

## 2009 Unofficial Actions of the CDA House of Delegates

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1. RESOLVED, THAT CDA SUPPORTS THE USE OF DENTAL SEALANTS FOR ALL CALIFORNIANS AT RISK OF DEVELOPING CARIES, AND BE IT FURTHER  
  
RESOLVED, THAT CDA PROMOTE THE ATTACHED ADA'S 2008 SEALANT GUIDELINES AND EVIDENCE BASED RECOMMENDATIONS FOR THE USE OF PIT AND FISSURE SEALANTS, AND BE IT FURTHER  
  
RESOLVED, THAT CDA SUPPORT IMPROVED DENTAL BENEFIT COVERAGE FOR SEALANTS ON PRIMARY AND PERMANENT TEETH OF CHILDREN AND ADULTS, AND BE IT FURTHER  
  
RESOLVED, THAT THE STRATEGIES IDENTIFIED BY THE SEALANT WORKGROUP BE CONSIDERED WHEN DEVELOPING SEALANT PROMOTION ACTIVITIES OF THE ASSOCIATION, AND BE IT FURTHER  
  
RESOLVED, THAT CDA EDUCATE MEMBERS ABOUT THE BENEFITS OF SEALANTS THROUGH ALL MEANS POSSIBLE INCLUDING, BUT NOT LIMITED TO, THE CDA *JOURNAL*, CDA *UPDATE*, CDA WEB SITE AND *CDA PRESENTS THE ART AND SCIENCE OF DENTISTRY*.

**Resolution 1, as submitted by the Board of Trustees, was adopted.**

2. RESOLVED, THAT BIOTERRORISM AND DISASTER PREPAREDNESS POLICY (15-1984-H) BE REVISED AS ATTACHED.

**Resolution 2, as submitted by the Board of Trustees, was adopted on the consent agenda.**

**[The revisions to the Bioterrorism and Disaster Preparedness Policy are attached \[Attachment A\].](#)**

3. RESOLVED, THAT FLUORIDATION POLICY (41-1990-H) BE REVISED AS ATTACHED.

**Resolution 3, as submitted by the Board of Trustees, was adopted on the consent agenda.**

**[The revisions to the Fluoridation Policy are attached \[Attachment B\].](#)**

4. RESOLVED, THAT CDA'S BEST MANAGEMENT PRACTICES BE AMENDED TO INCLUDE THE INSTALLATION OF ISO 11143 COMPLIANT AMALGAM SEPARATORS, AND BE IT FURTHER

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RESOLVED, THAT CDA'S *GUIDING PRINCIPLES ON AMALGAM AND WASTEWATER* BE AMENDED TO REFLECT THIS AMENDMENT AS ATTACHED.

**Resolution 4, as submitted by the Board of Trustees, was adopted. [The amendments to CDA's Guiding Principles on Amalgam and Wastewater and CDA's Best Management Practices: Amalgam Waste are attached \[Attachment C\].](#)**

5. RESOLVED, THAT DENTAL EMERGENCY CARE POLICY (66-1975-H) BE RESCINDED, AND BE IT FURTHER

RESOLVED, THAT SKILLED NURSING FACILITY MODEL GUIDELINES (5-1987-H) BE RESCINDED, AND BE IT FURTHER

RESOLVED, THAT BABY BOTTLE TOOTH DECAY POLICY (32RC-1993-H) BE RESCINDED.

**Resolution 5, as submitted by the Board of Trustees, was adopted on the consent agenda.**

6. RESOLVED, THAT THE REPORT ON THE DONATED DENTAL SERVICES PROGRAM BE FILED.

**Resolution 6, as submitted by the Board of Trustees, was adopted on the consent agenda.**

7. RESOLVED, THAT THE REQUEST FOR REVIEW FORM (FORM #3) AND THE INITIAL PATIENT EXAMINATION LETTER (FORM #27) BE MODIFIED TO INCLUDE NOTIFICATION TO THE PATIENT OF THE POSSIBILITY OF PERIODONTAL PROBING DURING THE CLINICAL EXAM AND TO INCLUDE QUESTIONS ABOUT CERTAIN MEDICAL CONDITIONS THAT MAY REQUIRE THE PATIENT TO BE PRE-MEDICATED.

**Resolution 7, as submitted by the Board of Trustees, was adopted on the consent agenda. [Peer Review Forms 3 and 27 are attached \[Attachment D\].](#)**

8. RESOLVED, THAT THE IMPLANTS AND IMPLANT PROSTHODONTICS CLINICAL EXAMINATION WORKSHEET (FORM #99) BE APPROVED AND BE INCORPORATED IN THE CDA PEER REVIEW MANUAL AND CDA'S GUIDELINES FOR THE ASSESSMENT OF CLINICAL QUALITY AND PROFESSIONAL PERFORMANCE.

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**Resolution 8, as submitted by the Board of Trustees, was adopted. [Peer Review Form 99 is attached \[Attachment E\].](#)**

9. RESOLVED, THAT THE ATTACHED REPORT REGARDING THE ALLIED DENTAL HEALTH PROFESSIONALS CATEGORY OF MEMBERSHIP BE FILED IN ACCORDANCE WITH RESOLUTION 11 RC-2006-H.

**Resolution 9, as submitted by the Board of Trustees, was adopted on the consent agenda. [The Report of the Allied Dental Health Professionals \(ADHP\) Category of Membership is attached \[Attachment F\].](#)**

10. RESOLVED, THAT THE ALLIED DENTAL HEALTH PROFESSIONAL MEMBERSHIP CATEGORY, AS IT APPEARS IN THE CDA BYLAWS, CHAPTER II, SECTION 80, BE CONTINUED, AND BE IT FURTHER

RESOLVED, THAT ALLIED DENTAL HEALTH PROFESSIONAL GUESTS BE APPOINTED BY THE PRESIDENT ANNUALLY AS FOLLOWS: ONE TO THE BOARD OF TRUSTEES, TWO TO THE HOUSE OF DELEGATES, ONE TO THE COUNCIL ON MEMBERSHIP, AND TO COUNCILS, COMMITTEES, OR BOARDS SELECTED BY THE PRESIDENT, AND BE IT FURTHER

RESOLVED, THAT OVERSIGHT OF THE ALLIED DENTAL HEALTH PROFESSIONAL MEMBERSHIP AND COORDINATION BETWEEN APPOINTED ALLIED DENTAL HEALTH PROFESSIONAL GUESTS BE A DUTY OF THE COUNCIL ON MEMBERSHIP.

**Resolution 10, as submitted by the Board of Trustees, was adopted.**

11. RESOLVED, THAT THE REPORT OF THE PERIODIC BOUNDARY REVIEW TASK FORCE BE FILED AS ATTACHED.

**Resolution 11, as submitted by the Board of Trustees, was adopted on the consent agenda. [The Final Report of the Periodic Boundary Review Task Force is attached \[Attachment G\].](#)**

- 12RC. RESOLVED, THAT THE PROCESS FOR PERIODIC REVIEW OF COMPONENT BOUNDARIES BEGINNING IN 2013 BE APPROVED, AND BE IT FURTHER

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RESOLVED, THAT THE PROCESS FOR COMPONENT BOUNDARY DISPUTE RESOLUTION BE APPROVED AS ATTACHED, AND BE IT FURTHER

RESOLVED, THAT THE CDA BYLAWS, CH. VIII, SECTION 150 B.4., BE REVISED AS FOLLOWS:

B. Duties: *The duties of the Judicial Council shall be: ...*

4. ~~*To hold hearings and render decisions in disputes arising between component societies.*~~

**Resolution 12RC was substituted for Resolution 12, as submitted by the Board of Trustees, and was subsequently adopted. [The revisions to the Process for Periodic Review of Component Boundaries and the CDA Bylaws are attached \[Attachment H\].](#)**

13. RESOLVED, THAT THE ATTACHED CANDIDATES BE NOMINATED FOR SELECTION BY THE 2009 HOUSE OF DELEGATES TO SERVE ON THE BOARDS OF DIRECTORS OF THE DENTISTS INSURANCE COMPANY AND TDIC INSURANCE SOLUTIONS.

**Resolution 13, as submitted by the Board of Trustees, was adopted on the consent agenda. [The adopted list of nominees is attached \[Attachment I\].](#)**

14. RESOLVED, THAT THE FOLLOWING CANDIDATES ARE SELECTED AS NOMINEES TO SERVE AS DIRECTORS OF THE CDA HOLDING COMPANY, INC.:

*CDA Executive Director*  
Peter A. DuBois

*President*  
Thomas H. Stewart, DDS  
Kern County

*Treasurer*  
Clelan G. Ehrler, DDS  
Tri-County

*Trustee*  
Gary L. Dougan, DDS, MPH  
Alameda County

**Resolution 14, as submitted by the Board of Trustees, was adopted on the consent agenda.**

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15. RESOLVED, THAT THE SELECTION OF CAROL G. SUMMERHAYS, DDS AS CDA'S THIRTEENTH DISTRICT TRUSTEE BE APPROVED AND FORWARDED FOR ELECTION BY THE 2010 ADA HOUSE OF DELEGATES, FOR THE TERM EFFECTIVE OCTOBER 2010 FOR A FOUR-YEAR PERIOD.

**Resolution 15, as submitted by the Board of Trustees, was adopted on the consent agenda.**

16. RESOLVED, THAT CDA BEGIN NEGOTIATIONS FOR THE 2012, 2014 AND 2016 HOUSE OF DELEGATES, WHICH IS TO BE HELD IN SACRAMENTO, ON A TRIAL BASIS.

**Resolution 16, as submitted by the Board of Trustees, was defeated.**

17. RESOLVED, THAT A ONE-TIME 50 PERCENT DUES REDUCTION FOR NEW MEMBER DENTISTS WHO MEET THE QUALIFICATION OF A DENTIST WHO WORKS IN A PUBLIC HEALTH SETTING BE ADOPTED IN THE 2010 DUES CYCLE, AND BE IT FURTHER

RESOLVED, THAT THE QUALIFICATIONS FOR A DENTIST WHO WORKS IN A PUBLIC HEALTH SETTING BE ESTABLISHED AS "A DENTIST MUST PRACTICE CLINICAL DENTISTRY OR ADMINISTER A DENTAL PROGRAM IN A PUBLIC HEALTH SETTING SUCH AS A COMMUNITY HEALTH CENTER, SCHOOL HEALTH CENTER OR LOCAL HEALTH DEPARTMENT, AND DOES NOT OWN OR WORK IN A PRIVATE PRACTICE."

**Resolution 17, as submitted by the Board of Trustees, was adopted.**

18. RESOLVED, THAT TRUSTEES WHO ARE CANDIDATES FOR BOARD-ELECTED POSITIONS RECUSE THEMSELVES FROM VOTING ON THE POSITIONS TO WHICH THEY ARE SEEKING ELECTION, AND BE IT FURTHER

RESOLVED, THAT A TRUSTEE SEEKING AN OFFICE UNDER CONSIDERATION BY THE NOMINATING COMMITTEE RECUSE HIMSELF OR HERSELF FROM VOTING ON THE POSITION TO WHICH HE OR SHE IS SEEKING NOMINATION, AND BE IT FURTHER

RESOLVED, THAT THE GENERAL OPERATING PRINCIPLES OF THE BOARD OF TRUSTEES BE AMENDED TO REFLECT THESE PRACTICES AS ATTACHED.

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**Resolution 18, as submitted by the Board of Trustees, was adopted. [The amendments to the General Operating Principles of the Board of Trustees are attached \[Attachment J\].](#)**

19. RESOLVED, THAT THE PRACTICE OF ANNOUNCING THE VOTE COUNT TOTAL FOR EACH VOTE DURING ELECTIONS AND NOMINATIONS AT MEETINGS OF THE BOARD OF TRUSTEES, NOMINATING COMMITTEE, AND HOUSE OF DELEGATES BE IMPLEMENTED, AND BE IT FURTHER

RESOLVED, THAT THE GENERAL OPERATING PRINCIPLES OF THE BOARD AND GENERAL OPERATING PRINCIPLES OF THE HOUSE OF DELEGATES BE REVISED AS ATTACHED.

**Resolution 19, as submitted by the Board of Trustees, was adopted on the consent agenda. [The revisions to the General Operating Principles of the Board of Trustees and the General Operating Principles of the House of Delegates are attached \[Attachment K\].](#)**

20. RESOLVED, THAT IF THERE IS A VOTE BY THE NOMINATING COMMITTEE IN WHICH NO CANDIDATE HAS RECEIVED THE NECESSARY MAJORITY NOR CAN A CANDIDATE BE REMOVED FROM THE BALLOT, EACH CANDIDATE BE ALLOWED TO ADDRESS THE NOMINATING COMMITTEE ONCE FOR AN ADDITIONAL THREE MINUTES, AND BE IT FURTHER

RESOLVED, THAT IF THERE IS NO CHANGE TO THE VOTE AFTER THE SUBSEQUENT BALLOT, THE NAMES OF ALL REMAINING CANDIDATES BE FORWARDED TO THE HOUSE OF DELEGATES FOR A CONTESTED ELECTION, AND BE IT FURTHER

RESOLVED, THAT THE GENERAL OPERATING PRINCIPLES OF THE BOARD OF TRUSTEES BE AMENDED TO REFLECT THIS PRACTICE AS ATTACHED.

**Resolution 20, as submitted by the Board of Trustees, was adopted on the consent agenda. [The amendments to the General Operating Principles of the Board of Trustees are attached \[Attachment L\].](#)**

21. RESOLVED, THAT IF THERE IS A VOTE BY THE HOUSE OF DELEGATES IN WHICH NO CANDIDATE HAS RECEIVED THE NECESSARY MAJORITY, THE CANDIDATE WITH THE FEWEST VOTES SHALL BE REMOVED FROM THE BALLOT AND

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ADDITIONAL BALLOTING CONDUCTED UNTIL A CANDIDATE RECEIVES THE NECESSARY MAJORITY, AND BE IT FURTHER

RESOLVED, THAT IF THERE IS A VOTE IN WHICH NO CANDIDATE HAS RECEIVED THE NECESSARY MAJORITY NOR CAN A CANDIDATE BE REMOVED FROM THE BALLOT, CANDIDATES BE ALLOWED TO ADDRESS THE HOUSE ONCE FOR AN ADDITIONAL THREE MINUTES BEFORE A SUBSEQUENT BALLOT IS CONDUCTED, AND BE IT FURTHER

RESOLVED, THAT ADDITIONAL BALLOTING CONTINUE UNTIL A CANDIDATE RECEIVES THE NECESSARY MAJORITY, AND BE IT FURTHER

RESOLVED, THAT THE GENERAL OPERATING PRINCIPLES OF THE HOUSE OF DELEGATES BE AMENDED TO REFLECT THIS PRACTICE AS ATTACHED.

**Resolution 21, as submitted by the Board of Trustees, was adopted on the consent agenda. [The amendments to the General Operating Principles of the House of Delegates are attached \[Attachment M\].](#)**

22. RESOLVED, THAT CONSIDERATION FOR REMOVAL OF A MEMBER OF A COUNCIL OR COMMITTEE INCLUDE FAILING TO ATTEND, IN ANY 12-MONTH PERIOD, FIFTY PERCENT OF REGULARLY SCHEDULED COUNCIL OR COMMITTEE MEETINGS OR TWO CONSECUTIVE MEETINGS OF THE COUNCIL OR COMMITTEE'S SUBCOMMITTEE OR WORKGROUP TO WHICH THE MEMBER HAS BEEN ASSIGNED, AND BE IT FURTHER

RESOLVED, THAT THIS ATTENDANCE REQUIREMENT DOES NOT APPLY TO *EX OFFICIO* MEMBERS OF COUNCILS OR COMMITTEES, AND BE IT FURTHER

RESOLVED, THAT THIS POLICY BE INCLUDED IN THE CDA BYLAWS AS ATTACHED.

**Resolution 22, as submitted by the Board of Trustees, was adopted. [The amendments to the CDA Bylaws are attached \[Attachment N\].](#)**

23. RESOLVED, THAT THE STRUCTURAL CHANGES TO CDA'S COUNCILS BE APPROVED AS REFLECTED IN THE CDA BYLAWS, CHAPTER VIII AS ATTACHED, AND BE IT FURTHER

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RESOLVED, THAT IN 2010 TO PRESERVE THE ROTATION OF MEMBERS OF THE COUNCIL ON MEMBERSHIP THAT THE TENURE OF THE TWO INDIVIDUALS ELECTED IN 2009 BE EXTENDED TO SEVEN YEARS WITH THEIR FIRST TERM BEING THREE YEARS) AND THAT THE TWO NEW POSITIONS BEGINNING IN 2009 BE FILLED BY PRESIDENTIAL APPOINTMENT WITH ONE MEMBER TO BE APPOINTED TO A THREE-YEAR TERM (WITH A SEVEN YEAR TENURE) AND THE SECOND MEMBER TO BE APPOINTED TO A TWO-YEAR TERM (WITH A SIX YEAR TENURE), AND BE IT FURTHER

RESOLVED, THAT IN 2010 TO IMPROVE THE ROTATION OF MEMBERS OF THE POLICY DEVELOPMENT COUNCIL THAT THE TERM OF ONE MEMBER ELECTED IN 2010, AS RECOMMENDED BY THE COMMITTEE ON VOLUNTEER PLACEMENT AND ELECTED BY THE HOUSE, BE EXTENDED TO THREE YEARS AND THE TENURE OF THAT INDIVIDUAL BE LIKewise EXTENDED FROM SIX TO SEVEN YEARS, AND BE IT FURTHER

RESOLVED, THAT THE STRUCTURAL CHANGES TO CDA'S STANDING COMMITTEES OF THE BOARD BE APPROVED AS REFLECTED IN THE CDA BYLAWS, CHAPTER IX AS ATTACHED, AND BE IT FURTHER

RESOLVED, THAT THE STRUCTURAL CHANGES TO CDA'S STANDING COMMITTEES OF THE ASSOCIATION BE APPROVED AS REFLECTED IN THE CDA BYLAWS, CHAPTER X AS ATTACHED, AND BE IT FURTHER

RESOLVED, THAT THE NAME OF THE SCIENTIFIC SESSIONS BOARD OF MANAGERS BE CHANGED TO THE *CDA PRESENTS* BOARD OF MANAGERS AND THAT THE STRUCTURAL AMENDMENTS TO THAT BOARD BE APPROVED AS REFLECTED IN THE CDA BYLAWS, CHAPTERS VI, XIII, CHAPTER IX, SECTION 40.C.1., AND GENERAL OPERATING PRINCIPLES OF THE BOARD OF TRUSTEES AS ATTACHED, AND BE IT FURTHER

RESOLVED, THAT THE STRUCTURAL CHANGES TO CDA'S DELEGATION TO THE AMERICAN DENTAL ASSOCIATION BE APPROVED AS REFLECTED IN THE CDA BYLAWS, CHAPTER XV AS ATTACHED, AND BE IT FURTHER

RESOLVED, THAT THE STRUCTURAL CHANGES TO THE CDA HOLDING COMPANY BE APPROVED AS REFLECTED IN THE CDA BYLAWS, CHAPTER XVI AS ATTACHED.



**Resolution 23, as submitted by the Board of Trustees, was adopted. [The amendments to the CDA Bylaws and the General Operating Principles of the Board of Trustees are attached \[Attachment O\].](#)**

- 24S1. RESOLVED, THAT THE COMMITTEE ON VOLUNTEER PLACEMENT MISSION STATEMENT BE APPROVED, AS AMENDED.

MISSION STATEMENT: The mission of the Committee on Volunteer Placement is to recommend the best candidates for available leadership positions and seek to improve the application and review procedures.

**Resolution 24S1 was substituted for Resolution 24, as submitted by the Board of Trustees, and was subsequently adopted.**

25. RESOLVED, THAT ONLY LEADERSHIP APPLICATIONS RECEIVED PRIOR TO THE DEADLINE ESTABLISHED ANNUALLY BY THE COMMITTEE ON VOLUNTEER PLACEMENT BE PROCESSED FOR CONSIDERATION OF PLACEMENT IN POSITIONS FOR THAT YEAR'S NOMINATION AND ELECTION CYCLE.

**Resolution 25, as submitted by the Board of Trustees, was adopted on the consent agenda.**

- 26RC. RESOLVED, THAT THE PROPOSED REVISIONS TO THE GUIDELINES FOR THE ASSESSMENT OF CLINICAL QUALITY AND PROFESSIONAL PERFORMANCE BE APPROVED.

**Resolution 26RC was substituted for Resolution 26, as submitted by the Board of Trustees, and was subsequently adopted. [The revisions to the Guidelines for the Assessment of Clinical Quality and Professional Performance are attached \[Attachment P\].](#)**

27. RESOLVED, THAT THE REPORT ON STATUS OF THE WORKFORCE AND FORECASTING TASK FORCE BE FILED, AND BE IT FURTHER

RESOLVED, THAT A PROGRESS REPORT BE PROVIDED TO THE 2010 HOUSE OF DELEGATES.

**Resolution 27, as submitted by the Board of Trustees, was adopted.**

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28. RESOLVED, THAT RETIRING HUMBOLDT-DEL NORTE DENTAL SOCIETY EXECUTIVE DIRECTOR REBEKAH HUBLER BE ELECTED AS AN HONORARY MEMBER IN THE CALIFORNIA DENTAL ASSOCIATION.

**Resolution 28, as submitted by the Board of Trustees, was adopted.**

29. RESOLVED, THAT THE HOUSE OF DELEGATES ACCEPT AND FILE THE ATTACHED REPORT OF THE CALIFORNIA DENTAL ASSOCIATION COUNCIL ON PEER REVIEW ON THE FURTHER CENTRALIZATION OF THE PEER REVIEW PROCESS.

**Resolution 29, as submitted by the Board of Trustees, was adopted on the consent agenda.**  
**[The Report of the California Dental Association Council on Peer Review on the Further Centralization of the Peer Review Process is attached \[Attachment Q\].](#)**

30. RESOLVED, THAT THE REPORT ON DENTAL SLEEP MEDICINE BE FILED.

**Resolution 30, as submitted by the Board of Trustees, was adopted on the consent agenda.**

31. RESOLVED, THAT THE ATTACHED PROGRESS REPORT ON RESOLUTION 37RC- 2008-H BE FILED, AND BE IT FURTHER

RESOLVED, THAT A FOLLOW-UP REPORT BE PRESENTED TO THE 2010 HOUSE OF DELEGATES.

**Resolution 31, as submitted by the Board of Trustees, was adopted.**

32. RESOLVED, THAT THE HOUSE OF DELEGATES APPROVE THE PROPOSED BUDGET FOR THE YEAR 2010 AND FORWARD IT TO THE HOUSE OF DELEGATES WITH A RECOMMENDATION FOR APPROVAL, AND BE IT FURTHER

RESOLVED, THAT THE HOUSE OF DELEGATES APPROVE THE ALLOCATION OF UP TO \$2,321,044 FROM STRATEGIC RESERVES TO BALANCE THE 2010 OPERATING BUDGET, AND BE IT FURTHER

RESOLVED, THAT THE HOUSE OF DELEGATES APPROVE THE ALLOCATION OF \$523,337 FROM STRATEGIC RESERVES FOR THE 2010 CAPITAL BUDGET, AND BE IT FURTHER

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RESOLVED, THAT A NOTICE OF A PROPOSED \$1 DUES INCREASE BE DISSEMINATED WITHIN THE TIMELINES SET BY THE CDA BYLAWS TO PROVIDE FOR POSSIBLE HOUSE ACTIONS REQUIRING FUNDING OVER SURPLUS.

**Resolution 32, as submitted by the Board of Trustees, was adopted.**

33. RESOLVED, THAT RESOLUTION 9RC-1994-H BE RESCINDED, AND BE IT FURTHER RESOLVED, THAT ALL REQUIRED TRIPARTITE DUES ARE PAYABLE AT THE TIME OF APPLICATION AND MAY BE PAID EITHER IN FULL OR BY ENROLLING IN A CDA SPONSORED ELECTRONIC DUES PAYMENT PROGRAM.

**Resolution 33, as submitted by the Board of Trustees, was adopted on the consent agenda.**

34. RESOLVED, THAT KERRY K. CARNEY, DDS, BE COMMENDED FOR HER CONTRIBUTIONS AS CDA EDITOR IN 2009 AND THAT SHE BE RETAINED AS EDITOR FOR THE 2010 FISCAL YEAR.

**Resolution 34, as submitted by the Board of Trustees, was adopted on the consent agenda.**

35. RESOLVED, THAT THE CALIFORNIA DENTAL ASSOCIATION INVESTMENT POLICY BE AMENDED AND APPROVED AS ATTACHED.

**Resolution 35, as submitted by the Board of Trustees, was adopted on the consent agenda.**

- 36RC. RESOLVED, THAT THE APPROPRIATE CDA ENTITY CONSIDER OPTIONS, INCLUDING POTENTIAL LEGISLATION, THAT WILL RESULT IN REMOVAL OR RESTRICTION OF INSURER'S FEE CAPS FOR NON-COVERED SERVICES, AND BE IT FURTHER

RESOLVED, THAT A REPORT BE PRESENTED TO THE 2010 HOUSE OF DELEGATES.

**Resolution 36RC was substituted for Resolution 36, as submitted by the Board of Trustees, and was subsequently adopted.**

37. RESOLVED, THAT THE BOARD OF TRUSTEES NONPOLICY ACTIONS AS IDENTIFIED IN BOARD REPORT 3, ATTACHMENT D, "DETAILED LIST OF 2009 NONPOLICY ACTIONS OF THE BOARD OF TRUSTEES" BE RATIFIED.

**Resolution 37, as submitted by the Board of Trustees, was adopted on the consent agenda.**

38S1. RESOLVED, THAT THE CDA IS OPPOSED TO ANY SUPPLIER MANDATED VOLUME REQUIREMENTS THAT MAY RESTRICT ANY DULY LICENSED DENTIST ACCESS TO MATERIALS OR TREATMENTS THAT MAY BE PRESCRIBED IN THE BEST INTEREST OF THE PATIENT, INAPPROPRIATELY INTERFERE WITH THE DENTIST'S JUDGMENT REGARDING TREATMENT OF A PATIENT, OR WHICH MAY ADVERSELY AFFECT THE QUALITY OF PATIENT CARE, AND BE IT FURTHER

RESOLVED, THAT, EFFECTIVE JUNE 1, 2010 THE CDA SHALL NOT ACCEPT SPONSORSHIP FROM, ACCEPT ADVERTISING FOR, OR PERMIT EXHIBITION AT CDA MEETINGS OF ANY PRODUCTS OR SERVICES WITH RESPECT TO WHICH THE PROMOTER OF THE PRODUCT OR SERVICE HAS CONDITIONED ACCESS ON MEETING A VOLUME REQUIREMENT—UNLESS THE PROMOTER HAS JUSTIFIED THE SPECIFIC VOLUME REQUIREMENT TO THE SATISFACTION OF CDA WITH SCIENTIFICALLY SOUND DATA, AND BE IT FURTHER

RESOLVED, THAT IF CDA LEARNS OF ANY SUCH MANDATED VOLUME REQUIREMENTS, THE BOARD OF TRUSTEES SHALL PROVIDE THE SUPPLIER OR PROMOTER WITH NOTICE OF A REASONABLE PERIOD OF TIME WITHIN WHICH TO PROVIDE CDA WITH SCIENTIFICALLY SOUND DATA INDICATING THE BASIS FOR SUCH A REQUIREMENT, INCLUDING WHAT ALTERNATIVES WERE CONSIDERED CONSISTENT WITH THE INTEREST OF APPROPRIATE LEVEL OF CARE TO THE PATIENT. FAILURE TO PROVIDE SUCH SCIENTIFICALLY SOUND DATA AND INFORMATION SHALL BE GROUNDS FOR RESTRICTION OR CESSATION OF ANY CDA SPONSORSHIP, EXHIBITION AND/OR ADVERTISING, AND BE IT FURTHER

RESOLVED, THAT THE BOARD SHALL THEN DETERMINE WHETHER THE DATA OR INFORMATION PROVIDED BY A SUPPLIER OR PROMOTER CONSTITUTES ADEQUATE JUSTIFICATION FOR SUCH A VOLUME REQUIREMENT CONSISTENT WITH THE INTEREST OF APPROPRIATE LEVEL OF CARE TO THE PATIENT, AND BE IT FURTHER

RESOLVED, THAT DURING THE TIME BETWEEN THE NOTICE BY THE BOARD TO THE SUPPLIER OR PROMOTER AND COMPLETION OF REVIEW OF ANY DATA AND DECISION, THE RESTRICTION ON SPONSORSHIP, EXHIBITION, AND/OR ADVERTISING BE SUSPENDED.

**Resolution 38S1 was substituted for Resolution 38, as submitted by the Napa-Solano Dental Society, Fresno-Madera Dental Society, Sacramento District Dental Society, San Fernando Valley Dental Society, San Francisco Dental Society, San Diego County Dental Society, and Stanislaus Dental Society, and was subsequently adopted.**

39RC. RESOLVED, THAT THE APPROPRIATE CDA ENTITY RESEARCH AND EVALUATE THE CONCEPTS OF PROVIDING IMMUNITY AND/OR INDEMNIFICATION TO UNINSURED CALIFORNIA LICENSED DENTISTS WHO PROVIDE DENTAL CARE ON A VOLUNTEER BASIS IN DENTALLY UNDERSERVED POPULATIONS, AND BE IT FURTHER

RESOLVED, THAT A REPORT ON THIS ISSUE BE PRESENTED TO THE 2010 HOUSE OF DELEGATES.

**Resolution 39RC was substituted for Resolution 39, as submitted by the San Diego County Dental Society, was amended and subsequently adopted.**

40. RESOLVED, THAT CDA OPPOSE THE PROMOTION OF NON-DENTIST MID-LEVEL PROVIDERS (E.G. OHP, DHAT, CDHC, DENTAL THERAPIST), AND BE IT FURTHER

RESOLVED, THAT THE APPROPRIATE ENTITY OF CDA BE CHARGED WITH IDENTIFYING AND PROMOTING ALTERNATIVE OPTIONS TO THE CONCEPT OF NON-DENTIST MID-LEVEL PROVIDERS USING THE EXISTING DENTAL CARE MODEL, TO ENSURE DELIVERY OF THE HIGHEST STANDARDS OF CARE TO AND PROTECTION OF THE PUBLIC, AND BE IT FURTHER

RESOLVED, THAT CDA ENCOURAGE THE CDA FOUNDATION AND SUBSIDIARIES TO ADOPT SIMILAR POLICIES.

**Resolution 40, as submitted by the San Fernando Valley Dental Society, was referred to the Workforce and Forecasting Taskforce.**

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41. RESOLVED, THAT THE REFERENCE COMMITTEE 1 CONSENT AGENDA BE APPROVED.

- Resolution 2: Bioterrorism and Disaster Preparedness Policy Update
- Resolution 3: Fluoridation Policy Update
- Resolution 5: Policy Manual Review and Policy Rescissions
- Resolution 6: Donated Dental Services Program Update
- Resolution 7: Peer Review Patient Health History
- Resolution 9: Report on the Allied Dental Health Professionals Category of Membership
- Resolution 11: Final Report of the Periodic Boundary Review Task Force
- Resolution 29: Report on the Further Centralization of the Peer Review Process
- Resolution 30: Report on Dental Sleep Medicine

**Resolution 41, as submitted by Reference Committee 1, was adopted as the consent agenda.**

42. RESOLVED, THAT THE REFERENCE COMMITTEE 2 CONSENT AGENDA BE APPROVED.

- Resolution 13: Nominations to Subsidiary Operating Company Board of Directors
- Resolution 14: Nominations to Fill CDA Holding Company, Inc. Board of Directors Vacancies
- Resolution 15: Selection of Carol G. Summerhays, DDS as Thirteenth District Trustee Nominee
- Resolution 19: Announcement of Votes during Nominating Committee
- Resolution 20: Procedures for Ties by Nominating Committee
- Resolution 21: Procedures for Ties at House of Delegates Elections
- Resolution 25: Leadership Application Deadline
- Resolution 33: Membership Applicant With or Without Benefits
- Resolution 34: Review of the Editor
- Resolution 35: CDA Investment Policy
- Resolution 37: Nonpolicy Actions of the Board of Trustees

**Resolution 42, as submitted by Reference Committee 2, was adopted as the consent agenda.**

43. RESOLVED, THAT RETIRING NAPA-SOLANO DENTAL SOCIETY EXECUTIVE DIRECTOR LADONA KIRETA BE ELECTED AS AN HONORARY MEMBER IN THE CALIFORNIA DENTAL ASSOCIATION.

**Resolution 43, as submitted by the Napa-Solano Dental Society, was adopted.**

44. RESOLVED, THAT CDA DEVELOP STRATEGIES TO SIGNIFICANTLY REDUCE AND/OR ELIMINATE THE DISTRIBUTION OF PRINTED RESOLUTIONS AND REPORTS WHEREVER POSSIBLE, AND BE IT FURTHER

RESOLVED, THAT CDA PROVIDE AN OPPORTUNITY FOR DELEGATES OF THE 2010 HOUSE OF DELEGATES TO OPT OUT OF RECEIVING PRINTED MATERIALS AND VIEW RESOLUTIONS, REPORTS, AND UPDATES SECURELY ONLINE AT THE CDA WEB SITE, AND BE IT FURTHER

RESOLVED, THAT CDA PROVIDE LOGISTICAL SUPPORT AT THE 2010 HOUSE OF DELEGATES FOR THE VIEWING OF MATERIALS IN ELECTRONIC FORM.

**Resolution 44, as submitted by the Harbor Dental Society, was amended and subsequently adopted.**

45. RESOLVED, THAT A SPECIAL ORDER OF BUSINESS BE CALLED ON FRIDAY, NOVEMBER 13, 2009 AT 8:05 A.M. FOR THE ADDRESS BY THE ADA PRESIDENT, AND BE IT FURTHER

RESOLVED, THAT A SPECIAL ORDER OF BUSINESS BE CALLED ON FRIDAY, NOVEMBER 13, 2009 AT 8:20 A.M. FOR THE ADDRESS BY THE ADA EXECUTIVE DIRECTOR, AND BE IT FURTHER

RESOLVED, THAT A SPECIAL ORDER OF BUSINESS BE CALLED ON FRIDAY, NOVEMBER 13, 2009 AT 8:30 A.M. FOR A PRESENTATION ON SOCIETAL EXPECTATIONS: THE PROFESSION AND HEALTH CARE REFORM, AND BE IT FURTHER

RESOLVED, THAT A SPECIAL ORDER OF BUSINESS BE CALLED ON SUNDAY, NOVEMBER 15, 2009 AT 9:00 A.M. FOR THE INSTALLATION OF CDA OFFICERS, TRUSTEES, AND CHAIRS.

**Resolution 45, as submitted by the Committee on Rules and Order, was adopted.**

46. RESOLVED, THAT THE AGENDA MAILED TO ALL MEMBERS OF THE HOUSE OF DELEGATES BE ADOPTED AS THE OFFICIAL ORDER OF BUSINESS FOR THE CURRENT SESSION OF THE HOUSE OF DELEGATES, WITH SPECIAL ORDERS OF BUSINESS AS VOTED BY THE HOUSE OF DELEGATES, AND BE IT FURTHER

## 2009 Unofficial Actions of the CDA House of Delegates

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RESOLVED, THAT WITH THE CONSENT OF THE HOUSE, THE SPEAKER BE AUTHORIZED TO ALTER THE ORDER OF THE AGENDA AS DEEMED NECESSARY IN ORDER TO EXPEDITE THE BUSINESS OF THE HOUSE.

**Resolution 46, as submitted by the Committee on Rules and Order, was adopted.**



**Bioterrorism and Disaster Preparedness Policy  
(Revisions Adopted Per Resolution 2-2009-H)**

38 **Role of Dentists in a Disaster/Emergency Situation (15-1984-H)**

39

40 Resolved, that the House of Delegates approve the policy statement and recommendations regarding the Role of  
41 Dentists in a Disaster/Emergency Situation., ~~as submitted by the Council on Dental Health.~~

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43

*Role of Dentists in Disaster/Emergency Situations*

44

45 California faces potential disasters such as earthquakes, floods, fires, and other catastrophic occurrences. Such  
46 events could result in mass casualties reaching tens of thousands, and could surpass the state’s ability to respond  
47 effectively if medical professionals are the only resource being utilized.

48

49 Every available resource for help must be employed in order to save lives and mitigate suffering. Dentists, with  
50 their knowledge of anatomy, physiology, pharmacology and sterile surgical techniques would be invaluable in  
51 providing emergency care to disaster victims.

52

53 ~~Therefore, it is proposed that during a response to state or locally declared medical disasters, dentists assist~~  
54 ~~as members of the medical team, or with the coroner (Medical Examiner, Sheriff – Coroner) office under~~  
55 ~~the director of that office.~~

56

57 In addition to having the training and ability to provide services such as triage, vaccinations, and suturing,  
58 dental offices located throughout most communities have many of the same resources as hospitals. These  
59 include sterilization equipment, air and gas lines, suction equipment, and radiology capabilities. Activated  
60 dental offices could serve as “mini-hospitals” when local hospital facilities become overwhelmed or when a  
61 concentration of patients requires isolation.

62

63 On January 1, 2009, Assembly Bill 2210 (Price), sponsored by CDA, was enacted. During a declared  
64 emergency, the law allows the California Dental Board to suspend compliance with any provision of the  
65 Dental Practice Act that would adversely affect a licensee’s ability to provide emergency medical care and  
66 protects a dental professional from liability while providing uncompensated emergency medical care  
67 consistent with his/her education and emergency training.

68

69 Therefore, it is proposed that dental professionals seek additional disaster/emergency response training,  
70 and during a declared state of emergency, dental professionals provide not only the forensic expertise for  
71 which dentistry is known, but also assist as members of the emergency response team to provide emergency  
72 medical care.

**Fluoridation Policy**  
**(Revisions Adopted Per Resolution 3-2009-H)**

35 **Policy Statement on Fluoridation** (41-1990-H)

36

37 Resolved, that the revised Policy Statement on Fluoridation be adopted as CDA's position on the subject of  
38 community water fluoridation, and be it further

39

40 Resolved, that the revised Policy Statement on Fluoridation be included in CDA's Policy Manual.

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*Water Fluoridation*

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WHEREAS: Dental decay is one of the most universal diseases, ~~45 states have higher drinking water fluoride levels than California to benefit their populations, and 83 percent of Californians are deprived of adequate fluoride coverage, and community water fluoridation remains the most cost efficient prevention measure,~~ and

48

49

50

WHEREAS: CDA's leadership of community water fluoridation in California has supported successful expansion of community water fluoridation such that the majority of Californians now have access to fluoridated water, and

51

52

53

54

WHEREAS: Prevention of dental disease is one of the major objectives of the California Dental Association, ~~and fluoridation has been demonstrated as the most cost effective measure to prevent decay,~~ therefore be it

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56

57

58

RESOLVED, that the members of the California Dental Association continue to provide the leadership to ~~expedite the fluoridation of all fluoride deficient water supplies without further delay. support ongoing efforts to expand community water fluoridation and maintain fluoridation of existing water systems in California.~~

**CDA's Guiding Principles on Amalgam and Wastewater  
(Revisions Adopted Per Resolution 4-2009-H)**

61 The California Dental Association (CDA) recognizes that dental amalgam is a safe and cost-effective restorative  
62 material and that the right to select appropriate dental materials belongs to the patient and treating dentist. Several  
63 national and international health agencies also share the opinion that dental amalgam is safe and effective.

64  
65 Dentists care about the environment and are willing to take reasonable steps to minimize the impact of dental  
66 office waste to the environment. CDA recognizes that initiatives have been taken at the local, state, national, and  
67 international levels to reduce the release of all forms of mercury to the environment.

68  
69 CDA strongly encourages members to recycle any bulk mercury or mercury-containing waste in the dental office.  
70 (Note: State regulation requires that if this waste is not recycled, then it must be managed as hazardous waste.)

71  
72 CDA The Association strongly encourages component dental societies to work with local agencies to educate and  
73 promote waste reduction and management programs, such as bulk mercury collection and recycling programs.  
74 Dentists shall adhere to best management practices (BMPs) for all dental office waste as outlined in "An Ounce Of  
75 Prevention: Dental Office Waste Management Guide," part of the CDA Regulatory Compliance Manual and  
76 posted on CDA Online. Following BMPs for amalgam waste can significantly reduce the amount of amalgam that  
77 could be improperly disposed. ~~In areas where best management practices have been implemented but local  
78 regulators seek further reductions in mercury discharges, dentists should consider alternative strategies.~~

**CDA’s Best Management Practices: Amalgam Waste  
(Revisions Adopted Per Resolution 4-2009-H)**

- 79 • Do not rinse amalgam-containing traps, filters, or containers in the sink.\*
- 80 • Do not place amalgam, elemental mercury, broken or unusable amalgam capsules, extracted teeth with
- 81 amalgam, or amalgam-containing traps and filters with medical "red-bag" waste or regular solid waste.\*
- 82 • Recycle, or manage as hazardous waste, amalgam, elemental mercury, broken or unusable amalgam
- 83 capsules, extracted teeth with amalgam, amalgam-containing waste from traps and filters. Empty dental
- 84 amalgam capsules containing no visible materials may be disposed of as a non-hazardous waste, except
- 85 as required by local regulations.\*
- 86 • Collect and store dry dental amalgam waste in a designated, airtight container. Amalgam, which is
- 87 designated for recycling, should be labeled “Scrap Dental Amalgam” with the name, address and phone
- 88 number of your office and the date on which you first started collecting material in the container. In the
- 89 past, dental amalgam scrap may have been kept under photographic fixer, water or other liquid. If you
- 90 should encounter amalgam stored in this manner, do not under any circumstances decant the liquid down
- 91 the drain and discontinue this practice in the future.\*
- 92 • Keep a log of your generation and disposal of scrap amalgam; inspectors may ask to see this to verify that
- 93 your office is managing it correctly. A generation and disposal log is a record of what you placed in the
- 94 amalgam container, when it was placed in the container and when the container was picked up by or sent
- 95 to a recycler or hazardous waste hauler.
- 96 • Check with your amalgam recycler for any additional requirements. Some recyclers do not accept contact
- 97 amalgam (amalgam that has been in the patient’s mouth); others may require disinfecting the amalgam
- 98 waste. All recyclers have very specific packaging requirements.
- 99 • Separate excess contact dental amalgam from gauze that is retrieved during placement and place in an
- 100 appropriate container.
- 101 • Use chair side traps to capture dental amalgam.
- 102 • Change or clean, chair side traps frequently. Flush the vacuum system before changing the chair side trap.
- 103 • Change vacuum pump filters and screens at least monthly or as directed by the manufacturer.
- 104 • Check the p-trap under your sink for the presence of any amalgam-containing waste.
- 105 • Eliminate all use of bulk elemental mercury and use only precapsulated dental amalgam for amalgam
- 106 restorations.
- 107 • Limit the amount of amalgam triturated to the closest amount necessary for the restoration, i.e. do not mix
- 108 two spills when one spill would suffice. Keep a variety of amalgam capsule sizes on hand to ensure
- 109 almost all triturated amalgam is used.
- 110 • Train staff that handle or may handle mercury-containing material in its proper use and disposal.
- 111 • **Install an amalgam separator compliant with ISO 11143.**
- 112 • Do not use bleach to clean discharge systems as this may mobilize legacy mercury and amalgam in the
- 113 system.

114 *\*Mandatory per California Code of Regulations Title 22*

115 *Note: Publicly Owned Treatment Works (POTW) may choose to make some BMPs mandatory.*

**Request for Review**  
**(Revisions Adopted Per Resolution 7-2009-H)**

**Form #3**

Probing of the tissue surrounding the teeth may be necessary in order to render a decision in your peer review case. Patients with certain medical conditions may require antibiotic premedication prior to a dental examination. If you answer “yes” or are unsure about your answers to any of the following six questions, please contact your physician and notify the California Dental Association peer review staff prior to your peer review examination appointment.

1. Do you require antibiotics for dental treatment? Yes \_\_\_ No \_\_\_

If yes, please indicate \_\_\_\_\_

2. Have you ever been diagnosed with endocarditis? Yes \_\_\_ No \_\_\_

3. Have you had a heart transplant? Yes \_\_\_ No \_\_\_

4. Have you had a heart valve replacement? Yes \_\_\_ No \_\_\_

5. Have you ever been diagnosed with a congenital heart defect? Yes \_\_\_ No \_\_\_

6. Have you ever had a hip or joint replacement? Yes \_\_\_ No \_\_\_

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**Initial Patient Examination Letter**  
**(Revisions Adopted Per Resolution 7-2009-H)**

**Form #27**

~~Do you require antibiotics for dental treatment? Yes  No~~

~~If yes, please indicate here and return this form to the California Dental Association:~~

Probing of the tissue surrounding the teeth may be necessary in order to render a decision in your peer review case. If you indicated in the Request for Review Form that you have a medical condition that requires antibiotic premedication, please contact your physician and notify the California Dental Association peer review staff prior to your examination appointment. It is your responsibility to acquire and take the appropriate medication prior to your scheduled examination. Failure to do so may require rescheduling of your examination and will result in a significant delay in the resolution of your case.

**IMPLANTS AND IMPLANT PROSTHODONTICS**  
**(Revisions Adopted Per Resolution 8-2009-H)**

**Form #99**

Patient: \_\_\_\_\_ Dentist: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Examiner: \_\_\_\_\_

Treatment in Question: \_\_\_\_\_  
(# of Implants, Tooth/Arch Position of Implants, Type of Implant Restoration) Removable Restoration (Attach Complete Denture Prosthodontics Form) Fixed Restoration (Complete Page 2 Restorative Evaluation Section):

Patient's Contribution: \_\_\_\_\_  
Additional Complaints: \_\_\_\_\_

Remarks to Patient: Patient told to seek treatment. Yes \_\_\_\_\_ No \_\_\_\_\_

1. Additional \_\_\_\_\_ 2. Immediate \_\_\_\_\_ 3. Emergency \_\_\_\_\_

General Health/Medical Risks: \_\_\_\_\_

CLINICAL SUMMARY: Satisfactory/Unsatisfactory (circle one)

State reason for above summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operational Explanation

Comments/Observations

- R - Range of excellence
- S - Satisfactory
- T - Unsatisfactory, future damage is likely to occur
- V - Unsatisfactory, damage to patient is now occurring

**Pre-Treatment Evaluation**

Surgical Placement of Implant by Doctor under Review: Yes \_\_\_\_\_ No \_\_\_\_\_

Restoration of Implant by Doctor under Review: Yes \_\_\_\_\_ No \_\_\_\_\_

Informed Consent Prior to Treatment: Yes \_\_\_\_\_ No \_\_\_\_\_

Diagnostic Models Yes \_\_\_\_\_ No \_\_\_\_\_

Surgical Stent Yes \_\_\_\_\_ No \_\_\_\_\_

3-D Imaging Yes \_\_\_\_\_ No \_\_\_\_\_ Type and Date \_\_\_\_\_

Radiographs Yes \_\_\_\_\_ No \_\_\_\_\_ Type and Date \_\_\_\_\_

**Radiographic Evaluation**

Radiographs: Pre - Op \_\_\_\_\_ Date and Type \_\_\_\_\_

\_\_\_\_\_  
Radiographic Findings: \_\_\_\_\_  
\_\_\_\_\_

Radiographs: Post - Op \_\_\_\_\_ Date and Type \_\_\_\_\_

\_\_\_\_\_  
Radiographic Findings: \_\_\_\_\_  
\_\_\_\_\_

Radiographs Taken at time of Examination: Yes \_\_\_\_\_ No \_\_\_\_\_ Date and Type \_\_\_\_\_

\_\_\_\_\_  
Radiographic Findings: \_\_\_\_\_  
\_\_\_\_\_

**Surgical Evaluation**

Date of Implant Placement: \_\_\_\_\_ Type of Implant Placed : \_\_\_\_\_

Tooth/Arch Position of Implant Placed: \_\_\_\_\_ Esthetic Zone Yes \_\_\_\_\_ No \_\_\_\_\_

Treatment Plan: Acceptable / Not Acceptable \_\_\_\_\_

Surgical Protocol: Acceptable / Not Acceptable \_\_\_\_\_

Fixture Placement (Position/Alignment): Acceptable / Not Acceptable \_\_\_\_\_

\_\_\_\_\_  
Appropriateness of Implant Selected: Acceptable / Not Acceptable \_\_\_\_\_  
\_\_\_\_\_

Integration of Implant to Bone: (Explanation) \_\_\_\_\_

Bone Augmentation Procedures: \_\_\_\_\_ Date and Type \_\_\_\_\_

Description: \_\_\_\_\_

Clinical Summary: Satisfactory / Unsatisfactory  
State Reason for Above Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Repeat Above Criteria For Each Individual Implant Evaluated**



**Restorative Evaluation**

Date of Restoration Placement \_\_\_\_\_ Type of Restoration \_\_\_\_\_

**Note: For Removable Prosthesis – Attach Form #78 Complete Denture Prosthodontics**

Restoration in Esthetic Zone: Yes \_\_\_\_ No \_\_\_\_ Observations: \_\_\_\_\_

Peri-Implant Health / Tissue Contours \_\_\_\_\_

Implant/Abutment Selection: Acceptable / Not Acceptable Comments/Observations

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Prosthetic Design: Acceptable / Not Acceptable

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(circle one)

Shade	R	S	T	V
Surface Texture	R	S	T	V
Contours	R	S	T	V
Occlusion	R	S	T	V
Contacts	R	S	T	V
Implants/Restoration Interface	R	S	T	V

**Repeat Above Criteria for Each Unit of Restoration Evaluated**

## **Report of the Allied Dental Health Professionals (ADHP) Category of Membership**

### August 2009

The ADHP Committee, in keeping with their mission and duties to identify and address the needs and issues unique to Allied Dental Health Personnel and to conduct an assessment and evaluation of the membership category, provides the following report as mandated by 11RC-2006-H.

#### BACKGROUND

In 2004, the CDA House of Delegates (house) approved the following resolution:

*Resolved, that a task force be appointed to include allied dental health personnel, charged to perform additional research and develop an implementation plan for an expanded ADHP membership category, and be it further*

*Resolved, that a proposal be submitted to the 2005 Board of Trustees (board) and the 2005 house.*

The 2005 ADHP Membership Task Force prepared a comprehensive membership structure, benefits and financial plan for the consideration of the board and house. Although the delegates expressed support for the spirit of the resolution, it fell short of the two-thirds vote required.

At the February 2006 Executive Committee meeting, the issue was referred to the Council on Membership (council) and the ADHP Workgroup was appointed by the president to revise the 2005 model to be presented to the council, Executive Committee, board and the 2006 house.

In 2006, the house approved the ADHP category of membership and funding in the amount of \$165,000 per year for three years for implementation of the membership category (\$112,000 of the \$165,000 was specifically allocated for marketing activities). It further approved the establishment of an ADHP Committee to oversee ADHP related activities. The original proposal projected membership totaling 395 in 2007, 1,004 in 2008 and 1,629 in 2009. These projections were based on existing membership numbers of mature, well-established professional organizations in California, as well as the experience in Illinois with their ADHP category of membership. In addition, reports detailing status, progress and goals of the ADHP committee were mandated to the August 2007, 2008 and 2009 board.

#### 2007

In 2007, due to a number of factors including a small pool of ADHP members, a formal ADHP committee was not appointed. A traditional marketing plan was undertaken by CDA with the assumption that passage of the membership category by the house indicated buy-in and support from all stakeholders, including leadership and the majority of component dental societies. The strategy was to communicate the value of CDA membership to all members of the dental team. The first marketing approach used was direct mailings to all ADHPs who had attended *CDA Presents* within the last two years and to all licensed registered dental hygienist's (RDH) [total mailing to approximately 40,000 individuals]. The second mailing targeted ADHPs through approximately 30,000 individual dental offices. The total amount budgeted in 2007 for marketing was \$112,000. The amount spent was \$90,242.00. Total ADHP membership at the end of 2007 was 164. Two ADHP guests attended the 2007 house.

#### 2008

In 2008, the ADHP committee was established. Members appointed were Mark E. Tarica, DDS, (chair), council liaison; Michelle V. Jawad, RDA; Cindy Johnson, DOA; Tanya J. Stein, RDH and David Weber, CDT. In addition, Carol Pilmer, laboratory owner and guest of the board, attended the ADHP committee meetings in her role as a liaison to the board. Brian E. Scott, DDS also appointed Leslie D. Canham, RDA to the Policy Development Council. The ADHP committee was directed by the Executive Committee to refocus its activities and conduct a comprehensive assessment of the ADHP membership category prior to expending additional funds. Efforts undertaken as part of this directive included evaluating current benefits offered ADHP members, the ADHP dues structure, effectiveness of marketing efforts to date, collateral material and educational opportunities. As a result of the assessment, the ADHP committee modified its marketing plan to address some of the challenges identified in the assessment, including a more targeted grassroots approach with the local dental societies who have an existing ADHP category of membership as well as marketing to those individuals who had attended CDA's annual meetings.

During the assessment, it was discovered that the feeling of belonging to a team and to an organization tied to their profession were primary motivators for existing ADHP members joining CDA. Armed with this information, a dental team marketing strategy, "1 Focus: The Patient – 1 Profession: Dentistry" was developed and introduced at the 2008 spring and fall meetings resulting in 31 new ADHP recruited into membership. During the dues review portion of the assessment, the ADHP committee considered other membership options such as an office membership, a graduated dues structure similar to that for new dentists and a payment plan. Discussion by the council and the ADHP Committee resulted in continued support for the original concept that the ADHP membership be an individual membership to be paid by the ADHP. The graduated dues structure was considered a viable strategy but was considered premature at this time. There was strong support for a payment plan option that resulted in a three-month payment plan that was implemented for 2009. Membership totals for 2008 were 182. Total amount budgeted was \$122,700, the amount spent was \$15,154.00, including both marketing and ADHP committee activities.

#### 2009

The ADHP committee's focus for 2009 is to continue to evaluate the program and to move forward with a grassroots plan which emphasizes partnering with the components to promote and increase ADHP membership, the "1 Focus, The Patient" campaign at *CDA Presents* with follow-up and increased interaction with component dental societies who have an ADHP membership category. While the amount authorized by the house for 2009 was \$165,000, the actual amount approved by the board was \$85,762. The amount spent as of June 30, 2009 including both marketing and ADHP committee activities is \$15,989.58.

#### CURRENT STATUS OF ADHP ACTIVITIES:

##### Current Membership

- As of June 30, 2009 there were 157 ADHP members
- In 2006 when the ADHP category of membership was approved, two component dental societies had ADHP membership categories. Over the course of the last 2 ½ years, the number of components with a membership category has increased to eleven. They are Alameda County, Humboldt Del Norte, Los Angeles, Marin County, Orange County, Redwood Empire, Sacramento, San Francisco, San Fernando Valley, San Joaquin and Tulare Kings. In addition, there is active discussion among several other interested components.

##### Recruitment and Marketing:

- The ADHP committee conducted an assessment of the ADHP category in 2008 which included a review of marketing efforts, collateral materials and benefits
- The ADHP committee determined that ADHP members primarily join CDA to become a part of an organization that is tied to their profession
- Based on the ADHP committee's feedback a new marketing strategy focused on belonging to a dental team with its primary focus on the patient was developed and implemented at CDA's 2008 spring meeting and continued its efforts at the fall meeting with several ADHP committee members staffing the ADHP booth to assist with recruitment and share their personal stories.
- Ongoing recruitment activities include implementation of the ADHP tool kit that was developed for use by the ADHP committee, component ADHP representatives, CDA and component staff.
- Continuation of "1 Focus: The Patient" campaign and follow-up with ADHP contacts generated from *CDA Presents*.
- Conduct ongoing awareness of the membership category among dentists, components and ADHP
- E-blasts were major modes of communication in 2008

##### Dues:

- Annual dues are set at \$125.00 with revenue of \$25.00 per member shared with local dental societies with an active ADHP membership category
- The ADHP committee determined that \$125.00 is an appropriate dues amount, however recommended and implemented a three month dues payment option that began in 2009.

Benefits:

- ADHP benefits currently being offered include:
  - Free admission to *CDA Presents* Anaheim & San Francisco meetings
  - Free or discounted continuing education at the annual meetings
  - Access to CDA Practice Support Center
  - Online continuing education
  - A variety of life, health, disability and personal lines of insurance plans
  - Access to CDA-endorsed and financial programs
  - Award winning subscriptions
  - Career opportunities
  - Legislative advocacy

Educational Offerings:

- The ADHP committee identified a strong desire for a team approach related to the delivery of education offerings and therefore is working with the *CDA Presents* Board of Managers (CPBOM) to identify opportunities.
- The ADHP committee recommended using team members to author articles in related subject matters to demonstrate CDA's commitment to the value of the dental team members.

RECOMMENDATIONS:

The ADHP committee strongly believes there is merit to CDA maintaining an ADHP membership category even though original projected membership numbers were not met. It was learned among other things that it will take time for awareness of this category to occur and for champions to be developed to promote the category on both a statewide and local level. It is also important to note that numbers may not be the only factor on which to base a successful membership category. For example, the ADHP representative to the board has significantly contributed to organization discussions in the past year on several issues affecting the profession, i.e. the outsourcing of laboratory work and dental laboratory technician shortage. An interesting observation that should be noted is that there is a unique interaction and energy that occurs when ADHP members are part of the discussions that is valuable to the organization. In summary, the ADHP committee recommends maintaining the ADHP category of membership and integrating ADHPs into the association's leadership structure when appropriate. The ADHP committee offers the following recommendations for the ADHP membership category beginning in 2010:

- Maintain the ADHP category of membership
- Continue to evaluate and recommend new benefits for ADHP
- Continue to provide ADHP resources including access to the new Practice Support Center web resources; inclusion of ADHP members as contributors and participants
- The Leadership Development Committee is encouraged to integrate ADHP members into other councils, committees and task forces as appropriate. The following have been identified for consideration, CPBOM, Council on Membership, Policy Development Council, Leadership Development Committee and Council on Endorsed Programs. (ADHP representatives currently serve on the Policy Development Council and board as guests.)
- Maintain ADHP guest to the board
- Maintain ADHP guest positions to the house
- Hold one – two conference calls a year with ADHP members assigned to other councils and committees to provide feedback on ADHP related matters to the council
- Use of ADHP consultants as needed
- Roll ADHP R&R into CDA R&R project plan and include an ADHP component in the bi-annual R&R Conference
- Roll oversight of ADHP activities to the council with an ADHP representative on the council until some time in the future when there is an organizational need for an ADHP committee

The ADHP committee supports the current definition of ADHP member as defined in the CDA Bylaws and thus no Bylaws changes are necessary as part of the recommendations of the ADHP committee. Current privileges

allow an ADHP member to serve in appointed positions and do not include eligibility as a voting member of any committee or council or eligibility for election by the CDA or ADA as a delegate or alternate delegate.

CONCLUSION:

The ADHP committee respectfully submits this report to the house and affirms its goal of inclusion of the entire dental team within the nation's premier dental professional organization. The ADHP committee continues to observe that when members of the dental team are included, collaboration occurs between members of the dental team and meaningful discussion and outcomes occur with the focus on improving the dental profession.

As with any new endeavor it has been a learning experience in process, perception and culture. We know it is a slow steady course to achieving the goal of providing perceived value to our members and realizing the value back to us.

**FINAL REPORT OF THE PERIODIC BOUNDARY REVIEW TASK FORCE  
PROCESS FOR PERIODIC REVIEW OF COMPONENT BOUNDARIES  
July 1, 2009**

**Introduction**

In 2006, the Goal 9 Task Force developed a series of recommendations to the 2006 CDA House of Delegates (house). Among them was a recommendation regarding periodic review of component boundaries. The 2006 CDA house approved the following resolution:

RESOLVED, THAT A TASK FORCE BE APPOINTED TO DEVELOP A PROCESS FOR PERIODIC REVIEW OF COMPONENT BOUNDARIES, TAKING INTO CONSIDERATION TRAFFIC AND POPULATION SHIFT, TO BE CONSIDERED NO LATER THAN THE 2008 HOUSE OF DELEGATES.

At its January 2008 meeting, the CDA Executive Committee evaluated the timelines and resources associated with the organization's prioritized work for 2008. As a result of the discussion, the committee agreed to postpone this work for one year. The postponement was approved by the 2008 house.

**Periodic Boundary Review Task Force (PBRTF)****Members:**

Douglas N. Christiansen, DDS, Chair  
Bruce K. Donald, DDS  
Henrik E. Hansen, DDS  
Brian C. Lange, DDS  
Stephen R. Pickering, DDS, MSD  
Lori Title, Executive Director, Tulare-Kings Dental Society

**Staff:**

Cathy Mudge, Chief Administrative Officer  
Alison Sandman, General Counsel  
Jan Katerkamp, Paralegal  
Ayme McMillan, Membership Administrator

**Responsibilities and Duties**

To develop a process for a periodic review of component boundaries that is component-driven with the ultimate goal of benefitting individual members.

**Goals**

Based on component feedback and research data gathered in 2006, the Goal 9 Task Force suggested that appointing a task force to develop a process for periodic review of component boundaries would result in the following benefits:

- A structure by which each individual component can conduct a review of boundaries;
- Specified frequency of the periodic review of boundaries;
- Guidelines for how the review of boundaries will take place; and
- Defined guidelines to be followed and elements to be considered by individual components during the review process. In addition, this task force has clarified a final resolution process if boundary disputes are not resolved by the components in dispute.

The PBRTF believed that a process for boundary review should be a component-driven process, and urges components to consider what is in the best interests of the members when considering any boundary change proposals.

**Process for Periodic Review of Component Boundaries**

The PBRTF suggests a review of all component boundaries once every 10 years, beginning in 2014. Additionally, components may request a boundary review at any time if they believe one is warranted or are experiencing a

boundary dispute with any neighboring components. A 10-year review period is recommended because census data is collected every 10 years and that data will help components facilitate a boundary review. The suggested time period is infrequent enough to avoid being an undue burden on components, and will supply ample time to compile the data necessary to make informed boundary review decisions, such as the number of transfers, transfer exceptions, dual and dropped memberships.

The PBRTF recommends that the initial review occur in 2014 so components and CDA have access to 2010 census data, and to provide ample time for components to compile the information necessary for an analysis of boundaries.

The PBRTF finds it prudent to incorporate a process for component-initiated boundary review in between the 10-year review period for situations in which components experience boundary disputes that they deem warrant more immediate attention.

The processes for these reviews, as well as for a dispute resolution program, are detailed below.

Process for 10-year Boundary Review:

- Every 10 years, CDA will distribute a Boundary Review Checklist for each component to complete. Statistical information for each component will be provided on the form by CDA. (Exhibit A).
- CDA will assemble a task force to analyze the data from the checklists and communicate any recommended considerations for boundary modifications to the components. Each component will receive the PBRTF report. The PBRTF will consider population shifts, traffic flow, number of and reasons for transfers, transfer exceptions and dual membership requests, and number of and reasons for dropped membership.
- Components that are in need of boundary modification will meet and confer with any affected neighboring components. Each component affected will assemble a Component Boundary Modification Committee comprised of the component president, treasurer, membership chair (if applicable) and executive director to be present at the meeting.
- If all affected components agree to the recommended boundary modifications, they will complete the Acknowledgement of Component to Component Meeting and Agreement Form (Exhibit B). Any boundary modification agreed to by the components will be presented to the house for review, approval and direction to the CDA Secretary to issue new charters to those components.
- If all affected components do not reach an agreement during the meet and confer, the components may complete a Request for Dispute Resolution (Exhibit C). The dispute resolution process is described more fully below.
- At any time, the components may agree to engage in an independent mediation, at their own expense.
- If components do not elect mediation, or if mediation fails to resolve the dispute, the components will participate in the CDA Dispute Resolution Process, described below.

Process for Requesting Boundary Review In Between 10-year Reviews:

- A component that wishes to review or modify its boundaries prior to the 10-year boundary review may complete the Component Boundary Review Request Form (Exhibit D) and submit it to the CDA Legal Department.
- All affected components will then complete the Component Boundary Review Checklist.
- The component will meet and confer with any neighboring components affected by the proposed boundary modification. Each affected component will assemble a Component Boundary Modification Committee comprised of the component president, treasurer, membership chair (if applicable) and executive director, to be present at the meeting.
- If all affected components agree to the modification, both will complete the Acknowledgement of Component to Component Meeting and Agreement Form. Any boundary modification agreed to by the components will be presented to the house for review, approval and direction to the CDA Secretary to issue new charters to those components. The components will also need to amend their bylaws.
- If all affected components do not reach an agreement during the meet and confer, the components may complete a Request for Dispute Resolution.
- At any time, the components may agree to engage in an independent mediation, at their own expense.
- If components do not elect mediation, or if mediation fails to resolve the dispute, the components may elect to participate in the CDA Dispute Resolution Process, described below.

**CDA Dispute Resolution Process:**

Components that cannot agree on proposed boundary modifications and have either declined mediation or were unsuccessful in reaching agreement in mediation, may take part in the CDA Dispute Resolution Process.

- The CDA president, in consultation with the president-elect and vice president, will appoint a special committee consisting of one trustee, one Judicial Council representative, one Council on Membership representative, one at-large member (preferably not a trustee) and one component executive director to oversee the process and make a recommendation to the CDA Executive Committee via discussion item. The members of the special committee may not be from any of the components involved in the boundary dispute. Similarly, if the CDA president, president-elect or vice president is a member of any of the components involved in the dispute, he or she shall not participate in appointment of the special committee.
- The special committee will meet with representatives from the components and will make a recommendation that will be forwarded to the house, through the Executive Committee and Board of Trustees (board).
- The board will review the recommendation of the special committee. The board can either accept the recommendation and forward it to the house, or take action on a modified recommendation to forward to the house.
- If the house votes to approve the proposed boundary modifications, the CDA secretary will issue new charters to those components involved. The components will also need to amend their bylaws.

A flow chart of the process is attached as Exhibit E.

**Governance Considerations**

Current CDA Bylaws empower the Judicial Council to settle any disputes between components. To avoid future conflict between the CDA Bylaws and the process for dispute resolution recommended, PBRTF proposes to amend the CDA Bylaws, Ch. VIII, Section 150(b)(4), as follows:

B. Duties: *The duties of the Judicial Council shall be:*

...

4. ~~*To hold hearings and render decisions in disputes arising between component societies.*~~

**Recommendations to Components**

- For this process to be based on accurate information, the PBRTF strongly urges the components to begin tracking and recording all transfer, transfer exception, drop and dual membership data (including reasons for the requests).
- The PBRTF strongly urges the component leadership to be involved in the review of and approval or denial of transfers, transfer exceptions and dual memberships.

**Additional Considerations**

It was challenging for the PBRTF to have a comprehensive and thoughtful discussion of this issue without also considering other factors and we would like to recommend that CDA and the components consider the following:

- Should members be allowed to petition and join any component dental society they wish, regardless of the location of their practice?
- Should components and their leadership periodically review the reasons for transfers, transfer exceptions, dual memberships, and cancellations against the core services they provide to assess whether trends reveal that changes in their services may be necessary in order to maximize membership?
- Should there be an analysis of the “ideal” size of a component, which would take into consideration financial stability, economies of scale, and convenience of services to achieve maximum membership market share?  
Should CDA and components engage in periodic discussions of “what does the component of the future look like?”



**EXHIBIT A: Component Boundary Review Checklist**



Please complete the following boundary review checklist and return to CDA.

**To be completed by CDA:**

**Component Market Share – 5 year comparison**

Year	Total Licensed Dentists in Component	Number of component Members	Percent Market Share
2009			
2008			
2007			
2006			
2005			

**Number of requests for transfer exceptions in past 5 years:** \_\_\_\_

**Number of requests for transfers in past 5 years:** \_\_\_\_

**Number of dropped memberships in past 5 years:** \_\_\_\_

**Analysis of Traffic Flow**

**Analysis of Population Shifts**

**Density of Dental Offices in Component Area**

**(Information provided in this section is based on membership data maintained by CDA and data compiled using ESRI ArcView business mapping technology)**

**To be completed by Component Executive Director and Board:**

1) Please check all boxes that apply to members’ reasons for requesting transfer exception, and fill in the number of members citing each reason:

- Dues: \_\_\_\_
- Core Services: \_\_\_\_
- Geography (distance, traffic): \_\_\_\_
- Colleagues/Networking: \_\_\_\_
- Job Market: \_\_\_\_
- Declined to specify when asked: \_\_\_\_
- Other: \_\_\_\_ (Please specify): \_\_\_\_\_

Were any requests for transfer exceptions denied?  Yes  No

If yes, please indicate the number of transfer exceptions denied and the reason for the denial(s):

---



---



---

2) Please check all boxes that apply to members’ reasons for requesting transfers out, and fill in the number of members citing each reason:

- Dues: \_\_\_\_
- Core Services: \_\_\_\_
- Geography (distance, traffic): \_\_\_\_
- Colleagues/Networking: \_\_\_\_
- Job Market: \_\_\_\_
- Declined to specify when asked: \_\_\_\_
- Other: \_\_\_\_ (Please specify): \_\_\_\_\_

Were any requests for transfer denied?  Yes  No

If yes, please indicate the number of transfers denied and the reason for the denial(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Please check all boxes that apply to members' reasons for dropping membership, and fill in the number of members citing each reason:

- Dues: \_\_\_\_
- Core Services \_\_\_\_
- Geography (distance, traffic): \_\_\_\_
- Colleagues/Networking: \_\_\_\_
- Job Market: \_\_\_\_
- Declined to specify when asked: \_\_\_\_
- Other: \_\_\_\_ (Please specify): \_\_\_\_\_

4) Number of requests for dual membership in past 5 years: \_\_\_\_

Please check all boxes that apply to members' reasons for requesting dual membership, and fill in the number of members citing each reason:

- Dues: \_\_\_\_
- Core Services \_\_\_\_
- Geography (distance, traffic): \_\_\_\_
- Colleagues/Networking: \_\_\_\_
- Job Market: \_\_\_\_
- Declined to specify when asked: \_\_\_\_
- Other: \_\_\_\_ (Please specify): \_\_\_\_\_

Were any requests for dual membership denied?  Yes  No

If yes, please indicate the number of dual memberships denied and the reason for the denial(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Please describe any financial impacts that may arise as a result of boundary modification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, Executive Director of the \_\_\_\_\_ Dental Society, hereby certify that the information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, President of the \_\_\_\_\_ Dental Society, hereby certify that the information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

**EXHIBIT B:** CDA Component Boundary Review  
Acknowledgment of Component to Component Meeting and Agreement Form



We, the \_\_\_\_\_ Dental Society and the \_\_\_\_\_ Dental Society, chartered component societies of the California Dental Association (“CDA”), hereby declare that our respective Component Boundary Modification Committees (comprised of component Executive Director, President, Treasurer and Membership Committee representative) met and conferred regarding proposed component boundary modification on \_\_\_\_\_ (DATE).

**Summary of Meeting** (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We agree to the attached proposed bylaw revisions regarding component boundaries and request that CDA prepare a resolution to be presented to the 20\_\_ CDA House of Delegates for approval (please attach proposed bylaws revisions).

\_\_\_\_\_ Dental Society

\_\_\_\_\_ Dental Society

President:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

President:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Executive Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Executive Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Treasurer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Treasurer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Membership Committee Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Membership Committee Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**EXHIBIT C: CDA Component Boundary Review  
Request for Dispute Resolution**



We, the \_\_\_\_\_ Dental Society and the \_\_\_\_\_ Dental Society, chartered component societies of the California Dental Association (“CDA”), hereby declare that our respective Component Boundary Modification Committees (comprised of component Executive Director, President, Treasurer and Membership Committee representative) met and conferred regarding proposed component boundary modification on \_\_\_\_\_ (DATE).

**Summary of Meeting** (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We were unable to reach agreement on proposed boundary modification and hereby request to participate in the CDA Dispute Resolution Program.

(Please attach proposed bylaws revisions)

\_\_\_\_\_ Dental Society

\_\_\_\_\_ Dental Society

President:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

President:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Executive Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Executive Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Treasurer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Treasurer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Membership Committee Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Membership Committee Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**EXHIBIT D: Component Boundary Review Request Form**



The board of directors of the \_\_\_\_\_ (Name of Component), a chartered component society of the California Dental Association, wish to review the current geographical component boundaries.

1) Please briefly describe the proposed boundary modifications (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Please provide the reasons why the component is requesting a review of the current boundaries (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Please provide information regarding neighboring components which could be affected by a boundary modification (attach additional pages if necessary):

Neighboring Component(s): \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Please describe how each neighboring component would be affected by any change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Please give a detailed description of all communication between your component and neighboring components regarding the proposed boundary modification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, Executive Director of the \_\_\_\_\_ Dental Society, hereby certify that the information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Executive Director's Signature

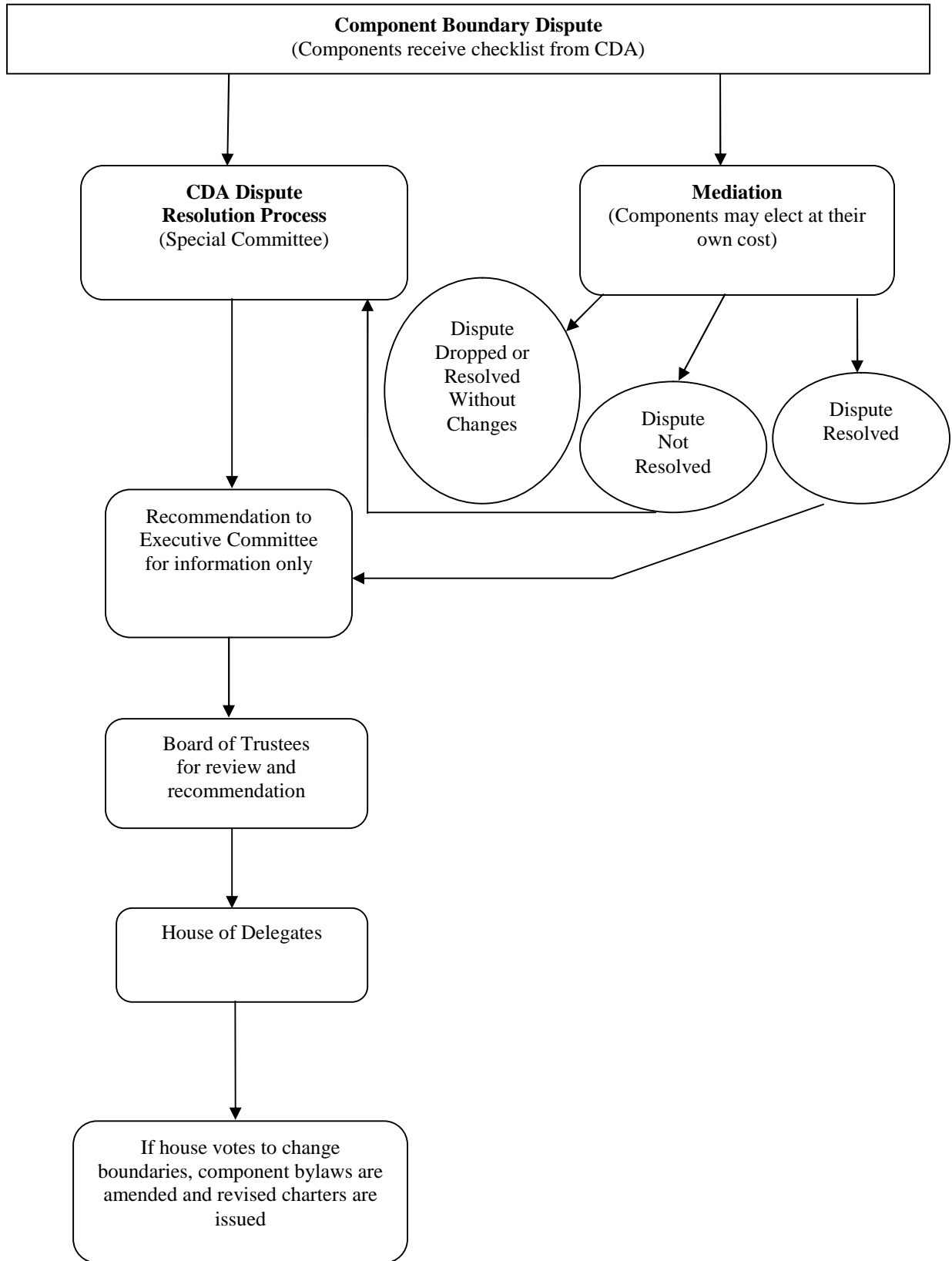
\_\_\_\_\_  
Date

I, \_\_\_\_\_, President of the \_\_\_\_\_ Dental Society, hereby certify that the information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

**EXHIBIT E: CDA Dispute Resolution Process Flow Chart**



1 **Process for Periodic Review of Component Boundaries**  
2 **(Revisions Adopted Per Resolution 12RC-2009-H)**  
3

4 The PBRTF suggests a review of all component boundaries once every 10 years, beginning in ~~2014~~ 2013.  
5 Additionally, components may request a boundary review at any time if they believe one is warranted or are  
6 experiencing a boundary dispute with any neighboring components. A 10-year review period is recommended  
7 because census data is collected every 10 years and that data will help components facilitate a boundary review.  
8

9 The suggested time period is infrequent enough to avoid being an undue burden on components and will supply  
10 ample time to compile the data necessary to make informed boundary review decisions, such as the number of  
11 transfers, transfer exceptions, dual and dropped memberships.  
12

13 The PBRTF recommends that the initial review occur in ~~2014~~ 2013 so components and CDA have access to 2010  
14 census data and to provide ample time for components to compile the information necessary for an analysis of  
15 boundaries.  
16

17 The PBRTF finds it prudent to incorporate a process for component-initiated boundary review in between the 10-  
18 year review period for situations in which components experience boundary disputes that they deem warrant more  
19 immediate attention. Following a boundary review that is resolved through component agreement, mediation, or  
20 the CDA Dispute Resolution Process, the issue for the review cannot form the basis of another boundary review  
21 request for at least 5 years, absent a showing of a `significant change in circumstances.  
22

23 The processes for these reviews, as well as for a dispute resolution program, are detailed below.  
24

25 **Process for 10-year Boundary Review:**

- 26 • Every 10 years, CDA will distribute a Boundary Review Checklist for each component to complete.  
27 Statistical information for each component will be provided on the form by CDA. (Attachment A).
- 28 • CDA will assemble a task force to compile the data from the checklists and communicate any  
29 considerations for boundary modifications to the components. Each component will receive the task force  
30 report. The task force will consider population shifts, traffic flow, number of and reasons for transfers,  
31 transfer exceptions and dual membership requests, and number of and reasons for dropped membership.
- 32 • Components that are in need of boundary modification will meet and confer with any affected  
33 neighboring components. Each component affected will assemble a Component Boundary Modification  
34 Committee comprised of the Component president, trustee, treasurer, membership chair (if applicable),  
35 one at-large member and executive director to be present at the meeting.
- 36 • If all affected components agree to the recommended boundary modifications, they will complete the  
37 Acknowledgement of Component to Component Meeting and Agreement Form (Attachment B). Any  
38 boundary modification agreed to by the components will be presented to the house for review, approval  
39 and direction to the CDA secretary to issue new charters to those components.
- 40 • If all affected components do not reach an agreement during the meet and confer, the components may  
41 complete a Request for Dispute Resolution (Attachment C). The dispute resolution process is described  
42 more fully below.
- 43 • At any time, the components may agree to engage in an independent mediation, at their own expense.
- 44 • If components do not elect mediation, or if mediation fails to resolve the dispute, the components will  
45 participate in the CDA Dispute Resolution Process, described below.  
46

47 **Process for Requesting Boundary Review In Between 10-year Reviews:**

- 48 • A component that wishes to review or modify its boundaries prior to the 10-year boundary review may  
49 complete the Component Boundary Review Request Form (Attachment D) and submit it to the CDA  
50 legal department.
- 51 • All affected components will then complete the Component Boundary Review Checklist.
- 52 • The component will meet and confer with any neighboring components affected by the proposed  
53 boundary modification. Each affected component will assemble a Component Boundary Modification  
54 Committee comprised of the component president, treasurer, membership chair (if applicable) and  
55 executive director, to be present at the meeting.
- 56 • If all affected components agree to the modification, both will complete the Acknowledgement of  
57 Component to Component Meeting and Agreement Form. Any boundary modification agreed to by the

1 components will be presented to the house for review, approval and direction to the CDA secretary to  
2 issue new charters to those components. The components will also need to amend their bylaws.

- 3 • If all affected components do not reach an agreement during the meet and confer, the components may  
4 complete a Request for Dispute Resolution.
- 5 • At any time, the components may agree to engage in an independent mediation, at their own expense.
- 6 • If components do not elect mediation, or if mediation fails to resolve the dispute, the components may  
7 elect to participate in the CDA Dispute Resolution Process, described below.

8  
9 **CDA Dispute Resolution Process:**

10 Components that cannot agree on proposed boundary modifications and have either declined mediation or were  
11 unsuccessful in reaching agreement in mediation, may take part in the CDA Dispute Resolution Process.

- 12 • The CDA president, in consultation with the president-elect and vice president, will appoint a special  
13 committee consisting of one trustee, one Judicial Council representative, one Council on Membership  
14 representative, one at-large member (preferably not a trustee) and one component executive director to  
15 oversee the process and make a recommendation to the CDA Executive Committee via discussion item.  
16 The members of the special committee may not be from any of the components involved in the boundary  
17 dispute. Similarly, if the president, president-elect or vice president is a member of any of the components  
18 involved in the dispute, he or she shall not participate in appointment of the special committee.
- 19 • The special committee will meet with representatives from the components and will make a  
20 recommendation that will be forwarded to the house, through the Executive Committee and Board of  
21 Trustees (board).
- 22 • The board will review the recommendation of the special committee and can either accept the  
23 recommendation and forward it to the house, or take action on a modified recommendation to forward to  
24 the house.

25 If the house votes to approve the proposed boundary modifications, the CDA secretary will issue new  
26 charters to those components involved. The components will also need to amend their bylaws.





**EXHIBIT A: Component Boundary Review Checklist**

Please complete the following boundary review checklist and return to CDA.

**To be completed by CDA:**

**Component Market Share – 5 year comparison**

Year	Total Licensed Dentists in Component	Number of component Members	Percent Market Share
2009			
2008			
2007			
2006			
2005			

**Number of requests for transfer exceptions in past 5 years:** \_\_\_\_

**Number of requests for transfers in past 5 years:** \_\_\_\_

**Number of dropped memberships in past 5 years:** \_\_\_\_

**Analysis of Traffic Flow**

**Analysis of Population Shifts**

**Density of Dental Offices in Component Area**

**(Information provided in this section is based on membership data maintained by CDA and data compiled using ESRI ArcView business mapping technology)**

**To be completed by Component Executive Director and Board:**

1) Please check all boxes that apply to members’ reasons for requesting transfer exception, and fill in the number of members citing each reason:

- Dues: \_\_\_\_
- Core Services: \_\_\_\_
- Geography (distance, traffic): \_\_\_\_
- Colleagues/Networking: \_\_\_\_
- Job Market: \_\_\_\_
- Declined to specify when asked: \_\_\_\_
- Other: \_\_\_\_ (Please specify): \_\_\_\_\_

Were any requests for transfer exceptions denied?  Yes  No

If yes, please indicate the number of transfer exceptions denied and the reason for the denial(s):

\_\_\_\_\_

\_\_\_\_\_

2) Please check all boxes that apply to members’ reasons for requesting transfers out, and fill in the number of members citing each reason:

- Dues: \_\_\_\_
- Core Services: \_\_\_\_
- Geography (distance, traffic): \_\_\_\_
- Colleagues/Networking: \_\_\_\_
- Job Market: \_\_\_\_
- Declined to specify when asked: \_\_\_\_
- Other: \_\_\_\_ (Please specify): \_\_\_\_\_

Were any requests for transfer denied?  Yes  No

If yes, please indicate the number of transfers denied and the reason for the denial(s):

---

---

3) Please check all boxes that apply to members' reasons for dropping membership, and fill in the number of members citing each reason:

- Dues: \_\_\_\_
- Core Services \_\_\_\_
- Geography (distance, traffic): \_\_\_\_
- Colleagues/Networking: \_\_\_\_
- Job Market: \_\_\_\_
- Declined to specify when asked: \_\_\_\_
- Other: \_\_\_\_ (Please specify): \_\_\_\_\_

4) Number of requests for dual membership in past 5 years: \_\_\_\_

Please check all boxes that apply to members' reasons for requesting dual membership, and fill in the number of members citing each reason:

- Dues: \_\_\_\_
- Core Services \_\_\_\_
- Geography (distance, traffic): \_\_\_\_
- Colleagues/Networking: \_\_\_\_
- Job Market: \_\_\_\_
- Declined to specify when asked: \_\_\_\_
- Other: \_\_\_\_ (Please specify): \_\_\_\_\_

Were any requests for dual membership denied?  Yes  No

If yes, please indicate the number of dual memberships denied and the reason for the denial(s):

---

---

---

5) Please describe any financial impacts that may arise as a result of boundary modification:

---

---

---

I, \_\_\_\_\_, Executive Director of the \_\_\_\_\_ Dental Society, hereby certify that the information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, President of the \_\_\_\_\_ Dental Society, hereby certify that the information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

**EXHIBIT B: CDA Component Boundary Review  
Acknowledgment of Component to Component Meeting and Agreement Form  
**(Revisions Adopted Per Resolution 12RC-2009-H)****



We, the \_\_\_\_\_ Dental Society and the \_\_\_\_\_ Dental Society, chartered component societies of the California Dental Association (“CDA”), hereby declare that our respective Component Boundary Modification Committees (comprised of component Executive Director, President, Trustee Treasurer and Membership Committee representative, one at-large member) met and conferred regarding proposed component boundary modification on \_\_\_\_\_ (DATE).

**Summary of Meeting** (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We agree to the attached proposed bylaw revisions regarding component boundaries and request that CDA prepare a resolution to be presented to the 20\_\_ CDA House of Delegates for approval (please attach proposed bylaws revisions).

\_\_\_\_\_ Dental Society

\_\_\_\_\_ Dental Society

President:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

President:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Executive Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Executive Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Trustee :

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Trustee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Treasurer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Treasurer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Membership Committee Representative:

Membership Committee Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

At-Large Member:

At-Large Member:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**EXHIBIT C: CDA Component Boundary Review  
Request for Dispute Resolution  
**(Revisions Adopted Per Resolution 12RC-2009-H)****



We, the \_\_\_\_\_ Dental Society and the \_\_\_\_\_ Dental Society, chartered component societies of the California Dental Association (“CDA”), hereby declare that our respective Component Boundary Modification Committees (comprised of component Executive Director, President, Trustee, Treasurer and Membership Committee representative, one at-large member) met and conferred regarding proposed component boundary modification on \_\_\_\_\_ (DATE).

**Summary of Meeting** (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We were unable to reach agreement on proposed boundary modification and hereby request to participate in the CDA Dispute Resolution Program.

(Please attach proposed bylaws revisions)

\_\_\_\_\_ Dental Society

\_\_\_\_\_ Dental Society

President:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

President:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Executive Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Executive Director:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Trustee:

Trustee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Treasurer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Treasurer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Membership Committee Representative:

Membership Committee Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

At-Large Member:

At-Large Member:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**EXHIBIT D: Component Boundary Review Request Form**



The board of directors of the \_\_\_\_\_ (Name of Component), a chartered component society of the California Dental Association, wish to review the current geographical component boundaries.

1) Please briefly describe the proposed boundary modifications (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Please provide the reasons why the component is requesting a review of the current boundaries (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Please provide information regarding neighboring components which could be affected by a boundary modification (attach additional pages if necessary):

Neighboring Component(s): \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Please describe how each neighboring component would be affected by any change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Please give a detailed description of all communication between your component and neighboring components regarding the proposed boundary modification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, Executive Director of the \_\_\_\_\_ Dental Society, hereby certify that the information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Executive Director's Signature

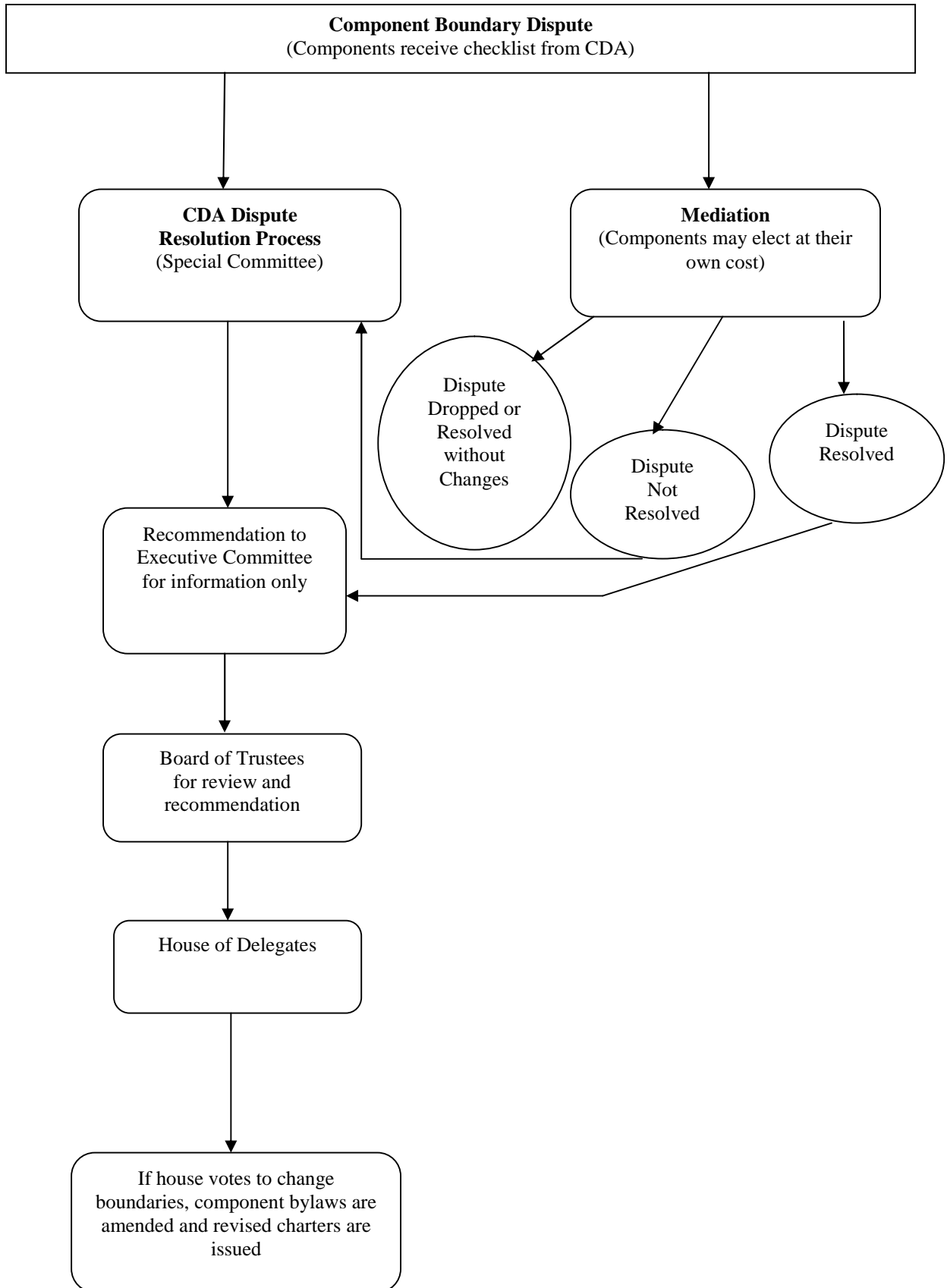
\_\_\_\_\_  
Date

I, \_\_\_\_\_, President of the \_\_\_\_\_ Dental Society, hereby certify that the information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

**EXHIBIT E: CDA Dispute Resolution Process Flow Chart**





**CDA BYLAWS, CHAPTER VIII, SECTION 150 B.4**  
**(Revisions Adopted Per Resolution 12RC-2009-H)**

CHAPTER VIII – COUNCILS

Section 150. **JUDICIAL COUNCIL:**

B. Duties: The duties of the Judicial Council shall be:

1. To consider proposals for amending the CDA Code of Ethics, and related matters.
2. To provide advisory opinions regarding the interpretations of the ADA Principles of Ethics and the CDA Code of Ethics.
3. To consider appeals from members.
- ~~4. To hold hearings and render decisions in disputes arising between component societies.~~
4. To exercise the powers of this association to discipline members, either upon its own initiative or upon request of any component society. Decisions of the council shall be final unless a right of appeal is provided in the Constitution and Bylaws of the American Dental Association.
5. To act on the recommendation of the Membership Application Review Subcommittee.

**TDIC/TDIC Insurance Solutions Board of Directors**  
**9 At-Large Positions Available**  
**2 Trustee Positions Available**  
**One-year term**

<b>Recommendations</b>	
Philip J. Abeldt, DDS*	Monterey Bay
Steven C. Crowson, DMD (Trustee Member)*	Northern California
Robert C. Daby, DDS*	Sacramento District
Dennis C. De Tomasi, DDS*	Butte-Sierra District
James P. Green, DDS*	Contra Costa
Bettina Hooper (Public Member)*	N/A
William L. Marble, DDS*	Sacramento District
Walter W. Noce, Jr. (Public Member)*	N/A
Richard E. Sinaiko (Public Member)*	N/A
Ann L. Steiner, DMD (Trustee Member)*	Tri-County
Walter G. Weber, DDS*	Santa Clara

\*Incumbent

**Term of Office**

The term of office of directors of the subsidiary companies shall be one year, and the consecutive tenure of a director shall be limited to six full terms of one year each. (bylaws, Chapter XVI, Section 20A)

**Composition**

The board of directors of each subsidiary having more than one director, shall include three nondentist-nonemployee members, two trustees, the CDA executive director, CDA secretary, CDA treasurer and CDA vice president. The board also includes the president/chief executive officer as *ex officio*, without the right to vote. The immediate past chair shall be selected to serve on the subsidiary board of directors for an additional year as *ex officio*, without the right to vote. (bylaws, Chapter XVI, Section 20A)

**GENERAL OPERATING PRINCIPLES OF THE BOARD OF TRUSTEES: Revisions Adopted Per Resolution 18-2009-H**

VI. LEADERSHIP APPLICATION AND PLACEMENT...

C. BOARD ELECTION PROCEDURES: The following procedures shall be used for board-elected trustee positions.

1. Applicants submit applications to the Committee on Volunteer Placement for verification of eligibility, as described in Chapter V, Section 120, of the CDA Bylaws. Applicants may utilize past applications by completing the appropriate form.

For each applicant who applies by the application deadline, the following material shall be submitted to the board for review prior to the election:

- Description of the open positions
- List of all eligible applicants
- Applications and curriculum vitae for each eligible candidate

2. Trustees may be nominated on the floor of the board. Eligibility will be verified prior to a vote on the applicable position. ~~Nominees~~ Candidates may submit their application and curriculum vitae for distribution to the board. Candidates shall recuse themselves from voting for the positions to which they are seeking election.

3. The CDA secretary shall oversee the election in accordance with the following procedures:

- a. When the number of candidates equals the number of positions available, such candidates shall be declared elected by the secretary.
- b. When the number of candidates is greater than the number of positions available, the secretary shall conduct an election by ballot. Candidates must receive a majority of the votes cast to be elected.
- c. In the event no candidates for such positions receive a majority of the votes cast on the first ballot, the candidate receiving the fewest votes shall be ~~dropped-removed~~ from consideration. Balloting will be repeated until the appropriate number of candidates has received a majority of the votes cast.
- d. If the open positions on a committee are for different terms or if a newly created committee calls for staggered terms for the trustee member(s), the candidate with the greatest number of votes shall serve the longest term for which he or she is eligible. If successful candidates receive an equal number of votes on the same ballot, those candidates shall draw lots to determine the order in which their terms are assigned.

D. NOMINATING COMMITTEE SELECTION PROCEDURES: The following procedures shall be used for selections of candidates made by the Nominating Committee.

1. Applicants submit applications to the Committee on Volunteer Placement for verification of eligibility.

**Rationale**

88-90. Language change for consistency & proposed policy clarification/change.

101. Language change for consistency

110. Capitalization

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2. The following material for each open position shall be submitted to the Nominating Committee for selection:
- Description of the open position(s)
  - List of all eligible applicants
  - Application and curriculum vitae for each eligible candidate
3. The Nominating Committee chair shall oversee the selection in accordance with the following procedure.
- a. Candidates shall recuse themselves from all voting on positions to which they are seeking nomination.
- b. Following any candidate presentations as described in Section VI.B.8, a closed session discussion and selection process shall be conducted.
- c. The chair shall conduct the selection by vote (written, ballot, electronic or otherwise, as consistent with voting practices of the board). Candidates must receive a majority of the votes cast to be nominated for consideration by the House of Delegates.
- d. In the event no candidate for a position receives a majority of the votes cast on the first ballot, the candidate receiving the fewest votes shall be ~~dropped-removed~~ from consideration. Balloting will be repeated until a single candidate has received a majority of the votes cast for each position selected by the Nominating Committee.
- ...

**Rationale**

121. Proposed policy clarity (matches best practice).

123-133. Numbering change

131. Language change for consistency

**GENERAL OPERATING PRINCIPLES OF THE BOARD OF TRUSTEES: Revisions Adopted Per Resolution 19-2009-H**

VI. LEADERSHIP APPLICATION AND PLACEMENT...

C. BOARD ELECTION PROCEDURES: The following procedures shall be used for board-elected trustee positions.

- 1. Applicants submit applications to the Committee on Volunteer Placement for verification of eligibility, as described in Chapter V, Section 120, of the CDA Bylaws. Applicants may utilize past applications by completing the appropriate form.

For each applicant who applies by the application deadline, the following material shall be submitted to the board of review prior to the election:

- Description of the open positions
- List of all eligible applicants
- Applications and curriculum vitae for each eligible candidate

- 2. Trustees may be nominated on the floor of the board. Eligibility will be verified prior to a vote on the applicable position. Nominees may submit their application and curriculum vitae for distribution to the board.

- 3. The CDA secretary shall oversee the election in accordance with the following procedures:

- a. When the number of candidates equals the number of positions available, such candidates shall be declared elected by the secretary.
- b. When the number of candidates is greater than the number of positions available, the secretary shall conduct an election by ballot. Candidates must receive a majority of the votes cast to be elected.
- c. In the event no candidates for such positions receive a majority of the votes cast on the first ballot, the candidate receiving the fewest votes shall be dropped from consideration. Balloting will be repeated until the appropriate number of candidates have received a majority of the votes cast.
- d. If the open positions on a committee are for different terms or if a newly created committee calls for staggered terms for the trustee member(s), the candidate with the greatest number of votes shall serve the longest term for which he or she is eligible. If successful candidates receive an equal number of votes on the same ballot, those candidates shall draw lots to determine the order in which their terms are assigned.

e. The results of each vote taken shall be revealed to the board during the voting process.

D. NOMINATING COMMITTEE SELECTION PROCEDURES: The following procedures shall be used for selections of candidates made by the nominating committee.

- 1. Applicants submit applications to the Committee on Volunteer Placement for verification of eligibility.

**Rationale**

93. Reflection of proposed policy

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2. The following material for each open position shall be submitted to the Nominating Committee for selection:
- Description of the open position(s)
  - List of all eligible applicants
  - Application and curriculum vitae for each eligible candidate
3. The Nominating Committee chair shall oversee the selection in accordance with the following procedure.
- a. Following any candidate presentations as described in Section VI.B.8, a closed session discussion and selection process shall be conducted.
  - b. The chair shall conduct the selection by vote (written, ballot, electronic or otherwise, as consistent with voting practices of the board). Candidates must receive a majority of the votes cast to be nominated for consideration by the House of Delegates.
  - c. In the event no candidate for a position receives a majority of the votes cast on the first ballot, the candidate receiving the fewest votes shall be dropped from consideration. Balloting will be repeated until a single candidate has received a majority of the votes cast for each position selected by the Nominating Committee.
  - d. The results of each vote taken shall be revealed to the Nominating Committee during the voting process, and the final vote shall be included in the published election report to the House of Delegates.

**Rationale**

118-119. Reflection of proposed policy

**GENERAL OPERATING PRINCIPLES OF THE HOUSE OF DELEGATES: Revisions Adopted Per Resolution 19-2009-H**

**V. Voting and Election Procedures...**

B. Election Procedures: Elections are held in accordance to the procedures recommended in *Sturgis*. Contested elections are held under the supervision of the Committee on Credentials.

1. When there is only one candidate for a position or an equal number of candidates for the number of positions available, such candidate(s) shall be declared elected or selected by the speaker. The secretary shall provide facilities for voting. All candidates who have not been declared elected or selected by the speaker shall be elected or selected by a majority of the house. In the event no candidate for such offices receives a majority of the votes cast on the first ballot, the two candidates receiving the greatest number of votes shall be balloted upon again.
2. In case of a tied vote for any office, additional ballots will be taken until a candidate is elected. **The CDA secretary shall announce the result of each vote after it has been taken, including the tally received by each candidate, if subsequent ballots are necessary, names of candidates on the subsequent ballots, and, upon election of a candidate, that a candidate has been elected.**
3. A person who has not been brought forward to the house by nomination from the board or nominating committee must notify the speaker in writing of their intention to run at the house at least 30 days before the house. Nominating petitions containing signatures of no less than 25 delegates must be presented to the secretary prior to the opening of the second session of the house. Early announcement of candidacy will allow all interested parties equal accessibility to delegates prior to the house.
4. Campaigning for candidates, other than through the established CDA mechanism mentioned in this document and in the General Operating Principles of the Board of Trustees, is discouraged. "Campaigning" includes the personal appearance of a candidate or his/her representative for the purpose of promoting the candidate at professional functions (including component dental society meetings) and/or separate and personal mailings directed at trustees, delegates and alternate delegates unless otherwise noted in this document or in the General Operating Principles of the Board of Trustees.
5. Candidates will not be allowed to open hospitality suites.
6. A designated time frame will be established for private voting.

**Rationale**

133-136. Reflection of proposed policy and relevant procedures

**GENERAL OPERATING PRINCIPLES OF THE BOARD OF TRUSTEES: Revisions Adopted Per Resolution 20-2009-H**

**VI. LEADERSHIP APPLICATION AND PLACEMENT**

D. NOMINATING COMMITTEE SELECTION PROCEDURES: The following procedures shall be used for selections of candidates made by the nominating committee...

3. The Nominating Committee chair shall oversee the selection in accordance with the following procedure...

b. The chair shall conduct the selection by vote (written, ballot, electronic or otherwise, as consistent with voting practices of the board). Candidates must receive a majority of the votes cast to be nominated for consideration by the House of Delegates.

c. In the event no candidate for a position receives a majority of the votes cast on the first ballot, the candidate receiving the fewest votes shall be dropped from consideration. Balloting will be repeated until a single candidate has received a majority of the votes cast for each position selected by the Nominating Committee. **If no candidate receives a required majority of the votes cast nor can a candidate be removed from the ballot, each candidate will be allowed to address the Nominating Committee once for an additional three minutes, and the ballot will be repeated. Balloting will be repeated until a single candidate has received a majority of the votes cast. If there is no change to the vote after a subsequent ballot, the names of all remaining candidates will be forwarded to the house for a contested election.**

**Rationale**

72-76. Proposed process to allow more information between ballots (once) in case of a tie or otherwise undecided vote (tie for "last place").

74-76. Proposed process to accommodate continued ties or deadlock.



**GENERAL OPERATING PRINCIPLES OF THE HOUSE OF DELEGATES: Revisions Adopted Per Resolution 21-2009-H**

**V. Voting and Election Procedures**

B. Election Procedures: Elections are held in accordance to the procedures recommended in The Standard Code of Parliamentary Procedure (Sturgis). Contested elections are held under the supervision of the Committee on Credentials.

1. When there is only one candidate for a position or an equal number of candidates for the number of positions available, such candidate(s) shall be declared elected or selected by the speaker. The secretary shall provide facilities for voting. All candidates who have not been declared elected or selected by the speaker shall be elected or selected by a majority of the house. ~~In the event no candidate for such offices receives a majority of the votes cast on the first ballot, the two candidates receiving the greatest number of votes shall be balloted upon again.~~

2. In the event no candidate for a position receives a majority of the votes cast on the first ballot, the candidate receiving the fewest votes shall be removed from the ballot. Balloting will be repeated until a single candidate has received a majority of the votes cast for each position. ~~In case of a tied vote for any office, additional ballots will be taken until a candidate is elected. In the event no candidate receives a required majority nor does a candidate receive the fewest number of votes, each candidate will be allowed to address the house once for an additional three minutes, and the ballot will be repeated. Balloting will be repeated until a candidate has received a majority of the votes cast.~~

**Rationale**

71-73. Process change proposed.

75-80. Proposed process for eliminating candidates from ballot (consistent with voting at Nominating Committee and Board).

77. Removed to accommodate new process and possibility of a tie for 2<sup>nd</sup> place.

77-82. Proposed process to allow more information between ballots (once) in case of a tie or otherwise undecided vote (tie for “last place”).

**CDA BYLAWS: Revisions Adopted Per Resolution 22-2009-H**

CHAPTER VIII – COUNCILS

Section 70. REMOVAL:

- A. The president may declare the office of a council member vacant for failing or ceasing to meet the eligibility requirements of office.
- B. The board by a majority vote may remove a council member for cause, which shall include:
  - 1. Violation of the Code of Ethics;
  - 2. Failing to timely disclose a conflict of interest; ~~or~~
  - 3. Engaging in conduct which violates the bylaws, operating principles, or standing rules of the association, or which is damaging to the association or its members; or
  - 4. Failing to attend, in any 12-month period, fifty percent of regularly scheduled council meetings or two consecutive meetings of a subcommittee or workgroup to which the member has been assigned. These attendance requirements do not apply to ex officio members.
- C. Prior to removing a council member for cause, the Executive Committee shall advise the council member of the reason for removal and the council member shall be given an opportunity to submit a written or oral statement to the board. If present, the council member shall leave the meeting prior to the discussion and vote on the matter.

**Rationale**

72-75. Grammar updates

77-79. Reflection of proposed policy

**CDA BYLAWS – COUNCILS: Revisions Adopted Per Resolution 23-2009-H**

**CHAPTER VIII – COUNCILS**

**Section 10. NAME:** The councils of this association shall be:

- Council on Endorsed Programs,
- Council on Membership,
- Council on Peer Review,
- Government Affairs Council,
- Judicial Council,
- Policy Development Council, ~~and~~
- ~~such other councils as the house may establish.~~

**Section 20. MEMBERS:** ~~All councils shall be composed of at least six elected members.~~ Nominations for all councils shall be made by the board, with additional nominations made by the house. Members of the councils shall be elected by the house.

**Section 30. ELIGIBILITY:** The following conditions apply unless otherwise stated in these bylaws:

A. All members of councils must be in good standing.

B. No trustee shall serve concurrently as a member of any council. Newly installed trustees who are already serving on councils other than the Council on Peer Review or the Judicial Council at the time of their election as a trustee shall be allowed to serve the remainder of their unexpired council term, not to exceed one year. Newly installed trustees who are already serving on the Council on Peer Review or the Judicial Council shall immediately vacate their council positions.

C. Members who previously served a tenure on a council are eligible to serve on that council again following a period of time greater than or equal to that tenure. Members who do not complete a full tenure are eligible to serve on that council again only for the number of terms remaining within that tenure. If a period of time greater than or equal to a tenure intervenes between terms, members are eligible to serve a full tenure.

**Section 40. CHAIRS:** One member of each council shall be appointed chair annually by the president (in consultation with the president elect, vice president, secretary and chair of the Committee on Volunteer Placement) with the approval of the board.

**Section 50. CONSULTANTS, ADVISORS AND STAFF SUPPORT:** Each council shall have the authority to appoint consultants and advisors. The executive director of the association shall provide each council with staff support.

**Section 60. TERM OF OFFICE:** The term and tenure for each position is noted in the council descriptions below. Except as otherwise noted in these bylaws, a member may serve a partial term which does not apply toward tenure. A partial term is less than one-half of a full term. ~~Except as otherwise noted in these bylaws, the term of office of members of councils shall be three years. The tenure of a member of a council shall be limited to two full terms. Council members may only serve two full terms, and one partial term. A partial term is no more than one and one half years.~~

**Rationale**

165-166. Unnecessary

168. Incorporated into each council

171. New language for clarity

173-179. Formatting

180-183. New tenure definition per VLSR

185-186. More description of process per VLSR

191-195. Statement of partial terms here vs. in each council, term and tenure incorporated into each council

- 196 **Section 70. REMOVAL:**  
 197  
 198 A. The president may declare the office of a council member vacant for failing or ceasing to meet the eligibility requirements of office.  
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 200 B. The board by a majority vote may remove a council member for cause, which shall include:  
 201  
 202 1. Violation of the Code of Ethics.  
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 204 2. Failing to timely disclose a conflict of interest; or  
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 206 3. Engaging in conduct which violates the bylaws, operating principles, or standing rules of the association, or which is  
 207 damaging to the association or its members.  
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 209 C. Prior to removing a council member for cause, the Executive Committee shall advise the council member of the reason for removal  
 210 and the council member shall be given an opportunity to submit a written or oral statement to the board. If present, the council  
 211 member shall leave the meeting prior to the discussion and vote on the matter.  
 212

213 **Section 80. VACANCY:** In the event of a vacancy in the membership of any council, the president shall appoint a member of the association  
 214 to fill such vacancy until a successor is elected by the next house to fulfill the remainder of the unexpired term. In the event such vacancy  
 215 involves the chair of the council, the president shall have the power to appoint an interim chair.  
 216

217 **Section 90. QUORUM AND VOTING:** A majority of the voting members of any council shall constitute a quorum. A quorum must be  
 218 present to transact business. A majority of votes cast is the act of the committee.  
 219

220 **Section 100. PRIVILEGE OF THE FLOOR:** Council chairs who are not ~~members~~ delegates of the house have the right to participate in  
 221 debate on their respective reports but shall not have the right to vote.  
 222

223 **Section 110. REPORTS AND BUDGET:** Each council shall submit ~~an annual report to the house,~~ a quarterly report to the board, an annual  
 224 report to the house, and shall submit a proposed itemized budget to the board.  
 225

226 **Section 120. DUTIES:** Each council shall perform those duties as listed below and as assigned ~~to it~~ by the board or house.  
 227

228 **Section 130. COUNCIL ON ENDORSED PROGRAMS:**

230 A. Composition: The Council on Endorsed Programs shall be composed of seven members. The CDA secretary **shall serve as an ex**  
 231 **officio**, voting member. The remaining six members shall be nominated and elected as described in Chapter VIII, Section 20.  
 232

233 B. Term and Tenure: The term of office ~~of members shall be for three years, with two members elected annually.~~ The consecutive  
 234 tenure of a member of the Council on Endorsed Programs shall be limited to two full terms of three years each.  
 235

236 C. Duties: The duties of the Council on Endorsed Programs shall be:

**Rationale**

217-218. Clarification

220. Correction

223-224. Clarification

226. Correction

228-247. Moved from below for clarity

233. Consistent phrasing of term and tenure.

236. Consistent phrasing

- 237 1. ~~The council shall meet as needed to~~ **To** provide necessary oversight and direction related to the endorsed programs of the
- 238 association.
- 239
- 240 2. ~~The council shall~~ **To** monitor the performance and perform any necessary due diligence with respect to current or proposed
- 241 endorsed programs.
- 242
- 243 3. ~~The council shall~~ **To** recommend to the board any actions relating to CDA’s endorsement of a specific product, service or
- 244 vendor.
- 245
- 246 ~~4. The council shall report quarterly to the board and annually to the house.~~

**Section 140. COUNCIL ON MEMBERSHIP**

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- 248 **A. Composition: The Council on Membership shall be composed of eight members, nominated and elected as described in**
- 249 **Chapter VIII, Section 20.**
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- 253 **B. Term and Tenure: The term of office shall be two years. The tenure shall be three terms.**
- 254
- 255 **C. Duties: The duties of the Council on Membership shall be:**
- 256
- 257 **1. To coordinate association membership recruitment and retention activities, including liaison with local components,**
- 258 **development of programs/campaigns, recruitment and retention conference and membership marketing.**
- 259
- 260 **2. To develop and recommend membership-related policies, including updates to the CDA Membership Policies and**
- 261 **Procedures Manual.**
- 262
- 263 **3. To recommend, develop, monitor and oversee membership services programs.**
- 264
- 265 **4. To develop and monitor all student membership programs.**
- 266

**Section 150. COUNCIL ON PEER REVIEW**

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- 268
- 269 **A. Composition: The Council on Peer Review shall be composed of twelve members, nominated and elected as described in**
- 270 **Chapter VIII, Section 20.**
- 271
- 272 **B. Term and Tenure: The term of office shall be three years. The tenure shall be two terms.**
- 273
- 274 **C. Duties: The duties of the Council on Peer Review shall be:**
- 275
- 276 **1. To oversee the peer review system to ensure that component and specialty committees consistently follow the format,**
- 277 **policies, and procedures outlined in the California Dental Association Peer Review Manual.**

**Rationale**

237-246. Consistent phrasing

246. Duplicative (required of all council)

248-295. New language capturing existing councils and revised composition per VLSR

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- 2. To directly manage and oversee the appeals process to ensure that all appeals of the peer review resolutions are objective and fair to all parties involved.
- 3. To provide information on current peer review issues, policy, and procedural modifications to component peer review staff, committee members, and the general membership.
- 4. To review and update the California Dental Association Peer Review Manual and Quality Evaluation Manual, as needed.
- 5. To provide regional calibration workshops and training materials for components and specialty committee members to ensure uniformity, consistency, timelines, and effectiveness.
- 6. To review and finalize all peer review cases filed throughout the state.
- 7. To promote peer review as a membership benefit.
- 8. To facilitate and maintain communication between component and specialty peer review committees.

**Section 160. GOVERNMENT AFFAIRS COUNCIL:**

- A. **Composition:** The Government Affairs Council shall be composed of ~~between 14 and 17~~ 15 members. Ex officio voting members are: the CDA president, president-elect, and immediate past president. ~~shall serve as ex officio, voting members.~~ Ex officio nonvoting members are: ~~t~~he CDA executive director, CalDPAC chair and the ADA Government Affairs Council representative ~~shall serve as ex officio, non-voting members.~~ Nine at-large members shall be nominated and elected as described in Chapter VIII, Section 20.
- ~~B. Powers: In addition to any duties assigned to it by the board and the house, the Government Affairs Council shall have the authority on behalf of CDA to negotiate and take positions on legislation or governmental regulation. All negotiations shall be pursued in such a manner as to reflect the intent and integrity of the association and its membership.~~
- ~~BC.~~ **Term of Office and Tenure:** The ~~members shall be elected to a~~ term of office for at-large members shall be two years. The ~~consecutive tenure of a member shall be limited to three full terms of two years each.~~
- C. Duties: The duties of the Government Affairs Council shall be:**
  - 1. To initiate legislation on behalf of CDA that implements CDA policies and/or resolutions.
  - 2. To review legislation introduced by others and to evaluate its effect on the practice of dentistry and Californians' oral health and to establish CDA positions on such legislation.

**Rationale**

248-295. New language capturing existing councils and revised composition per VLSR

296. Formatting

298-302. Consistent phrasing & revised composition per VLSR

304-306. Moved below

308-309. Consistent phrasing of term and tenure

311-327. Addition of duty language not previously captured here

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- 3. To monitor and assess the activities of state regulatory boards and agencies as to their potential impact on dentistry and Californians’ oral health, and to take appropriate action based on CDA policies and resolutions.**
- 4. To evaluate the implementation and administration of previously enacted legislation.**
- 5. To convey information regarding the council’s activities to CDA membership through a system of verbal and written communications.**
- 6. To make recommendations regarding candidates for appointment to state boards, commissions and committees.**

D. Powers: In addition to any duties assigned to it by the board and the house, the Government Affairs Council shall have the authority on behalf of CDA to negotiate and take positions on legislation or governmental regulation. All negotiations shall be pursued in such a manner as to reflect the intent and integrity of the association and its membership.

Section 140. POLICY DEVELOPMENT COUNCIL:

A. Composition: The Policy Development Council shall be composed of between 11 and 14 members. The CDA vice president and secretary shall serve as *ex officio*, voting members. The CDA Executive Director shall serve as an *ex officio*, non-voting member.

B. Term of Office: The members shall be elected for a term of two years. The consecutive tenure of a member shall be limited to two full terms of two years each.

C. Duties: The Policy Development Council shall be charged with making policy recommendations to the appropriate CDA entities, including the Government Affairs Council, Board of Trustees and House of Delegates.

Section 1570. JUDICIAL COUNCIL:

A. Composition: The Judicial Council shall be composed of a total of 11 members.

**B. Term and Tenure: The term of office shall be three years. The tenure shall be two terms.**

**BC. Duties:** The duties of the Judicial Council shall be:

1. To consider proposals for amending the CDA Code of Ethics, and related matters.
2. To provide advisory opinions regarding the interpretations of the ADA Principles of Ethics and the CDA Code of Ethics.
3. To consider appeals from members.
4. To hold hearings and render decisions in disputes arising between component societies.

**Rationale**

329. Powers moved from above

333-342. Section moved below

344. Formatting

348. Consistent term and tenure language added per VLSR

350. Formatting

- 360 5. To exercise the powers of this association to discipline members, either upon its own initiative or upon request of any  
 361 component society. Decisions of the council shall be final unless a right of appeal is provided in the Constitution and Bylaws  
 362 of the American Dental Association.
- 363
- 364 6. To act on the recommendation of the Membership Application Review Subcommittee.
- 365
- 366 ~~ED.~~ Investigating Panels: The chair of the Judicial Council shall appoint an Investigating Panel and designate a chair to investigate the  
 367 facts in connection with potential disciplinary proceedings. The Investigating Panel shall consist of at least three members of the  
 368 Judicial Council. The recommendation of the Investigating Panel shall be considered to be the action of the Judicial Council and of  
 369 this association.
- 370
- 371 ~~DE.~~ Hearing Panels: In those cases where the Judicial Council initiates disciplinary proceedings, the chair of the Judicial Council appoints  
 372 a Hearing Panel to hear the charges and render a decision. The Hearing Panel will consist of three members of this association, at  
 373 least one of whom will be a member of the Judicial Council. The chair of the Judicial Council shall designate the chair of the Hearing  
 374 Panel and a hearing officer to preside at the hearing, who may be a member of the council. The hearing officer shall conduct the  
 375 hearing according to established procedures, shall participate in the deliberations of the Hearing Panel, and shall not be entitled to  
 376 vote. The decision of the Hearing Panel shall be considered to be the decision of the Judicial Council and of this association.
- 377
- 378 Section 160: COUNCIL ON ENDORSED PROGRAMS:
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- 380 ~~A. — Composition: The Council on Endorsed Programs shall be composed of seven members. One member shall be the CDA secretary~~  
 381 ~~servng as an ex officio, voting member. The remaining six members shall be nominated and elected as described in Chapter VIII,~~  
 382 ~~Section 20.~~
- 383
- 384 ~~B. — Term of Office: The term of office of members shall be for three years, with two members elected annually. The consecutive tenure~~  
 385 ~~of a member of the Council on Endorsed Programs shall be limited to two full terms of three years each.~~
- 386
- 387 ~~C. — Duties:~~
- 388
- 389 ~~1. — The council shall meet as needed to provide necessary oversight and direction related to the endorsed programs of the~~  
 390 ~~association.~~
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- 392 ~~2. — The council shall monitor the performance and perform any necessary due diligence with respect to current or proposed~~  
 393 ~~endorsed programs.~~
- 394
- 395 ~~3. — The council shall recommend to the board any actions relating to CDA’s endorsement of a specific product, service or~~  
 396 ~~vendor.~~
- 397
- 398 ~~4. — The council shall report quarterly to the board and annually to the house.~~
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- 400

Rationale

366. Formatting

371. Formatting

378-398. Section moved above



Section 180. POLICY DEVELOPMENT COUNCIL:

- A. Composition: The Policy Development Council shall be composed of ~~between 11 and 14~~ **13** members. **Ex officio voting members are:** the CDA vice president and secretary ~~shall serve as ex officio, voting members.~~ The CDA executive director shall serve as an *ex officio*, non-voting member. **Ten at-large members shall be nominated and elected as described in Chapter VIII, Section 20.**
- B. Term of Office and Tenure: **The term of office shall be two years. The tenure shall be three terms.** ~~The members shall be elected for a term of two years. The consecutive tenure of a member shall be limited to two full terms of two years each.~~
- C. Duties: The **duties of the** Policy Development Council shall be ~~charged with making:~~
  - 1. **To assess policy issues that may affect the practice of dentistry.**
  - 2. **To make** policy recommendations to the appropriate CDA entities, including the Government Affairs Council, **the board, and the house** ~~Board of Trustees and House of Delegates.~~
  - 3. **To advise and make recommendations on education, training and communication projects targeting members, the public, and other policy-making organizations.**

**Rationale**

401-418. Section moved from above and consistent language proposed

407-408. Consistent term and tenure language added per VLSR

410-418. Clarification of duties

**CDA BYLAWS – STANDING COMMITTEES OF THE BOARD: Revisions Adopted Per Resolution 23-2009-H**

**CHAPTER IX – STANDING COMMITTEES OF THE BOARD**

The standing committees of the board shall be established by the board and, in addition to duties specified below, shall be charged with duties assigned by the board. A member of a standing committee of the board may be removed by the board in the same manner as council members (Chapter VIII, Section 70). **A majority of the voting members of the committee shall constitute a quorum. A quorum must be present to transact business. A majority of votes cast is the act of the committee.**

**Section 10. EXECUTIVE COMMITTEE:**

A. **Composition:** The Executive Committee shall be composed of the president (who shall serve as chair), president-elect, immediate past president, vice president, secretary and treasurer as voting members. The executive director, speaker and editor shall be *ex officio* members without the right to vote. In the absence of the president, the chair shall be filled by the president-elect, and in their absence, the vice president shall succeed as chair.

B. **Authority:** The actions of the Executive Committee shall be reported to the board for approval.

C. **Duties:** The duties of the Executive Committee shall be:

1. To conduct and supervise the business of the association and to direct the officers in the exercise of their powers and duties when the board is not in session. All decisions and interim policies of the Executive Committee are subject to review and approval at the next board meeting.
2. To carry out any duties assigned to it by the board.
3. To oversee the preparation of the agenda for the board meetings.
4. To notify a council member, committee member, board of managers member or an ADA delegate of the commencement of a removal proceeding and the reason for removal.

**5. To ensure the relevance of the strategic plan on an annual basis.**

D. **Meetings:** Meetings of the Executive Committee shall be subject to the call of the chair or any three of its members.

**Section 20. FINANCE COMMITTEE:**

A. **Composition:** The Finance Committee shall be composed of **six members. Ex officio members are** the treasurer, **who serves** as chair, president **and** president-elect. ~~and~~ **Three** trustee members **shall be** elected by the board.

**Rationale**

422-423. Inclusion of existing policy and practice for consistency

449. Current practice and reflection of strategic planning committee change

453-454. Consistent composition language

455-460. Consistent term and tenure language added per VLSR

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**B.** **Term and Tenure: The term of office for** ~~The trustee members shall be will serve one three years, year term. An individual may remain on the Finance Committee for up to one year following completion of service as a trustee. Tenure shall be two terms. Should a trustee term expire prior to completion, that member shall be allowed to serve the remainder of the unexpired Finance Committee term, not to exceed one year.~~

**CB.** **Duties: The duties of the Finance Committee shall be:**

1. To review annually preliminary estimates of income, expenditures and additions to reserves and to review and submit an annual budget to the board.
2. To oversee and provide guidance concerning investment of reserve funds. The Finance Committee shall report quarterly to the board and annually to the house.
3. To present written reports at least annually to the board.
4. To review and report to the board semiannually, the financial and operational records of all subsidiaries and affiliates.
5. To conduct an annual review of all employee retirement plans to ensure continued compliance with all federal laws and regulations.

**Section 30. NOMINATING COMMITTEE:**

**A.** **Composition:**

1. The Nominating Committee shall be composed of the 43 trustees. The president shall appoint the chair of the Nominating Committee, who shall be a trustee serving on the Committee on Volunteer Placement. The chair of the Nominating Committee may not be a candidate for any officer position or for the position of thirteenth district trustee.
2. The Nominating Committee shall meet annually at least 60 days prior to the house, as convened by the president.
3. Twenty-two members shall constitute a quorum for the transaction of business.

**B.** **Duties: The duties of the Nominating Committee shall be to name at least one candidate for each of the offices of president-elect, vice president, secretary, speaker of the house and treasurer when appropriate.**

~~1. The Nominating Committee shall be convened by the president, and shall name at least one candidate for each of the offices of president-elect, vice president, secretary, speaker of the house and treasurer when appropriate.~~

~~2.~~ **1.** Such nominations shall be submitted to the delegates and alternate delegates at least 45 days prior to the house.

**Rationale**

460. Consistent language

486. Language incorporated from below

490-491. Consistent language, incorporated from below

493-505. Formatting

498 ~~3.2.~~ The membership of this association shall be notified by publication not less than 45 days prior to the house of the  
499 nominations made by the Nominating Committee. Notification may be given either by publication in the official publication  
500 of the association or by direct mailing to the members. The date of mailing of any such publication or the date of mailing of  
501 any notice shall be deemed to be the date of publication.  
502

503 ~~4.3.~~ Subsequent to the 45 day notice, should the name of one or more officer candidates be withdrawn for any reason, the  
504 Nominating Committee shall amend its report to the house so that it contains at least one candidate for each position to be  
505 filled.  
506

507 **Section 40. COMMITTEE ON REPORTS:**  
508

509 A. Committee on Reports: The Committee on Reports shall consist of the president, the secretary, the Finance Committee chair, and four  
510 members of the board, appointed by the President, and subject to approval by the board. The speaker and the executive director shall  
511 be members *ex officio* without the right to vote. The chair shall be secretary of the association.  
512

513 B. Meetings: Meetings of the Committee on Reports shall be subject to the call of the chair or any three of its members to determine the  
514 placement of each resolution in one of the five board reports.  
515

516 C. Duties: The duties of the Committee on Reports shall be:  
517

518 1. To prepare the Board of Trustees' annual report to the house. The annual report shall consist of the following reports:  
519

520 (a) Board Report 1 – Proposed Nominations to Councils/Committees and ~~Scientific Sessions~~ CDA Presents Board of  
521 Managers, ADA Delegates, and ADA Alternate Delegates;  
522

523 (b) Board Report 2 – Proposed CDA Bylaws Amendments;  
524

525 (c) Board Report 3 – Official Actions of the Board of Trustees;  
526

527 (d) Board Report 4 – Annual Operating and Capital Budget; and  
528

529 (e) Board Report 5 – Status Report of Prior year's House of Delegate Actions.  
530

531 2. In preparing Board Report 3, the Committee on Reports shall identify those matters which are policies and those matters  
532 which are not policies. For purposes of making this determination, a policy is an action of the board which establishes a  
533 comprehensive rule or doctrine which will furnish the basis or origin for other rules or doctrines to guide in the management  
534 of the association and the attainment of its objectives.  
535

536 All policies shall become separate resolutions to be considered at the house. All matters which are not policies shall be  
537 combined in Report 3 to be ratified as one resolution to be considered at the house. The Committee on Reports may  
538 designate any matter, that is not policy, as a separate resolution to be considered at the house.

**Rationale**

520. Reflection of proposed name change

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Section 50. AUDIT COMMITTEE:

- A. Composition: The Audit Committee shall be composed of two trustee members elected by the board and two at-large member appointed by the president. The committee may not include any members of the CDA Executive Committee, Finance Committee, or staff. The members of the committee may not receive compensation for their services and may not have a material financial interest in any entity doing business with CDA, its affiliates or its subsidiaries. The president shall appoint the chair with board approval.
- B. Term of Office and Tenure: The term of office ~~of the committee members~~ shall be two years. The ~~consecutive~~ tenure ~~of a committee member~~ shall be ~~limited to two full terms, and one partial term. A partial term is no more than one year.~~ The eligibility criteria set forth in Chapter VIII, Section 30.C. shall apply.
- C. Duties: The duties of the Audit Committee shall be:
  1. To recommend to the board the retention or termination of an independent auditor;
  2. To negotiate the compensation of the independent auditor for approval by the board;
  3. To confer with the independent auditor to satisfy the committee members that the financial affairs of the association are in order;
  4. To review and determine whether to accept the audit;
  5. To approve the performance of any non-audit services by the auditing firm; and
  6. To recommend to the board procedures for the receipt, retention, and treatment of complaints regarding accounting, internal accounting controls, or auditing matters.

Rationale

548-550. Consistent term and tenure language added per VLSR

**CDA BYLAWS – STANDING COMMITTEES OF THE ASSOCIATION: Revisions Adopted Per Resolution 23-2009-H**

**CHAPTER X – STANDING COMMITTEES OF THE ASSOCIATION**

~~The standing committees of the association shall be established by the house and in addition to duties specified below, shall be charged with duties assigned by the house and board. A member of a standing committee of the association may be removed by the board in the same manner as council members (Chapter VIII, Section 70).~~

**Section 10. NAME:** The association has six standing committees established by the house and in addition to duties specified below, shall be charged with duties assigned by the house and board:

- Committee on the New Dentist,
- Committee on Volunteer Placement,
- Evaluation Committee,
- Interdisciplinary Affairs Committee,
- Leadership Development Committee
- ~~Evaluation Committee,~~
- Strategic Planning Committee.
- ~~Interdisciplinary Affairs Committee~~
- ~~Committee on Volunteer Placement, and~~
- ~~Committee on the New Dentist.~~

**Section 20. MEMBERS: Nominations for all at-large positions shall be made by the board. Additional nominations may be made by the house. All at-large members of committees shall be elected by the house unless otherwise noted in these bylaws.**

**Section 30. ELIGIBILITY: The following conditions apply unless otherwise stated in these bylaws:**

**A. All members of committees must be in good standing.**

**B. Members who previously served a tenure on a committee are eligible to serve on that committee again following a period of time greater than or equal to a tenure. Members who do not complete a full tenure are eligible to serve on that committee again only for the number of terms remaining within that tenure. If a period of time greater than or equal to a tenure intervenes between terms, members are eligible to serve a full tenure.**

**Section 40. CHAIRS: One member of each committee shall be appointed chair annually by the president (in consultation with the president elect, secretary, vice president and chair of the Committee on Volunteer Placement) with the approval of the board.**

**Section 50. TERM OF OFFICE: The term and tenure for each position is noted in the committee descriptions below. A member shall be permitted to serve a partial term (consisting of less than one-half of a full term) when filling a vacancy which shall not count as service when computing terms towards a tenure.**

**Rationale**

582-584. Incorporated below as consistent with other sections

584-599. Consistency and formatting (for clarity)

601-618. New sections to reflect current practices (and incorporations from other sections)

620 Section 60. REMOVAL AND VACANCY: A member of a standing committee of the association may be removed by the board in the same  
 621 manner as council members (Chapter VIII, Section 70) with the exception of the Interdisciplinary Affairs Committee. In the event of a  
 622 vacancy in the membership of any committee, the president shall appoint a member of the association to fill such vacancy until a  
 623 successor is elected by the next house to fulfill the remainder of the unexpired term. In the event such vacancy involves the chair of the  
 624 committee, the president shall have the power to appoint an interim chair.  
 625  
 626 Section 70. QUORUM AND VOTING: A majority of the voting members of any committee shall constitute a quorum. A quorum  
 627 must be present to transact business. A majority of votes cast is the act of the committee.  
 628  
 629 Section 80. PRIVILEGE OF THE FLOOR: Committee chairs who are not delegates of the house have the right to participate in  
 630 debate on their respective reports but shall not have the right to vote.  
 631  
 632 Section 90. REPORTS AND BUDGET: Each committee shall submit a quarterly report to the board, an annual report to the house,  
 633 and shall submit a proposed itemized budget to the board.  
 634  
 635 Section 100. DUTIES: Each committee shall perform those duties assigned to it by the board.  
 636  
 637 Section 110. COMMITTEE ON THE NEW DENTIST:  
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 639 A. Composition: The Committee on the New Dentist shall be composed of eight members: seven at-large members, who must be  
 640 dentists within their first 10 years of practice and who have not served or are not currently serving in an at-large or trustee position on  
 641 a council, committee, or board at CDA, its subsidiaries or affiliates; and the Thirteenth District representative at the ADA Committee  
 642 on the New Dentist, who shall be an *ex officio*, non-voting member. At-large members of the committee shall be nominated by the  
 643 board and elected by the house. The president shall appoint the chair with board approval. The committee shall invite one student  
 644 from the California Dental Schools on an annual rotation to serve as a guest. **The president shall appoint one trustee to serve as a**  
 645 **liaison.**  
 646  
 647 B. Term of Office and Tenure: The term of office of at-large members of the committee shall be one year. The tenure of an at-large  
 648 member of the committee shall be limited to three full or partial terms. **One tenure is the maximum service on this committee.**  
 649  
 650 C. Duties: The duties of the Committee on the New Dentist shall be:  
 651  
 652 1. To serve in an advisory role providing the new dentist perspective on appropriate CDA councils, committees, and task forces  
 653 on an annual rotation by presidential appointment.  
 654  
 655 2. To serve as a new dentist advisory group for CDA, its subsidiaries, and its affiliates.  
 656  
 657 3. To support the tripartite network for new dentists, providing recommendations and assistance for new dentist committees at  
 658 the component level and programs of the ADA Committee on the New Dentist.  
 659  
 660 4. To participate in activities related to CDA student members.

**Rationale**

626-635. New sections to reflect current practices (and incorporations from other sections)

637-645. Sections moved for clarity

644. Liaison added per board recommendation

647. Tenure added per VLSR

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- 5. To encourage new dentists from each of the components to participate in CDA leadership development programs.
- 6. To identify and recruit new dentists for leadership positions in organized dentistry at all levels of the tripartite.

**Section 120. COMMITTEE ON VOLUNTEER PLACEMENT:**

- A. **Composition:** The Committee on Volunteer Placement shall consist of eight members: four at-large members, who are not members of the board; and four trustees. At least one member must be a dentist within his or her first 10 years of practice. The trustee members shall be elected by the board. The at-large positions and the chair shall be appointed by the president. Except for the chair, who shall serve as a guest to the Leadership Development Committee, no other members may serve concurrently on the Leadership Development Committee.
- B. **Term of Office:** The term of office ~~of the committee members~~ shall be two years. **The tenure shall be one full term. One tenure is the maximum service on this committee. The tenure of a committee member shall be limited to one full or partial term. A partial term is no more than one year.**
- C. **Duties:** **The duties of the Committee on Volunteer Placement shall be:**
  - 1. **To** accept and review candidate applications for volunteer leadership positions as specified in the General Operating Principles of the Board of Trustees.
  - 2. **To** recommend to the Nominating Committee at least one candidate per position to be filled as specified in the General Operating Principles of the Board of Trustees.
  - 3. **To** recommend candidates to fill other appointed positions as requested by the president.
  - 4. **To** maintain a database of volunteers including their current skill sets and experience.

**Section 130. EVALUATION COMMITTEE:**

- A. **Composition:** The Evaluation Committee shall be composed of the Executive Committee, the CDA Foundation chair, the TDIC / TDIC Insurance Solutions chair, and two ~~at large~~ **second-term trustee** members appointed by the president. The CDA executive director will participate only in the goal setting and evaluation of the subsidiary and affiliate executives, and in the governance review duties. The CDA editor will participate only in the goal setting and evaluation of the executive director and subsidiary and affiliate executives, and in the governance review duties.
- B. **Term and Tenure:** The term of the ~~at large~~ **trustee** members shall be ~~for~~ two years, with one term expiring each year.
- ~~B.C.~~ **Duties:** The duties of the Evaluation Committee shall be:

**Rationale**

666-672. Sections moved for clarity

674-676. Consistent term and tenure language added per VLSR

678. Consistent language

680-688. Consistent language and formatting

692. Clarification to reflect practice

698. Consistent formatting and clarification

700. Formatting



- 702 1. To develop annual goals and conduct an annual evaluation of the CDA executive director with a report to the board,  
703 including compensation recommendations.
- 704 2. To develop annual goals and conduct an annual evaluation of the CDA editor with a report to the board.
- 705 3. To review the goals, receive the evaluation and approve compensation of the subsidiary and affiliate executives, with a report  
706 to the board.
- 707 4. To receive information from the chairs of the subsidiaries and affiliates regarding newly established goals, major initiatives,  
708 and annual budget and to report its findings quarterly to the board.
- 709 5. To receive, review, and recommend with a report to the board all proposed amendments to the governance documents for the  
710 CDA Holding Company, Inc., CDA, its affiliates and subsidiaries to ensure the proposed amendments are necessary and  
711 consistent with other related provisions in the governance documents. A subcommittee composed of the speaker of the  
712 house, a second member of the Executive Committee, and at least one trustee, shall be charged with the initial review and  
713 recommendations to the Evaluation Committee. The subcommittee shall be staffed by CDA general counsel.

714 **Section 140. INTERDISCIPLINARY AFFAIRS COMMITTEE:**

- 715 A. **Composition:** The Interdisciplinary Affairs Committee shall be composed of the president who shall serve as chair, a general  
716 practitioner member-at-large who shall be appointed by the president, ~~and the presidents of the ADA-recognized specialty groups or~~  
717 ~~their designees, and a public health dentist, appointed by the president.~~ When one or more organizations exist representing the  
718 same specialty group, the organizations will select one representative to serve. **If an ADA-recognized specialty group does not have**  
719 **an organization in California, a designee shall be named by the national organization.** All such individuals must be CDA  
720 members in good standing. The executive directors of these specialty groups, if any, shall serve as *ex officio*, non-voting members of  
721 the committee, ~~without the right to vote.~~
- 722 B. **Term and Tenure: Appointed members of the Interdisciplinary Affairs Committee shall serve one-year terms with no limit**  
723 **on the number of terms. CDA-appointed members are subject to attendance requirements consistent with other committees.**  
724 **Members of the Interdisciplinary Affairs Committee may only be removed and vacancies filled by the group from which the**  
725 **individual was selected or by the president who made the appointment.**
- 726 C. **Duties:** This committee shall be advisory only and shall perform the following duties:  
727 1. To make recommendations to various councils regarding any issue which is directly relevant to the collective or an individual  
728 specialty group.
- 729 2. To provide opportunity for specialty group representatives to seek information from the association regarding present  
730 association positions on various issues and for CDA to enlist the aid of specialty groups where there are issues of mutual  
731 concern.

**Rationale**

700-717. Sections moved for clarity

719-725. Clarification per VLSR

729-732. Consistent language format to match practice with regard to term and tenure

734. Formatting

Section 150. LEADERSHIP DEVELOPMENT COMMITTEE:

- A. Composition: The Leadership Development Committee shall be composed of ~~between 10 and 12~~ elected members: ~~at least two of whom must be~~ trustees elected by the board, ~~and eight at-large members, at least one of whom must be a~~ and eight at-large members, at least one of whom must be a dentist within his or her first 10 years of practice. ~~At large members shall be nominated and elected as described in Chapter VIII, Section 20. Members of the committee, who are not trustees elected by the board, shall be nominated by the board and elected by the house. The president shall appoint the chair with board approval.~~
- B. Term of Office and Tenure: ~~The term of office shall be two years. The tenure shall be three terms. The term of office of the committee members shall be two years. The consecutive tenure of a committee member shall be limited to two full terms and one partial term. A partial term is no more than one year.~~ The term of office shall be two years. The tenure shall be three terms.
- C. Duties: The duties of the Leadership Development Committee shall be:
1. To identify and recruit leaders for the tripartite organization, who will represent the membership of the association.
  2. To develop in the members of the association the skills needed to serve in positions of leadership throughout organized dentistry.

Section 30. EVALUATION COMMITTEE:

- ~~A. Composition: The Evaluation Committee shall be composed of the Executive Committee, the CDA Foundation chair, the TDIC/TDIC Insurance Solutions chair, and two at large members appointed by the president. The CDA executive director will participate only in the goal setting and evaluation of the subsidiary and affiliate executives, and in the governance review duties. The CDA editor will participate only in the goal setting and evaluation of the executive director and subsidiary and affiliate executives, and in the governance review duties. The terms of the at large members shall be for two years, with one term expiring each year.~~
- ~~B. Duties: The duties of the Evaluation Committee shall be:~~
- ~~1. To develop annual goals and conduct an annual evaluation of the CDA executive director with a report to the board, including compensation recommendations.~~
  - ~~2. To develop annual goals and conduct an annual evaluation of the CDA editor with a report to the board.~~
  - ~~3. To review the goals, receive the evaluation and approve compensation of the subsidiary and affiliate executives, with a report to the board.~~
  - ~~4. To receive information from the chairs of the subsidiaries and affiliates regarding newly established goals, major initiatives, and annual budget and to report its findings quarterly to the board.~~

**Rationale**

745-749. Consistent phrasing & revised composition per VLSR

751-753. Consistent term and tenure language added per VLSR

762-781. Section moved for clarity

784 ~~5. To receive, review, and recommend with a report to the board all proposed amendments to the governance documents for the~~  
785 ~~CDA Holding Company, Inc., CDA, its affiliates and subsidiaries to ensure the proposed amendments are necessary and~~  
786 ~~consistent with other related provisions in the governance documents. A subcommittee composed of the speaker of the~~  
787 ~~house, a second member of the Executive Committee, and at least one trustee, shall be charged with the initial review and~~  
788 ~~recommendations to the Evaluation Committee. The subcommittee shall be staffed by CDA general counsel.~~

789  
790 ~~Section 40. STRATEGIC PLANNING COMMITTEE:~~

791  
792 ~~A. Composition: The Strategic Planning Committee shall be composed of four members of the board, two officers, four at large~~  
793 ~~members selected from the general membership, one component executive director and the executive director. The term of office for~~  
794 ~~all members shall be one year, to a maximum of six terms, except for the executive director.~~

795  
796 ~~B. Duties: The duty of the Strategic Planning Committee is to review trend data and future issues to ensure relevance of the strategic~~  
797 ~~plan.~~

798  
799 ~~Section 50. INTERDISCIPLINARY AFFAIRS COMMITTEE:~~

800  
801 ~~A. Composition: The Interdisciplinary Affairs Committee shall be composed of the president who shall serve as chair, a general~~  
802 ~~practitioner member at large who shall be appointed by the president, and the presidents of the recognized specialty groups or their~~  
803 ~~designees. When one or more organizations exist representing the same specialty group, the organizations will select one~~  
804 ~~representative to serve. All such individuals must be members in good standing. The executive directors of these specialty groups, if~~  
805 ~~any, shall serve as ex officio members of the committee, without the right to vote.~~

806  
807 ~~B. Duties: This committee shall be advisory only and shall perform the following duties:~~

808  
809 ~~1. To make recommendations to various councils regarding any issue which is directly relevant to the collective or an individual~~  
810 ~~specialty group.~~

811  
812 ~~2. To provide opportunity for specialty group representatives to seek information from the association regarding present~~  
813 ~~association positions on various issues and for CDA to enlist the aid of specialty groups where there are issues of mutual~~  
814 ~~concern.~~

815  
816 ~~Section 60. COMMITTEE ON VOLUNTEER PLACEMENT:~~

817  
818 ~~A. Composition: The Committee on Volunteer Placement shall consist of eight members: four at large members, who are not members~~  
819 ~~of the board; and four trustees. At least one member must be a dentist within his or her first 10 years of practice. The trustee~~  
820 ~~members shall be elected by the board. The at large positions and the chair shall be appointed by the president. Except for the chair,~~  
821 ~~who shall serve as a guest to the Leadership Development Committee, no other members may serve concurrently on the Leadership~~  
822 ~~Development Committee.~~

823  
824

**Rationale**

790-797. Committee removed to reflect current practice (special vs. standing committee)

799-866. Sections moved above for clarity

825 ~~B. Term of Office: The term of office of the committee members shall be two years. The tenure of a committee member shall be limited~~  
826 ~~to one full or partial term. A partial term is no more than one year.~~

827  
828 ~~C. Duties:~~

829  
830 ~~1. Accept and review candidate applications for volunteer leadership positions as specified in the General Operating Principles~~  
831 ~~of the Board of Trustees.~~

832  
833 ~~2. Recommend to the Nominating Committee at least one candidate per position to be filled as specified in the General~~  
834 ~~Operating Principles of the Board of Trustees.~~

835  
836 ~~3. Recommend candidates to fill other appointed positions as requested by the president.~~

837  
838 ~~4. Maintain a database of volunteers including their current skill sets and experience.~~

839  
840 ~~Section 70. COMMITTEE ON THE NEW DENTIST:~~

841  
842 ~~A. Composition: The Committee on the New Dentist shall be composed of eight members: seven at large members, who must be~~  
843 ~~dentists within their first 10 years of practice and who have not served or are not currently serving in an at large or trustee position on~~  
844 ~~a council, committee, or board at CDA, its subsidiaries or affiliates; and the Thirteenth District representative at the ADA Committee~~  
845 ~~on the New Dentist, who shall be an *ex officio*, non-voting member. At large members of the committee shall be nominated by the~~  
846 ~~board and elected by the house. The president shall appoint the chair with board approval. The committee shall invite one student~~  
847 ~~from the California Dental Schools on an annual rotation to serve as a guest.~~

848  
849 ~~B. Term of Office: The term of office of at large members of the committee shall be one year. The tenure of an at large member of the~~  
850 ~~committee shall be limited to three full or partial terms.~~

851  
852 ~~C. Duties: The duties of the Committee on the New Dentist shall be:~~

853  
854 ~~1. To serve in an advisory role providing the new dentist perspective on appropriate CDA councils, committees, and task forces~~  
855 ~~on an annual rotation by presidential appointment.~~

856  
857 ~~2. To serve as a new dentist advisory group for CDA, its subsidiaries, and its affiliates.~~

858  
859 ~~3. To support the tripartite network for new dentists, providing recommendations and assistance for new dentist committees at~~  
860 ~~the component level and programs of the ADA Committee on the New Dentist.~~

861  
862 ~~4. To participate in activities related to CDA student members.~~

863  
864 ~~5. To encourage new dentists from each of the components to participate in CDA leadership development programs.~~

865  
866 ~~6. To identify and recruit new dentists for leadership positions in organized dentistry at all levels of the tripartite~~

**Rationale**

825-866. Sections moved above for clarity

**CDA BYLAWS - CDA PRESENTS BOARD OF MANAGERS: Revisions Adopted Per Resolution 23-2009-H**

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CHAPTER VI – ELECTED OFFICERS...

D. Secretary: It shall be the duty of the secretary: ...

10. To receive and review attendance records of meetings of the board, councils, committees, ~~Sessions~~ CDA Presents Board of Managers, and the ADA thirteenth district delegation.

CHAPTER XIII – ~~SCIENTIFIC SESSIONS~~ CDA PRESENTS BOARD OF MANAGERS:

~~This association shall hold Scientific Sessions at such times and places and in accordance with rules and directions established by the board.~~

~~Section 10. SCIENTIFIC SESSIONS BOARD OF MANAGERS:~~

Section 10-A. Composition: The ~~Scientific Sessions~~ CDA Presents Board of Managers (board of managers) shall be composed of:

~~1A.~~ 1A. Nine manager members, selected ~~through the Leadership Development Committee process~~ as described in Chapter VIII, Section 20, using specific criteria and qualifications established by the board of managers.

~~2B.~~ 2B. Five associate members, selected by the chair and ratified by the board, categorized as either training or experienced associates. Training associates shall not have previously served on the board of managers. Experienced associates will have previously served on the board of managers. The board of managers shall include at least one training associate.

~~3C.~~ 3C. A chair, who shall be appointed annually by the president from among the manager or associate members.

~~4D.~~ 4D. The executive director, who shall serve as an *ex officio*, voting member and vice chair.

Section 20-B. Terms of Office:

~~1A.~~ 1A. Manager members shall serve for a term of three years. The consecutive tenure of a manager member of the board of managers shall be limited to two full terms and one partial term. A partial term shall be no more than one and one half years. The terms shall be staggered.

~~2B.~~ 2B. Associate members shall serve for a term of one year.

~~3C.~~ 3C. A member of the board of managers may be removed by the board in the same manner as council members (Chapter VIII, Section 70).

Section 30 C. Duties: The board of managers shall establish a mission statement and manage the development and implementation of all scientific sessions.

**Rationale**

873. Proposed name change

877. Proposed name change

879. Unnecessary language

879-905. Formatting

882. Name change

881-909. Correction

908 Section 40 D. Annual Report and Budget: The board of managers shall submit quarterly reports to the board, annual reports to the house, and  
909 shall propose an itemized budget annually to the board.

**Rationale**

881-909. Correction

**CDA BYLAWS – DELEGATES TO THE AMERICAN DENTAL ASSOCIATION:**  
**Revisions Adopted Per Resolution 23-2009-H**

**CHAPTER XV – DELEGATES TO THE AMERICAN DENTAL ASSOCIATION**

**Section 10. COMPOSITION:** The CDA delegation ~~representing this association~~ to the ADA shall consist of ~~delegates nominated by the board and elected by the house in accordance with~~ the number of delegates allocated ~~assigned~~ to this association by the ADA. ~~A reasonable number of alternate delegates shall be nominated and elected in the same manner.~~ Ex officio delegates are: the president, president-elect, vice-president, secretary, treasurer, speaker, immediate past-president, editor, and TDIC/TDIC Insurance Solutions chair. ~~A reasonable number of alternate delegates shall be nominated and elected~~ as set forth in Section 40 below.

**Section 20. QUALIFICATIONS:** Delegates and alternate delegates must be members in good standing.

**Section 30. TERM OF OFFICE AND TENURE:** The term of office for delegates is two years. The term of office for alternate delegates is one year. An unlimited number of terms may be served. ~~Each year the president elect shall automatically become a delegate to the ADA to serve a two year term. Each year, the vice president, secretary, treasurer, speaker, immediate past president, editor and TDIC/TDIC Insurance Solutions chair shall automatically become delegates to the ADA to serve a one year term. An elected delegate to the ADA shall serve for a two year term with no limitation on the number of times elected. The terms of the delegates shall be staggered so that each year the house elects approximately one half of the delegation. Alternate delegates shall be elected for a term of one year.~~

Should any delegate ~~or alternate delegate~~ position be vacated, the president shall replace the delegate in the year of vacancy from the list of alternate delegates to serve until the next annual session, at which time the unexpired term shall be filled by the house. Should any alternate delegate position be vacated, it shall remain unfilled.

**Section 40. NOMINATION AND ELECTION:** The board shall nominate candidates for election as delegates and alternate delegates. Additional nominations for candidates for election as delegates and alternate delegates may be made as provided in The General Operating Principles of the House of Delegates.

**Section 50. REMOVAL:** Delegates may be removed by the board in the same manner as council members (Chapter VIII, Section 70).

**Section 60. DUTIES:** The delegates shall be the official representatives of CDA in the ADA House of Delegates.

**Section 70. SPECIAL CIRCUMSTANCES:** Under special circumstances, the executive committee may seek approval of the board for the president to appoint up to two alternate delegates.

**Rationale**

915. Clarification  
 916-919. Section moved below  
 917-919. List of other *ex officio* positions for clarity  
 923-928. Consistent term and tenure language  
 924-928. Section moved and revised above, including elimination of unnecessary staggering language  
 930-932. Clarification of practice  
 942-943. Addition of new process

**CDA BYLAWS – SUBSIDIARIES AND AFFILIATES: Revisions Adopted Per Resolution 23-2009-H**

**CHAPTER XVI – SUBSIDIARIES AND AFFILIATES**

This association may create subsidiaries and affiliates, both nonprofit and for-profit, as it deems appropriate to conduct programs and activities of this association.

**Section 20. SUBSIDIARIES:**

**B. Holding Company (CDAHCI):**

1. **Purpose:** This association shall establish CDAHCI for the purpose of holding the shares of each of the subsidiary companies created by the association, electing the subsidiary companies' boards of directors and receiving dividends from the subsidiaries. The board of directors of CDAHCI shall establish such policies and procedures as it deems reasonable for the administration of CDAHCI and its subsidiary companies.
2. **Administration:** The chief executive officers of each of the subsidiary companies shall report to the chair of the board of CDAHCI who also sits as a member of the Evaluation Committee of this association. The Evaluation Committee shall present quarterly reports of the activities of the subsidiary companies to the board.
3. **Composition of the Board of Directors:** The board of directors of CDAHCI shall be composed of four members, **Ex officio members are: the executive director, the CDA president and CDA treasurer, and CDA executive director, who shall serve as chair, of this association, and A CDA trustee, who does not serve on a subsidiary board, shall be nominated by the CDA board, selected by the CDA house, and elected by the shareholder of CDAHCI. The executive director will act as chair.**
- 4. Term and Tenure: The term of office for the elected member shall be one year. The tenure shall be six years.**
- 54. Election and Removal of Subsidiary Company Board Members:** CDAHCI, as shareholder of the subsidiary companies, shall elect, by act of its board of directors, the directors of each of the subsidiary companies by voting the shares of the subsidiary company in favor of the candidates recommended by the house or such other candidates as the board of directors of CDAHCI deems appropriate.  
  
CDAHCI, as shareholder of the subsidiary companies, may remove and replace any subsidiary company board member in accordance with procedures established by it.
- 65. Dividends:** Dividends received by CDAHCI may be held and invested. Dividends deemed reasonable and prudent by the board of directors of CDAHCI may be declared to this association.

**Rationale**

966-970. Consistent composition language

972. Consistent term and tenure language

974-983. Formatting



**GENERAL OPERATING PRINCIPLES OF THE BOARD OF TRUSTEES –**  
**CDA PRESENTS BOARD OF MANAGERS: Revisions Adopted Per Resolution 23-2009-H**

**VI. LEADERSHIP APPLICATION AND PLACEMENT**

**B. NOMINATIONS:**

1. Candidates for the following positions are proposed by the Committee on Volunteer Placement, nominated by the board and elected by the house:
  - Members of councils, standing committees of the association (except president-appointed and board-elected trustee positions)
  - ~~Scientific Sessions~~ **CDA Presents** Board of Managers members (except associate members)
  - ADA Delegates and Alternate Delegates

**Rationale**

995. Proposed name change

**Executive Summary of Revisions to the  
Guidelines for the Assessment of Clinical Quality and Professional Performance  
(Revisions Adopted Per Resolution 26RC-2009-H)**

The proposed revisions, with regard to specific sections, are as follows:

**History and Clinical Examination**

Page 1-1: General Guidelines

The general medical history should contain information pertaining to:

- General health and appearance
- Systemic disease; such as cardiac condition, history of ~~rheumatic fever~~, American Heart Association risk factors, diabetes, hepatitis
- Allergies and sensitivity to drugs
- Reaction to dental anesthetics
- Present medication and present treatment
- Hip or any other joint replacement
- Bleeding problems
- Nervous disorders
- Any other pertinent information

Page 1-2: Based upon review of the medical history, and completion of the physical evaluation, the physical status of the patient may be graded in accordance with the American Society of Anesthesiologists' classification:

- Class ~~1~~ I: A normal health patient for an elective procedure  
 Class ~~2~~ II: A patient with a mild systemic disease  
 Class ~~3~~ III: A patient with severe systemic disease that limits activity but is not incapacitating  
 Class ~~4~~ IV: A patient with an incapacitating disease that is a constant threat to life  
 Class ~~5~~ V: A moribund patient who is not expected to survive 24 hours without the operation

**Management of Pain, Anxiety and Emergencies**

Page 5-4: Quality Evaluation Criteria and Abbreviations, Sedation

Anxiety, apprehension and fear are allayed and the pain threshold is elevated to decrease stress and to decrease undesirable reflex activities. Satisfactory equipment and monitoring of patients is available and is carried out.

**Endodontics**

Page 7-1: General Guidelines

Endodontic services include:

- Vital pulp treatment
- Pulpectomy
- Non-surgical treatment of root canals and pulp chambers
- Surgical treatment of periapical and lateral pathosis of pulpal origin
- Apicoectomy and retrograde filling
- Replantation of teeth
- ~~Endodontic Implants~~

## Endodontic Services May Include

## Vital Pulp Treatment

*Direct pulp capping* may be indicated in the presence of a small exposed vital ~~or normal pulp.~~ and asymptomatic pulp.

Page 7-2:

Factors which should be considered in determining the acceptability of vital pulp treatment are:

- Radiographic evidence of calcification, i.e., reparative dentin formation for pulp capping and root apex maturation for pulpotomy.
- The absence of tooth supportive structure changes.
- A normal vital pulp response for pulp capping in an asymptomatic tooth.

## Root Canal Treatment

Root Canal treatment may be indicated on teeth with diseased or potentially diseased pulp with or without evidence of periapical pathosis. Treatment procedures consist of:

- Acceptable access
- Bio-mechanical cleansing and the shaping of the canal system
- ~~Culturing when indicated~~
- Obturation of pulp chamber and root canal system with ~~suitable radiopaque material~~ a suitable radiopaque filling material and sealer.

Above procedures should be performed under rubber dam isolation ~~whenever feasible.~~

## Non-Surgical Root Canal Treatment:

- Apexification treatment may be indicated on a tooth with a necrotic pulp which has an immature root. The treatment involves the induction of apical closure over a period of several months. When closure is complete, normal endodontic therapy is performed.
- In the alternative, an apical barrier using a bio compatible material may also be acceptable.

**Crowns and Fixed Partial Prosthodontics for Restoration of Dental Implants**

## General Guidelines

Page 11-1:

A conservative treatment plan should be considered prior to providing a patient with one or more implants. Crown(s) and fixed partial prosthetics for dental implants may be contraindicated for the following reasons:

- Poor oral hygiene and tissue management by the patient
- Inadequate osseointegration of the dental implant(s)
- Excessive para-function or occlusal loading
- Poor positioning of the dental implant(s)
- Excessive loss of bone around the implant prior to the restoration
- Mobility of the implant(s) prior to placement of the prosthesis
- Inadequate number of implants or poor bone quality for long span prosthetics
- ~~Need to restore the appearance of gingival to high esthetics areas~~
- When the patient is under 16 years of age unless unusual conditions prevail
- Excessively cantilevered pontic

Page 11-2:

It is the responsibility of the restoring dentist to instruct the patient in the proper care and maintenance of the implant system and to evaluate the patient's care initially following the final placement of the ~~prosthetic.~~ prosthesis.

**Pediatric Dentistry**

Page 16-1: General Guidelines

There should be particular concern to preserve the primary teeth for masticatory function and space maintenance, utilizing such ~~procedures as pulpal therapy and stainless steel crowns~~ diagnostic and restorative procedures appropriate to the extent of caries and completed caries risk assessment, to preserve adequate space for the eruption of the permanent dentition when extraction of primary teeth is necessary, space maintenance appliances should be employed if concern exists for preservation of adequate permanent tooth eruption space. ~~both space maintainers and space retainers~~ should be employed judiciously with particular preference for fixed appliances.

**Orthodontics**

Page 17-3: Quality Evaluation Rating System  
Rating

- T ~~Not Acceptable but could be corrected.~~ Not acceptable, but can be retreated.
- V ~~Not acceptable, cannot be corrected without retreating or cannot be corrected.~~ Not acceptable, further harm was caused and cannot be corrected with retreatment.

Operational Explanation

Orthodontic diagnosis, treatment plan and technical performance and/or “end-result” are not of acceptable quality. Unsatisfactory requiring additional procedures to correct the treatment rendered.

**Dental Implants**

Pages 18-1 to 4: General Guidelines

Pre-Amble to Implant Guidelines:

Since implant success involves both surgical treatment and prosthetic treatment, evaluation of a restored implant case requires use of both the implant guidelines and prosthetic guidelines sections of the Quality Evaluation Manual.

Patient Evaluation and Work-Up:

Patient evaluation procedures are selected to help formulate treatment recommendations. When appropriate, these may include the following:

1. Chief Complaint
2. Medical History
  - a. Current Treatment/Therapy
  - b. Major Illnesses or Diseases
  - c. Current Relevant Medications
  - d. Allergies
  - e. Trauma, Radiation Therapy
  - f. Motor Skills (post CVA, Parkinsons, Arthritis)
  - g. Orthopedic Implants
  - h. Special Needs Patients (Maxillofacial Prosthodontic Patients with oral-facial discontinuities from trauma, congenital or surgical procedures; syndromic patients; severely medically compromised such as the immunosuppressed and those with history of ONJ as related to bisphosphonate therapy). Patients who will undergo or have experienced radiation therapy.
3. Social and Family History
  - a. Financial Responsibility
  - b. Tobacco and/or Alcohol Use
  - c. Other Drug Use or Dependency

4. Dental History
  - a. Previous Dental Experiences
  - b. Reasons For and Dates of Previous Extractions
  - c. Oral Hygiene and Home Care
  - d. Periodontal
  - e. TMJ
  - f. Habits (bruxism, etc.)
  - g. Occlusion and Severe Oral/Structural Disparities**
5. Physical Examination and Assessment
  - a. Significant Relevant Disease Co-Factors
  - b. Appropriate Laboratory Studies
  - c. Medical Clearance if Indicated for Compromised Patients
6. Dental Examination
  - a. Charting of Teeth, Present and Missing
  - b. Appropriate Diagnostic Aids (may include the following):
    - i. Panoramic and/or PA Radiographs
    - ii. Cephalometric Radiographs
    - iii. Mounted Study Models
    - iv. Linear Tomography
    - v. **Sufficient imaging to assure safe placement of the implant** ~~CT Scans~~ ~~reformatted x sections~~
    - vi. CT Generated Bone Models
  - c. Evaluation of Bone Quality and Availability
  - d. Ridge Classification, Relationships and Occlusion
  - e. Periodontal - Pocket and Mobility Recordings
  - f. Soft Tissue - Attached Gingiva, Muscle Attachments
  - g. Lip Line (smile line)
  - h. TMJ, Myofacial
  - i. Evaluation of Current Prostheses
  - j. Potential for impingement of associated structures ie IA nerve, mental foramen**
7. Prognosis for remaining dentition
8. Psychological Evaluation
  - a. Emotional Stress Factors
  - b. Ability to Understand Treatment Options
  - c. Realistic Expectations of Outcome
  - d. Ability to Tolerate Therapy
9. Treatment Plan. **It is important to identify complex cases. The dental team must have adequate training and experience with respect to the proposed treatment. If necessary, the patient should be referred to the appropriate specialist(s).**
  - a. Emotional Stress Factors
  - b. Treatment Options. Considerations: Immediate placement, immediate loading; type of implant system proposed and utilization of screw or cemented abutments (fixed verses detachable); implant abutment selection, including site location(s) and number.**
  - c. Pre-Prosthodontic. Preparation Considerations. Soft tissue management, hybrid dentition mixed with implant; soft tissue and hard tissue consideration (develop or augment or removal of excessive tissues).**
  - d. Surgical Template. (What would be expressed in the "Operation Notation" of the treatment record.) The surgical protocol and type of surgical stent, use of flap or flapless approach, one or multiple stage procedures, condition of pre-prosthodontic corrected sites; immediate placement and immediate loading considerations, medications, and time allowance for treatment.**
  - e. Esthetics. Special esthetic considerations to reflect anticipated outcomes as related to facial expression (including smile) and profile.**
  - f. Functional Considerations. There should be a concern for improved mastication and preservation of the neuromuscular complex (including nerve encroachment). Special**

- considerations relative to phonetics and speech. Retention of basic airway and tongue function.
- g. Occlusion. The relationship of implants with the mixed dentition and preservation of the remaining periodontal structures; Inter-arch and intra-arch spacing considerations and allowance for the biologic width and papillae preservation. Spacing considerations for the appropriate or necessary biocompatible materials.
- h. Preventive Consideration. The planned treatment will facilitate the patient’s ability to access implants and restorations for adequate plaque control.
- i. Access to Care. Implies that the patient has the capability and commitment to assume responsibility for the management and obligations of implant therapy (includes financial and personal commitment with multiple treatment plans presented. Also, allows for other access to care venues or referral services).
- j. Pre-surgical Consultations
  - i. Restorative Dentist
  - ii. Surgeon (if different from restoring dentist). Consult request copy.
  - iii. Other dentists/dental specialists involved in case completion. Copy of consult request.
  - iv. Other health care providers or services. Copy of Consult request.
  - iv. Laboratory technician (if indicated). Copy of laboratory prescription.
- 10. Informed Consent - with treatment alternatives, risks, prognosis and costs fully explained.
- 11. Documentation of Procedures. This includes documentation of surgical “Operation Note” provided by the surgeon; states the specific implant placed at each site, time required for healing and integration, possible complications, immediate outcome assessment and the patient tolerance to the procedure.
- 12. Outcomes Assessment. A personal post-surgical and post-restorative assessment as determined by the provider requires documentation. A standardized assessment is recommended and one that considers the anticipated short term and long term outcomes for the services provided.

Page 18-5: Root Form Dental Implants  
 Quality Evaluation Rating System, Location and Placement  
RI Ideal placement, inclination, number and spacing of implants.  
SL ~~Unavoidable of ridge placement or inclination.~~ Asymptomatic penetration of floor of nose or sinus or inferior border of mandible.

Page 18-6: Quality Evaluation Criteria and Abbreviations  
RM No mobility of implant body.  
RP Healthy sulcus; ample keratinized gingiva.  
RR Implant body fully approximated by healthy bone.  
RS Lack of symptoms, even with heavy function.

**Immediate Loading of Implants and immediate placement of implants**

Page 18-7: General Guidelines

The bone quantity should be sufficient ~~to fit at least 5 standard diameter fixtures of > 10 mm in length. The bone and bone~~ quality should ensure the primary stability of the implant (~~type I or type II bone~~). Stabilization must be established to avoid micro-movement of the fixtures at the bone-implant interface. There should be a wide anterior-posterior distribution to resist micro-movement and a rigid understructure of provisional restorations. ~~Cantilevers should be avoided. Avoid removing the prosthesis during the healing period, if possible. Screw retained restorations, rather than cemented ones. Pre torqued abutments.~~ Passive fit of the provisional restoration and no gaps at the junction between the temporary cylinders and the abutments is important.

**Further considerations:**

- **Pre-torqued abutments.**
- Parafunction; ~~crown height, muscular dynamics. (avoid non-axial loading and shearing forces).~~
- Implant positions; ~~2 implants supporting 3 teeth rather than 2 implants next to each other with a cantilever. Cross-arch splinting, maximize anterior-posterior dimension.~~
- Implant Design; ~~Parallel-walled threaded implants (tapered implants contraindicated, high surface area implants (more threads, deeper threads), Compressive vs. shear loads (square-shaped threads).~~
- Implant number  
~~8 splinted implants or more for the maxillary arch and 5 splinted implants or more for the mandible.~~
- Type I bone or Type II bone, **especially when considering immediate placement.**
- Implant size **for available bone and loading expectations.** ~~Larger diameter implants in the posterior. If not possible, bone grafting or greater implant number (e.g., 2 implants for each molar).~~
- **Bone graft material can be used in the immediate placement situation.**
- **Permanent or provisional restoration.**
- **Appropriateness of loading.**
- **Degree of loading.**
- **Vertical forces only, for immediate loading, no excursive movements.**

The following revision will be made to the last page of each section:

The **following** quality-evaluation criteria should be considered merely as **aids** for the discrimination between the four ratings for each characteristic. The determination of the rating of any given dental service is dependent upon the sound **judgment** of the peer review examiners.

**Report of the California Dental Association Council on Peer Review on the  
Further Centralization of the Peer Review Process  
August 24, 2009**

**Summary**

The California Dental Association (CDA) and the 32 component dental societies, in keeping with their obligation of service to the public, have established a statewide Peer Review System to resolve disputes that may arise in the delivery of dental services to the public – specifically, disputes regarding the quality and appropriateness of dental treatment, utilization (problems related to dental insurance benefits when treatment is questioned), and potentially irregular billing practices. Originally, the administrative responsibilities associated with processing cases belonged to the components. In 2004 and 2007, changes were implemented to centralize these responsibilities at CDA.

**History**

***Centralization Defined***

Historically, the administrative duties required during the peer review process were completed by component staff members, under the direction of the component’s peer review committee chair. Significant administrative activities occur between peer review case preparation and finalization: gathering and organizing of documentation; requesting and reviewing patient records; creating and sending correspondence to the treating dentist, subsequent dentist, insurance carrier, and patient; processing and monitoring refunds and corrective treatment cases; and monitoring case status to comply with administrative processes outlined in the Peer Review Manual. Centralization of this process includes transferring the responsibilities for these administrative duties from the component level to CDA staff, under the direction of the Council on Peer Review (council).

***Partial Centralization***

In 2004, the House of Delegates (house) adopted Resolution 15-2004-H, Partial Centralization, to streamline the finalization of the resolution letter and clinical addendum. This partial centralization included transferring the processing of the resolution letter and clinical addendum from the component level to the council level. As a result, the council noted increased consistency and timeliness in closing resolution letters and addendums.

***Further Centralization***

In 2007, the house approved Resolution 35-2007-H, providing for statewide centralization of the entire administrative process to ensure consistency and oversight of the peer review process and to create a more efficient mechanism of handling cases. The concept behind statewide centralization of the peer review administrative process is to allow CDA more administrative control to expedite the case review and resolution, thus helping to increase the level of service to the member dentist and patient.

The changes affected the administrative responsibilities as described in Section II of the Peer Review Manual, “Responsibilities of the Component Peer Review Staff.” The component and specialty committee responsibilities have remained the same, ensuring that the clinical evaluation and dentist interviews are performed by local component/specialty peers.

**Implementation of Further Centralization**

Resolution 35-2007-H outlined a three-phase implementation of further centralization of the peer review process, as follows:

<b>Phase I March 18, 2008</b>	<b>Phase II January 5, 2009</b>	<b>Phase III July 6, 2009</b>
Alameda County	Berkeley	Contra Costa
Los Angeles	Butte-Sierra District	Fresno-Madera
Napa-Solano	Central Coast	Harbor
Redwood Empire	Humboldt-Del Norte	Kern County
San Diego County	Marin County	Monterey Bay
San Fernando Valley	Mid-Peninsula	Northern California
San Mateo County	Orange County	Sacramento
Southern Alameda County	San Francisco	San Gabriel Valley
Stanislaus	San Joaquin	Santa Clara County
Tri-County	Santa Barbara-Ventura	Tulare-Kings
Yosemite	Western Los Angeles	



***Administrative Processes Under Centralization***

Component or CDA staff receives a telephone inquiry or written correspondence from a patient, dentist, or carrier wishing to file a peer review case. Staff encourages the patient(s) to contact the treating dentist(s) to mediate the problem. If the issue cannot be resolved, CDA staff confirms the treating dentist(s) membership status and sends the appropriate forms to all parties. Upon receipt of the completed forms, CDA confirms that the complaint meets the peer review criteria for review.

CDA forwards the case to the component peer review chair or specialty chair for review. The component or specialty chair notifies CDA staff of possible dates for conducting the patient examination and dentist interview. CDA notifies the patient and dentist of the date, time, and location of the examination and interview.

Component and specialty committees have 60 days to process the case, interview the dentist, examine the patient, and forward their findings, the draft resolution letter and resolution addendum to CDA. Upon receipt of the component or specialty committee decision of the case, CDA reviews and finalizes the case.

***Case Processing Time Under Centralization***

Routine cases include those cases that are appropriate for review in which all case documents are gathered, the component or specialty committee completes a full review of the case (including a patient examination, when necessary), the review of the case by the council, and notification of the involved parties of the committee’s determination.

Non-routine cases are those that are inappropriate for review due to issues including being filed beyond the time limitation, altered treatment, communication problems not within the purview of peer review, and amicable resolutions. Since non-routine cases do not encompass a full review by a component or specialty committee, the turn-around time for closure of these cases is typically much less than those of routine cases. Although it is important to process all peer review cases as efficiently as possible, it is particularly important in non-routine cases in the event the patient wishes to pursue other options for relief.

***Current Status of Phase I of Centralization***

On March 18, 2008 the peer review administrative responsibilities were transferred from the eleven Phase I components to CDA; however, any cases pending prior to implementation of centralization remained the responsibility of the component to processes. All of the pre-centralization cases from Phase I components have been closed.

**Centralization (March 18, 2008 – March 18, 2009)**

Total cases opened	Appropriate for review	Inappropriate for review	Average days to close appropriate cases	Average days to close inappropriate cases
154	50	104	158	81

From March 18, 2009 through August 24, 2009, the total number of cases opened is 42. The number of closed cases appropriate for review is four, and the number of closed inappropriate cases is 14. The number of cases currently pending review is 29. The average days to close appropriate cases is 92, and the average days to close inappropriate cases is 45.

**Pre-Centralization (March 18, 2007 – March 18, 2008)**

Total cases opened	Appropriate for review	Inappropriate for review	Average days to close appropriate cases	Average days to close inappropriate cases
152	49	103	225	135

The statistics above indicate a significant decrease in the number of days to close a case, now that Phase I of centralization is completed.

Additionally, council has noted that though not indicated by the statistics above, the administrative procedural errors have been significantly decreased.

**Current Status of Phase II of Centralization**

On January 5, 2009, the peer review administrative responsibilities were transferred from the eleven Phase II components to CDA; however, any cases pending prior to implementation of centralization remain the responsibility of the components to process. There are four pre-centralization cases still pending for Phase II.

**Centralization (January 5, 2009 – August 24, 2009)**

Total cases opened	Appropriate for review	Inappropriate for review	Average days to close appropriate cases	Average days to close inappropriate cases
46	14	32	141	66

**Pre-Centralization (January 5, 2008 – August 24, 2008)**

Total cases opened	Appropriate for review	Inappropriate for review	Average days to close appropriate cases	Average days to close inappropriate cases
103	35	68	207	157

**Current Status of Phase III of Centralization**

On July 6, 2009, the peer review administrative responsibilities were transferred from the ten Phase III components to CDA; however, any cases pending prior to implementation of centralization remain the responsibility of the components to process.

Due to the limited number of cases received during such a limited time, there is insufficient statistical information upon which to base a conclusion regarding the progress made at this time for Phase III. The council will continue to gather data and monitor the administrative responsibilities. However, the following information is currently available: there are 34 peer review pre-centralization cases pending for Phase III; 8 centralized cases have been opened.

**Peer Review Staffing Requirements**

In the background information submitted with Resolution 35-2007-H, it was noted that, based on the increased responsibility and workload at the CDA level under the further centralization model, additional staff would be required. The planned increase in staff included four additional full-time staff members: one peer review administrator and three peer review coordinators. During Phase I, one peer review administrator and one peer review coordinator were hired. During Phase II, one peer review coordinator was hired, and during Phase III, one peer review coordinator was hired.

The staff members have been monitoring and tracking the time spent on the administrative duties related to processing cases, especially with regard to those duties previously handled at the component level. Upon review of the initial data provided by peer review staff regarding the impact of centralization, it is the opinion of the council that the preliminary recommendation for increased staffing needs was appropriate.

**Administrative Costs**

Operating costs associated with further centralization of the peer review process include salary and benefits of additional staff, and administrative costs, including postage, printing and office supplies.

The additional costs associated with Phase I were funded out of strategic reserves, and included costs associated with the build-out of staff office space; however, 2009 and 2010 costs are included in the operating budget.

Total Peer Review Budget 2008 = \$542,518 + \$208,500 from strategic reserves (only \$152,541 was utilized)

Total Peer Review Budget 2009 = \$808,073

Total Peer Review Budget 2010 = \$784,165

As of July 31, 2009, the number of active CDA members eligible for peer review was 18,086 (these numbers exclude members with the following membership categories: faculty, disabled, inactive, retired, military, postgraduate students, charitable and provisional). The approximate cost per member in 2008 was \$30. The approximate cost per member in 2009 and 2010 is \$45.