

Annual Report to the House of Delegates, June 20, 2024, from the

Dental Education Committee

As Chair, I herewith submit the following report:

The Committee worked their charges given by the Board of Trustees.

Districts applied for ADA CERP status through the Extended Application Process (EAP). The committee received training on the CERP program from Mary Borysewicz, Director, Commission for Continuing Education Provider Recognition. This prepared the members of the committee to review applications from the districts for CERP accreditation. The following Districts have been recommended for extended approval as recognized ADA CERP providers:

- Berkshire
- Boston
- East Middlesex
- Merrimack Valley
- Metropolitan
- Middlesex
- North Shore
- South Shore
- Valley
- Worcester

Applications for the CERP EAP must be submitted each year.

The Committee heard an evidence-based presentation by Dr Joseph Maloney on considerations of laser use in periodontics

The Committee has also been tasked with collaborating with external organizations to offer continuing education for MDS members. The committee members are deciding on several topics to pursue, including:

- Predicting orthognathic development
- Pediatric sleep apnea
- Internal medicine considerations when treating sick patients
- The link between oral and other inflammatory processes in the human body
- ENT and dental implications (airway, sinus, pain, and foreign body)

Respectfully submitted,
David Leader, DMD

2024 MDS HOUSE OF DELEGATES REPORT
- DENTAL PRACTICE AND BENEFITS COMMITTEE -

Dr. Mouhab Rizkallah DDS MSD CAGS, Chairman

The MDS Dental Practice and Benefits Committee (DPBC) was charged this **governance year to address the following:**

- Monitor insurance and dental benefit issues and make recommendations to the Board of Trustees.
- Evaluate the MassHealth program and why member participation is low and make recommendations to the Board of Trustees.
- Execute phase two of the Dental Assisting Shortage campaign (DASc) and develop additional programs to address the dental workforce shortage challenge.
- Provide Dental Insight tips to support the needs of dental practices.

As Chairman, I have emphasized that the overall goal of DPBC is to positively impact (not just talk about) matters of importance to Massachusetts dentists.

To accomplish the charges, we agreed to create 4 focused subcommittees, with each committee member assigned (using formally-polled skills/interests) to 2 subcommittees:

1. Dental Insurance*
2. MassHealth*
3. Dental Assisting
4. Dental Insights

*Joint Subcommittee

The first meeting of each subcommittee focused on education and strategy.

The second meeting focused on task assignments and implementation plan.

All subsequent meetings are now focused on execution, and meet once per month.

1. DENTAL INSURANCE JOINT SUBCOMMITTEE:

The Dental Insurance Subcommittee is focused on:

- Influencing MGL 176X regulations - recently released by DOI
- Obstructing Value Based Care adoption
- Obstructing Virtual Credit Cards
- Enforcing Chapter 112- Section 50 (which stops insurers from engaging in diagnosis)

2. MASSHEALTH JOINT SUBCOMMITTEE

- On February 9, 2024, the MassHealth Joint Subcommittee effectively presented to EOHHS, MassHealth, and CHIA a power rates-regulation letter (approved by the MDS BOT) at the bi-ennial rates hearing. (See Appendix 1)
- The Committee was joined by 10 other organizations, which also signed the letter. We continue to follow-up with MassHealth on feedback, and will take further steps as results are clear.
- The Committee is also working on MassHealth diagnostic policies, which currently do not follow the state and federal law requirements of meeting the standard of care in diagnosis.

3. DENTAL ASSISTING SUBCOMMITTEE

A. Elimination of Assistant Licensing Requirement.

The Dental Assisting (DA) subcommittee is pursuing elimination of the Dental Assistant licensure requirement, which would require repeal of MGL 112 Section 511/2.

B. Dental Assisting Workforce Campaign:

The DA subcommittee has designed OJT flyers (see below) to be posted in offices, (which members can download from the MDS website). These flyers will invite anyone walking through the office to apply for a DA position at the front desk of the office and give the prospective DA (and the dentist) guidance on how to work through training modules to quickly get a prospect into DA employment.

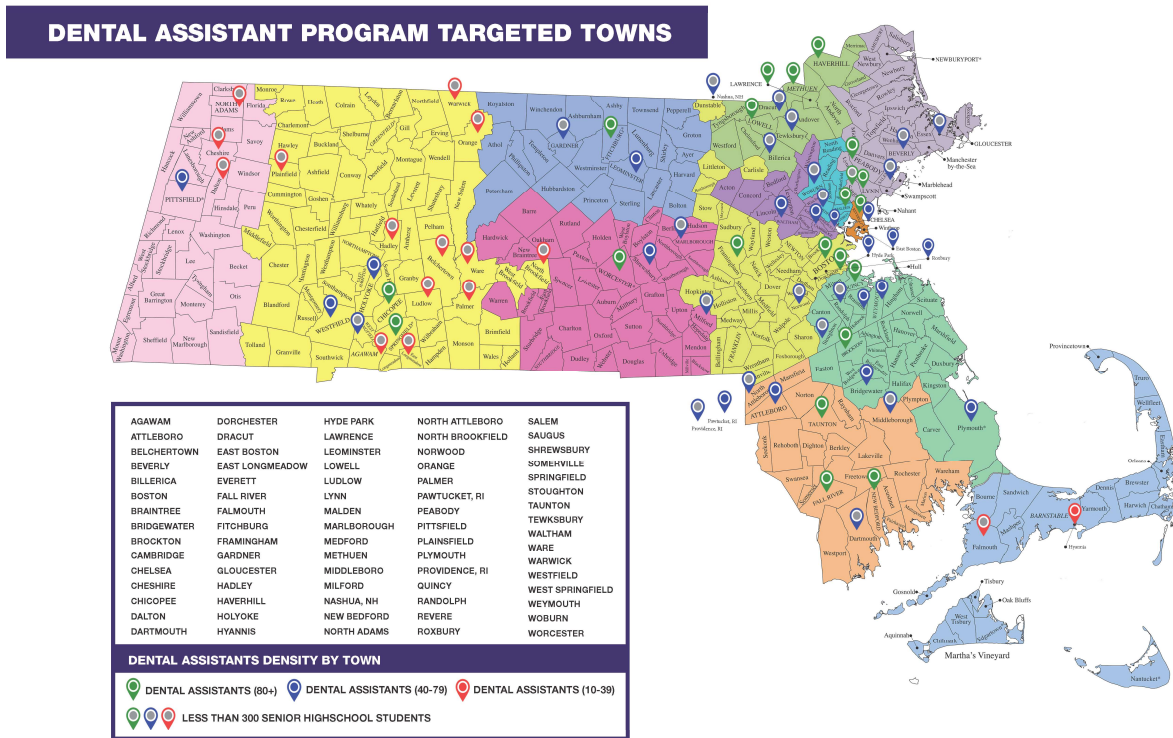


C. Dental Assistant High School Career Fair Campaign:

The Dental Assistant subcommittee has obtained BORID DA data that demonstrates the area high-schools in the map legend below are correlated to the residences of currently licensed dental assistants.

The subcommittee then obtained Massachusetts High School enrollment data, to identify schools that have a large graduating class, as shown in the map legend below.

The subcommittee is now using the map below as a guide to efficiently and effectively focusing MDS resources on career fairs in these high potential locations.



D. DA Recruitment Video Production:

The Dental Assistant subcommittee is also strategizing more impactful DA recruiting videos, in concert with Denterlein (an external PR firm), so as to attract potential applicants to the dental assisting field.

4. DENTAL INSIGHTS SUBCOMMITTEE

The Dental Insights (DI) subcommittee is producing 2 dental insights per month (published every other Monday). The insights consistently have a 45% or higher open rate.

Recent insights created awareness on:

- MDS Peer Review Service
- MDS Legislative Efforts
- License Renewal Procedures
- Staff management Tips

YANKEE LUNCHEON

On January 26th, 2024, the DPBC hosted a luncheon at Yankee Dental Congress for all First District states. All District 1 Presidents attended. Most ED's attended. Many MDS DPBC members also attended.

Dr. Rizkallah shared his presentation entitled "Revolutionizing Dentistry through a DLR and Medicaid Compliance."

Many connections were made and we are building coalition in District 1 around these important topics.

SUMMARY:

I would like to publicly thank my Committee members for their dedication and professionalism. I am honored to lead this group of leaders (in random order).

Dr. Edwin Helitzer	Dr. Paul Aswad	Dr. Jonathan Battle	Dr. Arnie Weiss
Dr. Martin Wohl	Dr. Kevin Eagan	Dr. Miguel Roque	Dr. Sofia Ostrer-Potapov
Dr. Tony Kang	Dr. Eric Shapiro	Dr. Michael Cooper	Dr. Trikha Priya
Dr. Suzanne Keller	Dr. Joe Maloney	Dr. Kay Keating	Dr. Constantin Darentza
Dr. Paul Caselle	Dr. Adam Yang	Dr. Maria Vasilakis	Dr. Fran Clairmont

In the past year, this Dental Practice Benefits Committee has built an agenda and infrastructure that has allowed us to make multiple impacts to improve the practice of dentistry in Massachusetts.

Respectfully Yours,

Dr. Mouhab Z. Rizkallah DDS MSD CAGS

Chairman, Dental Practice Benefits Committee

APPENDIX 1



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Southborough, MA 01745-1027
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massdental.org

February 9, 2024

MassHealth Dental Program
Executive Office of Health and Human Services (EOHHS)
Center for Health Information Analysis (CHIA)

Dear MassHealth Dental Program, EOHHS, and CHIA,

The Massachusetts Dental Society (MDS) hereby submits this letter in accordance with its official purpose, which includes "represent[ing] its members before agencies of the federal, state, and local governments in matters relating to the practice of dentistry."

The MDS, a constituent of the American Dental Association (ADA), has determined that the MassHealth agency is currently out of compliance with the federal law that outlines the dental rate-making standard. This letter is a respectful request that MassHealth come into compliance with this federal rate-making law.

I. BACKGROUND:

MassHealth's 2023 Access reports (see Attachment A) were provided by EOHHS on September 14, 2023 through an MDS-member's Public Records Request. With these reports, EOHHS provided the following disclosure statement:

"These documents comprise the full "Access Overview" reports submitted by EOHHS' contracted vendor, DentaQuest."

These reports demonstrate that MassHealth/ DentaQuest is assessing access using a "minutes to provider" model.¹ This method of assessment violates the federal law, as outlined below.

II. FEDERAL LAW:

MassHealth must fully comply with the Medicaid Act to receive any federal funds.² Substantial compliance is not enough.³ (see Attachment B)

A. MassHealth is currently out of compliance with the following federal EPSDT rate-making law:

42USC-1396a(30)(A)

¹ The reports use the following "minutes to provider" as access standards: General Dentist = 10 min; Orthodontist/Oral Surgeon/Pedodontist = 30 min. MassHealth has not analyzed any other provider types (endodontist/ periodontist/ hygienist).

² Federal Funds paid \$10.7 Billion (56%) of MassHealth \$19.2 Billion 2022 budget (https://massbudget.org/wp-content/uploads/2021/11/IssueBrief_MassHealth-Cost_SF2022.pdf)

³ Pages 1 & 18 -Memorandum of Decision - July 14, 2005 - Health Care for All, Inc et al v. Governor Mitt Romney, et al.

"...assure that payments are...sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area." (emphasis added).

B. MassHealth has violated this federal payment law in two ways (as evidenced in Attachment A):

MassHealth has replaced "care and services" with "minutes to provider."

"Minutes to provider" is a useless time-analysis, because it does not identify how long it takes to receive care and services. A patient may be 10-minutes away from a provider, yet months away from a cleaning or other procedure. "Care and services" was the specific language chosen for this law - and must be complied with. The advised way to determine availability of care and services is to annually call MassHealth providers to find out how long it takes to receive care for each service.⁴

MassHealth has not compared "the extent that such care and services are available to the general population in the geographic area."

According to this law, it is insufficient to merely determine "care and services" availability from MassHealth providers. MassHealth must also determine "care and services" availability to the general population (Non-MassHealth providers). The law requires that care and services availability for the two groups are compared to each other. In fact, according to the referenced federal law, it is this comparison that sets the payment rate.

The above violations of 42USC-1396a(30)(A) threaten not only access to care for the Commonwealth's most vulnerable patients, but also MassHealth's right to receive Billions in federal Medicaid funding (see footnote 2) in exchange for full Medicaid Act compliance.

III. HISTORICAL NONCOMPLIANCE WITH LAW:

As per 42USC-1396a(30)(A), MassHealth must set payments so that "care and services" for MassHealth children is "at least" as available as in the general population. Certainly today, that is not the case.

In the past, MassHealth has held its rate hearings with little change in rates. Between January 2009 and December 2023, MassHealth has only increased EPSDT fees by one fifth of 1% (see Figure 1), while inflation has risen by 45% in that same time period.

FIGURE 1

	NUMBER OF CODES	TOTAL PROCEDURE VALUE	
NUMBER OF EPSDT CODES WITH A VALUE	315	\$ 121,155.00	
NUMBER OF EPSDT CODES THAT INCREASED SINCE 2009	26	\$ 288.00	
PERCENT INCREASE ACROSS THE BOARD SINCE 2009		0.2%	One fifth of 1%

⁴ Via CMS-2439-P, the Center for Medicare and Medicaid Services (CMS) proposes that all states institute an annual "secret shopper" phone call system to assess procedure availability and wait times to assure access compliance.

IV. CONCLUSION:

The Massachusetts Dental Society respectfully requests that the MassHealth Program immediately begin a secret shopper analysis of Medicaid Providers and Non-Medicaid Providers. In the meantime, we propose that MassHealth implement an emergency increase in rates across the board by at least 10%⁵ - which will not meet 42USC-1396a(30)(A), but will give time to analyze and determine the degree to which MassHealth is out of compliance with the access to "care and services" prescribed in 42USC-1396a(30)(A).

Furthermore, the Massachusetts Dental Society respectfully requests that another rates hearing is conducted in September 2024 - to evaluate the results of the 42USC-1396a(30)(A) analysis - so as to further increase rates in compliance with this federal law.

Respectfully Submitted.

Dr. Abdul Abdulwaheed
President, Massachusetts Dental Society

Dr. Mouhab Rizkallah
Chair, MDS Dental Practice & Benefits Committee

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Dr. Abdul Abdulwaheed
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Dr. Mouhab Rizkallah
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⁵ The proposed initial 10% increase is merely a stop-gap measure to begin to combat the 45% inflation increase (since 2009), which has never been addressed by MassHealth dental services rates reviews.

ATTACHMENT A



Network Analysis

GP Access

March 30, 2023

Access Overview

March 30, 2023

Access Analysis

GP Access

Member / Provider Groups

New Employee Group

New Provider Group

Access Map

Member locations

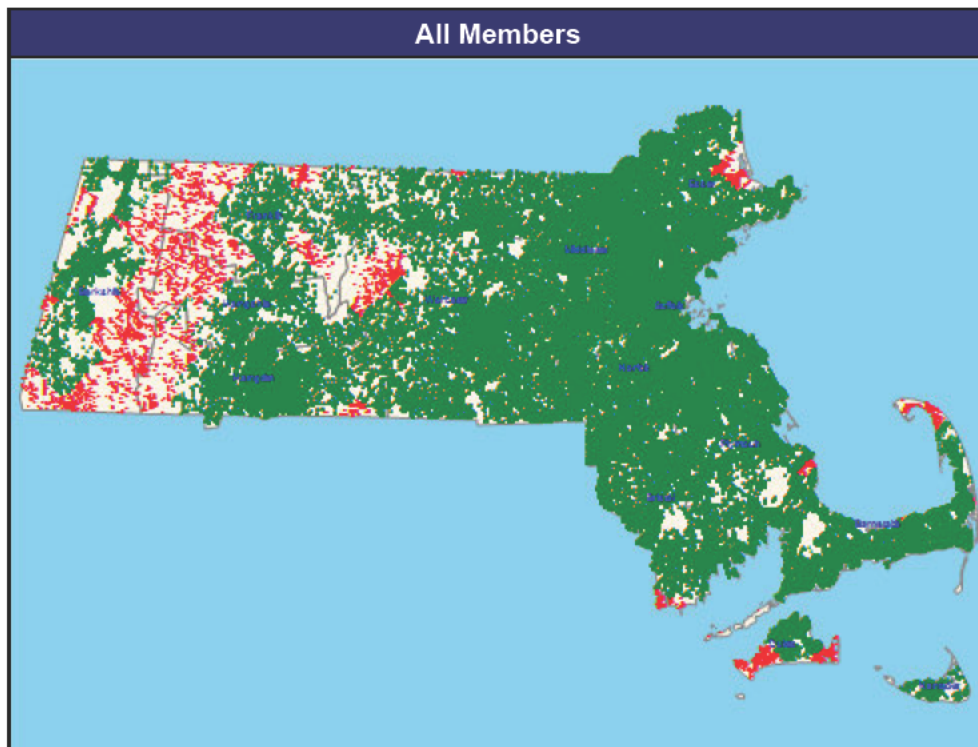
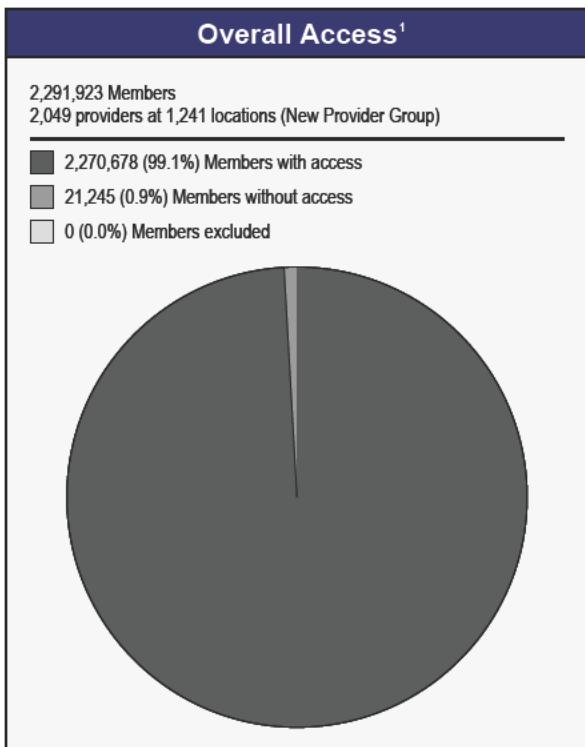
- ◆ With access
- Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

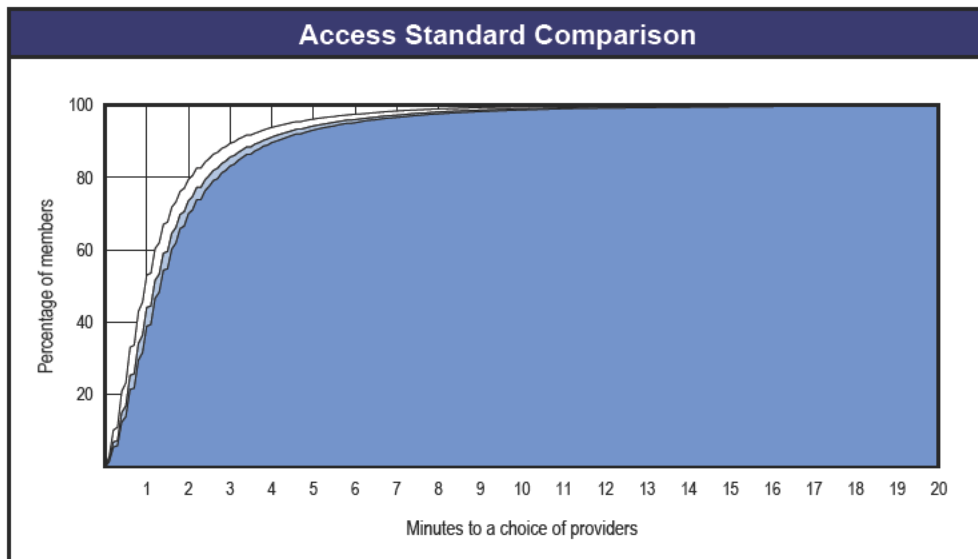
- 1st closest
- 2nd closest
- 3rd closest

¹ The Access Standard is defined as (New Employee Group) members accessing:
² (New Provider Group) providers in 10 minutes



Times

	Average
Time to 1st closest provider	1.5 mins
Time to 2nd closest provider	1.8 mins
Time to 3rd closest provider	2.0 mins





Network Analysis

Ortho Access

March 29, 2023

Access Overview

March 29, 2023

Access Analysis

Ortho Access

Member / Provider Groups

All MH

Ortho

Access Map

Member locations

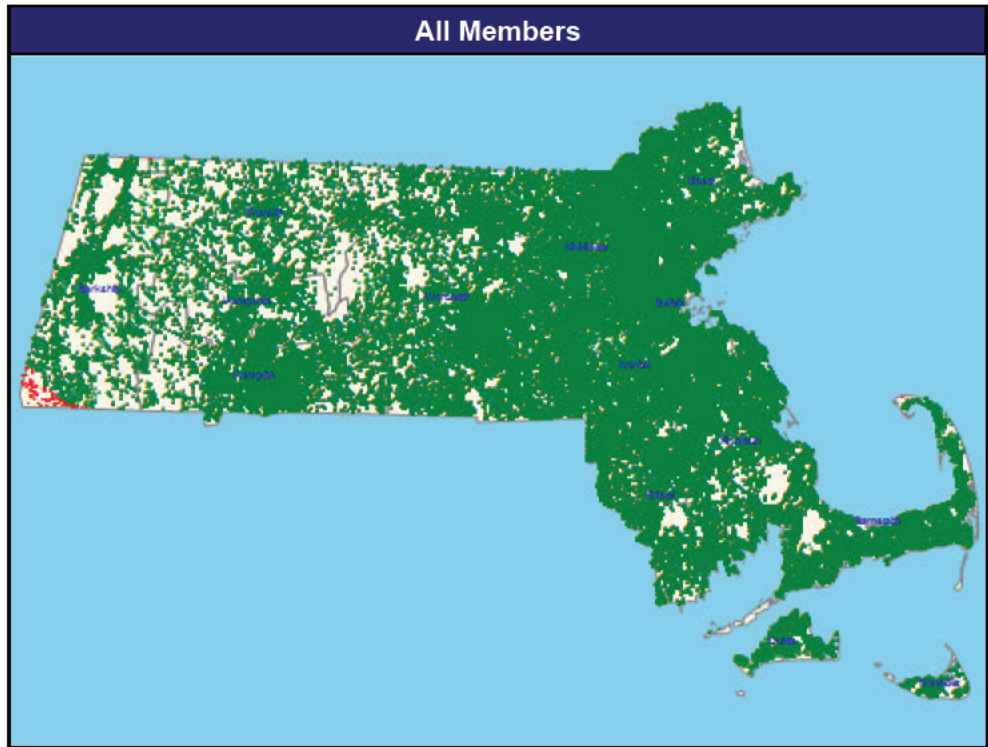
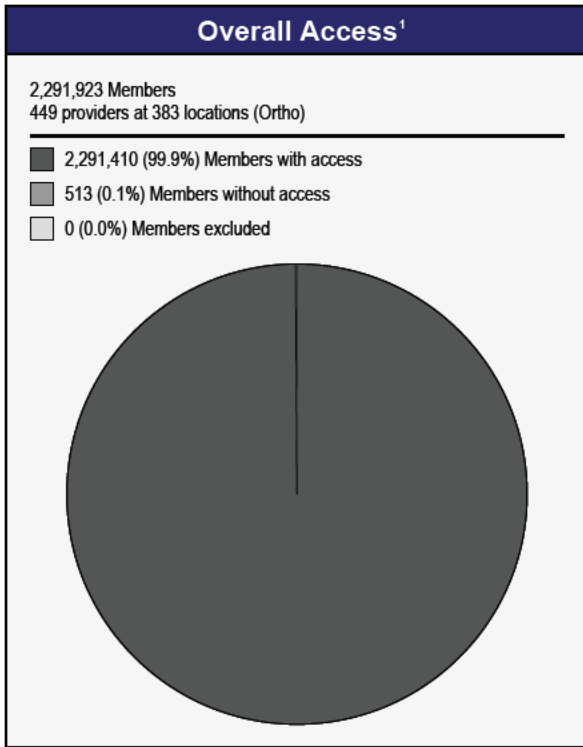
- ◆ With access
- Without access

Comparison Graph

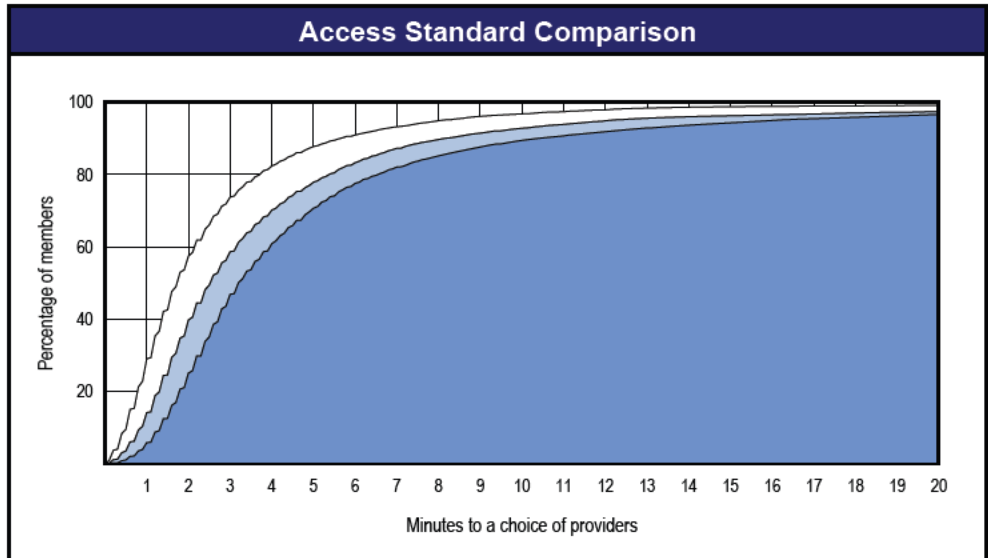
Percent of members with access to a choice of providers over miles

- 1st closest
- 2nd closest
- 3rd closest

¹ The Access Standard is defined as (All MH) members accessing:
1 (Ortho) provider in 30 minutes



Times	
	Average
Time to 1st closest provider	2.7 mins
Time to 2nd closest provider	4.2 mins
Time to 3rd closest provider	5.2 mins





Network Analysis

OS Access

March 29, 2023

Access Overview

March 29, 2023

Access Analysis

Oral Surgeon Access

Member / Provider Groups

All MH

New Provider Group

Access Map

Member locations

◆ With access

● Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

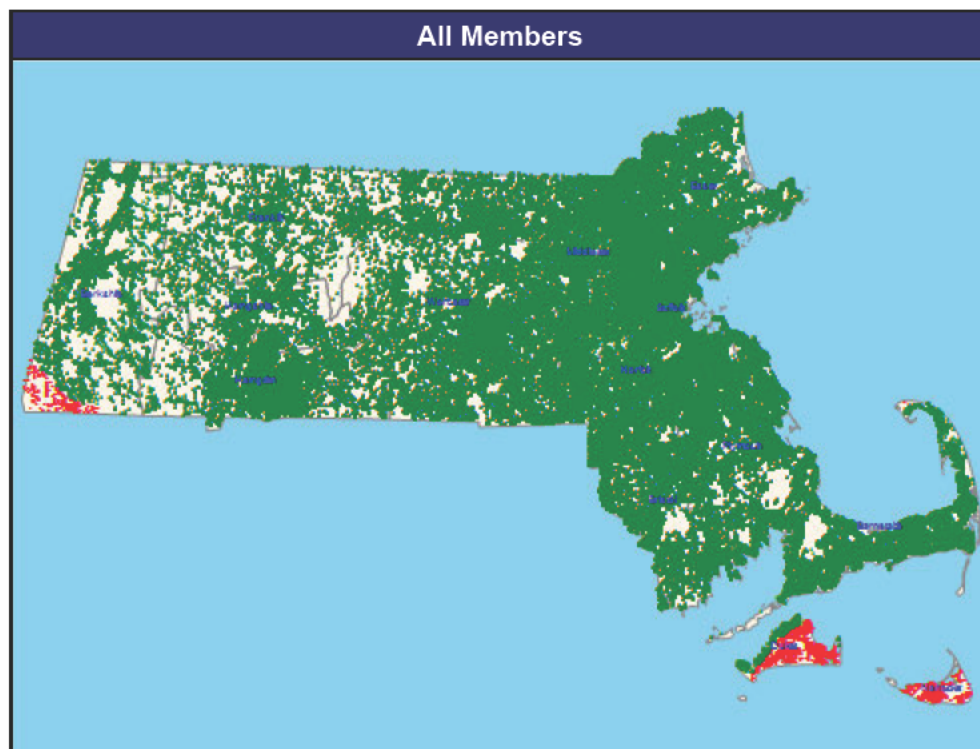
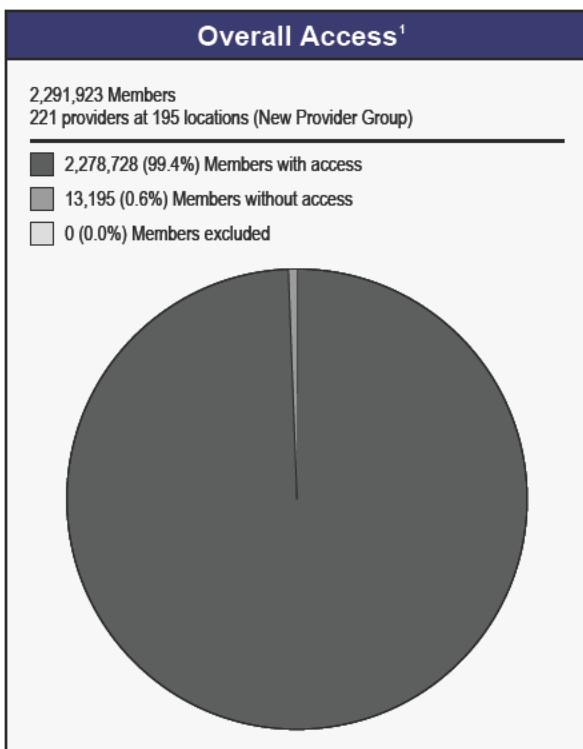
□ 1st closest

■ 2nd closest

■ 3rd closest

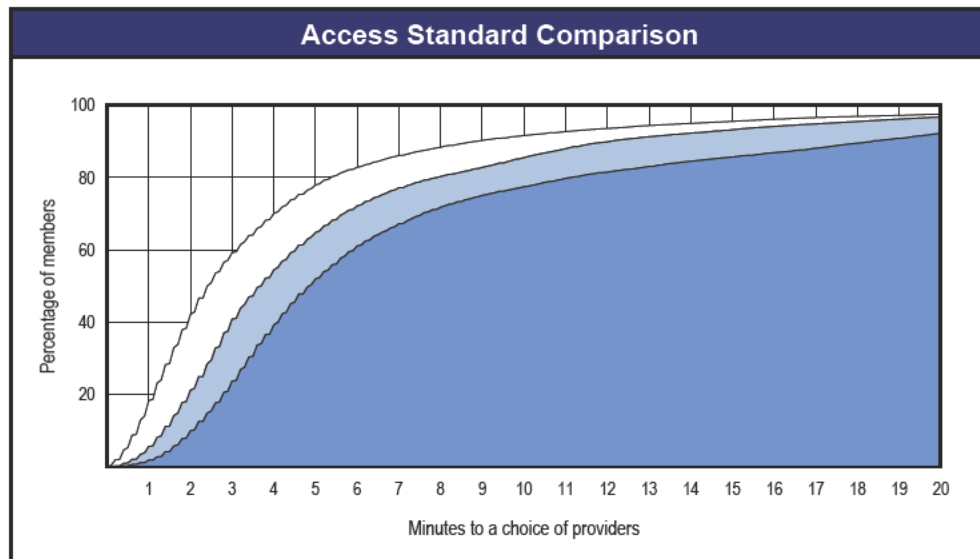
¹ The Access Standard is defined as (All MH) members accessing:

1 (New Provider Group) provider in 30 minutes



Times

	Average
Time to 1st closest provider	4.1 mins
Time to 2nd closest provider	5.6 mins
Time to 3rd closest provider	7.6 mins





Network Analysis

Pediatric Access

March 29, 2023

Access Overview

March 29, 2023

Access Analysis
Pediatric Access

Member / Provider Groups
MH under 21
Ped

Access Map

Member locations

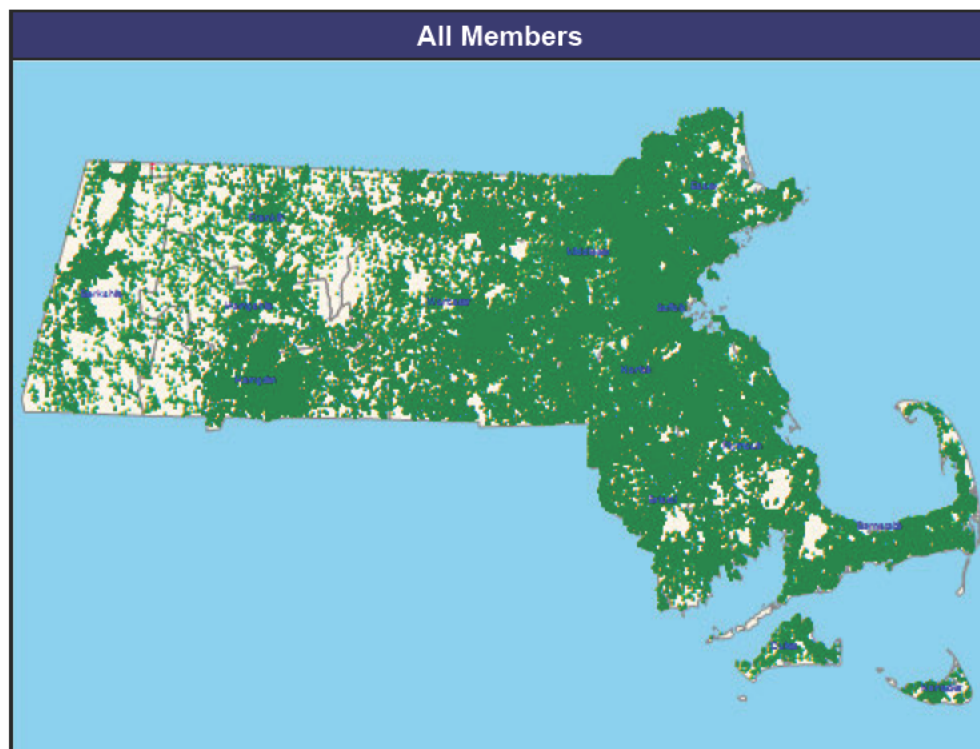
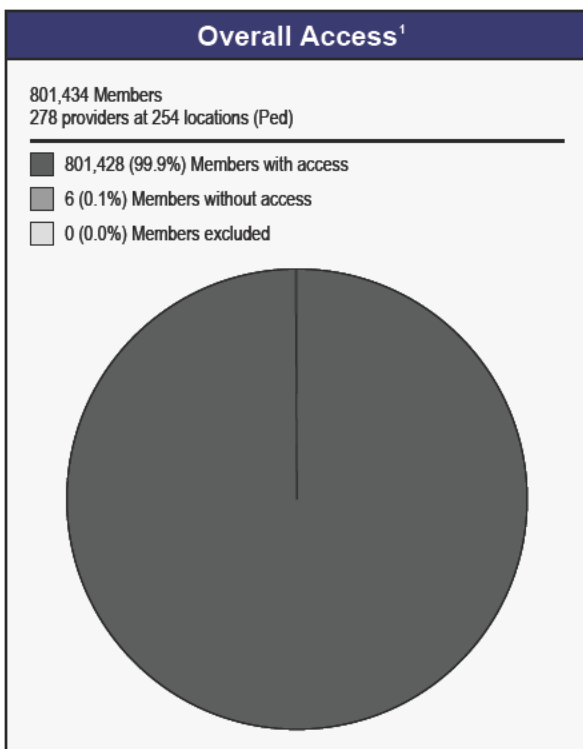
- ◆ With access
- Without access

Comparison Graph

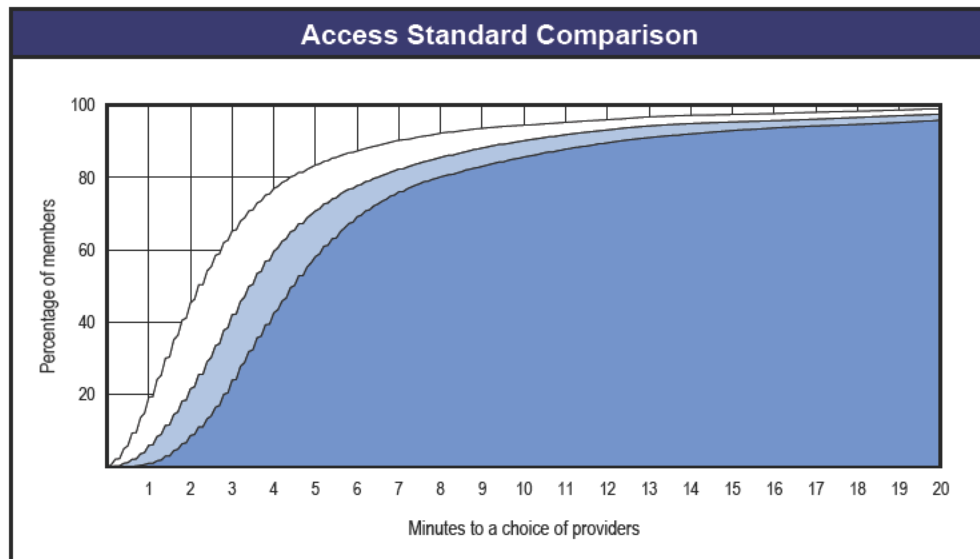
Percent of members with access to a choice of providers over miles

- 1st closest
- 2nd closest
- 3rd closest

¹ The Access Standard is defined as (MH under 21) members accessing:
1 (Ped) provider in 30 minutes



Times	
	Average
Time to 1st closest provider	3.4 mins
Time to 2nd closest provider	4.9 mins
Time to 3rd closest provider	6.2 mins



ATTACHMENT B

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CIVIL ACTION NO. 00-10833-RWZ

HEALTH CARE FOR ALL, INC., *et al.*

v.

GOVERNOR MITT ROMNEY, *et al.*

MEMORANDUM OF DECISION

July 14, 2005

ZOBEL, D.J.

Plaintiff Virgin Torres complains that she cannot find an oral surgeon for her daughter. Plaintiff Patricia Meaney says that she cannot locate a dentist of adequate quality for her sons. Plaintiff Sharleen Campbell's child saw a dentist only after Ms. Campbell called approximately fifty other providers. These experiences illustrate the frustration and failure that plaintiffs in the instant case claimed to confront in seeking Medicaid-covered dental care in Massachusetts. Medicaid is a nationwide medical assistance program operated on a state-by-state basis pursuant to individual state plans. States that participate in Medicaid may receive cooperative federal funding if their state plans comply with certain federal criteria. These requirements include provision of dental care and services to Medicaid enrollees under the age of 21. States may elect to provide dental care and services also to adults, and the Medicaid program of the Commonwealth of Massachusetts (commonly known as "MassHealth") does so only for a discrete class of adult beneficiaries who meet regulatory guidelines for

easily integrated MassHealth patients into their practices, generally it took years to establish a change in perspective across the majority of dentists.

Defendants also highlighted the fact that by the time of trial, all eligible plaintiffs had successfully obtained access to dental services covered by MassHealth. Although plaintiffs experienced appointment delays, individual providers controlled their own scheduling policies and received no instruction from MassHealth with respect to waiting lists or the allocation of services to MassHealth enrollees or as between MassHealth and non-MassHealth patients. Defendants noted that all patients in general experienced waits for appointments regardless of insurance status, and participating providers always delivered priority care to all patients with emergencies. Moreover, while plaintiffs focused on the percentage of enrolled children who obtained dental care as hovering around 30% for several years, defendants cited an over 12% net increase in the number of such children who received dental care from FY2001 to FY2004.

II. Standard of Review

One of defendants' ongoing positions with respect to this litigation regards the role of the Centers for Medicare and Medicaid Services as the proper evaluator of defendants' conduct. Defendants assert that any shortcoming on their part should be assessed and remedied not by plaintiffs or the judicial system but by the Centers for Medicare and Medicaid Services, as the federal agency charged with administration and oversight of the Medicaid program. To this end, defendants argue that any review of its conduct in connection with the instant case should address whether "there is a failure to comply substantially with any such provision [of the statutory requirements for

state Medicaid plans set forth in 42 U.S.C. § 1396a].” 42 U.S.C. § 1396c. In other words, defendants believe their conduct should be held to the standard of substantial compliance, not full or perfect compliance as urged by plaintiffs. Defendants maintain that plaintiffs have failed to show any such deficiencies and, thus, have failed to establish any sufficient factual bases for the claims at issue.

Plaintiffs contend that the substantial compliance standard measures an entity’s performance to determine whether it deserves continued federal funding. A finding of insubstantial compliance means “that further payments will not be made to the State . . . until the Secretary [of Health and Human Services] is satisfied that there will no longer be any such failure to comply.” 42 U.S.C. § 1396c. The lower standard of substantial compliance, as opposed to full or perfect compliance, serves to balance the dire consequences of failure to comply in the context of funding. However, nothing merits or implies the use of a low standard with respect to a state Medicaid program’s fulfillment of its statutory and regulatory obligations to serve beneficiaries. Nothing mitigates the traditional expectation that a regulated entity fully comply with its governing statutes and regulations, even if “absolutely perfect compliance is unattainable.” Withrow v. Conannon, 942 F.2d 1385, 1388 (9th Cir. 1991)(finding that while “[i]mpossibility of perfect compliance may be a defense to contempt . . . it does not preclude . . . requiring compliance with the regulations when a pattern of non-compliance has been shown to have existed.”). The Withrow plaintiffs sought enforcement of time constraints for state officials’ “failure to issue timely decisions” in hearings under the Aid to Families With Dependent Children, Food Stamp and

Medicaid programs. See Withrow, 942 F.2d at 1386. The Withrow defendants advocated for the substantial compliance standard, but for the above-mentioned reasons, the Ninth Circuit required compliance “as strict as is humanly possible.” Withrow, 942 F.2d at 1388.

While absolutely perfect compliance by defendants in the instant case may not be feasible, this fact does not excuse them from striving to comply as much as possible. The Centers for Medicare and Medicaid Services applies the substantial compliance standard to balance the “virtual death sentence” of withheld funding, not because perfect compliance is impossible. Withrow, 942 F.2d at 1387. Defendants have not offered a compelling analogy to justify application of the substantial compliance standard in the instant case where federal funding is not at risk, much less a thoughtful rationale for why the conventional standard of full compliance is not an appropriate expectation. Accordingly, the standard to be applied in this case will be full compliance.

KEY

III. Count II: “Reasonable Promptness”

Plaintiffs’ complaint seeks to establish a relationship between MassHealth reimbursement for dental care and access to such care by MassHealth enrollees. In Count II, plaintiffs accuse defendants of failing to provide medical assistance with “reasonable promptness” as required by statute:

[a] State plan for medical assistance must – . . . provide that all individuals wishing to make application for medical assistance under the plan shall have opportunity to do so, and that such assistance shall be furnished with reasonable promptness to all eligible individuals; . . .”

services. The Court has not found any violations by defendants with respect to adult enrollees with special circumstances. The parties shall attempt to develop a joint remedial program and judgment and report to the Court thereon by August 31, 2005. The court will schedule a hearing thereafter to determine the appropriate course of action.

DATE

/s/ Rya W. Zobel
RYA W. ZOBEL
UNITED STATES DISTRICT JUDGE

Annual Report to the House of Delegates, June 20, 2024, from the

Dentist Health and Wellness Committee

As Chair, I herewith submit the following report:

The health and wellness of our members is very important to maintaining a thriving Society. The Massachusetts Dental Society (MDS) Dentist Health and Wellness Committee (DHWC) has the important role of educating our members on health and wellness concerns.

Yoga Class

The DHWC hosted a yoga class at Life Time in Chestnut Hill on January 7, 2023. Attendees enjoyed day use of the facility, a yoga class exclusively for MDS members, and light refreshments.

Health and Wellness Corner

The DHWC offered a Health and Wellness corner of the MDS Membership Booth at Yankee Dental Congress 2023 and Yankee Dental Congress 2024. This was an entertaining and educational area that highlighted the DHWC and valuable wellness resources. The area included posture analysis with personalized consultations in 2023, and in 2024 included body composition analysis services with personalized consultations, physical therapist personalized consultations, and chair massages. The Committee additionally sponsored two wellness courses and provided morning meditation sessions to conference attendees. The Committee will once again be offering the wellness corner at Yankee Dental Congress 2025.

In Our Own Voice

The DHWC hosted a Zoom meeting “In Our Own Voice” in collaboration with the National Alliance on Mental Illness (NAMI) Massachusetts on March 16, 2023. During this presentation, two speakers with lived experience of a mental health condition shared their experiences and how they have found pathways to hope and healing. Attendees had the opportunity to ask questions and learn more about mental health conditions.

Beyond the Mask

The DHWC hosted a “Beyond the Mask” program at The Center for the Arts in Natick (TCAN) on May 31, 2023. The program included an up-close-and-personal “TED-Talk” style presentation with a few speakers with the goal of creating a community where dentists can share their stories, struggles, and strategies, and learn from one another. Each speaker had persevered through life’s obstacles and shared their personal motivational stories with colleagues. The speakers included two dentists, a medical doctor, and a dental student. Topics included overcoming addiction, alcohol use, managing anxiety and depression, and coping with grief. Attendees enjoyed a light dinner, followed by the panelists each sharing their story. The event concluded with an engaging Q&A session.

Pickleball

The DHWC hosted two pickleball events. The first event took place on July 8, 2023 and the second event took place on January 6, 2024. Both events were held at Life Time in Westwood. The event included two hours of pickleball play followed by light refreshments.

Frosty 5K

The Committee participated as a sponsor at the Frosty 5K in Natick on Sunday, December 3, 2023. The sponsorship included a vendor table and logo signage, as well as the DHWC sponsored registration fees for MDS runners.

Healthy Golf Classic

The DHWC hosted the “Healthy Golf Classic” at Top Golf in Canton on March 9, 2024. As a statewide tournament, teams from different Districts, as well as dental students, participated in a friendly tournament style event. The event also served as an opportunity for a networking social amongst peers from around the state.

Upcoming Events

The DHWC hosted a group hike for members on May 19, 2024. Attendees enjoyed a scenic hike at World's End in Hingham followed by an optional social lunch. The DHWC also hosted a Stress Less Breakfast & Learn event on June 2, 2024, in Middleton. This course offered a comprehensive approach to managing and limiting stress in everyday life.

Podcast

DHWC launched a podcast called "4th Molar Podcast: Beyond Wisdom" in January 2024. The podcast discusses health and wellness related topics, interviewing a guest each episode. The podcast is available to members for streaming on Spotify and has been promoted through emails and on all social media platforms. New episodes premiere monthly.

Wellness Ambassador Program

The DHWC has been working on a proposal for the establishment of a Wellness Ambassador Program within the Massachusetts Dental Society using the Wellness Ambassador Programs of the Oregon Dental Association and the American Dental Association as examples.

Advocacy

The DHWC has been visiting Districts throughout the state to educate members on the act establishing a dentist diversion program legislation. Specifically concentrating on the addition of Sections 52H and 52I to GL Chapter 112, regulating the registration of dentists and dental hygienists, by establishing a dentist diversion program; directs the Board of Registration of Dentistry (BORID) to develop and regulate the implementation of remediation programs for licensed dental professionals at risk of losing their licenses due to illness, substance use or other mental health disorders. The importance of this legislation allows use of such programs as alternatives to traditional disciplinary actions.

Online Presence

The DHWC continues to provide a presence on the MDS Health and Wellness Facebook group, with frequent posts prompting discussion questions amongst members. Wellness tips also continue to be shared with members on a regular basis.

Helping Members

The Committee is also charged with developing an effective informational and educational program to aid and assist the members who voluntarily seek out services for a better and improved quality of life at a confidential and peer level. Dr. Alan Budd serves as Program Director for these related support services. The DHWC seeks to meet its responsibilities by offering prevention, education, and early intervention services. These services are available to all members across the 14 MDS Districts. The DHWC maintains a website that provides information about SUD and other health and wellness issues. Advertisements in the *Journal of the Massachusetts Dental Society* prompt calls from member dentists and others about an increasingly broad range of issues. While the majority of calls to our toll-free help-line concern health problems and legal consequences due to alcohol misuse and the illicit use of prescription medications, the Committee encounters an increasingly complex range of issues and licensees with dual diagnosis. Many calls are from dentists requesting assistance prior to, or in anticipation of, involvement with a regulatory agency. We also receive calls about issues related to staff and family members.

Respectfully submitted,
L. Jeffrey Lowenstein, DMD

Annual Report to the House of Delegates, June, 2024, from the

Ethics Committee

The Ethics Committee has failed to fulfill its duty to address all complaints made against an MDS member in the past fiscal year (as required in Chapter VII of the Bylaws).

This report outlines this failure, the reasons for the failure, and the complaints received.

I. Cooperation Problems:

The MDS Bylaws require all MDS members to "cooperate with the Society's ethics committee" in order to maintain "In good standing" membership status (Bylaws Chapter I (30)iii), or consequentially lose that membership status.

A District Dental Society made complaints 2, 3, and 6 against two MDS Board members. The Ethics Committee requested relevant documents regarding these complaints and has not received them in over three months. The Ethics Committee was then informed that the Board of Trustees dismissed the complaints against their board members.

Chapter VII (20)(D)4 explicitly requires that "All matters concerning possible disciplinary action against a member shall be referred to the society's Ethics Committee." Therefore, the Ethics Committee is unable to accept dismissal by the Board of Trustees in lieu of the procedural requirements of the MDS Bylaws. No member complaint is immune to the Bylaws ethics complaint process, even a complaint against a Board member.

The Ethics Committee respects the fact that the Board of Trustees has the final decision to dismiss or enforce an Ethics Committee recommendation "*upon* receipt of the recommendation from the State Committee on Ethics." However, dismissal prior to receiving a recommendation is not allowed by the Bylaws, which entitles every member to file a complaint against any other member and *be heard* by the Ethics Committee. A Board member is not immune from this process.

The result of the premature dismissals of Complaints #2, 3, and 6 has been the filing of Complaints #8, 9, and 10, which refile the original complaints and add complaints of "conflict of interest" against the Board of Trustees.

The Ethics Committee agrees that, regardless of the merit or lack thereof of any complaint against a Board member, a conflict of interest does exist when the Board of Trustees dismisses the Ethics Committee procedures in the Bylaws (in violation of the Bylaws) in order to protect its own members from the Bylaws.

II. Bylaw Resolution: Conflict of Interest

Ethics Complaint #8 specifically requested that the Ethics Committee:

"Implement corrective measures to prevent future instances of interference or disregard for established procedures in the handling of ethics complaints."

To that end, the Ethics Committee has submitted a resolution to amend the Bylaws, entitled "Conflict of Interest," to prevent future conflict of interest actions by any empowered member or employee of the MDS.

III. Complaints Received since last HOD Report

Ethics Complaint #1: (Against Member)

Brief Description: *undisclosed*

Status: Referred to Peer Review Committee

Ethics Complaint #2: (Against BOT Member)

Brief Description: Complaint alleging violation of MDS bylaws.

Status: Illegally Dismissed by MDS BOT

Ethics Complaint #3: (Against BOT Member)

Brief Description: Complaint alleging Dereliction of Duties, Obstruction of Justice, Aiding and Abetting Threats, Conflict of Interest, Quid Pro Quo, Failure to Maintain Confidentiality

Status: Illegally Dismissed by MDS BOT

Ethics Complaint #4: (Against Member)

Brief Description: Complaint alleging violation of the ADA Principles of Ethics and Code of Professional Conduct: *3.A. (community service), 3.F. (professional demeanor in the workplace), and 4.A. (justice).*

Status: Dismissed

Ethics Complaint #5: (Against Member)

Brief Description: Complaint alleging violation of the ADA Principles of Ethics and Code of Professional Conduct: *5.F. (advertising).*

Status: Closed - Letter sent to remedy advertising.

Ethics Complaint #6: (Against BOT Member)

Brief Description: Complaint alleging Threats Against Colleagues, Obstruction of Justice, Abuse of Power, Conflict of Interest

Status: Illegally Dismissed by MDS BOT

Ethics Complaint #7: (Against Member)

Brief Description: A complaint was made regarding a violation of the ADA Principles of Ethics and Code of Professional Conduct: *5.F. (advertising)*. A remediation letter was sent to notify Member.

Status: Closed - Letter sent to remedy advertising.

Ethics Complaint #8: (Against entire BOT)

Brief Description: Complaint alleging violation of MDS bylaws in dismissal of complaints 2,3,6.

Status: Pending

Ethics Complaint #9: (Against BOT Member)

Brief Description: Complaint alleging violation of MDS bylaws.

Status: Pending

Ethics Complaint #10: (Against entire BOT)

Brief Description: Complaint alleging violation of MDS bylaws.

Status: Pending

I believe and attest that the Ethics Committee has followed the prescribed requirements of Chapter VII of the MDS Bylaws.

Respectfully submitted,
Adam Lowenstein, DMD
Chair

Annual Report to the House of Delegates, June 20, 2024, from the

Government Affairs Committee

As Chair, I herewith submit the following report:

The Government Affairs Committee (GAC) has been very active since receiving charges from the Board of Trustees in the summer of 2023. The Committee has met monthly, at a minimum, with multiple meetings taking place surrounding the draft MLR regulations in the fall of 2024. In addition to the active items listed below, the Committee has had active and involved discussions and presentations related; to value based care, access to care, our future legislative options (possible bills to be filed in the new session in early 2025), and grassroots advocacy.

Legislation filed by the Massachusetts Dental Society:

As the Massachusetts Legislature works on a two-year cycle, the current legislative agenda and accompanying bills were approved by the Board of Trustees and filed in the Spring of 2023, the current cycle ends on December 31, 2024. [Please click here to see to a complete summary of all legislation filed by the MDS.](#)

The following bills were referred to the Committee on Financial Services and a hearing was held on December 5th at 10AM at which time MDS gave both written and in-person testimony; in person testimony was given by Dr. Abe Abdul, MDS President and Dr. Frances Clairmont, GAC Chair.

- [H1122](#): An Act relative to financial services contracts for dental benefits corporations (non-covered services).
- [H1123](#): An Act further clarifying the delivery of health care.
- [H1124](#): An Act relative to dental insurance assignment of benefits.

The first Wednesday in February, during the second year of each two-year legislative session, marks a major deadline at the Massachusetts Statehouse because of Joint Rule 10. On that day, bills must be advanced by committees to be taken up by lawmakers or sent to a "study order" for the remainder of the session. Often, if a bill receives a "study order," it means the bill is unlikely to move forward during the remainder of the legislative session, and the issue will need to be readdressed by filing a bill in the next legislative session.

Although not the outcome than we had hoped for, the three bills listed above were sent to "study order" and are not expected to proceed further. We will continue to monitor the situation at the Statehouse looking for other opportunities to advance these objectives and continue to advocate for the issues as they are being "studied."

On a more positive note, the following MDS-supported bills have passed favorably through the Committee on Consumer Protection and more recently the Committee on Health Care Finance. They are currently still "in play" and are before the House Committee on Ways and Means. Although we do not believe the bills will incur any cost to the Commonwealth, the Committee on Ways and Means is often used as gatekeeper on much legislation at this point in the process.

- [House Bill 3880: An Act relative to dental hygienist reciprocal licensure](#)
- [House Bill 300: An Act establishing a dentist diversion program.](#)

Apart from their advancement in the normal legislative channels, we remain hopeful that in the coming months omnibus bills will be drafted serving as potential opportunities to further advance these bills. An omnibus bill is a type of legislation that packages many smaller ordinary bills into one larger single bill that can be passed with only one vote. In summary we would file to have our language attached to this larger bill therefore increasing its chances of passage.

If such an opportunity presents itself, we will work with a legislator to file the amendment, then activate a grassroots campaign where MDS members contact their local representatives and senators urging them to support our amendment.

Legislation opposed by MDS.

On September 27th there was a hearing which included S467: A Ban on Fluoridation. MDS provided opposition both in person and in writing to the Committee on Environmental and Natural Resources. Testimony was provided by MDS Director of Government Affairs & Dental Practice Daniel DiTullio as well as Dr. Clairmont and a written statement on behalf of Dr. John Fisher, MDS Past President. The only supporting testimony was by the citizen who filed the bill and we do not expect the legislation to progress. The Bill was sent to a study order, essentially ending its progress.

Legislation supported by MDS.

Although not part of our formal advocacy agenda, the MDS offered letters of support on behalf of the following two bills, which were both released favorably by the Committee and remain active in the legislative process.

- [Senate Bill 615](#): An Act relative ensuring treatment for genetic craniofacial conditions. This Bill has favorably passed two committees and is currently with the Committee on Ways and Means
- [House Bill 1094](#): An Act expanding coverage of dental procedures. MDs supported this bill at the request of a Hed and Neck Cancer Survivors group. This bill has successfully passed through the Committee on Health Care Financing and is awaiting assignment to its next step.

Other legislation of note:

[SB.2740](#): An Act to improve oral health for all Massachusetts residents (dental therapists). This is the current version of the “Mid-Level Provider” bill that was sent to study order in the last legislative cycle the was released from committee on April 22 and is active in the Senate.

We do expect that the bill will pass favorably in the Senate, but our understanding is that, like in 2022, the bill lacks support in the house of Representatives and will not advance. The GAC will continue to monitor this bill closely and if required take the appropriate steps to oppose the bill in the House.

Question 2/ MLR Regulations

DLR dental reform appeared on the Massachusetts ballot as Question 2 in November 2022, winning in a landslide victory. This important reform increases accountability and transparency for dental insurers and puts patients first.

The Massachusetts Department of Insurance (DOI), whose responsibility was to create the regulation based on the ballot initiative, hosted several information sessions to solicit comments before making the draft. The MDS submitted written responses and attended the following sessions.

- Section 1: Definitions, including dental loss ratios
- Section 2(a) – (c): Rate filing submissions and rebate calculation submissions
- Section 2(d) – (g): Rate filing reviews
- Section 3: Reporting annual comprehensive financial
- Additional Questions/Wrap-Up

The DOI then drafted the regulation based on the comments from the listening sessions and independently solicited feedback (e.g., an independent report from an actuary). The draft regulation was released to the DOI, and a hearing was held to gather input. In accordance with the process set forth by the DOI, the [Massachusetts Dental Society submitted a formal response to the draft regulation](#) and offered live comments at the meeting. Upon reviewing all comments, the DOI finalized the regulation, which was passed into law in April 2024. Dental insurers are required to begin reporting in January 2025. [The Final regulations may be found here](#)

MassHealth Dental Rates:

On February 9, 2024, MassHealth, through the Massachusetts Executive Office of Health and Human Services (EOHHS) held a public hearing regarding proposed dental rates (Regulation 101 CMR 314.00: MassHealth Rates for Dental Services). Specifically, EOHHS proposed amendments to update rates for certain dental services, effective for dates of service on or after June 1, 2024, [seen here](#).

At the hearing, MDS President Dr. Abe Abdul presented testimony and submitted a letter on behalf of the Society which was developed by the Dental Practice and Benefits Committee and approved by the MDS Board of Trustees. Dr. Mouhab Rizkallah, Chair of the Dental Practice and Benefits Committee, and numerous other MDS members also testified in support of this position letter. [Testimony of MDS President Dr. Abe Abdulwaheed and Chair MDS Dental Practice & Benefits Committee Dr. Mouhab Rizkallah \(February 9, 2024\)](#)

Beacon Hill Day:

The MDS Government Affairs Committee recently met to discuss our legislative agenda and review options for Beacon Hill Day. Based on the current status of our legislation and the late stage of the current legislative cycle, the Committee has decided unanimously to plan for a [Beacon Hill Day on June 4, 2025](#).

Following the Fall elections, 2025 will mark the beginning of a new two-year legislative cycle. Newly elected officials will take office, committees will be re-organized and the MDS will have filed an updated legislative agenda. Visiting the Statehouse in the first year of a new session allows our members the greatest opportunity to advocate for our agenda.

In future years Beacon Hill Day would take place in alternating years in the Spring of the first year of the legislative calendar (2025, 2027, 2029). Please be assured that even with this alternating-year plan the Government Affairs Committee will continue to work year-round to advocate year-round and keep our members informed of how they remain involved.

Respectfully submitted,
Frances C. Clairmont, DMD

Membership Committee

As Co-Chairs, we herewith submit the following report:

Massachusetts Dental Society Members are the core foundation of the Society. (MDS). Members give not just their dues money, but many give their time, energy, and expertise to this professional organization. MDS takes great pride in knowing that while many similar membership organizations have struggled in recent years to maintain membership, the MDS has maintained a steady membership with approximately a 75% market share. This is a significant accomplishment during these changing economic times. In the past year, the MDS renewed 92% of our membership and grew our membership to over 4,000 members. Due to the current membership climate, it is more important than ever for the MDS to continue to evolve and adapt to the emerging needs of our diverse membership and effectively communicate with our members.

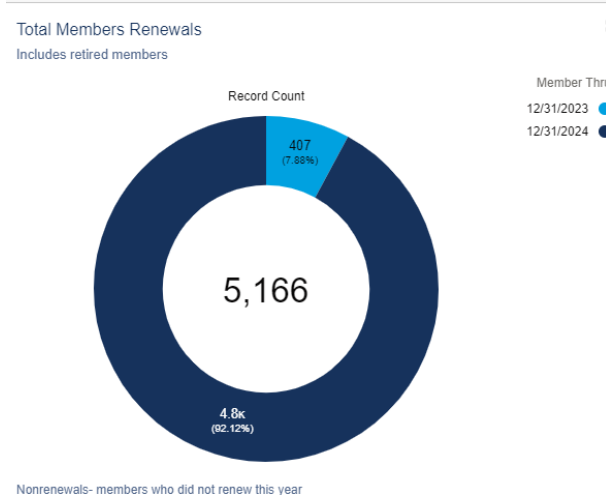
The Membership Charges

- Manage 10 Under Ten program.
- Monitor membership trends through member feedback, particularly among under-represented segments, DSOs, and new graduates (less than 3 years out of school), and implement initiatives to increase membership and improve member value of these segments.
- Create a process to measure member engagement.
- Cultivate a leadership development pipeline
- Develop quarterly member engagement programs.

In response to these charges, the membership committee is working on the following:

Renewals

The dues cycle runs from January 1- December 31st with a grace period till March 31, 2024. As of May 1, 2024 92% of the 2023 MDS members have renewed their memberships. There are 405 2023 members that have not yet renewed.



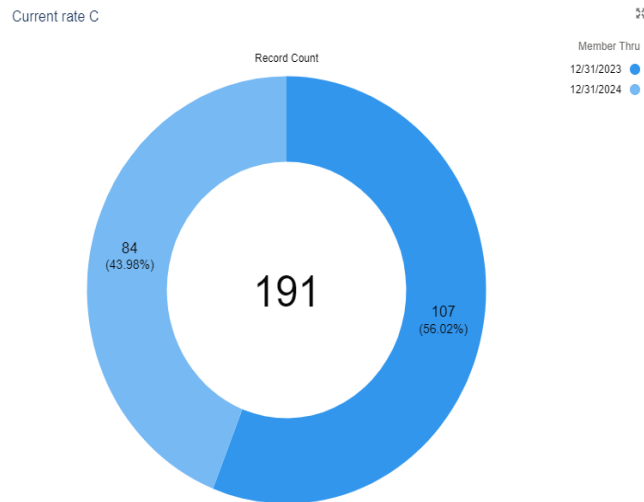
The committee feels the most vulnerable renewal group is 2nd year members (since they must begin to pay for 50% dues). The membership committee reviewed the current renewal stats and discussed strategies to engage 1st and 2nd-year members. To improve renewals the committee feels personal outreach will help secure additional

renewals. They also want to improve the experience of 1st year and 2nd year members so they can see the value of membership before they have to pay full dues.

The committee is working on the following initiatives.

- Sending email personal messages to all nonrenewals
- Personally, calling all rate c (2nd year nonrenewals)
- Personal outreach to 1st year and 2nd year members

2nd Year members renewals as of May 1, 2024



MDS Membership Survey Key Findings

In 2023, the Massachusetts Dental Society (MDS) conducted a membership survey with Avenue M, a leading association management company. The survey had an 11% participation rate, which is well above average. In all, 677 people completed the survey.

One goal of the survey was to evaluate the drivers of membership and the top professional challenges faced by members.



The Membership Committee has reviewed the survey findings and is using this data to help determine current critical needs, what members value most about membership, and pain points they are experiencing.

Future Membership Committee engagement suggestions included:

- Helping new grads and students with financial debt planning
- Creating targeted engagement programs
- Developing a mentoring/support program for new graduates
- Pilot discussions with DSOs on how we can work together.
- Engage 10 under 10 winners in young dentists in outreach.

- Working with the dental school ASDA reps to engrain the importance of membership as students. Hold lunch and learn programs and give updates on how organized dentistry is helping to better the profession of dentistry after graduation.

MDS Leadership Academy

The MDS Leadership Academy was launched at Yankee Dental Congress. Dr. Kathy O’Loughlin presented “Learning to Lead—5 Stars of Leadership” at the first session. There are 35 participants in this MDS Leadership Academy. The program also included sessions via Zoom by industry experts on the first Wednesday of March, April, and May that focused on key leadership skills. The program covered critical topics, including communication, strategic planning and execution, maximizing hygiene revenue, shifting from colleague to manager, and more.

The program will conclude on June 5 with the Roundtable and dinner. All MDS Board members will be invited to the dinner. It will be an opportunity to discuss leadership and volunteer positions within MDS.

10 Under Ten Program Management

The committee selected the 2024 10 under Ten award winners and presented the winners with plaques at the Awards Ceremony at Yankee Dental Congress.

The committee will revise the application form for 10 under Ten nominees to be more consistent content-wise and include required fields to allow for a fair evaluation. Some recipients' submissions are multiple pages, while others have minimal content.

The committee also discussed changing the submission dates for the 10 under Ten program to better align with Yankee and the winter MDS Journal. The committee agreed to revise the dates accordingly.

Respectfully submitted by
John J. Choi, DMD & Divya Upadhyay, DMD
Co-Chairs MDS Membership Committee

Annual Report to the House of Delegates, June 20, 2024, from the

Trustee Selection and Nominations Committee

As Chair, I herewith submit the following report:

The Trustee Selection and Nominations Committee had its initial meeting on February 26, 2024, for the Speaker to inform the Committee of its charges and to elect its Chair. Merrimack Valley District representative Dr. Geraldine Garcia-Rogers was selected to serve as Chair. The Committee next met on March 20, 2024, to finalize its schedule for the Committee's interview and selection process and to review the candidates' application packets. The candidates for Trustees for Regions 2, 3, and 5 were all unopposed, as were the candidates for Treasurer and Speaker of the House. There were five candidates for At-Large Trustee.

The Committee met on April 16, 2024, and interviewed the candidates for At-Large Trustee.

The Trustees for those Regions listed above and the At-Large Trustee for the 2024-2025 MDS Board of Trustees are:

- Region 2 (Wachusett and Worcester): Dr. Brian McDowell
- Region 3 (Cape Cod, South Shore, and Southeastern): Dr. Jeffrey Karen
- Region 5 (Boston and North Metropolitan): Dr. Dylan Weber
- At-Large Trustee: Dr. Todd Belfbecker

This slate will be forwarded to the 2024 MDS House of Delegates on June 20.

- President: Dr. Abe Abdulwaheed (will serve the 2nd year of a two-year term)
- Vice President: Dr. Steven Spitz (will serve the 2nd year of a two-year term)
- Speaker of the House: Dr. David Samuels
- Treasurer: Dr. Jennifer Korzeb
- Secretary: Dr. Maritza Morell (will serve the 2nd year of a two-year term)

Respectfully submitted,
Geraldine Garcia-Rogers, DMD, MS

MDS Foundation

As Chair, I herewith submit the following report:

The MDS Foundation Board held its first ever Retreat in October 2023 to look towards the Foundation's future. The core focus of the Foundation is to put a healthy smile on everyone's face by improving access to care. It laid out goals for the next several years, including hiring a part-time staff person, conducting a service event, and increasing member participation.

Development Committee

The Foundation Board created a Development Committee, which was chaired by Dr. Dylan Weber. The committee's goal for the year was to raise \$150,000 by the end of the fiscal year. In the first quarter of the calendar year, there was a district challenge that asked each district to contribute funds as an entity. The Boston, Merrimack Valley, Middlesex, and Vally district societies all contributed. Districts were also asked to encourage all members to contribute. This campaign raised over \$36,000. The MDS Board of Trustees has authorized \$75,000 to be donated from the Massachusetts Dental Society. Districts and delegates are all encouraged to contribute!

Increasing Access to Dental Care Grants

Since 2010, the MDS Foundation has focused its grant making efforts on funding programs and projects conducted by nonprofit organizations across the state whose purpose is increasing access to oral health care for underserved populations. These grants have contributed close to \$1.2 million to local community organizations.

In 2023, the Foundation continued its grant giving and identified seven programs to receive Access to Care Grant funding, for a total of \$101,155.

- Volunteers in Medicine (VIM) Berkshires: \$25,000
- Dental Lifeline Network: \$24,000
- Tufts University Cares for Veterans Program: \$15,000
- Community Health Connections: \$12,155
- Tufts University Autism Smiles Program: \$10,000
- The Forsyth Institute Forsyth Kids Program: \$10,000
- American Student Dental Association Community Involvement: \$7,000

Foundation Registration Roundup at Yankee

For the 2024 Yankee Dental Congress, the Foundation was again able to ask registrants if they would like to round up their total registration fee to the nearest \$5 or \$10 increment. This roundup opportunity allows the Foundation to get its name and branding in front of not only MDS members, but also the dental community of New England. That promotion raised just over \$2,000.

Board Restricted Fund

This fund became a reality in 2009 when the House of Delegates voted to assess MDS members in order to build an "endowment" for the Foundation (correctly referred to as a Board restricted fund). As of May 31, 2024, the fund totaled \$1,452,560. A percentage of the interest earned on the fund amount over \$1M will be used to fund access to care programs/projects. The investing of the fund is managed by the MDS Board of Trustees Investment Subcommittee, with oversight by the MDS Foundation Board.

Disaster Fund

In 2023 the MDS Foundation voted to donate \$10,000 to the Hawaii Dental Association Disaster Relief Fund to help dentists in Hawaii that needed assistance from the state's wildfires.

Respectfully submitted,
Robert S. Lewando, DDS

2023-2024 MDS Foundation Donors as of June 1, 2024

The following donor list reflects gifts of \$100 or more made to the 2023-2024 Annual Fund, which runs from July 1, 2023, through June 30, 2024, and includes Memorial and Tribute Donations:

Visionaries: Donations of \$150,000+

Major Benefactors: Donations of \$100,000 - \$149,999

The Alan K. & Isabelle DerKazarian Foundation*
Dr. Roderick W. Lewin*
Dr. Raymond K. Martin

Benefactors: Donations of \$75,000 - \$99,999

President's Society: Donations of \$50,000 - \$74,999

Founder's Society: Donations of \$25,000 - \$49,999

Dr. Ronald M. Chaput*
Dr. Martin A. Wohl & Mrs. Marisa Labozzetta*
Dr. Howard M. Zolot
North Shore District Dental Society

DerKazarian Society: Donations of \$15,000 - \$24,999

Named in memory of Dr. Alan K. DerKazarian, who served as the 142nd President of the Massachusetts Dental Society and Past Chair of the MDS Foundation

Dr. Robert E. Boose
Dr. Robert A. Faiella
Dr. Charles A. Gagne
Dr. Richard LoGuercio*
Dr. David P. Lustbader*
Dr. John P. Pietrasik*
Dr. Tofigh Raayai
Dr. Edward Swiderski*
42 North Dental
Massachusetts Dental Society
Boston District Dental Society*
Merrimack Valley District Dental Society*
Middlesex District Dental Society*
Southeastern District Dental Society
Worcester District Dental Society

Morton Society: Donations of \$10,000 - \$14,999

Named for the Massachusetts dentist who performed the first public demonstration of ether as an anesthetic in dental surgery in 1846

Dr. Randall L. Davis
Dr. John P. Fisher
Dr. Geraldine C. Garcia-Rogers*
Dr. David B. Harte
Dr. Robert S. Lewando*
Dr. Robert E. Losert
Dr. Nan E. Niland
Dr. Tina L. Wang*
Eastern Dentists Insurance Company
Greater Boston Convention & Visitors Bureau*
South Shore District Dental Society
Valley District Dental Society*

Salmon Society: Donations of \$5,000 - \$9,999

Named for the first President of the Massachusetts Dental Society in 1864

Dr. Casey Cook*
Dr. Mark J. Doherty
Dr. Milton A. Glicksman
Dr. Ann Kirk
Dr. Janis B. Moriarty*
Dr. AnhPhi Nguyen*
Dr. Andrea Richman*
Dr. Samuel M. Shames
Dr. James N. Thiel
Dr. Thomas Trowbridge*
Cape Cod District Dental Society

***Donated \$100 or more during the 2023-2024 fiscal year, which runs from July 1, 2023, through June 30, 2024**

he following donor list reflects gifts of \$100 or more made to the 2023-2024 Annual Fund, which runs from July 1, 2023, through June 30, 2024, and includes Memorial and Tribute Donations:

Friends: Donations of \$2,500 - \$4,999

Dr. Mary DeMello
Mr. Frederic Leverenz
Dr. Albert Sandler

Platinum Donors: Donations of \$500 - \$999

Mr. Kevin Monteiro
Dr. Maritza Morell
Dr. Anandi Pratap
Dr. Joseph Williams

Gold Donors: Donations of \$250 - \$499

Dr. John Boss
Dr. Robert Boynton, Jr.
Dr. Colleen Chambers
Dr. Minghao Chen
Dr. Maria Dona
Dr. Lawrence Fadjo
Dr. Paul Gamache
Dr. Charles Greffrath
Dr. Khara Gresham
Dr. Robert Leland
Dr. John Murphy
Dr. Daniel Sabra
Dr. Charles Silvius
Dr. Michael Wasserman

Silver Donors: Donations of \$100 - \$249

Dr. Abe Abdulwaheed
Dr. Andrew Abela
Dr. Morgane Amat
Dr. William Auffinger
Dr. Saadia Aziz
Dr. Laura Bagley
Dr. Arthur Balian
Dr. David Bardwell
Dr. Joseph Becht
Dr. David Becker
Dr. Todd Belfbecker
Dr. Joseph Beninato
Dr. Charles Black
Dr. Arno Bommer
Dr. Barry Brodil
Dr. William Bryan
Dr. Michael Caban
Dr. Susan Camacho

Dr. Paul Caselle
Dr. Eric Castenson
Dr. Min Chao
Ms. Colleen Chase
Dr. Winnie Cheung
Dr. Bernard Cheverie
Dr. Gary Cogar
Dr. Janice Conrad
Dr. Michael Cooper
Dr. Neide Coutinho
Dr. Gwendolyn Cugine
Dr. Richard Cushner
Dr. Richard D'Innocenzo
Dr. William Darke
Dr. Constantin Darzenta
Dr. Irida Dautaj
Dr. Ronald Davitt
Dr. Kelly Demrest
Dr. Dennis Dermody
Dr. Michael DiMarzio
Dr. Jeffrey Dodge
Dr. Kieran Dowd
Dr. Kenneth Drizen
Dr. Lisa Emirzian
Dr. Andrea Fallon
Dr. David Fang
Dr. Jane Feely
Dr. Garry Feldman
Dr. Arthur Fertman
Dr. Paul Feuerstein
Dr. Thomas Francis
Dr. John Friedman
Dr. Mark Garrity
Dr. Jonas Gavelis
Dr. Samuel Gelso, Jr.
Dr. Allan Gemme
Dr. Anthony Giamberardino
Dr. Frederick Giarusso
Dr. Michael Gigliotti
Dr. Alan Gold
Dr. Shepard Goldstein
Dr. Joel Gonzales
Dr. Paul Groipen
Dr. Francis Grzejka
Dr. Csilla Gyurko
Dr. Hatice Hasturk
Dr. Anne Hertzberg
Dr. James Higgins, Jr.
Dr. Neil Hornung
Dr. William Hoye
Dr. Yin Hsu
Dr. William Jantzen
Dr. John Kalinowski
Dr. Harold Kaplan
Dr. Ana Keohane

Dr. Mohammad Khan
Dr. Robert Kirk
Dr. Joshua Kleederman
Dr. Anne Koch
Dr. Jennifer Korzeb
Ms. Janine Kowack
Dr. Jolene Krol
Dr. Peter Laband
Dr. Manohar Lalchandani
Dr. James Lee
Dr. Ted Lee
Dr. Victor Leung
Dr. William Lobel
Dr. Carol Lorente
Dr. Richard Luise
Dr. Yuci Ma
Dr. Carolyn Madison
Dr. Vincent Mariano
Dr. Lynne Marshall
Dr. Stephen McKenna
Dr. Brian McPartland
Dr. Kenneth McPartland
Dr. Takis Megas, Jr.
Dr. Robert Moskal
Dr. Divya Mudumba
Dr. Stephen Noxon
Dr. Joseph O'Donnell
Dr. Daniela O'Neill
Dr. Teddi Olszewski
Dr. Jerald Owen
Dr. Frank Paletta
Dr. Phuong Therese Pham
Dr. Charlene Pirner
Dr. Traci Portnoff
Dr. Michael Powers
Dr. Thomas Puschak
Dr. Michael Putt
Dr. Zori Rabinovitz
Dr. Sean Rayment

Dr. Joseph Reidy, III
Dr. Gerald Roan
Dr. Philip Robitaille
Dr. Todd Rowe
Dr. Steven Rubin
Dr. Omar Salem
Dr. Laurice Salib-Fanikos
Dr. David Samuels
Dr. Tyler Sanslow
Dr. Erich Schmidt
Dr. Gabriel Schweier
Dr. Michael Scialabba
Dr. James Seligman
Dr. John Sexton
Dr. Michael Sheff
Dr. Lance Smagalski
Dr. Darryl Smith
Dr. Theodore Souliotis
Dr. Nicholas Sowles
Dr. Steven Spitz
Dr. Christopher Steed
Dr. Siri Steinle
Dr. Jeffrey Stone
Dr. Jared Stubbs
Dr. Jonathan Sudol
Dr. Sheldon Sullaway
Dr. David Sullivan
Dr. Kevin Thomas
Dr. William Tolson
Dr. Edmar Upite
Dr. Nataliya Vrubel
Dr. Gary Wainwright
Dr. Dylan Weber
Dr. Hans-Peter Weber
Dr. Gary Wheeler
Dr. Desiree Winterhalter
Dr. Jay Wise
Dr. Sonia Wu
Dr. Natalya Yantovsky

Eastern Dentists Insurance Company (EDIC)

As the MDS Designated EDIC Directors, we herewith submit the following report:

It has been an eventful year at EDIC. As we reported last year, EDIC has a new President and Chief Executive Officer, Edward Carroll, Esq. Mr. Carroll achieved an almost seamless transition into his new management position. He has made a number of positive changes that will strengthen our position in the professional liability insurance arena. Most notably EDIC will begin covering DSO groups starting with our signing of 42 North. Although EDIC will not cover large national groups such as Heartland, expanding policy sales to include smaller DSO groups should help us grow without greatly increasing our risk. Additionally, Ed and his team met with AM Best and have secured our A- rating with a stable outlook. This is really good news for the company and our policyholders.

EDIC has always prided itself on providing the best policyholder services to our members. We strive to remain true to our mission of “*by dentists, for dentists*”. This past year there was a ripple of misinformation on social media regarding EDIC’s policy of consent to settle. A competitor pointed out that our policies did not contain a “pure consent to settle” clause. Meaning that EDIC could demand that a policyholder settle their case rather than going to trial. Many companies do this routinely if the cost to defend a case exceeds what they think it will cost to settle the case. Although EDIC has never required a policyholder to settle without their consent, we felt it prudent to revise our policy language to include that pure consent clause. It doesn’t change how we have always handled claims against our policyholders, but it should reassure anyone who had concerns about it.

EDIC has a new CFO, Mark Johnson, who replaced Dan Belbusti. Dan left EDIC in March to pursue a career with a California based company. Mark Johnson comes to us with an extensive background in the insurance industry. He will be discharging his duties using a hybrid model of remote and physical presence.

At our June meeting, Dr. Richard LoGuercio will be retiring from his position as Chair of our Board of Directors. Rich has served his tenure as Chair with a passion that could be met by few others. He has been an untiring advocate of EDIC since its inception over thirty years ago. Dr. LoGuercio has worked hard to make EDIC a stronger company and to safeguard its interests at all times. We will miss him greatly, but wish him well in retirement.

Until most recently, EDIC sold policies in eleven states. With the addition of 42 North, we have added Michigan and Indiana. As of the date of this report the number of policies by state is:

Massachusetts:	2196
North Carolina:	1287
New Jersey:	531
New York:	410
Pennsylvania:	504
Maine:	74
New Hampshire:	157
Vermont:	32
Connecticut:	160
Rhode Island:	106
Virginia:	114
Michigan:	2
	<hr/>
Total	5573

The Massachusetts Dental Society founded the Eastern Dentists Insurance Company in the wake of a storm of untenable rate increases by malpractice insurance companies in our state. The mission of EDIC was to provide relief from that onslaught by external forces and to safeguard against any future recurrence. Thus our motto of “by dentists, for dentists.” One of the unseen benefits of EDIC that applies to all dentists is the role we play in keeping the other professional liability insurance companies “honest.” If EDIC were not in the marketplace, other companies would be free to raise their rates back to level of rates before EDIC was established. MDS and EDIC have always had a relationship of mutual respect. We hope that endures well into the future.

Respectfully submitted,

Janis B. Moriarty, DMD
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