this achievement was had.  
28 Unfortunately our plans for celebration were significantly diminished due to circumstances  
29 universally experienced through COVID-19. Nonetheless, immediately upon delivery of that  
30 landmark issue the next challenge for NWD was posed. That challenge, accepted by the members of  
31 the Editorial Advisory Board, is to continue the production of the Northwest Dentistry Journal to  
32 the best of our abilities, upholding its high standards and value for our members.

33  
34 It has been with the masterful guidance of Managing Editor Sue Miller that all of the issues of the  
35 100th volume of Northwest Dentistry rolled off the presses and into the hands of the leadership  
36 and members of the Minnesota Dental Association. Throughout its long history so many individuals,  
37 known and unknown to us, have contributed to the journal. The initiative and foresight by those  
38 who established this professional journal has been validated through the efforts of generations of  
39 colleagues and peers who have continued to sustain its existence. Having carried on through so  
40 many changes and transitions ... in science and technology, culture and society ... Northwest  
41 Dentistry has not only survived but thrived. I can only attribute this to the dedication, persistence,  
42 passion and stick-to-it-ness of those people whose vision and mission has been to produce a  
43 valuable resource to the association, as well as validation of the value of the journal by association  
44 members.

45  
46 I can in no better way describe, nor should I attempt to, the past year as reported by Managing  
47 Editor Sue Miller. Nor can I bring to this page such a marvelous talent for writing as can Sue. I can,  
48 however, use my report to reiterate my highest praise and gratitude for her dedication, passion,  
49 and skill as the editor of our association’s journal!

1 Let me finally express my gratitude for every single member of the Editorial Advisory Board,  
2 acknowledging the departure of Yvonne Hanley and Ryan Henrichsen, and including a special nod  
3 to our invaluable MDA staff colleague Stephanie Leclair.

4  
5 NWD is a team effort. Working well together, this group ranks at the top of the professional journal  
6 world. Repeated awards garnered by members of the Editorial Advisory Board team are the proof  
7 in the pudding. To borrow a sports analogy, the members of the EAB are also MVPs!

8  
9 The Journal of the Minnesota Dental Association will continue to reflect on the past, report on the  
10 present, and look to the future. We accept the challenge to continue for another 100 volumes!

11  
12 Submitted by:

13  
14 John Lueth, D.D.S.  
15 Executive Editor

# REPORT OF MINDENPAC

2022

## Members

Michael Flynn, Chair; Alejandro Aguirre, Treasurer; Doug Erickson; Adam Holder; Seth Huiras; Jim Nickman; Travis Schmitt; Roger Sjulson; David Thorfinnson; Paul Zollinger; Kevin Goodno, Advisor; Cody Holliday, Advisor; Dan Murphy, MDA Staff; Carmelo Cinqueonce, Ex-officio.

## Duties

1. To promote and to further the interests of the public and the dental profession in matters of legislation and administrative regulations.
2. To develop among the public and the dental profession an awareness of political issues which relate to public health and welfare.
3. To support, generally, candidates for political office who, in the opinion of the MINDENPAC Board of Directors, will further the objectives of this organization. This Association is not organized to support any one party or political candidate.

## Activities

The Minnesota Dental Association Political Action Committee (MINDENPAC) serves to help the MDA and its members build relationships with candidates running for state office via monetary support. We focus on contributing to candidates and members of all political parties based on their willingness to support the goals of our profession to advance the practice of dentistry and improve oral health for Minnesota dental patients. We are selective in screening who we contribute to and what amounts we give, and all campaign finance strategies are fully vetted by the MINDENPAC Board of Directors.

Our contribution strategy is largely based on the legislators' continued willingness to work with the MDA on legislation that benefits dental providers and our patients. Other factors include what role the legislator plays. For example, preference may be given to key legislators who sit on the Health and Human Services Committees, members who are willing to author a bill for us to advance the profession, or members of the House and Senate leadership who are key in setting the health policy agenda. We also consider legislators who work against legislation that we deem detrimental to the dental profession and the oral health of our patients. New candidates for office may be supported if we feel they will advocate for our issues or if they are running against an incumbent legislator who has been adversarial to our policy goals. We try to support candidates who have close, personal relationships with member dentists.

Our MINDENPAC Board of Directors meets at least three times per year. We share several common members with the Legislative Affairs Committee. The MINDENPAC Board of Directors and the Legislative Affairs Committee work together to effectively develop and leverage relationships with key legislators who advance public policy that supports our profession. Although we have excellent lobbyists, grassroots advocacy with personal contact from member constituents remains our most effective tool in shaping public policy that impacts dentistry.

## 2022 Fundraising and Elections

During the 2022 MINDENPAC member year (August 2021 to September 2022), approximately 89 MDA members contributed. MINDENPAC was present at the 2021 and 2022 Star of the North events, in addition to the House of Delegates and Leadership Conference. Thank you to everyone who contributed in 2022. Without your support, MINDENPAC would be unable to support the election of individuals who have supported organized dentistry.

Members of Minnesota State House of Representatives and Minnesota Senate were not up for reelection in 2021; however, all legislative seats are up for election in 2022. Since August 2021, MINDENPAC gave contributions to seven GOP Senate candidates, one GOP House of Representative candidates, and four DFL House of Representative candidates. The State of Minnesota restricts the amount of PAC contributions a candidate can accept; because of this, some candidates returned their checks to MINDENPAC, as they had already reached the maximum. As a result, MINDENPAC contributed a total of \$4,500 to candidates. With the 2022 election approaching, MINDENPAC expects to contribute to numerous candidates from both parties in the fall of 2022.

Contributing to MINDENPAC in 2023 is more important than ever before. In November 2022, all legislative and state constitutional offices are up for election. Approximately one third of the legislature will be new in 2023, the largest turnover in fifty years. Many legislators who have been supportive of dentistry in the past will no longer hold office. Thus, contributing to MINDENPAC can truly make a difference on public policy decisions and advancing the MDA's legislative agenda for years to come.

### Goals and Objectives for Next Year

1. Continue to raise funds to contribute to the 2022 election cycle.
2. Continue to educate MDA members on the importance that MINDENPAC and ADPAC have in advancing our policy goals.
3. Increase the percentage of members in the Representative's, Senator's, and Governor's Clubs.
4. Continue to recognize members who support MINDENPAC in Northwest Dentistry and at the Star of the North Meeting.

### Financial Report

The total contributions MINDENPAC received since September 2021 are \$12,200 (as of June 2022).

Total expenses and account balances are listed as of June 2022 (contributions to candidates between August 12, 2021, and May 31, 2022):

Contributions to legislators in 2021-2022	\$ 4,500
<b>Current balance in hard dollar account</b>	<b>\$ 16,506.78*</b>
<b>Current balance in soft dollar account</b>	<b>\$ 1,191.16*</b>

*\*Account balances are current as of June 2022*

Submitted by:

Michael Flynn, D.D.S.  
Chair

# MINNESOTA DENTAL FOUNDATION

2022

## Members

Stephen Litton, President; Laura Eng, Secretary; Michael Kurkowski, Treasurer; S. Renee Dotson; Bruce Downey; Angela Hastings; Lee Jess; Kirsten Langguth; Stephen McDonnell; Rosalie Perpich; Karl Self; Erik Skoe, Michael Zakula; Amber Cziok, Board Liaison; Amber Schletty, MDA Staff; Carmelo Cinqueonce, Ex-Officio.;

## Vision

The vision of the Minnesota Dental Foundation (MDF) is to eliminate unmet oral health needs in Minnesota.

## Mission

- Initiate and support programs that provide dental services to underserved populations and communities;
- Encourage and support volunteerism within the profession;
- Promote careers in dentistry, especially in underserved areas.

## Activities

Board meetings were held on January 12, March 23, and June 22, 2021 and January 11 and April 5, 2022. The 2021 Annual Report will be posted this summer after the audit is completed.

Due to the effects of COVID-19, the OneSmile Gala scheduled for October 2021 was rescheduled to October 7, 2022 at the Renaissance Minneapolis Hotel, The Depot. The MDF had a booth at the August 2021 Star of the North meeting, but did not have a Wall of Wine but we did, however, have smaller Wall of Wine fundraiser at the April 2022 Star of the North.

Fundraising for 2021 was one of the better years due to a bequest from the estate of an individual whose father was a dentist in Minneapolis and died in 1983.

The Minnesota Dental Foundation has eight programs. The following is a brief synopsis of each program.

### **1. Martha Mordini Rukavina Loan Forgiveness Program**

The Martha Mordini Rukavina Loan Forgiveness Program is a competitive program that provides a financial incentive to attract dentists to practice dentistry in the Taconite Assistance Area (TAA) of northeastern Minnesota. Before this became a program of the Foundation in 2011, three new dentists were placed in the TAA in 2009.

Since 2011, two dentists are still in the program and three dentists have completed it. Applications have been received for three additional dentists in 2022.

### **2. Minnesota Mission of Mercy**

The seventh MnMOM was originally planned to take place in July 2020, and then rescheduled to July 2021. That event was then rescheduled for July 20-30, 2022 at the River's Edge Convention Center in St Cloud.

Past MnMOM events have taken place in Mankato (2012), Bemidji (2013), Mankato (2014), Duluth (2015), Moorhead (2016), and Minneapolis (2018). Since its inception in Minnesota, 6,536 compassionate volunteers have provided \$6,016,859 in free dentistry in 9,497 patient visits. Patients have been seen from 82 of the 87 counties in Minnesota.

### **3. Donated Dental Services, a program of Dental Lifeline Network**

At the completion of the 2020-2021 fiscal year on June 30, 2021, \$896,656 worth of dental services was provided to 197 patients with disabilities or who are elderly or medically fragile. After five years of over \$1 million of services each year, COVID-19 had a major effect on this program. The administrative cost of the program was \$85,000 and was again funded by a grant from the Delta Dental of Minnesota Foundation.

This program is managed by Dental Lifeline Network and the fiscal year ends June 30. As of April 2022, the program has now provided \$15 million in free care to disabled, elderly of medically fragile individuals.

### **4. Retired Dentist Program**

This program was started in December 2013. If a licensed dentist is not earning any income from practicing, teaching, or consulting but wishes to maintain his/her dental license for volunteering, this program provides reimbursement of the fees needed to keep one's dental license active, and maintain professional liability insurance and continuing education expenses in return for providing care to the underserved. The dentist cannot be receiving any compensation for this care. As of December 31, 2021, there were eight participants in this program. Initial funding for this program came from the Delta Dental of Minnesota Foundation and funding has been continued by grants from DentaQuest and Delta Dental of Minnesota Foundation.

As of December 31, 2021, over \$2.66 million of free dentistry has been provided by the retired dentists who volunteer for this program. Several dentists fully retired in 2020 and 2021 and COVID-19 was a contributing factor in their retirement.

### **5. Dedicated to Minnesota Dentists Loan Repayment for Service Program**

The Foundation collaborated with the Delta Dental of Minnesota Foundation on a project to attract newly graduated dentists to practice in Health Professions Shortage Areas (HPSA) of rural Minnesota. The Delta Dental of Minnesota Foundation committed \$2 million to the program. The program awards up to \$200,000 per recipient to repay qualified dental education loans.

Four recipients were selected in 2015, two in 2016, two in 2017, and the two in 2018, with Foundation board members assisting in the candidate selection process. New dentists are in the cities of Benson, Bigfork, Cook, Deerwood, Ely, International Falls, Mora, Tyler, Walker, and Warroad.

### **6. Minnesota's Heroes Orthodontic Program**

This program started in the fall of 2015 to provide free orthodontic care to children ages 8-21 and spouses of Gold Star Families, those families who have lost a family member in the armed services since 9/11. Four children have completed treatment.



## 7. Give Kids a Smile

This program started in 2003 by the Minnesota Dental Association and transferred to the Minnesota Dental Foundation in 2015. This program provides free dental care to children on the first weekend in February. In 2022, approximately 1,045 children received free dental care valued at \$623,000 by 600 volunteers. This was a significant reduction from past years due to COVID-19. Lindsay Whalen, Gopher's women's basketball coach, was the spokesperson for this event.

Since its inception in 2003 in Minnesota, 35,422 volunteers have provided \$25.54 million of free dentistry to 82,700 kids.

## 8. Grant Awards for 2021

The Minnesota Dental Foundation received 35 grant requests for \$158,747 in 2021. Of those requests, grants totaling \$39,900 were distributed to 27 recipients.

The following Give Kids a Smile community and volunteer clinics received \$5,500 in grants:

- Carris Health Dental Clinic, Willmar
- CHI St. Joseph's Community Dental Clinic, Park Rapids
- Children's Dental Services, Minneapolis
- Community Dental Care, Saint Paul
- Community Dental Care, Rochester
- Community Dental Care, Robbinsdale
- Community Dental Care, Maplewood
- Minnesota State University, Mankato
- Open Door Health Center, Mankato

Community and volunteer clinics providing care to the underserved received \$34,100 in support of its programs. Grants were awarded to:

- C.A.R.E. Clinic, Red Wing
- Children's Dental Health Services, Rochester
- Fostering Love Project, Oakdale
- Gillette Children's Hospital Foundation for Gillette Children's Specialty Healthcare, St. Paul
- Greater Minneapolis Crisis Nursery, Minneapolis
- HealthFinders Collaborative, Inc., Faribault
- Hope Dental Clinic, St. Paul
- Lakewood Health System, Staples
- Let's Smile, Inc., Owatonna
- Minnesota State University, Mankato
- Mission Outpost Dental Clinic, Lakeville
- Portico Healthnet, Saint Paul
- Ready Set Smile, Minneapolis
- Sawtooth Mountain Clinic, Grand Marais
- Sharing and Caring Hands, Minneapolis
- Southside Community Health Services, Inc., Minneapolis
- The Salvation Army of Rochester, MN, Rochester

One program involved in the education of dental auxiliaries received \$300.

- Central Lakes College, Brainerd

## 9. Grant Awards for 2022 (through June 1, 2022)

The Minnesota Dental Foundation received 32 grant requests for \$146,565 in 2022. Of those requests, grants totaling \$56,800 were distributed to 27 recipients.

The following Give Kids a Smile community and volunteer clinics received \$11,300 in grants:

- Central Lakes College, Brainerd
- Children's Dental Services, Minneapolis
- Community Dental Care, Maplewood
- Community Dental Care, Robbinsdale
- Community Dental Care, Rochester
- Community Dental Care, Saint Paul
- Minnesota State University, Mankato
- Give Kids a Smile at the University of Minnesota, Minneapolis

Community and volunteer clinics providing care to the underserved received \$44,000 in support of its programs. Grants were awarded to:

- C.A.R.E. Clinic, Red Wing
- CHI St. Joseph's Health, Park Rapids
- Children's Dental Health Services, Rochester
- Community Dental Care, Maplewood
- Gillette Children's Hospital Foundation, Saint Paul
- HealthFinders Collaborative, Inc., Faribault
- Hope Dental Clinic, Saint Paul
- Just Kids Dental, Two Harbors
- Let's Smile, Inc., Owatonna
- Minnesota State University, Mankato
- Mission Outpost Dental Clinic, Burnsville
- Northern Dental Access Center, Bemidji
- Northern Dental Access Center, Halstad
- Ready, Set, Smile PA, Minneapolis
- The Salvation Army of Rochester, MN, Good Samaritan Dental Clinic, Rochester
- Sharing and Caring Hands, Minneapolis
- Portico Healthnet, Saint Paul

Two programs involved in the education of dental auxiliaries received \$1,500.

- Greater Minneapolis Crisis Nursery, Minneapolis
- St. Mary's Health Clinics, Saint Paul

As of June 1, 2022, the following additional monies have been distributed: \$13,385 was used to support MnMOM expenses; \$47,638 supported the DDS program; and \$11,145 was used for the media exposure and expenses for the Give Kids a Smile program; \$1,254 was used for the Retired Dentist Program. Total expenses for programs to help provide dentistry to the underserved so far in 2022 is \$130,222.

## 10. Financial Information as of December 31, 2021

As of December 31, 2021, preliminary unaudited total assets were \$2,039,299 compared to \$1,525,767 for December 31, 2020. Since its inception through June 1, 2022, the MDF has awarded \$3,482,813 in grants, projects,

1 .. or in-kind services to fund 716 oral health initiatives to provide dental care to the underserved  
2 in Minnesota. An additional \$2,007,500 was directly funded by the Delta Dental of Minnesota  
3 Foundation for the Dedicated to Minnesota Dentists program and by DentaQuest for a total of  
4 \$5,490,313 to help the underserved in Minnesota to access dental care.

5  
6 All the information, programs, donors, grantees and history of the Foundation can be found at  
7 [mndentalfoundation.org](http://mndentalfoundation.org). Articles about the MDF and its projects also appear in each issue of  
8 *Northwest Dentistry* as well as periodically in *News & Views*.

9  
10 Together, we CAN make a difference!

11  
12 Submitted by:

13  
14 Stephen F. Litton, D.D.S.  
15 President

MDA will Assign: Ref. Committee A/B Choose an item.

Resolution No. 1-2022 New

Report: Supporting Diversity, Equity, and Inclusion Date Submitted: 6-15-2022

Submitted By (Name): Dr. Michael Kurkowski, Chair CB&E Committee

District Saint Paul

Email address Click or tap here to enter text.

Phone Number Click or tap here to enter text.

Submitted By: Committee Constitution, Bylaws, and Ethics

Reference Committee: Choose an item. Reference Committee A/B

How does this resolution increase member value: See Background

Submit form to [hod@mndental.org](mailto:hod@mndental.org) or fax 612-787-8500**Must be submitted on this form no later than June 15, 2022 to be considered without a 2/3 vote at the House****TOPIC: SUPPORTING DIVERSITY, EQUITY, AND INCLUSION****Background:**

The ADA has listed diversity and inclusion as key priorities during the last decade.

In September 2020 the MDA House of Delegates added language to the MDA Member Conduct Policy that "members conduct themselves in a manner consistent with the ADA's objective of diversity and inclusion".

The 2021 ADA House of Delegates adopted Resolution 69H, a policy on ADA diversity and inclusion.

To remain consistent with ADA objectives and demonstrate the MDA's commitment to those principles, both outward facing with the public and internally with our members and staff, the following resolution is offered as a policy statement:

**Resolution**

**Resolved,** Consistent with ADA Policy [See below ADA Policy 69H], the MDA recognizes the value of diversity in creating innovative and respected decision-making, and supports diversity, equity, and inclusion in all aspects of Association business and activity.

**ADA Policy 69H:**

**Resolved,** that the following Policy on Diversity and inclusion be adopted:

MDA will Assign: Ref. Committee A/B Choose an item.

The ADA is committed to a culture of diversity and inclusion to foster a safe and equitable environment for its membership. In this environment, representation matters, and every member is provided intentional opportunities to make meaningful contributions. Diverse viewpoints and needs are heard, valued, and respected.

The ADA embraces diversity and inclusion to drive innovation and growth, ensure a relevant and sustainable organization and deliver purposeful value to members, prospective members,

**Fiscal Impact:** MDA will assign

**Strategic Plan Goal Organizational**

**BOARD OF TRUSTEES COMMENTS:** The Board discussed the Resolution and voted to support the Resolution as written.

**BOARD OF TRUSTEES RECOMMENDATIONS: Vote Yes**

## NOTES

MDA will Assign: Ref. Committee A/B Choose an item.

Resolution No. R2 - 2022 NewReport: Preserving County-Based Purchasing Programs Date Submitted: 6-1-2022Submitted By (Name): Dr. Peter MiskovichDistrict NortheasternEmail address Click or tap here to enter text.Phone Number Click or tap here to enter text.Submitted By: DistrictReference Committee: Choose an item. Reference Committee A/B

How does this resolution increase member value: See Background

Submit form to [hod@mndental.org](mailto:hod@mndental.org) or fax 612-787-8500**Must be submitted on this form no later than June 15, 2022, to be considered without a 2/3 vote at the House****TOPIC: PRESERVING COUNTY-BASED PURCHASING PROGRAMS****Background:**

Whereas, as the state of Minnesota is considering the adoption of a single administrator for the purposes of managing the dental treatment for the State's Medicaid population, and

Whereas, the county of Itasca has a highly effective county-based purchasing program that has operated since 1982 with nearly 100% of Itasca County general dentists participating with and are credentialed with IMCare, and

Whereas, control over administrative costs allows IMCare to reimburse participating dentists at a higher rate than any other state-funded program on almost all dental services, be it

**Resolution**

**Resolved**, that in the event that DHS or the state of Minnesota pursue a single administrator for the Dental Medicaid program, the MDA will advocate exempting county-based purchasing programs that are advantageous to the dental provider network and its patients.

**Fiscal Impact:** MDA will assign**Strategic Plan Goal Advocacy**

MDA will Assign: Ref. Committee A/B Choose an item.

1 **BOARD OF TRUSTEES COMMENTS:** The Board discussed the Resolution and voted to not support the  
2 Resolution with the comment that the Board feels the Resolution is inconsistent with prior MDA support of  
3 a single administrator for dental. The MDA supports fair payment for all dentists across all Minnesota  
4 counties.

5 **BOARD OF TRUSTEES RECOMMENDATIONS: Vote No**

6

7

8

9



## NOTES

Resolution No. R3-2022 New

Report: Eliminate Barrier Dentists Face in Accessing Necessary Hospital/Surgical Center Time for Special Needs Patients Date Submitted: 6/7/2022

Submitted By (Name): Stephen Shuman, DMD

District Choose an item.

Email address Click or tap here to enter text.

Phone Number Click or tap here to enter text.

Submitted By: Committee "Barriers to Care"

Reference Committee: Choose an item. Ref Committee A/B

How does this resolution increase member value: See Background

Submit form to [hod@mndental.org](mailto:hod@mndental.org) or fax 612-787-8500

**Must be submitted on this form no later than June 15, 2022 to be considered without a 2/3 vote at the House**

## TOPIC: ELIMINATE BARRIERS DENTISTS FACE IN ACCESSING NECESSARY HOSPITAL/SURGICAL CENTER TIME FOR SPECIAL NEEDS PATIENTS

### Background:

Whereas, certain individuals require dental care delivered under sedation or general anesthesia in a hospital operating room or surgery center for safe and effective treatment, including but not limited to:

- Children, adults, and seniors with special care needs (e.g., intellectual/developmental disabilities, neuropsychiatric conditions, complex medical conditions or disabilities, behavioral/emotional difficulties), or other conditions that make conventional office-based dental care unsafe or impractical;
- Patients requiring complex oral and maxillofacial surgery procedures;
- Children aged 5 or below who are pre-cooperative or with delayed cognitive, or emotional development

Whereas, current funding and payment mechanisms for dental care in an operating room/surgery center, including Medicaid, are inadequate compared to procedures where a physician is involved and create a disincentive for hospitals and health systems. Out of pocket costs for this operating room/surgery center care would also be a financial hardship for most families.

Whereas, lack of access to operating room/surgery center care has now led to excessive dental treatment delays for vulnerable individuals in our communities with current wait times that now range six months or longer in Minnesota and across the United States;

**Resolution**

**Resolved**, that the Minnesota Dental Association

- Prioritize efforts to eliminate barriers encountered by dentists in accessing necessary operating room/surgical center time.
- Be it further resolved that the Minnesota Dental Association pursue partnerships with state agencies (e.g., DHS, MDH), the Minnesota State Legislature, and other provider, educational, and advocacy organizations as necessary.
- Be it further resolved that the Minnesota Dental Association consider bringing a similarly focused resolution to the American Dental Association's House of Delegates for action nationally.

**Fiscal Impact:** MDA will assign

**Strategic Plan Goal Public Health**

**BOARD OF TRUSTEES COMMENTS:** The Board discussed the Resolution and voted to support the Resolution as written.

**BOARD OF TRUSTEES RECOMMENDATIONS: Vote Yes**

## NOTES

Resolution No. PD-5-2022 New

Report: Resolution BOT Dental Practice Date Submitted: 7-25-2022

Submitted By Board of Trustees  
(Name): \_\_\_\_\_

District Choose an item.

Email address ccinque@mndental.org

Phone Number Click or tap here to enter text.

Submitted By: Board of Trustees

Reference Committee: Choose an item.

How does this resolution increase member value: [Required]

Submit form to [hod@mndental.org](mailto:hod@mndental.org) or fax 612-787-8500

**Must be submitted on this form no later than June 15, 2022 to be considered without a 2/3 vote at the House**

## TOPIC: DENTAL PRACTICE

**Background:** The Minnesota Dental Association Board of Trustees is bringing forward this resolution in preparation for the upcoming and future legislative sessions. This resolution identifies key issues that will benefit Minnesota Dental Association members, alleviate burdens for dental practices, and help dentists better serve their patients.

**Bundling**— The American Dental Association defines bundling as “the systematic combining of distinct dental procedures by third-party payers that results in a reduced benefit for the patient/beneficiary.” By engaging in bundling, third party payers group multiple services under one billing code, resulting in lower reimbursement. CDT codes are professional standards and each procedure billed using a particular code should be respected. Bundling prevents patients from receiving their rightful dental benefits. The practice of bundling is an unfair intrusion into the patient/provider relationship.

**Downcoding**— The American Dental Association defines downcoding as “a practice of third-party payers in which the benefit code has been changed to a less complex and/or lower cost procedure than was reported except where delineated in contract agreements.” Dentists are prohibited from submitting claims for dental procedures not performed. To do so is illegal and unethical. Yet 3<sup>rd</sup> Party payors may change dentists’ submitted claims without permission or penalty and without any personal connection to the patient. This creates a void of trust where the patient is left to believe the dentist erred or worse, acted maliciously. The practice of downcoding is an unfair intrusion into the patient/provider relationship.

**Resolution**

**Resolved**, that the Minnesota Dental Association oppose the practice of bundling, as defined by the American Dental Association, by third party payers. The American Dental Association defines bundling as “the systematic combining of distinct dental procedures by third-party payers that results in a reduced benefit for the patient/beneficiary.”

**Resolved**, that the Minnesota Dental Association oppose the practice of downcoding, as defined by the American Dental Association, and support the dentist’s position as the appropriate authority to determine the billing code that accurately reflects the care rendered. The American Dental Association defines downcoding as “a practice of third-party payers in which the benefit code has been changed to a less complex and/or lower cost procedure than was reported except where delineated in contract agreements.”

**Fiscal Impact:** MDA will assign.

**Strategic Plan Goal Advocacy**

**BOARD OF TRUSTEES COMMENTS:**Click or tap here to enter text.

**BOARD OF TRUSTEES RECOMMENDATIONS:**Click or tap here to enter text.

## NOTES

Resolution No. PD6-2022 New

Report: Board of Trustees Date Submitted: 7-25-2022

Submitted By  
(Name): \_\_\_\_\_

District \_\_\_\_\_

Email address Click or tap here to enter text.

Phone Number Click or tap here to enter text.

Submitted By: Board of Trustees

Reference Committee: \_\_\_\_\_

How does this resolution increase member value: Not Applicable

**Submit form to [hod@mndental.org](mailto:hod@mndental.org) or fax 612-787-8500**

**Must be submitted on this form no later than June 15, 2022 to be considered without a 2/3 vote at the House**

**TOPIC: MDA DIGEST OF ADOPTED RESOLUTIONS – RECOMMENDED ARCHIVE**

**Background:** The MDA Digest of Adopted Resolutions serves as a summary of current House of Delegate's directed policy and action items. It provides a valuable resource for all members regarding ongoing activity and priorities of the MDA.

To serve as this valuable resource, the Digest of Adopted Resolutions requires periodic review and revision.

Removal of resolutions (with approval of the House of Delegates) from the Digest of Adopted Resolutions by deletion results in archiving the past policy/action along with its dates of passage and deletion.

A recommendation for deletion may result from a Resolution:

- Having been implemented or accomplished.
- Having been superseded by another Resolution.
- Having been researched and deemed beyond the MDA's scope or resources.
- Becoming obsolete due to timelines or changes regarding the policy/action by outside sources.
- Becoming obsolete by a change in position of the MDA House of Delegates.

Other resolutions may be updated or modified to retain their relevance or intent. Resolutions that include action items that are outdated, accomplished, or have no distinct timeline, but still



retain their value, are presented as “modified” or “amended” resolutions in the form of an ongoing Policy resolution. Care was taken to preserve the intent of the original resolution without the limitation of specific action items.

The goal is to maintain a Digest of Adopted Resolutions that reflects existing direction from the House of Delegates for MDA decision-making or action.

### **Resolution**

RESOLVED, that the following resolutions be deleted (archived) from the MDA Digest of Adopted Resolutions:

#### **DOP-2016-08 SOFT DRINK TAX**

RESOLVED, that the Minnesota Dental Association will promote a “Soft Drink Tax” (non-alcoholic beverages that contain natural or artificial sweeteners) as a replacement for the Health Care Provider Tax assessed against the state’s dentists.

#### **BOARD RECOMMENDATION: Archive**

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#### **DOP-2009-08 LEGISLATION TO BAN A THIRD-PARTY PRACTICE**

RESOLVED, that the MDA seek passage of legislation to prohibit insurance companies from containing fees for dental services that are not benefitted, including service above the patient’s yearly maximum.

#### **BOARD RECOMMENDATION: Archive**

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#### **DOP-2009-07 HEALTH CARE REFORM AND DENTISTRY**

RESOLVED, that the MDA Board of Trustees ensure that the issues of health care reform in the U.S. and in Minnesota are thoroughly explored and understood and that positions regarding those issues be considered and adopted, if appropriate. Positions established by the Association should consider how to best accomplish oral health care delivery and financing change so as to ensure that quality care is provided to the most people possible at affordable prices. The Board of Trustees should also ensure that positions on state and federal legislative proposals and information for the public are developed.

#### **BOARD RECOMMENDATION: Archive**

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#### **DOP-2009-06 GOOD SAMARITAN ENTITY LIABILITY PROTECTION**

RESOLVED, that the Minnesota Dental Association endorse and lobby for the passage of a bill for Emergency Preparedness Entity Liability Protection.

#### **BOARD RECOMMENDATION: Archive**

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#### **DOP-2009-04 RESPONSE TO HAZARDOUS WASTE REGULATION**

1 RESOLVED, that the MDA work with dental product manufacturers and suppliers to develop a plan for  
2 evaluating dental office hazardous wastes according to the rules and criteria of the Minnesota Pollution  
3 Control Agency. The plan should include a mechanism for all dental offices in the state to use the results  
4 of product evaluations as a justification for how they handle a waste product, how the evaluation can be  
5 utilized by dental offices as a practice management tool and as a source document to use with regulators,  
6 a cost estimate and financing plan for accomplishing product evaluations, and a preliminary list of the top  
7 priority products to be evaluated. This plan must be reviewed and approved by the Board of Trustees.

8 **BOARD RECOMMENDATION: Archive**

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9 **DOP-2009-01**

10 **SUPRAGINGIVAL SCALING BY LICENSED DENTAL ASSISTANTS**

11 RESOLVED, that the MDA collaborate with other dental organizations to amend the rules of the Board of  
12 Dentistry to allow licensed dental assistants to perform supragingival scaling on patients through 18 years  
13 of age. The MDA should propose that this be allowed under the following conditions:

14 1) The dentist must check the patient after the supragingival scaling is completed and ensure that any  
15 subgingival scaling is completed by either the dentist or dental hygienist;

16 2) The licensed dental assistant be allowed to perform supragingival scaling on recall patients with the  
17 dentist's knowledge and consent prior to being seen by the dentist, and

18 3) The licensed dental assistant only be allowed to perform supragingival scaling after completing a  
19 continuing education course approved by the Board of Dentistry.

20 **BOARD RECOMMENDATION: Archive**

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21 **DOP-2008-06**

22 **RETAIL WHITENING BY NON-DENTAL PERSONNEL**

23 RESOLVED, that the MDA Board of Trustees work with the appropriate governmental bodies to develop  
24 legislation or regulation concerning retail whitening outlets in their current form.

25 **BOARD RECOMMENDATION: Archive**

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26 **DOP-2008-02**

27 **DEFINING ACCESS TO CARE**

28 RESOLVED, that the MDA Board of Trustees define "access to care" as it relates to dentistry within our  
29 state by January 1, 2009.

30 BE IT FURTHER RESOLVED, that the MDA partner with the Department of Human Services and other  
31 entities to obtain and analyze statistics that relate to access to care. Statistics should include access to  
32 care including, but not limited to, statistics on uncompensated dental services and the number of actual  
33 failed appointments. A report on the progress of this activity should be made to the 2009 House of  
34 Delegates.

35 **BOARD RECOMMENDATION: Archive**

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36 **DOP-2007-12**

37 **COMMUNITY DENTAL HEALTH COORDINATOR**

RESOLVED, that the MDA support the development of a new type of dental worker called a "Community Dental Health Coordinator" (CDHC) in Minnesota. This would be a person who, after completing 18 months of training, would work under a dentist's supervision in health and community settings, such as schools, churches, senior citizens centers, Head Start programs, and other public health settings, with people similar to their own ethnic/cultural background. Particularly in rural areas and low income communities, they would promote oral health and provide basic preventive services.

BE IT FURTHER RESOLVED, that, if one or more Minnesota sites receives funding to test the "Community Dental Health Coordinator" concept, the MDA seek necessary legislative and/or rule changes to allow this new type of dental worker to perform various intraoral procedures. These changes will be needed in order to allow this new dental worker to actually perform intraoral procedures in Minnesota once they complete their training, and thereby, complete the necessary pilot test evaluation.

BE IT FURTHER RESOLVED, that the MDA amend its 2001/2002 resolution ("Mid-Level Dental Practitioner") to allow new training program apart from existing training programs for dentists, dental hygienists and dental assistants, but still require that any newly-created dental personnel work only under the supervision of a dentist. Changes are shown below:

#### MID-LEVEL DENTAL PRACTITIONER (2001, Revised 2002)

RESOLVED, that the MDA strongly oppose the creation and licensure of a mid-level dental practitioner in Minnesota. A mid-level dental practitioner is a dental worker who would not work under the supervision of a dentist or who would be allowed to perform surgical procedures whose training would require a new training program apart from existing training programs for dentists, dental hygienists, and dental assistants.

#### **BOARD RECOMMENDATION: Archive**

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##### **DOP-2006-02 EVIDENCE-BASED CARE**

RESOLVED, that the MDA appoint a Task Force to develop a process to increase dentists' understanding, utilization, and development of "evidence-based dentistry," in consultation with the American Dental Association and the University of Minnesota School of Dentistry.

#### **BOARD RECOMMENDATION: Archive**

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##### **DOP-2005-05 MARKETPLACE COMPETITION**

RESOLVED, that the MDA, recognizing that marketplace competition between dental plans will lead to enhanced products and service for Minnesota consumers and dental care providers, encourage Association members to actively explore and support competition between dental plans offering coverage to Minnesotans. The MDA shall study further the barriers to third-party entry into the Minnesota dental marketplace and third-party practices that force dentists out of network and bring information and concerns to the appropriate state and federal agencies.

#### **BOARD RECOMMENDATION: Archive**

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##### **DOP-2005-03 PRACTICE CONTINUATION**

RESOLVED, that the Minnesota Dental Association encourage all dentists owning a practice in Minnesota to create and join a practice continuation cooperative. The MDA will provide general information, liability information, and legal advice to interested dentists and will contact dentists through district dental societies, local study clubs, and other local dental groups to encourage and assist in the formation of practice continuation cooperatives. The MDA will maintain a listing of practice continuation cooperatives desiring to be listed with the MDA and of dentists who are available to assist practices requiring continuation services.

**BOARD RECOMMENDATION: Archive**

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**DOP-2001-09  
ENHANCING PUBLIC AWARENESS OF THE MINNESOTACARE TAX BY INTRODUCING  
LEGISLATION**

RESOLVED, that the MDA enhance public awareness of the MinnesotaCare tax by introducing and seeking passage of legislation that clarifies the right of every provider to be reimbursed for the itemized MinnesotaCare tax. This legislation should mandate that all third parties providing dental care coverage in Minnesota must reimburse dentists or patients for itemized taxes.

**BOARD RECOMMENDATION: Archive**

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**DOP-2001-06  
EXPANDED DUTIES FOR DENTAL AUXILIARIES**

RESOLVED, that the Minnesota Dental Association support expanded duties for dental auxiliaries, but only when the following criteria are met.

- 1) The risk of adverse result for the patient does not increase as a result of the auxiliary performing the procedure.
- 2) The diagnostic and medical knowledge of a dentist is not needed to safely perform the procedure.
- 3) The addition of the expanded duty increases efficiency in the dental office.
- 4) The procedure is reversible.
- 5) Education for expanded duty procedures should be conducted by accredited teaching institutions.

**BOARD RECOMMENDATION: Archive**

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**DOP-2000-16  
LEGAL ACTION TO BE CONSIDERED ON BEHALF OF MHCP PATIENTS**

RESOLVED, the MDA should consider legal action against the state of Minnesota on behalf of the children and adults enrolled in the state's Medical Assistance and MinnesotaCare programs, alleging that the state has failed to provide access to dental care by providing improper reimbursement rates.

**BOARD RECOMMENDATION: Archive**

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**DOP-2000-10  
SODA POP CAMPAIGN**

RESOLVED, that the MDA will assign to the appropriate committee or committees the design and implementation of a program to provide education, information, speakers, legislation or other strategies to

1 reduce the availability of soft drinks (i.e. soda pop, pop) in public schools, especially during school  
2 classroom hours.

3 **BOARD RECOMMENDATION: Archive**

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4 **DOP-1991-03**

5 **STATEMENT ON UTILIZATION MANAGEMENT**

6 ADA 1991:632

7 The Minnesota Dental Association shares the national concern expressed by government, business,  
8 industry and the professions about the rising cost of health care. The Association supports legitimate,  
9 valid efforts to stabilize the cost of health care in the United States. However, in addressing the problem,  
10 it is all too easy to adopt simplistic solutions that will, in the short term, result in less than optimum care for  
11 patients, and in the long term, will result in increased costs.

12 The concept of "managed care" has been universally promoted as a method of containing health care  
13 costs. After examination of this concept by the Association, it became evident that while the term is widely  
14 used, its meaning could not be more elusive. The Association defines managed care as "...a cost  
15 containment system that directs the utilization of health benefits by:

16 1) Restricting the type, level, and frequency of treatment;

17 2) Limiting the access to care; and

18 3) Controlling the level of reimbursement for services."

19 This system is purely cost-driven and, contrary to its title (managed care), does not concern itself with  
20 type, appropriateness, timeliness or quality of care. The Association believes that the public must be  
21 served and protected through the appropriate management of:

22 1) Dental Care. Dental care is managed by the treating dentist. Dental care is provided by the treating  
23 dentist based on a dental examination, development of an individualized, comprehensive treatment plan  
24 and a consultation with the patient.

25 2) Benefit Plan Design. Benefit plan design is managed by plan purchasers. Benefit plan design must be  
26 scientifically sound, clinically relevant, and reliable. Plan design will also include cost containment  
27 measures such as annual maximums, co-payments, limitations, predeterminations, exclusions, enrollment  
28 periods, and patient incentives for maintaining oral health.

29 3) Program Costs. Program costs are managed by plan administrators. Oversight of the program includes  
30 implementation of the plan agreement through monitoring utilization, preauthorizing treatment, requiring  
31 second opinions, reviewing claims, and collecting and evaluating claims data.

32 Definitions of the terms cost containment and managed care vary greatly and are open to interpretation  
33 by various organizations. The Association believes "managed care" as currently applied to the practice of  
34 medicine, is not relevant to the practice of dentistry. Dentistry is, by and large, a self-contained discipline.

35 In most instances, a general dentist can diagnose and treat a patient's condition from beginning to end.  
36 This fact is reflected in the demographics of the dentist population in the U.S.: approximately 86% are  
37 general practitioners and 14% are in specialty practice, compared to 12% general practitioners and 88%  
38 specialists in medicine.

1 While there are eight recognized dental specialty areas of practice, the licensed general dentist is trained  
2 to perform services in all areas of dentistry. When compared with the numerous specialties and sub-  
3 specialties of medicine, and the increasingly limited area of practice commanded by the "family  
4 physician," the latitude of a dentist's license to diagnose and treat a patient's oral health condition  
5 becomes clear. In addition, dentistry is almost exclusively an outpatient service, although there are limited  
6 situations where treatment is most appropriately performed in a hospital setting. The concept of "case  
7 management" has long been a foundation of dental practice in the United States.

8 Outside the practice of dentistry there are additional factors that influence the utilization of dentistry, such  
9 as benefit plan design which integrates controls through co-payments, annual maximums, exclusions and  
10 limitations, preauthorization's, etc.

11 For these reasons, the Association believes that the concept of "utilization management" is more  
12 appropriate than "managed care" for describing dental benefits plans. The Association defines utilization  
13 management as "...a set of techniques used by or on behalf of purchasers of health care benefits to  
14 manage the cost of health care prior to its provision by influencing patient care decision-making through  
15 case-by-case assessment of the appropriateness of care based on accepted dental practices."

16 The techniques embraced by utilization management, as defined, should equally serve patients, plan  
17 purchasers, and the dental profession by providing the following:

18 Patients-Standards of care based on scientifically sound, clinically relevant and reliable research; plan  
19 coverage designed and maintained through evaluation and analysis of data; education and information  
20 about different types of procedures and their outcomes; opportunity to make treatment decisions based  
21 on a clear understanding of available options.

22 Plan Purchasers-Constant feedback regarding the effectiveness of their plans, thus ensuring a  
23 meaningful benefit for their employees; data regarding loss ratio; communication with the Association  
24 regarding advances in procedures and technology for consideration in updating plan coverage.

25 Dental Profession-Opportunity for involvement in the process of plan design to ensure appropriate  
26 treatment based on parameters of care developed and maintained by the profession.

27 An area of concern for the Association and others is the increased reliance on statistically based  
28 utilization review of claims as a complete program for managing costs.

29 In dentistry, utilization review initiatives are classified as retrospective review of treatment. This usually  
30 takes the form of a statistically-based, dentist-specific system which analyzes patterns of claims reporting  
31 under dental benefits plans.

32 The statistics compiled under this system are procedure-specific and are used by the utilization review  
33 administrator to develop various statistical parameters, or "norms" which are used to establish dental  
34 practice patterns by which all dentists are judged.

35 The Association believes that statistically-based utilization review should not be used to determine  
36 acceptable norms or clinical standards of dental practice. The Association has defined statistically-based  
37 utilization review as a system "...that examines the distribution of treatment procedures based on claims  
38 information and in order to be reasonably reliable, the application of such claims analyses of specific  
39 dentists should include data on type of practice, dentist's experience, socioeconomic characteristics, and  
40 geographic location."

41 Statistically-based utilization review has fostered a new service area and the growth of utilization review  
42 companies competing for this business must be recognized for its potential to help solve the problem of

health care costs, or to substantially add to or create new problems. There are no standards for or regulations of this new industry. Treatment plans and claims are being reviewed by clerks, statisticians, and actuaries, not by licensed practitioners. Patients are being denied coverage for care based on such reviews.

The Association believes that utilization management is a concept that offers opportunities for patients, plan purchasers, dentists and plan administrators to jointly achieve their common goals: to share information and concerns regarding standards of care, to improve patient education, to develop meaningful benefit coverage, to respond to advances in technology, and to stabilize the cost of health care in the United States.

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**BOARD RECOMMENDATION: Archive**

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**DOP-1990-11  
UNFAIR LEGISLATION**

ADA 1990:538

RESOLVED, that the Minnesota Dental Association continue to actively oppose legislation that would provide selected health care delivery systems with an unfair advantage over other forms of health care delivery through federal subsidies or waiver of mandated requirements.

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**BOARD RECOMMENDATION: Archive**

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**DOP-1988-06  
INFECTIOUS WASTE DISPOSAL**

RESOLVED, that the Minnesota Dental Association endorse the guidelines for infectious waste control approved by the American Dental Association.

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**BOARD RECOMMENDATION: Archive**

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**DOP-1987-04  
COST SHIFTING OF MEDICAL ASSISTANCE TO PATIENTS**

RESOLVED, that the Minnesota Dental Association reject the uncompromising approach to the publicly funded Minnesota Care, Medical Assistance and General Assistance Medical Care programs by the State of Minnesota.

BE IT FURTHER RESOLVED, that in making their individual decisions with regard to participation in the Minnesota Care, Medical Assistance and General Assistance Medical Care programs, Minnesota Dental Association members should not feel restrained in advising their patients and the public of this position and how the state's approach to publicly funded dental care programs are not cost containment programs as purported, but rather promote cost shifting from the public sector to the private sector by forcing dentists to either absorb the loss on these services or pass it on to the patients.

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**BOARD RECOMMENDATION: Archive**

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**DOP-1986-03  
INFECTION CONTROL GUIDELINES**

RESOLVED, that the Minnesota Dental Association endorse the guidelines for infection control approved by the American Dental Association.



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**BOARD RECOMMENDATION: Archive****DOP-2009-08  
LEGISLATION TO BAN A THIRD-PARTY PRACTICE**

RESOLVED, that the MDA seek passage of legislation to prohibit insurance companies from containing fees for dental services that are not benefitted, including service above the patient's yearly maximum.

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**BOARD RECOMMENDATION: Archive****DOP-2010-11  
DEFINING DENTAL ACCESS**

RESOLVED, that the MDA put into place a policy that supports the use of terminology that would do the following:

1) Substitute the phrase "barrier to care" rather than "access to care" in MDA communications when addressing issues associated with restrictions or limitations to individuals seeking dental care. These efforts are intended to culminate in an effort to always redirect conversation to a specific barrier that will lead to purposeful solutions.

2) Clarify specifically which "dental care barrier" is being referred to (including, but not limited to):

Financial Barrier

Geographic Barrier

Governmental Policy

Barrier Personal Barrier

3) This resolution should be brought forward to the 2010 ADA House of Delegates.

BE IT FURTHER RESOLVED, that all discussion, written or oral, related to the issue of barriers, clarify which barrier is the focus of the discussion.

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**BOARD RECOMMENDATION: Archive****DOP-2010-12  
ELIMINATION OF DENTAL RADIOLOGY INSPECTIONS**

RESOLVED, that the Minnesota Dental Association endorse legislation to eliminate radiation inspections by the Minnesota Health Department except in the case where appropriate written records and evidence of the biennial (24 month) inspection and calibration of sources of ionizing radiation have not been submitted to the Minnesota Department of Health, with an appropriate reduction in licensing fees.

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**BOARD RECOMMENDATION: Archive****DOP-2010-15  
MISUSE AND ABUSE OF PRESCRIPTION DRUGS FOR DENTAL PAIN**

RESOLVED, that the Minnesota Dental Association Board of Trustees or President assign to the appropriate committee and staff responsibility for informing members of:



- 1) Resources available in dealing with prescription narcotics abuse.
- 2) Upcoming changes regarding prescribing of narcotic and other pharmaceutical drugs, and to publicize resources presently available and/or developed, including, but not limited to Minnesota Prescription Monitoring Program, e-prescriptions, and unalterable prescriptions. Available resources, such as MDA News, Northwest Dentistry, the MDA Website, etc. should be used to provide regular ongoing communications on a timely basis as information continues to evolve.

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**BOARD RECOMMENDATION: Archive**

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And be it further RESOLVED

That the following resolutions from the MDA Digest of Adopted Resolutions be amended as follows:

**DOP-2012-03**  
**RESTORATION OF COVERAGE FOR ANCILLARY PROSTHETIC SERVICES FOR MEDICAID AND MINNESOTA CARE PATIENTS**

RESOLVED, that the Minnesota Dental Association be on record for the restoration of coverage for ancillary prosthetic services including reline and repairs for Medicaid and Minnesota Care patients.

BE IT FURTHER RESOLVED, that the Minnesota Dental Association will actively work with the legislature of the State of Minnesota to restore the aforementioned coverage.

**BOARD RECOMMENDATION: Archive the Original AND modify it to a policy statement**

**RESOLVED, that the Minnesota Dental Association supports coverage for ancillary prosthetic services including reline and repairs for Medicaid and Minnesota Care patients.**

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**DOP-2005-07**  
**THIRD-PARTY COVERAGE OF DIAGNOSTIC PROCEDURES**

RESOLVED, that it is the policy of the MDA that dental third-party payer plan designs and processing policies should follow ADA guidelines in order to ensure that necessary and appropriate diagnostic tools are covered for all patient situations. In particular, third-party payers should not disallow payment for radiographs that, based on American Dental Association (ADA) and U.S. Department of Health and Human Services (DHHS) ~~most recent guidelines as released in 2004 in the document entitled, "The Selection of Patients for Dental Radiographic Examinations,"~~ are necessary and appropriate. The MDA and its member dentists are encouraged to point out to employers and patients when ADA and DHHS policies are not being followed. ~~The MDA shall prepare written material to assist dentists in discussing this matter with patients and employers.~~

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**BOARD RECOMMENDATION: Amend**

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**DOP-2002-02**  
**PROVIDER TAX FUNDS BE USED TO INCREASE REIMBURSEMENT FOR DENTAL PUBLIC CARE PROGRAMS AND THIRD PARTIES PAY ITEMIZED TAXES**

1 RESOLVED, that the MDA support legislation that requires all provider tax funds collected from dental  
2 services be used to increase reimbursement for dental public care programs, critical dental access  
3 providers, nonprofit clinics, community clinics, and volunteer clinics.

4 **BOARD RECOMMENDATION: Amend**

5 **RESOLVED, that the MDA ~~support legislation that requires~~ believes that all provider tax funds**  
6 **collected from dental services be used to increase reimbursement for dental public care**  
7 **programs, critical dental access providers, nonprofit clinics, community clinics, and volunteer**  
8 **clinics.**

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9 **DOP-2000-14**  
10 **ITEMIZING THE MINNESOTACARE TAX**

11 RESOLVED, that the MDA recommend that all its members itemize the MinnesotaCare tax, and be it  
12 further

13 RESOLVED, that the MDA provide implementation help and information to its members regarding codes,  
14 software programs, and accounting methods. Information will also be provided to patients. Timing of this  
15 program would be determined by the Board of Trustees.

16 **BOARD RECOMMENDATION: Amend by striking second resolving clause**

17 ~~RESOLVED, that the MDA provide implementation help and information to its members regarding~~  
18 ~~codes, software programs, and accounting methods. Information will also be provided to patients.~~  
19 ~~Timing of this program would be determined by the Board of Trustees.~~

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20 **DOP-2000-12**  
21 **LEGISLATION TO REQUIRE DISCLOSURE OF DENTAL BENEFIT CHANGES**

22 RESOLVED, that the MDA seek legislation requiring dental benefits companies that change benefits or  
23 the circumstances under which patients are eligible to receive their benefits, to notify the patients and  
24 purchasers of such a change.

25 RESOLVED, that the MDA seek legislation requiring dental benefits companies that provide a financial  
26 disincentive to providers such as, but not limited to, disallowing coverage for an emergency examination  
27 and diagnosis if the procedure is performed on the same day, to state this clearly in the patient's policy  
28 manual.

29 **BOARD RECOMMENDATION: Amend**

30 **RESOLVED, that the MDA ~~seek legislation requiring~~ believes dental benefits companies that**  
31 **change benefits or the circumstances under which patients are eligible to receive their benefits, ~~to~~**  
32 **~~should~~ notify ~~the~~ patients and purchasers of such a change.**

33 ~~RESOLVED, that the MDA seek legislation requiring dental benefits companies that provide a~~  
34 ~~financial disincentive to providers such as, but not limited to, disallowing coverage for an~~  
35 ~~emergency examination and diagnosis if the procedure is performed on the same day, to state~~  
36 ~~this clearly in the patient's policy manual.~~

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**DOP-1994-01**  
**ANY WILLING PROVIDER**

RESOLVED, that the Minnesota Dental Association support an "Any Willing Provider" amendment to be included in the future health care legislation and lobby for its passage if it becomes appropriate to do so.

**BOARD RECOMMENDATION: Amend**

RESOLVED, that the Minnesota Dental Association support ~~an~~ the concept of "Any Willing Provider" in the dental marketplace. ~~amendment to be included in the future health care legislation and lobby for its passage if it becomes appropriate to do so.~~

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**Fiscal Impact:** MDA will assign

**\$0**

**Strategic Plan Goal Organizational**

**BOARD OF TRUSTEES COMMENTS:** The Board discussed the Resolution and agreed to support the Resolution as written.

**BOARD OF TRUSTEES RECOMMENDATIONS:**Click or tap here to enter text.

## NOTES

Resolution No. PD6-2022 NewReport: Board of Trustees Date Submitted: 7-25-2022Submitted By  
(Name): \_\_\_\_\_

District \_\_\_\_\_

Email address Click or tap here to enter text.Phone Number Click or tap here to enter text.Submitted By: Board of Trustees

Reference Committee: \_\_\_\_\_

How does this resolution increase member value: Not Applicable

**Submit form to [hod@mndental.org](mailto:hod@mndental.org) or fax 612-787-8500****Must be submitted on this form no later than June 15, 2022 to be considered without a 2/3 vote at the House**1 **TOPIC:**

2 **Background:** The MDA Digest of Adopted Resolutions serves as a summary of current House  
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12 Dentistry to allow licensed dental assistants to perform supragingival scaling on patients through 18 years  
13 of age. The MDA should propose that this be allowed under the following conditions:

14 1) The dentist must check the patient after the supragingival scaling is completed and ensure that any  
15 subgingival scaling is completed by either the dentist or dental hygienist;

16 2) The licensed dental assistant be allowed to perform supragingival scaling on recall patients with the  
17 dentist's knowledge and consent prior to being seen by the dentist, and

18 3) The licensed dental assistant only be allowed to perform supragingival scaling after completing a  
19 continuing education course approved by the Board of Dentistry.

20 **BOARD RECOMMENDATION: Archive**

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21 **DOP-2008-06**

22 **RETAIL WHITENING BY NON-DENTAL PERSONNEL**

23 RESOLVED, that the MDA Board of Trustees work with the appropriate governmental bodies to develop  
24 legislation or regulation concerning retail whitening outlets in their current form.

25 **BOARD RECOMMENDATION: Archive**

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26 **DOP-2008-02**

27 **DEFINING ACCESS TO CARE**

28 RESOLVED, that the MDA Board of Trustees define "access to care" as it relates to dentistry within our  
29 state by January 1, 2009.

30 BE IT FURTHER RESOLVED, that the MDA partner with the Department of Human Services and other  
31 entities to obtain and analyze statistics that relate to access to care. Statistics should include access to  
32 care including, but not limited to, statistics on uncompensated dental services and the number of actual  
33 failed appointments. A report on the progress of this activity should be made to the 2009 House of  
34 Delegates.

35 **BOARD RECOMMENDATION: Archive**

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36 **DOP-2007-12**

37 **COMMUNITY DENTAL HEALTH COORDINATOR**

RESOLVED, that the MDA support the development of a new type of dental worker called a "Community Dental Health Coordinator" (CDHC) in Minnesota. This would be a person who, after completing 18 months of training, would work under a dentist's supervision in health and community settings, such as schools, churches, senior citizens centers, Head Start programs, and other public health settings, with people similar to their own ethnic/cultural background. Particularly in rural areas and low income communities, they would promote oral health and provide basic preventive services.

BE IT FURTHER RESOLVED, that, if one or more Minnesota sites receives funding to test the "Community Dental Health Coordinator" concept, the MDA seek necessary legislative and/or rule changes to allow this new type of dental worker to perform various intraoral procedures. These changes will be needed in order to allow this new dental worker to actually perform intraoral procedures in Minnesota once they complete their training, and thereby, complete the necessary pilot test evaluation.

BE IT FURTHER RESOLVED, that the MDA amend its 2001/2002 resolution ("Mid-Level Dental Practitioner") to allow new training program apart from existing training programs for dentists, dental hygienists and dental assistants, but still require that any newly-created dental personnel work only under the supervision of a dentist. Changes are shown below:

#### MID-LEVEL DENTAL PRACTITIONER (2001, Revised 2002)

RESOLVED, that the MDA strongly oppose the creation and licensure of a mid-level dental practitioner in Minnesota. A mid-level dental practitioner is a dental worker who would not work under the supervision of a dentist or who would be allowed to perform surgical procedures whose training would require a new training program apart from existing training programs for dentists, dental hygienists, and dental assistants.

#### **BOARD RECOMMENDATION: Archive**

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##### **DOP-2006-02 EVIDENCE-BASED CARE**

RESOLVED, that the MDA appoint a Task Force to develop a process to increase dentists' understanding, utilization, and development of "evidence-based dentistry," in consultation with the American Dental Association and the University of Minnesota School of Dentistry.

#### **BOARD RECOMMENDATION: Archive**

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##### **DOP-2005-05 MARKETPLACE COMPETITION**

RESOLVED, that the MDA, recognizing that marketplace competition between dental plans will lead to enhanced products and service for Minnesota consumers and dental care providers, encourage Association members to actively explore and support competition between dental plans offering coverage to Minnesotans. The MDA shall study further the barriers to third-party entry into the Minnesota dental marketplace and third-party practices that force dentists out of network and bring information and concerns to the appropriate state and federal agencies.

#### **BOARD RECOMMENDATION: Archive**

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##### **DOP-2005-03 PRACTICE CONTINUATION**



RESOLVED, that the Minnesota Dental Association encourage all dentists owning a practice in Minnesota to create and join a practice continuation cooperative. The MDA will provide general information, liability information, and legal advice to interested dentists and will contact dentists through district dental societies, local study clubs, and other local dental groups to encourage and assist in the formation of practice continuation cooperatives. The MDA will maintain a listing of practice continuation cooperatives desiring to be listed with the MDA and of dentists who are available to assist practices requiring continuation services.

**BOARD RECOMMENDATION: Archive**

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**DOP-2001-09**

**ENHANCING PUBLIC AWARENESS OF THE MINNESOTACARE TAX BY INTRODUCING LEGISLATION**

RESOLVED, that the MDA enhance public awareness of the MinnesotaCare tax by introducing and seeking passage of legislation that clarifies the right of every provider to be reimbursed for the itemized MinnesotaCare tax. This legislation should mandate that all third parties providing dental care coverage in Minnesota must reimburse dentists or patients for itemized taxes.

**BOARD RECOMMENDATION: Archive**

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**DOP-2001-06**

**EXPANDED DUTIES FOR DENTAL AUXILIARIES**

RESOLVED, that the Minnesota Dental Association support expanded duties for dental auxiliaries, but only when the following criteria are met.

- 1) The risk of adverse result for the patient does not increase as a result of the auxiliary performing the procedure.
- 2) The diagnostic and medical knowledge of a dentist is not needed to safely perform the procedure.
- 3) The addition of the expanded duty increases efficiency in the dental office.
- 4) The procedure is reversible.
- 5) Education for expanded duty procedures should be conducted by accredited teaching institutions.

**BOARD RECOMMENDATION: Archive**

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**DOP-2000-16**

**LEGAL ACTION TO BE CONSIDERED ON BEHALF OF MHCP PATIENTS**

RESOLVED, the MDA should consider legal action against the state of Minnesota on behalf of the children and adults enrolled in the state's Medical Assistance and MinnesotaCare programs, alleging that the state has failed to provide access to dental care by providing improper reimbursement rates.

**BOARD RECOMMENDATION: Archive**

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**DOP-2000-10**

**SODA POP CAMPAIGN**

RESOLVED, that the MDA will assign to the appropriate committee or committees the design and implementation of a program to provide education, information, speakers, legislation or other strategies to

1 reduce the availability of soft drinks (i.e. soda pop, pop) in public schools, especially during school  
2 classroom hours.

3 **BOARD RECOMMENDATION: Archive**

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4 **DOP-1991-03**

5 **STATEMENT ON UTILIZATION MANAGEMENT**

6 ADA 1991:632

7 The Minnesota Dental Association shares the national concern expressed by government, business,  
8 industry and the professions about the rising cost of health care. The Association supports legitimate,  
9 valid efforts to stabilize the cost of health care in the United States. However, in addressing the problem,  
10 it is all too easy to adopt simplistic solutions that will, in the short term, result in less than optimum care for  
11 patients, and in the long term, will result in increased costs.

12 The concept of "managed care" has been universally promoted as a method of containing health care  
13 costs. After examination of this concept by the Association, it became evident that while the term is widely  
14 used, its meaning could not be more elusive. The Association defines managed care as "...a cost  
15 containment system that directs the utilization of health benefits by:

16 1) Restricting the type, level, and frequency of treatment;

17 2) Limiting the access to care; and

18 3) Controlling the level of reimbursement for services."

19 This system is purely cost-driven and, contrary to its title (managed care), does not concern itself with  
20 type, appropriateness, timeliness or quality of care. The Association believes that the public must be  
21 served and protected through the appropriate management of:

22 1) Dental Care. Dental care is managed by the treating dentist. Dental care is provided by the treating  
23 dentist based on a dental examination, development of an individualized, comprehensive treatment plan  
24 and a consultation with the patient.

25 2) Benefit Plan Design. Benefit plan design is managed by plan purchasers. Benefit plan design must be  
26 scientifically sound, clinically relevant, and reliable. Plan design will also include cost containment  
27 measures such as annual maximums, co-payments, limitations, predeterminations, exclusions, enrollment  
28 periods, and patient incentives for maintaining oral health.

29 3) Program Costs. Program costs are managed by plan administrators. Oversight of the program includes  
30 implementation of the plan agreement through monitoring utilization, preauthorizing treatment, requiring  
31 second opinions, reviewing claims, and collecting and evaluating claims data.

32 Definitions of the terms cost containment and managed care vary greatly and are open to interpretation  
33 by various organizations. The Association believes "managed care" as currently applied to the practice of  
34 medicine, is not relevant to the practice of dentistry. Dentistry is, by and large, a self-contained discipline.

35 In most instances, a general dentist can diagnose and treat a patient's condition from beginning to end.  
36 This fact is reflected in the demographics of the dentist population in the U.S.: approximately 86% are  
37 general practitioners and 14% are in specialty practice, compared to 12% general practitioners and 88%  
38 specialists in medicine.

1 While there are eight recognized dental specialty areas of practice, the licensed general dentist is trained  
2 to perform services in all areas of dentistry. When compared with the numerous specialties and sub-  
3 specialties of medicine, and the increasingly limited area of practice commanded by the "family  
4 physician," the latitude of a dentist's license to diagnose and treat a patient's oral health condition  
5 becomes clear. In addition, dentistry is almost exclusively an outpatient service, although there are limited  
6 situations where treatment is most appropriately performed in a hospital setting. The concept of "case  
7 management" has long been a foundation of dental practice in the United States.

8 Outside the practice of dentistry there are additional factors that influence the utilization of dentistry, such  
9 as benefit plan design which integrates controls through co-payments, annual maximums, exclusions and  
10 limitations, preauthorization's, etc.

11 For these reasons, the Association believes that the concept of "utilization management" is more  
12 appropriate than "managed care" for describing dental benefits plans. The Association defines utilization  
13 management as "...a set of techniques used by or on behalf of purchasers of health care benefits to  
14 manage the cost of health care prior to its provision by influencing patient care decision-making through  
15 case-by-case assessment of the appropriateness of care based on accepted dental practices."

16 The techniques embraced by utilization management, as defined, should equally serve patients, plan  
17 purchasers, and the dental profession by providing the following:

18 Patients-Standards of care based on scientifically sound, clinically relevant and reliable research; plan  
19 coverage designed and maintained through evaluation and analysis of data; education and information  
20 about different types of procedures and their outcomes; opportunity to make treatment decisions based  
21 on a clear understanding of available options.

22 Plan Purchasers-Constant feedback regarding the effectiveness of their plans, thus ensuring a  
23 meaningful benefit for their employees; data regarding loss ratio; communication with the Association  
24 regarding advances in procedures and technology for consideration in updating plan coverage.

25 Dental Profession-Opportunity for involvement in the process of plan design to ensure appropriate  
26 treatment based on parameters of care developed and maintained by the profession.

27 An area of concern for the Association and others is the increased reliance on statistically based  
28 utilization review of claims as a complete program for managing costs.

29 In dentistry, utilization review initiatives are classified as retrospective review of treatment. This usually  
30 takes the form of a statistically-based, dentist-specific system which analyzes patterns of claims reporting  
31 under dental benefits plans.

32 The statistics compiled under this system are procedure-specific and are used by the utilization review  
33 administrator to develop various statistical parameters, or "norms" which are used to establish dental  
34 practice patterns by which all dentists are judged.

35 The Association believes that statistically-based utilization review should not be used to determine  
36 acceptable norms or clinical standards of dental practice. The Association has defined statistically-based  
37 utilization review as a system "...that examines the distribution of treatment procedures based on claims  
38 information and in order to be reasonably reliable, the application of such claims analyses of specific  
39 dentists should include data on type of practice, dentist's experience, socioeconomic characteristics, and  
40 geographic location."

41 Statistically-based utilization review has fostered a new service area and the growth of utilization review  
42 companies competing for this business must be recognized for its potential to help solve the problem of

health care costs, or to substantially add to or create new problems. There are no standards for or regulations of this new industry. Treatment plans and claims are being reviewed by clerks, statisticians, and actuaries, not by licensed practitioners. Patients are being denied coverage for care based on such reviews.

The Association believes that utilization management is a concept that offers opportunities for patients, plan purchasers, dentists and plan administrators to jointly achieve their common goals: to share information and concerns regarding standards of care, to improve patient education, to develop meaningful benefit coverage, to respond to advances in technology, and to stabilize the cost of health care in the United States.

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**BOARD RECOMMENDATION: Archive**

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**DOP-1990-11**  
**UNFAIR LEGISLATION**

ADA 1990:538

RESOLVED, that the Minnesota Dental Association continue to actively oppose legislation that would provide selected health care delivery systems with an unfair advantage over other forms of health care delivery through federal subsidies or waiver of mandated requirements.

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**BOARD RECOMMENDATION: Archive**

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**DOP-1988-06**  
**INFECTIOUS WASTE DISPOSAL**

RESOLVED, that the Minnesota Dental Association endorse the guidelines for infectious waste control approved by the American Dental Association.

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**BOARD RECOMMENDATION: Archive**

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**DOP-1987-04**  
**COST SHIFTING OF MEDICAL ASSISTANCE TO PATIENTS**

RESOLVED, that the Minnesota Dental Association reject the uncompromising approach to the publicly funded Minnesota Care, Medical Assistance and General Assistance Medical Care programs by the State of Minnesota.

BE IT FURTHER RESOLVED, that in making their individual decisions with regard to participation in the Minnesota Care, Medical Assistance and General Assistance Medical Care programs, Minnesota Dental Association members should not feel restrained in advising their patients and the public of this position and how the state's approach to publicly funded dental care programs are not cost containment programs as purported, but rather promote cost shifting from the public sector to the private sector by forcing dentists to either absorb the loss on these services or pass it on to the patients.

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**BOARD RECOMMENDATION: Archive**

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**DOP-1986-03**  
**INFECTION CONTROL GUIDELINES**

RESOLVED, that the Minnesota Dental Association endorse the guidelines for infection control approved by the American Dental Association.

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**BOARD RECOMMENDATION: Archive**

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**DOP-2009-08****LEGISLATION TO BAN A THIRD-PARTY PRACTICE**

RESOLVED, that the MDA seek passage of legislation to prohibit insurance companies from containing fees for dental services that are not benefitted, including service above the patient's yearly maximum.

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**BOARD RECOMMENDATION: Archive**

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**DOP-2010-11****DEFINING DENTAL ACCESS**

RESOLVED, that the MDA put into place a policy that supports the use of terminology that would do the following:

1) Substitute the phrase "barrier to care" rather than "access to care" in MDA communications when addressing issues associated with restrictions or limitations to individuals seeking dental care. These efforts are intended to culminate in an effort to always redirect conversation to a specific barrier that will lead to purposeful solutions.

2) Clarify specifically which "dental care barrier" is being referred to (including, but not limited to):

Financial Barrier

Geographic Barrier

Governmental Policy

Barrier Personal Barrier

3) This resolution should be brought forward to the 2010 ADA House of Delegates.

BE IT FURTHER RESOLVED, that all discussion, written or oral, related to the issue of barriers, clarify which barrier is the focus of the discussion.

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**BOARD RECOMMENDATION: Archive**

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**DOP-2010-12****ELIMINATION OF DENTAL RADIOLOGY INSPECTIONS**

RESOLVED, that the Minnesota Dental Association endorse legislation to eliminate radiation inspections by the Minnesota Health Department except in the case where appropriate written records and evidence of the biennial (24 month) inspection and calibration of sources of ionizing radiation have not been submitted to the Minnesota Department of Health, with an appropriate reduction in licensing fees.

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**BOARD RECOMMENDATION: Archive**

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**DOP-2010-15****MISUSE AND ABUSE OF PRESCRIPTION DRUGS FOR DENTAL PAIN**

RESOLVED, that the Minnesota Dental Association Board of Trustees or President assign to the appropriate committee and staff responsibility for informing members of:

1) Resources available in dealing with prescription narcotics abuse.

2) Upcoming changes regarding prescribing of narcotic and other pharmaceutical drugs, and to publicize resources presently available and/or developed, including, but not limited to Minnesota Prescription Monitoring Program, e-prescriptions, and unalterable prescriptions. Available resources, such as MDA News, Northwest Dentistry, the MDA Website, etc. should be used to provide regular ongoing communications on a timely basis as information continues to evolve.

**BOARD RECOMMENDATION: Archive**

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And be it further RESOLVED

That the following resolutions from the MDA Digest of Adopted Resolutions be amended as follows:

**DOP-2012-03**

**RESTORATION OF COVERAGE FOR ANCILLARY PROSTHETIC SERVICES FOR MEDICAID AND MINNESOTA CARE PATIENTS**

RESOLVED, that the Minnesota Dental Association be on record for the restoration of coverage for ancillary prosthetic services including reline and repairs for Medicaid and Minnesota Care patients.

BE IT FURTHER RESOLVED, that the Minnesota Dental Association will actively work with the legislature of the State of Minnesota to restore the aforementioned coverage.

**BOARD RECOMMENDATION: Archive the Original AND modify it to a policy statement**

**RESOLVED, that the Minnesota Dental Association supports coverage for ancillary prosthetic services including reline and repairs for Medicaid and Minnesota Care patients.**

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**DOP-2005-07**

**THIRD-PARTY COVERAGE OF DIAGNOSTIC PROCEDURES**

RESOLVED, that it is the policy of the MDA that dental third-party payer plan designs and processing policies should follow ADA guidelines in order to ensure that necessary and appropriate diagnostic tools are covered for all patient situations. In particular, third-party payers should not disallow payment for radiographs that, based on American Dental Association (ADA) and U.S. Department of Health and Human Services (DHHS) ~~most recent guidelines as released in 2004 in the document entitled, "The Selection of Patients for Dental Radiographic Examinations,"~~ are necessary and appropriate. The MDA and its member dentists are encouraged to point out to employers and patients when ADA and DHHS policies are not being followed. ~~The MDA shall prepare written material to assist dentists in discussing this matter with patients and employers.~~

**BOARD RECOMMENDATION: Amend**

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**DOP-2002-02**

**PROVIDER TAX FUNDS BE USED TO INCREASE REIMBURSEMENT FOR DENTAL PUBLIC CARE PROGRAMS AND THIRD PARTIES PAY ITEMIZED TAXES**

1 RESOLVED, that the MDA support legislation that requires all provider tax funds collected from dental  
2 services be used to increase reimbursement for dental public care programs, critical dental access  
3 providers, nonprofit clinics, community clinics, and volunteer clinics.

4 **BOARD RECOMMENDATION: Amend**

5 **RESOLVED, that the MDA ~~support legislation that requires~~ believes that all provider tax funds**  
6 **collected from dental services be used to increase reimbursement for dental public care**  
7 **programs, critical dental access providers, nonprofit clinics, community clinics, and volunteer**  
8 **clinics.**

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9 **DOP-2000-14**  
10 **ITEMIZING THE MINNESOTACARE TAX**

11 RESOLVED, that the MDA recommend that all its members itemize the MinnesotaCare tax, and be it  
12 further

13 RESOLVED, that the MDA provide implementation help and information to its members regarding codes,  
14 software programs, and accounting methods. Information will also be provided to patients. Timing of this  
15 program would be determined by the Board of Trustees.

16 **BOARD RECOMMENDATION: Amend by striking second resolving clause**

17 ~~RESOLVED, that the MDA provide implementation help and information to its members regarding~~  
18 ~~codes, software programs, and accounting methods. Information will also be provided to patients.~~  
19 ~~Timing of this program would be determined by the Board of Trustees.~~

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20 **DOP-2000-12**  
21 **LEGISLATION TO REQUIRE DISCLOSURE OF DENTAL BENEFIT CHANGES**

22 RESOLVED, that the MDA seek legislation requiring dental benefits companies that change benefits or  
23 the circumstances under which patients are eligible to receive their benefits, to notify the patients and  
24 purchasers of such a change.

25 RESOLVED, that the MDA seek legislation requiring dental benefits companies that provide a financial  
26 disincentive to providers such as, but not limited to, disallowing coverage for an emergency examination  
27 and diagnosis if the procedure is performed on the same day, to state this clearly in the patient's policy  
28 manual.

29 **BOARD RECOMMENDATION: Amend**

30 **RESOLVED, that the MDA ~~seek legislation requiring~~ believes dental benefits companies that**  
31 **change benefits or the circumstances under which patients are eligible to receive their benefits, ~~to~~**  
32 **~~should~~ notify the patients and purchasers of such a change.**

33 ~~RESOLVED, that the MDA seek legislation requiring dental benefits companies that provide a~~  
34 ~~financial disincentive to providers such as, but not limited to, disallowing coverage for an~~  
35 ~~emergency examination and diagnosis if the procedure is performed on the same day, to state~~  
36 ~~this clearly in the patient's policy manual.~~

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1 **DOP-1994-01**

2 **ANY WILLING PROVIDER**

3 RESOLVED, that the Minnesota Dental Association support an "Any Willing Provider" amendment to be  
4 included in the future health care legislation and lobby for its passage if it becomes appropriate to do so.

5 **BOARD RECOMMENDATION: Amend**

6 **RESOLVED**, that the Minnesota Dental Association support ~~an~~ the concept of "Any Willing  
7 Provider" in the dental marketplace. ~~amendment to be included in the future health care~~  
8 ~~legislation and lobby for its passage if it becomes appropriate to do so.~~

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9  
10 **Fiscal Impact:** MDA will assign

11 **\$0**

12 **Strategic Plan Goal Organizational**

13  
14 **BOARD OF TRUSTEES COMMENTS:** The Board discussed the Resolution and agreed to support the  
15 Resolution as written.

16 **BOARD OF TRUSTEES RECOMMENDATIONS:**Click or tap here to enter text.



## NOTES

Resolution No. PD7-2022 New

Report: Resolution BOT Licensing Compacts Date Submitted: 7-25-2022

Submitted By (Name): Board of Trustees

District Choose an item.

Email address ccinque@mndental.org

Phone Number Click or tap here to enter text.

Submitted By: Board of Trustees

Reference Committee: Choose an item.

How does this resolution increase member value: [Required]

Submit form to [hod@mndental.org](mailto:hod@mndental.org) or fax 612-787-8500

Must be submitted on this form no later than June 15, 2022 to be considered without a 2/3 vote at the House

1 **TOPIC: WORKFORCE—LICENSING COMPACTS**

2 **Background:** The Minnesota Dental Association Board of Trustees is bringing forward this resolution in  
3 preparation for potential future legislative action. A licensing compact can help address workforce  
4 shortages and access to care issues, while allowing state licensing boards to maintain sovereignty and  
5 authority under its practice act and licensure procedures. See attached ADA document.

6 **Resolution**

- 7 • **Resolved,** that the Minnesota Dental Association supports efforts to create a multistate dental  
8 licensing compact for licensed dentists, dental therapists, and dental hygienists. An interstate  
9 licensing compact is defined as an agreement between two or more states in which providers can  
10 seamlessly transfer their license to participating states within the compact.  
11

12 **Fiscal Impact:** MDA will assign.

13 **Strategic Plan Goal Advocacy**

14

15 **BOARD OF TRUSTEES COMMENTS:**Click or tap here to enter text.

16 **BOARD OF TRUSTEES RECOMMENDATIONS:**Click or tap here to enter text.

17

18

## NOTES

## **Dental Licensure Portability**

- The ability for dentists to be able to easily obtain a dental license when they move to another state, or when they want to practice across state lines, has been a long-standing policy of the ADA (over twenty years).
- Licensure Compact: A legal contract between two or more states that allows states to cooperatively address shared problems, maintain sovereignty over issues belonging to states and respond to national priorities with one voice.
- Licensure compacts facilitate license portability for practitioners through development of mutually acceptable and standardized credentials for obtaining a license in another state. Currently, the credentials required to obtain a dental license varies widely across the states, making the process cumbersome, time-consuming, and expensive.
- For state boards of dentistry, licensure compacts have the benefit of being supported by a robust database which enables compact member state boards to track disciplinary actions.
- There are currently health care profession licensure compacts in: medicine, nursing, physical therapy, psychiatry, EMS, and mental health.
- In 2020, the Department of Defense announced the availability of grants to develop licensure compacts. As the ADA has policy encouraging the development of licensure compacts in dentistry as a way of facilitating licensure portability, CDEL directed staff to submit the application for grant funding.
- ADA was informed on March 15, 2021 that the US Department of Defense (DoD) selected the professions of dentistry and dental hygiene to receive technical assistance from the Council on State Governments (CSG) to develop an interstate licensure compact for dentistry and dental hygiene.
- The funding provided by the DoD will cover the first two phases of the process. The phases are:
  - Phase 1 – Development of legislative language(fall 2021 – fall/winter 2022)
  - Phase 2 – Education and Enactment (fall/winter 2022 – ongoing)-Advocacy for compact adoption.
  - Phase 3 – Transition and Operation-Enactment threshold is met, the interstate commission is operationalized and the data system is developed and implemented.
- Where are we in the process? The draft legislative language has been written and will be available for public comment in August. The compact language will be finalized this Fall, and in early 2023, we will start advocating in the state legislatures for adoption of the compact.
- The Coalition for Modernizing Dental Licensure will be leading the advocacy efforts for state adoption of the licensure compact for the ADA, ADEA, and ASDA, along with over 120 member/supporter organizations (state dental associations; dental schools; specialty organizations; dental hygiene educational programs)
- CMDL website: [www.dentallicensure.org](http://www.dentallicensure.org)

Resolution No. PD8-2022 New

Report: Resolution BOT Teledentistry Date Submitted: 7-25-2022

Submitted By Board of Trustees  
(Name): \_\_\_\_\_

District Choose an item.

Email address ccinque@mndental.org

Phone Number Click or tap here to enter text.

Submitted By: Board of Trustees

Reference Committee: Choose an item.

How does this resolution increase member value: [Required]

**Submit form to [hod@mndental.org](mailto:hod@mndental.org) or fax 612-787-8500**

**Must be submitted on this form no later than June 15, 2022 to be considered without a 2/3 vote at the House**

- 1 **TOPIC: TELEDENTISTRY—PATIENT PROTECTIONS**
- 2 **Background:** The Minnesota Dental Association Board of Trustees is bringing forward this resolution to
- 3 align with the ADA statement on teledentistry and to support and protect patients' receiving services via
- 4 teledentistry.
- 5 **Resolution**
- 6 **Be it Resolved that:** The Minnesota Dental Association support teledentistry as defined by the American
- 7 Dental Association and explicitly support the patient rights outlined in the American Dental Association's
- 8 Comprehensive Policy Statement on Teledentistry.
- 9 The American Dental Association's Comprehensive Policy Statement defines teledentistry as "the use of
- 10 telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and
- 11 tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a
- 12 collection of means to enhance care and education delivery." The policy states that insurers should cover
- 13 services provided via teledentistry at the same level as in person services.
- 14 The Comprehensive Policy Statement states that patients who receive care through teledentistry should
- 15 expect the following:
- 16 1. That any dentist delivering, directing, or supervising services to a patient of record using
- 17 teledentistry technologies will be licensed in a state or other territory or jurisdiction of the United
- 18 States or be providing these services as otherwise authorized by the dental board of that state,
- 19 territory, or jurisdiction.

2. That any dentist delivering, directing, or supervising services to a new patient using teledentistry technologies will be licensed in the state or other territory or jurisdiction of the United States where the patient receives the services.
3. Access to the name, practice address, telephone number, emergency contact information, and email address of the virtual practice. Access to the names, licensure information, and board certification qualifications of all oral health care practitioners who provide care via teledentistry in the practice. Prior to the virtual visit, the patient should be informed of the name, licensure information, and qualification of the oral healthcare practitioners conducting the visit and virtual care.
4. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, consistent with accepted standards of care as a means of ensuring patient safety, quality of care, and positive health outcomes.
5. That patients will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.
6. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, social history, and other relevant demographic and personal information.
7. That the provision of services using teledentistry technologies will be properly documented, that the records and documentation collected will be provided to the patient upon request and that the limitations (if any) of teledentistry encounters should be disclosed to a patient prior to the initiation of any teledentistry encounter.
8. That any patient has the right to discuss their treatment with any third party. A patient should not be required to agree to any provision that restricts the patient's freedom to bring any concerns about their dental treatment to the attention of an entity of the patient's choosing.
9. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home.
10. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience, and satisfaction and without such penalties as higher deductibles, co-payments, or coinsurance relative to that of in-person (face to face) services.
11. That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patient's private health information.

**Fiscal Impact:** MDA will assign

**Strategic Plan Goal Public Health**

**BOARD OF TRUSTEES COMMENTS:**Click or tap here to enter text.

1 **BOARD OF TRUSTEES RECOMMENDATIONS:**Click or tap here to enter text.

2

3

4

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Resolution No. PD9 NewReport: PROVIDING FISCAL INFORMATION TO DELEGATES Date Submitted: 08/11/2022Submitted By (Name): Dr. Frederick NoltingDistrict SoutheasternEmail address nolting@aol.comPhone Number Click or tap here to enter text.Submitted By: Delegate/Alternate DelegateReference Committee: Choose an item.

How does this resolution increase member value: When fiscal impact information is provided and then compared to the budget numbers, delegates can then make sound decisions regarding the adoption of resolutions.

Submit form to [hod@mndental.org](mailto:hod@mndental.org) or fax 612-787-8500

Must be submitted on this form no later than June 15, 2022 to be considered without a 2/3 vote at the House

## TOPIC: PROVIDING FISCAL INFORMATION TO DELEGATES

**Background:** In 2019, the House of Delegates passed resolution B5PD regarding the responsibility of approving the final budget for the Minnesota Dental Association. The passage of this resolution made sense because trying to amend the budget at the House of Delegates is challenging for the following reasons:

A) The budget is a very detailed financial organizational plan that has many categories and subcategories that would require a considerable amount of time to educate the delegates enough to enable them to make an informed decision.

B) The parliamentary procedures used at the House of Delegates likely would necessitate a considerable amount of time to make even minor changes to the budget.

C) Deciding how to allocate association resources is challenging enough at the Board of Trustees level with just 15 or so individuals trying to agree on a final budget. The House of Delegates has 87 or so voting members, so making considerable revisions to the budget could be an agonizing process.

Whereas, it is incumbent for delegates to make sound decisions and policy for our Association. In order to judge whether a resolution is affordable for our Association, fiscal information should be provided to delegates.

### Resolution

**Resolved,** that the MDA include a preliminary budget to the House of Delegates.



**Resolved**, that the MDA must list the estimated cost of each and every proposed resolution with a grand total of the estimated cost of all the proposed resolutions.

**Resolved**, that the House of Delegates requires the Board of Trustees to pass a balanced budget. In the circumstance that the BOT is unable to pass a balanced budget, the HOD requires the BOT to report to the next HOD on the rationale of this action with specific time allocated in the schedule for the delegates to query MDA leadership about this outcome.

**Resolved**, that the MDA provide the HOD with YTD actual numbers through July 31st of the current year and December 31st final numbers of the preceding year, along with the approved budget for both years, for the delegates to review.

**Fiscal Impact:** None.

**Strategic Plan Goal Organizational**

**BOARD OF TRUSTEES COMMENTS:**Click or tap here to enter text.

**BOARD OF TRUSTEES RECOMMENDATIONS:**Click or tap here to enter text.

## NOTES

## AB1

RESOLVED, that the following Resolutions be deleted (archived) from the MDA Digest of Adopted Resolutions:

- 2000-03 “Dues Decrease”  
**Accomplished**
- 2000-06 “Amend MDA Bylaws to clarify membership categories used in calculating delegates”  
**Accomplished**
- 2000-07 “MDA “Principles of Ethics” technical changes  
**Accomplished**
- 2000-08 “Amend MDA Bylaws to disallow future membership...”  
**Accomplished**
- 2000-09 “ADA to amend membership application form”  
**Accomplished**
- 2000-11 “Board of Dentistry Tracking of CE”  
**Accomplished**
- 2000-13 “Student District Trustees....”  
**Accomplished**
- 2000-15 “Appreciation for House Reporter”  
**Accomplished**
- 2006-07 “Re-bidding public employee health plans”  
**Archive-The topic and issue which is the subject of the resolution is no longer contemporary and far removed in time from their original adoption**
- 2007-04 “DMSOs in Minnesota”  
**Accomplished**
- 2010-04 “Reserves and excess surplus”  
**Archive-The topic and issue which is the subject of the resolution is no longer contemporary and far removed in time from their original adoption**
- 2011-03 “Temporary dental and dental hygiene licenses in Minnesota”  
**Obsolete due to Board of Dentistry guest and volunteer licenses**
- 2013-02 “Study options and specifics...Rule 101”  
**Accomplished**
- 2014-06 “Eliminating the need for mini licenses”  
**Obsolete due to Board of Dentistry guest and volunteer licenses**
- 2015-01 “Supporting Sunset of Provider”  
**Superseded by Resolution 2016-07**
- 2016-01 “Digest of Policies updates”  
**Accomplished**
- 2016-03 “Clinical licensure exams”  
**Accomplished**
- 2016-04 “The price to partner with the MDA”(active dues)  
**Accomplished**
- 2016-09 “MN Statute 150A”  
**Accomplished**
- 2016-10 “MN Statute 150A enforcement”  
**Accomplished**
- 2016-11 “MDA Governance”

- **Accomplished**  
2017-03 “Speaker of the House/Treasurer stipend”
- **Accomplished**  
2017-04 “2<sup>nd</sup> Vice President on the ADA HOD ballot”
- **Accomplished**  
2017-05 “House Committees appointed by Speaker of the House”
- **Accomplished**  
2017-06 “Student District alternate delegate increase”
- **Accomplished**  
2017-07 “Life members receive NW Dentistry as benefit”
- **Accomplished**  
2017-08 “Retired members”
- **Accomplished**  
2018-01 “Digest of Policies updates”
- **Accomplished**  
2018-07 “MDA Bylaws update”

And be it further RESOLVED

That the following Resolutions from the MDA Digest of Adopted Resolutions be amended by substitution as follows:

#### **DOP-2000-05 (ORIGINAL)**

##### **LEGISLATION TO DISCLOSE REIMBURSEMENT METHODOLOGY**

RESOLVED, that the MDA should seek passage of legislation in 2001 that would require dental third-party payers who base reimbursements on usual and customary fees to clearly disclose to patients and dentists how it determined what was usual and customary. If the dental third-party payer reimburses less than what is truly usual and customary, the third-party payer should be required to provide a reimbursement fee schedule.

#### **DOP-2000-05 (REVISED)**

##### **REIMBURSEMENT METHODOLOGY AND FEE SCHEDULES**

The MDA supports transparency and clarity in the methodology utilized by 3rd party payors to determine dental reimbursement schedules.

The MDA further supports the availability of current fee schedules and the use of unambiguous language not prone to misinterpretation by plan purchasers or the public.

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#### **DOP-2000-10 (ORIGINAL)**

##### **SODA POP CAMPAIGN**

RESOLVED, that the MDA will assign to the appropriate committee or committees the design and implementation of a program to provide education, information, speakers, legislation or other strategies to reduce the availability of soft drinks (i.e. soda pop, pop) in public schools, especially during school classroom hours.

**DOP-2000-10 (REVISED)**  
**SCHOOL BEVERAGES**

The MDA supports the elimination of sugar sweetened beverages as options for students in school settings.

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**DOP-2000-12 (ORIGINAL)**  
**LEGISLATION TO REQUIRE DISCLOSURE OF DENTAL BENEFIT CHANGES**

RESOLVED, that the MDA seek legislation requiring dental benefits companies that change benefits or the circumstances under which patients are eligible to receive their benefits, to notify the patients and purchasers of such a change.

RESOLVED, that the MDA seek legislation requiring dental benefits companies that provide a financial disincentive to providers such as, but not limited to, disallowing coverage for an emergency examination and diagnosis if the procedure is performed on the same day, to state this clearly in the patient's policy manual.

**DOP-2000-12 (REVISED)**  
**DENTAL BENEFITS COMMUNICATION AND CHANGES**

The MDA supports requirements for dental benefits organizations to provide adequate advance notice to patients, purchasers and contracted providers of changes to patient eligibility and benefits.

The MDA further supports clear language in policy manuals available to patients, purchasers and dental providers regarding benefit plan offerings and limitations including, describing limitations in frequency, timing or same day treatment.

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**DOP-2000-16 (ORIGINAL)**  
**LEGAL ACTION TO BE CONSIDERED ON BEHALF OF MHCP PATIENTS**

RESOLVED, the MDA should consider legal action against the state of Minnesota on behalf of the children and adults enrolled in the state's Medical Assistance and MinnesotaCare programs, alleging that the state has failed to provide access to dental care by providing improper reimbursement rates

**DOP-2000-16 (REVISED)**  
**THE MHCP PROGRAM**

The MDA views Minnesota's failure to adequately reimburse providers for dental services covered under publicly funded programs creates an untenable program and a broken promise to the citizens of Minnesota.

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**DOP-2006-02 (ORIGINAL)**  
**EVIDENCE-BASED CARE**

RESOLVED, that the MDA appoint a Task Force to develop a process to increase dentists' understanding, utilization, and development of "evidence-based dentistry," in consultation with the American Dental Association and the University of Minnesota School of Dentistry.

**DOP-2006-02 (REVISED)**  
**EVIDENCE-BASED CARE**

The MDA supports the use of evidence-based research in dental care and education.

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**DOP-2007-14 (ORIGINAL)**  
**TOP DENTIST**

RESOLVED, that in support of the MDA's stated concerns with the methodology behind and use of the "Top Dentist" listings at the state (constituent) or district (component) level dentists should strongly consider not participating in any "Top Dentists"-type list.

We at the Minnesota Dental Association understand that many may be listed without their consent, and we understand, of course, that we do not have the authority to require members to abstain from these lists; however, acting in an advisory capacity, we feel strongly enough about this issue to ask for your compliance.

BE IT FURTHER RESOLVED, that, in the future, any dentist within the MDA will be sent a copy of the ADA's Code of Ethics and Professional Conduct with a cover letter formulated by the Constitution, Bylaws and Ethics Committee. The letter, in part, will reiterate the MDA's position on "Top Dentists"-type lists and ask them to not participate. The MDA will also provide via Web site a boiler-plate letter for the members to use.

BE IT FURTHER RESOLVED, that the MDA will also provide on its Web site a boiler-plate letter for members to use to send to the appropriate media requesting that the member's names not be used in any "Top Dentist" publications.

**DOP-2007-14 (REVISED)**  
**TOP DENTIST**

RESOLVED, The MDA views Top Dentist-type surveys and lists as misleading to the public, due to the lack of scientific and verifiable basis for such rankings.

And be it further RESOLVED that the MDA discourages the use of Top Dentist-type lists for promotion and marketing of dental practices.

The MDA will make available resources that:

1. dissuades member participation in such lists
  2. assists in a dentist's request for exemption from such lists.
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**DOP-2008-12 (ORIGINAL)**  
**SUBMISSION OF RESOLUTIONS TO THE HOUSE OF DELEGATES**

RESOLVED, that resolutions be submitted to the MDA as soon as possible, for distribution to component district caucuses.

BE IT FURTHER RESOLVED, that resolutions be considered by the Board of Trustees, and any recommendations or suggested amendments be communicated to the author, who may consider altering the language of the resolution.

BE IT FURTHER RESOLVED, that the Board of Trustees or MDA staff offer their written commentary on all resolutions submitted by the deadline.

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**DOP-2008-12 (REVISED)****SUBMISSION OF RESOLUTIONS TO THE HOUSE OF DELEGATES**

RESOLVED, that resolutions be submitted to the MDA as soon as possible, for distribution to component district caucuses.

BE IT FURTHER RESOLVED, that resolutions shall be reviewed by the Resolution Review Committee to assist resolution authors in presenting clear, understandable, and factually accurate resolutions consistent with the author's intent.

BE IT FURTHER RESOLVED, that resolutions be considered by the Board of Trustees, and any recommendations or suggested amendments be communicated to the author, who may consider altering the language of the resolution.

BE IT FURTHER RESOLVED, that the Board of Trustees or MDA staff offer their written commentary on all resolutions submitted by the deadline.

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**DOP-2010-14 (ORIGINAL)****HOUSE OF DELEGATES TO BE HELD IN TWIN CITIES METRO AREA ONLY**

RESOLVED, that the Minnesota Dental Association hold all its annual House of Delegates Meetings alternately between the Twin Cities area and the five outstate districts, if feasible, and involve the local district members in the planning.

BE IT FURTHER RESOLVED, that the Minnesota Dental Association rescind the 1989 resolution on Selection of Meeting Sites which has been superseded by the previous resolving clause.

**DOP-2010-14 (REVISED)****HOUSE OF DELEGATES LOCATION**

RESOLVED, that the Minnesota Dental Association hold all its annual House of Delegates Meetings alternately between the Twin Cities area and the five outstate districts, if feasible, and involve the local district members in the planning.

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**DOP-2014-08 (ORIGINAL)****ADA/MDA ADVOCACY**

RESOLVED, that the Minnesota Dental Association promote and encourage the promotion of advocacy by its staff and directors. This is for the purpose of increasing membership and clarifying one of the most fundamental 'benefits' to members and non-members alike.

**DOP-2014-08 (REVISED)****ADA/MDA ADVOCACY**

RESOLVED, That the MDA and staff recognize the high value of advocacy as a member benefit for influencing regulatory concerns and impacting public opinion.

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**DOP-2015-02 (ORIGINAL)**

**REGARDING ELIMINATING THE PROVIDER TAX FROM MEDICAID AND MNCARE PROCEDURES**

RESOLVED, that the MDA will seek legislation to end the 2% Provider Tax on all state funded program dental procedures.

**DOP-2015-02 (REVISED)**

**REGARDING ELIMINATING THE PROVIDER TAX FROM MEDICAID AND MNCARE PROCEDURES**

RESOLVED, the MDA supports elimination of the Provider Tax on all State Funded Dental Procedures.

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**DOP-2015-03 (ORIGINAL)**

**ORAL HEALTH CARE CONCERNS IN EXTENDED CARE, ASSISTED LIVING, AND NURSING CARE FACILITIES**

RESOLVED, that the Minnesota Dental Association investigate and implement a strategy of how to best work with long-term care facilities to achieve appropriate oral health care for their residents.

**DOP-2015-03 (REVISED)**

**ORAL HEALTH CARE CONCERNS IN EXTENDED CARE, ASSISTED LIVING, AND NURSING CARE FACILITIES**

RESOLVED, That the MDA recognizes the essential need and value of appropriate dental care for the residents of extended care, assisted living, and skilled nursing care. The MDA shall support opportunities to advocate for and facilitate the availability of dental care and the provision of adequate home care in congregate living settings.

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**ADOPTED**



## **AB2RC**

**RESOLVED THAT:** The Minnesota Dental Association supports adequate reimbursement rates for Medicaid dental services that is comparable to contemporary commercial rates.

**RESOLVED THAT:** The Minnesota Dental Association supports innovation in how the state dental Medicaid program is administered and programs that are inclusive of all dental providers, encourages increased participation in the state Medicaid program, and focuses on improving health outcomes and prevention. The MDA supports a state Medicaid program that is comprehensive, continuously accessible through a dental home, and is coordinated and family-centered care managed by a Minnesota licensed dentist.

**RESOLVED THAT:** The Minnesota Dental Association supports a comprehensive state dental program benefit set, including full coverage for adults and ensuring treatment is covered for patients with disabilities.

**RESOLVED THAT:** The Minnesota Dental Association supports efforts to alleviate the administrative burden of participating in the state dental Medicaid program.

## **ADOPTED**

**Resolution**

Assignment of Benefits

**RESOLVED THAT:** The Minnesota Dental Association supports appropriate regulatory and/or legislative action to mandate that, if a patient assigns or authorizes benefits to be directed to their dentist, the insurance carrier shall be required to follow that directive and remunerate the dentist directly.

Network Leasing

**RESOLVED THAT:** The Minnesota Dental Association supports a dentist's right to full disclosure of fees and process policies when contractually obligated to participate in any other third-party payer or managed care network by preferred provider organization (PPO) leasing companies and/or third-party payers.

Virtual Credit Card

**RESOLVED THAT:** The Minnesota Dental Association supports a dentist's right to receive a traditional paper check or other mutually agreed upon payment method for services rendered to a beneficiary of a dental benefits program. The MDA further supports a dentist's right to accept a mutually agreed upon payment method and not be restricted to payment policies that require a dentist to accept virtual credit card payments, electronic funds transfer (EFT) payments, or any other payment option as the sole payment option.

Disallow Clause

**RESOLVED THAT:** The Minnesota Dental Association supports a dentist's right to charge a patient for a covered procedure not paid for by the benefit plan. Such right shall extend to denied and disallowed claims. Such rights and practices support a patient's right as an informed consumer of healthcare.

Fee Schedule Disclosure

**RESOLVED THAT:** The Minnesota Dental Association supports a dentist's right to full disclosure of fee-schedules and processing policies when evaluating a contract with a carrier and/or any plans administered by the carrier.

**ADOPTED**

**AB4RC.**

**RESOLVED THAT:** The Minnesota Dental Association supports public health initiatives designed to encourage healthy eating and beverage consumption for the betterment of oral and overall health.

**RESOLVED THAT:** The Minnesota Dental Association supports the ~~principle~~ **role** that dentists may play ~~an important role~~ in the administration of vaccines, contributing to the improvement of the public's health and wellbeing.

**RESOLVED THAT:** The Minnesota Dental Association supports improving health equity and health outcomes amongst all Minnesotans. The MDA supports the elimination of barriers to care so that every community can receive quality and affordable dental care and improve health outcomes for all people.

**RESOLVED THAT:** The Minnesota Dental Association supports ~~efforts by the University of Minnesota to increase the diversity of dental students~~ **equitable access to dental education programs.**

**RESOLVED THAT:** The Minnesota Dental Association supports efforts to prevent and reduce harmful tobacco use.

**RESOLVED THAT:** The Minnesota Dental Association supports parity in dental care between Teledentistry and in-person treatment. The MDA supports efforts to ensure that patients have appropriate and necessary information when receiving care via Teledentistry. The MDA further supports efforts to align consumer/patient protection provisions between Teledentistry and in-person treatment.

**ADOPTED**

**RESOLVED THAT:** The Minnesota Dental Association supports efforts to address and increase the dental workforce through partnerships and initiatives that promote dental careers.

**RESOLVED THAT:** The Minnesota Dental Association supports the elimination of the Dental Assisting State Licensure Exam (DASLE). In lieu of the DASLE, the MDA supports alternative methods to ascertain competency of a Licensed Dental Assistant candidate including but not limited to the development of a Minnesota specific expanded functions exam by the Dental Assisting National Board. The MDA further supports the establishment of realistic and feasible reciprocity procedures for licensure as a Minnesota dental assistant.

**RESOLVED THAT:** The Minnesota Dental Association supports licensed dental hygienists, who maintain a written collaborative practice agreement with a Minnesota dentist, to serve as the pay-to-provider directly billing and receiving reimbursement for services using the dental hygienist's individual NPI number. Such agreement shall be maintained at the discretion of the collaborative dentist and shall be explicitly articulated within the collaborative practice agreement.

**ADOPTED**

**AB6RC**

**RESOLVED THAT:** The Minnesota Dental Association explore and subsequently pursue a Board of Dentistry rule change that authorizes “Assistants without a license or permit”, as defined in Minnesota Administrative Rules 3100.8400, to perform extraoral and intraoral digital scans/impressions and or ~~photos~~ **visible light images** under the Direct Supervision of the dentist

## **ADOPTED**

### **ELECTION OF NOMINEE FOR APPOINTMENT TO THE MINNESOTA BOARD OF DENTISTRY**

**The following individual was elected as nominee for appointment to the Minnesota Board of Dentistry:**

Dr. Pete Cannon

### **ELECTION OF MDA OFFICERS**

**The following were elected and sworn into the offices as designated:**

Dr. Amber Cziok, President  
Dr. Tim Holland, President-Elect  
Dr. Rosalie Perpich, First Vice President  
Dr. Alejandro Aguirre, Second Vice President  
Dr. Steve McDonnell, Speaker of the House

### **ELECTION OF ALTERNATE DELEGATES TO THE AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES FOR 2022**

Dr. Scott Wagnild  
Dr. John Noack  
Dr. Mike Flynn

### **ELECTION OF DELEGATES TO THE AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES FOR 2022**

Dr. Amber Cziok  
Dr. Tim Holland  
D. Doug Williams  
Dr. Rosalie Perpich  
Dr. Steve McDonnell

Dr. Jim Nickman  
Dr. Aruna Rao  
Dr. Alejandro Aguirre  
Dr. Jane Yang

## **ELECTION OF TRUSTEES**

Dr. LeeAnn Herbert, Minneapolis District  
Dr. Geetha Damodaran, Saint Paul District  
Dr. Seth Huiras, Southern District  
Mr. Kevin Marzolf, Student District

# Minnesota Dental Association House of Delegates Digest of Adopted Resolutions

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Includes Policies enacted at the 2021 House of Delegates





DOP-1976-01 Current

### **STANDARDS FOR MEDICAL ASSISTANCE DENTAL PROGRAM**

Policy of the Minnesota Dental Association regarding Dental Care Programs, Administration, Content and Quality Assessment as provided by the Minnesota Department of Public Human Services.

- 1) Prior authorization should be limited to determining eligibility of the patient and the extent of liability of the program.
  - 2) Dental services shall be allowed in accordance with the following priorities:
    - a) Dental services for children as required under Title XIX.
    - b) Treatment of injuries, relief of pain and infection, and necessary diagnostic procedures for all eligible recipients.
    - c) Comprehensive dental care for children up to age 18.
    - d) All other dental services for adults in the following order of priority:
      1. Preventive services
      2. Treatment of diseases of the bone and soft tissue with restoration of decayed or fractured teeth.
      3. Replacement of missing teeth.
      4. Other dental services.
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DOP-1976-04 Current, Amended 2008

### **HOUSE OF DELEGATES MANUAL**

**RESOLVED**, that the House of Delegates Manual and Reports will be available to all MDA members electronically. The availability of this manual should be known by publication in *Northwest Dentistry*.

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DOP-1978-03 Current, Amended 1998, Amended 2008

### **FLUORIDATION**

**RESOLVED**, that the MDA support the mandatory fluoridation of all municipal water supplies and, further, support fluoride programs for those children not receiving systemic fluoride from a municipal water supply.

**RESOLVED**, that the MDA support the appropriate use of topical and systemic fluorides to provide therapeutic benefit to those persons for whom a clinical risk assessment indicates such use.

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DOP-1983-05 Current

### **USE OF GENDER NEUTRAL TERMINOLOGY IN MDA DOCUMENTS AND COMMUNICATIONS**

**RESOLVED**, that the Minnesota Dental Association endorse the use of appropriate gender references, or the use of neutral gender references, in all documents and communications.

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DOP-1983-06 Current

### **ATHLETIC MOUTH GUARDS**

**RESOLVED**, that the MDA recommend the use of mouthguards for all participants in contact sports.

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DOP-1984-01 Current, Amended 2010

### **LEGISLATIVE CONTACT PROGRAM ON MEDICAL ASSISTANCE ISSUES**

**RESOLVED**, that the Minnesota House of Delegates direct the officers and members of the Board of Trustees to provide direction, assistance and resources to existing committees to:

- 1) Strengthen the contact dentist program to be sure all legislators are properly informed.
  - 2) Provide information to individual dentists to inform legislators, county welfare personnel, county commissioners, and welfare patients.
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DOP-1986-01 Current

### **CONFLICT OF INTEREST FOR MDA REPRESENTATIVES**

**RESOLVED**, that those individuals, Boards, or committees of the Minnesota Dental Association, or its component societies, who have the responsibility to appoint, nominate, recommend or hire individuals for positions of authority and those dentists accepting those positions, should give careful consideration to possible conflicts of interest before these selections are made or accepted.

**BE IT FURTHER RESOLVED**, if such conflicts of interest should arise after such positions have been accepted, then those persons involved should seek to have the appropriate representatives of the Minnesota Dental Association notified so that any concerns regarding possible conflicts of interest may be promptly, strongly, and impartially resolved.

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DOP-1986-03 Current, Amended 1998

### **INFECTION CONTROL GUIDELINES**

**RESOLVED**, that the Minnesota Dental Association endorse the guidelines for infection control approved by the American Dental Association.

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DOP-1987-04 Current

### **COST SHIFTING OF MEDICAL ASSISTANCE TO PATIENTS**

**RESOLVED**, that the Minnesota Dental Association reject the uncompromising approach to the publicly funded Minnesota Care, Medical Assistance and General Assistance Medical Care programs by the State of Minnesota.

**BE IT FURTHER RESOLVED**, that in making their individual decisions with regard to participation in the Minnesota Care, Medical Assistance and General Assistance Medical Care programs, Minnesota Dental Association members should not feel restrained in advising their patients and the public of this position and how the state's approach to publicly funded dental care programs are not cost containment programs as purported, but rather promote cost shifting from the public sector to

the private sector by forcing dentists to either absorb the loss on these services or pass it on to the patients.

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DOP-1988-05 Current

#### **DISTRIBUTION OF HOUSE OF DELEGATES MANUALS**

**RESOLVED**, that the House of Delegates Manual be sent so that it will be received by the Delegates and Alternates a full two weeks prior to the meeting of the House to afford those involved proper time to review the material the manual covers and take whatever action they deem suitable.

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DOP-1988-06 Current, Amended 1998

#### **INFECTIOUS WASTE DISPOSAL**

**RESOLVED**, that the Minnesota Dental Association endorse the guidelines for infectious waste control approved by the American Dental Association.

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DOP-1989-02 Current

#### **DEFINITION OF DIRECT REIMBURSEMENT**

**RESOLVED**, that "direct reimbursement" be defined as follows:

Direct reimbursement is a self-funded program in which the individual is reimbursed based on a percentage of dollars spent for dental care provided, and which allows beneficiaries to seek treatment from the dentist of their choice.

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DOP-1989-07 Current

#### **STATEMENT ON DENTAL CONSULTANTS**

ADA 1989:542

Some clear distinctions must be made between dental consultants and dental claims reviewers.

Dental claims reviewers are, to all intents and purposes, clerical staff and work under supervision. They do not necessarily have, or need, clinical background, and are trained specifically by the third-party payer to review dental claims that are uncomplicated and require straightforward processing.

Dental consultants are licensed dentists who, even if not currently practicing, have many years of experience in practice and can and should:

- 1) Offer a professional opinion regarding complicated dental treatment;
- 2) Request consultations from specialists for certain specialty-related cases, when necessary;
- 3) Provide advice to third-party payers regarding the merit and value of dental benefits plan designs;
- 4) Educate plan purchasers regarding the impact an alternative, less costly treatment may have on the life of a tooth, overall oral health, etcetera;

- 5) Alert third-party payers when dentists' treatment patterns are changed by cost containment strategies to the detriment of the patients;
- 6) Provide guidance to third-party payers regarding the importance of the dentist/patient relationship;
- 7) Inform third-party payers, plan sponsors and subscribers about the availability and value of the profession's peer review system;
- 8) Initiate dialogue with organized dentistry regarding questionable treatment modalities;
- 9) Inform the dental profession of those treatment procedures on which questions of judgment between the dentist and dental consultant are most likely to result in area of disagreement;
- 10) Discuss treatment decisions with dentists on a professional level;
- 11) Explain clearly to practicing dentists the provisions of particular contracts and the benefit limitations of those contracts; and
- 12) Demonstrate knowledge of contract interpretation, and laws and regulations governing dental practice in those jurisdictions affected by their consulting activities, as well as accepted standards of administrative procedure within the dental benefits industry.

Dentists have a fundamental obligation to serve the best interests of the public and their profession. This obligation can never be abrogated for any reason. In order to maintain independent thought and judgment regarding dental matters, the MDA believes that dental consultants should be practicing dentists for a minimum of 50% of their time, thus ensuring familiarity with current clinical procedures and practice through such mechanisms as continuing education, or have been in practice for a minimum of ten years immediately preceding employment as a dental consultant, and remain involved in the continuing dental education process in order to stay current with clinical procedures and changing technology.

It is strongly recommended that dental consultants be members of the American Dental Association.

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DOP-1989-10 Current

#### **MDA DEFINITION OF "NEW DENTIST"**

**RESOLVED**, that the MDA's definition of "new dentist" be changed to include any dentist in practice less than ten years.

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DOP-1990-05 Current

#### **INCLUSION OF INFORMATION IN HOUSE MANUAL ON NOMINEES FOR BOARD OF DENTISTRY**

**RESOLVED**, that future House of Delegates manuals include a Curriculum Vitae on each candidate recommended for appointment to the Minnesota Board of Dentistry.

**BE IT FURTHER RESOLVED**, that these Curriculum Vitae be sent to the Governor.

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DOP-1990-11 Current

## **UNFAIR LEGISLATION**

ADA 1990:538

**RESOLVED**, that the Minnesota Dental Association continue to actively oppose legislation that would provide selected health care delivery systems with an unfair advantage over other forms of health care delivery through federal subsidies or waiver of mandated requirements.

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DOP-1990-13 Current

## **SELECTION OF MEETING SITES**

**RESOLVED**, that the Minnesota Dental Association's Board of Trustees be mindful of the costs to individual delegates and alternate delegates of participating in the House of Delegates meeting when selecting a site and arranging for the House of Delegates meeting.

**BE IT FURTHER RESOLVED**, that the delegates and alternate delegates be financially responsible for their personal expenses, such as travel, room and board, with all other expenses of the House of Delegates meeting being borne by the Minnesota Dental Association.

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DOP-1991-03 Current

## **STATEMENT ON UTILIZATION MANAGEMENT**

The Minnesota Dental Association shares the national concern expressed by government, business, industry and the professions about the rising cost of health care. The Association supports legitimate, valid efforts to stabilize the cost of health care in the United States. However, in addressing the problem, it is all too easy to adopt simplistic solutions that will, in the short term, result in less than optimum care for patients, and in the long term, will result in increased costs.

The concept of "managed care" has been universally promoted as a method of containing health care costs. After examination of this concept by the Association, it became evident that while the term is widely used, its meaning could not be more elusive. The Association defines managed care as "...a cost containment system that directs the utilization of health benefits by:

- 1) Restricting the type, level, and frequency of treatment;
- 2) Limiting the access to care; and
- 3) Controlling the level of reimbursement for services."

This system is purely cost-driven and, contrary to its title (managed care), does not concern itself with type, appropriateness, timeliness or quality of care. The Association believes that the public must be served and protected through the appropriate management of:

- 1) Dental Care. Dental care is managed by the treating dentist. Dental care is provided by the treating dentist based on a dental examination, development of an individualized, comprehensive treatment plan and a consultation with the patient.
- 2) Benefit Plan Design. Benefit plan design is managed by plan purchasers. Benefit plan design must be scientifically sound, clinically relevant, and reliable. Plan design will also include cost

containment measures such as annual maximums, co-payments, limitations, predeterminations, exclusions, enrollment periods, and patient incentives for maintaining oral health.

3) Program Costs. Program costs are managed by plan administrators. Oversight of the program includes implementation of the plan agreement through monitoring utilization, preauthorizing treatment, requiring second opinions, reviewing claims, and collecting and evaluating claims data.

Definitions of the terms cost containment and managed care vary greatly and are open to interpretation by various organizations. The Association believes "managed care" as currently applied to the practice of medicine, is not relevant to the practice of dentistry. Dentistry is, by and large, a self-contained discipline.

In most instances, a general dentist can diagnose and treat a patient's condition from beginning to end. This fact is reflected in the demographics of the dentist population in the U.S.: approximately 86% are general practitioners and 14% are in specialty practice, compared to 12% general practitioners and 88% specialists in medicine.

While there are eight recognized dental specialty areas of practice, the licensed general dentist is trained to perform services in all areas of dentistry. When compared with the numerous specialties and sub-specialties of medicine, and the increasingly limited area of practice commanded.... by the "family physician," the latitude of a dentist's license to diagnose and treat a patient's oral health condition becomes clear. In addition, dentistry is almost exclusively an outpatient service, although there are limited situations where treatment is most appropriately performed in a hospital setting. The concept of "case management" has long been a foundation of dental practice in the United States.

Outside the practice of dentistry there are additional factors that influence the utilization of dentistry, such as benefit plan design which integrates controls through co-payments, annual maximums, exclusions and limitations, preauthorization's, etc.

For these reasons, the Association believes that the concept of "utilization management" is more appropriate than "managed care" for describing dental benefits plans. The Association defines utilization management as "...a set of techniques used by or on behalf of purchasers of health care benefits to manage the cost of health care prior to its provision by influencing patient care decision-making through case-by-case assessment of the appropriateness of care based on accepted dental practices."

The techniques embraced by utilization management, as defined, should equally serve patients, plan purchasers, and the dental profession by providing the following:

Patients-Standards of care based on scientifically sound, clinically relevant and reliable research; plan coverage designed and maintained through evaluation and analysis of data; education and information about different types of procedures and their outcomes; opportunity to make treatment decisions based on a clear understanding of available options.

Plan Purchasers-Constant feedback regarding the effectiveness of their plans, thus ensuring a meaningful benefit for their employees; data regarding loss ratio; communication with the Association regarding advances in procedures and technology for consideration in updating plan coverage.

Dental Profession-Opportunity for involvement in the process of plan design to ensure appropriate treatment based on parameters of care developed and maintained by the profession.

An area of concern for the Association and others is the increased reliance on statistically based utilization review of claims as a complete program for managing costs.

In dentistry, utilization review initiatives are classified as retrospective review of treatment. This usually takes the form of a statistically-based, dentist-specific system which analyzes patterns of claims reporting under dental benefits plans.

The statistics compiled under this system are procedure-specific and are used by the utilization review administrator to develop various statistical parameters, or "norms" which are used to establish dental practice patterns by which all dentists are judged.

The Association believes that statistically-based utilization review should not be used to determine acceptable norms or clinical standards of dental practice. The Association has defined statistically-based utilization review as a system "...that examines the distribution of treatment procedures based on claims information and in order to be reasonably reliable, the application of such claims analyses of specific dentists should include data on type of practice, dentist's experience, socioeconomic characteristics, and geographic location." Statistically-based utilization review has fostered a new service area and the growth of utilization review companies competing for. business must be recognized for its potential to help solve the problem of health care costs, or to substantially add to or create new problems. There are no standards for or regulations of this new industry. Treatment plans and claims are being reviewed by clerks, statisticians, and actuaries, not by licensed practitioners. Patients are being denied coverage for care based on such reviews.

The Association believes that utilization management is a concept that offers opportunities for patients, plan purchasers, dentists and plan administrators to jointly achieve their common goals: to share information and concerns regarding standards of care, to improve patient education, to develop meaningful benefit coverage, to respond to advances in technology, and to stabilize the cost of health care in the United States.

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DOP-1993-01 Current

## **GUIDING PRINCIPLES FOR HEALTH CARE REFORM**

**RESOLVED**, that the Minnesota Dental Association adopt the following Guiding Principles for health care reform:

- 1) Promote and maintain dentistry as a health care service that is an integral part of our society's total health care.
  - 2) Broaden access of dental care to those persons who are not receiving dental care.
  - 3) Maintain the advantages and efficiencies of the general dentist as the primary care manager for dentistry.
  - 4) In order to improve patient access and quality of care, insure that dentists have a vote in the design of delivery systems and a voice in reimbursement policies.
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DOP-1993-02 Current

**PEER REVIEW**

**RESOLVED**, that the Minnesota Dental Association Peer Review process will not accept cases that involve non-member dentists.

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DOP-1993-03 Current

**CRITERIA FOR PRESENTERS ON MDA PROGRAMS**

**RESOLVED**, that the Minnesota Dental Association recommend that all eligible dentists presenting programs at Minnesota Dental Association events be members in good standing of the American Dental Association.

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DOP-1994-01 Current

**ANY WILLING PROVIDER**

**RESOLVED**, that the Minnesota Dental Association support an "Any Willing Provider" amendment to be included in the future health care legislation and lobby for its passage if it becomes appropriate to do so.

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DOP-1994-02 Current

**MEDICAL ASSISTANCE PARTICIPATION PRE REQUISITE FOR LICENSURE**

**RESOLVED**, that the Minnesota Dental Association oppose any attempt to mandate participation in Medical Assistance as a condition for dental licensure.

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DOP-1995-01 Current

**COMPREHENSIVE DENTAL MARKETPLACE STRATEGY**

**RESOLVED**, that the Minnesota Dental Association pursue a comprehensive dental marketplace strategy that will seek to influence the direction of the dental marketplace by:

- 1) Responding to purchaser demand for dentistry to be included in large networks. This will be accomplished by Dental Marketplace Committee activities which will identify new products and plans; measure the penetration of different products and plans in the dental marketplace; and provide information to dentists, businesses, brokers, and consultants regarding marketplace developments.
  - 2) Informing and influencing the media, the public, and key marketplace players through an ongoing public relations program that is developed and overseen by the Board of Trustees.
  - 3) Informing legislators about the dental marketplace and about how dentistry is different from medicine and by sponsoring legislation that will help to maintain effectively provided quality dental care in Minnesota.
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DOP-1996-03 Current

#### **DENTAL PATIENT BILL OF RIGHTS**

**RESOLVED**, that the Minnesota Dental Association endorse the "Dental Patient Bill of Rights" and

**BE IT FURTHER RESOLVED**, that the "Dental Patient Bill of Rights" should clearly show that it is endorsed by the Minnesota Dental Association whenever it is published or displayed, and

**BE IT FURTHER RESOLVED**, that the Public Relations Committee may make changes to the wording on the "Dental Patient Bill of Rights" if deemed appropriate.

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DOP-1997-02 Current, Amended 1998, Amended 2010

#### **STATE X-RAY RULES**

**RESOLVED**, that the Environment and Safety Committee continue to review the ionizing radiation rules on an annual basis and when necessary meet with the Department of Health to negotiate amendments to the rules.

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DOP-1998-01 Current

#### **MDA POLICIES REVIEWED ANNUALLY**

**RESOLVED**, that the Board of Trustees shall assign all policy resolutions to an MDA committee or to itself.

**BE IT FURTHER RESOLVED**, that MDA committees shall annually review the policies assigned to them by the Board of Trustees and recommend to the House change or revision of a policy when it is warranted.

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DOP-1998-03 Current, Amended 2018

#### **TOBACCO USE POLICIES**

**RESOLVED**, that the Minnesota Dental Association headquarters building be tobacco-use-free; all Minnesota Dental Association meetings be tobacco-use-free; and the Minnesota Dental Association join and support the Minnesota Coalition for a Smoke Free Society.

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DOP-1998-06 Current

#### **DENTAL AUXILIARY PERSONNEL**

**RESOLVED**, that the Minnesota Dental Association continue to be involved in assuring dental practitioners adequate access of dental assistants and hygienists by the following measures:

- 1) Monitor geographical regions for supply and demand of dental personnel.
  - 2) Encourage a variety of educational programs such as, but not limited to, 4 year B.A. hygiene, 2 year non B.A. hygiene, part time and reentry programs for expired licenses.
  - 3) The MDA and the educational institutions maintain ongoing communication to ensure the educational institutions are able to provide the quality and quantity of graduates to meet the employment demands of the various geographic regions of the state.
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## **MDA POLICIES ON PRIVATELY FUNDED DENTAL CARE PROGRAMS: 1976-1999**

The policies reflected in this document represent official policy of the Minnesota Dental Association as adopted by the House of Delegates. All prior policies on dental care programs were rescinded in 1989, except as incorporated into this document as adopted in 1989.

In reviewing these policies, it will be noted that in most instances a reference is included in parentheses following the title of the policy statement. These references may contain a year followed by a number both preceded by "ADA". This would indicate that the base policy was derived from an ADA policy adopted by the ADA in the year indicated and can be found in the official Transactions of the ADA House of Delegates on the page indicated.

### **The Association's View of Dental Benefit Plans**

The Minnesota Dental Association plays an active role in the development and monitoring of all reimbursement mechanisms in order to help protect the patient's freedom of choice of dentist as well as the dentist's right to diagnose and treat his or her patients without interference by a third-party payer. Through the Association's Privately Funded Programs Committee, this role has developed to the point where the Association is regarded by many prospective purchasers and major carriers as an important resource in the development of dental benefits. This development is reflected, in part, by policies adopted by the Association's House of Delegates and the Committee's activities in implementing them.

This view of dental benefit plans is intended to provide a narrative description of the Association position with regard to dental care programs. The principal policy actions of the House of Delegates that relate to the Committee are contained in the following sections. Resolutions directing particular action, but not establishing Association positions, are not included.

The Statement on Dental Benefit Plans and the Standards for Dental Benefit Plans embody the Association's overall approach to dental benefit plans. These positions are regularly reviewed and modified to express the profession's views with regard to the proper design and administration of dental benefit programs. They are guiding principles for all Committee discussions with purchasers, benefit consultants, and third-party payers. The evolution of alternative concepts in dental benefits plans is manifested in the development of Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs) and capitation (prepaid) programs.

In the Association's view, the patients who are offered benefits through an alternative program should be offered a choice of receiving care from a private practitioner on a fee-for-service basis. In addition, equal premium dollars per subscriber should be made available to each plan to ensure equal benefits.

To provide plan sponsors with a choice in cost-containment strategies, the Association provides information on the concept of Direct Reimbursement. Direct Reimbursement programs are self-funded plans that reimburse beneficiaries based on a percentage of dollars spent for dental care, not on services received, and which allow the beneficiaries to go to the dentist of their choice. The Association has long recognized Direct Reimbursement as an efficient, economical, and cost effective method of reimbursing the patient for dental expenses, and has identified it as a preferred dental benefit plan design.

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DOP-1999-03 Current, Amended 2010

#### **MDA TO SEEK LEGISLATION TO LEVEL THE PLAYING FIELD WITH THIRD-PARTY PAYERS**

**RESOLVED**, that the MDA support the concept that any statistical analysis performed on health care related data, which is used to affect the delivery of health care, should be made public, subject to peer review process and ultimately focused on improving health care to the patient.

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DOP-1999-04 Current

#### **POLICY FOR RELEASE OF AUXILIARY EDUCATION PROGRAM GRANTS**

**RESOLVED**, that the following serve as a model for disbursement of start up funds that have been appropriated by the MDA House of Delegates for dental assisting or dental hygiene programs. Two thirds of the money will be disbursed when the following two conditions have been met:

- 1) The program is accreditation eligible;
- 2) A program director is in place.

The remaining one third will be disbursed upon the actual start up of classes.

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DOP-2000-05 Current

#### **LEGISLATION TO DISCLOSE REIMBURSEMENT METHODOLOGY**

**RESOLVED**, that the MDA should seek passage of legislation in 2001 that would require dental third-party payers who base reimbursements on usual and customary fees to clearly disclose to patients and dentists how it determined what was usual and customary. If the dental third-party payer reimburses less than what is truly usual and customary, the third-party payer should be required to provide a reimbursement fee schedule.

DOP-2000-05 (REVISED 2021)

#### **REIMBURSEMENT METHODOLOGY AND FEE SCHEDULES**

The MDA supports transparency and clarity in the methodology utilized by 3rd party payors to determine dental reimbursement schedules.

The MDA further supports the availability of current fee schedules and the use of unambiguous language not prone to misinterpretation by plan purchasers or the public.

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DOP-2000-10 Current

#### **SODA POP CAMPAIGN**

**RESOLVED**, that the MDA will assign to the appropriate committee or committees the design and implementation of a program to provide education, information, speakers, legislation or other strategies to reduce the availability of soft drinks (i.e. soda pop, pop) in public schools, especially during school classroom hours.

DOP-2000-10 (REVISED 2021)

## SCHOOL BEVERAGES

The MDA supports the elimination of sugar sweetened beverages as options for students in school settings.

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DOP-2000-12 Current

### LEGISLATION TO REQUIRE DISCLOSURE OF DENTAL BENEFIT CHANGES

~~**RESOLVED**, that the MDA seek legislation requiring dental benefits companies that change benefits or the circumstances under which patients are eligible to receive their benefits, to notify the patients and purchasers of such a change.~~

~~**RESOLVED**, that the MDA seek legislation requiring dental benefits companies that provide a financial disincentive to providers such as, but not limited to, disallowing coverage for an emergency examination and diagnosis if the procedure is performed on the same day, to state this clearly in the patient's policy manual.~~

DOP-2000-12 (REVISED 2021)

### DENTAL BENEFITS COMMUNICATION AND CHANGES

The MDA supports requirements for dental benefits organizations to provide adequate advance notice to patients, purchasers and contracted providers of changes to patient eligibility and benefits.

The MDA further supports clear language in policy manuals available to patients, purchasers and dental providers regarding benefit plan offerings and limitations including, describing limitations in frequency, timing or same day treatment.

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DOP-2000-14 Current

### ITEMIZING THE MINNESOTACARE TAX

**RESOLVED**, that the MDA recommend that all its members itemize the MinnesotaCare tax, and

**BE IT FURTHER RESOLVED**, that the MDA provide implementation help and information to its members regarding codes, software programs, and accounting methods. Information will also be provided to patients. Timing of this program would be determined by the Board of Trustees.

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DOP-2000-16 Current

### LEGAL ACTION TO BE CONSIDERED ON BEHALF OF MHCP PATIENTS

~~**RESOLVED**, the MDA should consider legal action against the state of Minnesota on behalf of the children and adults enrolled in the state's Medical Assistance and MinnesotaCare programs, alleging that the state has failed to provide access to dental care by providing improper reimbursement rates.~~

DOP-2000-16 (REVISED 2021)

#### THE MHCP PROGRAM

The MDA views Minnesota's failure to adequately reimburse providers for dental services covered under publicly funded programs creates an untenable program and a broken promise to the citizens of Minnesota.

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DOP-2001-03 Current

#### **MDF PROPOSES ADDING VOLUNTARY CONTRIBUTION OPTION TO ANNUAL DUES STATEMENT**

**RESOLVED**, that the Board of Trustees add to the MDA annual dues statement an item that would allow members to make voluntary financial contribution in an amount of their own choosing to the Minnesota Dental Foundation.

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DOP-2001-04 Current, Amended 2008

#### **HUMAN SUBJECTS IN DENTAL LICENSURE EXAM**

**RESOLVED**, that the Minnesota Dental Association support the elimination of human subjects in the clinical licensure examination process, and

**BE IT FURTHER RESOLVED**, that the Association transmit this policy to all clinical testing agencies.

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DOP-2001-06 Current

#### **EXPANDED DUTIES FOR DENTAL AUXILIARIES**

**RESOLVED**, that the Minnesota Dental Association support expanded duties for dental auxiliaries, but only when the following criteria are met.

- 1) The risk of adverse result for the patient does not increase as a result of the auxiliary performing the procedure.
  - 2) The diagnostic and medical knowledge of a dentist is not needed to safely perform the procedure.
  - 3) The addition of the expanded duty increases efficiency in the dental office.
  - 4) The procedure is reversible.
  - 5) Education for expanded duty procedures should be conducted by accredited teaching institutions.
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DOP-2001-09 Current

#### **ENHANCING PUBLIC AWARENESS OF THE MINNESOTACARE TAX BY INTRODUCING LEGISLATION**

**RESOLVED**, that the MDA enhance public awareness of the MinnesotaCare tax by introducing and seeking passage of legislation that clarifies the right or every provider to be reimbursed for the itemized MinnesotaCare tax. This legislation should mandate that all third parties providing dental care coverage in Minnesota must reimburse dentists or patients for itemized taxes.

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DOP-2002-02 Current, Amended 2010

**PROVIDER TAX FUNDS BE USED TO INCREASE REIMBURSEMENT FOR DENTAL PUBLIC CARE PROGRAMS AND THIRD PARTIES PAY ITEMIZED TAXES**

**RESOLVED**, that the MDA support legislation that requires all provider tax funds collected from dental services be used to increase reimbursement for dental public care programs, critical dental access providers, nonprofit clinics, community clinics, and volunteer clinics.

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DOP-2002-06 Current, Amended 2018

**PRINCIPLES OF FAIR CONTRACTING TO APPLY TO DENTAL PROVIDER CONTRACTS**

**RESOLVED**, that the principles of fair contracting apply to dental provider contracts.

Disclosure: Contract terms that affect the cost of care must be fully disclosed to providers and consumers. Consumers should have access to information that will assist them in making informed decisions. Providers should have adequate prior notification of any proposed contract changes that have an impact on care delivery and/or payment methods and costs of care to assist them in deciding whether to participate in the contract.

Coding Changes: Health care plans must not alter or change the codes submitted by providers and both plans and providers must follow the definitions and determinations of the entities that originated the current coding system used (CDT3, CPT4, or HCPC).

Profiling: If a health or dental plan creates a profile of providers based on cost or any other factors, the plan must allow the providers to correct any errors and make comments prior to release of the data. The plan must release the methodology used to create the profile and identify the variables that affect the patient and procedure profile of a provider that are not considered in the profiling methodology.

Interest Calculation: Claims for services rendered must be submitted by providers in a timely manner and paid by health plans within 30 days, or interest must be calculated and paid by the health plan. Consumers benefit when claims are submitted and paid in a timely manner and administrative costs are reduced. Without the prompt payment and interest payment incentive, providers may be required to carry unreasonably large receivables because of delayed payments; late payments compound already low levels of reimbursement.

Accountability: Decision makers engaged or employed by a dental plan that makes determinations based on dental necessity must be licensed dentists and be accountable under Minnesota regulations and liability standards. Consumers must be able to hold dental plans responsible for adverse events resulting from denial of coverage for recommended care that is allowed within the consumer's contract.

Shadow Contracting: Providers must not be required to participate in an extension of their contract with a health plan or dental benefits plan without their express consent since such extension could require providers to deliver services for a financial loss.

Unilateral Terms: Health and dental plans must not contain unilateral terms regarding termination, indemnification, or arbitration. Providers must have the ability to provide input for contract terms in advance of contract submission and have the same rights on key contract issues as payers.

Efficient Notification: Plans requiring services to be pre-authorized must do so in an efficient and timely manner, including accommodating notifications and requests 24 hours per day, seven days per week. Consumers must not have care delayed because of cumbersome pre-authorization processes, which may also affect the quality of care they receive. Providers must not be required to absorb unnecessary administrative costs related to slow and complex pre-authorization processes.

Recoupment: Health care providers must receive an explanation for recoupments of overpayments, advance notice of any disputed amounts of \$100 or more prior to the recoupment, and ... adequate time to challenge the decision. Providers must have the right to challenge "automatic" reversals of charges and have the right to hold the disputed funds while the issue is being resolved. A reasonable "statute of limitations" should be contractually established, especially since consumers may be financially at risk.

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DOP-2003-01 Current

#### **DENTAL SCHOOL ADMISSIONS; DENTIST RECRUITMENT**

**RESOLVED**, that the Minnesota Dental Association recommend that the University of Minnesota School of Dentistry develop admissions strategies to attract and admit students who have an interest in practicing in underserved, rural and alternative community settings.

**BE IT FURTHER RESOLVED**, that the Minnesota Dental Association work at the local level to assist dentists and/or communities in creating and implementing strategies to recruit dentists and allied dental professionals to practice in their communities.

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DOP-2003-03 Current

#### **MINNESOTA HEALTH CARE TAX**

**RESOLVED**, the MDA work with the legislature and various state and federal agencies to obtain an accounting of all available funds for public program dental services including, but not limited to, Minnesota Care Tax revenues, federal matching funds, and general fund appropriations.

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DOP-2003-06 Current

#### **FISCAL IMPACT STATEMENT**

**RESOLVED**, that the MDA Treasurer's report to the House of Delegates each year include a "Summary List of Major Budget Changes" from the previous fiscal year's budget to the new fiscal year's budget for quick reference. It shall be located adjacent to the budget summary page of the Treasurer's Report.

**BE IT FURTHER RESOLVED**, that each resolution submitted to the House of Delegates for consideration have included an assessment of fiscal impact on current and future budgets. This will be determined by MDA Staff and the Board of Trustees as required by MDA *Bylaws*, Chapter IV, Section 13.A(2).

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DOP-2003-08 Current

**PUBLIC ASSISTANCE HEALTH PLAN DENTAL SPENDING**

**RESOLVED**, that the MDA work through the state legislature to gain access to information pertaining to the percentage of allocated dental funds to each state public assistance health plan that is actually being used for dental patient care and mandate that this information be made available to all interested parties.

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DOP-2003-09 Current, Amended 2008, Amended 2010

**DENTAL ACCESS**

**RESOLVED**, that the MDA work with the Legislature and the Minnesota Department of Human Services to fix the funding and administrative complexities of state public assistance programs, such Rule 101, the distribution methodology of Critical Access Provider funds, and other barriers to dental care in Minnesota's public assistance dental programs.

**RESOLVED**, that the MDA work in concert with others to piece together the efforts of dentists, non-dentists, and non-profit community groups in a way that recognizes and mobilizes all existing resources and coordinates care at the local community level. There should be multiple ways for patients to gain entry to a dental healthcare system and establish a "dental home." Dentists' roles and responsibilities should be defined in ways that maximize their decision-making expertise and allow them to delegate certain procedures to appropriately trained allied professionals so that cost-effectiveness is maximized. Toward this end, the MDA is encouraged to actively participate in planning for the future under the auspices of a grant from the Minnesota Department of Human Services.

**RESOLVED**, that the MDA enhance efforts to recruit dentists and retain University of Minnesota School of Dentistry graduates by presenting Minnesota as a good place to practice dentistry, and by promoting dentistry as a profession to Minnesota high school and college students.

**RESOLVED**, that the MDA enhance dental access by working at the local level with dentists and community groups to develop unique activities and programs to address the oral health care needs of deserving local citizens.

**RESOLVED**, that the MDA facilitate the use of new dental workforce tools such as expanded restorative duties and collaborative agreements.



**RESOLVED**, that the MDA sponsor “Give Kids A Smile” Day with a goal of increasing the number of children seen, the number of dentists participating, and the number of non-profit clinics participating.

**RESOLVED**, that the MDA encourage, assist and facilitate individual dentists who wish to volunteer their services through the Donated Dental Services (DDS) Program and other local volunteer programs.

**RESOLVED**, that the MDA be a leading voice in studying the feasibility of establishing one or more urgent care dental clinics in Minnesota.

**RESOLVED**, that the MDA actively engage in public relations programs to position the MDA as a primary advocate on the dental access issue.

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DOP-2003-10 Current, Amended 2006

#### **MDA POLICY FOR SPONSORSHIP AND ADVERTISING**

**RESOLVED**, that in order to 1) enhance and streamline MDA marketing and other interactions with dental vendors, 2) increase non-dues revenues from dental vendors, and 3) increase sponsorship revenues for the Star of the North meeting and other MDA initiatives, the MDA will provide a coordinated and focused staff approach toward its marketing efforts with dental vendors, with all MDA interests represented.

**BE IT FURTHER RESOLVED**, that the MDA seeks to maximize benefit to vendors who sponsor and/or advertise with the MDA. As a result, the MDA shall prepare a plan and submit it to the 2007 House of Delegates for how vendor recognition on the MDA Web site, in MDA News, or in other venues may enhance the value of investing in and supporting the MDA and, at the same time, increase overall income to the MDA. The plan shall consider vendor investment in MDA activities such as Star of the North Meeting, Give Kids A Smile Day, Northwest Dentistry, and others. Vendor support of component district dental societies shall also be considered in the plan.

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DOP-2004-02 Current

#### **MEDICAL ASSISTANCE MODIFICATIONS**

**RESOLVED**, that the Minnesota Dental Association continue to build coalitions with interested parties in social services and community groups that represent the underserved, elderly, handicapped, and immigrant groups. The purpose is to inform these groups that low reimbursement and under-funded programs are significant roadblocks to adequate dental care.

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DOP-2004-03 Current, Amended 2010, Amended 2016

#### **DENTAL WORKFORCE AND DENTAL ACCESS**

**RESOLVED**, that the MDA address Minnesota's dental workforce maldistribution by actively working to:

- 1) Establish a dental monitoring program for students in rural high schools (and earlier) to encourage young people to enter the dental healthcare professions;

2) Work with the University of Minnesota School of Dentistry to establish and promote programs that encourage rural dental practice; and

3) Work with other local healthcare professionals, i.e. physicians, hospitals, public health nurses, and community/government officials to establish programs and materials that promote the many benefits of practicing in smaller, rural communities. This work should include helping others learn about how a dental practice brings economic benefits to a community.

**BE IT FURTHER RESOLVED**, that the MDA serve as a catalyst to link member dentists who are already serving on dental access task forces in their local communities. By networking these individuals together, they can communicate with each other to share ideas about ways to address dental access issues at the local level.

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DOP-2004-05 Current

#### **ADMINISTRATIVE STANDARDIZATION**

**RESOLVED**, that the MDA, recognizing the significant benefits of cost savings and administrative simplification to Minnesota dentists, their patients and all employers, fully support the efforts of the Minnesota Administrative Uniformity Committee and its technical advisory groups requiring all healthcare payers and providers to standardize electronic and paper transactions when implementation of the processes will reduce administrative costs.

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DOP-2004-11 Current

#### **INACCURATE CLAIMS OF MEMBERSHIP**

**RESOLVED**, that the MDA notify dentists who have not maintained their membership, but who list membership on a Web site or on printed material, that either a) their membership needs to be current in order to list membership on public materials or b) they need to clearly state that their membership was in the past. Any other specific action shall be at the discretion of the Membership Committee.

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DOP-2004-12 Current

#### **DENTURISM**

**RESOLVED**, that, in the absence of both a documented patient need for services and a viable educational program, the Minnesota Dental Association is opposed to legislative initiatives that would legalize the practice of denturism in Minnesota.

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DOP-2005-03 Current

#### **PRACTICE CONTINUATION**

**RESOLVED**, that the Minnesota Dental Association encourage all dentists owning a practice in Minnesota to create and join a practice continuation cooperative. The MDA will provide general information, liability information, and legal advice to interested dentists and will contact dentists through district dental societies, local study clubs, and other local dental groups to encourage and assist in the formation of practice continuation cooperatives. The MDA will maintain a listing of

practice continuation cooperatives desiring to be listed with the MDA and of dentists who are available to assist practices requiring continuation services.

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DOP-2005-05 Current

#### **MARKETPLACE COMPETITION**

**RESOLVED**, that the MDA, recognizing that marketplace competition between dental plans will lead to enhanced products and service for Minnesota consumers and dental care providers, encourage Association members to actively explore and support competition between dental plans offering coverage to Minnesotans. The MDA shall study further the barriers to third-party entry into the Minnesota dental marketplace and third-party practices that force dentists out of network and bring information and concerns to the appropriate state and federal agencies.

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DOP-2005-07 Current

#### **THIRD-PARTY COVERAGE OF DIAGNOSTIC PROCEDURES**

**RESOLVED**, that it is the policy of the MDA that dental third-party payer plan designs and processing policies should follow ADA guidelines in order to ensure that necessary and appropriate diagnostic tools are covered for all patient situations. In particular, third-party payers should not disallow payment for radiographs that, based on American Dental Association (ADA) and U.S. Department of Health and Human Services (DHHS) guidelines as released in 2004 in the document entitled, "The Selection of Patients for Dental Radiographic Examinations," are necessary and appropriate. The MDA and its member dentists are encouraged to point out to employers and patients when ADA and DHHS policies are not being followed. The MDA shall prepare written material to assist dentists in discussing this matter with patients and employers.

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DOP-2005-09 Current, Amended 2010

#### **OFFICER TRAVEL REIMBURSEMENT**

**RESOLVED**, that MDA officers and trustees who travel from outside the Twin Cities area receive additional travel reimbursements. The Board of Trustees shall develop a methodology to allocate the additional travel reimbursement funds based on travel time to MDA meetings and the number of meetings likely to be attended by that officer or trustee.

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DOP-2005-10 Current

#### **DENTAL DAY AT THE CAPITOL**

**RESOLVED**, that the Minnesota Dental Association work closely with the district dental societies and the MDA lobbyists to organize a day at the Minnesota Legislature at least every other year. Minnesota dentists can meet in small organized groups with individual legislators to address the key issues that concern and affect dental professionals in Minnesota.

**BE IT FURTHER RESOLVED**, that the Minnesota Dental Association encourage district leaders to convene local meetings with their legislators prior to Dental Day at the Capitol.

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DOP-2005-13 Current

#### **CDT MANUAL AS STANDARD FOR ADMINISTRATIVE PROCEDURES**

**RESOLVED**, that it is the policy of the MDA that dental third-party payers should recognize and follow the current CDT Manual, including the Code and ADA Dental Claim Form and Completion Instructions, as the standard for adjudicating dental claims.

**BE IT FURTHER RESOLVED**, that conformity with the CDT Manual for administrative procedures includes conformity with item #53 of the ADA Claim Form, which recognizes that procedures requiring multiple visits need only be in progress to be submitted to a third-party payer.

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DOP-2006-02 Current

#### **EVIDENCE-BASED CARE**

~~**RESOLVED**, that the MDA appoint a Task Force to develop a process to increase dentists' understanding, utilization, and development of "evidence-based dentistry," in consultation with the American Dental Association and the University of Minnesota School of Dentistry.~~

DOP-2006-02 (REVISED 2021)

#### **EVIDENCE-BASED CARE**

The MDA supports the use of evidence-based research in dental care and education.

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DOP-2006-04 Current

#### **CHILDREN'S DENTAL PROGRAM**

**RESOLVED**, that the MDA directs its lobbying efforts to change the existing children's dental care programs to provide all the children on public programs (from newborns to age 18) with comprehensive dental care.

**BE IT FURTHER RESOLVED**, that this program foster personal dental responsibility and stress the importance of preventative services. In doing so it would, in turn, significantly reduce the costs of adult dental services.

**BE IT FURTHER RESOLVED**, that this program utilize a state-wide fee schedule based on the 90th percentile of the usual and customary fees of the metropolitan areas OR an equal or suitable fiscal explanation. This fee would be adjusted annually with the rate of inflation. It is of paramount importance that this fee is high enough to entice a great majority of dentists to participate or the access to care problem will NOT be adequately addressed.

**BE IT FURTHER RESOLVED**, that these programs be clearly delineated so that it can successfully provide the dental services that the underserved children of Minnesota deserve-while at the same time eliminating the access to care problem for them. It must NOT be pared down or our goals will NOT be realized.

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DOP-2007-01 Current

#### **REPORT ON THE STATUS OF RESOLUTIONS**

**RESOLVED**, that the Board of Trustees of the MDA provide reports at least semi-annually delineating the actions taken by the Association on passed resolutions and their status to the membership.

**BE IT FURTHER RESOLVED**, that the President of the MDA give an annual report to the House of Delegates delineating actions taken on all passed resolutions until they have been fulfilled.

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DOP-2007-03 Current, Amended 2010

### **NON-DUES REVENUE SHARING**

**RESOLVED**, that the MDA annually share income from royalty programs with component district dental societies.

- 1) Non-dues revenue is defined as the royalty income from non-brokered insurance programs endorsed by the MDA.
  - 2) The first 20% of non-dues revenue is to remain with the MDA.
  - 3) The remaining 80% of non-dues revenue is to be divided evenly between the MDA and component district dental societies.
  - 4) The amount of money to be shared with districts would be allocated based on the total number of members in each district.
  - 5) In order to participate in the non-dues revenue sharing program, a district would sign a participation agreement with the MDA within which the district would agree to support the MDA's non-dues revenue sharing programs and not endorse any programs that compete with any of the MDA programs.
  - 6) Examples of how a district can support MDA non-dues revenue programs include, but are not limited to:
    - a) Including information in district newsletters about the endorsed programs.
    - b) Placing information on district pages on the MDA Web site, or on its own Web site, including links to information about MDA-endorsed programs.
    - c) Providing table or booth space to the MDA for non-brokered vendor information to be provided at district meetings at no charge.
    - d) Providing endorsed vendors with the opportunity to make brief presentations at district meetings when appropriate to the agenda.
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DOP-2007-05 Current, Amended 2010

### **DEVELOPMENT OF LEGISLATIVE STRATEGY**

**RESOLVED**, that MDA legislative strategy be developed by the Board of Trustees following the House of Delegates in conjunction with appropriate committees, districts, and groups. General legislative direction will be set by policies adopted by the House of Delegates, and legislative strategy will be developed using House of Delegates' policies; information and advice from the ADA;

health care reform recommendations from legislative and gubernatorial work groups, and other legislative process and political considerations.

**BE IT FURTHER RESOLVED**, that the Board of Trustees will provide information to members about MDA legislative activities and priorities as they fit within the broader context of health care reform throughout the year. This information will be shared with MDA members through publications and meeting in order to maintain an informed membership that communicates with policymakers.

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DOP-2007-06 Current

#### **DENTAL ACCESS INITIATIVE**

**RESOLVED**, that the MDA provide educational and other opportunities for members in order to expand collaborative partnerships between dentists and dental hygienists under which Head Start preschool children receive preventive oral health services at their school or community center from a dental hygienist and then are referred to a collaborating dentist for necessary treatment.

**BE IT FURTHER RESOLVED**, that the MDA's legislative agenda include seeking to help dentists treat more public program patients by increasing the reimbursement rates for dental procedures to make them more reflective of current marketplace rates. If funds are not available legislatively to accomplish this for all public programs patients, increased reimbursement rates for services provided to children should be sought.

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DOP-2007-07 Current

#### **GRADUATES OF NON-ACCREDITED SCHOOLS**

**RESOLVED**, that the MDA continue its partnership with the University of Minnesota School of Dentistry and the Board of Dentistry to revise the law that prohibits the Board from disqualifying internationally-educated dentists of non-accredited dental schools from taking a clinical board examination solely on that basis.

**BE IT FURTHER RESOLVED**, that the MDA educate our legislators on these matters through grassroots lobbying.

**BE IT FURTHER RESOLVED**, that the MDA continue its partnership with the University of Minnesota School of Dentistry and the Minnesota Board of Dentistry to help, support and encourage internationally-educated dentists through outreach.

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DOP-2007-08 Current

#### **FINANCIAL RESERVE POLICY**

**RESOLVED**, a financial reserve fund is vital to the health and future of an association. It is the responsibility of the MDA to develop and maintain an appropriate level of reserves relative to its current and future financial obligations. However, this fiscal responsibility must be balanced with providing optimal membership value. The purpose of the reserve fund is to allow the MDA to sustain basic operations and core member services during a short or long-term economic downturn. The Association will be in a better position to respond to unexpected shortfalls in revenue or unexpected expenditures of a nonrecurring nature not anticipated at the time of preparation and adoption of the budget. It will also allow the MDA to take advantage of unique

opportunities that arise and provide ongoing non-dues investment income. The reserve fund is defined as the accumulated net surpluses of the MDA and will consist of cash or investments consistent with the long-term investment policy of the MDA Financial Guidelines and Investment Policy adopted by the Board of Trustees in 2000 and amended in 2003. The target balance in this fund shall be 40% of the MDA annual budgeted operating expenses consistent with the American Dental Association policy for its reserve fund. Funds in excess of this balance will be reported back to the House of Delegates. This policy shall be reviewed at least annually by the Executive Director, Treasurer, Budget Committee and Board of Trustees for any necessary revisions.

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DOP-2007-12 Current

### **COMMUNITY DENTAL HEALTH COORDINATOR**

**RESOLVED**, that the MDA support the development of a new type of dental worker called a "Community Dental Health Coordinator" (CDHC) in Minnesota. This would be a person who, after completing 18 months of training, would work under a dentist's supervision in health and community settings, such as schools, churches, senior citizens centers, Head Start programs, and other public health settings, with people similar to their own ethnic/cultural background. Particularly in rural areas and low income communities, they would promote oral health and provide basic preventive services.

**BE IT FURTHER RESOLVED**, that, if one or more Minnesota sites receives funding to test the "Community Dental Health Coordinator" concept, the MDA seek necessary legislative and/or rule changes to allow this new type of dental worker to perform various intraoral procedures. These changes will be needed in order to allow this new dental worker to actually perform intraoral procedures in Minnesota once they complete their training, and thereby, complete the necessary pilot test evaluation.

**BE IT FURTHER RESOLVED**, that the MDA amend its 2001/2002 resolution ("Mid-Level Dental Practitioner") to allow new training program apart from existing training programs for dentists, dental hygienists and dental assistants, but still require that any newly-created dental personnel work only under the supervision of a dentist. Changes are shown below:

#### **(MID-LEVEL DENTAL PRACTITIONER (2001, Revised 2002))**

**RESOLVED**, that the MDA strongly oppose the creation and licensure of a mid-level dental practitioner in Minnesota. A mid-level dental practitioner is a dental worker who would not work under the supervision of a dentist or who would be allowed to perform surgical procedures.

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DOP-2007-14 Current

### **TOP DENTISTS**

~~**RESOLVED**, that in support of the MDA's stated concerns with the methodology behind and use of the "Top Dentist" listings at the state (constituent) or district (component) level dentists should strongly consider not participating in any "Top Dentists" type list.~~

~~We at the Minnesota Dental Association understand that many may be listed without their consent, and we understand, of course, that we do not have the authority to require members to abstain~~

from these lists; however, acting in an advisory capacity, we feel strongly enough about this issue to ask for your compliance.

~~**BE IT FURTHER RESOLVED**, that, in the future, any dentist within the MDA will be sent a copy of the ADA's Code of Ethics and Professional Conduct with a cover letter formulated by the Constitution, Bylaws and Ethics Committee. The letter, in part, will reiterate the MDA's position on "Top Dentists" type lists and ask them to not participate. The MDA will also provide via Web site a boiler-plate letter for the members to use.~~

~~**BE IT FURTHER RESOLVED**, that the MDA will also provide on its Web site a boiler-plate letter for members to use to send to the appropriate media requesting that the member's names not be used in any "Top Dentist" publications.~~

DOP-2007-14 (REVISED 2021)

#### TOP DENTIST

RESOLVED, The MDA views Top Dentist-type surveys and lists as misleading to the public, due to the lack of scientific and verifiable basis for such rankings.

And be it further RESOLVED that the MDA discourages the use of Top Dentist-type lists for promotion and marketing of dental practices.

The MDA will make available resources that:

1. dissuades member participation in such lists
2. assists in a dentist's request for exemption from such lists.

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DOP-2008-01 Current

#### NOMINATION FOR BOARD OF DENTISTRY CANDIDATES

**RESOLVED**, that the solicitation from the President of the Minnesota Dental Association for nominations or candidates from district dental societies for a variety of awards and positions shall include a request for candidates for any open dentist position on the Board of Dentistry.

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DOP-2008-02 Current

#### DEFINING ACCESS TO CARE

**RESOLVED**, that the MDA Board of Trustees define "access to care" as it relates to dentistry within our state by January 1, 2009.

**BE IT FURTHER RESOLVED**, that the MDA partner with the Department of Human Services and other entities to obtain and analyze statistics that relate to access to care. Statistics should include access to care including, but not limited to, statistics on uncompensated dental services and the number of actual failed appointments. A report on the progress of this activity should be made to the 2009 House of Delegates.

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DOP-2008-03 Current



## **INCENTIVE TO PRACTICE IN RURAL AREAS**

**RESOLVED**, in order to improve dental access, the MDA's legislative agenda include promoting legislation that will grant effective incentives to practice in rural areas. This may include grants, loan forgiveness, income tax breaks, etc.

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DOP-2008-04 Current, Amended 2016

## **CONSIDERATIONS FOR CHANGES TO THE DENTAL WORKFORCE**

**RESOLVED**, that when proposals are made to change the dental workforce (creating new types of dental workers, significantly modifying existing allied or mid-level dental professionals), the MDA shall consider the following when formulating its position:

- 1) The need and rationale for the change; whether and how it would benefit the public's oral health; and how to measure the outcomes of the change;
- 2) Whether access would be better addressed by the increasing reimbursement rates to existing dental providers rather than by creating a new type of dental worker;
- 3) Necessary education and competencies needed to perform the dental services with skill;
- 4) Accreditation of the educational program needed to train the new worker;
- 5) Scope of practice if direct patient care is involved and level of dentist supervision necessary to protect patient health and safety;
- 6) Cost effectiveness and economic impact of the new worker on the cost of care in private practice and community settings;
- 7) Types of patients to be served and settings where care may be delivered safe and effectively;
- 8) Whether the proposal needs to be pilot tested first, or whether it can be enacted safely in statute or rule without testing.

**BE IT FURTHER RESOLVED**, that the MDA remains committed to ensuring that only the licensed dentist may provide a final diagnosis of a patient's oral condition and formulate a comprehensive treatment plan.

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DOP-2008-05 Current

## **CRITICAL ORAL HEALTH NEEDS OF THE UNDERSERVED**

**RESOLVED**, that MDA member dentists be encouraged to provide paid or pro bono dental services on a regular basis to assist in helping to meet the critical oral health needs of underserved Minnesotans.

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DOP-2008-06 Current

## **RETAIL WHITENING BY NON-DENTAL PERSONNEL**

**RESOLVED**, that the MDA Board of Trustees work with the appropriate governmental bodies to develop legislation or regulation concerning retail whitening outlets in their current form.

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DOP-2008-11 Current

## **NEW DENTISTS AS ALTERNATE DELEGATES TO THE MDA AND ADA HOUSE OF DELEGATES**

**RESOLVED**, that each of the Minnesota Dental Association's districts (not including the student district) are encouraged to select at least one MDA new dentist as a delegate or alternate delegate to the Minnesota Dental Association's House of Delegates.

**BE IT FURTHER RESOLVED**, that the MDA Board of Trustees nominate one MDA new dentist member to represent the MDA as a delegate or an alternate delegate to the American Dental Association's House of Delegates beginning with the ADA 2009 House of Delegates. The MDA New Dentist Committee may provide recommendations to the Board of Trustees. Nominees should have previous experience with the MDA House of Delegates.

**BE IT FURTHER RESOLVED**, that the MDA attempt to have one new dentist represented on each MDA Committee.

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DOP-2008-12 Current

### **SUBMISSION OF RESOLUTIONS TO THE HOUSE OF DELEGATES**

~~**RESOLVED**, that resolutions be submitted to the MDA as soon as possible, for distribution to component district caucuses.~~

~~**BE IT FURTHER RESOLVED**, that resolutions be considered by the Board of Trustees, and any recommendations or suggested amendments be communicated to the author, who may consider altering the language of the resolution.~~

~~**BE IT FURTHER RESOLVED**, that the Board of Trustees or MDA staff offer their written commentary on all resolutions submitted by the deadline.~~

DOP-2008-12 (REVISED 2021)

### **SUBMISSION OF RESOLUTIONS TO THE HOUSE OF DELEGATES**

**RESOLVED**, that resolutions be submitted to the MDA as soon as possible, for distribution to component district caucuses.

**BE IT FURTHER RESOLVED**, that resolutions shall be reviewed by the Resolution Review Committee to assist resolution authors in presenting clear, understandable, and factually accurate resolutions consistent with the author's intent.

**BE IT FURTHER RESOLVED**, that resolutions be considered by the Board of Trustees, and any recommendations or suggested amendments be communicated to the author, who may consider altering the language of the resolution.

**BE IT FURTHER RESOLVED**, that the Board of Trustees or MDA staff offer their written commentary on all resolutions submitted by the deadline.

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DOP-2008-13 Current

### **THIRD PARTY AUDITS**

**RESOLVED**, that the MDA should approach third-party payers to seek amendments to their respective contracts with their member dentists to ensure the opportunity to challenge the audit

findings before an independent tribunal. If that is rejected, the MDA should seek legislation which requires the third-party payer to provide for an independent adjudicative process to allow the dentist an opportunity to be heard and challenge the findings.

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DOP-2009-01 Current

#### **SUPRAGINGIVAL SCALING BY LICENSED DENTAL ASSISTANTS**

**RESOLVED**, that the MDA collaborate with other dental organizations to amend the rules of the Board of Dentistry to allow licensed dental assistants to perform supragingival scaling on patients through 18 years of age. The MDA should propose that this be allowed under the following conditions:

- 1) The dentist must check the patient after the supragingival scaling is completed and ensure that any subgingival scaling is completed by either the dentist or dental hygienist;
  - 2) The licensed dental assistant be allowed to perform supragingival scaling on recall patients with the dentist's knowledge and consent prior to being seen by the dentist, and
  - 3) The licensed dental assistant only be allowed to perform supragingival scaling after completing a continuing education course approved by the Board of Dentistry.
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DOP-2009-04 Current

#### **RESPONSE TO HAZARDOUS WASTE REGULATION**

**RESOLVED**, that the MDA work with dental product manufacturers and suppliers to develop a plan for evaluating dental office hazardous wastes according to the rules and criteria of the Minnesota Pollution Control Agency. The plan should include a mechanism for all dental offices in the state to use the results of product evaluations as a justification for how they handle a waste product, how the evaluation can be utilized by dental offices as a practice management tool and as a source document to use with regulators, a cost estimate and financing plan for accomplishing product evaluations, and a preliminary list of the top priority products to be evaluated. This plan must be reviewed and approved by the Board of Trustees.

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DOP-2009-06 Current

#### **GOOD SAMARITAN ENTITY LIABILITY PROTECTION**

**RESOLVED**, that the Minnesota Dental Association endorse and lobby for the passage of a bill for Emergency Preparedness Entity Liability Protection.

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DOP-2009-07 Current

#### **HEALTH CARE REFORM AND DENTISTRY**

**RESOLVED**, that the MDA Board of Trustees ensure that the issues of health care reform in the U.S. and in Minnesota are thoroughly explored and understood and that positions regarding those

issues be considered and adopted, if appropriate. Positions established by the Association should consider how to best accomplish oral health care delivery and financing change so as to ensure that quality care is provided to the most people possible at affordable prices. The Board of Trustees should also ensure that positions on state and federal legislative proposals and information for the public are developed.

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DOP-2009-08 Current

#### **LEGISLATION TO BAN A THIRD-PARTY PRACTICE**

**RESOLVED**, that the MDA seek passage of legislation to prohibit insurance companies from containing fees for dental services that are not benefitted, including service above the patient's yearly maximum.

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DOP-2010-06 Current

#### **DENTAL BENEFITS FOR THE AGED, DISABLED, AND SPECIAL NEEDS POPULATIONS**

**RESOLVED**, that, at a minimum, dental services and fees provided to vulnerable populations (the aged, disabled and those with special needs) be equal to those currently provided to children.

**BE IT FURTHER RESOLVED**, that the public assistance dental benefits cover age-appropriate services for those populations, and that such services be provided at proper intervals to determine the existence of suspected disease or condition, consistent with reasonable standards of dental care for these populations.

**BE IT FURTHER RESOLVED**, that the term "oral health services" be defined as meaning the relief of pain and infections; restoration or replacement of teeth; periodontal treatment; oral health preventive services including adult fluoride application; inpatient and outpatient dental procedures, evaluations and examinations; dentures or partial denture care including relines and repairs to existing dental prostheses; per patient visits to hospitals, house calls, nursing homes and other long-term care facilities; sedation and general anesthesia; and behavior management necessary to accommodate physical or behavioral impairment.

**BE IT FURTHER RESOLVED**, that the Minnesota Dental Association actively seek legislation to allow all of the above.

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DOP-2010-10 Current

#### **DEFINITION OF DENTAL HOME**

**RESOLVED**, that the Minnesota Dental Association adopt the American Academy of Pediatric Dentists' definition of "dental home" as its own. The AAPD defines dental home as 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."

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DOP-2010-11 Current

#### **DEFINING DENTAL ACCESS**

**RESOLVED**, that the MDA put into place a policy that supports the use of terminology that would do the following:

- 1) Substitute the phrase "barrier to care" rather than "access to care" in MDA communications when addressing issues associated with restrictions or limitations to individuals seeking dental care. These efforts are intended to culminate in an effort to always redirect conversation to a specific barrier that will lead to purposeful solutions.
- 2) Clarify specifically which "dental care barrier" is being referred to (including, but not limited to):
  - Financial Barrier
  - Geographic Barrier
  - Governmental Policy
  - Barrier Personal Barrier
- 3) This resolution should be brought forward to the 2010 ADA House of Delegates.

**BE IT FURTHER RESOLVED**, that all discussion, written or oral, related to the issue of barriers, clarify which barrier is the focus of the discussion.

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DOP-2010-12 Current

#### **ELIMINATION OF DENTAL RADIOLOGY INSPECTIONS**

**RESOLVED**, that the Minnesota Dental Association endorse legislation to eliminate radiation inspections by the Minnesota Health Department except in the case where appropriate written records and evidence of the biennial (24 month) inspection and calibration of sources of ionizing radiation have not been submitted to the Minnesota Department of Health, with an appropriate reduction in licensing fees.

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DOP-2010-14 Current

#### **HOUSE OF DELEGATES TO BE HELD IN TWIN CITIES METRO AREA ONLY**

~~**RESOLVED**, that the Minnesota Dental Association hold all its annual House of Delegates Meetings alternately between the Twin Cities area and the five outstate districts, if feasible, and involve the local district members in the planning.~~

~~**BE IT FURTHER RESOLVED**, that the Minnesota Dental Association rescind the 1989 resolution on Selection of Meeting Sites which has been superseded by the previous resolving clause.~~

DOP-2010-14 (REVISED 2021)

#### **HOUSE OF DELEGATES LOCATION**

**RESOLVED**, that the Minnesota Dental Association hold all its annual House of Delegates Meetings alternately between the Twin Cities area and the five outstate districts, if feasible, and involve the local district members in the planning.

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DOP-2010-15 Current

#### **MISUSE AND ABUSE OF PRESCRIPTION DRUGS FOR DENTAL PAIN**

**RESOLVED**, that the Minnesota Dental Association Board of Trustees or President assign to the appropriate committee and staff responsibility for informing members of:

- 1) Resources available in dealing with prescription narcotics abuse.
  - 2) Upcoming changes regarding prescribing of narcotic and other pharmaceutical drugs, and to publicize resources presently available and/or developed, including, but not limited to Minnesota Prescription Monitoring Program, e-prescriptions, and unalterable prescriptions. Available resources, such as *MDA News*, *Northwest Dentistry*, the MDA Website, etc. should be used to provide regular ongoing communications on a timely basis as information continues to evolve.
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DOP-2010-17 Current

#### **PROMOTE TOBACCO CESSATION**

**RESOLVED**, that the Minnesota Dental Association explore new avenues and promote current programs that increase dental involvement in tobacco cessation.

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DOP-2011-01 Current

#### **HMO ACCOUNTABILITY AND TRANSPARENCY**

**RESOLVED**, that the MDA should work with other organizations to pursue legislation and/or carry out other strategies to increase accountability and transparency of third-party payers when taxpayer money is involved. The priority of this legislative item and its details shall be determined by the Legislative Affairs Committee and the Board of Trustees.

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DOP-2011-02 Current

#### **ANNUAL MISSION OF MERCY EVENT**

**RESOLVED**, that the Minnesota Dental Association and the Minnesota Dental Foundation should conduct the Minnesota Mission of Mercy Project to begin in 2012.

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DOP-2011-07 Current

#### **PARTICIPATION IN THE MINNESOTA ORAL HEALTH COALITION**

**RESOLVED**, that the Minnesota Dental Association seek volunteers for nomination and participation on the Minnesota Oral Health Coalition.

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DOP-2012-01 Current

#### **SALES TAX EXEMPTION FOR NON-PROFIT COMMUNITY CLINICS SEEING GOVERNMENT ASSISTANCE PATIENTS ONLY**

**RESOLVED**, that the MDA shall support legislation by the State of Minnesota to make non-profit community dental clinics that service only state assisted patients be exempt from sales tax imposed on them for purchasing.

**RESOLVED**, that the MDA shall support efforts to educate Minnesota state legislators of the importance of any financial help to these clinics to keep them viable providers of dental services to the state's underserved population.

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DOP-2012-02 Current

### **OWNERSHIP OF DENTAL PRACTICES**

**RESOLVED**, that the MDA study the North Carolina legislature experience related to DMSO arrangements and report to the 2013 House of Delegates and to MDA members.

**BE IT FURTHER RESOLVED**, that the MDA engage in educating the broader community about DMSOs.

**BE IT FURTHER RESOLVED**, that the MDA work with the American Dental Association and other interested parties to develop a glossary of terms that describe the different models of dental practice, especially regarding financial and clinical decision-making.

**BE IT FURTHER RESOLVED**, that the MDA disseminate the ADA policy statement on dental practice ownership and control.

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DOP-2012-03 Current

### **RESTORATION OF COVERAGE FOR ANCILLARY PROSTHETIC SERVICES FOR MEDICAID AND MINNESOTA CARE PATIENTS**

**RESOLVED**, that the Minnesota Dental Association be on record for the restoration of coverage for ancillary prosthetic services including reline and repairs for Medicaid and Minnesota Care patients.

**BE IT FURTHER RESOLVED**, that the Minnesota Dental Association will actively work with the legislature of the State of Minnesota to restore the aforementioned coverage.

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DOP-2012-09 Current

### **WORKFORCE DISTRIBUTION PROBLEM IN DENTISTRY**

**RESOLVED**, that the MDA promote policies and new programs for dental students or new dentist within the School of Dentistry and the State of Minnesota to help in addressing the state's maldistribution of dentist.

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DOP-2012-10 Current

### **INSURANCE PREMIUMS AND DEDUCTIBLES**

**RESOLVED**, that the MDA and the Insurance and Affinity Products Committee seek to find a reasonably priced health insurance plan, with lower premiums and deductibles, while maintaining a high quality of coverage, and/or think creatively about how to keep medical insurance costs low for the membership.

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DOP-2012-11 Current

### **SUPPORT FOR MNMOM FROM OUR MEMBERS AND MDA**

**RESOLVED**, that in the future, payment by the MDF to the MDA for MOM events will be determined based on MDA staff trackable hours for the MOM event.

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DOP-2013-03 Current

**MDA TO STUDY THE PLANS AND GOALS OF THE MINNESOTA DEPARTMENT OF HEALTH (MDH) TO IMPROVE THE ORAL HEALTH OF MINNESOTA'S CITIZENS**

**RESOLVED**, that the MDA reports its activities in relation to the MN Oral Health Coalition to the membership by the end of 2013 through News and Views and Northwest Dentistry; and update the membership of any future activities in a timely manner.

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DOP-2013-04 Current

**MDA TO STRONGLY ADVISE THE MINNESOTA DEPARTMENT OF HEALTH TO UPDATE THEIR REGULATION ON HEALTH PROFESSIONAL SHORTAGE AREA CRITERIA**

**RESOLVED**, that the Minnesota Dental Association strongly advise the Minnesota Department of Health's Office of Primary and Rural Health to urge the Federal HRSA program to update regulations for Health Professional Shortage Area Criteria, and will cooperate to provide the necessary standard of care guidelines and data. The Minnesota Dental Association will also strongly advise the ADA to become involved with proposing changes in dental HPSA designation criteria and selection at the federal government level.

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DOP-2013-06 Current

**THE MDA TO AVOID THE CHAIRING OF STATE COMMITTEES BY SITTING MEMBERS OF THE BOARD OF TRUSTEES**

**RESOLVED**, that the Minnesota Dental Association President attempt to fill state committee chair positions with non-sitting members of the Board of Trustees.

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DOP-2013-07 Current

**CONTINUING EDUCATION CREDITS FOR MEMBERS OF THE SCIENTIFIC SESSION COMMITTEE**

**RESOLVED**, that the Minnesota Dental Association recommends to the Minnesota State Board of Dentistry that the Board grant 10 fundamental credits to a SSC member for each year they are active on the Scientific Session Committee.

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DOP-2014-03 Current

**PROTOCOL FOR ADDRESSING ACUTE PAIN AND PRESCRIBING OPIOIDS**

**RESOLVED**, that the Minnesota Dental Association House of Delegates support and endorse the ICSI "Acute Pain Assessment and Opioid Prescribing Protocol."

**BE IT FURTHER RESOLVED**, that the MDA House of Delegates direct the Environment and Safety Committee to promote the protocol to members throughout MDA districts, along with collaborating medical and hospital professionals, as a guide for opioid prescribing and to initiate the development and adaption of a standalone DENTAL acute pain assessment and prescribing protocol.

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DOP-2014-05 Current

**PROMOTE THE PERIODONTAL HEALTH OF PEOPLE ENROLLED IN MINNESOTA PUBLIC PROGRAMS**

**RESOLVED**, that the Minnesota Dental Association promote the care of adult patients with periodontal disease enrolled in the public programs of the State of Minnesota. This may include discussion with the Minnesota Department of Health, sponsorship of legislation, or any other effort to achieve this goal.

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DOP-2014-07 Current

**PROACTIVE STAND FOR EARLY CHILDHOOD PREVENTATIVE DENTAL PRACTICES**

**RESOLVED**, that the Minnesota Dental Association be proactive in disseminating information teaching parents of newborns how to care for their child's first four erupting teeth to the public, particularly to recipients of public programs who statistically have high incidence of early childhood caries. The Dept of Human Services should be contacted and asked to become a partner in this collaborative educational effort.

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DOP-2014-08 Current

**ADA/MDA ADVOCACY**

~~**RESOLVED**, that the Minnesota Dental Association promote and encourage the promotion of advocacy by its staff and directors. This is for the purpose of increasing membership and clarifying one of the most fundamental 'benefits' to members and non-members alike.~~

DOP-2014-08 (REVISED 2021)

**ADA/MDA ADVOCACY**

**RESOLVED**, That the MDA and staff recognize the high value of advocacy as a member benefit for influencing regulatory concerns and impacting public opinion.

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DOP-2014-12 Current

**RESEARCH CREATION OF A LEADERSHIP MENTORING PROGRAM**

**RESOLVED**, that the MDA be charged with the study and implementation of a Leadership Mentoring Program.

**BE IT FURTHER RESOLVED**, that this program be made available to any member of the Minnesota Dental Association who desires to improve his/her leadership skills.

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DOP-2015-02 Current

**REGARDING ELIMINATING THE PROVIDER TAX FROM MEDICAID AND MNCARE PROCEDURES**

~~**RESOLVED**, that the MDA will seek legislation to end the 2% Provider Tax on all state funded program dental procedures.~~

DOP-2015-02 (REVISED 2021)

REGARDING ELIMINATING THE PROVIDER TAX FROM MEDICAID AND MNCARE PROCEDURES

RESOLVED, the MDA supports elimination of the Provider Tax on all State Funded Dental Procedures.

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DOP-2015-03 Current

**ORAL HEALTH CARE CONCERNS IN EXTENDED CARE, ASSISTED LIVING, AND NURSING CARE FACILITIES**

~~**RESOLVED**, that the Minnesota Dental Association investigate and implement a strategy of how to best work with long-term care facilities to achieve appropriate oral health care for their residents.~~

DOP-2015-03 (REVISED 2021)

ORAL HEALTH CARE CONCERNS IN EXTENDED CARE, ASSISTED LIVING, AND NURSING CARE FACILITIES

RESOLVED, That the MDA recognizes the essential need and value of appropriate dental care for the residents of extended care, assisted living, and skilled nursing care. The MDA shall support opportunities to advocate for and facilitate the availability of dental care and the provision of adequate home care in congregate living settings.

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DOP-2015-04 Current

**CONSCIENTIOUS PRESCRIBING FOR DENTISTS INITIATIVE**

**RESOLVED**, that the MDA Environment and Safety Committee develop and coordinate a comprehensive action plan for prescription opioid safety, based on the MDA Protocol for Assessment and Treatment of Oral/Facial Pain. The action plan should include, but not be limited to: initiation, support and implementation of education on the use of the protocol and the Prescription Monitoring Program to MDA districts, MDA educational initiatives for members, and collaboration with the Minnesota Medical Association, Minnesota Board of Dentistry, American Dental Association, and the American Medical Association on opioid related efforts.

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DOP-2015-05 Current

**ACCEPTANCE OF NON-PATIENT BASED LICENSURE EXAMINATIONS AS DENTAL CERTIFICATION OUTSIDE OF MINNESOTA**

**RESOLVED**, that the Minnesota Dental Association begin to actively engage in discussion with neighboring state dental associations to support the acceptance of non-live patient based clinical licensure examinations as dental certification.

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DOP-2016-02 Current

**MDA ADMINISTRATIVE SERVICES TO DISTRICTS**

**RESOLVED**, that the MDA study and present administration management services available to all districts.

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DOP-2016-05 Current

**PROMOTION OF AAPD GUIDELINES**

**RESOLVED**, that the MDA promote the AAPD recommendations on infant exams and it's continuing education initiatives for dentists to learn how to deliver prophylaxis and fluoride varnish to children 0-3 years old, and how to administer an appropriate oral evaluation that includes counseling in nutrition, anticipatory guidance, caries susceptibility and risk assessment, and oral hygiene instructions.

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DOP-2016-06 Current

**SCHOOL LUNCH OPTIONS**

**RESOLVED**, that the Minnesota Dental Association be charged with helping implement healthier options for students within the school food program.

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DOP-2016-07 Current

**PROVIDER TAX**

**RESOLVED**, that the Minnesota Dental Association will promote repeal of the Health Care Provider Tax for the dental segment.

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DOP-2016-08 Current

**SOFT DRINK TAX**

**RESOLVED**, that the Minnesota Dental Association will promote a "Soft Drink Tax" (non-alcoholic beverages that contain natural or artificial sweeteners) as a replacement for the Health Care Provider Tax assessed against the state's dentists.

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DOP-2017-01 Current

**PRIOR AUTHORIZATION FOR ALL DENTAL EXTRACTIONS**

**RESOLVED**, that the Minnesota Dental Association support legislation or any other means to remove the requirement of prior authorization for all dental extractions for Minnesota Medicaid patients

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DOP-2017-02 Current

**GIVE KIDS A SMILE INCORPORATE EARLY DENTAL DISEASE PREVENTION**

**RESOLVED**, that the MDA pursue expansion of the successful Give Kids a Smile Initiative to incorporate Early Dental Disease Prevention by including messaging specifically directed at the

value of early dental disease prevention and education for pregnant mothers, newborns, and young children (0-2 years old). Further, **RESOLVED**, that the MDA would bring this message to the ADA to expand this initiative nationwide

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DOP-2018-02 Current

#### **FEE TRANSPARENCY**

**RESOLVED**, that the Minnesota Dental Association take the position and advocate for achieving more, transparency when it comes to receiving accurate real-time fee information from third party payers of dental services so as to better inform patients of the estimated cost of care.

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DOP-2018-03 Current

#### **ORAL HEALTH CARE FOR SPECIAL NEEDS PATIENTS**

**RESOLVED**, that the Minnesota Dental Association work with the appropriate entities and agencies to define and classify special needs patients as a separate category under Minnesota Health Care Programs.

**BE IT FURTHER RESOLVED**, a specific benefit set be pursued for special needs patients that meets the Standard of Care. And

**BE IT FURTHER RESOLVED**, a benefit set be pursued which provides adequate reimbursement for dental providers who render care to special needs patients

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DOP-2018-04 Current

#### **SUGAR-SWEETENED AND ACIDIC BEVERAGES**

**RESOLVED**, that the Minnesota Dental Association, in collaboration with allied health professions, health care organizations, and the Minnesota Department of Health, create a public awareness campaign to educate the public on the detrimental effects that sugar-sweetened and acidic beverages have on oral health and overall health.

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DOP-2018-05 Current

#### **ONE-DAY HOUSE OF DELEGATES**

**RESOLVED**, that the Minnesota Dental Association revise its House of Delegates meeting agenda so as to begin and conclude its business in one day.

**BE IT FURTHER RESOLVED**, that MDA Delegates and Alternates be invited to future Leadership Conference meetings.

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DOP-2018-06 Current

#### **DEFINING THE PRACTICE OF DENTISTRY**

**RESOLVED**, it is the position of the Minnesota Dental Association (MDA) that ownership/proprietorship and management of a dental practice means that one or more dentists, individually or in partnership or incorporation with other dentists, has management control and

authority over all aspects of a dental practice, including clinical procedures and services and the business activities and services that support the dental practice.

**BE IT FURTHER RESOLVED**, it is the position of the MDA that it is appropriate for dentist-owned dental practices to contract with non-licensed persons or entities for business, professional, and support services to assist dentists in the operations of dental practices, but such services must be subject to the oversight and control of licensed dentists. Dentists do not retain management control if a non-licensed contractor has the absolute authority to set, approve, or disapprove policies or practices relating to the clinical practice of dentistry, including any of the following clinical activities:

- a) Patient scheduling,
- b) Treatment planning,
- c) Selecting or purchasing dental equipment, dental materials, or dental laboratories,
- d) Referral of patients, or
- e) Access to patient data and patient records.

**BE IT FURTHER RESOLVED**, it is the position of the MDA that dentists must also maintain management control over activities that might be viewed as the business side of the practice. By way of example and not as an exhaustive list, a dentist could be deemed to have relinquished management control of their practice of dentistry if a contractor has any of the following authorities or characteristics:

- a) Authority over dental practice bank accounts,
- b) Ability to make key financial decisions for the practice,
- c) Power to employ clinical or office-based staff,
- d) Control over whether a refund payment to a patient is made,
- e) Authority to establish billing policies or practices,
- f) Ability to determine which dental benefit plans are accepted

**BE IT FURTHER RESOLVED**, that the Minnesota Dental Association encourage the Minnesota Board of Dentistry:

- a) To establish a program to register dental support organizations,
- b) To clearly articulate and establish its authority to review all contracts between a dentist and a dental support organization to ensure that the contracts do not allow the unauthorized practice of dentistry, and
- c) To clearly articulate and provide information to the Minnesota dental community about clinical and business practices that, if not subject to the management and control of licensed dentists, may jeopardize a dentist's ability to exercise their professional responsibility as a dentist licensed in Minnesota...

**BE IT FURTHER RESOLVED**, that the MDA submit a resolution to the ADA House of Delegates in 2019 proposing the following items:

- a) The American Dental Association (ADA) adopt the positions stated in the first three resolutions identified above as positions of the ADA.
- b) Directs the ADA Legal Division to create a document on what a dentist needs to know when reviewing a business services agreement with a dental support organization (similar to "Dentist Employment Agreement: A Guide to Key Legal Provisions").
- c) Directs the ADA State Government Affairs Division to track dental support organization-related

legislative and regulatory activities in the states and make the information available to ADA members.

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DOP-2018-08 Current

### **HOUSE OF DELEGATES POLICY REVISION**

**RESOLVED**, that the MDA Digest of Policies shall be renamed, MDA House of Delegates Digest of Adopted Resolutions. The Digest shall be subdivided into two (2) segments:

1. Policy
2. Action Items

All Action Items will sunset from the Digest two (2) years following completion of specified action. Date of completion and assignment to appropriate Digest category shall be the shared responsibility of the Executive Director of the MDA in consultation with the Speaker of the House.

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DOP-2018-09 Current

### **BUDGET RESPONSIBILITY**

**RESOLVED**, that the MDA House of Delegates shift the authority to approve the Association's budget from the MDA House of Delegates to the MDA Board of Trustees.

**BE IT FURTHER RESOLVED**, that the MDA Bylaws are updated to reflect the changes accordingly.

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DOP-2019-01 Current

### **MDA BYLAWS CHAPTER IX**

**RESOLVED**, that the MDA Bylaws Chapter IX be modified as such:

#### **CHAPTER IX - RECOMMENDATIONS FOR STATE BOARD OF DENTISTRY**

Section 1. Member nominees for expiring dentist positions may be submitted to the Board of Trustees and subsequently presented to the House of Delegates. Nominations may also be made from the House floor. Nominees shall be elected in a manner determined by the Speaker of the House. Those nominees receiving more than fifty (50) percent of the votes by the Delegates present and voting shall be recommended to the Governor for appointment to the Minnesota Board of Dentistry.

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DOP-2019-02 Current

### **MDA BYLAWS AMENDED-J. LOSS OF MEMBERSHIP**

**RESOLVED**, that the MDA Bylaws be amended as follows:

#### **J. Loss of Membership**

(1) An active.....Chapter II.

(2) Member Conduct Subject to Discipline. A member may be disciplined for (1) having been found guilty of a felony, (2) having been found guilty of violating the dental practice act of a state or other

jurisdiction of the United States, (3) having been discharged or dismissed from practicing dentistry with one of the federal dental services under dishonorable circumstances, (4) violating the Bylaws, The Principles of Ethics and Code of Professional Conduct, or the Bylaws or Code of Ethics of the constituent or component of which the accused is a member, or (5) violating the ADA's Member Conduct Policy. Any member who is charged with violating these the governing Bylaws, the Principles of Ethics and Code of Professional Conduct, or the ADA Member Conduct Policy, shall have the right to a hearing in the component society of which he or she is a member. Disciplinary proceedings will be conducted in accordance with Chapter XI of the Governance and Organizational Manual of the ADA.

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DOP-2019-03 Current

#### **MDA DIGEST OF ADOPTED RESOLUTIONS UPDATE**

**RESOLVED**, that the following deletions to Resolutions in the MDA Digest of Adopted Resolutions occur:

1982-01 Direct Reimbursement  
1983-01 Patient Freedom of Choice  
1995-02 Rule 101  
2002-03 Dental Access  
2010-02 Non-covered Services  
2010-18 Dental Outreach Planning  
2013-01 Method of Appointing Minnesota BOD

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DOP-2019-04 Current

#### **REDUCING PLASTIC WASTE IN DENTAL OFFICES**

**RESOLVED**, that the Minnesota Dental Association Environment and Safety Committee, or a new task force, develop a best practices publication for dental offices to reduce plastic waste.

**BE IT FURTHER RESOLVED**, that the committee or task force work with dental product suppliers to substitute paper bags for the plastic take home bags they provide.

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DOP-2019-05 Current

#### **TAX ON SUGAR-SWEETENED BEVERAGES**

**RESOLVED**, that the Minnesota Dental Association Legislative Affairs committee explore a tax on sugar-sweetened beverages.

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DOP-2019-06 Current

#### **INCREASE THE NUMBER OF DENTAL ASSISTANTS**

**RESOLVED**, that the Minnesota Dental Association prioritize and support the Dental Education Committee's efforts and collaborations with allied healthcare organizations, educational institutions and the Minnesota Board of Dentistry to increase the number of Licensed Dental Assistants in the state of Minnesota.

**BE IT FURTHER RESOLVED**, that efforts made to highlight information to the general membership

on the workings of the Minnesota Dental Association and Dental Education Committee on their progress towards resolving workforce challenges.

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DOP-2020-01 Current

### **HOD RULES CHANGE**

**RESOLVED**, that Sections III and VI of The Minnesota Dental Association House of Delegates Standing Rules be amended as indicated: **Standing Rule III Submission of Resolutions** The MDA Board of Trustees and Committees, component dental societies, a caucus of district dental society's duly credentialed delegates, or individual delegates and alternate delegates may propose resolutions in writing. Resolutions for consideration by the House of Delegates shall be submitted to the Speaker or the Executive Director on a designated form and in a designated means no later than June 15<sup>th</sup>. Resolutions submitted by the deadline prescribed in Standing Rule III A.1 shall be distributed and referred by the Speaker, in accord with Standing Rule II.B., to the appropriate Reference Committee at the First Session of the House. The Speaker's referral to the appropriate Reference Committee will occur without debate, subject to the right of any delegate to appeal the ruling of the Speaker on the question of whether such committee is the appropriate committee. A resolution not received by June 15<sup>th</sup> may be brought forward during the First Session of the House of Delegates. Such a resolution must be presented in electronic or written form to the Secretary of the House not later than seven (7) days prior to the start of the First Session of the House and must meet legal approval to be presented. Such resolution shall be labeled "Post Deadline" and the author is required to include statements on both the critical and the urgent nature of the resolution. Such resolution shall require two-thirds majority vote of those present and voting to be considered by the House. Upon the affirmative action of the House such resolution shall be added to the docket of resolutions scheduled to be heard by the appropriate reference committee. A resolution presented from the floor at the Second Session of the House under "New Business" will be considered if it receives a two-thirds majority vote of those present and voting for immediate consideration. Such motion shall not be debatable. Resolutions that have been properly submitted pursuant to Standing Rule III A.1 may be debated or considered at the First Session of the House, if by a two-thirds majority vote of those present and voting, a motion is adopted to bring a resolution before the House for immediate consideration. **Standing Rule VI Amendments** Every proposed amendment to these Standing Rules shall be submitted using the same means as a resolution. It will take a 2/3 vote to adopt the amendment. Amendments to the Standing Rules shall become effective upon adjournment of the Second Session of the House of Delegates.

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DOP-2020-02 Current

### **MDA MEMBER CONDUCT POLICY**

**Resolved, that the MDA Code of Conduct be amended to the MDA Conduct Policy as indicated below; red type as additions and strikethroughs as deletions.**

#### **MDA Conduct Policy**

1. Members should communicate respectfully in all interactions with other dentists, dentist members, Association officers, trustees, and staff.

- Demeaning or derogatory language in any communication, including social media and/or web-based media, is deemed unacceptable.



- Respectful communication shall be maintained in discussions regarding any practice mode or setting, and such respect shall be extended to an individual's choice of professional practice mode or setting.

2. Members shall conduct themselves in a manner consistent with the ADA's objectives of diversity and inclusion, and refrain from any behavior unbecoming a dental professional.

3. Members should abide by the decisions and policies of the Association and, not undermine or impair their implementation or application. Members may express dissent or non-conforming alternatives via proper organizational channels.

4. Members have an obligation to be informed about and use Association policies for communication and dispute resolution.

5. Members are expected to comply with all applicable laws and regulations, including but not limited to antitrust laws and regulations and statutory and common law fiduciary obligations.

6. Members must respect and protect the intellectual property rights of the Association, including any trademarks, logos, and copyrights.

7. Members must not use Association membership directories, on-line member listings, or attendee records from Association-sponsored conferences or CE courses for personal or commercial gain, such as selling products or services, prospecting, or creating directories or databases for these purposes.

8. Members must treat all confidential information furnished by the Association as such and must not reproduce materials without the Association's written approval.

9. Members must not violate the attorney-client privilege, or the confidentiality of executive sessions conducted at any level within the Association.

10. Members must fully disclose conflicts, or potential conflicts, of interest and make every effort to avoid the appearance of conflicts of interest.

## **DOP-2021-01 Current**

### **ACCESS TO CARE**

RESOLVED THAT: The Minnesota Dental Association supports adequate reimbursement rates for Medicaid dental services that is comparable to contemporary commercial rates.

RESOLVED THAT: The Minnesota Dental Association supports innovation in how the state dental Medicaid program is administered and programs that are inclusive of all dental providers, encourages increased participation in the state Medicaid program, and focuses on improving health outcomes and prevention. The MDA supports a state Medicaid program that is comprehensive, continuously accessible through a dental home, and is coordinated and family-centered care managed by a Minnesota licensed dentist.

RESOLVED THAT: The Minnesota Dental Association supports a comprehensive state dental program benefit set, including full coverage for adults and ensuring treatment is covered for patients with disabilities.

RESOLVED THAT: The Minnesota Dental Association supports efforts to alleviate the administrative burden of participating in the state dental Medicaid program.

## **DOP-2021-02 Current**

### **DENTAL PRACTICE**

#### Assignment of Benefits

RESOLVED THAT: The Minnesota Dental Association supports appropriate regulatory and/or legislative action to mandate that, if a patient assigns or authorizes benefits to be directed to their dentist, the insurance carrier shall be required to follow that directive and remunerate the dentist directly.

#### Network Leasing

RESOLVED THAT: The Minnesota Dental Association supports a dentist's right to full disclosure of fees and process policies when contractually obligated to participate in any other third-party payer or managed care network by preferred provider organization (PPO) leasing companies and/or third-party payers.

#### Virtual Credit Card

RESOLVED THAT: The Minnesota Dental Association supports a dentist's right to receive a traditional paper check or other mutually agreed upon payment method for services rendered to a beneficiary of a dental benefits program. The MDA further supports a dentist's right to accept a mutually agreed upon payment method and not be restricted to payment policies that require a dentist to accept virtual credit card payments, electronic funds transfer (EFT) payments, or any other payment option as the sole payment option.

#### Disallow Clause

RESOLVED THAT: The Minnesota Dental Association supports a dentist's right to charge a patient for a covered procedure not paid for by the benefit plan. Such right shall extend to denied and disallowed claims. Such rights and practices support a patient's right as an informed consumer of healthcare.

#### Fee Schedule Disclosure

RESOLVED THAT: The Minnesota Dental Association supports a dentist's right to full disclosure of fee-schedules and processing policies when evaluating a contract with a carrier and/or any plans administered by the carrier.

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## **DOP-2021-03 Current**

### **PUBLIC HEALTH**

RESOLVED THAT: The Minnesota Dental Association supports public health initiatives designed to encourage healthy eating and beverage consumption for the betterment of oral and overall health.

RESOLVED THAT: The Minnesota Dental Association supports the role that dentists may play in the administration of vaccines, contributing to the improvement of the public's health and wellbeing.

RESOLVED THAT: The Minnesota Dental Association supports improving health equity and health outcomes amongst all Minnesotans. The MDA supports the elimination of barriers to care so that

every community can receive quality and affordable dental care and improve health outcomes for all people.

RESOLVED THAT: The Minnesota Dental Association supports equitable access to dental education programs.

RESOLVED THAT: The Minnesota Dental Association supports efforts to prevent and reduce harmful tobacco use.

RESOLVED THAT: The Minnesota Dental Association supports parity in dental care between Teledentistry and in-person treatment. The MDA supports efforts to ensure that patients have appropriate and necessary information when receiving care via Teledentistry. The MDA further supports efforts to align consumer/patient protection provisions between Teledentistry and in-person treatment.

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#### **DOP-2021-04 Current**

##### **WORKFORCE**

RESOLVED THAT: The Minnesota Dental Association supports efforts to address and increase the dental workforce through partnerships and initiatives that promote dental careers.

RESOLVED THAT: The Minnesota Dental Association supports the elimination of the Dental Assisting State Licensure Exam (DASLE). In lieu of the DASLE, the MDA supports alternative methods to ascertain competency of a Licensed Dental Assistant candidate including but not limited to the development of a Minnesota specific expanded functions exam by the Dental Assisting National Board. The MDA further supports the establishment of realistic and feasible reciprocity procedures for licensure as a Minnesota dental assistant.

RESOLVED THAT: The Minnesota Dental Association supports licensed dental hygienists, who maintain a written collaborative practice agreement with a Minnesota dentist, to serve as the pay-to-provider directly billing and receiving reimbursement for services using the dental hygienist's individual NPI number. Such agreement shall be maintained at the discretion of the collaborative dentist and shall be explicitly articulated within the collaborative practice agreement.

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#### **DOP-2021-05 Current**

##### **DENTAL ASSISTANT SCOPE**

RESOLVED THAT: The Minnesota Dental Association explore and subsequently pursue a Board of Dentistry rule change that authorizes "Assistants without a license or permit", as defined in Minnesota Administrative Rules 3100.8400, to perform extraoral and intraoral digital scans/impressions and or visible light images under the Direct Supervision of the dentist

RESOLUTION #	RESOLUTION	ASSIGNMENT	STATUS
AB.1	<p><b>Resolved</b>, that the following Resolutions be deleted (archived) from the MDA Digest of Adopted [copy of archived available upon request]</p> <p><b>Be it further resolved</b>, that the following Resolutions from the MDA Digest of Adopted Resolutions be amended by substitution as follows: [copy of amended resolutions available upon request]</p>	N/A	All items updated accordingly.
AB.2RC	<p>Resolved, that the Minnesota Dental Association supports adequate reimbursement rates for Medicaid dental services that is comparable to contemporary commercial rates.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports innovation in how the state dental Medicaid program is administered and programs that are inclusive of all dental providers, encourages increased participation in the state Medicaid program, and focuses on improving health outcomes and prevention. The MDA supports a state Medicaid program that is comprehensive, continuously accessible through a dental home, and is coordinated and family-centered care managed by a Minnesota licensed dentist.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports a comprehensive state dental program benefit set, including full coverage for adults and ensuring treatment is covered for patients with disabilities.</p>	N/A	Digest of Adopted Resolutions updated.

RESOLUTION #	RESOLUTION	ASSIGNMENT	STATUS
	RESOLVED THAT: The Minnesota Dental Association supports efforts to alleviate the administrative burden of participating in the state dental Medicaid program.		
AB.3	<p>Assignment of Benefits RESOLVED THAT: The Minnesota Dental Association supports appropriate regulatory and/or legislative action to mandate that, if a patient assigns or authorizes benefits to be directed to their dentist, the insurance carrier shall be required to follow that directive and remunerate the dentist directly.</p> <p>Network Leasing RESOLVED THAT: The Minnesota Dental Association supports a dentist's right to full disclosure of fees and process policies when contractually obligated to participate in any other third-party payer or managed care network by preferred provider organization (PPO) leasing companies and/or third-party payers.</p> <p>Virtual Credit Card RESOLVED THAT: The Minnesota Dental Association supports a dentist's right to receive a traditional paper check or other mutually agreed upon payment method for services rendered to a beneficiary of a dental benefits program. The MDA further supports a dentist's right to accept a mutually agreed upon payment method and not be restricted to payment policies that require a dentist to accept virtual credit card payments, electronic funds transfer (EFT) payments, or any other payment option as the sole payment option.</p>	N/A	Digest of Adopted Resolutions updated.

RESOLUTION #	RESOLUTION	ASSIGNMENT	STATUS
	<p>Disallow Clause RESOLVED THAT: The Minnesota Dental Association supports a dentist's right to charge a patient for a covered procedure not paid for by the benefit plan. Such right shall extend to denied and disallowed claims. Such rights and practices support a patient's right as an informed consumer of healthcare.</p> <p>Fee Schedule Disclosure RESOLVED THAT: The Minnesota Dental Association supports a dentist's right to full disclosure of fee-schedules and processing policies when evaluating a contract with a carrier and/or any plans administered by the carrier.</p>		
AB.4RC	<p>RESOLVED THAT: The Minnesota Dental Association supports public health initiatives designed to encourage healthy eating and beverage consumption for the betterment of oral and overall health.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports the role that dentists may play in the administration of vaccines, contributing to the improvement of the publics' health and wellbeing.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports improving health equity and health outcomes amongst all Minnesotans. The MDA supports the elimination of barriers to care so that every community can receive quality and affordable dental care and improve health outcomes for all people.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports equitable access to dental education programs.</p>	N/A	Digest of Adopted Resolutions updated.

RESOLUTION #	RESOLUTION	ASSIGNMENT	STATUS
	<p>RESOLVED THAT: The Minnesota Dental Association supports efforts to prevent and reduce harmful tobacco use.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports parity in dental care between Teledentistry and in-person treatment. The MDA supports efforts to ensure that patients have appropriate and necessary information when receiving care via Teledentistry. The MDA further supports efforts to align consumer/patient protection provisions between Teledentistry and in-person treatment.</p>		
AB.5	<p>RESOLVED THAT: The Minnesota Dental Association supports efforts to address and increase the dental workforce through partnerships and initiatives that promote dental careers.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports the elimination of the Dental Assisting State Licensure Exam (DASLE). In lieu of the DASLE, the MDA supports alternative methods to ascertain competency of a Licensed Dental Assistant candidate including but not limited to the development of a Minnesota specific expanded functions exam by the Dental Assisting National Board. The MDA further supports the establishment of realistic and feasible reciprocity procedures for licensure as a Minnesota dental assistant.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports licensed dental hygienists, who maintain a written collaborative practice agreement with a Minnesota dentist, to serve as the pay-to-provider directly billing and receiving reimbursement for services using the dental hygienist's individual NPI number. Such agreement shall be maintained at the discretion of the collaborative dentist and shall be explicitly articulated within the collaborative practice agreement.</p>	N/A	Digest of Adopted Resolutions updated.

RESOLUTION #	RESOLUTION	ASSIGNMENT	STATUS
AB.6RC	RESOLVED THAT: The Minnesota Dental Association explore and subsequently pursue a Board of Dentistry rule change that authorizes “Assistants without a license or permit”, as defined in Minnesota Administrative Rules 3100.8400, to perform extraoral and intraoral digital scans/impressions and or visible light images under the Direct Supervision of the dentist	BOT	Proposal brought to the BOD. BOD is drafting rule change accordingly.



## Bylaws

### CHAPTER I -- MEMBERSHIP

**Section 1. Classification:** The members of this Association shall be classified as follows:

- Active Members
- Life Members
- Affiliate Members
- Honorary Members
- Associate Members
- Retired Members
- Student Members

**Section 2. Qualifications:**

**A. Active Member.** Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be an active member of this Association if he or she meets the following qualifications:

- a. Maintains membership in good standing in this Association as defined in these Bylaws; and
- b. Is a member in good standing of the ADA and component where the member resides, or is employed, or practices; and
- c. Resides, or is employed, or practices within the State of Minnesota.

**B. Life Member.** Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a life member of this Association if he or she meets the following qualifications:

- a. Has been an active and/or retired member in good standing of the ADA for at least thirty (30) consecutive years or a total of at least forty (40) non-consecutive years; and
- b. Reached the age of at least sixty-five (65) during the previous calendar year; and
- c. Maintains membership in good standing in a constituent and component, if such exists and in this Association.
- d. A member may also qualify for life member status by having been a member of the National Dental Association for twenty-five (25) years and subsequently holding membership in the ADA for at least ten (10) years and having reached the age of sixty-five (65) during the previous calendar year.

**C. Retired Member.** Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a retired member of this Association if he or she meets the following qualifications:

- a. Has submitted to the individual's component an affidavit attesting that the individual does not receive or earn income from any dental-related activity; and
- b. Maintains membership in good standing in the ADA and component and in this Association.

**D. Student Member.** Any person shall be eligible to be a student member of this Association if the individual meets the following requirements:

- a. Is enrolled as a predoctoral student of a dental school accredited by the Commission on Dental Accreditation of this Association; or

Bylaws and Constitution of the Minnesota Dental Association  
As amended by the 2019 House of Delegates

- b. Holds a D.D.S., D.M.D. or an equivalent degree and is engaged full-time in an advanced training course of not less than one academic year's duration in an accredited school or residency program; or
- c. Is enrolled in a full-time program at any School of Dentistry accredited by the Commission on Dental Accreditation who is in pursuit of a Doctor of Dental Surgery or a Doctor of Medicine in Dentistry degree and who is currently a member of the American Student Dental Association through their local Student District.
- d. Student membership shall not be considered in the calculation of membership tenure needed to achieve life membership.

**E. Honorary Member.** Any person shall be eligible to be an honorary member of this Association if he or she meets the following qualifications:

- a. Has made outstanding contributions to the advancement of the art and science of dentistry; and
- b. Has been selected as an honorary member by the Board of Trustees.

**F. Affiliate Member.** Any person shall be eligible to be an affiliate member of this Association if he or she meets the following qualifications:

- a. Maintains membership in good standing in the ADA; and
- b. Is not eligible for any other category of membership in this Association.

**G. Associate Member.** Any person shall be eligible to be an associate member of this Association if he or she meets the following qualifications:

- a. Is not eligible for any other category of membership in this Association; and
- b. Has not met the educational requirements for licensure as a dentist anywhere in the United States; and
- c. Has made contributions to the advancement of the objectives of this Association; and
- d. Upon application, approved by the Board of Trustees, shall be classified as an associate member of this Association.

**Section 3. Definition of "In Good Standing":** To be In Good Standing, a member is required to meet the following criteria:

- A. The member's payments of dues and special assessments, if any, are current if such payment is required; and
- B. Abides by;
  - a. the MDA Constitution, Bylaws and the Policies and Directives of the House of Delegates and Board of Trustees of this Association; and
  - b. All matters affecting the Principles of Ethics and Code of Professional Conduct and this Association's membership policy; and
  - c. Requests and final determination of tri-partite Peer Review or Ethics Bodies.
- C. A member shall not be under final sentence of suspension issued by any level of the tri-partite Association
- D. Additional criteria impacting "in good standing" status may include revocation of licensure by a Board of Dentistry, a felony conviction, presence/listing on the National Practitioner Data Bank.
- E. A member under probation or suspension by the MDA Board of Trustees shall lose the privileges set forth in Chapter I, Section 5, Paragraph A, subparagraph (2).

1     **Section 4.     Lapse of Membership and Reinstatement:**

- 2     A. Lapse of Membership. Any member whose dues and any special assessment have  
3         not been paid by March 31 of the current year or shall otherwise fail to meet the  
4         eligibility requirements for membership shall cease to be a member of this  
5         Association.  
6     B. Reinstatement. Reinstatement of membership may be secured on payment of  
7         outstanding dues and any special assessment of this Association and on meeting the  
8         remaining eligibility requirements for membership.  
9     C. No member who resigns or fails to renew membership while under peer review or an  
10        ethics hearing will be considered In Good Standing. Reinstatement and In Good  
11        Standing status may be granted by the Board of Trustees upon application and  
12        satisfactory resolution of previously unresolved issues.

13  
14     **Section 5.     Privileges:** Members shall have only the privileges listed.

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16  
17     **A. Active Member**

- 18  
19        (1) An active member in good standing shall receive annually a certificate of membership  
20           and the official journal of the Minnesota Dental Association, the subscription price of  
21           which shall be included in the annual dues. They shall be entitled also to admission  
22           to any scientific session of this Association and to such other services as are provided  
23           by the Association.  
24  
25        (2) An active member in good standing shall be eligible for election as a delegate or  
26           alternate delegate to the House of Delegates and for election or appointment to any  
27           office, committee, council, board, or similar position in the Association except as  
28           hereinafter provided.

29  
30     **B. Life Member.** A life member in good standing shall receive a certificate of life  
31       membership; and shall be entitled to all privileges of an active member.

32  
33     **C. Affiliate Member.** An affiliate member in good standing shall receive annually a  
34       certificate of affiliate membership and the official journal of the Association, the  
35       subscription price of which shall be included in the annual dues; and shall be entitled  
36       to admission to any scientific session of this Association.

37  
38     **D. Honorary Member.** An honorary member shall receive a certificate of honorary  
39       membership and the official journal of this Association; and shall be entitled to  
40       admission to any scientific session of this Association.

41  
42     **E. Associate Member.** An associate member in good standing shall receive annually a  
43       certificate of associate membership and shall be entitled to admission to any scientific  
44       session of this Association.

45  
46     **F. Retired Member.** A retired member in good standing shall receive annually a certificate  
47       of retired membership; and shall be entitled to all the privileges of an active member.

1 **G. Student Member.** A student member in good standing shall receive annually a certificate  
2 of membership; free group life insurance, a subscription to Northwest Dentistry, the  
3 subscription price of which shall be included in the annual dues; and shall be entitled  
4 to attend any scientific session of this Association.

5  
6 **H. Privilege of Voice.** Any member of this Association desiring to bring any matter of  
7 business before the House of Delegates, shall submit such request to their  
8 component, the Board of Trustees, or any Delegate for consideration in accordance  
9 with the MDA House of Delegates Rules for submission of Resolutions and may  
10 appear before open Reference Committees to advocate any such measures. Such  
11 requests shall be submitted in duplicate form to the Executive Director.

12  
13 **I. Suspended Member.** A suspended member shall have no membership privileges  
14 except continued entitlement to coverage under insurance programs.

15  
16 **J. Loss of Membership.**

17  
18 (1) An active, student, retired, or affiliate member whose dues have not been paid by  
19 March 31 of the current year shall cease to be a member of this Association.  
20 Reinstatement of active, retired, affiliate and student membership may be secured in  
21 accordance with Chapter II.

22  
23 (2) Member Conduct Subject to Discipline. A member may be disciplined for (1) having  
24 been found guilty of a felony, (2) having been found guilty of violating the dental  
25 practice act of a state or other jurisdiction of the United States, (3) having been  
26 discharged or dismissed from practicing dentistry with one of the federal dental  
27 services under dishonorable circumstances, (4) violating the Bylaws, The Principles  
28 of Ethics and Code of Professional Conduct, or the Bylaws or Code of Ethics of the  
29 constituent or component of which the accused is a member, or (5) violating the  
30 Association's ADA's Member Conduct Policy. Any member who is charged with  
31 violating the governing Bylaws, the Principles of Ethics and Code of Professional  
32 Conduct or the ADA Member Conduct Policy, shall have the right to a hearing in the  
33 component society of which he or she is a member. Disciplinary proceedings will be  
34 conducted in accordance with Chapter XI of the Governance and Organizational  
35 Manual of the ADA.

36  
37 **M. Right of Appeal.** An accused member shall have the right to appeal a decision of the  
38 member's component district society to this Association by filing an appeal in affidavit  
39 form with the chair of the Ethics Committee of this Association. Any further appeal by  
40 the member or component district society may be made to the American Dental  
41 Association in conformance with its Bylaws.

42  
43 An appeal from any decision shall not be valid unless filed within thirty (30) days after  
44 such decision has been rendered and notice thereof sent by registered mail to the  
45 parties concerned. No decision shall become final while an appeal therefrom is  
46 pending.

47  
48 **CHAPTER II -- DUES**

49 *Section 1.*

- 1     **A.** The annual dues for members are payable January 1 each year. Such members whose  
2         dues for the current year have not been paid by March 31 of that year shall cease to  
3         be members of this Association. Any action to amend the dues of active members  
4         shall be governed by the Rule Regarding Amendment of Dues set forth in Chapter IV,  
5         Section 13 of these *Bylaws*.  
6
- 7     **B.** A member receiving assistance from the Relief Fund shall be exempt from the payment  
8         of dues.  
9
- 10    **C.** Reinstatement of a member of this Association may be secured upon being reelected or  
11         reinstated to membership in compliance with the Bylaws and regulations of the  
12         component society involved and the payment of the appropriate dues for the category  
13         of membership to which reelected or reinstated.  
14
- 15    **D.** In the event a member is expelled from membership, the component society shall  
16         determine what portion of current dues, if any, shall be returned to the expelled  
17         member. Dues paid to this Association shall not be refundable in the event of  
18         expulsion.  
19
- 20    **E.** On a one-time basis, a licensed dentist applying for membership who may or may not  
21         have held student membership status but has never become an active member of the  
22         ADA and the MDA and is not otherwise eligible as a new graduate under section 2(B)  
23         of the Bylaws, shall pay reduced dues at the rate of fifty percent of active member  
24         dues in the first year, and shall pay one hundred percent of active member dues in  
25         the second year and each year thereafter.  
26
- 27    **F.** Members may be eligible for a full or partial waiver of the current year's dues and/or  
28         special assessments as set forth by the MDA Board of Trustees.  
29

30    **Section 2.     Active Members**  
31

32    **A.     Annual Dues.** The annual dues for an active member of this Association shall be set  
33         by the House of Delegates in addition to such dues as levied by the American Dental  
34         Association except as provided in subsections B, C, D, E, F, G and Section 8 of this  
35         Chapter. An eligible dentist transferring from another constituent society in which he  
36         or she was in good standing would be exempt from active member dues to this  
37         Association for that year.  
38

39    **B.     New Graduate:** On a one-time basis, the dentist, when awarded a D.D.S. or D.M.D.  
40         degree shall be exempt from the payment of active member dues for the remaining  
41         period of that year and the following first full calendar year and shall pay 25% of active  
42         member dues for the second calendar year following the year in which the degree  
43         was awarded with the exception of four-year ASDA members who shall pay 15% of  
44         active member dues, 50% of active member dues in the third year with the exception  
45         of four-year ASDA members who shall pay 45% of active member dues, 75% of active  
46         member dues in the fourth year, and 100% of active member dues in the fifth year  
47         and thereafter.  
48

49         On a one-time basis, a new graduate of a non-accredited dental school who has  
50         recently been licensed to practice dentistry in Minnesota shall be exempt from  
51         payment of active member dues for the remaining period of the year upon receipt of

1 a dental license and the following first full calendar year. The newly licensed graduate  
2 of a non-accredited school shall pay 25% of active member dues the calendar year  
3 following the year which the license was obtained with the exception of four-year  
4 ASDA members who shall pay 15% of active member dues, 50% of active member  
5 dues in the third year with the exception of four-year ASDA members who shall pay  
6 45% of active member dues, 75% of active member dues in the fourth year, and 100%  
7 of active member dues in the fifth year and thereafter.

8  
9 **C. Advance Training Graduate:** For the dentist who enters an accredited advance training  
10 or residency program of not less than one year's duration within one year of the award  
11 of a D.D.S. or D.M.D. degree, the foregoing reduction of dues in subsection B. shall  
12 be suspended and deferred until completion of the advance training or residency.  
13 During the pendency of the advanced training or residency program, the dentist shall  
14 pay dues in the amount set by the House of Delegates. Upon completing the  
15 program, the dentist shall pay dues for whatever portion of reduced dues had not  
16 been applied prior to entering the advance training.

17  
18 **D. Partial Year:** Persons elected to active membership in this Association for the first time  
19 or whose membership will be reinstated after a lapse of one full year or more, and  
20 who are elected or reinstated after July 1, shall pay one-half of the normal annual  
21 active member dues; and if elected or reinstated after October 1, shall be exempt  
22 from the payment of the normal active member dues on a one time basis except in  
23 the case of recent graduates who shall pay no dues as is addressed in subsection B.

24  
25 **E. Catastrophic Loss and Disability:** An active member who has suffered due to  
26 catastrophic disaster losses or total disability, as defined by the American Dental  
27 Association criteria, and as certified by component societies shall be exempt from the  
28 payment of the current year's membership dues upon approval by the Board of  
29 Trustees, provided the member is exempt from paying component dues. Continued  
30 exemption from active member dues for reason of disability may be granted to a  
31 member residing outside Minnesota, should the disability preclude eligibility for  
32 membership in the constituent society of the dentist's residence.

33  
34 **F. Service in Armed Service:** The dues of an active member, in good standing, who has  
35 entered the Armed Services, may be waived during the required period of such  
36 service provided such member is in good standing in the component society and in  
37 the American Dental Association during the period of such service.

38  
39 **G. Dues of Members Who Suffer Financial Hardship:** Those members who have suffered  
40 a significant financial hardship that prohibits them from payment of their full dues may  
41 be excused from the payment of fifty percent (50%), seventy-five percent (75%) or all  
42 of the current year's dues as determined by the Board of Trustees. The component  
43 societies shall certify the reason for the waiver, and the component societies shall  
44 provide the same proportionate waiver of their dues as that provided by this  
45 Association.

46  
47 **Section 3. Life Members.**

48  
49 **A. Active Life Members.** Dues for life members shall be fifty percent (50%) of the Annual  
50 Dues of an Active Member.

1 **B. Retired Life Members.** Life members who are no longer earning any income or are  
2 earning less than that of a limited practice member (See Ch. 2 Dues Section 8), from  
3 the performance of service as a member of the faculty of a dental school, as a dental  
4 administrator or consultant, or as a practitioner of any activity for which a license to  
5 practice dentistry is required shall be exempt from payment of dues.  
6

7 *Section 4. Affiliate Members.* The dues of an affiliate member shall be set by the  
8 House of Delegates.  
9

10 *Section 5. Honorary Members.* An honorary member shall be exempt from all dues of  
11 this Association.  
12

13 *Section 6. Associate Members.* An associate member shall be exempt from all dues of  
14 this Association.  
15

16 *Section 7. Retired Members.* The dues of a retired member shall be twenty-five percent  
17 (25%) of the dues of active members.  
18

19 *Section 8. Active and Life Members with a Limited Practice.* The dues of an Active  
20 or Life Member earning an income at a level determined by the MDA Membership Committee  
21 shall be twenty-five percent (25%) of the Annual Dues of an Active Member and must submit  
22 an affidavit annually to the component society which must approve the affidavit and grant a  
23 proportionate dues reduction.  
24

25 *Section 9. Student Members.* The dues of a student member shall be set by the House  
26 of Delegates.  
27

28 *Section 10. Percentage Dues.* In establishing the dollar rate of dues in this chapter  
29 expressed as a percentage of active member dues, computations resulting in fractions of a  
30 dollar shall be rounded up to the next higher dollar.  
31

### 32 **CHAPTER III -- COMPONENT DISTRICT SOCIETIES**

33

34 *Section 1. Organization:* A component district society shall be organized and chartered,  
35 subject to the approval of the House of Delegates. A component district society shall consist  
36 of dentists and student dentists who are members in good standing of this Association. Each  
37 component district society shall adopt and maintain a Constitution and Bylaws, which shall  
38 not be in conflict with the Constitution and Bylaws of this Association and shall file a copy  
39 thereof and any changes made thereafter with the Executive Director of this Association.  
40

41 *Section 2. Powers and Duties:*  
42

43 **A.** A component district society shall have the power to elect its members and to elect its  
44 fully privileged members as active members of this Association within the limits  
45 imposed by Section 4 of this Chapter.  
46

47 **B.** It shall have the power to make laws, rules, and regulations, not in conflict with the  
48 Bylaws of this Association; to adopt principles of ethics, not in conflict with the  
49 Principles of Ethics of this Association; to govern the professional conduct of its  
50 members; to provide for its financial support.  
51

1 C. It shall have the power to discipline any of its members by censure, probation,  
2 suspension or expulsion for having been found guilty of a felony; for having been  
3 found guilty of violating the dental practice act of a state, district, territory or  
4 dependency; for violating these Bylaws or the Principles of Ethics of this Association  
5 subject to the provisions in Chapter 1, Section 4. J. and K. of these *Bylaws*.  
6

7 D. It shall have the duty to follow the peer review procedures set forth in the Minnesota  
8 Dental Association Peer Review Manual as approved by the Board of Trustees.  
9

10 **Section 3. Division of Districts:**  
11

12 A. The State of Minnesota shall be divided into eight (8) districts as follows:  
13

14 (1) Minneapolis District, comprising the following counties: Anoka, Carver, Hennepin,  
15 Isanti, McLeod, Renville, Scott and Wright; and St. Anthony Village.  
16

17 (2) Northeastern District, comprising the following counties: Aitkin, Carlton, Cook, Itasca,  
18 Koochiching, Lake, Pine, and St. Louis.  
19

20 (3) Northwestern District, comprising the following counties: Becker, Beltrami, Cass,  
21 Clay, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnommen, Marshall,  
22 Norman, Pennington, Polk, Red Lake, and Roseau.  
23

24 (4) Saint Paul District, comprising the following counties: Chisago, Dakota, Ramsey, and  
25 Washington.  
26

27 (5) Southeastern District, comprising the following counties: Dodge, Fillmore, Freeborn,  
28 Goodhue, Houston, Mower, Olmstead, Rice, Steele, Wabasha, and Winona.  
29

30 (6) Southern District, comprising the following counties: Blue Earth, Brown, Cottonwood,  
31 Faribault, Jackson, LeSueur, Lincoln, Lyon, Martin, Murray, Nicollet, Nobles,  
32 Pipestone, Redwood, Rock, Sibley, Waseca, Watonwan, and Yellow Medicine.  
33

34 (7) West Central District, comprising the following counties: Benton, Big Stone,  
35 Chippewa, Crow Wing, Douglas, Grant, Kanabec, Kandiyohi, Lac qui Parle, Meeker,  
36 Mille Lacs, Morrison, Otter Tail, Pope, Sherburne, Stearns, Stevens, Swift, Todd,  
37 Traverse, Wadena, and Wilkin.  
38

39 B. In addition to the seven geographic districts of the Minnesota Dental Association, there  
40 shall also be an eighth district, the Minnesota Student District, comprised of students  
41 in pursuit of a Doctor of Dental Surgery degree at the University of Minnesota Dental  
42 School, who are members of the Minnesota Student Dental Association. The  
43 Minnesota Student District shall not be considered a component society or district for  
44 purposes related to the American Dental Association.  
45

46 C. Only one (1) component district society in each of the districts as outlined in the preceding  
47 section shall be recognized and chartered as a component district society by this  
48 Association.  
49



1 **D.** Each component district society shall judge the qualifications of its own members. Any  
2 applicant eligible for membership in this association shall be eligible for membership  
3 at the component level.  
4

5 **Section 4. Membership.** The fully privileged membership of each component district  
6 society shall be limited to the dentists and student dentists within the jurisdiction of such  
7 component district society, except for a newly graduated dentist who may be permitted to join  
8 the component society of choice while seeking a practice location until such time as the  
9 practice location is established or until December 31 of the year following the year in which  
10 a D.D.S. or D.M.D. degree is received, whichever should occur first.  
11

12 Any member residing in one district and practicing in another district shall be a  
13 member of the district of the practice. A dentist practicing in more than one district may select  
14 and designate one of those districts for component membership.  
15

16 A Retired Member Dentist may join the component society of either their residence or  
17 prior practice location.  
18

19 A member dentist may petition the Board of Trustees to become a member of a district  
20 for which they do not otherwise qualify. Criteria for approval of a petition shall be established  
21 by the Board of Trustees.  
22

23 **Section 5. Officers.** The officers of a component district society shall be a President,  
24 Secretary, Treasurer, and such other officers as may be prescribed in its Constitution and  
25 Bylaws.  
26

27 **Section 6. Nomination of Trustee.** Nomination of Trustee in each trustee district shall  
28 be made according to Chapter V, Section 4 of these *Bylaws* following selection of the  
29 candidate at a regularly called meeting of the component district society comprising the  
30 trustee district.  
31

32 **Section 7. Sessions.** A component district society shall hold a business session at least  
33 once each calendar year.  
34

35 **Section 8. Principles of Ethics.** The Principles of Ethics of the American Dental  
36 Association, the Principles of Ethics of this Association, and the Principles of Ethics adopted  
37 by the component district society shall be the principles of ethics of that component district  
38 society for governing the professional conduct of its members.  
39

40 **Section 9. Privilege of Representation.** Each component district society shall have the  
41 privilege of representation in the House of Delegates of this Association by four (4) or more  
42 fully privileged members of such component district society who are selected to serve as  
43 officially certified delegates according to the following formula. There shall be four (4)  
44 delegates from each component district society. In addition thereto, each component district  
45 society, except the Minnesota Student District, shall be entitled to one (1) additional delegate  
46 for each seventy-five (75) members or major fraction thereof. In further addition thereto, each  
47 component district society having three-hundred (300) or more members shall be entitled to  
48 one (1) additional delegate for each one-hundred fifty (150) members or major fraction  
49 thereof. Such representation shall be based on the active, active life, retired and retired life  
50 membership total as of December 31 of the previous year.  
51

Each component district society may select from among its fully privileged members, the same number of alternate delegates as delegates. An alternate delegate may act in the absence of a delegate at any meeting of the House of Delegates. Each component district society delegation chair shall have the privilege of determining the alternate delegate who shall be authorized to substitute for an absent delegate from that component district society.

The Minnesota Student District shall be limited to four (4) officially certified delegates and eight (8) alternate delegates.

Each component district society shall have one (1) representative on the Board of Trustees.

**Section 10. Chartered Component District Societies.** The Executive Director of this Association is authorized to issue a charter in a form approved by the Board of Trustees to each component district society denoting its name and jurisdiction. The following societies hereby are chartered as component district societies of this Association:

Minneapolis District Dental Society  
Northeastern District Dental Society  
Northwestern District Dental Society  
St. Paul District Dental Society  
Southeastern District Dental Society  
Southern District Dental Society  
West Central District Dental Society  
Minnesota Student District Dental Society

#### **CHAPTER IV -- HOUSE OF DELEGATES**

**Section 1. Composition.** The House of Delegates shall be composed of the official certified delegates of each component society and the elective officers of this Association. The Trustees of the Association shall be ex-officio members of the House of Delegates without the power to vote unless duly selected as delegates of their respective component district societies.

**Section 2. Certification of Delegates and Alternate Delegates.** The secretary of each component district society shall file with the Executive Director of this Association, immediately following their election, the names of the delegates and alternates duly selected by their society.

The Executive Director of this Association shall provide each delegate and alternate delegate with proper credentials which shall be presented to the Committee on Credentials of the House of Delegates for registration and admission to the meetings of the session. In the event of a contest over the credentials of any delegate or alternate delegate, the Committee on Credentials shall hold a hearing and report its findings and recommendations to the House of Delegates.

#### **Section 3. Powers:**

**A.** The House of Delegates shall be the supreme authoritative body of this Association.

**B.** It shall possess the legislative powers of the Association.

1  
2 **C.** It shall determine the policies which shall govern this Association in all of its activities.

3  
4 **D.** It shall have the power to enact, amend, or repeal the Articles of Incorporation,  
5 Constitution and Bylaws of the Association.

6  
7 **E.** It shall have the power to adopt and amend the Principles of Ethics for governing the  
8 professional conduct of the members of this Association, provided that they are not  
9 in conflict with the Principles of Ethics of the American Dental Association.

10  
11 **F.** It shall have the power to grant, amend, or revoke charters of component district societies.

12  
13 **G.** It shall have the power to create special committees of the Association.

14  
15 **H.** It shall have the power to approve all memorials, resolutions, or opinions in the name of  
16 the Minnesota Dental Association.

17  
18 **I.** The MDA maintains an inherent right to remove any individual from elective office for valid  
19 cause by a two-thirds vote of the House of Delegates or the Board of Trustees (those  
20 present and voting and fulfilling the requirements of a quorum). The procedures for  
21 such removal shall be consistent with our Parliamentary authority.

22  
23 Examples of valid cause shall include, but not be limited to:

- 24 1. Inability to fulfill duties due to relocation, resignation, impairment or due  
25 to lack of participation, lack of attendance, continued or gross willful  
26 neglect of duties.  
27 2. Intentional misrepresentation or misinformation regarding the MDA or its  
28 officers and/or representatives.  
29 3. Failure or refusal to disclose necessary information on matters of  
30 organization business (withholding critical information).  
31 4. Unauthorized expenditures; signing of checks or misuse of organizational  
32 funds.  
33 5. Patterns of behavior inconsistent with MDA standards.  
34 a. Inappropriate language or actions, egregious violations of MDA Code of  
35 Conduct, misuse of position to advance personal agenda, nepotism  
36 6. Conviction of a felony  
37 7. Failure to comply with proper direction of the House of Delegates or  
38 Board of Trustees, or actions that intentionally violate the Bylaws.

39  
40 **Section 4. Duties:** It shall be the duty of the House of Delegates to:

41  
42 **A.** Elect the President-elect, First Vice President, Second Vice President, Treasurer,  
43 Speaker of the House, and the delegates and alternates to the American Dental  
44 Association House of Delegates.

45  
46 **B.** Elect the members of the Board of Trustees.

47  
48 **C.** Recommend members to the governor of the State for appointment on the State Board  
49 of Dentistry, as provided in Chapter IX of these *Bylaws*.

1     **Section 5.     Transfer of Powers and Duties of the House of Delegates:** The powers  
2     and duties of the House of Delegates referred to in Section 3 and 4 of this Chapter, except  
3     the power to amend, enact or repeal the *Articles of Incorporation, Constitution and Bylaws* of  
4     this Association and the duty of electing the elective officers and the members of the Board,  
5     may be transferred to, and assumed by, the Board of Trustees of this Association in time of  
6     extraordinary emergency. The existence of a time of extraordinary emergency shall be  
7     determined by mail vote of the last House of Delegates on recommendation of the majority  
8     of the Board of Trustees. A mail vote to be valid shall consist of ballots received from no less  
9     than one-fourth (1/4) of the members of said House of Delegates. A majority of the votes  
10    cast within thirty (30) days after posting of the ballots shall decide such vote.

11  
12    **Section 6.     Interim Mail Ballots:** In the event not less than three-fourths of the Board of  
13    Trustees shall approve, a mail ballot may be taken of the membership of the last House of  
14    Delegates, subject to the conditions herein. Such mail vote to be valid should consist of  
15    ballots received from no less than two-thirds of the members of said House of Delegates, and  
16    a majority of ballots received within thirty days after mailing of the ballots to the delegates,  
17    shall decide such vote. Such mail ballots shall be taken when the Board of Trustees wishes  
18    to receive an advisory opinion or authority to take an action or to approve any matter which  
19    the House of Delegates is authorized to approve or enact, provided the matter is one which  
20    the Board of Trustees by resolution declares to be an important matter which requires action  
21    prior to the next regular annual business session; and provided further, the Board of Trustees  
22    finds that the matter can equitably be resolved by mail ballot, rather than by the calling of a  
23    special session, considering the complexity of the question, of the expense involved, and the  
24    further consideration of whether the matter involved is one which should be subject to debate  
25    and amendment to be fairly resolved. Mail ballots may not be used for elections. A report of  
26    the results of any such ballot shall be made at the following House of Delegates.

27  
28    **Section 7.     Annual Business Sessions:** The House of Delegates shall meet annually at  
29    a time and location designated by the Board of Trustees, and as many meetings shall be held  
30    as are deemed necessary by the officers.

31  
32    **Section 8.     Special Sessions:** A special session of the House of Delegates shall be  
33    called by the President on three-fifths (3/5) affirmative vote of the members of the Board of  
34    Trustees present and voting in a regular or special session, or on written request of one-fifth  
35    (1/5) of the officially certified delegates who comprised the last House of Delegates provided,  
36    however, these delegates are from at least four (4) of the component societies. The notice  
37    shall specify the time and place of meeting and, in general terms, the objects of such special  
38    session. No other business shall be transacted thereat.

39  
40    **Section 9.     Official Call:**

41  
42    **A. Annual Sessions:** The Executive Director of this Association shall send to each officially  
43    certified delegate and alternate an official notice of the time and place of each annual  
44    session, not less than ten (10) days before the opening of such session.

45  
46    **B. Special Sessions:** The Executive Director of this Association shall send an official  
47    written notice of the time and place of each special session and a statement of the  
48    business to be considered to every officially certified delegate and alternate delegate  
49    of the last House, not less than twenty (20) days before the opening of any such  
50    session. This notice shall be considered due notice.

1 Section 10. **Quorum:** Two-fifths (2/5) of the voting members of the House of Delegates  
2 shall constitute a quorum for the transaction of business at any meeting of any session.

3  
4 Section 11. **Officers:**

5  
6 **A. Number and Title:** The officers of the House shall be the Speaker and the Secretary.  
7 The Executive Director of this Association shall be the Secretary. In the absence of  
8 the Speaker, the office will be filled by the President. In the absence of the Secretary,  
9 the Speaker shall appoint a Secretary *pro tem*.

10  
11 **B. Duties:**

12 (1) **Speaker:** The Speaker shall preside at all meetings of the House of Delegates,  
13 appoint members to all committees of the House, appoint tellers to assist in  
14 determining the result of any action taken by vote and perform such other duties as  
15 custom and parliamentary usage require.

16  
17 The Speaker may consult a parliamentarian when a question of order arises. The  
18 decision of the Speaker shall be final unless an appeal from such decision shall be  
19 made by a member of the House, in which case final decision shall be by a majority  
20 vote, of those present and voting.

21  
22 (2) **Secretary:** The Secretary shall serve as the recording officer of the House and the  
23 custodian of its records. The Secretary may utilize the services of a professional  
24 recorder for the purpose of obtaining a stenographic record of the proceedings of the  
25 House and shall cause a factual record of the proceedings to be edited and published  
26 as the official transactions of the House. He shall serve as the reading clerk of the  
27 House but may designate an assistant to perform this duty.

28  
29 Section 12. **Order of Business, Annual and Special Session:** The order of business  
30 shall be that order of business adopted by the House of Delegates.

31  
32 Section 13. **Rules of Order:**

33  
34 **A. Standing Rules:**

35  
36 (1) **Reports.** All reports except supplemental reports of elective officers, Board of  
37 Trustees, and committees, shall be published under the direction of the Executive  
38 Director of the Association and sent to each delegate and alternate delegate at least  
39 ten (10) days in advance of the opening of the annual session. All supplemental  
40 reports of any such officers or agencies shall be distributed if possible to each  
41 delegate before such report is considered by the House.

42  
43 (2) **Recommendations or Resolutions on Appropriation of Funds.** The Board of  
44 Trustees shall act as a Consultant Committee of the House of Delegates. This  
45 committee shall be consulted on all motions and resolutions, the adoption of which  
46 includes an appropriation of funds of the Association. All resolutions and  
47 recommendations submitted to the House of Delegates shall be accompanied with a  
48 'Fiscal Impact' statement.

49  
50 (3) **Nominations received from the Board of Trustees.** The House of Delegates shall  
51 have the right to make additions to nominations received from the Board of Trustees.

- 1 (4) **Rule Regarding Amendment of Dues.** A resolution to amend the dues of active  
2 members may be submitted to the House of Delegates in any amount and may be  
3 amended to any other amount by a majority vote of the delegates present and voting.  
4

5 **B. Additional Rules:** The deliberations of this Association shall be in accordance with the  
6 American Institute of Parliamentarians "Standard Code of Parliamentary Procedure"  
7 in all cases which are applicable and not in conflict with the standing rules or these  
8 Bylaws.  
9

10 *Section 14. Committees:* The committees of the House shall be:  
11

12 **A. Committee on Credentials and Rules and Order.**  
13

- 14 (1) This Committee shall consist of three (3) officially certified delegates, and shall be  
15 appointed by the Speaker at least ten (10) days in advance of each session.  
16  
17 (2) It shall be the duty of this Committee to:  
18  
19 (a) Determine and record the roll of the House at each meeting and to report at  
20 the time provided in the order of business.  
21  
22 (b) Conduct a hearing on any contest which may arise over the certification of a  
23 delegate or alternate delegate and to report its recommendations to the House.  
24  
25 (c) Prepare a report, in consultation with the Speaker and Secretary of the House  
26 of Delegates on matters relating to the order of business and special rules of order,  
27 and report its recommendations to the House of Delegates.  
28

29 **B. Reference Committees:**  
30

- 31 (1) **Personnel.** Two (2) or more Reference Committees, consisting of officially certified  
32 delegates, shall be appointed by the Speaker at least ten (10) days in advance of  
33 each session. All districts shall be represented on each Reference Committee.  
34  
35 (2) **Duties.** It shall be the duty of the reference committees to consider reports referred  
36 to them, to conduct open hearings and to report recommendations to the House of  
37 Delegates. Each committee shall, as soon as possible, consider such business as  
38 may have been referred to it and shall report at the next meeting or when called upon  
39 to do so.  
40

41 **C. Special Committees:** The Speaker, with the approval of the House of Delegates, may  
42 appoint special committees to perform duties not otherwise assigned by these *Bylaws*, to  
43 serve until adjournment of the session at which they were appointed.  
44

45 *Section 15. Election Procedures:* Elective positions shall be elected by the House of  
46 Delegates except as otherwise provided in these *Bylaws*. Voting shall be by ballot. The  
47 majority of ballots cast shall be required to elect any candidate for any office. In the event  
48 there is only one candidate for one office such candidate may be declared elected by the  
49 presiding officer. In the event no candidate receives a majority of the votes cast on the first  
50 ballot, the two candidates receiving the greatest number of votes shall be balloted upon  
51 again. If there is more than one nominee for each position of delegate or alternate delegate

1 to the American Dental Association House of Delegates, those nominees receiving a majority  
2 of the ballots shall be elected. If all of the positions are not filled on the first ballot, a second  
3 ballot shall be cast. The number of candidates for the unfilled positions shall be one more  
4 than the number of positions to be filled, and the candidates upon the second ballot shall be  
5 those unelected candidates on the first ballot who receive the highest votes. Those  
6 candidates receiving a majority of the ballots on the second vote shall be elected and the  
7 balloting shall cease.

## 8 9 **CHAPTER V -- BOARD OF TRUSTEES**

10  
11 *Section 1.* **Composition:** The Board of Trustees shall consist of one (1) trustee from  
12 each of the component district societies, and the elective officers of this Association.

13  
14 *Section 2.* **Qualification:** A trustee must be an active, student, life or retired member, in  
15 good standing of this Association and a fully privileged member of the component district  
16 society which he or she is elected to represent. The elective officers of this Association shall  
17 serve as trustees in their elective capacity, but not as representing any component society.  
18 Should the status of any trustee be changed in respect to the preceding qualifications, or  
19 should the trustee be elected to one of the elected offices in this Association during the term  
20 office, then that trusteeship shall be declared vacant and the President shall fill such vacancy  
21 as provided in Chapter V, Section 7 of these *Bylaws*.

22  
23 *Section 3.* **Term of Office:** The District trustees, except the Student Trustee, shall be  
24 divided into three (3) groups of two (2), two (2), and three (3), respectively; each group to  
25 serve for a term of three (3) years limited to two (2) consecutive terms; subsequent terms  
26 may be served after a period of one (1) year. One (1) group shall be elected annually. Any  
27 partial term less than one-half a full term shall not preclude a trustee from serving two full  
28 consecutive additional terms.

29  
30 The Student Trustee shall serve for a term of one (1) year and shall be elected  
31 annually. The term of the Student Trustee shall begin on April 1 of one year and end on  
32 March 31 of the following year.

33  
34 *Section 4.* **Nomination:** At each annual session of the House of Delegates, the Chair of  
35 the delegation representing the component society in each trustee district in which the term  
36 of the trustee is about to expire, or a delegate of that district appointed by the component  
37 society president, shall introduce their nominee as candidate of the component society  
38 composing that trustee district, as candidate for election to succeed the trustee whose term  
39 will expire.

40  
41 **A.** In the event that the component society comprising the trustee district has not selected a  
42 candidate, the delegates from the component society in which the term of trustee is  
43 about to expire shall hold a caucus prior to, or on the day of the first meeting of the  
44 House of Delegates, at the session in which the term of the trustee expires, and select  
45 a candidate. This caucus shall be called in such case, by the trustee whose term is  
46 due to expire, or in his absence, by the chair of the delegation representing that  
47 trustee district.

48  
49 **B.** A nominating speech of two (2) minutes shall be allowed in the House on behalf of each  
50 nominee.  
51

1     **Section 5. Election:** The trustees shall be elected by the House in accordance with  
2 Chapter IV, Section 15 of these *Bylaws*.

3  
4     **Section 6. Installation:** The trustee shall be installed at the time scheduled for  
5 installation of elective officers.  
6

7     **Section 7. Vacancy:** In the event of a vacancy in the office of a trustee, the President  
8 shall appoint a qualified member of the component district society in the trustee district in  
9 which the vacancy occurs to fill such office until a successor is elected by the next House of  
10 Delegates for the remainder of the unexpired term.  
11

12     **Section 8. Powers:**

13     **A.** The Board shall be the managing body of the Association, vested with full power to  
14 conduct all business of the Association, subject to the laws of the State of Minnesota,  
15 the *Articles of Incorporation, Constitution and Bylaws* and the mandates of the House  
16 of Delegates. All monies received by the Association shall be disbursed under the  
17 supervision of the Board of Trustees, subject to the approval of a majority vote of the  
18 House of Delegates. No money shall be accepted by this Association that are not  
19 dues or in the ordinary course of business of the Association without action by the  
20 Board of Trustees.  
21

22     **B.** It shall have the power to establish rules and regulations not inconsistent with Chapter V,  
23 Section 8.A. of these *Bylaws* to govern its organization, procedure, and conduct.  
24

25     **C.** It shall have the power to remove a committee member upon the recommendation of the  
26 President.  
27

28     **D.** It shall have the power to elect qualified persons for honorary, affiliate, and associate  
29 membership, for honorary award of this Association, and to approve applications for  
30 dues waivers for total disability and dues exemptions due to catastrophic losses.  
31

32     **E.** It shall have the power to establish *ad interim* policies when the House of Delegates is  
33 not in session and when such policies are essential to the affairs of the Association,  
34 provided, however, that all such policies must be presented for review at the next  
35 session of the House of Delegates. Such power shall include the removal from  
36 elective office of individuals for valid cause (as indicated in Chapter IV, Section 3, (I.)).  
37

38     **F.** It shall have the power to create committees for the purpose of investigative planning and  
39 administrative activities not specifically designated in the duties of the standing and  
40 special committees. These committees shall report their findings, conclusions, and  
41 recommendations to the Board of Trustees.  
42

43     **G.** It shall have the power to make the required adjustments by adding to or deleting  
44 delegates from or to the list of elected alternate delegates to enable the correct  
45 certification of delegates to the American Dental Association House of Delegates in  
46 the event the number of delegates allocated by the American Dental Association is  
47 changed after the delegates have been elected. It shall also have the power to make  
48 the required adjustments by adding to or deleting alternate delegates to the American  
49 Dental Association House of Delegates in the event the number of alternate delegates  
50 allocated by the American Dental Association is changed after the alternate delegates  
51 have been elected.



1     **Section 9.     Duties:** It shall be the duty of the Board of Trustees to:

2  
3     **A.** Nominate qualified members of the Association to the elective offices.

4  
5         (1) Not less than one hundred twenty (120) days before the annual session of the House  
6             of Delegates, nominate one (1) or more candidates for each of the elective offices  
7             (Officers, District Trustees, ADA Delegates and Alternates) to be filled.

8  
9         (2) Nominate delegates and alternate delegates to the House of Delegates of the  
10            American Dental Association Annual Session and submit them to the House of  
11            Delegates for election. Delegates are to be nominated for a one (1) year term and  
12            alternate delegates for a one (1) year term.

13  
14            Notification of such nominations shall be made to the active, life and retired members  
15            of the Association not less than thirty (30) days prior to the annual session of the  
16            House of Delegates.

17  
18     **B.** Provide for the maintenance and supervision of the Central Office and all other property  
19            or offices owned or operated by this Association.

20  
21     **C.** Appoint qualified persons to the offices of Executive Director and Editor, and to determine  
22            their salaries and term of office.

23  
24     **D.** Cause to be bonded, at the expense of the Association, by a reliable surety company any  
25            officer, member, or employee of the Association entrusted with Association funds for  
26            whatever amount deemed necessary.

27  
28     **E.** Provide for an annual audit of all the accounts of the Association by a Certified Public  
29            Accountant.

30  
31     **F.** Prepare a budget for carrying on the activities of the Association for the ensuing fiscal  
32            year.

33  
34     **G.** Provide for the publication and distribution of all official publications of the Association.

35  
36     **H.** Administer the Relief Fund by:

37  
38         (1) Causing to be distributed to the secretary of each component district society all  
39             approved plans for increasing the principal of the Relief Fund of this Association and  
40             to promulgate the rules and regulations for the granting of financial aid to dentists,  
41             their dependents and survivors.

42  
43         (2) Receiving written application from persons soliciting relief for themselves or for others  
44             and to investigate all applications and to require such proofs as they may deem  
45             proper. If the application is approved by the Board, it shall be forwarded to the  
46             Secretary of the Council on Relief of the American Dental Association together with  
47             the Board's recommendations. All relief funds contributed to jointly by the Minnesota  
48             Dental Association shall be distributed in accordance with the rules and regulations  
49             of the American Dental Association.

- 1 I. Cause to be promulgated in the official journal of the Association all policies adopted by  
2 the House of Delegates.  
3  
4 J. Submit an annual report to the House of Delegates concerning its activities and those of  
5 the appointive officers of the Association.  
6  
7 K. Designate the time and place of the annual scientific session, and the House of  
8 Delegates.  
9  
10 L. Fill all vacancies that may occur except as provided for in these *Bylaws*, which the Board  
11 of Trustees is empowered to appoint; such appointees shall serve only until the next  
12 meeting of the House of Delegates.  
13  
14 M. Assign all MDA policies to committees or to itself for annual review and report to the  
15 House of Delegates.  
16  
17 N. Perform such other duties as are prescribed by these *Bylaws* or the House of Delegates.  
18

19 *Section 10. Sessions:* There shall be two (2) regular sessions of the Board each year,  
20 and such additional sessions as are deemed necessary by the President or the majority of  
21 the Board.  
22

23 *Section 11. Action Without a Meeting:*  
24

25 **A. Action Without a Meeting or via Remote Communication.** Action without a meeting  
26 or through means of remote communication shall be allowed as set forth in these  
27 Bylaws or as may otherwise be authorized under Minnesota law.  
28

29 **B. Meetings Conducted Through Means of Remote Communication.** The Board of  
30 Trustees, Committee Chairs, or Subcommittee Chairs may specify that a meeting will  
31 be conducted partially or solely through one or more means of remote  
32 communication. They may authorize individual attendance and participation by Board  
33 members, Committee members and Subcommittee members at meetings through  
34 one or more means of remote communication, provided that all notice and quorum  
35 requirements are met. Remote communication includes any communication that is  
36 accomplished by means of electronics, telephone, video, or internet conferencing, or  
37 other similar means through which persons not physically present in the same  
38 location may communicate with each other on a substantially simultaneous basis.  
39 Participation in a meeting through a form of remote communication that is authorized  
40 by the Board of Trustees, Committee Chair, or Subcommittee Chair constitutes  
41 personal presence at the meeting.  
42

43 **C. Action Without Meeting.** Any action that may be taken at a meeting of the Board of  
44 Trustees, Committees, or Subcommittees may be taken without a meeting when  
45 authorized in a written action signed or consented to in an electronic communication  
46 which meets the requirements of the following Subsection in one or more  
47 counterparts, by the number of Trustees, or committee members that would be  
48 required to take the same action at a meeting of the Board or Committee at which all  
49 members of the Board or Committee were physically present. The action is effective  
50 when the written action has been signed or consented to in an electronic  
51 communication which meets the requirements of the following Subsection by the

Bylaws and Constitution of the Minnesota Dental Association

As amended by the 2019 House of Delegates

1 required number of Trustees, or Committee members, unless a different effective  
2 time is provided in the written action.

3  
4 **D. Electronic Records and Signatures.** The Minnesota Dental Association recognizes  
5 that authenticated electronic communication which meets the requirements of this  
6 Subsection may legally satisfy written record and signature requirements necessary  
7 for valid records, signatures, and contracts. Authenticated communications are those  
8 communications that set forth information from which the Association can reasonably  
9 conclude that the communication was sent by the purported sender and are delivered  
10 to the principal place of business of the Corporation, or to a Trustee or Agent of the  
11 Association who is authorized by the Association to receive the communication.  
12 Electronic records are records that are created, generated, sent, communicated,  
13 received or stored by electrical, digital, magnetic, wireless, optical, electromagnetic  
14 or similar technologies. Valid electronic signatures are those that are expressed  
15 through an electronic sound, symbol or process, and that are logically associated with  
16 a record and executed or adopted by a person with intent to sign the record.

17  
18 **Section 12. Quorum:** Two-thirds of the voting members of the Board of Trustees shall  
19 constitute a quorum.

20  
21 **Section 13. Officers:**

22  
23 **A. Number and Title:** The officers of the Board of Trustees shall be a Chair, Vice Chair,  
24 and a Secretary. The President of this Association shall be the Chair, the President-  
25 elect shall be the Vice Chair, and the Executive Director of this Association shall be  
26 the Secretary. In the absence of the Secretary of the Board, the Chair shall appoint  
27 a Secretary *pro tem*.

28  
29 **B. Duties:**

- 30  
31 (1) **Chair.** The Chair shall preside at all meetings of the Board and perform such other  
32 duties as custom and parliamentary usage require.

33  
34 The Chair may utilize the counsel and advice of a parliamentarian when a question of  
35 order arises. The decision of the Chair shall be final unless an appeal from such  
36 decision is made by a member of the Board, in which case final decision shall be by  
37 a majority vote of the trustees present and voting.

- 38  
39 (2) **Secretary.** The Secretary shall serve as the recording officer of the Board and as the  
40 custodian of its records. The Secretary may utilize the services of a professional  
41 recorder for the purpose of obtaining a stenographic record of the proceedings of the  
42 Board and shall cause a factual record of such proceedings to be edited and  
43 published as the official transactions of the Board. The Secretary shall serve as the  
44 reading clerk of the Board but may designate an assistant to perform this duty.

## 45 46 **CHAPTER VI -- ELECTIVE OFFICERS**

47  
48 **Section 1. Title:** The elective officers of this Association shall be the President,  
49 President-elect, First Vice President, Second Vice President, Treasurer, and Speaker of the  
50 House. The officers shall be elected as provided in Chapter IV, Section 4.A. and Section 5,  
51 and in Chapter V, Section 9.A. of these *Bylaws*.

1  
2 **Section 2. Eligibility:** Only an active, life, or retired member, in good standing of this  
3 Association shall be eligible to serve as an elective officer.  
4

5 **Section 3. Nominations:** Nominations for the office of President-elect, First Vice  
6 President, Second Vice President, Treasurer, and Speaker of the House may be made at the  
7 annual session of the House of Delegates as provided in Chapter IV, Section 13.A. (4) and  
8 Chapter V, Section 9.A. of these *Bylaws*.  
9

10 Nominations for office shall be made orally, but no nominating speech shall exceed  
11 three (3) minutes in length. Seconding speeches shall be limited to two (2) minutes, and two  
12 (2) in number. Any nominee receiving the majority of the votes cast shall be declared elected.  
13 (See Chapter IV, Section 15 of these *Bylaws*.)  
14

15 **Section 4. Tenure of Office:** The elective officers, with the exceptions of the Treasurer  
16 and the Speaker of the House, shall serve for a term of one (1) year, or until their successors  
17 are elected and installed.  
18

19 The Treasurer and the Speaker of the House shall serve for a term of three (3) years  
20 with a maximum of two (2) consecutive three (3) year terms.  
21

22 The Treasurer terms of three (3) year intervals shall begin in year 2010 and the  
23 Speaker of the House terms of three (3) year intervals shall begin in year 2011.  
24

25 Any interim term greater than one-half of a full term for Treasurer, District Trustee, or  
26 Speaker of the House will count as a full term toward any ascribed term limitations.  
27

28 **Section 5. Installation:** The elective officers shall be installed at the last meeting of each  
29 annual session of the House of Delegates. The President-elect shall be installed as President  
30 at the next annual session of the House of Delegates following that election.  
31

32 **Section 6. Vacancies:** If the office of President becomes vacant, the President-elect  
33 shall become President for the unexpired portion of the term, and shall serve the full term for  
34 which originally elected.  
35

36 If both the offices of President and President-elect become vacant, the First Vice  
37 President shall become President for the unexpired portion of the term.  
38

39 If the office of President-elect becomes vacant, the President for the ensuing year  
40 shall be elected at the next session of the House of Delegates.  
41

42 If the office of First Vice President becomes vacant, the Second Vice President shall  
43 become First Vice President for the unexpired portion of the term.  
44

45 If the office of Second Vice President becomes vacant, it shall be filled by a majority  
46 vote of the Board of Trustees.  
47

48 In the event of any other vacancy in an elective office, the Board of Trustees, by  
49 majority vote, shall be empowered to fill such vacancy until the next annual session of the  
50 House of Delegates.  
51

1     **Section 7.     Duties:**

2  
3     **A. President.** It shall be the duty of the President:

- 4  
5         (1) To preside at all meetings of this Association and the Board of Trustees, except the  
6             House of Delegates, and to perform all the duties required of a presiding officer.  
7  
8         (2) To serve as a member of the Board of Trustees.  
9  
10        (3) To be a member of all committees, ex officio, unless otherwise provided.  
11  
12        (4) To appoint members to all committees and the chair of each that is maintained by the  
13             Board of Trustees.  
14  
15        (5) To appoint the members and the chairs of any special committees except as  
16             otherwise provided. To create any special committee except as otherwise provided.  
17  
18        (6) To call meetings as necessary of special or standing committees in addition to such  
19             committee meetings as may be called by the chair of such committees.  
20  
21        (8) To fill any vacancies in the office of Trustee, as provided in Chapter V, Section 7.  
22  
23        (9) To fill any vacancies that may occur except as otherwise provided.  
24  
25        (10) To submit a written report of the activities of the office to the House of Delegates.  
26  
27        (11) To perform such other duties as may be provided in these *Bylaws*.

28  
29     **B. President-elect.** It shall be the duty of the President-elect:

- 30  
31         (1) To assist the President as requested.  
32  
33         (2) To serve as a member of the House of Delegates.  
34  
35         (3) To serve as a member and Vice Chair of the Board of Trustees.  
36  
37         (4) To be a member of all committees, ex officio, unless otherwise provided.  
38  
39         (5) To succeed to the office of President in the event of a vacancy in such office.  
40  
41         (6) To succeed to the office of President at the next annual session of the House of  
42             Delegates following his election as President-elect.  
43  
44         (7) To submit a written report of the activities of the office to the House of Delegates.

45  
46     **C. First Vice President.** It shall be the duty of the First Vice President:

- 47  
48         (1) To assist the President and President-elect as requested.  
49  
50         (2) To serve as a member of the House of Delegates.  
51

- (3) To serve as a member of the Board of Trustees.
- (4) To be a member of all committees, ex officio, unless otherwise provided.
- (5) To submit a written report of the activities of the office to the House of Delegates.

**D. Second Vice President.** It shall be the duty of the Second Vice President:

- (1) To assist the President, President-elect, and First Vice President as requested.
- (2) To serve as a member of the House of Delegates.
- (3) To serve as a member of the Board of Trustees.
- (4) To familiarize himself or herself with the organizational structure and activities of the Association by serving as a member of all committees, ex officio, unless otherwise provided.
- (5) To submit a written report of the activities of the office to the House of Delegates.

**E. Treasurer.** It shall be the duty of the Treasurer:

- (1) To administrate the usual duties of a Treasurer and answer all queries of the Board of Trustees regarding the financial status of the Association.
- (2) To submit a written report of the activities of the office to the House of Delegates.
- (3) To serve as a member of the House of Delegates.
- (4) To serve as a member of the Board of Trustees.

**F. Speaker of the House of Delegates.** The Speaker shall preside at the meetings of the House of Delegates, appoint members to all committees of the House and shall perform such duties as custom and parliamentary usage require. The Speaker of the House shall serve only as a member of the Board of Trustees.

*Section 8. Ex Officio:* “Ex Officio” shall be construed to mean the right to attend meetings, participate in debate, and make motions. An ex officio member is not counted in determining the quorum and does not have the right to vote.

*Section 9.* The treasurer of the MDA shall have total and unrestricted access to financial, investment, and audit information of the Association.

## **CHAPTER VII -- APPOINTIVE OFFICERS**

*Section 1. Appointive Officers:* The appointive officers of the Association shall be an Executive Director and an Editor, each of whom shall be appointed by the Board of Trustees as provided in Chapter V, Section 9.C. of these *Bylaws*.

*Section 2. Tenure of Office and Salary:* The Board of Trustees shall determine the tenure of office and salary of each appointive officer.

1  
2 **Section 3. Duties:** The duties of the appointive officers shall be as follows:  
3

4 **A. Executive Director.** It shall be the duty of the Executive Director:  
5

- 6 (1) To be the executive head of the Central Office.  
7
- 8 (2) To engage all employees except as otherwise provided by these *Bylaws*.  
9
- 10 (3) To supervise and coordinate the activities of all committees in regard to their special  
11 assignments and systematize the preparation of all reports of such committees.  
12
- 13 (4) To send all notices, to keep records of proceedings of meetings of the House of  
14 Delegates and of all committees, and all other documents unless otherwise provided.  
15
- 16 (5) To collect all monies due the Association.  
17
- 18 (6) To perform all other duties as are incident to the office and which are prescribed by  
19 these *Bylaws*, or which may be prescribed by the Board of Trustees.  
20
- 21 (7) To submit written reports to the Board of Trustees.  
22
- 23 (8) To be an ex-officio member of the House of Delegates, Board of Trustees, and of all  
24 committees.  
25

26 **B. Editor.** The Editor shall be the Editor-in-Chief of the official publication of this  
27 Association. The Editor shall be responsible to the Publications Committee, and shall  
28 abide by its judgment in matters of editorial policy.  
29

## 30 **CHAPTER VIII -- COMMITTEES**

31  
32 The Board of Trustees may appoint such standing committees as needed to accomplish the  
33 mission and activities of the Association. The composition and duties of such committees  
34 are described in the MDA Policy and Procedure Manual.  
35

## 36 **CHAPTER IX -- RECOMMENDATIONS FOR STATE BOARD OF DENTISTRY**

37  
38 **Section 1.** Member nominees for expiring dentist positions may be submitted to the  
39 Board of Trustees and subsequently presented to the House of Delegates. Nominations may  
40 also be made from the House floor. Nominees shall be elected in a manner determined by  
41 the Speaker of the House. Those nominees receiving more than fifty (50) percent of the  
42 votes by the Delegates present and voting shall be recommended to the Governor for  
43 appointment to the Minnesota Board of Dentistry.  
44

## 45 **CHAPTER X -- AMENDMENTS**

46  
47 **Section 1.** These *Bylaws* may be amended at any session of the House of Delegates by  
48 a two-thirds (2/3) majority vote of the members present and voting, provided the proposed  
49 amendment shall have been presented in writing at a previous annual session or at a  
50 previous meeting of the same session, except those *Bylaws* effecting a change in dues.  
51

1     *Section 2.*     An amendment to the *Bylaws* affecting a change in dues shall be effective as  
2     of January 1, the year following. Final action on such amount shall not be limited to or bound  
3     by the figure mentioned in the original motion. Any action to amend the dues of active  
4     members shall be governed by the Rule Regarding Amendment of Dues set forth in Chapter  
5     IV, Section 13 of these *Bylaws*.  
6

7     *Section 3.*     Any amendments to the *Constitution and Bylaws* of a component district  
8     society shall not be in conflict with the *Constitution and Bylaws* of the Minnesota Dental  
9     Association.  
10

## 11     **CHAPTER XI -- RULES OF ORDER**

12  
13     *Section 1.*     The deliberations of this Association shall be in accordance with American  
14     Institute of Parliamentarians "Standard Code of Parliamentary Procedure", unless otherwise  
15     specified.  
16

17     *Section 2.*     To clarify the voting rights and quorums of the Board of Trustees, committees,  
18     and committee members, the following definitions shall be utilized:  
19

20     **A. Regular Member:** A committee or Board member who has the right to attend meetings,  
21     participate in debate, make motions, vote and is counted in determining the quorum.  
22

23     **B. Ex Officio Member (Board Liaison):** A committee or Board member who has the right  
24     to attend meetings, participate in debate, and make motions, but **is not** counted in  
25     determining the quorum and **does not** have the right to vote.  
26

27     **C. Advisory Member, Consultant or Legal Counsel:** An individual who has the right to  
28     attend meetings, participate in debate, but **is not** entitled to make motions, **is not**  
29     counted in determining the quorum, and **does not** have the right to vote.  
30

31     **D. Quorum:** The Board of Trustees requires two-thirds of regular members to achieve a  
32     quorum. Committees require more than 50% of regular members be present to  
33     achieve a quorum. No votes can be taken or official business conducted if a quorum  
34     of regular committee or Board members is not present, either in person or via remote  
35     attendance.  
36

37     As Adopted by the House of Delegates September 13, 2019.  
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# Constitution

## ARTICLE I -- NAME

The name of this organization shall be Minnesota Dental Association, hereinafter referred to as "the Association" or "this Association."

## ARTICLE II -- OBJECT

The object of this Association shall be to encourage the improvement of the health of the public and to promote the art and science of dentistry.

## ARTICLE III -- ORGANIZATION

*Section 1. Incorporation:* This Association is a non-profit corporation organized under the laws of the State of Minnesota. If this corporation shall be dissolved at any time, no part of its funds or property shall be distributed to, or among, its members but, after payments of all indebtedness of the corporation, its surplus funds and properties shall be used for dental education and dental research in such manner as the then governing body of the Association may determine.

*Section 2. Central Office:* The registered office of this Association shall be known as the Central Office and shall be located in St. Paul or Minneapolis, Minnesota.

*Section 3. Membership:* The membership of this Association shall consist of dentists and other persons whose qualifications and classifications shall be established in Chapter I of the Bylaws.

*Section 4. Component District Societies:* Component district societies of this Association shall be those dental societies chartered as such in conformity with Chapter III of the Bylaws.

## ARTICLE IV -- GOVERNMENT

*Section 1. Legislative Body:* The legislative and governing body of this Association shall be a House of Delegates, which may be referred to as "the House" or "this House" as provided in Chapter IV of the Bylaws.

*Section 2. Administrative Body:* The administrative body of this Association shall be a Board of Trustees which may be referred to as "the Board" or "this Board" as provided in Chapter V of the Bylaws.

## ARTICLE V -- OFFICERS

*Section 1. Elective Officers:* The elective officers of this Association shall be as provided in the Bylaws.

*Section 2. Appointive Officers:* The appointive officers of the Association shall be an Executive Director and an Editor, each of whom shall be appointed by the Board of Trustees as provided in the Bylaws.

1  
2 **ARTICLE VI -- ANNUAL SESSION**  
3

4 The annual session of the Association shall be conducted in accordance with Chapters III,  
5 IV, V, VI, VII, VIII, IX, X, and XI of the *Bylaws*.  
6

7 **ARTICLE VII -- PRINCIPLES OF ETHICS**  
8

9 The Principles of Ethics of this Association which are not in conflict with the Principles of  
10 Ethics of the American Dental Association, and the principles or codes of ethics of the  
11 component district societies which are not in conflict with the Principles of Ethics of this  
12 Association, shall govern the professional conduct of all members.  
13

14 **ARTICLE VIII -- AMENDMENTS**  
15

16 This Constitution may be amended by a two-thirds (2/3) affirmative vote of the members of  
17 the House of Delegates, provided that the proposed amendments have been presented in  
18 writing at any previous annual or special session of the House of Delegates.  
19

20 This Constitution may also be amended at any session of the House of Delegates by a  
21 unanimous vote, provided the proposed amendments have been presented in writing at a  
22 previous meeting of such session.  
23

## ***Articles of Incorporation***

(as amended by a total rewriting on April 1, 1962 and amended by dropping "State" from the name on April 5, 1970)

### **ARTICLE I -- NAME**

The name of this corporation shall be MINNESOTA DENTAL ASSOCIATION.

### **ARTICLE II -- DURATION**

The duration of the corporation is perpetual.

### **ARTICLE III -- PURPOSE AND OBJECT**

The purpose and object of this corporation is to encourage the improvement of the health of the public and to promote the art and science of dentistry.

### **ARTICLE IV -- OFFICE**

The registered office of the corporation shall be located at 1335 Industrial Boulevard, Suite 200, Minneapolis, Minnesota 55413.

### **ARTICLE V -- BYLAWS**

The *Bylaws* of the corporation shall be divided into two categories designated, respectively, "Constitution" and "Bylaws", and each category shall be amendable from time to time in the manner and by the method therein set forth, but in case of any conflict between the *Constitution* and the *Bylaws* the provisions of the *Constitution* shall control. .

0 In any case the *Constitution and Bylaws* shall not be in conflict with or limit the *Constitution and Bylaws* of the American Dental Association.

### **ARTICLE VI -- MEMBERSHIP**

The qualifications, the method of election, designation or selection, the privileges and obligations, and the voting rights, if any, of the various classes of members which are established by the *Constitution and Bylaws* of the corporation from time to time shall be set forth in and governed by such *Constitution and Bylaws*.

### **ARTICLE VII -- EXERCISE OF CORPORATE POWERS**

Except as otherwise provided by law, the affairs of this corporation shall be governed and the corporate powers of the corporation shall be exercised by a Board of Directors (to be known as the Board of Trustees), House of Delegates, officers, councils, committees, members, agents and employees as set forth in the *Constitution and Bylaws* and the titles, duties, powers, and method of electing, designating or selecting all of the foregoing shall be as provided herein.

This corporation shall have power to receive monies and properties and rights and interests therein, and administer, manage and dispose of the same or any part thereof or interest therein for any one or more of said purposes. This corporation shall have power to receive bequests,

gifts, and devices, of personal or real property of every kind, from any source with power to administer manage and dispose of the same for any one or more of said purposes. This corporation may acquire, own, hold, possess, control, encumber, and dispose of such real and personal property as it shall find suitable and convenient for any of said purposes.

#### **ARTICLE VIII -- AMENDMENTS**

The Articles of Incorporation of this corporation as now or hereafter amended may be further amended by a two-thirds (2/3) vote of the delegates present and voting at any annual session; provided, that notice of such proposed amendment shall have been given, (1) at a previous annual session, or (2) at a meeting of this corporation called for said purpose, of which purpose thirty (30) days notice in writing shall be given to the members of the House of Delegates.

## ***Principles of Ethics***

Chapter III, Section 8 of the Minnesota Dental Association *Bylaws* states:

**"The Principles of Ethics of the American Dental Association, the Principles of Ethics of this Association, and the Principles of Ethics adopted by the component district society shall be the principles of ethics of that component district society for governing the professional conduct of its members."**

Whenever there arises between members of the Minnesota Dental Association a grave difference of opinion regarding professional conduct or questions of an ethical nature which cannot be adjusted, the dispute should be referred for consideration and settlement as follows:

- A.** To the committee assigned responsibility for ethical matters or similar committee of the component society.
- B.** Should the verdict of a component society committee be unsatisfactory to the accused, appeal may be made to the committee of the Minnesota Dental Association assigned responsibility for ethical matters.
- C.** Should the verdict still be unsatisfactory, appeal may be made for settlement to the American Dental Association Council on Ethics, Bylaws and Judicial Affairs.
- D.** When differences arise between members of their respective component societies or official units thereof, and such differences cannot be adjusted within such units, the matter should be referred to the committee of the Minnesota Dental Association assigned responsibility for ethical matters and thereafter to the American Dental Association Council on Ethics, Bylaws and Judicial Affairs.
- E.** It shall be the ethical duty of every member to cooperate with the MDA committee responsible for matters of ethics and the Peer Review Committee and to comply with the requirements of these and other official committees of the Minnesota Dental Association and of the component societies so as to enable such committees to perform their designated function.
- F.** Any violation of the considered judgment and opinion of the Minnesota Dental Association as expressed by the House of Delegates or Board of Trustees should be considered as a breach of the *Principles of Ethics*.
- G.** Component societies are urged to establish *Principles of Ethics* not inconsistent with that of the parent association, particularly with respect to those parts of the parent association's *Principles of Ethics* purposely left to component societies, designed to afford them more precise regulations.

The foregoing and the ADA Principles of Ethics and Code of Professional Conduct will serve as the Minnesota Dental Association Principles of Ethics and Code of Professional Conduct.

## ***MDA Member Conduct Policy***

This MDA Member Code of Conduct was adopted by the 2012 (amended 9-25-2020) House of Delegates and reads as follows:

### **Conduct Policy:**

1. Members should communicate respectfully in all interactions with other dentists, dentist members, Association officers, trustees, and staff.
  - a. Demeaning or derogatory language in any communication, including social media and/or web-based media, is deemed unacceptable.
  - b. Respectful communication shall be maintained in discussions regarding any practice mode or setting, and such respect shall be extended to an individual's choice of professional practice mode or setting.
2. Members shall conduct themselves in a manner consistent with the ADA's objectives of diversity and inclusion, and refrain from any behavior unbecoming a dental professional.
3. Members should abide by the decisions and policies of the Association and not undermine or impair their implementation or application. Members may express dissent or non-conforming alternatives via proper organizational channels.
4. Members have an obligation to be informed about and use Association policies for communication and dispute resolution.
5. Members are expected to comply with all applicable laws and regulations, including but not limited to antitrust laws and regulations and statutory and common law fiduciary obligations.
6. Members must respect and protect the intellectual property rights of the Association, including any trademarks, logos, and copyrights.
7. Members must not use Association membership directories, on-line member listings, or attendee records from Association-sponsored conferences or CE courses for personal or commercial gain, such as selling products or services, prospecting, or creating directories or databases for these purposes.
8. Members must treat all confidential information furnished by the Association as such and must not reproduce materials without the Association's written approval.
9. Members must not violate the attorney-client privilege, or the confidentiality of executive sessions conducted at any level within the Association.
10. Members must fully disclose conflicts, or potential conflicts, of interest and make every effort to avoid the appearance of conflicts of interest.

# AFFINITY PRODUCTS COMMITTEE

2022

## **Committee Purpose**

It is the duty of this committee to:

1. Facilitate the provision of insurance and other affinity products to Association members for their protection and support in a way that is beneficial to the membership, Association, and the state of dentistry in Minnesota.
2. Make recommendations regarding such plans, products, and services to the Board of Trustees.
3. Review existing and potential affinity programs, making recommendations for changes to existing programs and the addition of new programs, to the Board of Trustees. The committee considers the value of a program to members first with the potential of a program to earn revenue/royalties secondary.

## **Mission Statement**

1. As a member benefit, the MDA sponsors various group insurance programs and endorses affinity products for its members.
2. The MDA Affinity Products Committee serves as the coordinating unit between the insurance administrators and the MDA, a liaison between the member insurance consumer and the insurance administrator and/or insurance company, and an advisory unit for insurance programs to the MDA Board of Trustees.
3. The MDA Affinity Products Committee monitors existing group insurance programs and evaluates new programs, focusing on offering the most effective long term coverage solution for the member dentist's practice and personal protection needs.
4. The MDA Affinity Products Committee reviews non-insurance affinity programs, making recommendations to the Board of Trustees for additions and changes to endorsed products and services. The committee considers the value of a program to members first, with the potential of a program to earn non-dues revenue for the MDA of secondary importance.

## **Member Responsibilities**

1. Committee Meetings:
  - a. The Affinity Products Committee typically meets three to four times per year to review the insurance and affinity programs.
  - b. It is the responsibility of the Affinity Products Committee to oversee the viability of endorsed products and services.
  - c. Additional meetings may be required in order to fulfill the obligations of the committee on a timely basis. The committee chair determines the need. Committee members may be assigned sub-committee duties to deal with specific product/service evaluations.
  - d. Committee members voluntarily serve a one-year term. In addition, the committee may invite guests and ask non-member consultants to serve as non-voting members of the committee, such as the Executive Directors of the Minneapolis and St. Paul Districts.
2. Individual member responsibilities:

- a. The chair of the committee is responsible for calling the meetings, participating in the development of meeting agendas, running the meetings (including the proper use of motions and voting), reviewing the meeting minutes prior to distribution, and facilitating any necessary follow-up efforts after each meeting.
- b. Members are expected to review meeting materials in advance and attend all committee meetings either in person, by telephone, or through video conferencing when available.
- c. Members are encouraged to submit reports, updates, and agenda items in advance of each meeting.
- d. When a member must miss a meeting, it is the member's responsibility to contact the committee chair to provide the chair with the absent member's report at the meeting.
- e. At the conclusion of one's term, members are asked to search for a member from his/her district to serve on the committee.

### **Relationships**

1. Authority: The MDA Affinity Products Committee makes recommendations regarding insurance and affinity program-endorsed offerings to the Board of Trustees.
2. Relationship to the Board of Trustees:
  - a. One trustee serves as a liaison to this committee.
  - b. The committee requests funding from the Board of Trustees annually, including requests for special, one-time projects as needed.
  - c. The committee submits proposed endorsed vendors to the Board of Trustees.
3. Relationship to Endorsed Vendors:
  - a. The committee monitors and evaluates the performance of current endorsed vendors.
  - b. The committee reviews and evaluates potential endorsed vendors.
  - c. The committee assists endorsed vendors in their marketing of products and services to members.

### **Goals and Objectives**

Goal 1: Provide value to MDA membership by evaluating endorsed vendors for quality and value, saving members both time and effort in the evaluation.

Goal 2: Obtain discounts, when possible, on products and services utilized by MDA members or commonly needed in a dental practice.

Goal 3: Provide a revenue stream into the MDA, used to reduce dues in the form of royalties, advertising, SON participation, and sponsorships from endorsed vendors.

### **MDA Staffing Responsibilities**

The MDA provides a staff director for this committee and that individual's duties include:

1. Maintaining committee meeting records at the MDA office.
2. Working with the committee chair to prepare meeting agendas, assist in developing the annual budget, review committee goals and achievements, and to keep the chair informed about activities related to the responsibilities of this committee.



3. Notifying committee members of meetings in advance, including all relevant materials needed for the meeting.
4. Attending all meetings of the committee.
5. Scheduling and researching potential endorsed vendors.
6. Writing and distributing meeting minutes in a timely manner and ensuring that the minutes are posted on the MDA website.
7. Staying current with state, regional and national events and activities related to the purpose and goals of this committee.

# BARRIERS TO CARE COMMITTEE

2022

## **Committee Purpose**

It is the duty of this committee to:

1. Educate and inform MDA members and the community about challenges and opportunities to meet the oral health needs of Minnesota's children, elderly, special needs adults, and those living in poverty.
2. Network with other organizations that are closely involved in assessing and addressing the health needs of Minnesotans, particularly Minnesota Department of Health, Minnesota Department of Human Services, the University of Minnesota School of Dentistry, and allied professional groups.
3. Develop and promote various practice models and best practices, including effective recruitment and retention of dental professionals, to meet the needs of rural and underserved communities suffering from inadequate access to dental care.
4. Play a leadership role regarding how to promote optimal oral health through effective prevention and early assessment for all Minnesotans.

## **Mission Statement**

The Barriers to Care Committee works to promote optimal oral health for all Minnesotans by understanding and addressing the care challenges of both dentists and patients.

## **Member Responsibilities**

1. Committee meetings:
  - a. The committee as a whole meets at least four times per year, either in person or by telephone, on weekday evenings. Subcommittees may be created and meet as needed.
  - b. Committee members voluntarily serve a one-year term. One representative is appointed from each of the eight district dental societies and one member of the Board of Trustees is the liaison to this committee. In addition, the committee may invite guests and ask non-member consultants to serve as non-voting members of the committee.
2. Individual member responsibilities:
  - a. The chair of the committee is responsible for calling the meetings to order, participating in the development of meeting agendas, running the meetings (including the proper use of motions and voting), reviewing the meeting minutes prior to distribution, and facilitating any necessary follow-up efforts after each meeting.
  - b. Members are expected to review meeting materials in advance and attend all committee meetings either in person, by telephone, or through video conferencing when available.
  - c. Members are encouraged to submit reports, updates, and agenda items in advance of each meeting.
  - d. When a member must miss a meeting, it is the absent member's responsibility to contact the committee chair to provide the chair with the report at the meeting.

- e. At the conclusion of one's term, members are asked to search for a member from his/her district to serve on the committee.

### **Relationships**

1. Authority to act: The Barriers to Care Committee has the authority to act on duties outlined in this manual.
2. Relationship to Board of Trustees:
  - a. One Trustee serves as a liaison to this committee.
  - b. The committee requests funding from the Board of Trustees annually, including requests for special, one-time projects as needed.
  - c. The committee submits proposed resolutions to the Board of Trustees related to activities and projects dealing with the Mission and Purpose of this committee.
3. Relationship to Constitution, Bylaws, and Ethics Committee: Responds to annual requests to review past resolutions assigned to the former Children's Health, Elderly and Special Needs Adults, Urban Safetynet, and Rural Health Care Committees in order to keep the MDA Digest of Policies current.
4. Relationship to Give Kids a Smile, Donated Dental Services, Mission of Mercy, and other volunteer programs: Receives updated information on the status of the project or event at least annually.
5. Relationship to New Dentist and Membership Committees and ASDA: Stays current with the initiatives of these groups as their activities around recruitment to rural areas and retirement are closely related to barriers to care issues.
6. Relationship to Legislative Affairs Committee: Stays current with dental legislation that may affect public program funding and administration and oral health in Minnesota.
7. Relationship to other dental, medical, and caregiver professional associations: Collaborates with other non-dental caregivers and health care professionals in initiatives to improve oral health.

### **Goals and Objectives**

The committee was created in 2013 by combining the Children's Health, Rural Health Care, and Elderly and Special Needs Adults Committees. Over time, it is expected that the committee will create more goals and objectives.

#### **Goal 1: Reduce barriers for dentists and dental practices in rural and underserved areas**

**Objective:** Help doctors, especially young doctors, to succeed in today's market through viable practice options in underserved areas and out state.

**Strategy:**

1. In collaboration with state agencies and U of M School of Dentistry, seek improvements to the loan forgiveness programs and improve education on financing opportunities in rural communities.
2. Consider creating materials with financing options and practice models commonly available in rural and underserved communities.

#### **Goal 2: Participate in public outreach and education opportunities**

**Objective:** Be a leader in oral health information for dentists and patients alike.

**Strategy:**

1. Provide current and user-friendly resource materials on the MDA website that can easily be accessed and used by dental professionals and other caregivers in the public.

2. Participate in public outreach events as appropriate.

### **MDA Staffing Responsibilities**

The MDA provides a staff director for this committee and that individual's duties include:

1. Maintaining committee meeting records at the MDA office.
2. Working with the committee chair to prepare meeting agendas, assist in developing the annual budget, review committee goals and achievements, and to keep the chair informed about activities related to the responsibilities of this committee.
3. Notifying committee members of meetings in advance, including all relevant materials needed for the meeting.
4. Attending all meetings of the committee.
5. Writing and distributing meeting minutes in a timely manner and ensuring that the minutes are posted on the MDA website.
6. Staying current with state, regional, and national events and activities related to the purpose and goals of this committee.

# CONSTITUTION, BYLAWS AND ETHICS COMMITTEE

2022

## **Committee Purpose**

It is the duty of this committee to:

1. Review the *Articles of Incorporation* and the *Constitution* and *Bylaws* in order to keep them consistent with Association programs.
2. Act as a consultant to this Association on the *Constitution* and *Bylaws*.
3. Process and adjudicate all matters pertaining to violations of the MDA Bylaws, *Principles of Ethics*, or the MDA Member Conduct Policy which have been referred to the committee using the process and procedures of the Bylaws and Governance Manual of the American Dental Association. An appeal of any decision may be made in accordance with the Bylaws of the MDA.
4. Review the ADA *Principles of Ethics*, including any updates, and recommend any needed action by the MDA House of Delegates.
5. Assist and facilitate an annual review of the “Digest of Adopted Resolutions” for change or revisions which may be obsolete, and forward those recommendations to the House of Delegates.

## **Mission Statement**

The Constitution, Bylaws and Ethics Committee exists to maintain and provide oversight and review of the MDA's *Articles of Incorporation* and *Constitution* and *Bylaws*. In addition, this Association believes that dentists should possess not only knowledge, skill, and technical competence, but also those traits of character that foster adherence to ethical principles. As a result, the committee exists to assist members of the profession in making a commitment to high ethical standards of conduct, thereby ensuring that patients receive the benefit of a high level of ethical standard of conduct from the dental profession. The committee accomplishes its mission through the five activities listed above.

## **Member Responsibilities**

### **Committee meetings**

The Constitution, Bylaws, and Ethics Committee usually meets three or more times per year, each meeting generally lasting two hours. The committee reviews proposals to amend the *Bylaws* at the upcoming meeting of the House of Delegates. Other committee business will also be taken up at that time.

Our committee roster is populated by representatives from as many of our component societies as possible. We encourage each district to operate and maintain an ethics committee. These district committees would mediate ethic complaints on a local level and help promote ethical standards.

The speaker of the house is a permanent member of this committee, facilitating an annual review of the “Digest of Policies” and making recommendations to the House of Delegates about obsolete policies.

Members of the committee should be familiar with the MDA's *Constitution* and *Bylaws* and have interest in promoting the ethical practice of dentistry.

### **Relationships**

The Constitution, Bylaws and Ethics Committee is the final authority at the state level on questions of ethical conduct that are officially brought forward to it. Questions of ethical conduct will normally be referred to it by a district ethics committee. The state committee's decisions may be appealed to the ADA Council on Ethics, Bylaws, and Judicial Affairs.

Regarding matters of the content and structure of the MDA *Constitution* and *Bylaws*, the committee acts in an advisory capacity to the Board of Trustees and to the House of Delegates. The committee's primary relationships are with the House of Delegates, to whom it makes recommendations on the *Constitution* and *Bylaws*; the state's district dental societies, from whom questions of ethics may be referred; and the ADA's Council on Ethics, to whom committee decisions may be appealed.

The public as a whole is a primary stakeholder in the activities of the committee, as it works to maintain high ethical standards of conduct in dentistry. MDA members benefit by the high reputation that dentistry maintains with the public.

### **Goals and Objectives**

1. To promote the ethical practice of dentistry as a critical and relevant component of our profession.
2. To improve our ability to respond to the membership's ethical concerns and inspire interest in dental ethics through education and dialogue.
3. To encourage a committee composition that is representative of membership and promote active participation.
4. To maintain a current and relevant "Digest of Adopted Policies".
5. To continue to educate our members regarding the MDA's position on Top Dentist-type surveys and lists and the advertising thereof.
6. To assist component districts with ethical protocols and education.
7. To educate MDA members regarding the Principles of Ethics and Code of Professional Conduct, and the ADA's Member Conduct Policy.
8. To investigate and resolve any ethics and/or conduct complaints brought forward to this committee.

# DENTAL EDUCATION COMMITTEE

2022

## **Committee Purpose**

It is the duty of this committee to:

Address dental education, workforce, and practice trend needs, questions and problems, while serving as the Minnesota Dental Association's liaison to:

- All dental assisting, dental hygiene, other allied dental health, and dental laboratory programs in Minnesota
- University of Minnesota School of Dentistry
- All entities that provide postdoctoral dental education
- Minnesota Board of Dentistry
- Minnesota Dental Hygienists' Association
- Minnesota Dental Therapists Association
- Minnesota Dental Assistants Association
- Minnesota Dental Hygiene Educators' Association
- Minnesota Educators of Dental Assistants
- American Association of Dental Office Managers (MN)
- Midwest Dental Lab Association
- Indirectly, to Minnesota's primary and secondary schools to address "dental career days" and dental health education requests by teachers for their students

## **Mission Statement**

The Dental Education Committee works to improve dental education and, hence, oral health care, in Minnesota by gathering, monitoring, and disseminating information related to dental education and practice workforce trends.

## **Member Responsibilities**

1. Committee meetings:
  - a. The committee meets, on average, three to four times per year either in person or by telephone conference.
  - b. Committee members should be appointed from each dental district as well as the University of Minnesota School of Dentistry. The appointments are recommended for a two-year term. A committee member may be reappointed for additional two-year terms.
  - c. Consultants with particular expertise may be invited to address topics of interest and/or to serve as advisors to the committee as needed. For example, the committee recommends that the dean of the University of Minnesota School of Dentistry serve as a consultant to the committee, representing the administration of the School of Dentistry. The committee anticipates that the dean (or the dean's representative) will attend meetings of the committee to provide ongoing information about the School of Dentistry.
  - d. One full-time faculty member is asked to serve as an active member of the committee, representing the School of Dentistry faculty.
2. Individual member responsibilities:

- a. The chair of the committee is responsible for calling the meetings to order, participating in the development of meeting agendas, running the meetings (including the proper use of motions and voting), reviewing the meeting minutes before distribution, and facilitating any necessary follow-up efforts after each meeting.
- b. Members are expected to review meeting materials in advance and attend all committee meetings either in person, by telephone, or through web conferencing when available. When a member must miss a meeting, it is the member's responsibility to notify the committee chair (or MDA staff) in advance and to provide any reports or updates.
- c. Members are encouraged to submit reports, updates, and agenda items in advance of each meeting.
- d. After one's term, members are asked to recommend, to the incoming president of the MDA, a member from his/her district to serve on the committee.

### **Relationships**

1. Authority to act: The Dental Education Committee has the authority to act on duties outlined in this manual.
2. Relationship to Board of Trustees:
  - a. One trustee serves as liaison and voting member to this committee.
  - b. The committee requests funding from the Board of Trustees annually, including requests for grants to allied dental education programs as well as special, one-time projects, such as educational symposiums.
  - c. The committee submits proposed resolutions related to activities and projects dealing with the Mission and Purpose of this committee to the Board of Trustees.
3. Relationship to dental and allied dental education programs: Each committee member is appointed to serve as the liaison to dental assisting, dental hygiene, and/or dental therapist programs in his or her district. Committee liaisons frequently serve on the advisory boards of the programs to which they are assigned. Committee members should encourage an ongoing dialogue with their assigned program directors.
4. Relationship to Minnesota Dental Hygienists' Association, Minnesota Dental Assistants Association, Minnesota Educators of Dental Assistants and Minnesota Dental Hygiene Educators' Association, Minnesota Dental Therapy Association, American Association of Dental Office Managers (MN), Midwest Dental Lab Association: The committee annually invites representatives from these allied professional organizations to meet with this committee to discuss topics of mutual interest and concern.
5. Relationship to Minnesota Board of Dentistry: A member of this committee and/or MDA staff will report regularly on the Minnesota Board of Dentistry meetings, actions, and proposed actions.

### **Goals and Objectives**

The Dental Education Committee proposed the following actions to meet relevant MDA House of Delegates resolutions, in addition to MDA Strategic Plan objectives assigned to the committee in recent years:

#### **GOAL: Advocacy**

#### **OBJECTIVES:**

1. To provide access to dental care by addressing dental workforce issues: (a) overall supply of well-educated dental professionals; (b) equitable distribution of dental professionals across Minnesota, and



2. To ensure that the educational programs graduate dental professionals who are trained and capable of providing quality oral health care.

**Strategies:**

1. Operate allied dental education program liaison networks efficiently and effectively.
2. The Dental Education Committee will request information from allied dental education programs in Minnesota on such topics as their recruitment strategies, criteria for admissions, and statistics on enrollment trends over time and practice locations of graduates. The committee will track this data and use it to set priorities and allocate resources and efforts in dealing with workforce issues.
3. The committee will address issues related to any proposed new level of dental practitioner based on:
  - a. Patient safety and well-being;
  - b. Cost-effectiveness to the dental practice; and
  - c. Employability and integration into the dental team.
4. The committee will monitor the use of expanded duties for allied dental professionals by obtaining information from the Board of Dentistry, the University of Minnesota School of Dentistry, and allied dental professionals and their associations.
5. The committee will respond to requests from primary and secondary schools for information related to (1) dental careers, to promote dentistry as a profession, and (2) oral health education for young students.

**GOAL: Strategic Plan and Annual House of Delegates Resolutions Review**

**OBJECTIVE:** To ensure continuity in committee activities and accountability for proposed actions.

**Strategies:**

1. At the beginning of each committee year, the committee will review its past years' actions and accomplishments and its proposed actions for the coming year. Because of the significant interrelationship between dental access and dental workforce needs, the committee will recommend that the MDA maintain this committee in the future.

**MDA Staffing Responsibilities**

The MDA provides a staff director for this committee and that individual's duties include:

1. Maintaining committee meeting records at the MDA office.
2. Working with the committee chair to prepare meeting agendas, assist in developing the annual budget, review committee goals and achievements, and to keep the chair informed about activities related to the responsibilities of this committee.
3. Notifying committee members of meetings in advance, including all relevant materials needed for the meeting.
4. Attending all meetings of the committee.
5. Writing and distributing meeting minutes promptly.
6. Staying current with the state, regional, and national events and activities related to the mission and purpose of this committee.

# ENVIRONMENT & SAFETY COMMITTEE

2022

## **Committee Purpose**

It is the duty of this committee and its workgroups to:

1. Address dental materials and dental environmental waste issues, including best management practices, materials recycling, hazardous waste compliance, and the Minnesota Voluntary Amalgam Separator Program.
2. Coordinate dentistry's involvement within a Minnesota network of emergency preparedness and disaster response services.
3. Address Minnesota radiation regulations.
4. Address dental office workplace safety matters: OSHA, ergonomics, etc.
5. Address abuse of prescription drugs and our role in prevention and networking with other professionals.
6. Compile and/or develop related resources appropriate to these areas of focus.
7. Provide leadership and deliver results of value to MDA members.

## **Mission Statement**

The Mission of the Environment and Safety Committee is multifold:

Our environmental mission is to develop, compile, and present best practice environmental solutions to MDA members, helping them to address dental environmental waste issues pertinent to their practice and their community. Additionally, dental materials science is encompassed within this mission.

Our safety mission furthers the role of dentistry within coordinated regional disaster response activities. Additionally, matters pertinent to dental office safety (including OSHA and radiation safety) and our role in preventing abuse of prescription drugs are encompassed within this mission.

## **Member Responsibilities and Job Description**

1. The committee provides an umbrella of scientific common interest, within which workgroups operate cooperatively.
2. Committee membership draws from those possessing assets and interests that best balance the current goals of the committee.
3. Each workgroup is led by a committee member assigned responsibility for that workgroup.
4. The committee functions by shared leadership. The committee will meet upon the initiative of an individual workgroup and its assigned staff. Such meetings will be led by the workgroup chair.
5. Regular attendance and participation in committee meetings and respective workgroup sessions is expected.
6. Members may be asked to participate in associated activities with other interested parties.
7. Members may be asked to assist with member communications.

## **Relationships**

The committee will retain relationships with certain divisions of the American Dental Association, University of Minnesota School of Dentistry, and other resources of value to the committee and the MDA.

Active relationships presently include Metropolitan Council Environmental Services (MCES), the Western Lake Superior Sanitary District (WLSSD), the Minnesota Pollution Control Agency (MPCA), the Minnesota Legislature, the Minnesota Department of Health, and any other professional group impacted by our activities.

The committee will include other interested parties as determined from time to time.

## **Goals and Objectives**

### **Environment Workgroup**

1. Continue MDA's relationship with Metropolitan Council Environmental Services (MCES) and the Minnesota Pollution Control Agency (MPCA) pertaining to amalgam recycling and voluntary amalgam separator programs, which are part of ongoing Minnesota statewide heavy metals waste reduction initiatives.
2. Develop and maintain resources for identification, storage, and disposal of hazardous waste generated within dental offices.
  - a. Pharmaceutical wastes
  - b. Chemical wastes
  - c. Material wastes
3. Coordinate information on product characteristics (to aid purchase decisions), reduction of hazardous waste generation, and compliance with state and local regulations by dental offices via appropriate office protocols and disposal methods.
4. Publish and make available all of the above as useful resources to dental offices.
5. Maintain a proactive stance regarding environmental and health-safety issues associated with dental materials.

### **Safety Workgroup**

1. Participate in the network and registry of resources coordinated by the Minnesota Department of Health for purposes of disaster response preparedness.
2. Assist members regarding Minnesota-specific OSHA regulations, radiation safety regulations, etc.
3. Work with the Minnesota Department of Health to revise and streamline radiology site visits that will save time and money for the practitioner and the state.
4. Work with all professional entities to assist our members in dealing with the abuse of prescription drugs.

### **Committee of the Whole**

Assess structure and function, in order to maximize effectiveness and value to our members.

# LEGISLATIVE AFFAIRS COMMITTEE

2022

## **Committee Purpose:**

It is the duty of this committee to:

1. Monitor legislative and regulatory changes on the local, state, and federal levels that can have a direct effect on the practice of dentistry.
2. Monitor, analyze, and provide advice concerning legislative and regulatory issues affecting the practice of dentistry and dental patients. The committee, which consists of a representative from each of the MDA districts, also assists in the development and direction of MDA legislative priorities and positions.
3. Receive input from the membership and dispense information in a timely fashion.
4. Implement legislative policy directives in the most strategically effective way.

## **Mission Statement**

It is the mission of the Legislative Affairs Committee to protect and further the interests of the public and the dental profession by appropriate activities in matters of legislation, regulations, and other governmental relationships.

## **Member Responsibilities and Job Description**

Committee Meetings:

The Legislative Affairs Committee holds a number of committee meetings per year. These meetings occur before, during, and after the legislative session.

Committee Members:

The Legislative Affairs Committee is comprised of one member from each component district, with the exception of the Minneapolis and St. Paul District Dental Societies who each may have two representatives. There is a liaison from the Board of Trustees and MINDENPAC. The Executive Committee members may also serve as ex-officio members.

Responsibilities:

1. Committee members are expected to attend or participate in all committee meetings. Committee member terms are coterminous with the terms of the MINDENPAC Board of Directors.
2. The chair of the committee is responsible for calling the meetings, participating in the development of the meeting agenda, running the meetings, and facilitating any necessary follow-up efforts.
3. In addition to attending and participating in committee meetings, committee members are expected to assist with MDA grassroots efforts.

## **Relationships**

1. Board of Trustees:

The committee interfaces with the MDA Board of Trustees (BOT) through reporting of committee activities, requests for BOT approval, and through encouraging BOT members

to participate in grassroots efforts. One representative from the Board of Trustees (BOT) serves as a liaison to the committee.

2. MINDENPAC:

The Legislative Affairs Committee and MINDENPAC will coordinate when appropriate. One representative from MINDENPAC serves as a liaison to the committee.

3. Other Relationships:

Members of the committee interface with elected officials and public policymakers through MDA's grassroots efforts and, indirectly, through the efforts of the MDA contract lobbyists and staff.

The committee also responds to requests from other MDA committees and occasionally makes requests or refers issues to other MDA committees.

# MEMBERSHIP COMMITTEE

2022

## **Committee Purpose**

It is the duty of this Committee to:

1. Collaborate and coordinate with the component district societies and the American Dental Association to endeavor to stimulate a desire for all ethical dentists and student dentists in the state to become members of this Association.
2. Stimulate the increased involvement and active participation of new dentists in organized dentistry.
3. Periodically determine the income level required for qualification as a Limited Income Practice member.
4. Support the services of Dentists Concerned for Dentists and oversee the Dentists Wellness Program for members.
5. Provide a fitting memorial service at the annual session for the deceased members of the Association.

## **Mission Statement**

The purpose of the Membership Committee is to maximize and preserve a membership level to support the activities of the Minnesota Dental Association and to focus on recruitment and retention while communicating the benefits to members. A core focus of this committee is the integration of new dentists, those less than ten years out of dental school, into organized dentistry.

The committee also provides the MDA Board of Trustees with insight into trends, needs, and interests of the new dentists, while focusing on the greater goal of membership recruitment and retention.

## **Member Responsibilities**

### **A. Committee Meetings:**

The committee holds three meetings, generally in evenings in February, May, and November. The meetings are held at the MDA office. Committee members are expected to attend all committee meetings. It is encouraged that committee members be physically present at 25% of the meetings; they may attend the other 75% of the meetings by teleconference. Committee members serve one-year terms.

### **B. Subcommittees:**

Subcommittees are assigned as needed to deal with specific areas of interest, such as: dues waiver guidelines, limited income category, transitioning dentists, wellness issues, and women dentists. Currently the Membership Committee has three subcommittees:

- Wellness Program
- Women Dentists
- Large Group Dentists

C. Individual committee member responsibilities:

The chair of the committee is responsible for calling the meetings, participating in the development of the meeting agenda, running the meetings, and facilitating any necessary follow-up efforts. Committee members have the following responsibilities for recruitment and retention of dentists and dental students:

1. To personally contact new members and welcome them.
2. To contact non-renewing members to find out why they dropped their membership.
3. To prepare for meetings by reading all materials and pertinent information beforehand.
4. To attend special events and activities.
5. To be familiar with membership benefits and membership categories and be prepared to sell membership.

D. Special Events and Activities:

1. ADA Membership Conference: The chair is responsible to attend one ADA Membership Conference seminar, in July. If the chair has attended the meeting, attendance is open to other committee members.
2. ADA New Dentist Conference: Now held during the ADA Annual meeting.
3. Other events: Committee members are invited to other meetings or training workshops, as needed.
4. Members may also be asked to participate in any training related to membership.

## **Relationships**

A. Relationship to the Board of Trustees:

1. One representative from the Board of Trustees (BOT) serves as a member on the committee.
2. The committee provides a list of non-renewing members and their reasons for not renewing to the Board at their June/July meeting.
3. The committee establishes the guidelines for dues waivers and makes recommendations for granting dues waivers. The Board reviews and votes on dues waivers.
4. The committee makes recommendations on criteria and on individual applications for changing districts.

B. Relationship to the Constitution, Bylaws and Ethics Committee: Makes recommendations to the committee and requests assistance from the committee on resolutions and *Bylaws* relating to membership issues.

C. Relationship to the New Dentist, Peer Review, and Scientific Session Committees: Communicates to members the benefits provided by these committees.

D. Others: The committee works hard to develop and maintain positive relationships with:

1. Component dental societies of the state: We encourage districts to provide social, volunteer, and continuing education activities for member participation, and encourage the officers and leaders of the component to promote recruitment and retention.
2. The committee works hard to develop and maintain relationships with the University of Minnesota Dental School, American Dental Association, ASDA, and other state dental associations.

## **Goals and Objectives**

**GOAL 1:** Increase active membership in the Minnesota Dental Association

**Objective:** Recruit new members

**Strategy 1:** Recruit senior dental students and post graduate students

**Tactics:** Send letter to senior dental students at the U of M with information about the MDA, including a Road Map to Practicing Dentistry, and dues payment options.

Continue already established activities:

1. Provide a Roadmap to Practicing Dentistry in MN to D4 students. (Oct.)
2. ADA National Signing Day – Encourage students to convert to active membership during National Signing Day. (Feb. - May)
3. Transition to active membership. (June-Aug.)

**Strategy 2:** Recruit new dentists as members

**Tactics:** Statewide and at the local level:

Identify and send a personal invitation with benefits information; highlight specific benefits that might interest them, e.g.: practice management and new dentist seminars or financial services. (Dec., June)

1. Include application; follow up with phone calls.
2. At meetings, BOT and Membership Committee should make everyone feel welcome. (All year)
3. President or officers should make membership "pitch" and all guests should be introduced/recognized. (All year)

**Strategy 3:** Recruit established nonmember dentists

**Tactics:**

1. Highlight member benefits at the local level. (Districts)
2. Promote Star of the North one-time discount rate. (Dec.)
3. Promote member-only benefits. (Spring mailing)
4. Promote fifty percent discount on full year membership; send copy of a publication with a membership dues statement. (November – Dec.)
5. Free membership promotion from Oct. – Dec. “15 for 12” Campaign with the ADA (send out via email in September)
6. Recruit specific under-represented target groups identified by the ADA such as the following: women, foreign trained, and large group practice dentists. By using subcommittees to focus on each group’s issues, the MDA can gain and retain members.
7. Identify non-members claiming to be members and send them a letter inviting them to join organized dentistry.

**Strategy 4:** Identify transferred dentists who have not renewed and invite them to join.

**Tactics:**

1. Identify transferred dentists who have not renewed, contact by phone, email, and encourage them to join. (All year)
2. Send letter welcoming transferred dentists to Minnesota along with an application for membership. (All year)
3. Notify component leaders of dentists transferring into the district.



**GOAL 2:** Retain members in the Minnesota Dental Association

**Objective:** Maintain the current MDA membership non-renew rate or lower it to three percent by December.

**Strategy 1:** Educate and recognize current members

**Tactics:**

1. Recognize new members in the MDA News
2. Send "thank you for renewing" letter and recognize membership with a membership certificate. (Throughout the year)
3. Send "Here's what the MDA did this last year" letter (Oct.)
4. Recognize members with milestone anniversary lapel pins. (April)
5. Recognize committee members with personal note from MDA staff person assigned to committee. (Aug. – Sept.)
6. Recognize renewing members during special anniversary years by sending them a card "Membership Milestone." Send survey.

**Strategy 2:** Word of mouth – Maintain list of all MDA new dentist members and non-members by district.

**Tactics:**

1. Each committee member and district leader calls at least two non-members to attend a local district event.
2. Contact district leaders to make sure they know about the new dentists in the area, and request they welcome the new dentists to their district and invite them to an event.

**Strategy 3:** Contact non-renewing members

**Tactics:**

1. Obtain non-renewal list in early February and send "We are concerned" warning letter. Follow up with calls.
2. Send "We want you back" letter to previous members. (June)
3. In February, provide list of non-renewing members to the committee members. Have MDA Staff call them and remind them they have not paid their dues and find out why they didn't pay.
4. Provide ADA with a list of non-renewing members. (End of March)

**Strategy 4:** Focus on intermittent members: An intermittent member is someone who has been a member for less than five years and had a lapse in membership.

**Tactics:**

Run a report of dentists who have joined and dropped their membership and then rejoined. Contact them to find out why they dropped their membership and why they rejoined to ensure they are members the following year.

**GOAL 3: Engagement**

**Objective:** Increase member engagement and involvement in the MDA, district dental societies, and other activities that support the dental profession and public oral health.

**Strategy 1:** Involve current members in dental society activities.

**Tactics:** Issue call for volunteers for MDA and district activities in the newsletter. Recognize members celebrating special anniversaries (5, 10, 15, and 25 years of membership). Publish in *Northwest Dentistry*; list the names in Membership News.

**GOAL 4: Visibility**

**Objective:** Enhance awareness of the MDA and its activities to the following groups: new dentists, dental students, graduate students, internationally educated new dentists, new dentists in non-private practice settings, leadership, members, and non-members.

**Strategy 1:** Have activities for new dentists.

**Tactics:** Work closely with the New Dentist Committee.

**Strategy 2:** Articles in MDA district newsletters and *Northwest Dentistry*.

**Tactic:** Quarterly promote member benefits for new dentists in local district newsletters and *Northwest Dentistry*.

**Strategy 3:** Activities for dental students and graduate students.

**Tactics:**

1. Host a reception in the fall for all graduate students.
2. Host a new dentist panel at the school for all third- and fourth-year dental students.
3. Work closely with the New Dentist Committee.

**GOAL 5: Dental Students**

**Objective:** Educate dental students about membership, assist in practice transition, integrate dental students into organized dentistry, and enhance two-way communication with Minnesota Student District Dental Society.

**Strategy 1:** Educate dental students about the benefits of membership.

**Tactic:** Offer a Lunch & Learn on organized dentistry in early October and again in February for the U of MN PASS students. Inform students about the Minnesota Dental Association and the benefits of becoming a member while in dental school. Explain the involvement of the students who serve on committees and the MDA Board. Discuss well-being issues and current hot topics in dentistry.

**Strategy 2:** Assist in practice transition.

**Tactics:** Work closely with the New Dentist Committee.

1. Offer the Entrepreneurial Program to the third and fourth year dental students.
2. Assist in hosting the Success Career Strategies Seminars for D3 students. This two-hour ADA program addresses the skills necessary for professional success post-graduation.
3. Assist in hosting the Success Practice Management ADA Seminar for senior dental students. This full day program addresses practice management aspects of dentistry and ethical aspects of dental practice. It also features useful information on ADA and MDA resources that are available to members.

**Strategy 3:** Integrate dental students into organized dentistry.

**Tactics:**

1. Have dental students serve on all MDA committees.
2. Study materials for the INBDE.
3. Send first year students a welcome letter in the summer.
4. Support student leadership functions such as ASDA, regional, and annual meetings.

**Strategy 4:** Coordinate efforts between Minnesota Student District Dental Society and Minnesota Dental Association.

**Tactics:**

1. Send dental students MDA News, updates, and links to the MDA website via email.
2. Distribute student publications to the MDA Board and district secretaries.
3. Host a Dental Day at the Capitol.
4. Participate in the Student Vendor Fair; recruit dentists to staff a new dentist booth.
5. Obtain report from student district representatives at each committee meeting.

**Goal 6:** Sponsorship

**Objective:** Offer opportunities, activities, and events through sponsorship.

**Strategy:** Sponsor events.

**Tactics:**

1. Continue to sponsor U of MN senior recognition reception.
2. Sponsor MN ASDA at Platinum level.
3. Continue to support student leadership functions such as ASDA, regional, and annual meetings.

# **NEW DENTIST COMMITTEE**

**2022**

## **Committee Purpose**

It is the duty of this committee to:

1. Identify the special needs of new dentists and propose practical and feasible activities which will enable the Minnesota Dental Association to meet these needs.
2. Identify the needs and concerns of new graduate dentists and make recommendations for any programs to assist with their transition into practice.
3. Enhance communications with component new dentist networks.
4. Stimulate the increased involvement and active participation of new dentists in organized dentistry.
5. Identify the needs and concerns of the dental students at the University of Minnesota and oversee and review the activities and benefits that the MDA provides to the students throughout the year.

## **Mission Statement**

To enhance the personal and professional lives of new dentists in Minnesota, adding value to membership within the tripartite.

## **Member Responsibilities**

1. Committee meetings
  - a. The New Dentist Committee (NDC) holds several meetings each year, usually in September/October, January, March, May, and July (if needed).
  - b. Committee members are expected to attend all committee meetings. Half of the meetings are held via teleconference. Committee members serve a one-year term. Committee members are selected at large based on their eligibility (graduation within the last ten years) and their interest and willingness to become involved.
2. Individual responsibilities for committee members:
  - a. The chair of the committee is responsible for calling the meetings, participating in the development of the meeting agenda, running the meetings, and facilitating any necessary follow-up efforts. The chair is expected to attend the ADA New Dentist Conference, held during the ADA Annual Conference, usually in October.
  - b. Committee members are responsible for attending events the committee hosts and providing input on current issues affecting new dentists.
3. Special events and activities to attend:
  - a. Any seminars or social events the New Dentist Committee sponsors. Members of the committee are also encouraged to attend and be ambassadors for their local districts.
4. Ideal committee members need to be: interested, willing to take the time, good communicators, organized, reliable, and willing to have fun. In short, be ambassadors to new dentists in their local districts.

## **Relationships**

1. Authority to act: The New Dentist Committee has authority to act on duties outlined in this manual.
2. Relationship to the Board of Trustees: One representative from the Board of Trustees serves as a liaison to the New Dentist Committee.
3. The committee works hard to develop and maintain positive relationships with the component dental societies, University of Minnesota Dental School, American Dental Association, and other state dental associations.
4. The New Dentist Committee has a liaison serving on the Membership Committee. This liaison represents the new dentists at these meetings and reports back to the New Dentist Committee on the meetings they're attending.

## **Goals and Objectives**

The Minnesota Dental Association's New Dentist Committee ranked the priorities and established the following strategies relative to those priorities.

### **Goal 1: Recruitment & Retention**

**Objective:** Increase membership market share among new dentists, dental students, and graduate students.

**Strategy 1:** Increase membership among recent dental student graduates.

**Tactic:** Conduct targeted retention activities, including direct mail campaigns, welcome letters, etc.

**Strategy 2:** Word of mouth - Maintain a list of all MDA new dentist members and non-members by district.

**Tactic:** Each committee member calls at least two non-members and two members to attend each New Dentist event. Contact district leaders to make sure they know of the new dentists in the area and request they also welcome the new dentists to the district.

### **Goal 2: Visibility**

**Objective:** Enhance awareness of the MDA New Dentist Committee and its activities to the following groups: new dentists, dental students, graduate students, internationally-educated new dentists, new dentists in non-private practice settings, leadership, members, and nonmembers.

**Strategy 1:** Have activities for new dentists.

**Tactics:**

1. Invite new dentists to local dental society meetings.
2. Sponsor new dentist idea exchange every other year.
3. Send new dentist members a district contact list of local leaders.

**Strategy 2:** Articles in MDA district newsletters.

**Tactic:** Quarterly promote member benefits for new dentists in local district newsletters and on MDA News & Views. Highlight a benefit that relates to new graduates and new dentists.

**Strategy 3:** Activities for dental students and graduate students.

**Tactics:**

1. Offer “survival kit” to Board candidates.
2. Recommend to Scientific Session Committee that the New Dentist Committee host a lecture, related to new dentists’ issues, for students and new dentists at the Star of the North Meeting.

### **Goal 3: Dental Students**

**Objective:** Educate dental students about membership, assist in practice transition, integrate dental students into organized dentistry, and enhance two-way communication with the Minnesota Student District Dental Society.

**Strategy 1:** Educate dental students about the benefits of membership.

**Tactic:**

1. Offer a Lunch & Learn on organized dentistry in early October.
2. Inform students about the Minnesota Dental Association and the benefits of becoming a member while in dental school
3. Explain the involvement of the students who serve on committees and the MDA Board.
4. Discuss well-being issues and current hot topics in dentistry.

**Strategy 2:** Assist in practice transition.

**Tactic:**

1. Organize New Dentist Lunch & Learns at the University of Minnesota.

**Strategy 3:** Integrate dental students into organized dentistry.

**Tactics:**

1. Have dental students serve on all MDA Committees.
2. Offer study materials for INBDE.
3. Send first year students a welcome letter in the summer.
4. Support student leadership functions such as ASDA, District 8 Regional, and annual meetings.

**Strategy 4:** Coordinate efforts between the Minnesota Student District Dental Society and the Minnesota Dental Association.

**Tactics:**

1. Send dental students *MDA News*, updates and links to the MDA website via e-mail.
2. Host a Dental Day at the Capitol.
3. Participate in the Student Vendor Fair; recruit dentists to staff a new dentist booth.
4. Obtain report from student district representatives at each committee meeting.

### **Goal 4: Sponsorship**

**Objective:** Offer opportunities, activities, and events through sponsorship.

**Strategy:** Sponsor events.

**Tactics:**

1. Continue to sponsor Freshman Orientation and Senior Recognition event.
2. Sponsor MN ASDA.
3. Continue to support student leadership functions such as ASDA, District 8 Regional, and annual meetings.

**Goal 5: Mentorship**

**Objective:** To promote camaraderie and a feeling of belonging in the dental community for dental students and new dentists. In the first few years of practice, a new dentist often does not have this feeling. The committee feels that experienced members can aid in the development of this feeling and attitude.

**Strategy:** The New Dentist Committee will reach out to new dentists in their districts and be willing to assist them with questions related to practice management and getting involved with organized dentistry.

# PEER REVIEW COMMITTEE

2022

## **Committee Purpose**

It is the duty of this committee to:

1. Offer ethical and equitable procedures for peer review committees, both state and component, by means of a Peer Review Manual, for reviewing and resolving differences which may arise between dentists and third-parties and between dentists and patients.
2. Assist and guide component peer review committees.

## **Mission Statement**

The Peer Review Committee attempts to resolve differences, clarify areas of misunderstanding, educate participants, and establish or re-establish communication between patients and dentists.

The Minnesota Dental Association recognizes the responsibility of the dental profession to the public for a dental health delivery system, which includes a mechanism to evaluate dental care. Peer Review is a public demonstration that the profession is concerned about the care it provides and has taken the initiative to correct problems that may arise. Differences which are not reconciled on a direct basis between a dentist and other interested parties should be presented for review.

## **Member Responsibilities**

Each district committee chair will be a member of the state committee. Each district will also have a named alternate to the state committee so that if the district chair cannot attend meetings, the alternate can. We need representation from each district.

1. Duties of the chair of the MDA Peer Review Committee:
  - a. Call and chair regular meetings of the Peer Review Committee.
  - b. Develop, with MDA staff person, agenda for all meetings held.
  - c. Attend meetings called by MDA officers for committee chairs.
  - d. Direct the maintenance and updates of the Peer Review Manual as needed.
  - e. Assure offering of proper training to all members involved with MDA Peer Review at all levels of the Association, to include, but not be limited to, the following:
    - i. Manual training
    - ii. Mediation training
    - iii. Examiners training
  - f. Assist district peer review chairs and peer review staff with peer review procedures and questions.
  - g. Review requests for appeal from the district level and direct MDA staff as to how to proceed.
  - h. Produce letters as needed to carry out the peer review process, with the assistance of MDA staff.
  - i. Write and submit a committee report for the House of Delegates meeting.
  - j. Attend the MDA House of Delegates meeting in September.
2. Peer Review Committee members:



- a. Dentists that hold a committee position are protected legally from liability by Minnesota Statutes 145.61 through 145.67, Public Health, Health Care Information, and Review Organization.
  - b. Attend and participate in committee meetings.
  - c. Ideally, committee members have been active in peer review at the district level and are familiar with the process.
3. Authority to Act:
- a. The committee has the authority to recommend final decisions in cases appealed to the committee, following action of the district committee. Although the peer review process is not considered legally binding, member dentists brought into peer review, who do not adhere to the committee's recommendations, will be referred to their district Ethics Committee.

### **Relationships**

The committee interacts with the general public, is familiar with the content of the laws governing dentistry and the peer review process, cooperates with district peer review committee members, exhibits superlative communication skills with dentists involved in the peer review process, and MDA legal counsel, when necessary. The committee is assisted in their efforts by the MDA staff peer review coordinator.

### **Goals and Objectives**

**Goal 1:** Increase Understanding of Peer Review and its Benefits to Minnesota Member Dentists

**Objective:** Increase the understanding of the peer review process by Minnesota dentists through distribution of information through MDA published materials.

**Strategy:** Increase awareness of the benefits of the peer review process offered only to MDA members and their patients.

**Tactic:** The MDA Peer Review Committee will develop informational materials to be distributed to member as well as non-member dentists in Minnesota. These materials will outline the benefits of using the peer review process.

**Objective:** Enhance the current Peer Review Manual to include more areas of the process and to detail procedures required by mediators, committee members, and examiners to reflect as much continuity of the process as feasible.

**Strategy:** Revise the Peer Review Manual to detail procedures necessary to enhance consistency of the process among the seven active districts.

**Tactic:** Through constant evaluation and feedback on the effectiveness of the manual, update the manual to reflect current needs. Standardize the procedures and forms used to accomplish the peer review process, which will help to reflect consistency among the districts.

## SCIENTIFIC SESSION COMMITTEE

2022

### **Committee Purpose**

It is the duty of this committee to:

1. Make all arrangements, not otherwise provided for, for holding each annual scientific session; prepare a suitable program for each session; and attend to such other business as the Board of Trustees or House of Delegates may direct.
2. Provide for admission to the scientific sessions.
3. Maintain a manual of the techniques of operation of the committee.
4. Provide for the publicity for the annual scientific session.

### **Mission Statement**

Our mission is to provide excellent continuing education programs; an annual tradeshow demonstrating new dental technology, products, and services; and a professional setting that encourages maximum participation and camaraderie; thereby improving dentists' and related dental professionals' ability to provide quality care for their patients.

### **Member Responsibilities**

#### A. Committee meetings:

The Scientific Session Committee (SSC) holds at least five afternoon meetings (1:00 to 5:00 p.m.), generally on Fridays in May, August, October/November, January, and March. The committee holds a full day strategy meeting in June.

Committee members are expected to attend all committee meetings. Committee members serve staggered six-year terms (except dental students, who are appointed annually). There are six dentists, two student dentists, and one Board liaison on the committee.

Each fall the committee publishes an SSC application form. Submissions are collected and reviewed by the committee members at the March meeting. The committee then sends its recommendation to the incoming MDA president for final approval. SSC terms run from Star of the North Meeting to Star of the North Meeting. Incoming committee members are invited to attend committee meetings beginning in May of the year in which their terms begin. They also work with the existing committee throughout the Star of the North Meeting that precedes their terms on the committee. The transfer of committee responsibility takes place at the May committee meeting following the Star of the North Meeting.

#### B. Subcommittees:

Six dentists on the committee line up specific programs/topics within the educational template for the coming meeting(s). These committee members meet with the chair during each regularly scheduled committee meeting to plan speaker programs for the upcoming Star of the North Meeting(s). In addition to planning the continuing education programs, one committee member is responsible for table clinics/CE Spot, one for exhibits, one for workshops, one for social events, and one for hospitality (speaker and room host assignments).

Student committee members are responsible for distributing Star of the North promotional materials and name badges at the dental school, and for monitoring and promoting the student “free registered clinic pass” distribution.

The committee chair is responsible for exhibitor and registration issues, for planning the keynote session and for making all interim policy decisions.

- C. Non-student committee members make two or three trips per year to an out-of-state dental meeting to scout programs, speakers, and exhibitors for future Star of the North Meetings. Some members also attend the semi-annual Conference of Dental Meetings held in conjunction with the ADA Annual Session.
- D. Ideal committee members will be very familiar with dental continuing education programs available locally and nationally, but they must be willing to balance their personal quests for continuing education with finding CE programs to meet the needs of MDA members and their staff. This is a hard-working committee.

### **Relationships**

The committee has the authority to act on matters related to the meeting, except as outlined in the following section:

- A. The committee refers their recommendations on meeting sites to the Board for official action. The committee also refers matters related to registration fees (because they relate to dues), policies regarding exclusion or inclusion of a particular type of exhibitor, and policies related to sponsorships and conflicts of interest. The committee would refer to the Board any policy decision it considered beyond its scope.

The Board expects the meeting to satisfy the continuing education needs of members and their staffs and to achieve its budgeted net income.

- B. The committee works hard to develop and maintain positive relationships with the School of Dentistry, dental fraternities, the Minnesota Dental Hygienists' Association, the Minnesota Dental Assistants Association, the Minnesota Dental Therapists Association, and the Minnesota Dental Laboratory Association. By encouraging their involvement in the planning process for the Star of the North Meeting, the committee helps to ensure the success of their meetings and the MDA's.
- C. The committee also has a responsibility to the companies that support the meeting through their involvement as exhibitors. It must do everything possible to assure the exhibitors' success at the show and guarantee their return the following year. The committee has a responsibility to the vendors (hotels, convention center, decorator, etc.) who provide products and services for the meeting. It is important to build strong relationships with vendors so the committee can rely on them at critical times. The committee assures that vendors receive a fair return for the services they provide during the Star of the North Meeting, for the ultimate goal is a successful, smooth-running meeting, and they are critical elements in that quest.
- D. The committee has a responsibility to provide the best possible continuing education opportunities for members and their staff.

The Scientific Session Committee will:

- Identify and develop meeting uniqueness
- Provide quality continuing education for MDA members and all related dental health professionals
- Generate a positive cash flow to support all aspects of the meeting
- Provide space (time and location) for a wide range of exhibitors and dentists to come together to evaluate equipment and supplies
- Promote unity & harmony within the Committee with an outline of duties clearly defined
- Develop effective marketing strategies
- Be responsive to member needs
- Provide a professional atmosphere for members, speakers, exhibitors, and guests
- Focus on ways to increase the percentage of MDA members who attend the meeting
- Encourage increased out of state dentist attendance
- Coordinate efforts by and with parallel organizations that hold conventions in conjunction with the Star of the North Meeting

### **Goals and Objectives**

#### **Goal 1: Membership**

**Objective:** Increase the percentage of MDA members and other dental professionals attending the Star of the North Meeting.

**Strategy:** Marketing: The committee will continually evaluate and keep current with marketing strategies and the use of social media to attract attendees to the meeting. The committee will focus on developing programming that will appeal to cross-generations and provide maximum opportunities for interaction and involvement.

**Strategy:** Affiliated Organizations: The committee maintains ongoing contact with the dental school classes, dental organizations, MDAA, MDHA, MDTA, the University of MN, dental lab associations, and specialty organizations to encourage reunions and social gatherings during the meeting. The committee will continue to look for opportunities to encourage other dental groups to hold events concurrently with the meeting.

**Strategy:** Value Programming: The committee hopes to increase the number of member dentists attending the meeting by providing a variety of low-cost educational programming for the dental team plus hands-on workshops that provide a unique learning opportunity.

**Strategy:** District Vouchers: The committee hopes to increase the number of member dentists attending by stimulating interest in the SON during district meetings and events. The committee will distribute to each district two vouchers for \$100 off continuing education programs. A committee member will attempt to attend a district meeting in each district to discuss the upcoming speaker line-up and encourage attendance.

## **Goal 2: Public Health**

**Objective:** Provide ongoing information to members about current practices and scientific advancements related to dental practice.

**Strategy:** The committee has always taken pride in providing valid, quality, up-to-the-minute continuing education programming for members and auxiliaries and will continue this effort when planning the 2023~ meeting and beyond.

## **Goal 3: Financial Stability of the MDA**

**Objective:** Increase non-dues revenue.

**Strategy:** The committee will explore all possible sources of revenue to support the Star of the North Meeting, including: registration fees, program fees, commercial sponsorship of programs, exhibitor packages, advertising opportunities, and increasing the amount of commercial exhibit space available at the meeting. At the same time, the committee is actively involved in streamlining systems and monitoring meeting costs, while maintaining the overall quality of the meeting.

## **Goal 4: Advocate for Personal Growth and Physical Well-being of the Dental Team**

**Objective:** To offer opportunities at the Star of the North Meeting to educate attendees about a well-balanced professional and personal life.

**Strategy:** The committee will continue to search for and invite speakers who lecture on aspects of personal and professional growth, psychological and physical well-being.

# Minnesota Dental Association

## Consolidated Financial Statements Together with Independent Auditors' Report

December 31, 2021

# MINNESOTA DENTAL ASSOCIATION

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## **INDEPENDENT AUDITORS' REPORT**

Board of Trustees  
Minnesota Dental Association  
Minneapolis, Minnesota

### **Report on the Financial Statements**

We have audited the accompanying consolidated financial statements of Minnesota Dental Association (a nonprofit organization), which comprise the consolidated statement of financial position as of December 31, 2021, and the related consolidated statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Minnesota Dental Association as of December 31, 2021, and the consolidated changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Minnesota Dental Association and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Consolidated Financial Statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Minnesota Dental Association's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.



## **Auditors' Responsibility**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Minnesota Dental Association's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Minnesota Dental Association's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

## **Report on Summarized Comparative Information**

We have previously audited Minnesota Dental Association's 2020 consolidated financial statements, and our report dated July 23, 2021, expressed an unmodified opinion on those financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Roseville, Minnesota  
July 23, 2022

*Olsen Thielens & Co., Ltd.*

# MINNESOTA DENTAL ASSOCIATION

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2021

(With Comparative Totals for December 31, 2020)

ASSETS		
	2021	2020
ASSETS:		
Cash and Cash Equivalents	\$ 5,402,068	\$ 3,751,890
Investments	3,469,849	4,035,550
Accounts Receivable	48,627	104,621
Interest Receivable	9,405	12,768
Prepaid Expenses	167,144	149,107
Property and Equipment, Net	2,315,862	2,444,340
 TOTAL ASSETS	 <u>\$ 11,412,955</u>	 <u>\$ 10,498,276</u>
LIABILITIES AND NET ASSETS		
LIABILITIES:		
Accounts Payable	\$ 26,577	\$ 27,465
Dues Payable to National and Local Affiliates	585,601	858,466
Agency Funds Payable	3,665	10,615
Accrued Compensation and Benefits	82,078	78,722
Accrued Real Estate Taxes	55,226	55,644
Contract Liabilities	876,570	1,179,116
Total Liabilities	<u>1,629,717</u>	<u>2,210,028</u>
NET ASSETS:		
Net Assets Without Donor Restrictions:		
Undesignated	8,647,397	7,382,353
Board Designated - MDF Long-Term Fund	160,713	137,935
Total Net Assets Without Donor Restrictions	8,808,110	7,520,288
Net Assets With Donor Restrictions	975,128	767,960
Total Net Assets	<u>9,783,238</u>	<u>8,288,248</u>
 TOTAL LIABILITIES AND NET ASSETS	 <u>\$ 11,412,955</u>	 <u>\$ 10,498,276</u>

*The accompanying notes are an integral part of the consolidated financial statements.*

# MINNESOTA DENTAL ASSOCIATION

## CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2021 *(With Summarized Comparative Totals for December 31, 2020)*

	2021			2020
	Without Donor Restrictions	With Donor Restrictions	Total	Total
REVENUES:				
Membership Dues	\$ 1,378,940	\$	\$ 1,378,940	\$ 1,462,392
Star of the North Event Revenue	959,046		959,046	473,704
Royalties	201,738		201,738	155,327
Northwest Dentistry Publication, Net of Discount of \$8,178 and \$8,803	116,408		116,408	108,020
Contributions	383,195	360,375	743,570	166,244
Investment Income, Net	501,241		501,241	272,706
Meetings and Programs	18,986		18,986	20,109
Other	491,554		491,554	219,369
Net Assets Released from Restrictions	153,207	(153,207)	—	—
Total Revenues	<u>4,204,315</u>	<u>207,168</u>	<u>4,411,483</u>	<u>2,877,871</u>
EXPENSES:				
Program Services:				
Meetings and Events	1,040,744		1,040,744	679,541
Membership	751,172		751,172	784,422
Publications	293,154		293,154	271,020
MDF Programs	202,312		202,312	283,995
Total Program Services	<u>2,287,382</u>	<u>—</u>	<u>2,287,382</u>	<u>2,018,978</u>
Supporting Services:				
Management and General	624,635		624,635	635,394
Fundraising	4,476		4,476	1,479
Total Supporting Services	<u>629,111</u>	<u>—</u>	<u>629,111</u>	<u>636,873</u>
Total Expenses	<u>2,916,493</u>	<u>—</u>	<u>2,916,493</u>	<u>2,655,851</u>
CHANGE IN NET ASSETS	1,287,822	207,168	1,494,990	222,020
NET ASSETS at Beginning of Year	<u>7,520,288</u>	<u>767,960</u>	<u>8,288,248</u>	<u>8,066,228</u>
NET ASSETS at End of Year	<u>\$ 8,808,110</u>	<u>\$ 975,128</u>	<u>\$ 9,783,238</u>	<u>\$ 8,288,248</u>

*The accompanying notes are an integral part of the consolidated financial statements.*

# MINNESOTA DENTAL ASSOCIATION

## CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2021 (With Comparative Totals for December 31, 2020)

	<u>2021</u>	<u>2020</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in Net Assets	\$ 1,494,990	\$ 222,020
Adjustments to Reconcile Change in Net Assets to Net Cash Flows From Operating Activities:		
Depreciation	132,027	136,094
Realized and Unrealized Investment Gains	(328,156)	(161,728)
Changes in Assets and Liabilities:		
Accounts Receivable	55,994	(14,146)
Interest Receivable	3,363	(2,863)
Prepaid Expenses	(18,037)	(36,744)
Accounts Payable	(888)	(56,199)
Dues Payable to National and Local Affiliates	(272,865)	117,012
Agency Funds Payable	(6,950)	8,716
Accrued Compensation and Benefits	3,356	14,830
Accrued Real Estate Taxes	(418)	14,782
Contract Liabilities	(302,546)	(147,571)
Net Cash Flows From Operating Activities	<u>759,870</u>	<u>94,203</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property and Equipment	(3,549)	(24,248)
Purchase of Investments	(697,343)	(1,368,484)
Proceeds from the Sale of Investments	1,591,200	1,482,524
Net Cash Flows From Investing Activities	<u>890,308</u>	<u>89,792</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	1,650,178	183,995
CASH AND CASH EQUIVALENTS at Beginning of Year	<u>3,751,890</u>	<u>3,567,895</u>
CASH AND CASH EQUIVALENTS at End of Year	<u>\$ 5,402,068</u>	<u>\$ 3,751,890</u>

*The accompanying notes are an integral part of the consolidated financial statements.*

# MINNESOTA DENTAL ASSOCIATION

## CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2021

	Program Expenses						Management and General	Grand Total
	Meetings and Events	Membership	Publications	MDF Programs	Total	Fundraising		
Salary and Payroll Taxes	\$ 151,813	\$ 311,936	\$ 73,610	\$	\$ 537,359	\$	\$ 342,291	\$ 879,650
Employee Benefits	11,526	23,683	5,589		40,798		25,987	66,785
Retirement Plan Expense	5,540	11,384	2,686		19,610		12,491	32,101
Total Personnel Expenses	<u>168,879</u>	<u>347,003</u>	<u>81,885</u>	<u>—</u>	<u>597,767</u>	<u>—</u>	<u>380,769</u>	<u>978,536</u>
Star of the North	709,379				709,379			709,379
Publications			160,571		160,571			160,571
Depreciation	19,108	57,086	10,325		86,519		45,508	132,027
Grants and Assistance		4,421		100,985	105,406			105,406
Professional Fees	12,665	37,838	6,844		57,347		39,678	97,025
Donated Dental Services				84,136	84,136			84,136
Meetings and Events	68,660			8,115	76,775			76,775
Legislative Lobbying		65,841			65,841			65,841
Communications		42,419		9,076	51,495	4,476	5,429	61,400
Real Estate Tax	8,590	25,664	4,642		38,896		20,459	59,355
Bank and Merchant Fees	8,199	24,496	4,430		37,125		19,528	56,653
Board and Committee	6,139	18,341	3,317		27,797		14,621	42,418
Building, Lawn and Janitorial	5,299	15,831	2,863		23,993		12,620	36,613
Utilities	3,458	10,331	1,868		15,657		8,235	23,892
Membership Services and Website		11,176			11,176			11,176
Other	30,368	90,725	16,409		137,502		77,788	215,290
Total Support Services	<u>871,865</u>	<u>404,169</u>	<u>211,269</u>	<u>202,312</u>	<u>1,689,615</u>	<u>4,476</u>	<u>243,866</u>	<u>1,937,957</u>
Total Expenses	<u>\$ 1,040,744</u>	<u>\$ 751,172</u>	<u>\$ 293,154</u>	<u>\$ 202,312</u>	<u>\$ 2,287,382</u>	<u>\$ 4,476</u>	<u>\$ 624,635</u>	<u>\$ 2,916,493</u>

*The accompanying notes are an integral part of the consolidated financial statements.*

# MINNESOTA DENTAL ASSOCIATION

## CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2020

	Program Expenses					Fundraising	Management and General	Grand Total
	Meetings and Events	Membership	Publications	MDF Programs	Total			
Salary and Payroll Taxes	\$ 126,699	\$ 350,373	\$ 61,885	\$	\$ 538,957	\$	\$ 346,932	\$ 885,889
Employee Benefits	10,087	27,894	4,927		42,908		27,620	70,528
Retirement Plan Expense	4,808	13,297	2,349		20,454		13,166	33,620
Total Personnel Expenses	<u>141,594</u>	<u>391,564</u>	<u>69,161</u>	<u>—</u>	<u>602,319</u>	<u>—</u>	<u>387,718</u>	<u>990,037</u>
Star of the North	398,521				398,521			398,521
Grants and Assistance		27,939		155,494	183,433			183,433
Publications			150,071		150,071			150,071
Depreciation	19,697	58,845	10,643		89,185		46,909	136,094
Professional Fees	16,422	49,062	8,873		74,357		52,548	126,905
Donated Dental Services				89,990	89,990			89,990
Communications		52,551		30,497	83,048	491		83,539
Real Estate Tax	10,730	32,056	5,798		48,584		25,554	74,138
Bank and Merchant Fees	9,056	27,055	4,893		41,004		21,567	62,571
Meetings and Events	43,581			7,726	51,307			51,307
Building, Lawn and Janitorial	4,070	12,160	2,199		18,429		9,693	28,122
Board and Committee	3,702	11,060	2,000		16,762		9,047	25,809
Legislative Lobbying		23,206			23,206			23,206
Utilities	2,807	8,386	1,517		12,710		6,685	19,395
Membership Services and Website		2,821			2,821			2,821
Other	29,361	87,717	15,865	288	133,231	988	75,673	209,892
Total Support Services	<u>537,947</u>	<u>392,858</u>	<u>201,859</u>	<u>283,995</u>	<u>1,416,659</u>	<u>1,479</u>	<u>247,676</u>	<u>1,665,814</u>
Total Expenses	<u>\$ 679,541</u>	<u>\$ 784,422</u>	<u>\$ 271,020</u>	<u>\$ 283,995</u>	<u>\$ 2,018,978</u>	<u>\$ 1,479</u>	<u>\$ 635,394</u>	<u>\$ 2,655,851</u>

*The accompanying notes are an integral part of the consolidated financial statements.*

# MINNESOTA DENTAL ASSOCIATION

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Consolidated Entities and Nature of Activities

Minnesota Dental Association (MDA) is a nonprofit corporation that was founded in 1884 to promote the art and science of dentistry. Achieving this objective involves the Association in education, communication, legislation, and other activities.

MDB Administrative Services, Inc. (MDB) is a Minnesota taxable corporation and a wholly-owned subsidiary of the MDA. The Company was a third-party administrator for employers with self-funded group dental and vision plans.

Minnesota Dental Association Relief Fund (MDARF) was founded to contribute funds to support organizations that provide assistance to dentists who are victims of disasters and crisis.

Minnesota Dental Foundation (MDF) has a vision of eliminating unmet oral health needs in Minnesota and a mission of initiating and supporting programs that provide dental services to underserved populations and communities, encouraging and supporting volunteerism within the profession and promoting careers in dentistry, especially in underserved areas.

#### Basis of Consolidation

The consolidated financial statements include the accounts of the MDA and its wholly-owned subsidiary, MDB, and its affiliates, MDARF, and MDF. The affiliates have been combined in accordance with accounting principles generally accepted in the United States of America as MDA exerts control over these affiliates. These entities are referred to collectively as the "Association". All significant inter-organization accounts and transactions have been eliminated in consolidation.

#### Financial Statement Presentation

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with generally accepted accounting principles. Revenues, expenses, gains and losses, and net assets are classified based on the existence or absence of donor imposed restrictions. Accordingly, net assets of the Association and related changes are classified and reported as follows:

Net Assets without Donor Restrictions – Net assets without donor restrictions are resources available to support operations which the Board of Trustees has discretionary control. Designated amounts represent those net assets which the Board has set aside for a particular purpose. Board Designated net assets are for the purpose of establishing a long-term fund to enhance the purchasing power of funds held for future expenditure and to maintain the financial stability of MDF.

Net Assets with Donor Restrictions – Net assets with donor restrictions are resources that are restricted by a donor for use for a particular purpose or in a particular future period. Some donor-imposed restrictions are temporary in nature, and the restriction will expire when the resources are used in accordance with the donor's instructions or when the stipulated time has passed. Other donor-imposed restrictions are perpetual in nature; the Association must continue to use the resources in accordance with the donor's instructions.

**MINNESOTA DENTAL ASSOCIATION**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Accounting Estimates**

The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Subsequent Events**

In preparing these financial statements, the Association has evaluated for recognition or disclosure the events or transactions that occurred through July 23, 2022, the date the financial statements were available to be issued. There were no subsequent events that required recognition or disclosure in the financial statements.

**Cash and Cash Equivalents**

The Association considers all highly liquid debt instruments with a maturity of three months or less when purchased to be cash equivalents. Cash equivalents are stated at cost, which approximates fair value. Money Market Funds included with investments are not considered cash equivalents for the Statement of Cash Flows because of their long-term designation by the Foundation Board of Directors.

**Investments**

Investments in equity and debt securities and certificates of deposit are recorded at fair value on the statement of financial position. Realized and unrealized gains and losses are included in the statement of activities. Realized and unrealized gains and losses are determined using the specific identification method. Interest and dividend income are reported as income when earned.

**Receivables**

Receivables are reported at net realizable value. The Association monitors outstanding balances and periodically writes off balances that are determined to be uncollectible. The Association has concluded that losses on balances outstanding at year end will be immaterial.

**Property, Equipment and Depreciation**

Property and equipment are recorded at original cost or donated (appraised) value. Additions, improvements, or major renewals are capitalized. If the assets are sold, retired or otherwise disposed of in the ordinary course of business, the cost and related accumulated depreciation are removed from the books. Any gains or losses on property and equipment retirements are reflected currently in operations. The Association capitalizes assets with a cost of \$500 or greater. Depreciation expense was \$132,027 and \$136,094 for December 31, 2021 and 2020, respectively.

Depreciation is computed using the straight-line method over the estimated useful lives of the assets as displayed in Note 3.



**MINNESOTA DENTAL ASSOCIATION**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Revenue Recognition**

As a practical expedient, the Association groups similar contracts or similar performance obligations together into portfolios of contracts if doing so does not result in a significant difference from applying the accounting standard to the individual contracts. The significant sources of revenue and support for the Association are discussed below:

Membership Dues

The Association offers various classes of membership which provides the member with a package of benefits. Currently the Association offers Full Active, Active Life, Retired, and membership classes based on years from graduation, through fourth year after graduation. In general, membership in the organization provides the member with professional education, industry advocacy, access to member's only resources including educational opportunities, Northwest Dentistry publication, Star of the North and other events. The member dues revenue is reported at the amount that reflects the consideration to which the Association expects to be entitled in exchange for providing the member access to the requisite member benefits. The Association's membership dues are billed annually in advance of the membership year which runs from January 1 to December 31 and are recorded as a contract liability (deferred membership dues) until earned. These revenues are recognized over a period of time which corresponds with the membership year. Credit terms are extended to members in the normal course of business. The Association performs ongoing credit evaluations of its members' financial condition and, generally, requires no collateral.

Conferences and Meetings

The Association hosts an annual Star of the North convention and various conferences and meetings for professionals in the industry. Registration fees and exhibitor booths for these events are billed to the participant at the time of registration. The event revenue is reported at the amount that reflects the consideration to which the Association expects to be entitled in exchange for providing the registrant and exhibitors access to the event and event materials. Revenue from these events are recognized at the point in time the event is held and the Association's performance obligation to hold the event is completed. The Association also provides the opportunity to sponsor their events. Event sponsors pay for sponsorship packages for events in exchange for access for their representatives to the event itself, access to the event materials, and access to the members attending the events to promote their own businesses. Registration and sponsorships for the Association's events opens months before the events are scheduled to be held. Cash receipts for registrations and sponsorships collected in advance of the conventions and meetings are deferred as contract liabilities until earned when the event is held at which point the revenue is recognized.

Royalties

The Association markets and promotes certain insurance and financial services to its members. If one of the Association's members purchases one or more of these products, the Association receives remuneration in the form of royalties from the vendor. The royalty revenue is reported at the amount that reflects the consideration to which the Association expects to be entitled in exchange for providing access to its membership data. This revenue is recognized at the point in time the access to its member data based is provided to the vendor.

**MINNESOTA DENTAL ASSOCIATION**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Revenue Recognition (Continued)**

Northwest Dentistry Publication

The Association produces a bi-monthly publication for its members, Northwest Dentistry, which is also available for outside subscribers. The Association primarily derives revenue from the sale of advertising space in their publication. The publication revenue is reported at the amount that reflects the consideration to which the Association expects to be entitled in exchange for providing advertising space in the Association's publication. This revenue is recognized at the point in time each issue is published. At times, the Association will provide a discount for an annual advertising package. In these cases, the receipts are reflected as contract liabilities and amortized into revenue as the requisite publications are published. Included in publication revenue are allocated membership dues of \$37,660 and \$37,910 for the years ended December 31, 2021 and 2020.

Contribution and Grant Revenue

Contributions are not subject to ASC 606 and are recorded based on the requirements of ASC 958.

Contributions received and unconditional promises to give are measured at their fair values and are reported as an increase in net assets. Conditional promises to give are not recognized until they become unconditional. The Association reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the assets, or if they are designated as support for future periods. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Donor-imposed contributions are reported as net assets with donor restrictions, even if it is anticipated such restrictions will be met in the current reporting period.

Contributions and Ticket Sales – OneSmile Gala

The Foundation hosts an annual fundraising event named the OneSmile Gala, typically held in either September or October. The Foundation did not host this event in 2020 or 2021 due to the COVID-19 pandemic. The event is scheduled to resume in 2022. The Foundation receives sponsorships, table sales and individual tickets, silent auction, and contributions for this event. Registration fees (table sales and individual tickets) for this event are billed to the participant at the time of registration. The Foundation also provides the opportunity to sponsor this event. Registration and sponsorships for the Foundation's event opens months before the event is scheduled to be held. The event revenue is reported at the amount that reflects the consideration to which the Foundation expects to be entitled in exchange for providing the registrant access to the event and event food and beverage. The Foundation also raises contributions at this event, via silent auction, fund-a-need and other fundraising activities. Revenue from these events are recognized at the point in time the event is held and the Foundation's performance obligation to hold the event is completed. Cash receipts for registrations and sponsorships collected in advance of the events are deferred as contract liabilities until earned when the event is held at which point the revenue is recognized.

Contract assets include deposits made and expenses incurred for future events, conferences and meetings. Contract assets related to Star of North event as of December 31, 2021 and 2020 of \$120,216 and \$114,357, are included in prepaid expenses on the Statement of Financial Position.

# MINNESOTA DENTAL ASSOCIATION

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### Revenue Recognition (Continued)

Contract liabilities include deferred revenues related to advanced payments for membership dues and registrations for conferences, events and meetings. These deposits are deferred until the performance obligations are completed. Substantially all contract liabilities are earned as revenue in the following year. Contract liability balances did not change with the adoption of the standard. Below are contract liabilities as of December 31, 2021 and 2020.

	2021	2020	2019
MDA Dues	\$ 651,339	\$ 1,003,123	\$ 957,533
Star of the North	203,975	148,838	344,613
Other	21,256	27,155	24,541
Total	<u>\$ 876,570</u>	<u>\$ 1,179,116</u>	<u>\$ 1,326,687</u>

#### Loan Forgiveness Program

In 2021, The Iron Range Resources and Rehabilitation Board (IRRRB) awarded the Foundation a grant of \$240,000 as part of the Foundation's Loan Forgiveness Program, which will be used for grants for dentists practicing in the Taconite Assistance Area of northeastern Minnesota as part of its Martha Mordini Rukavina Loan Forgiveness Program. No recipients from this grant have been selected as of December 31, 2021.

In 2018, the IRRRB awarded the Foundation two grants of \$240,000 each, as part of the Foundation's Loan Forgiveness Program, which will be used for two dentists per grant practicing in the Taconite Assistance Area of northeastern Minnesota as part of its Martha Mordini Rukavina Loan Forgiveness Program. A recipient was selected in 2018, which \$120,000 was advanced to as of December 31, 2021. Two new recipients were selected in 2020, which \$30,000 and \$18,800 was advanced to as of December 31, 2020. One of these recipients moved out of the Taconite Assistance Area and returned the \$30,000 granted in 2020 to the Foundation in 2021. The Foundation will continue to advance \$18,800 to the other selected dentist through 2023. \$37,600 has been advanced to this dentist as of December 31, 2021. The conditions of the 2018 grants are displayed in the following paragraph.

The stated interest rates on these notes are 3% annually, and no security exists on either note agreement. All outstanding principal and any accrued interest on these notes will be forgiven if the borrower maintains a full-time general dental practice in the Taconite Assistance Area of northeastern Minnesota for a minimum of five years from the closing date and complies with the provisions of the note agreement. Failure to comply with the provisions of the agreement will result in the entire amount of the loan proceeds to be immediately due and payable to the Foundation. The management of the Foundation recognizes grant expense when the disbursements are made as they expect the dentists to fulfill their obligation on meeting the program requirements. In the event of a default, the Foundation can pursue collection efforts, but the likelihood of full repayment is considered remote. Therefore, the loan is considered in substance a grant to the dentists.

#### Functional Allocation of Expenses

The Association allocates its expenses on a functional basis among its various programs and support services. Expenses that can be identified with a specific program are allocated directly according to their natural expenditure classification. General and administrative that are common to several functions are allocated based on the proportion of each program's direct and personnel expenses to the total program direct and personnel expenses. Personnel cost allocation is estimated based off of monthly estimates provided by all employees. Occupancy costs are allocated based on the personnel allocation.

**MINNESOTA DENTAL ASSOCIATION**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Income Taxes**

MDA is exempt from federal income tax under Section 501(c)(6) of the Internal Revenue Code.

MDF and MDARF are exempt from taxation under Section 501(c)(3) of the Internal Revenue Code.

MDB is a taxable corporation. The provision for income taxes consists of an amount for taxes currently payable and a provision for tax consequences deferred to future periods. Deferred income taxes are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. Deferred income tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. Valuation allowances are established, when necessary, to reduce deferred tax assets to the amounts expected to be realized.

The Association reviews income tax positions taken or expected to be taken in income tax returns to determine if there are any income tax uncertainties. This includes positions that the entity is exempt from income taxes or not subject to income taxes on unrelated business income. MDF and MDARF file information returns as tax-exempt organizations. Should that status be challenged in the future, all years since inception could be subject to review by the IRS. The Association recognizes tax benefits from uncertain tax positions only if it is more likely than not that the tax positions will be sustained on examination by taxing authorities, based on the technical merits of the positions. The Association has identified no significant income tax uncertainties.

**Credit Risk**

Financial instruments which potentially subject the Association to concentrations of credit risk consist principally of cash and cash equivalents. The Association places its cash and cash equivalents with high credit quality financial institutions and, by policy, generally limits the amount of credit exposure to any one financial institution. The Association had a credit risk concentration as a result of depositing \$1,077,600 of funds in excess of insurance limits in a single bank.

**Fair Value Measurements**

Under generally accepted accounting principles, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The accounting standards establish a three-level fair value hierarchy that prioritizes information used in developing assumptions when pricing an asset or liability as follows:

Level 1 - Observable inputs such as quoted prices in active markets;

Level 2 - Inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and,

Level 3 - Unobservable inputs where there is little or no market data, which requires the reporting entity to develop its own assumptions.

The Association uses observable market data, when available, in making fair value measurements. Fair value measurements are classified according to the lowest level input that is significant to the valuation. The Association holds certain assets that are required to be measured at fair value on a recurring basis. The fair value of the Association's investment securities were determined based on inputs as presented in Note 2.

# MINNESOTA DENTAL ASSOCIATION

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### Prior Year Summarized Information

The financial statements include certain prior-year summarized information in total, but not by net asset class. In order to constitute a presentation in conformity with generally accepted accounting principles, information by net assets class would be required. Accordingly, such information should be read in conjunction with the Association's December 31, 2020 financial statements from which the summarized information was derived.

### NOTE 2 - INVESTMENTS

Investments of MDA consist of the following at December 31:

Description	December 31, 2021		December 31, 2020	
	Cost	Market	Cost	Market
Certificates of Deposit (Maturity Dates 2022)	\$ 335,284	\$ 338,026	\$ 684,891	\$ 702,728
Common Stocks	788,367	1,469,036	436,535	837,810
Mutual Funds:				
Large-Cap Domestic Stocks	424,954	697,669	304,699	542,364
Mid-Cap Domestic Stocks	43,005	72,475	22,810	41,992
Small-Cap Domestic Stocks	50,307	51,529	—	—
International Developed Equity	60,562	65,240	31,607	37,616
Corporate Bonds - Domestic (Maturity Dates 2023)	102,033	103,103	429,857	436,701
Total MDA Investments	<u>\$ 1,804,512</u>	<u>\$ 2,797,078</u>	<u>\$ 1,910,399</u>	<u>\$ 2,599,211</u>

Investments of MDF and MDARF consist of the following at December 31:

	December 31, 2021		December 31, 2020	
	Cost	Market	Cost	Market
Certificates of Deposit (Maturity Dates 2022)	\$ 79,485	\$ 76,215	\$ 738,448	\$ 746,675
Mutual Funds:				
Mutual Funds - Other	—	—	66,963	72,904
Large-Cap Domestic Stocks	40,667	94,571	40,667	74,321
Mid-Cap Domestic Stocks	18,339	33,649	18,339	27,295
Small-Cap Domestic Stocks	6,882	14,316	13,764	25,080
International Developed Equity	20,000	23,604	20,000	21,888
Exchange Traded Funds	48,396	50,272	—	—
Corp Bonds - Domestic (Maturity Dates 2022-2023)	397,174	380,144	474,889	468,176
Totals	<u>\$ 610,943</u>	<u>\$ 672,771</u>	<u>\$ 1,373,070</u>	<u>\$ 1,436,339</u>
Total Investments	<u>\$ 2,415,455</u>	<u>\$ 3,469,849</u>	<u>\$ 3,283,469</u>	<u>\$ 4,035,550</u>

# MINNESOTA DENTAL ASSOCIATION

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 2 - INVESTMENTS (Continued)

Fair values of the securities of the Association at December 31, 2021 and 2020 were determined as follows:

Description	Total	Quoted Prices for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<b>2021:</b>				
Certificates of Deposit	\$ 414,241	\$ —	\$ 414,241	\$ —
Common Stocks	1,469,036	1,469,036	—	—
Mutual Funds	1,103,325	1,103,325	—	—
Corporate Bonds	483,247	—	483,247	—
Totals	<u>\$ 3,469,849</u>	<u>\$ 2,572,361</u>	<u>\$ 897,488</u>	<u>\$ —</u>
<b>2020:</b>				
Certificates of Deposit	\$ 1,449,403	\$ —	\$ 1,449,403	\$ —
Money Market Funds	72,904	72,904	—	—
Common Stocks	837,810	837,810	—	—
Mutual Funds	770,556	770,556	—	—
Corporate Bonds	904,877	—	904,877	—
Totals	<u>\$ 4,035,550</u>	<u>\$ 1,681,270</u>	<u>\$ 2,354,280</u>	<u>\$ —</u>

The fair value of the Association's common stock, mutual funds and money market funds were determined based on Level 1 inputs.

The fair values of the Association's corporate bonds were determined based on Level 2 inputs and are estimated as the present value of expected future cash inflows, taking into account (1) the type of security, its term, and any underlying collateral, (2) the seniority level of the debt security, and (3) quotes received from brokers and pricing services. In applying the valuation model, significant inputs include the probability of default for debt securities, the estimated prepayment rate, and the projected yield based on estimated future market rates for similar securities.

The fair value of the Association's certificates of deposits were determined based on Level 2 inputs and were obtained from independent quotation services whose appraisals are based on closing prices, bid-ask quotations or other factors.



**MINNESOTA DENTAL ASSOCIATION**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**NOTE 2 - INVESTMENTS (Continued)**

Net investment income, net for the years ended December 31, 2021 and 2020 consisted of the following:

	<u>2021</u>	<u>2020</u>
Interest and Dividend Income	\$ 184,879	\$ 118,621
Investment Fees	(11,794)	(7,643)
Realized and Unrealized Gains	<u>328,156</u>	<u>161,728</u>
Total	<u>\$ 501,241</u>	<u>\$ 272,706</u>

The Association holds investments in a variety of investment funds. In general, its investments are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could be material to the amounts reported in the statement of financial position. Subsequent to year end, the Association's investment securities did experience a decline in value.

**NOTE 3 - PROPERTY AND EQUIPMENT**

Property and equipment at December 31, 2021 and 2020 consists of the following:

	Useful Lives	<u>2021</u>	<u>2020</u>
Land	—	\$ 603,675	\$ 603,675
Building and Building Improvements	40 Years	2,601,437	2,601,437
Office and Computer Equipment	3-10 Years	372,449	371,722
Furniture and Fixtures	15 Years	475,525	472,702
Website	5 Years	<u>161,495</u>	<u>161,495</u>
Total Property and Equipment		4,214,581	4,211,031
Less: Accumulated Depreciation		<u>1,898,719</u>	<u>1,766,691</u>
Net Property and Equipment		<u>\$ 2,315,862</u>	<u>\$ 2,444,340</u>

**NOTE 4 - LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

**Association**

The Association maintains and manages adequate operating reserves per policies set by the board of directors. The Finance Committee regularly reviews and recommends reserve policies to the board of directors for approval. The Association maintains several investment accounts which serve different functions, including a short-term reserve account, the purpose of which is to hold assets that will likely require utilization within a 3 to 12 month period. The investments objectives of this account are:

1. To provide adequate liquidity
2. Preservation of capital
3. To achieve the highest return possible

The Association also maintains a long-term reserve account, and a dedicated capital account, however, no formal board designations exist for these activities.

# MINNESOTA DENTAL ASSOCIATION

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 4 - LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS (Continued)

Investment earnings are typically re-invested in the investment portfolio. The Association does not intend to spend from these investments and meet periodically to discuss whether any appropriations are considered necessary.

Available cash and increase in net assets is typically adequate to meet all obligations.

Financial assets available for general expenditure, without donor or other restrictions limiting their use, within one year of December 31, 2021 and 2020 for MDA and MDB are as follows:

	<u>2021</u>	<u>2020</u>
Financial Assets:		
Cash and Cash Equivalents	\$ 3,960,250	\$ 3,608,428
Accounts Receivable	51,576	108,505
Investments	2,797,078	2,599,211
Total Financial Assets	<u>6,808,904</u>	<u>6,316,144</u>
Less Financial Assets Held to Meet Donor Restrictions:		
Purpose Restricted - Net Assets	<u>—</u>	<u>—</u>
Less Financial Assets Not Available within One Year:		
Board Designated - Long-Term Fund	<u>—</u>	<u>—</u>
Amounts Available for General Expenditure within One Year	<u>\$ 6,808,904</u>	<u>\$ 6,316,144</u>

### Foundation

The Foundation maintains and manages adequate operating reserves per financial policies set by the Board of Directors. Monies in each Fund of the Foundation may be invested as per the Investment Guidelines. Signers on the accounts shall be the Executive Director, President and Treasurer.

Financial reports are given at each Board meeting. The Executive Director, President and Treasurer will have final approval of the amounts placed in specific funds, being cognizant of monies needed for each Fund's expenses and projects.

This financial policy shall be reviewed at least annually by the entire Foundation Board of Directors for any necessary revisions.

The purpose of the Minnesota Dental Foundation Operating Funds is to provide sufficient cash to meet the financial obligations of the Minnesota Dental Foundation during the current business cycle. The investment objectives of the Operating Funds are:

1. Preservation of capital
2. Liquidity
3. To optimize the investment return within the constraints of the policy



# MINNESOTA DENTAL ASSOCIATION

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 4 - LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS (Continued)

#### **Foundation (Continued)**

Financial assets available for general expenditure, without donor or other restrictions limiting their use, within one year of December 31, 2021 and 2020 for MDARF and MDF are as follows:

	<u>2021</u>	<u>2020</u>
Financial Assets:		
Cash and Cash Equivalents	\$ 1,441,818	\$ 143,462
Accounts Receivable	3,956	1,180
Investments	672,771	1,436,339
Total Financial Assets	<u>2,118,545</u>	<u>1,580,981</u>
Less Financial Assets Held to Meet Donor Restrictions:		
Purpose Restricted - Net Assets	<u>(975,128)</u>	<u>(767,960)</u>
Less Financial Assets Not Available within One Year:		
Board Designated - Long-Term Fund	<u>(160,713)</u>	<u>(137,935)</u>
Amounts Available for General Expenditure within One Year	<u>\$ 982,704</u>	<u>\$ 675,086</u>

The Foundation has a Long-Term Fund designated by the Board of Directors. The Long-Term Fund is defined as funds that are not anticipated to be needed for expenditure for at least three years.

### NOTE 5 - RESTRICTIONS ON NET ASSETS

Net assets were released from donor restriction by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by the donors.

	<u>2021</u>	<u>2020</u>
Children's Fund	\$ 6,181	\$ 21,308
Give Kids a Smile	-	18,639
Martha Mordini Rukavina Loan Forgiveness Program	48,800	78,800
Minnesota Mission of Mercy Program	11,805	11,046
Donated Dental Services Program	84,136	89,990
Retired Dentist Program	2,285	1,424
Disaster Relief Program	-	6,000
Total Net Assets Released from Restrictions	<u>\$ 153,207</u>	<u>\$ 227,207</u>

Net assets with donor restrictions are available for the following purposes at December 31:

	<u>2021</u>	<u>2020</u>
Children's Fund	\$ 83,711	\$ 89,192
Martha Mordini Rukavina Loan Forgiveness Program	562,830	341,180
Minnesota Mission of Mercy Program	249,398	257,003
Donated Dental Services Program	66,019	65,130
Retired Dentist Program	13,170	15,455
Total Net Assets with Donor Restrictions	<u>\$ 975,128</u>	<u>\$ 767,960</u>

## MINNESOTA DENTAL ASSOCIATION

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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#### NOTE 6 - INCOME TAXES

The Association had no recorded income tax expense in December 31, 2021 and 2020.

The tax provision differs from the expense that would result from applying federal statutory rates to income before income taxes due to the recording of a valuation allowance on deferred tax assets, the effect of state income taxes and because certain expenses are deducted for financial reporting that are not deductible for tax purposes.

The components of deferred income taxes at December 31 are as follows:

	<u>2021</u>	<u>2020</u>
Deferred Income Tax Assets:		
Net Operating Loss Carryforward - MDA	\$ 29,370	\$ 51,322
Net Operating Loss Carryforward - MDB	<u>32,822</u>	<u>32,807</u>
Total Deferred Tax Assets	62,192	84,129
Less Valuation Allowance	<u>(62,192)</u>	<u>(84,129)</u>
Net Deferred Income Tax Assets	<u>\$ —</u>	<u>\$ —</u>

MDA has federal and state net operating loss carryforwards of approximately \$114,000 and \$55,000 at December 31, 2021, which expire in years between 2022 and 2032. A valuation allowance has been recognized to the full extent of the deferred tax asset as it is not expected that the net operating loss will be fully utilized.

MDB has federal and state net operating loss carryforwards of approximately \$116,000 at December 31, 2021, which expire in years between 2026 and 2041. A valuation allowance has been recognized to the full extent of the deferred tax asset as it is not expected that the net operating loss will be fully utilized.

#### NOTE 7 - RETIREMENT PLAN

The Association has a Safe Harbor 401(k) Retirement Plan. The Association pays a non-elective contribution equal to 4% of eligible compensation to all participants. The Association may elect discretionary match and profit-sharing contributions annually in addition to safe harbor contributions. The contributions to the plan for December 31, 2021 and 2020 amounted to \$32,101 and \$33,620.

## **MINNESOTA DENTAL ASSOCIATION**

### **NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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#### **NOTE 8 - RISKS AND UNCERTANTIES**

In March 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measures worldwide. The Association held their major event, the Star of the North, virtually in 2020. The Star of the North took place as a hybrid event in August 2021 and was an in person event in April 2022. The Foundation postponed two of its major events in 2020 and 2021, the Minnesota Mission of Mercy, and the OneSmile Gala. The Minnesota Mission of Mercy is now scheduled for July 29-30, 2022, in St. Cloud, Minnesota. The OneSmile Gala is now scheduled for October 7, 2022, in Minneapolis, Minnesota. The Association cannot reasonably estimate the length or severity of this pandemic, or the extent to which the disruption from this pandemic may impact the Association's operations and financial statements.

#### **NOTE 9 - EMPLOYEE RETENTION CREDIT**

In March 2020, the Coronavirus Aid, Relief and Economic Security (CARES) Act was signed into law. Part of CARES was the Employee Retention Credit which allows qualified Organizations a credit of 50% of employee wages up to \$10,000 per employee which is withheld from payroll taxes due. This program was amended for 2021 and allowed qualified Organizations a credit of 70% of employee wages up to \$7,000 per employee per quarter for the first three quarters of 2021. The Association utilized this program in the year ended December 31, 2021 and 2020. The Association collected a total of \$174,610 and \$40,265 credit in 2021 and 2020, which has been reflected in other income on the statement of activities.

#### **NOTE 10 - PPP LOAN**

In December 2020, the Consolidated Appropriations Act (CAA) was signed into law, which amended and enhanced some terms of the Paycheck Protection Program (PPP). Eligibility requirements were expanded to include more types of entities as well as providing existing PPP loan borrowers an opportunity to apply for a second PPP loan if they met the stated eligibility requirements. The Association applied for a PPP loan and in January 2021, the Association received \$157,000 loan from the PPP. It was used for the designated purposes, and forgiven in full in June 2021. The gain on loan forgiveness of \$157,000 was recorded in 2021 and has been reflected in other income on the statement of activities.

## INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

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Board of Trustees  
Minnesota Dental Association  
Minneapolis, Minnesota

We have audited the consolidated financial statements of Minnesota Dental Association as of and for the year ended December 31, 2021 and 2020, and our report thereon dated July 23, 2022, which expressed an unmodified opinion on those financial statements, appears on pages 1-2. That audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole.

The consolidating information on pages 22-27 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and the change in net assets of the individual organizations, and it is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

Roseville, Minnesota  
July 23, 2022

*Olsen Thielken & Co., Ltd.*

**MINNESOTA DENTAL ASSOCIATION**  
**CONSOLIDATING SCHEDULE OF FINANCIAL POSITION**  
**DECEMBER 31, 2021**

	ASSETS					
	<u>Consolidated</u>	<u>Eliminations</u>	<u>MDA</u>	<u>MDARF</u>	<u>MDB</u>	<u>MDF</u>
ASSETS:						
Cash and Cash Equivalents	\$ 5,402,068	\$	\$ 3,942,909	\$ 11,293	\$ 17,341	\$ 1,430,525
Investments	3,469,849		2,797,078	61,391		611,380
Accounts Receivable	48,627		44,671			3,956
Receivable from Affiliate	—	(4,050)				4,050
Interest Receivable	9,405		6,905			2,500
Prepaid Expenses	167,144		139,460			27,684
Property and Equipment, Net	2,315,862		2,315,862			
Investment in Subsidiary	—	(17,341)	17,341			
TOTAL ASSETS	<u>\$ 11,412,955</u>	<u>\$ (21,391)</u>	<u>\$ 9,264,226</u>	<u>\$ 72,684</u>	<u>\$ 17,341</u>	<u>\$ 2,080,095</u>
	LIABILITIES AND NET ASSETS					
LIABILITIES:						
Accounts Payable	\$ 26,577	\$	\$ 25,376	\$	\$	\$ 1,201
Dues Payable to National and Local Affiliates	585,601		585,601			
Accounts Payable to Affiliate	—	(4,050)	4,050			
Agency Funds Payable	3,665		3,665			
Accrued Compensation and Benefits	82,078		82,078			
Accrued Real Estate Taxes	55,226		55,226			
Contract Liabilities	876,570		876,570			
Total Liabilities	<u>1,629,717</u>	<u>(4,050)</u>	<u>1,632,566</u>	<u>—</u>	<u>—</u>	<u>1,201</u>
NET ASSETS:						
Net Assets Without Donor Restrictions:						
Common Stock	—	(155,000)			155,000	
Accumulated Deficit	—	137,659			(137,659)	
Undesignated	8,647,397		7,631,660	72,684		943,053
Board Designated - Long-Term Fund	160,713					160,713
Total Unrestricted	<u>8,808,110</u>	<u>(17,341)</u>	<u>7,631,660</u>	<u>72,684</u>	<u>17,341</u>	<u>1,103,766</u>
Net Assets With Donor Restrictions	975,128					975,128
Total Net Assets	<u>9,783,238</u>	<u>(17,341)</u>	<u>7,631,660</u>	<u>72,684</u>	<u>17,341</u>	<u>2,078,894</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 11,412,955</u>	<u>\$ (21,391)</u>	<u>\$ 9,264,226</u>	<u>\$ 72,684</u>	<u>\$ 17,341</u>	<u>\$ 2,080,095</u>

**MINNESOTA DENTAL ASSOCIATION**  
**CONSOLIDATING SCHEDULE OF FINANCIAL POSITION**  
**DECEMBER 31, 2020**

	ASSETS					
	<u>Consolidated</u>	<u>Eliminations</u>	<u>MDA</u>	<u>MDARF</u>	<u>MDB</u>	<u>MDF</u>
ASSETS:						
Cash and Cash Equivalents	\$ 3,751,890	\$	\$ 3,590,117	\$ 6,960	\$ 18,311	\$ 136,502
Investments	4,035,550		2,599,211	62,013		1,374,326
Accounts Receivable	104,621		103,441			1,180
Receivable from Affiliate	—	(4,550)				4,550
Interest Receivable	12,768		5,064			7,704
Prepaid Expenses	149,107		123,233			25,874
Property and Equipment, Net	2,444,340		2,444,340			
Investment in Subsidiary	—	(18,311)	18,311			
TOTAL ASSETS	<u>\$ 10,498,276</u>	<u>\$ (22,861)</u>	<u>\$ 8,883,717</u>	<u>\$ 68,973</u>	<u>\$ 18,311</u>	<u>\$ 1,550,136</u>
	LIABILITIES AND NET ASSETS					
LIABILITIES:						
Accounts Payable	\$ 27,465	\$	\$ 27,465	\$	\$	\$
Dues Payable to National and Local Affiliates	858,466		858,466			
Accounts Payable to Affiliate	—	(4,550)	4,550			
Agency Funds Payable	10,615		10,615			
Accrued Compensation and Benefits	78,722		78,722			
Accrued Real Estate Taxes	55,644		55,644			
Contract Liabilities	1,179,116		1,179,116			
Total Liabilities	<u>2,210,028</u>	<u>(4,550)</u>	<u>2,214,578</u>	<u>—</u>	<u>—</u>	<u>—</u>
NET ASSETS:						
Net Assets Without Donor Restrictions:						
Common Stock	—	(155,000)			155,000	
Accumulated Deficit	—	136,689			(136,689)	
Undesignated	7,382,353		6,669,139	68,973		644,241
Board Designated - Long-Term Fund	137,935					137,935
Total Unrestricted	<u>7,520,288</u>	<u>(18,311)</u>	<u>6,669,139</u>	<u>68,973</u>	<u>18,311</u>	<u>782,176</u>
Net Assets With Donor Restrictions	<u>767,960</u>					<u>767,960</u>
Total Net Assets	<u>8,288,248</u>	<u>(18,311)</u>	<u>6,669,139</u>	<u>68,973</u>	<u>18,311</u>	<u>1,550,136</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 10,498,276</u>	<u>\$ (22,861)</u>	<u>\$ 8,883,717</u>	<u>\$ 68,973</u>	<u>\$ 18,311</u>	<u>\$ 1,550,136</u>

# MINNESOTA DENTAL ASSOCIATION

## CONSOLIDATING SCHEDULE OF ACTIVITIES YEAR ENDED DECEMBER 31, 2021

						MDF		
	Consolidated	Eliminations	MDA	MDARF	MDB	Without Donor Restrictions	With Donor Restrictions	Totals
REVENUES:								
Membership Dues	\$ 1,378,940	\$	\$ 1,378,940	\$	\$	\$	\$	\$ —
Star of the North Event Revenue	959,046		959,046					—
Administrative Fees	—	(23,690)	23,690					—
Royalties	201,738		201,738					—
Northwest Dentistry Publication	116,408		116,408					—
Contributions	743,570					383,195	360,375	743,570
Investment Income, Net	501,241		463,371	14,101		23,769		23,769
Meetings and Programs	18,986		18,986					—
Other	491,554		491,554					—
Net Assets Released from Restrictions	—					153,207	(153,207)	—
Total Revenues	<u>4,411,483</u>	<u>(23,690)</u>	<u>3,653,733</u>	<u>14,101</u>	<u>—</u>	<u>560,171</u>	<u>207,168</u>	<u>767,339</u>
EXPENSES:								
Program Services:								
Meetings and Events	1,040,744		1,040,744					—
Membership	751,172		751,172					—
Publications	293,154		293,154					—
MDF Programs	202,312	(3,690)		10,000		196,002		196,002
Total Program Services	<u>2,287,382</u>	<u>(3,690)</u>	<u>2,085,070</u>	<u>10,000</u>	<u>—</u>	<u>196,002</u>	<u>—</u>	<u>196,002</u>
Supporting Services:								
Management and General	624,635	(20,000)	605,172	390	970	38,103		38,103
Fundraising	4,476					4,476		4,476
Total Supporting Services	<u>629,111</u>	<u>(20,000)</u>	<u>605,172</u>	<u>390</u>	<u>970</u>	<u>42,579</u>	<u>—</u>	<u>42,579</u>
Total Expenses	<u>2,916,493</u>	<u>(23,690)</u>	<u>2,690,242</u>	<u>10,390</u>	<u>970</u>	<u>238,581</u>	<u>—</u>	<u>238,581</u>
EQUITY IN NET LOSS OF SUBSIDIARY	<u>—</u>	<u>970</u>	<u>(970)</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
CHANGE IN NET ASSETS	<u>1,494,990</u>	<u>970</u>	<u>962,521</u>	<u>3,711</u>	<u>(970)</u>	<u>321,590</u>	<u>207,168</u>	<u>528,758</u>
NET ASSETS AND ACCUMULATED DEFICIT at Beginning of Year	<u>8,288,248</u>	<u>136,689</u>	<u>6,669,139</u>	<u>68,973</u>	<u>(136,689)</u>	<u>782,176</u>	<u>767,960</u>	<u>1,550,136</u>
NET ASSETS AND ACCUMULATED DEFICIT at End of Year	<u>\$ 9,783,238</u>	<u>\$ 137,659</u>	<u>\$ 7,631,660</u>	<u>\$ 72,684</u>	<u>\$(137,659)</u>	<u>\$ 1,103,766</u>	<u>\$ 975,128</u>	<u>\$2,078,894</u>

**MINNESOTA DENTAL ASSOCIATION**

**CONSOLIDATING SCHEDULE OF ACTIVITIES**

**YEAR ENDED DECEMBER 31, 2020**

						MDF		
	<u>Consolidated</u>	<u>Eliminations</u>	<u>MDA</u>	<u>MDARF</u>	<u>MDB</u>	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Totals</u>
REVENUES:								
Membership Dues	\$ 1,462,392	\$	\$ 1,462,392	\$	\$	\$	\$	\$ —
Star of the North Event Revenue	473,704		473,704					—
Administrative Fees	—	(23,320)	23,320					—
Royalties	155,327		155,327					—
Northwest Dentistry Publication	108,020		108,020					—
Contributions	166,244					57,219	109,025	166,244
Investment Income, Net	272,706		239,567	(2,734)		35,873		35,873
Meetings and Programs	20,109		20,109					—
Other	219,369		219,369					—
Net Assets Released from Restrictions	—					227,207	(227,207)	—
Total Revenues	<u>2,877,871</u>	<u>(23,320)</u>	<u>2,701,808</u>	<u>(2,734)</u>	<u>—</u>	<u>320,299</u>	<u>(118,182)</u>	<u>202,117</u>
EXPENSES:								
Program Services:								
Meetings and Events	679,541		679,541					—
Membership	784,422		784,422					—
Publications	271,020		271,020					—
MDF Programs	283,995	(3,320)		5,025		282,290		282,290
Total Program Services	<u>2,018,978</u>	<u>(3,320)</u>	<u>1,734,983</u>	<u>5,025</u>	<u>—</u>	<u>282,290</u>	<u>—</u>	<u>282,290</u>
Supporting Services:								
Management and General	635,394	(20,000)	615,982	415	945	38,052		38,052
Fundraising	1,479					1,479		1,479
Total Supporting Services	<u>636,873</u>	<u>(20,000)</u>	<u>615,982</u>	<u>415</u>	<u>945</u>	<u>39,531</u>	<u>—</u>	<u>39,531</u>
Total Expenses	<u>2,655,851</u>	<u>(23,320)</u>	<u>2,350,965</u>	<u>5,440</u>	<u>945</u>	<u>321,821</u>	<u>—</u>	<u>321,821</u>
EQUITY IN NET LOSS OF SUBSIDIARY	<u>—</u>	<u>945</u>	<u>(945)</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
CHANGE IN NET ASSETS	222,020	945	349,898	(8,174)	(945)	(1,522)	(118,182)	(119,704)
NET ASSETS AND ACCUMULATED DEFICIT at Beginning of Year	<u>8,066,228</u>	<u>135,744</u>	<u>6,319,241</u>	<u>77,147</u>	<u>(135,744)</u>	<u>783,698</u>	<u>886,142</u>	<u>1,669,840</u>
NET ASSETS AND ACCUMULATED DEFICIT at End of Year	<u>\$ 8,288,248</u>	<u>\$ 136,689</u>	<u>\$ 6,669,139</u>	<u>\$ 68,973</u>	<u>\$ (136,689)</u>	<u>\$ 782,176</u>	<u>\$ 767,960</u>	<u>\$ 1,550,136</u>



# MINNESOTA DENTAL ASSOCIATION

## CONSOLIDATING SCHEDULE OF CASH FLOWS YEAR ENDED DECEMBER 31, 2021

	<u>Consolidated</u>	<u>Eliminations</u>	<u>MDA</u>	<u>MDARF</u>	<u>MDB</u>	<u>MDF</u>
CASH FLOWS FROM OPERATING ACTIVITIES:						
Change in Net Assets	<b>\$ 1,494,990</b>	\$ 970	\$ 962,521	\$ 3,711	\$ (970)	\$ 528,758
Adjustments to Reconcile Change in Net Assets to Net Cash Flows From Operating Activities:						
Depreciation	<b>132,027</b>		132,027			
Realized and Unrealized Investment (Gains) Losses	<b>(328,156)</b>		(311,540)	(12,060)		(4,556)
Equity from Subsidiary	<b>—</b>	(970)	970			
Changes in Assets and Liabilities:						
Accounts Receivable	<b>55,994</b>		58,770			(2,776)
Receivable from Affiliate	<b>—</b>	(500)				500
Interest Receivable	<b>3,363</b>		(1,841)			5,204
Prepaid Expenses	<b>(18,037)</b>		(16,227)			(1,810)
Accounts Payable	<b>(888)</b>	500	(2,589)			1,201
Dues Payable to National and Local Affiliates	<b>(272,865)</b>		(272,865)			
Agency Funds Payable	<b>(6,950)</b>		(6,950)			
Accrued Compensation and Benefits	<b>3,356</b>		3,356			
Accrued Real Estate Taxes	<b>(418)</b>		(418)			
Contract Liabilities	<b>(302,546)</b>		(302,546)			
Net Cash Flows From Operating Activities	<b><u>759,870</u></b>	<u>—</u>	<u>242,668</u>	<u>(8,349)</u>	<u>(970)</u>	<u>526,521</u>
CASH FLOWS FROM INVESTING ACTIVITIES:						
Purchase of Property and Equipment	<b>(3,549)</b>		(3,549)			
Purchase of Investment Securities	<b>(697,343)</b>		(695,674)			(1,669)
Proceeds from the Sale of Investment Securities	<b>1,591,200</b>		809,347	12,682		769,171
Net Cash Flows From Investing Activities	<b><u>890,308</u></b>	<u>—</u>	<u>110,124</u>	<u>12,682</u>	<u>—</u>	<u>767,502</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	<b>1,650,178</b>	—	352,792	4,333	(970)	1,294,023
CASH AND CASH EQUIVALENTS at Beginning of Year	<b><u>3,751,890</u></b>	<u>—</u>	<u>3,590,117</u>	<u>6,960</u>	<u>18,311</u>	<u>136,502</u>
CASH AND CASH EQUIVALENTS at End of Year	<b><u>\$ 5,402,068</u></b>	<u>\$ —</u>	<u>\$ 3,942,909</u>	<u>\$ 11,293</u>	<u>\$ 17,341</u>	<u>\$ 1,430,525</u>

# MINNESOTA DENTAL ASSOCIATION

## CONSOLIDATING SCHEDULE OF CASH FLOWS YEAR ENDED DECEMBER 31, 2020

	<u>Consolidated</u>	<u>Eliminations</u>	<u>MDA</u>	<u>MDARF</u>	<u>MDB</u>	<u>MDF</u>
CASH FLOWS FROM OPERATING ACTIVITIES:						
Change in Net Assets	\$ 222,020	\$ 945	\$ 349,898	\$ (8,174)	\$ (945)	\$ (119,704)
Adjustments to Reconcile Change in Net Assets to Net Cash Flows From Operating Activities:						
Depreciation	136,094		136,094			
Realized and Unrealized Investment (Gains) Losses	(161,728)		(162,471)	4,960		(4,217)
Equity from Subsidiary	—	(945)	945			
Changes in Assets and Liabilities:						
Accounts Receivable	(14,146)		(57,231)			43,085
Receivable from Affiliate	—	(1,250)				1,250
Interest Receivable	(2,863)		1,841			(4,704)
Prepaid Expenses	(36,744)		(22,092)			(14,652)
Accounts Payable	(56,199)	1,250	(57,051)			(398)
Dues Payable to National and Local Affiliates	117,012		117,012			
Agency Funds Payable	8,716		8,716			
Accrued Compensation and Benefits	14,830		14,830			
Accrued Real Estate Taxes	14,782		14,782			
Contract Liabilities	(147,571)		(147,571)			
Net Cash Flows From Operating Activities	<u>94,203</u>	<u>—</u>	<u>197,702</u>	<u>(3,214)</u>	<u>(945)</u>	<u>(99,340)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:						
Purchase of Property and Equipment	(24,248)		(24,248)			
Purchase of Investment Securities	(1,368,484)		(226,625)			(1,141,859)
Proceeds from the Sale of Investment Securities	1,482,524		509,739	5,265		967,520
Net Cash Flows From Investing Activities	<u>89,792</u>	<u>—</u>	<u>258,866</u>	<u>5,265</u>	<u>—</u>	<u>(174,339)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	183,995	—	456,568	2,051	(945)	(273,679)
CASH AND CASH EQUIVALENTS at Beginning of Year	<u>3,567,895</u>	<u>—</u>	<u>3,133,549</u>	<u>4,909</u>	<u>19,256</u>	<u>410,181</u>
CASH AND CASH EQUIVALENTS at End of Year	<u>\$ 3,751,890</u>	<u>\$ —</u>	<u>\$ 3,590,117</u>	<u>\$ 6,960</u>	<u>\$ 18,311</u>	<u>\$ 136,502</u>

Board of Trustees and Management  
Minnesota Dental Association  
Minneapolis, Minnesota

Management is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit of the consolidated financial statements of Minnesota Dental Association as of and for the year ended December 31, 2021, in accordance with auditing standards generally accepted in the United States of America, we considered Minnesota Dental Association's internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control. Accordingly, we do not express an opinion on the effectiveness of the Association's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we identified a certain deficiency in internal control that we consider to be a significant deficiency.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. We did not identify any deficiencies in internal control that we consider to be material weaknesses.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiency in Minnesota Dental Association's internal control to be a significant deficiency.

### **Lack of Segregation of Duties**

A fundamental concept in a good system of internal controls is the segregation of duties. Duties should be separated so that no one person performs incompatible duties or has complete control of any type of transaction. If these situations are not mitigated, there is a potential of misappropriation of assets. Due to the relatively small size of the Association's staff, the Association is not able to attain segregation of duties to the extent required for ideal internal control. This is not unusual in a organization of this size, and generally it is not economically feasible to provide for complete adherence to the segregation of duties concept. Under these circumstances, management may mitigate the risks by doing the following:

- (1) Identify areas where the lack of segregation of duties exists and where there are higher risks of errors or fraud occurring.
- (2) Implement limited segregation to the extent possible to reduce risks without impairing efficiency.
- (3) Use the knowledge that management and the Board of Trustees have of operations by having them review certain accounting records and reports.
- (4) Monitor the effectiveness of the above actions and make changes as considered appropriate.

This communication is intended solely for the information and use of management, the Board of Trustees and others within the Association, and is not intended to be and should not be used by anyone other than these specified parties.

*Olsen Thielken & Co., Ltd.*

Roseville, Minnesota  
July 23, 2022

Board of Trustees  
Minnesota Dental Association  
Minneapolis, Minnesota

We have audited the consolidated financial statements of Minnesota Dental Association for the year ended December 31, 2021, and have issued our report thereon dated July 23, 2022. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility Under U.S. Generally Accepted Auditing Standards

As stated in our engagement letter dated October 25, 2021, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

Our responsibility is to plan and perform the audit to obtain reasonable, but not absolute, assurance that the financial statements are free of material misstatement. As part of our audit, we considered the internal control of the Association. Such considerations were solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control. We are responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to the Board Treasurer in our discussion of planning matters on March 30, 2022.

### Significant Audit Findings

#### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Association are described in Note 1 to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during the year. We noted no transactions entered into by the Association during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were as follows:

<u>Estimate</u>	<u>Management's Method of Determination</u>
Functional Expense Allocation	Based on the proportion of each program's direct and personnel expenses to the total program direct and personnel expenses.
Contract Liabilities	Dues and event registration and sponsorships collected in advance are recorded as deferred revenues and recognized ratably in the year earned.
Depreciation	Based on estimated useful lives of buildings and equipment.

We evaluated the key factors, assumptions and any subjective or complex judgement made by management used to develop these estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The disclosures in the financial statements are neutral, consistent, and clear.

#### *Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit. We wish to thank the Association's management and staff for their assistance.

#### *Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such material misstatements. None of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

We noted no uncorrected adjustments that, in our judgement, could have a significant effect on the Association's financial reporting process.



Significant Audit Findings (Continued)

*Disagreements with Management*

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

*Management Representations*

We have requested certain representations from management that are included in the management representations letter dated July 23, 2022.

*Management Consultations with Other Independent Accountants*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Association's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

*Other Audit Findings or Issues*

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Association's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statement themselves.

This information is intended solely for the use of the Board of Trustees and management of the Association and is not intended to be and should not be used by anyone other than these specified parties.

*Olsen Thielken & Co., Ltd.*

# MINNESOTA DENTAL ASSOCIATION

## HOUSE OF DELEGATES

### STANDING RULES

#### Standing Rule I Order of Business

- A. Business shall be considered in the order outlined on the official agenda distributed in advance to delegates and any amendment duly made thereto. The Speaker of the House, however, may recess the meeting briefly at any time to present distinguished guests for introduction or brief remarks. S/He may also request permission of the House to extend the privilege of the floor to a non-member of the House for the purpose of pertinent information.
- B. The House of Delegates shall be governed by The American Institute of Parliamentarians "Standard Code of Parliamentary Procedure" when not in conflict with the *Constitution* and *Bylaws* of the Minnesota Dental Association or the Standing Rules of the House of Delegates.
- C. A majority of the votes cast shall be considered a "majority" to carry a motion or resolution.
- D. The Verbatim Record and the Proceedings shall constitute the official Minutes of the Annual Session.
- E. MDA Trustees, Past Presidents, and Committee Chairs of the Minnesota Dental Association shall be accorded the privilege of the floor of the House and will have the right to speak, but shall not have the right to vote unless they are an officially certified delegate.
- F. Reading of the Minutes of the meetings of the previous annual session shall be dispensed with, the Minutes having been previously published in digest form in the Proceedings, and the Verbatim Minutes being on file with the Executive Director.
- G. The student district delegation to the House of Delegates comprises 12 Minnesota Student District Dental Society members enrolled at the University of Minnesota. Four members of the delegation shall be voting delegates. The other 8 members shall have the right to speak.



**Standing Rule II**  
**Consideration of Reports and Resolutions by Reference Committee**

- A. All MDA committee and officers' reports included in the *House of Delegates Manual* and provided via electronic means in advance shall be considered received by this House of Delegates.
- B. The President shall, prior to the First Session of the House of Delegates, review all reports and resolutions and refer these to the appropriate Reference Committee. These reports, resolutions, and their referrals will be listed in the *House of Delegates Manual* distributed to each delegate and alternate delegate. Any delegate may request the redirection of a referral by the House through a motion to amend the list of referrals. The Secretary may assign identification numbers or a similar system to each referred matter.
- C. An executive meeting of the Reference Committee shall be held prior to the First Session of the House at which only the members of the committee, officers of the House, and committee staff are present and during which the reports included in the Manual, as distributed to the delegates and alternates, will be reviewed. The committee shall, as a result of such review, prepare a report for the First Session of the House that acknowledges all reports containing no resolutions. The committee may also originate a resolution on the basis of the information contained in such a report. Resolutions originated in this manner shall be presented at the First Session of the House, but will not be subject to debate or vote at the First Session of the House. Such resolutions shall be considered in the Second Session of the House of Delegates and shall not require two-thirds vote of the majority to be considered.
- D. Motions made by a Reference Committee Chair as part of the committee report shall not require a second. Reference Committee motions are not to be constructed as amendments but as final resolutions for the House to consider. The House shall have the right to consider resolution(s) as originally submitted.
- E. Open hearings of the Reference Committees shall be held following the First Session of the House, at which time information and opinions are received but no decisions are made. Members of a Reference Committee shall not give testimony at the open hearing of the Reference Committee on which they serve; however, they may give personal testimony at the open hearing of the other Reference Committee and at their Reference Committee's Executive Session, which follows the open hearings.
- F. Following the open hearings, each Reference Committee shall hold an Executive Session at which only the members of the committee, officers of the House, and committee staff are present, where the information received at the open hearing is considered, evaluated, and used in consideration of the committee's informed recommendations to the House. These recommendations shall be made at the Second Session of the House

1 and may include resolutions not previously reported to the First Session of the House,  
2 but in such cases these new resolutions reported for the first time shall be based upon  
3 and germane to information presented at the hearings or in committee reports.  
4

5 **Standing Rule III**  
6 **Submission of Resolutions**  
7

8 A. The MDA Board of Trustees and Committees, component dental societies or individual  
9 delegates and alternate delegates may propose resolutions in writing.  
10

11 1. Resolutions for consideration by the House of Delegates shall be submitted to the  
12 Speaker or the Executive Director on a designated form and in a designated means  
13 no later than seventy (70) days prior to the First Session of the House.  
14

15 2. Resolutions submitted by the deadline prescribed in Standing Rule III.A.1. shall be  
16 distributed and referred by the Speaker, in accord with Standing Rule II.B., to the  
17 appropriate Reference Committee at the First Session of the House. The Speaker's  
18 referral to the appropriate Reference Committee will occur without debate, subject  
19 to the right of any delegate to appeal the ruling of the Speaker on the question of  
20 whether such committee is the appropriate committee.  
21

22 3. A resolution not received seventy (70) days prior to the day on which the First  
23 Session of the House has been scheduled may be brought forward during the First  
24 Session of the House of Delegates. Such a resolution must be presented in electronic  
25 or written form to the Secretary of the House not later than seven (7) days prior to  
26 the start of the First Session of the House and must meet legal approval to be  
27 presented. Such resolution shall require two-thirds majority vote of those present  
28 and voting to be considered by the House. Upon the affirmative action of the House  
29 such resolution shall be added to the docket of resolutions scheduled to be heard by  
30 the appropriate reference committee.  
31

32 4. A resolution presented from the floor at the Second Session of the House under  
33 "New Business" will be considered if it receives a two-thirds majority vote of those  
34 present and voting for immediate consideration. Such motion shall not be  
35 debatable.  
36

37 B. Resolutions that have been properly submitted pursuant to Standing Rule III A.1 may be  
38 debated or considered at the First Session of the House, if by a two-thirds majority vote  
39 of those present and voting, a motion is adopted to bring a resolution before the House  
40 for immediate consideration.  
41  
42  
43  
44

**Standing Rule IV**  
**Alternate Delegates**

If a delegation wishes to substitute an alternate delegate for a delegate during a session of the House of Delegates, the chair of the delegation must complete an appropriate "Delegate-Alternate Substitution Form" at the Credentials Committee desk. Substitution of alternate delegates may be made during all sessions of the House of Delegates.

**Standing Rule V**  
**Suspension of Rules**

Suspension of the rules of the House shall require an affirmative vote of three-fourths (3/4) of the total number of delegates present and voting.

**Standing Rule VI**  
**Amendments**

Every proposed amendment to these Standing rules shall be submitted on the same form using the same means as a resolution. The amendment shall require a two-thirds (2/3) vote of the Delegates present to be held over for consideration at the Second Session. Amendments held over will be discussed in a similar manner and voted upon in a similar manner as a resolution. It will take a 2/3 vote to adopt the amendment. Amendments to the Standing Rules shall become effective upon adjournment of the Second Session of the House of Delegates.



Dear President Cziok, MDA members and Guests,

Greetings from the Minnesota Dental Hygienists' Association! As we pivot with changing guidelines and a virus that is continuously morphing, we are setting the "new normal". In person meetings have returned and connecting live feels great. It has been a wonderful year in dentistry as many patients are seeking our dental health care recommendations and care. Dental practices are busy!

MnDHA had active representation on the Dental Home Demonstration Project Advisory Committee in the legislature this year. MnDHA is a participant in follow-up DHS meetings intended to identify pieces of oral health data to post on the DHS website at the Legislative Dental Report Dashboard. We continue to promote Collaborative Dental Hygiene Practice in an effort to improve access to care for all Minnesotans. The important provisions to enhance collaborative dental hygiene practice in the legislative session this past spring did not pass.

The staffing shortage of clinical dental hygienists across the country will continue to be a topic of conversation. MnDHA is collaborating with Central Lakes Community College to add a dental hygiene program in the Brainerd Lakes area.

By initiating monthly Member TouchPoint series this past spring, we are providing our members the opportunity to connect and engage with each other. Our student dental hygienists are a continuous focus as we turn to this next generation for leadership. MnDHA strives to be a contributing member of dentistry by promoting oral health on several levels. In 2022, we have participated in the Head and Neck Cancer Walk, Special Olympics Special Smiles, Mission of Mercy, Team Smile and plan to attend the Oral Cancer Walk.

On behalf of MnDHA and its members, I wish you a productive and inspiring meeting. We look forward to working with you in any capacity to promote oral health and wellness for all Minnesotans.

In service,

Carol Dahlke, LDH, MDH  
President  
Minnesota Dental Hygienists' Association



# MINNESOTA DENTAL THERAPY ASSOCIATION

July 15<sup>th</sup> 2022

Dr. Amber Cziok  
President

Carmelo Cinqueonce, MBA  
Executive Director

Dr. Stephen McDonnell  
Speaker of the House

Minnesota Dental Association  
1335 Industrial Boulevard, Suite 200  
Minneapolis, MN 55413

Esteemed Delegates:

On behalf of the Minnesota Dental Therapy Association and its members, I am excited to share with you a brief summary of events the association had the opportunity to be involved with in this past year. As our profession continues to grow, we would like to thank all of you who support our efforts and give us opportunities to succeed.

## MDTA Leadership

Janelle Jehn, MDTA President. Janelle currently is the dental clinical director at Southside Community Health Service. She is involved in MnMDA Mission of Mercy (MOM) and we look forward to having her serve as president on the MDTA board. Sheri Trif is currently serving as past president. Jennifer Iacobelli is our current treasurer and Rhonda Gravitis, secretary. Both Rhonda and Jennifer were elected last July for a second term. They are graduates of Metropolitan State University, St. Paul, MN. Jennifer works as an ADT for Dental Associates in St. Paul, MN and Rhonda practices as an ADT in the Iron Range area of rural MN. We have a wonderful group of leaders and are thankful for their time and dedication.

Newly elected board members for July 2023:

Bill Heitzman is our new Student Liaison  
Katie Ask is our new President-Elect

Together with Appletree, MDTA has completed a dental therapy stories educational video with funding from PEW Charitable Trusts. In the video, dental therapy is displayed in a variety of settings. The video is titled *Gaining Momentum: Dental Therapist in Minnesota*. You will find the video in the link below or on our website under the "About Us" tab, then "Our Work". We are looking forward to another dental therapy story video as planning is underway looking back 10 years of DT development in MN.

<https://www.youtube.com/watch?v=zW3Aqjn388w>

### Participation in the Dental Community

This past winter, Bill Heitzman, ADT, delivered information about dental therapy to dental assistant students attending Central Lakes College in Brainerd, MN. MDTA swag was given to the students.

Kathlyn Leiviska, ADT attended the University of Iowa as a representative of MDTA. She was invited to discuss and educate about dental therapy in MN and shared a MDTA powerpoint presentation during a lunch and learn with their Dental Public Health Club.

MDTA was represented by various volunteer members at the Star of the North Meeting in St. Paul, MN held in April 2022. The MDTA had a booth on the floor open for questions and MDTA swag. We also met up after the conference for a Meet and Greet. It was great to catch up with fellow DTs and their co-workers.

Sheri Trif, LDH, ADT attended Metropolitan State University dental therapy students to discuss MDTA membership and promote the association benefits. Currently the association has 60 members! Plans for the new student liaison to visit students of University of MN and Minnesota State University, Mankato will be scheduled in the fall!

Kathlyn Leiviska, ADT is currently representing MDTA with organizing dental therapy across the country through the National Association of Community Health Centers.

### National Conferences

In April, Bill Heitzman, ADT and Sheri Trif, DH, ADT attended the National Oral Health Conference in Texas. We had the opportunity to discuss dental therapy in MN with various dental professionals from several interested states. It was great to hear the interest and work on the opposition. We displayed a booth and offered informational brochures, answered what we do as DTs and gave out MDTA swag.

June 25, 2022, ADHA Annual conference is held in Kentucky. Two members will represent MDTA: Danae Seyffer and Julie Klemmond with a booth/table on the conference floor to answer questions and provide information regarding DTs in MN.

### Upcoming Events and Participation

MDTA Conference: 10+1 years of Dental Therapy in MN: MDTA is planning a conference/celebration: **September 17, 2022** offering CE's to attendees, networking, prize giveaways and a celebration dinner of 10 + 1 years of DT in MN. We are looking forward to being together and providing a well rounded opportunity for dental professionals to celebrate dental therapy. Registration will open on our website in July. Upon conference registration, MDTA membership will be included. It is an all day event with CE's, Lunch, and a dinner celebration! All are welcome!

Janelle Jehn, ADT is supporting the Mn MDA Mission of Mercy as a co-lead with dental supplies and coordinates the Collaborative Management Agreement (CMA) for Dental Therapy volunteers that is being held on July 28-30 in St. Cloud, MN. Rhonda Gravitis will also be volunteering at this event.

In October, Katie Leiviska is attending New Jersey Dental Hygiene Conference through a webinar to educate about Dental Therapy in MN.

In November, Janelle Jehn is attending the National Network of Oral Health Access (NNOHA) Conference and was invited to speak in a panel session surrounding innovative team members in the dental setting.

July marks the time of year for newly elected officers. We are looking forward to new board members and are thankful for our past members for serving on the board.

In closing, the Minnesota Dental Therapy Association is excited about their upcoming conference/celebration and we are working hard to make it a success. Again, I would like to thank those who support our association, and applaud those who have taken the extra initiative to see us succeed. Please check out the MDTA's website for any updates. I hope our association and profession continue to serve Minnesota in a positive light and offer Minnesotans the chance at good oral health care.

Best Regards,

*Janelle Jehn*

Janelle Jehn, ADT  
President  
Minnesota Dental Therapy Association



## 2022

### **Members**

DCD membership is strictly anonymous and kept confidential. Currently there are over 52 members statewide with an active list of 52 who attend DCD meetings periodically throughout the year. On average, monthly meetings have around 15 to 20 attendees.

### **Duties**

Dentists Concerned for Dentists (DCD) began as a grass roots effort by a small group of dentists in the late 70's who were recovering from alcoholism and/or other chemical dependencies. They wanted to provide education and support to other dentists who still suffered. The services provided by DCD are free and confidential.

Available services: education, assessment, intervention resources, and referral support, monitoring and follow-up. Services are available 24 hours a day, 365 days a year to dentists, their staff and families.

Individuals can access services via face-to-face counseling, phone consultations or via the internet at [www.dcdmn.com](http://www.dcdmn.com). A support group for recovering dentists meets the 3<sup>rd</sup> Wednesday of each month at a central location in the Twin Cities.

### **Activities**

This is the 20th year Sand Creek Workplace Wellness has provided a professional assistance program and the coordination of services to the Minnesota Dental Association (Dentist Wellness Program) and DCD. The Dentist Wellness Program offers mental health counseling as well as financial/legal resources to dentists and their families. The Dentist Wellness Program is a more comprehensive service offering while the DCD groups works alongside to provide outreach and recovery support services independently.

Membership in DCD is voluntary, and any DCD services are provided on a voluntary basis, however, some members are referred to DCD by the State of Minnesota's Health Professional Services Program (HPSP) and attend monthly recovery meetings as a part of their ongoing recovery plans. Many recovering dentists cite their involvement in DCD as one of the key factors in their successful recoveries.



### **Continued Goals & Objectives for the Upcoming Year**

- 1) The primary and ongoing objective of DCD is to provide accessible and substantive services to dentists who are struggling with alcohol abuse or other chemical dependencies. DCD will continue to be available to dentists and their staff members, and families, to offer guidance and support in their efforts to combat these chronic and progressive diseases.
- 2) We have streamlined availability for dentists in crisis to reach a mental health practitioner directly 24/7 by establishing a more efficient on-call process and the dedicated DCD phone number still is in use and active.
- 3) DCD has gone back to in-person meetings as of 2022 and provides a virtual option for members who might be outside the Twin Cities and/or unable to attend in person. This hybrid model has served the DCD group well so far in 2022 and we have adopted this platform moving forward.
- 4) Continued partnership with the Board of Dentistry and the Health Professionals Services Program (HPSP) to offer monitored support for dentists in recovery.
- 5) Sand Creek established an online work/life resource called LIFE EXPERT that provides resources around recovery, addiction and other articles related to work/life topics with mindfulness, cumulative stress, and resilience webinars and podcasts that are accessible to dental professionals and members of the MDA.
- 6) DCD is currently working to increase awareness of the support offered by the DCD resource and plans to send a letter to go out to larger dental corporations that invites any dentist to contact us to learn more about how we can help.

### **Conclusion**

Dentists Concerned for Dentists continues to thrive as we continue our recovery support to dentists along with outreach and promotion to potential new members.

### **Recommendations**

No resolutions are offered at this time.

Respectfully Submitted,

#### **Daniel J. Enga**

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