Resolution No.	15	New ■	Substitute 🛛	Amendment
Submitted By:	Council on Ethics			
Date Submitted:	April 14, 2025	Reference C	Committee	Direct to House
Total Financial Im	plication: \$1700			
Amount One-time	\$ 1700	Amou	Int On-going	Approx. \$ none

Council on Ethics Code of Ethics Update:

1 Background Statement: Over the past year, the Council has undertaken a comprehensive review and revision of the NYSDA Principles of Ethics and Code of 2 3 Professional Conduct. This effort was driven by the need to ensure that our ethical 4 guidelines remain current and fully aligned with the standards set forth by the American 5 Dental Association. The revision process involved meticulous examination and updating 6 of the principles to reflect contemporary ethical practices and professional conduct 7 expectations within the dental community. 8 9 The Council's dedication to this task underscores our commitment to maintaining the 10 highest standards of ethics and professionalism. By aligning our code with the ADA's standards, we aim to provide clear and relevant guidance to our members, fostering an 11 environment of integrity and excellence in dental practice. 12 13 14 In light of these updates, an appropriate resolution has been prepared and is submitted for consideration. This resolution seeks to formally adopt the revised NYSDA Principles 15 of Ethics and Code of Professional Conduct, ensuring that our members are equipped 16 17 with the most current and comprehensive ethical guidelines. 18 19 15. Resolved, that the Principles of Ethics and Code of Professional Conduct of the 20 New York State Dental Association be amended as follows (new language underscored: 21 deletions stricken through). 22 23 INTRODUCTION 24 25 The practice of dentistry was established as a profession with one overriding principle in 26 mind: the benefit of the patient. This is the cornerstone of dental ethics. This 27 philosophy is the foundation of The Principles of Ethics and Code of Professional 28 Conduct of the New York State Dental Association. All members should make the 29 Principles and Code an important part of the very fabric of their practices. 30 31 The Principles of Ethics 32 and 33 Code of Professional Conduct

34		of
35		The New York State Dental Association
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77		PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT
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79 PREAMBLE 80 81 In order to provide guidance in matter of ethics to the members of the New York State Dental Association, the following Principles and Code have been adopted. 82 83 84 The New York State Dental Association has the right and the obligation to regulate itself 85 and to discipline its members. Every member of this Association shall be bound by the laws of the land, the Principles of Ethics and Code of Professional Conduct of the 86 87 American Dental Association, the Principles of Ethics and Code of Professional Conduct 88 of the New York State Dental Association and the code of ethics of the component 89 society of which she/he the dentist is a member or in which she/he the dentist practices. 90 91 A component society may adopt interpretations in its code of ethics not in conflict with 92 and not less stringent than this Code or that of the American Dental Association. 93 94 PRINCIPLE SECTION ONE 95 SERVICE TO THE PUBLIC AND QUALITY OF CARE 96 97 98 The dentist's primary professional obligation shall be service to the public. The 99 competent and timely delivery of care with due consideration for the needs and 100 desires of the patient, shall be the most important aspect of that obligation. 101 102 Code of Professional Conduct 103 104 Patient Selection. In serving the public, a dentist may exercise reasonable 1-A. 105 discretion in selecting patients for her/his the dentist's practice. However, she/he 106 the dentist may not deny dental care to an individual solely because of her/his 107 race, creed, color, sex, handicap, disability, or national origin based on any illegal 108 discriminatory reason under local, state or federal law. 109 110 **Advisory Opinion** 111 112 A dDentists should strive to make her/his their services accessible to all 113 those who are in need. 114 115 Patient Records. Patients are entitled to copies of their records. On receipt of a 1-B. 116 patient's written request, a dentist must provide her/him the patient with copies of 117 all pertinent records including radiographs, except as otherwise provided by state 118 law. The confidentiality of patient records must be maintained. 119 120 Advisory Opinions 121 122 1. It is unethical to use undue influence or intimidation to solicit patients from 123 a former employer.

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124		
125		2. It is unethical for an employing dentist to deliberately withhold information
126		as to the whereabouts of a treating dentist who has left employment.
127		
128		3 <u>1</u> . Copies of records shall be provided by dentists to patients within a
129		reasonable time, not to exceed ten days from the date of a patient's
130		written request.
131		
132		4 <u>2</u> . A dentist shall not withhold copies of records from patients based on the
133		patient owing any balance to the dentist or the patient not paying any
134		copying charges. A dentist may charge a fee for copying patient records,
135		but shall not charge more than the actual cost of copying, and shall never
136		charge more than 75 cents per page for paper copies, in accordance with
137		state law allows.
138		
139		3. Dentists shall honor the patient's written request for records to be sent to a
140		third party.
141		
142		4. It is unethical for an employing dentist to deliberately withhold information
143		as to the whereabouts of a treating dentist who has left employment.
144		<u>~</u> <u>~</u> <u>~</u>
145	1-C.	Community Service. Dentists have an obligation to use their skill, knowledge,
146		and experience for improvement of the dental health of the public and are
147		encouraged to be leaders in their community. In this service they shall conduct
148		themselves in such a manner as to maintain or elevate the esteem of the
149		profession.
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151		Advisory Opinions
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153		1. A dentist may properly participate in media programs on health education
154		provided such programs are in keeping with the dignity and custom of the
155		profession in the community.
156		
157		2. It is unethical to represent one's views as those of the Dental Association
158		or as those of the majority of dentists in the community without being able
159		to substantiate such claims.
160		
161		3. If a dentist publishes any dental health material under her/his the dentist's
162		by-line without disclosing the true source and authorship of this material,
163		she/he the dentist is making false or misleading representation to the
164		public.
165		
166		4. A school dental health program is recognized as a valued adjunct to a
167		complete program of dental health education. Dentists are encouraged to

168		participate in such programs <u>school or community-based programs that</u>
169		promote dental health education.
170		
171	1-D.	Emergency Service. Dentists shall be obligated to make reasonable
172		arrangements for the timely emergency care of their patients by a licensed
173		dentist. Dentists are obligated, when consulted in an emergency by persons who
174		are not their patients, to recommend reasonable arrangements for emergency
175		care. Should a dentist undertake emergency treatment of a new patient, the
176		patient will have the choice of where to receive subsequent dental care.
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178		Advisory Opinions
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		1. It is unothinal for a doptist to use an answering convise to refer on
180		<u>1. It is unethical for a dentist to use an answering service to refer an</u>
181		emergent patient to an emergency room without the dentist's consultation
182		with the patient.
183		0. It is upothing I for a clarifict to refer an amount refine to another dentist
184		2. It is unethical for a dentist to refer an emergent patient to another dentist
185		without the other dentist's knowledge.
186		
187		<u>3. It is unethical to use undue influence or intimidation to solicit patients.</u>
188		• • • • • • • • • • • • • • • • • • •
189	1-E.	Consultation and Referral. The dentist has the obligation of seeking consultation
190		with those who have special skills, knowledge and experience whenever the
191		welfare of the patient would be safeguarded or advanced by having such
192		consultation.
193		
194		Advisory Opinions
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196		1. Having completed the examination, diagnosis and/or treatment for a
197		referred patient, the specialist, consultant, or other dentist shall
198		communicate the appropriate information to the referring dentist and
199		dentist of record. The dentist, upon completion of such care must leave
200		the patient with full choice as to future place of treatment. The
201		requirements for patient confidentiality defined in Section 1-B apply.
202		
203		2. The specialist, consultant, or other dentist shall be obliged, when there is
204		no referring dentist, and upon completion of her/his treatment, to inform
205		the patient if there is a need for further dental care.
206		
200	1-F.	Auxiliary Personnel. Dentists, having the obligation of protecting the patient
208		health, shall assign only those duties which can be legally delegated, as
209		specified in New York statutes and regulations relating to dentistry, dental
210		hygiene and certified registered dental assisting. The dDentists shall prescribe
210		and supervise the work of her/his their auxiliaries.
212		and supervise the work of hermie <u>their</u> advindnes.
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213 **Advisory Opinion** 214 215 1. It is unethical to refer a patient to a commercial dental laboratory except 216 for the purpose of verifying the shade of patient's teeth. 217 218 21. A dDentists is are responsible for all work performed by auxiliaries in his 219 or her their dental offices, and is are responsible for ensuring that all 220 auxiliaries receive adequate and appropriate training for the functions they 221 carry out. 222 223 32. A dDentists is are responsible for ensuring that the correct degree of 224 supervision, either general supervision or direct personal supervision, is 225 provided by the dentist to all auxiliaries in his or her the dental office. It is 226 unethical to provide supervision only by telephone. 227 228 1-G. Justifiable Criticism. Patients are dependent on the expertise of dentists to know 229 their oral health status. Therefore, when informing a patients of the status of 230 her/his their oral health, the dentist should exercise care that the comments 231 made are truthful, informed and justifiable. This may involve consultation with 232 the previous treating dentist(s), in accordance with applicable law, to determine 233 under what circumstances and conditions the treatment was performed. A 234 difference of opinion as to preferred treatment should not be communicated to 235 the patient in a manner which would unjustly imply mistreatment. There will 236 necessarily be cases where it will be difficult to determine whether the comments 237 made are justifiable. Therefore, this section is phrased to address discretion of 238 dentists and advises against unknowing or unjustifiable disparaging statements 239 against another dentist. However, it should be noted that, where comments are 240 made which are not supportable and therefore unjustified, such comments can 241 be the basis for the institution of a disciplinary proceeding against the dentist 242 making such statements. 243 244 Dentists shall be obligated to report to the appropriate reviewing agency, as 245 determined by the local component or constituent society, instances of gross or 246 continual faulty treatment by others. 247 248 Advisory Opinions 249 250 1. Patients shall be informed of their present oral health status without 251 disparaging comment about prior services. 252 253 2. It is unethical for a dentist to practice while abusing controlled substances, 254 alcohol or other chemical agents which impair the ability to practice. All 255 dentists have an ethical obligation to urge impaired colleagues to seek 256 treatment. Dentists with first-hand knowledge that a colleague is

practicing dentistry when so impaired have an ethical responsibility to

258 259 260		report such evidence to the NYSDA Committee on Substance Abuse and Well Being.
261 262 263 264 265		3. Dentists with first-hand knowledge that a colleague is practicing dentistry with a mental or physical impairment should reach out to their colleague to discuss their concerns with patient treatment and/or report such evidence to the appropriate entity.
265 266 267 268	1-H.	Expert Testimony. Dentists should provide expert testimony when the testimony is essential for the just and fair disposition of a judicial or administrative action.
268 269 270 271	1 - I.	Rebates and Split Fees. Dentists shall not accept or tender "rebates" or "split fees." (See Section 5-A, Advisory Opinion 5.)
271 272 273		Advisory Opinion
273 274 275 276 277 278 279 280		A dentist who purchases a retiring dentist's practice may ethically agree to pay a percentage of the fees collected from patients of the retired dentist provided the retiring dentist gives assurance that <u>to</u> she/he will maintain an active license during that period, and maintain at least a <u>genuine</u> consulting relationship with the practice.
280 281 282 283 284	1-J.	Representation of Care and Fees. Dentists shall not deliberately represent the care being rendered to their patients or the fees being charged in a false or misleading manner.
284 285 286		Advisory Opinions
280 287 288 289		1. Deliberately representing treatment or fees in a false or misleading manner includes but is not limited to:
290 291		(a) performing unnecessary procedures;
292 293 294		(b) performing procedures unauthorized by the patient or the patient's legal representative;
295 295 296 297 298 299		(c) removing amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation or suggestion of the dentist;
300 301		(d) increasing fees solely because the patient is covered by insurance;

302 (e) reporting incorrect dates on insurance forms for the purpose of 303 obtaining benefits; 304 305 (f) incorrectly describing a procedure to receive a higher reimbursement; 306 307 (g) indicating on an insurance claim form a fee other than that actually 308 charged the patient; and 309 310 (h) accepting payment from an insurance company or other third party 311 payer under a co-payment plan as payment in full without disclosing to the insurance company or other third party payer that the patient's 312 payment portions will not be collected. 313 314 315 2. This Code does not prohibit a dentist from engaging in the normal business practice of instituting lawful service charges for unpaid balances. 316 317 318 3. This Code does not prohibit the charging of a fee to cover the 319 administrative cost for the processing of insurance or other third party 320 payer claim forms. 321 322 1-K. Patient Consent and Involvement. In order that the patient may be involved in 323 treatment decisions, the dentist shall inform the patient of the proposed 324 treatment, reasonable alternatives, fees, and proximate risks. 325 326 **Advisory Opinion** 327 328 A dentist shall make certain that a patient understands the options, needs, and 329 risks for treatment, including non-treatment. It is unethical to provide treatment 330 when the dentist knows or has reason to know the patient does not understand 331 the reasons or need for treatment. 332 333 1-L. Patient Abandonment. Once a dentist has undertaken a course of treatment, the 334 dentist should not discontinue that treatment without giving the patient adequate 335 notice and the opportunity to obtain the services of another dentist. Care should 336 be taken that the patient's oral health is not jeopardized in the process. 337 338 Advisory Opinion 339 340 Dentists should adhere to appropriate Risk Management guidance with 341 respect to patient abandonment. 342 343 Personal Relationships with Patients. Dentists should avoid interpersonal 1-M. 344 relationships that could impair their professional judgment or risk the possibility of 345 exploiting the confidence placed in them by a patient. 346

347	<u>1-N.</u>	Ethical Conduct and the Internet. The same rules of ethical conduct that exist for
348		other forms of media in terms of advertising, patient privacy, and other ethical
349		subjects covered by the Code also apply in the usage of the internet and mobile
350		devices, including but not limited to, social media applications.
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353		PRINCIPLE SECTION TWO
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355		EDUCATION
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357	The r	ight of a dentist to professional status rests in the knowledge, skill and
358		rience with which she/he the dentist serves her/his the dentist's patients and
359		ety. Every <u>All</u> dentists should maintain and improve her/his their knowledge
360	and s	kill through continuing education as required by state law.
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363		PRINCIPLE SECTION THREE
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365		GOVERNMENT OF A PROFESSION
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367		essions owe society the responsibility of regulating and disciplining
368		selves through the influence of professional associations. All dentists,
369		fore, have the dual obligation of making themselves a part of a professional
370	asso	ciation and of observing its rules of ethics.
371	• • • •	and a start of the second start and a transmission of the second start is the start start and the second start is the second s
372		mber's failure to participate in peer review and abide by the decision of peer
373	revie	w constitutes a violation of this Code.
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376		PRINCIPLE SECTION FOUR
377 378		RESEARCH AND DEVELOPMENT PATENTS AND COPYRIGHTS
378 379		RESEARCH AND DEVELOPMENT PATENTS AND COPTRIGHTS
380	Donti	sts have the obligation of making the results of their research and
381		overies available to all when they are useful for the health of the public.
382	uiscu	weries available to all when they are useful for the health of the public.
383	Code	of Professional Conduct
383	Coue	
385	4-A.	Devices and Therapeutic Methods. Except for purposes of investigation, dentists
385	<i></i> г\.	shall prescribe or promote only those devices, drugs or other agents for which
387		complete formulae are available to the profession. Dentists may not claim
388		exclusivity for any agent, method or technique.
389		exclusivity for any agent, method of teeninque.
390		Advisory Opinion
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392 Dentists should not use titles or degrees with the promotion of any commercial 393 endeavor which would demean the profession. The use of eponyms in 394 connection with drugs, agents, instruments, or appliances is generally to be 395 discouraged. 396 397 4-B. Patents and Copyrights. Patents and copyrights may be secured by a dentist 398 provided they are not used to restrict research, practice, or the benefits of a 399 patented or copyrighted material. 400 401 402 PRINCIPLE SECTION FIVE 403 404 **PROFESSIONAL ANNOUNCEMENT** 405 406 In order to serve the public properly, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not 407 408 misrepresent their training and competence in any way that would be false or 409 misleading in any material respect. 410 411 Code of Professional Conduct 412 413 5-A. Advertising. Although dentists may advertise, they shall not advertise or solicit 414 patients in any form of communication in a manner that is false or misleading in any material respect. Advertising, solicitation of patients or business, or other 415 416 promotional activities by dentists or dental care delivery organizations shall not 417 be considered unethical or improper, except for those promotional activities 418 which are false or misleading in any material respect. Notwithstanding any ADA 419 or NYSDA Principles of Ethics and Code of Professional Conduct or other 420 standards of dentist conduct which may be differently worded, this shall be the sole standard for determining the ethical propriety of such promotional activities. 421 422 423 **Advisory Opinions** 424 425 1. Advertising that uses guarantees is unethical because it is misleading. 426 Testimonials, demonstrations, dramatizations, or other portrayals of 427 professional practice are permissible provided that they otherwise comply 428 with the code of ethics and that the following conditions are satisfied: 429 430 (a) the patient expressly authorizes the portrayal in writing; 431 432 (b) appropriate disclosure is included to prevent any misleading 433 information or imagery as to the identity of the patient; 434 435 (c) reasonable disclaimers are included as to any statements made or 436 results achieved in a particular manner;

437 (d) the use of fictional situations or characters may be used if no 438 439 testimonials are included; 440 441 (e) fictional patient testimonials are not permitted. 442 443 2. Claims of unverifiable professional superiority or special abilities are false 444 or misleading except that a qualified specialist may indicate a specialty 445 that has been recognized by the New York State Board of Regents. 446 447 (a) the standard for assessing unverifiable superiority is what a reasonable patient would likely believe about the advertising claim. 448 449 450 3. Advertising of fees for specific services which are false or misleading is 451 unethical. 452 453 4. Advertising that includes degrees other than those granted by accredited 454 institutions of higher learning is false and misleading. "Accredited" shall 455 mean accredited by the New York State Board of Regents, the United 456 States Department of Education, or an accrediting organization 457 recognized as a valid accrediting organization by either of those entities. 458 459 5. A dentist is permitted to pay for any advertising permitted by the Code. Payments to any third party for the referral of professional services is 460 461 unethical and violates the prohibition in this Code against fee splitting. 462 5-B. 463 Name of Practice. Since the name under which a dentists conducts her/his their 464 practices may be a factor in the selection process of the patient, the use of a 465 trade name or an assumed name that is false or misleading in any material 466 respect is unethical. 467 468 Use of the name of a dentist no longer actively associated with the practice shall 469 be limited to the time agreed upon by the departing dentist. 470 471 When a dental facility practices under an assumed name or trade name, the 472 names and licenses of the principals must be prominently displayed at the 473 practice location. 474 475 **Advisory Opinions** 476 477 1. A dentist may make an agreement with individuals or organizations to provide 478 care if the agreement does not permit or compel practices in violation of this 479 Code. 480

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 2. A dentist shall not participate in a dental practice (individual or corporation) owned or operated by a non-dentist.
 - A dentist who owns a practice may delegate the business management matters to a non-dentist. However, for the purposes of this Code, the dentist owner maintains responsibility for the ethical business conduct of the dental practice.
 - 4. It is unethical to use the word "center" in the name of a dental practice if the practice is not a facility qualified under Article 28 of the New York State Public Health Law in accordance with the regulations of the New York State Commissioner of Health.
- 494 5-C. Announcement of Specialization and Limitations of Practice. This section and 495 Section IV are designed to help the public make an informed selection between 496 the practitioner who has completed an accredited program beyond the dental 497 degree and a practitioner who has not completed such a program. The special 498 areas of dental practice approved for ethical specialty announcement and 499 limitation of practice are those recognized by the New York State Board of 500 Regents. 501
- 502 Dentists who choose to announce specialization should use "specialist in" or 503 "practice limited to" the announced special area(s) of dental practice, provided at 504 the time of the announcement such dentists have met in each approved specialty 505 for which they announce the existing educational requirements and standards set 506 forth by the Board of Regents and the Department of Education of the State of 507 New York.
- 509 A qualified specialist shall not represent other dentists working in her/his their 510 office as specialists unless they too satisfy the requirements for such specialty. It 511 is the responsibility of specialists to avoid creating the impression that general 512 practitioners associated with them are specialists.
- 514 Advisory Opinion
 - 1. A dentist who indicates that she/he the dentist specializes in any field not recognized as a specialty by the Board of Regents of the State of New York is engaged in unethical conduct.
- 520
 5-D. General Practitioner Announcement of Services. General dentists may
 announce the availability of services so long as they avoid communications that
 express specialization, and are within the scope of dental practice. General
 dentists shall also state that the services are being provided by general dentists.
- 525 Advisory Opinion

526	
527	1. General dentists may announce the availability of services within the
528	scope of dental practice. They shall state that these services are provided
529	by a general dentist.
530	sy a general dentiet.
531	5-E. Use of Specialty-Related Terms. A <u>dD</u> entist <u>s</u> who has have been certified in a
532	New York State Board of Regents approved specialty may use the title
533	"Diplomate of the American Board of," as well as "Specialist in
534	," or "Practice limited to, as well as "opecialist in, on her/his
535	their cards, letterhead, signs or announcements.
536	<u>inen</u> cards, letternead, signs of announcements.
537	Advisory Opinions
538	Advisory Opinions
539	1 A dDantista who announces that she have in they are partified as a diplomate
539 540	 A dDentists who announces that she/he is they are certified or a diplomate in an area of dentistry not recognized by the New York State Board of
	Regents as a specialty is are making a false or misleading representation
541 542	
542	to the public in a material respect.
543	2. A dDentiste whe ennewneed that also the is they are duly exiting by the
544 545	2. <u>A dD</u> entists who announces that she/he is they are duly certified by the
545	Department of Education of the State of New York to administer general
546	anesthesia or parenteral sedation would not be engaging in false or
547 548	misleading representation to the public.
548	3. General dentists who list themselves in directories or any other media
549 550	under specialty headings are engaged in unethical practice.
550 551	under specially neadings are engaged in unemical practice.
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552	PRINCIPLE SECTION SIX
555	FININGIFEL SECTION SIX
555	JUDICIAL PROCEDURE
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557	Notwithstanding any other provisions of the Bylaws, an alleged violation of the
558	Principles of Ethics and Code of Professional Conduct shall be heard by the
559	Ethics Committee of the component society in which the alleged violation took
560	place. The enforcement of a penalty, however, is the responsibility of the
561	component in which the dentist holds membership.
562	
563	Such proceeding shall conform to the Guidelines for Disciplinary Hearings of the
564	American Dental Association, the Constitution and Bylaws of the New York State
565	Dental Association and the Constitution and Bylaws of the American Dental
566	Association as the format for its hearings.
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570	ADDENDUM

- 572 The purpose of the Principles of Ethics and Code of Professional Conduct is to 573 uphold and strengthen dentistry as a member of the learned professions. 574 575 Problems involving questions of ethics should be solved informally at the local 576 level. Failing this, the matter may formally be heard by either the component 577 ethics committee or the State Council on Ethics. An appeal may be directed to the State Council on Ethics (if it did not originally hear the case) and finally to the 578 579 Council on Ethics, Bylaws and Judicial Affairs of the American Dental 580 Association.
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582 Members found guilty of unethical conduct are subject to the penalties set forth 583 in Chapter XII of the American Dental Association Bylaws and Chapter I of the 584 Bylaws of the New York State Dental Association.

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587 **Board Comments:** The Board supports the adoption of the revised Code of Ethics and 588 supports spending the \$1,700 necessary to reprint the manual.

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592 **BOARD RECOMMENDATION: VOTE YES**

name	yes	no	abstai	abse	name	yes	no	abstai	abse	name	yes	no	abstai	abse
			n	nt				n	nt				n	nt
Casper-Klock	х				Greenberg	Х				Korkosz	х			
Cuomo	х				Hills	х				Miller	х			
Demas	х				Jackson	Х				Rothas	х			
Edwards	х				Jacobo	Х				Samuels	х			
Gamache	х				Jonke	х				Scharoff	х			
Giordano	х									Stacy	x			
										Res #15				

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