

**June 2024-H**

**Resolution Name: ESTABLISHMENT OF HOD CURRENT POLICIES**

**Resolution No. TBD**

**Submitted by: Chairman of** **1.** Dental Practice Benefits Committee, **2.** Government Affairs Committee, **3.** Membership Committee, **4.** Ethics Committee, **5.** Audit Committee, **6.** Dentist Health & Wellness Committee, **7.** Dental Education Committee, **8.** Diversity Equity, & Inclusion Committee

**Financial Implication: None**

**Background:**

After the success of Massachusetts Question 2, the MDS is poised to enter a "renaissance" of setting and achieving goals, and member engagement. While the ADA House of Delegates does set goals for the association, the MDS House of Delegates has not set specific goals for our Society.

Whereas the American Dental Association House of Delegates has a "Current Policies" manual of resolutions that guides the Board of Trustees and Committees on the major desires and policies of the HOD,

And Whereas, the MDS-HOD does not have a "Current Polices" manual of resolutions, and so the desires of the HOD (representing members) are not clear to the Board of Trustees and Committees,

The eight Committee Chairs listed above have unanimously agreed that the attached "Current Policies" manual are an excellent starting list of member desires, and respectfully request that the House of Delegates adopt this Current Policies Manual, which will lead the Massachusetts Dental Society into its Renaissance of impactful advocacy and member engagement.

Therefore be it,

**Resolved,** that the attached "HOD Current Policies" shall be adopted as the major initial current policies of the MDS, with editing only by HOD majority vote in perpetuity, and be it further

**Resolved,** that

Chapter IV: Board of Trustees:

Section 40. Duties

N. To support and comply with the Current Policies of the House of Delegates.

**Board Recommendation:** The Board has not reviewed this item.



House of Delegates

# Current Policies

Updated  
June 2024

# Preface

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Pursuant to its powers in the MDS Constitution and Bylaws, this document contains major policies adopted by the Massachusetts Dental Society House of Delegates (HOD) that are currently in effect. Other actions of the House which are generally more directive in nature are not included as major policy.

Within each classification, the citations show the year and page number, of both the original policy and any later Amendments.

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# I. Dental Benefit Programs

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## **Provider Rating by Third Parties (2024)**

**Resolved**, that the MDS adopts the following ADA policy: The MDS opposes third-party provider ratings systems based on cost or non-validated utilization patterns because they are inherently flawed, unreliable, and potentially misleading to the public, and be it further

**Resolved**, that the appropriate agents of the Society inform third party payers of this opposition and urge them not to include such ratings in their communications to the public, and be it further

**Resolved**, that third parties who publish provider rating systems should clearly convey to the public that provider ratings are not based on care quality but rather practitioner conformity with dental plan design and cost containment for the insurance plans, and be it further

**Resolved**, that third parties who publish provider rating systems should be transparent regarding the methodology, provide detailed quarterly reports to the provider, provide a mechanism to appeal and improve provider scores as well as a mechanism to opt-out from being publicly rated.

## **Equitable Dental Benefits for Relatives of Dentists (2024)**

**Resolved**, that the MDS adopts the following ADA policy. Group benefit plan contracts should not contain exclusions for reimbursement for treatment based on the familial relationship of the treating dentist and the beneficiary, and be it further

**Resolved**, that such existing exclusions be deleted from all dental benefit plan contracts as they are renewed, and be it further

**Resolved**, that carriers, service corporations, other third- party payers and state insurance regulatory agencies be informed of this policy.

## **Radiographs in Diagnosis (2024)**

**Resolved**, that the MDS adopts the following ADA position. The MDS confirms that a diagnosis and treatment plan cannot be made from radiographs alone. Benefits shall not be determined solely on the basis of radiographic evidence.

## **Value Based Care and Managed Care plans that employ Capitation (2024)**

Whereas insurers are increasingly pursuing widespread commercial Capitation plans (relabelled as Value Based Care or Managed Care plans), and whereas Capitation plans ultimately lead to decreased diagnosis and undertreated patients,

**Resolved**, the MDS adopts the following ADA recommendations to group benefit purchasers considering such programs:

1. Capitation dental benefit programs should be offered only as an additional alternative to a benefit program which does not restrict the subscriber's opportunity to receive treatment from the dentist of their choice on a fee-for- service basis.
2. The scope of services covered in the freedom of choice and capitation programs should be equal.
3. Each employee (or group member) should be provided comprehensive, unbiased information about the programs being offered and should be given a reasonable opportunity to select the program which the employee believes best suits their needs, as well as periodic opportunities thereafter to choose to continue enrollment in the program of the employee's initial selection or to enroll in a different program.
4. All dentists willing to abide by the terms of the capitation program's provider contract should be eligible to participate in the program.
5. There should be no automatic enrollment in capitation dental benefit programs.
6. A system of monitoring the dental needs and treatment provided under a capitation dental benefit program should be required of the administrator by the group purchaser. In this regard, the dental needs and procedures performed should be reported, not merely on an aggregate, but on an individual patient basis.
7. All services provided by specialists should be separately reported on both an aggregate and individual patient basis.
8. Patients treated under a capitation dental benefit program should be provided in writing a list of their overall dental needs and the dental procedures rendered at each treatment visit.
9. Questions regarding the quality, appropriateness or thoroughness of treatment provided under capitation dental benefit programs should be resolved through the peer review system of the appropriate dental society.

## II. Legislation to Pursue

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**Resolved**, that the MDS HOD charges the Board of Trustees and Committee chairs to pursue the following legislative goals:

### **Assignment of Benefits Allowances (2024)**

**Resolved**, that the Society seeks to establish Assignment of Insurance Benefits at the option of the dentist.

### **Clinical Judgment Protections (2024)**

**Resolved**, that the Massachusetts Dental Society pursue legislation or regulations at to ensure that dentists are free to exercise individual clinical judgment and render appropriate treatment to their patients without undue influence by any third-party business entity, and be it further

**Resolved**, that the Society resist, by whatever lawful means possible, infringement upon dentists' ability to freely exercise their professional judgment.

### **Dental Assistant Licensure Requirement Repeal (2024)**

**Resolved**, that the Society seek to repeal the MA state licensure requirement of Dental Assistants.

### **Dental Hygienist Workforce Increase (2024)**

**Resolved**, that the Society pursue growth of the Dental Hygienist Workforce by allowing qualified foreign trained dentists to be licensed as a Dental Hygienist in Massachusetts.

### **Federal and State Medicaid Law Compliance (2024)**

**Resolved**, that the Society seeks to require MassHealth compliance with Federal and State Medicaid Laws

### **Fluoridation of Community Water Sources (2024)**

**Resolved**, that the Society seek to prevent legislation that threatens community Fluoridation.

### **Dental Loss Ratio / Question 2 / MGL 176X (2024)**

**Resolved**, that the Society prioritize the protection of the Question 2 (now known as MGL 176X) legislation at state and federal levels, and be it further

**Resolved**, that the BOT designate Dr. Mouhab Rizkallah (author of Question 2) and Dr. Abe Abdul (formative member of Question 2) as full delegates at any ADA District 1 or ADA House of Delegates that has planned discussion on Dental Loss Ratio legislation.

### **Network Leasing Protections (2024)**

**Resolved**, that the Society seek to require insurers to create a default non-participation option for dentists that want to opt-out of leased provider networks.

### **Non-Covered Services Protections (2024)**

**Resolved**, that the Society seek to prevent insurers from setting network fees for services not covered by the insurer.

### **Virtual Credit Card Protections (2024)**

**Resolved**, that the Society seek to require insurers to create a default non-participation option for dentists that want to opt-out of credit card insurance payments (aka virtual credit card payments).

# III. Membership

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## **Policy on Diversity and Inclusion (2024)**

Resolved, the MDS adopts the following ADA policy.

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

The MDS embraces diversity and inclusion to drive innovation and growth, ensure a relevant and sustainable organization and deliver purposeful value to members, prospective members, and stakeholders. The MDS's commitment to diversity and inclusion will further advance the dental profession, improve the oral health of the public, and achieve optimal health for all.

## **MDS Member Conduct Policy (2024)**

Resolved, the MDS adopts the following ADA policy.

1. Members' discussions, social media activities, communications and interactions with other dentists, dentist members, Society officers, trustees and staff should be respectful and free of demeaning, derogatory, offensive or defamatory language.
2. Discussions and communications relating to modes of practicing dentistry should be courteous and professional, and members should be respectful of the practice choices of their colleagues.
3. Members should abide by and respect the decisions and policies of the Society. Any criticism or challenges to existing Society policies or decisions shall be undertaken in a professional manner.
4. Members have an obligation to be informed about and use Society policies for communication and dispute resolution.
5. Members are expected to comply with all applicable laws and regulations, including but not limited to antitrust laws and regulations and statutory and common law fiduciary obligations.
6. Members must respect and protect the intellectual property rights of the Society, including any trademarks, logos, and copyrights.
7. Members must not use Society membership directories, on-line member listings, or attendee records from Society-sponsored conferences or CE courses for personal or commercial gain, such as selling products or services, prospecting, or creating directories or databases for these purposes.
8. Members must treat all confidential information furnished by the Society as such and must not reproduce materials without the Society's written approval.
9. Members must not violate the attorney-client privilege or the confidentiality of executive sessions conducted at any level within the Society.
10. Members must fully disclose conflicts, or potential conflicts, of interest and make every effort to avoid the appearance of conflicts of interest.

## IV. Society Operations

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### **Adoption of Current Edition of AIP Code (2024)**

**Resolved**, that the MDS automatically adopts the most recent version of the American Institute of Parliamentarians Standard Code of Parliamentary Procedures, upon publication.

### **Appointing ADA Delegates and Alternate Delegates (2024)**

**Resolved**, that the all delegate and alternate delegate positions are filled for ADA District Delegate meetings, and be it further  
**Resolved**, that all delegates and at least 5 alternate delegate positions are filled for ADA House of Delegates Meetings, and be it further

**Resolved**, that the chairs of the Dental Practice Benefits Committee and Government Affairs committee shall be delegates.

### **Broadcasting - Board of Trustees Meetings (2024)**

**Resolved**, that all MDS BOT meetings shall be broadcast for member viewing, and be it further

**Resolved**, that MDS BOT meeting broadcasts will cease during Executive Session.

### **Executive Session Log (2024)**

**Resolved**, that the MDS HOD prioritizes transparency for members, and be it further

**Resolved**, the Board of Trustees and any Committee shall create an Executive Session log to be provided annually to the MDS HOD, with the BOT or Committee annual report. The Executive Session Log shall include the date, time, duration, roll call votes, and identify the board/committee member who motioned to enter into Executive Session. The log shall also sufficiently detail why non-transparency was in the best interest of MDS members, and be it further

**Resolved**, the MDS HOD discourages use of Executive Session as a means to evade state and federal law, MDS Bylaws, violations of Current MDS Policies, or Ethics complaints.

### **Fiduciary Designations (2024)**

**Resolved**, that the MDS HOD deems all Trustees, Officers, Committee chairs, and Key Personnel (including the Executive Director) Fiduciaries of the Society.

### **Financial Transparency (2024)**

**Resolved**, that all members shall have the right to review the Society's financial statements, vendor agreements/ invoices, as well as the job description and annual performance evaluations of the Executive Director of the society, and be it further

**Resolved**, that the Audit Committee shall have the right to review all items available to all members, as well as any document it requests, so long as that document was not produced in Executive Committee.