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1991

Transactions

132nd Annual Session

Seattle, Washington

October 5-10, 1991

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Minutes of Board of Trustees

January 6-8, 1991

January 16, 1991

March 3-6, 1991

June 5-7, 1991

August 4-8, 1991

September 30-October 3, 1991

October 10, 1991

December 5-8, 1991

Notes

January 6-8, 1991

Pebble Beach, California

Call to Order: The second session of the Board of Trustees was called to order by President Eugene J. Truono at 8:30 a.m., Sunday, January 6, 1991 in the Council Room of The Lodge at Pebble Beach, California.

Roll Call: The following officers were present: Eugene J. Truono, president; Geraldine Morrow, president-elect and treasurer; Herbert Schilder, first vice-president; Joseph R. Salcetti, second vice-president; Gary Rainwater, speaker of the House of Delegates; and Thomas J. Ginley, executive director.

The following members of the Board of Trustees were present: William A. Booth, J. P. Chancey, Jr., James N. Clark, Richard W. D'Eustachio, James H. Gaines, Jack H. Harris, Bert Y. Hayashi, John V. Hinterman, Walter F. Lamacki, James F. Mercer, Jack S. Opinsky, George S. Payne, Heber Simmons, Jr., Frank H. Stevens, Thomas O. Sweet and William S. TenPas.

Staff members present were: William E. Allen, associate executive director; Sheldon I. Landman, assistant executive director, Finance and Business Affairs; Bill B. Lefler, assistant executive director, Legislative Affairs; Mary K. Logan, assistant executive director, Legal Affairs; Clifford Miller, assistant executive director, Education; Lorna Mitchell, assistant executive director, Communications; Enid A. Neidle, assistant executive director, Scientific Affairs; Carol M. Overman, director, Board and House Matters; Michael L. Perich, assistant executive director, Dental Practice; Paula J. Perich, assistant executive director, Membership and Marketing Services; and James H. Sweeney, assistant executive director, Conference and Meeting Services.

Also in attendance were Mr. Raymond Kavanagh, president, ADA Holding Company, Inc.; Dr. Lawrence Meskin, editor, ADA Publishers, Inc.; and Mr. James Berry, executive editor, ADA Publishers, Inc.

Preliminary

Approval of Agenda: Prior to its adoption, the following issues were added to the agenda: American Fund for Dental Health and the ADA Members Retirement Program. Subsequently, the Board of Trustees adopted the following resolution:

B-1-1991. Resolved, that the agenda on Page 1 of the *Board Manual* be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Minutes of Previous Sessions: The Board of Trustees adopted the following resolutions:

B-2-1991. Resolved, that the minutes of the October 8-10, 1990 session of the Board of Trustees be approved.

B-3-1991. Resolved, that the minutes of the October 18, 1990 session of the Board of Trustees be approved.

A discussion of follow-up activities from the October 8-10, 1990 session ensued prior to adoption of the minutes.

Opening Remarks

Report of President: President Eugene Truono identified and commented on the following activities which he participated in since the 1990 annual session: meeting of the American Dental Trade Association; California Dental Association Component Presidents' Workshop; SELECT Committee "Train the Trainers Program"; Practice Parameters Management Committee meeting; and meeting of the American Association of Oral and Maxillofacial Surgeons.

Report of President-Elect: Dr. Geraldine Morrow commented on her activities since the 1990 annual session and noted that she attended a meeting of the American Association of Dental Schools and the National Institute of Dental Research.

Report of Executive Director: Dr. Thomas Ginley identified the following issues to be addressed at this session: ADA Quality Improvement Program; strategic planning activities which includes the selection of a facilitator; the dental amalgam issue; Federal Trade Commission activities; American Fund for Dental Health; and Centers for Disease Control activities.

Council Liaison Reports: Dr. Thomas O. Sweet reported as liaison to the Council on Dental Education/Commission on Dental Accreditation.

Special Orders of Business

Appearance of Dr. Samuel O. Thier, president and Dr. John C. Greene, executive committee member, Institute of Medicine, National Academy of Sciences: Drs. Samuel O. Thier and John C. Greene brought the Board up-to-date on the study of dental education which the Institute of Medicine is conducting.

Appearance of Dr. Douglas Franklin, chairman, Parameters Management Committee: Dr. Douglas Franklin reported that the Parameters Management Committee held its first meeting on December 8-9, 1990. He reported that at the meeting the Committee developed its mission statement and criteria for development of the first parameter, identified a dental condition as the first topic for which parameters will be developed, and developed criteria by which nominations will be made for the Parameter Development and Ad Hoc Clinical Science Review Committees.

Reports and Issues

Report to the Board of Trustees—Mission Statement of the Practice Parameters Management Committee, Parameter Development Topic and Nomination Criteria: This report was reviewed during Dr. Douglas Franklin's appearance before the Board of Trustees.

The Practice Parameters Management Committee developed and accepted the following mission statement:

To enhance the delivery of appropriate dental care, to the public it serves, by describing the range of acceptable treatment options, for selected conditions, in light of current scientific knowledge and sound professional judgment.

It was also reported that the Committee selected for parameter development the topic "current oral health status," which was defined (and limited in scope) as focusing on basic evaluation and examination leading to, but not including diagnosis or specialized evaluation and examination, and developed criteria for nominating members to the Ad Hoc Clinical Science Review and Practice Parameter Development Committees.

Recess: The Board of Trustees recessed for luncheon at 12:00 noon and reconvened at 1:10 p.m.

Discussion of Amalgam Issue: The Board of Trustees reviewed the recent *60 Minutes* segment on dental amalgam, following which each member related his or her district's reactions to that airing. Subsequently, the Board was brought up-to-date on how the Association responded to calls from the membership, constituent societies, the public and the media. Additionally, the Board discussed research and legal aspects related to the claims made in the *60 Minutes* segment. The Board acknowledged the continuing need to be responsive to the issues, concerns and questions arising from this broadcast and was assured that activities would be ongoing—all of which the Board would be kept apprised of.

Financial Matters

Report of Ad Hoc Finance Committee: An Ad Hoc Finance Committee appointed by President-elect Geraldine Morrow, composed of Drs. William Booth, Richard D'Eustachio, James Gaines, George Payne and Heber Simmons, held its first meeting December 5-6, 1990. Dr. Geraldine Morrow, chairman, addressed each section of the report individually. This report discussed the following topics: five-year financial plan, revenue increases, for-profit subsidiaries, 1992 budget plan, anticipated revenue and expense trends, 1992 budget process, dues increases, office of the Treasurer and role of the Finance Committee.

The Board agreed with the following conclusions and objectives identified in the Committee's report:

- A target level of total Reserves of 25% of total expenditures with achievement of this goal over the next 9 to 12 years.
- User fees as a viable alternative to future dues increases.

- Simplification of budget format and reporting documents for both the Board and House.
- When needed, small, regular dues increases rather than large, periodic increases.

Mr. Sheldon Landman, assistant executive director, Finance and Business Affairs, reported that the year end surplus (Revenues and Expenses) are expected to be in excess of \$2,000,000. He further reported that in consultation with the Treasurer, it was determined that a preliminary transfer of cash to the reserve was in order. Therefore, \$1.1 million was transferred to the Reserve Division Restricted Investment Account and \$500,000 was transferred to the Operating Division Investment Account. Balances for these two accounts currently total \$6.9 million which is approximately \$500,000 above the amount needed to meet the Association's financial long-term goal. Upon completion of the audit, the Board will have the opportunity to make additional transfers.

Adjournment: The Board of Trustees adjourned at 5:15 p.m.

Monday, January 7, 1991

Call to Order: The Board of Trustees was called to order at 8:30 a.m., President Eugene J. Truono presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Financial Matters (continued)

Supplemental Appropriation Requests and Status of 1991 Contingent Fund: A Contingent Fund of \$350,000 was authorized in the 1991 budget. The Board of Trustees reviewed supplemental appropriation requests in the amount of \$94,300. The Board discussed extensively the \$76,800 supplemental request from the Department of Information Sciences and requested that Dr. Tony Kiser, director, Department of Information Science present an overview of that Department's activities at the March 1991 Board session. The Board of Trustees subsequently adopted the following resolution.

B-7-1991. Resolved, that the following appropriations be made from the 1991 Contingent Fund and be allocated to line items in separately listed cost centers, with the exception of grants and capital funding, in accordance with the terms of the supplemental appropriation requests:

<i>Division of Membership and Marketing,</i>	
<i>Dental Society Services</i>	
(Cost center 1-90-30-XX)	\$ 1,500
One day meeting for dental specialty organization leaders.	
5381 Reception Costs	\$ 1,000
5431 Postage and Mailing	100
5399 Miscellaneous Meeting Expense	200
5450 Stationery and Supplies	200
	<u>\$ 1,500</u>

*Division of Dental Practice,
Department of Information Science*
(Cost center 1-90-50-XX) \$76,800
Support of dental informatics activities in 1991.

5201 Volunteer Travel	\$ 1,400
5210 Staff Travel	15,600
5226 Volunteer Per Diem	3,500
5241 Lodging	14,600
5261 Meals	5,900
5299 Miscellaneous Travel	3,200
5320 Publication and Subscription	400
5321 Membership Dues	3,000
5303 Registration Fees	3,100
5399 Miscellaneous Meeting Expense	1,200
5450 Stationery and Supplies	3,500
5455 Outside Services	20,600
5803 Consultant Fees	800
	<hr/>
	\$76,800

*Division of Education
Council on Dental Education*
(Cost center 1-90-60-XX) \$ 8,000
Funding for in-house production of continuing education course listings.

5131 Temporary Help	\$ 2,300
5431 Postage and Mailing	1,400
5450 Stationery and Supplies	600
5455 Outside Services	3,300
5502 Inside Printing	200
5521 Artwork and Photo	200
	<hr/>
	\$ 8,000

*Division of Education,
Council on Dental Education*
(Cost center 1-90-60-XX) \$ 4,000
Meeting of the Special Committee to review comments from the two specialties and report on the findings.

5201 Volunteer Travel	\$ 2,300
5226 Volunteer Per Diem	1,100
5381 Reception Costs	400
5502 Inside Printing	200
	<hr/>
	\$ 4,000

*Division of Education,
Commission on Dental Accreditation*
(Cost center 1-90-60-XX) \$ 4,000
Meeting of Special Committee to study the structure and process of the Commission on Dental Accreditation.

5201 Volunteer Travel	\$ 2,300
5226 Volunteer Per Diem	1,100
5381 Reception Costs	400
5502 Inside Printing	200
	<hr/>
	\$ 4,000

Total Supplemental Appropriation Requests \$94,300

With the approval of these requests, a balance of \$255,700 remains in the 1991 Contingent Fund.

Reports and Issues (continued)

Report of the Council on ADA Sessions and International Relations Regarding Nominations of Chairmen to the Committee on Local Arrangements for the 1992 Annual Session: The Board of Trustees adopted the following resolution:

B-4-1991. Resolved, that the nominations for chairman of the 1992 Committee on Local Arrangements made by Dr. John G. Lee, general chairman, and the Florida Dental Association with the concurrence of the Central District Dental Association be approved.

Report of the Council on Dental Care Programs Regarding the Customary Fee Study: It was reported that the Council on Dental Care Programs reviewed at its November 30-December 2, 1990 meeting the recommendations contained in the Final Report to the State and Federal Health Insurance Legislative Policy (B) Task Force of the National Association of Insurance Commissions (NAIC). This report entitled "Consumer Inequities Under Usual, Customary and Reasonable Dental Benefits Plans" (UCR) was prepared by Milliman & Robertson (M&R) and presented to the NAIC at its December meeting. An executive summary of the final report was provided to the Board of Trustees.

The Council reported to the Board that it "... believes that M&R's Final Report fully supports the profession's contention that lack of guidelines for calculating fee levels under UCR dental plans has caused considerable confusion for plan purchasers and for beneficiaries and has resulted in inequitable reimbursement levels for patients."

Furthermore, the Council reported that the conclusions drawn by M&R would be used as follows:

- In the development of model regulations and in the development of a legislative initiative on a state-by-state basis to have the model regulations adopted, and
- In the Council's efforts with plan purchasers and third-party payers to gain cooperation in standardizing the definitions, criteria and methodologies used in calculating UCR levels.

Report of the Council on Dental Practice Regarding Support of Dental Assistants Recognition Week: The Council on Dental Practice provided an informational report which summarized its activities related to the promotion of Dental Assistants Recognition Week in cooperation with the American Dental Assistants Association.

Informational Report of the Division of Education on SELECT Program Activities Related to Resolution 73H-1989: The Board of Trustees reviewed the activities of the SELECT Oversight Committee related to the recruitment of dental hygiene, dental assisting and dental laboratory technology students as directed and funded by the House of Delegates Resolution 73H-1989 (*Trans.* 1989:536). As a result of these activities, the Committee scheduled a national workshop in 1990 and will follow with regional workshops to be held in 1991 and 1992.

Report of the Department of Information Science Regarding Reduced Long-Distance Telephone Service for ADA Members:

The Board of Trustees reviewed a report on the possible opportunity to provide reduced long-distance telephone service to ADA members. It was noted that while this service is still new in the market many professional associations, university alumni groups and other not-for-profit organizations are considering telephone aggregation as a membership benefit and a source of non-dues revenue.

It was reported that a telecommunications consultant had been authorized to proceed with a two-phase plan which will involve researching the pros and cons of this service for the Association and its members and the preparation of a request for proposals (RFP) based on information obtained from the three major long-distance carriers.

Report of the Department of Information Science Regarding the Periodontal Screening and Recording Procedure:

A proposal was forwarded to the ADA from the American Academy of Periodontology (AAP) regarding co-sponsorship of a national periodontal screening and education program. The proposed periodontal screening and recording procedure under consideration is a complete periodontal probing of each tooth with a simplified system for recording findings in the patient record.

A Special Committee was established with two members and staff from each of the following councils: Dental Practice, Dental Care Programs, Insurance, Community Health, Hospital, Institutional and Medical Affairs, Dental Research and Dental Therapeutics. The Board was provided with the Special Committee's report which described the review process, Committee members, issues discussed during two meetings, and recommendations regarding endorsement, including the professional education and the public education components of the program. For the following reasons, the Special Committee recommended that the ADA endorse the National Periodontal Screening and Education Program.

The program would raise the public's awareness of periodontal disease and the need for regular dental visits;

The program would assist in the achievement of the "Public Health Service's Year 2000 Objective" in the area of increasing the public's awareness of oral health;

The program would improve the periodontal status documentation in patient records; and

The program would provide an opportunity to work cooperatively with one of the recognized specialty groups.

After discussion, the Board of Trustees adopted the following resolution:

B-5-1991. Resolved, that the Report of the Special Committee to Review the National Periodontal Screening and Education Program be endorsed, and be it further

Resolved, that the American Dental Association join the American Academy of Periodontology in endorsing and sponsoring a National Periodontal Screening and Education Program with corporate sponsorship from Chesebrough-Ponds.

Report of the Division of Legal Affairs on Reimbursement of Legal Fees in Florida Peer Review Case: In April 1990, the Florida Dental Association (FDA) requested the ADA to join with it in providing both financial and legal support to its component societies in fighting a court order requiring the production of peer review records. In response to the FDA's request, the Board of Trustees in April 1990 adopted the following resolution:

B-33-1990. Resolved, that the ADA Board of Trustees approves funding up to \$20,000 from the Division of Legal Affairs' budget for outside legal fees to support the efforts of the Broward County Dental Association and the Atlantic Coast District Dental Association in Florida in opposing the production of peer review records in the case of *Schopler vs. Bliss, et al.*, provided, however, that such funding is to be used only for activities directly related to such opposition and provided that the Florida Dental Association agrees to contribute a like amount for the same purpose.

It was reported that the Board's \$20,000 authorization expired December 31, 1990 and that the FDA is requesting renewal of the authorization for 1991. The Legal Department reported that it believes it would be appropriate to continue funding for outside legal fees to support the efforts of these component societies.

After discussion, the Board adopted the following resolution:

B-6-1991. Resolved, that the ADA Board of Trustees approves funding from the Division of Legal Affairs' 1991 budget of up to \$20,000, minus legal fees and expenses incurred in 1990, for legal fees and expenses to support the efforts of the Broward County Dental Association and the Atlantic Coast District Dental Association in Florida in opposing the production of peer review records in the case of *Schopler vs. Bliss, et al.*, provided, however, that such funding is to be used only for activities directly related to such opposition and provided that the Florida Dental Association agrees to contribute a like amount for the same purpose.

Report of Division of Legal Affairs—Conflict of Interest Policy: In response to the 1990 House of Delegates action establishing a policy on conflict of interest within the *Bylaws* of the Association (Res. 42H-1990), the Board of Trustees adopted the following Conflict of Interest Statement for council and commission members.

B-8-1991. Resolved, that the Conflict of Interest Statement for council and commission members, as set forth below, be adopted.

Conflict of Interest Statement

It is the policy of the American Dental Association that individuals who serve in elective positions, including members of councils and commissions, do so in a representative or fiduciary capacity that requires loyalty to this Association. At all times while serving as a council or commission member, these individuals shall further the interests of the American Dental Association as a whole. In addition, they shall avoid:

- a. placing themselves in a position where personal or professional interests may conflict with their duty to this Association;
- b. using information learned through such office or position for personal gain or advantage; and
- c. obtaining by a third party an improper gain or advantage.

As a condition for selection, each nominee, candidate or applicant shall disclose any situation which might be construed as placing the individual in a position of having an interest that may conflict with his or her duty to the Association (see *Bylaws*, Chapter IX, Section 20B and Chapter XIII, Section 20E). While serving, the individual shall comply with the conflict of interest policy applicable to his or her office or position, and shall report any situation in which a potential conflict of interest may arise. *Bylaws*, Chapter VI.

Council and commission members shall act at all times in a manner consistent with their responsibilities to this Association and shall exercise particular care that no detriment to this Association results from conflicts between their interests and those of the Association. If an individual believes that he or she may have a conflict of interest, the individual shall promptly and fully disclose the possible conflict and shall refrain from participating in any way in the matter to which the possible conflict relates until any such possible conflict has been resolved satisfactorily. "Policy on Conflict of Interest," *Standing Rules for Councils and Commissions*.

In accordance with these policies, I, _____, declare that I have no proprietary, financial or other personal interest of any nature or kind in any product, service and/or company that will be considered during my term as a member of the _____

except the following: _____

I declare that I have no proprietary, financial or other personal or professional interest or obligation of any nature or kind in any firm or organization beneficially associated with any product and/or service that will be considered during my term as a council/commission member, except the following: _____

I declare that I have no past or present financial interest, consulting position or other involvement of any nature or kind related to the Council/Commission that could give rise to even a suspicion of a conflict of interest, except the following: _____

Furthermore, I understand and agree that as a condition for serving as a member of the Council/Commission, I will exercise particular care that no detriment to the American Dental Association will result from conflicts between my interests and those of the Association.

Having read and understood the Association's policy and having completed this statement to the best of my knowledge and belief, I agree to be bound by the terms hereof.

Signature

Date

Recess: The Board of Trustees recessed for luncheon at 12:10 p.m. and reconvened at 1:20 p.m.

Report of Executive Director on Quality Improvement Program (QIP): Dr. Thomas Ginley presented a videotape which addressed quality in the American workplace after which he highlighted the Association's QIP, which was introduced to Association employees in December.

Report of Executive Director on Strategic Planning Activities: Dr. Thomas Ginley updated the Board on activities related to implementation of the 1990 House of Delegates resolution on strategic planning:

104H-1990. Resolved, that the Board of Trustees develop a mission statement for the Association, and be it further **Resolved,** that following the development of the mission statement, the Board appoint a strategic planning committee comprised of ADA Board of Trustees, ADA members and key ADA staff for the purpose of developing a strategic plan for the Association, and be it further **Resolved,** that the Board be urged to retain an outside facilitator trained in strategic planning, and be it further **Resolved,** that the Board of Trustees present a progress report to the House of Delegates on a yearly basis.

Dr. Ginley reported on research he and the staff had done on companies and individuals that could provide facilitating services for the strategic planning process. Noting that seven companies/individuals had responded to the request for proposal, Dr. Ginley provided the Board with extensive material on three individuals who "have extensive experience in strategic planning development and can draw upon other individual resources from their corporate affiliations to provide additional subject matter expertise."

The Board discussed extensively the House directive, especially the composition and method of appointment of the committee and the advisability of the committee making the final selection of the facilitator. Ultimately, the Board approved of the committee being comprised of no more than six members of the Board of Trustees and six ADA members and the President and President-elect, *ex officio*. Dr. Truono asked members of the Board to submit to him any suggested names for appointment to the committee by January 25.

Additionally, the Board decided that in the interest of time, the President, President-elect, Executive Director and appropriate staff should be authorized to interview and select the facilitator.

Discussion on Recent Centers for Disease Control (CDC)

Activities: The Board discussed extensively recent activities of CDC with regard to AIDS and infection control. The Board also discussed the possibility of revised CDC guidelines and their implications which might address such issues as testing of all dentists, the right of dentists to know whether a patient is infected with the human immunodeficiency virus (HIV) and the advisability of HIV-infected dentists continuing to deliver care. The Board acknowledged that there may be a need for interim Association policy which might necessitate a special meeting of the Board, depending on the timing of any announcements by CDC.

Adjournment: The Board of Trustees adjourned at 5:10 a.m.

Tuesday, January 8, 1991

Call to Order: The Board of Trustees was called to order at 8:00 a.m., President Eugene J. Truono presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded with the exception of Dr. Jack Harris, who returned home to attend to a family emergency.

Reports and Issues (continued)

1991 Delegates and Alternates to Federation Dentaire

Internationale (FDI): President Truono explained to the Board his delegation appointments for the 1991 FDI Meeting in Milan:

Delegates

- Dr. Eugene Truono, chairman
- Dr. R. Malcolm Overbey
- Dr. James Gaines
- Dr. George Payne
- Dr. John Bomba (*interim* appointment for Dr. Arthur Dugoni)

Alternates

- Dr. Geraldine Morrow
- Dr. Robert Hunter (*interim* appointment for CASIR appointment)
- Dr. James Saddoris
- Dr. Thomas Ginley
- Dr. Edward Furstman

Observer

Dr. Douglas Franklin

Due to ADA/FDI meeting schedule conflicts, some of the alternates will substitute for delegates during the first meeting of the FDI General Assembly.

Ad Hoc Finance Committee Meeting: It was announced that the next meeting of the Finance Committee would be on February 17-18, 1991 in Chicago.

Discussion of Recent American Fund for Dental Health

(AFDH) Activities: Dr. Thomas Ginley updated the Board on the Fund's Public Oral Health Initiative and outlined the Association's concerns related to the development of the project, the steering committee composition and funding.

After a substantial discussion, the Board of Trustees adopted a motion that the Association not participate in or endorse the Public Oral Health Initiative of the AFDH but that dialogue on other issues be continued.

Oral Report of Assistant Executive Director, Legal Affairs,

on Federal Trade Commission (FTC) Matters: Ms. Mary Logan brought the Board up-to-date on recent FTC matters and other important litigation.

Recess: The Board of Trustees recessed at 9:50 a.m. to conduct a Shareholders Meeting of ADA Holding Company, Inc. and reconvened in Regular Session at 10:40 a.m.

Concluding Remarks: President Truono apprised the Board of follow-up activities related to the 1990 House Resolution 108H on job description for all ADA officers. In addition, Dr. Truono announced that issues and activities that had been originally planned for this meeting but for which time had not allowed would be included at the March meeting. He reminded the Board that the March meeting had been expanded by one day and would now begin on Sunday, March 3 and run through Wednesday, March 6.

Adjournment: The Board of Trustees adjourned *sine die* at 11:25 a.m.

January, 16, 1991

Headquarters Building, Chicago

Call to Order: The special session/telephone conference call of the Board of Trustees was called to order by President Eugene J. Truono at 2:00 p.m. Wednesday, January 16, 1991 in the Executive Director's Conference Room of the Headquarters Building, Chicago.

Roll Call: The following officers participated via telephone conference call: Eugene J. Truono, president; Herbert Schilder, first vice-president; Joseph Salcetti, second vice-president; Gary Rainwater, speaker of the House of Delegates; and Thomas J. Ginley, executive director. Dr. Geraldine Morrow, president-elect and treasurer, was unavailable for the conference call.

The following trustees participated via telephone conference call: William Booth, J. P. Chancey, Jr., James N. Clark, Richard W. D'Eustashio, James H. Gaines, Jack H. Harris, Bert Y. Hayashi, John V. Hinterman, Walter F. Lamacki, James F. Mercer, Jack S. Opinsky, George S. Payne, Heber Simmons, Jr., Frank H. Stevens, Thomas O. Sweet and William S. TenPas.

Staff members present in the Executive Director's Conference Room were: William E. Allen, associate executive director; Mary K. Logan, assistant executive director, Legal Affairs; Lorna Mitchell, assistant executive director, Communications; Enid A. Neidle, assistant executive director, Scientific Affairs; Carol Overman, director, Board and House Matters; and Michael L. Perich, assistant executive director, Dental Practice.

Other appropriate legal staff were also in attendance.

Opening Remarks: Dr. Ginley outlined procedural matters in accordance with the *Bylaws* and the *Organization and Rules of the Board of Trustees* related to the conduct of this conference call meeting and any possible action that might be taken. Specifically, he noted that:

1. Such a meeting must be on a matter requiring immediate attention.
2. Such a meeting is considered a meeting of the Board which must be recorded and made a part of the action of the Board.
3. Any *ad interim* policy of the Board must be essential to the management of the Association.
4. The next House of Delegates must be presented with any *ad interim* policies established by the Board.

Additionally, Dr. Ginley informed the Board that this telephonic meeting was being tape recorded.

Dr. Thomas Ginley informed the Board of Trustees of an anticipated announcement from the Centers for Disease Control (CDC) that two additional patients of a Florida dentist, who tested positive for the human immunodeficiency virus (HIV), have a DNA match very close to that of the dentist. He also reported on the January 15, 1991 discussions between the

ADA and the American Medical Association (AMA) regarding this announcement and the AMA's subsequent action adopting interim policy to address this issue.

Prior to the telephone conference call, the officers and trustees were provided via fax or next day mail a memo from Dr. Ginley outlining the issues to be discussed, a copy of the AMA's interim policy and a draft interim policy for the ADA.

Draft Interim Policy Statement on HIV-Infected Dentists: Each paragraph of the draft interim policy was reviewed and discussed separately and revisions were made by the Board. The Board of Trustees subsequently approved the following interim policy.

American Dental Association Interim Policy on HIV-Infected Dentists

The dental profession has long adhered to a moral commitment of service to the public and an ethical obligation to protect the health of the patient. An advisory opinion to the American Dental Association's *Code of Professional Conduct* urges dentists who become ill or impaired to limit the activities of practice to those areas that do not endanger either patients or dental staff.

Currently, there is no scientific evidence to indicate that HIV-positive health care providers pose an identifiable risk of HIV transmission to their patients. There has been only one documented case of transmission from an HIV-infected health care provider to patients during the past ten years of experience with AIDS, an indication that the risk is infinitesimal. The ADA continues to believe that the recommended infection control procedures are effective in preventing transmission of infection.

However, the recent case of possible HIV transmission from dentist to patient has raised some uncertainty about the risk of transmission from health care provider to patient. While there is evidence that this dental practice did not consistently adhere to all recommended guidelines for prevention of disease transmission, the precise mechanism of transmission in this case remains unknown. This uncertainty leads to the conclusion that the foremost concern of the dental profession must continue to be protection of the patient. Thus, until the uncertainty about transmission is resolved, the ADA believes that HIV-infected dentists should refrain from performing invasive procedures or should disclose their seropositive status.

The American Dental Association will assist and support infected dentists in sustaining meaningful professional careers.

Adjournment: The Board of Trustees adjourned *sine die* at 3:15 p.m.

March 3-6, 1991

Headquarters Building, Chicago

Call to Order: The third session of the Board of Trustees was called to order by President Eugene J. Truono at 8:30 a.m., Sunday, March 3, 1991 in the Board Room of the Headquarters Building, Chicago.

Roll Call: The following officers were present: Eugene J. Truono, president; Geraldine Morrow, president-elect and treasurer; Herbert Schilder, first vice-president; Joseph R. Salcetti, second vice-president; Gary Rainwater, speaker of the House of Delegates; and Thomas J. Ginley, executive director.

The following members of the Board of Trustees were present: William A. Booth, James N. Clark, Richard W. D'Eustachio, James H. Gaines, Jack H. Harris, Bert Y. Hayashi, John V. Hinterman, Walter F. Lamacki, James F. Mercer, Jack S. Opinsky, George S. Payne, Heber Simmons, Jr., Frank H. Stevens, Thomas O. Sweet and William S. TenPas.

Dr. J. P. Chancey, Jr. was absent from the session due to illness.

Staff members present were: William E. Allen, associate executive director; Sheldon I. Landman, assistant executive director, Finance and Business Affairs; Bill B. Lefler, assistant executive director, Legislative Affairs; Mary K. Logan, assistant executive director, Legal Affairs; Clifford Miller, assistant executive director, Education; Lorna Mitchell, assistant executive director, Communications; Enid A. Neidle, assistant executive director, Scientific Affairs; Carol M. Overman, director, Board and House Matters; Michael L. Perich, assistant executive director, Dental Practice; Paula J. Perich, assistant executive director, Membership and Marketing Services; and James H. Sweeney, assistant executive director, Conference and Meeting Services.

Also in attendance were Mr. Raymond Kavanagh, president, ADA Holding Company, Inc.; Dr. Lawrence Meskin, editor, ADA Publishers, Inc.; Mr. James Berry, executive editor, ADA Publishers, Inc.; and other appropriate ADA staff.

Preliminary

Approval of Agenda: Prior to the adoption of the agenda, the following items were added: Report on the Women's Health Campaign; Mentor Program; Correspondence from the President of the Alaska Dental Society regarding recognition of a joint project between U.S.S.R. and U.S. dentists; 1991 President-Elect's Conference; American Heart Association's recommendation for the prevention of bacterial endocarditis; and an update on the American Fund for Dental Health. The Board of Trustees subsequently adopted the following resolution:

B-9-1991. Resolved, that the agenda on Page 1 of the *Board Manual* be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Mail Ballot Action: The Board of Trustees was requested to approve the following slate of nominees selected by the Practice Parameters Management Committee to serve on the Practice Parameters Development Committee and the Ad Hoc Committee on Clinical Science Review.

Ad Hoc Committee on Clinical Science Review

Dr. Stuart L. Fischman, chairman
Dr. Rolf G. Behrents, vice-chairman
Dr. Denis P. Lynch
Dr. Joseph A. Gibilisco
Dr. Philip M. Hoag
Dr. James E. Turner

Practice Parameters Development Committee

Dr. Peter L. Jacobsen, chairman
Dr. Stuart B. Fountain, vice-chairman
Dr. Paul J. Oberbreckling
Dr. Robert T. Ferris
Dr. Richard C. Oliver
Dr. James J. Crall

In accordance with the *Organization and Rules of the Board of Trustees*, the recording of mail ballots in the minutes of the next regular session of the Board is required. Therefore, the Board adopted the following resolution.

B-16-1991. Resolved, that the mail ballot approving the nominees to the Ad Hoc Committee on Clinical Science Review and the Practice Parameters Development Committee, with terms ending with the 1991 annual session, be approved.

Approval of Minutes of Previous Sessions: The Board of Trustees adopted the following resolutions:

B-10-1991. Resolved, that the minutes of the January 6-8, 1991 session of the Board of Trustees be approved.

B-11-1991. Resolved, that the minutes of the January 16, 1991 session of the Board of Trustees be approved.

Opening Remarks

Report of President: President Truono deferred presentation of his report until later in the session. However, he noted that he, Dr. William Allen, Ms. Mary Logan and Dr. Bill Lefler were scheduled to meet with representatives of the Food and Drug Administration (FDA) on Monday, March 4 to discuss the issue of dental amalgam. He also indicated that the Monday meeting of the Board of Trustees would be chaired by the First Vice-President, Dr. Herbert Schilder.

Report of President-Elect: Dr. Geraldine Morrow reported that she had traveled to two state meetings. She indicated that she had been involved in some outreach meetings in relation to

her goal of working with other organizations and had received a very positive response from those visits. She further indicated that all of her visits have been positive and have enhanced rapport with the states, with other organizations and with Association members.

Report of Executive Director: Dr. Thomas Ginley deferred his comments until later in the session but stated that he would inform the Board on the strategic planning activities and introduce a discussion on Resolution 108H-1990, "Study of ADA Elective Offices."

Liaison Reports: Liaison reports and/or comments were presented by Drs. James Clark, Council on Dental Care Programs; William TenPas, Commission on the Young Professional; Bert Hayashi, Council on Ethics, Bylaws and Judicial Affairs; William Booth, Council on Community Health, Hospital, Institutional and Medical Affairs; Jack Opinsky, Council on ADA Sessions and International Relations; George Payne, SELECT Committee; James Mercer, American Dental Political Action Committee, Executive Committee; Heber Simmons, Council on Dental Practice; Thomas Sweet, Council on Dental Education; Frank Stevens, Commission on Relief Fund Activities; and Herbert Schilder, Council on Dental Research.

Discussions

Update on Food and Drug Administration (FDA) Activities:

Dr. William Allen, associate executive director and Ms. Mary Logan, assistant executive director, Legal Affairs, provided information on recent FDA activities pertaining to dental amalgam. Ms. Logan summarized events leading to the FDA scheduling the March 15, 1991 meeting of the dental products panel to hear testimony on the safety of dental amalgam materials. Dr. Thomas Ginley identified the implications of the FDA's actions to the profession and to the public and initiated a discussion on the Association's strategies for addressing this issue.

Recess: The Board of Trustees recessed for luncheon at 12:15 p.m. and reconvened at 1:25 p.m.

Update on Food and Drug Administration (FDA) Activities (continued): Lengthy discussions ensued on the following issues: the need for further studies and research on amalgam; risk/benefit aspect of amalgam; the costs and durability of other composite materials; and the effect of the FDA panel meeting on the public and profession.

Dr. Thomas Ginley announced the establishment of task forces to address the controversial issues that have arisen in regard to fluoride, amalgam and AIDS/infection control.

Discussion of Interim Policy on HIV-Infected Dentists: Dr. Enid Neidle, assistant executive director, Scientific Affairs and Dr. Michael Perich, assistant executive director, Dental Practice, reported on their attendance at the Centers for Disease Control (CDC) Open Meeting on the Risks of Transmission of Bloodborne Pathogens to Patients During Invasive Procedures.

Dr. Neidle commented on the CDC's Risk Model which

estimates the transmission of HIV and noted that HIV transmission was the lowest risk on the CDC's list. Furthermore, she reported that there was an apparent consensus from the community attending the meeting that there was (1) little or no support for mandatory testing, (2) a reaffirmation of support for current infection control procedures and (3) little evidence or basis at this time for restricting health care providers from practice, if infection control procedures are followed.

Dr. Michael Perich commented on the testimony and statements presented at the meeting and briefly commented on reactions to the ADA Interim Policy Statement. He further indicated that a task force will be convened to classify dental procedures according to their degree of invasiveness and noted that the CDC definition of an invasive procedure was one that involves predictable patient bleeding.

It was subsequently announced that the committee to identify invasive dental procedures would be composed of representatives of eight Association councils, consultants from other dental and health organizations and a member of the Board of Trustees who would serve as chairman. On Wednesday, March 6, 1991, Dr. Truono appointed Dr. Walter Lamacki as the trustee/chairman of the committee and reported that the committee's first meeting would be held on March 26, 1991.

The other members of the Task Force on Invasive Procedures were Drs. Joseph G. Kalil, Council on Community Health, Hospital, Institutional and Medical Affairs; G. Jerry McClure, Council on Dental Care Programs; Peter D. Roberson, Council on Dental Education; Ray R. Lancione, Council on Dental Materials, Instruments and Equipment; Ross J. DeNicola, Council on Dental Practice; Warren A. Morgan, Council on Dental Research; Erwin P. Barrington, Council on Dental Therapeutics; and John P. Lehman, Council on Insurance.

Special Order of Business

Appearance of Mr. Jay H. Van Vechten, Van Vechten and Associates: Mr. Jay Van Vechten, president, Van Vechten Associates, Inc., addressed components of a proposed oral health issues education campaign. The campaign proposal states:

The ... program is a thoughtful and comprehensive plan to educate and build alliances within the professional community and to both educate and reassure the public regarding oral health as it is practiced in America today. When it is implemented, it will, without a doubt, have successfully demonstrated the ADA's leadership, as well as its support for its constituency and its sense of responsibility towards the patient public.

Mr. Van Vechten incorporated in his presentation a videotape of current television programs which highlighted the visibility of major dental issues such as water fluoridation, amalgam and HIV-infection control. To demonstrate the public's awareness of these issues, Mr. Van Vechten circulated a report which summarized the findings of a survey of national attitudes toward dental issues conducted among 1,083 adults across the United States.

The campaign proposal detailed the objectives and strategies which would be implemented to address these issues.

The Board of Trustees briefly questioned Mr. Van Vechten on various components of the program and postponed definitely until later in the session discussion of the supplemental request to fund the campaign.

Adjournment: The Board of Trustees adjourned at 5:00 p.m.

Monday, March 4, 1991

Call to Order: The Board of Trustees was called to order at 8:30 a.m., First Vice-President Herbert Schilder presiding.

Roll Call: The officers and members of the Board of Trustees and staff were present as previously recorded with the exception of Dr. Eugene Truono, Dr. William Allen, Dr. Bill Lefler and Ms. Mary Logan who were absent due to a conflicting meeting in Washington, D.C.

Reports and Issues

Oral Report of Dr. Tony Kiser, director, Information Science:

Dr. Tony Kiser, director, Information Science, reported on the new area of dental informatics, what it is, its scope, future and impact on health care management. He further reported on the Association's involvement in dental informatics and demonstrated the importance of continuing this activity. He addressed the future for electronic claims processing, its growing use in the practice of dentistry and identified successes in communicating dentistry's policies to the appropriate agencies.

Dr. Kiser also presented a video on the Periodontal Screening and Recording System and distributed an accompanying brochure. These materials will be used as part of a joint project sponsored by the American Dental Association and American Academy of Periodontology. The Board expressed concerns related to both the video and the brochure which Dr. Kiser will transmit to the American Academy of Periodontology.

Report of Department of Membership—Application for Associate Membership: The Board of Trustees reviewed one application for associate membership and subsequently approved the following resolution:

B-12-1991. Resolved, that the following application for associate membership be approved in accordance with Chapter VI, Section 90M, of the *Bylaws*:

Dr. John G. Odom

Report of the Departments of Membership and Membership Development and Services—Recruitment and Retention Business Plan Update: Ms. Paula Perich, assistant executive director, Membership and Marketing Services, highlighted the following items contained within the report:

- Membership statistics show that the number of ADA members has grown to 139,154 which represents a net increase of 673 members in 1990. However, the national market share continues to decrease with all target markets experiencing a decline in 1990. The 1990

decline of 0.8% is the largest since 1985. The Association's 1990 market share is 74.8%.

- Overall market trends indicate that only 68% of the dentists practicing six years or less are members; only 58% of foreign trained dentists are members; only 64% of all women dentists are members; and annually, approximately 90% of all deceased records deleted from the masterfile were members.
- 1990-92 Recruitment and Retention Business Plan Accomplishments included an update on the implementation of the Dues Equity Plan. It was reported that 35 constituent societies adopted the plan, three societies defeated at least one important component of the plan and several societies have dues equity resolutions slated for 1991. Thirteen constituent societies have not formally adopted or defeated the Dues Equity Plan.

The Emphasis Program continues to prove to be cost-effective. An analysis of Phase I and II sites confirms that the overall number of new members recruited increased and that the percentage of non-renews decreased.

Dr. Jack Hinterman, liaison to the Division of Membership and Marketing Services, commented on the Emphasis Program and the effect of the Dues Equity Plan on membership.

Recess: The Board of Trustees recessed for luncheon at 12:04 p.m. and reconvened at 1:12 p.m.

Discussion on the Commission on the Young Professional: A brief discussion ensued regarding the composition of the Commission; Commission responsibilities; Board of Trustees participation in Commission activities; and selection of council/commission members on the basis of qualifications.

Proposed Board of Trustees Session Dates for Years 1992

Through 1994: After a brief discussion of two proposals of meeting dates, one which allows for six meetings a year and one which allows for seven meetings a year, the Board of Trustees adopted the following resolutions:

B-13-1991. Resolved, that the following dates for the 1991-92 sessions of the Board of Trustees be approved:

December 5-7, 1991
 February 13-15, 1992
 April 5-7, 1992
 June 14-16, 1992
 August 9-12, 1992
 October 12-15, 1992
 October 22, 1992

B-14-1991. Resolved, that the following dates for the 1992-93 sessions of the Board of Trustees be approved.

December 6-8, 1992
 February 15-17, 1993
 April 18-20, 1993
 June 9-11, 1993
 August 22-25, 1993
 November 1-4, 1993
 November 11, 1993

B-15-1991. Resolved, that the following dates for the 1993-94 sessions of the Board of Trustees be approved.

December 5-7, 1993
 February 21-23, 1994
 April 10-12, 1994
 June 12-14, 1994
 August 7-10, 1994
 October 17-20, 1994
 October 27, 1994
 December 4-6, 1994

Report of the Assistant Executive Director, Conference and Meeting Services—1995 Annual Session Date and Format

Change: Mr. James Sweeney, assistant executive director, Conference and Meeting Services, reported on negotiations with Las Vegas convention officials concerning utilization of meeting space and hotel rooms for the 1995 meeting. Noting that the current dates of October 7-12, 1995 would preclude the availability of the Las Vegas Hilton to the Association, a proposal for changing the meeting dates and meeting format was presented to the Board of Trustees. The revised meeting format condenses the schedule for the Scientific Session, Technical Exhibits and Business Session. After a brief discussion, the Board adopted the following resolution.

B-17-1991. Resolved, that the official dates of October 4-8, 1995 for the 136th Annual Session in Las Vegas be approved, and be it further

Resolved, that the portion of Resolution B-31-1990 (*Trans.* 1990:484) which approved the dates of October 7-12, 1995 be rescinded.

Dr. Thomas Ginley and Dr. Gary Rainwater commented on a review of the House of Delegates administrative process and indicated that a report identifying proposed changes would be presented at a future session.

Report of the Council on ADA Sessions and International Relations Regarding Nominations of Honorary Officers and Members to the 1991 Committee on Local Arrangements: The Board of Trustees adopted the following resolution after adding the name of Dr. William TenPas to the list of Honorary Officers:

B-18-1991. Resolved, that the list of nominees submitted by Dr. Johnny N. Johnson for honorary officers and members of the Committee on Local Arrangements for the 1991 annual session be approved.

The Board requested that the Council on ADA Sessions and International Relations study the need for Board approval of the honorary officers and committees for the annual session.

Discussion of Appointment of Council Chairmen: A general discussion on the appointment of council chairmen was held with some Board members expressing concern over the appointment of chairmen without council involvement. Subsequently, the Board adopted a motion requesting that the councils submit at least two names as possible candidates for council chairmen for consideration by the Board of Trustees.

The Board further directed that councils be advised that candidates for chairmen be selected by secret ballot and that in the spirit of the restructure plan chairmen should be limited in

the number of terms they can serve in order to give more volunteers the opportunity to serve.

The Board also decided that the appropriate council liaison would have an opportunity for input during the Board's selection process of chairmen and that this procedure would be implemented with the selection of 1991-92 chairmen.

Correspondence from Alaska Dental Society: Dr. William TenPas referred to correspondence he received from the President of the Alaska Dental Society requesting ADA endorsement of exchanges of information on dentistry between American and Russian dentists. The matter was referred to the Council on ADA Sessions and International Relations for review and possible action.

Report of Liaison to American Fund for Dental Health: Dr. James Clark reported as Board liaison to the American Fund for Dental Health and commented on his attendance at a meeting of the Steering Committee of the Fund's Research and Action Program.

Report on SELECT Program Activities: A general discussion was held on the SELECT Program and its original goals, current focus and composition of the Oversight Committee. Dr. George Payne as liaison to the Program commented on SELECT activities.

A report on the SELECT Program which addresses its direction, input and the Oversight Committee was requested for presentation at a future Board session.

American Dental Political Action Committee (ADPAC): Dr. James Mercer, member of the ADPAC Executive Committee, distributed to the Board of Trustees a district ranking report of ADA members and ADPAC potential members as of February 1991. Dr. Mercer also noted that the next Public Affairs Conference is scheduled for 1992.

Update on Women's Health Campaign: Ms. Lorna Mitchell, assistant executive director, Communications, reported on the status of various components of the Women's Health Campaign: corporate sponsorship; participation responses; and current activities such as *Good Housekeeping's* Health Issue and the establishment of a Women's Health Month to be held in September.

Honorary Membership: The Board of Trustees approved a motion conferring honorary membership to Dr. Krystyna Bytnar. Dr. Bytnar became a dentist in 1946 after completing her training in her native Warsaw. Except for two years in Paris, her entire professional career has been working in a dental clinic in a village outside Warsaw.

She was recently honored by Israel as "Righteous Among the Nations," an award given to non-Jews who risked their lives during the Second World War to save Jews. It was reported that during World War II in German occupied Poland, Dr. Bytnar risked her life by taking into her home a young Jewish woman, her four-year-old child and two additional Jews.

Adjournment: The Board of Trustees adjourned at 5:02 p.m.

Tuesday, March 5, 1991

Call to Order: The Board of Trustees was called to order at 8:35 a.m., President Eugene J. Truono presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Special Order of Business

Appearance of Mr. Walter J. McNerney, Herman Smith Professor of Health Policy, Northwestern University: Mr. Walter J. McNerney, Herman Smith Professor of Health Policy, Northwestern University, commented on emerging trends in the health field and critical underlying issues. Some of the issues addressed were cost, access and quality of health care; quality improvement; chronic and long-term care; tort liability; evolution of hospitals as centers for care; and future payment processes.

Appearance of Dr. Ben Barker, chairman, Council on Dental Education and Commission on Dental Accreditation: Dr. Ben Barker discussed the Council's present agenda, commenting on future education trends, and addressed the Council's difficulties in meeting both present and future agendas due to insufficient meeting time. Dr. Barker also responded to questions regarding continuing education and dental and auxiliary manpower.

Recess: The Board of Trustees recessed at 12:00 noon and reconvened at 1:12 p.m.

Reports and Issues (continued)

Update on Strategic Planning Activities: Dr. Thomas Ginley reported on the activities of the subcommittee charged with selecting a facilitator for the Association's Strategic Plan. He reported that the subcommittee, comprised of Drs. Truono and Morrow, Ms. Perich and himself, had reviewed qualifications of the possible candidates for facilitator and described the special qualifications needed for this position. It was announced that the subcommittee selected as facilitator, Stephen C. Burnett, associate professor of Strategic Management, Kellogg Graduate School of Management, Northwestern University.

Trigger Papers

Introduction—The Shape of Change: Ms. Paula Perich, assistant executive director, Membership and Marketing Services, gave an informative presentation describing demographic and psychographic changes occurring in the United States and suggesting how these trends will affect many aspects of life including dentistry.

The trigger papers addressing mandated benefits, managed care and activities of the Division of Education were not discussed at this session.

Reports and Issues (continued)

Report of Division of Legislative Affairs—Legislative and Regulatory Issues: Dr. Bill B. Lefler, assistant executive director, Legislative Affairs, noted that because of the war in the Persian Gulf domestic issues such as health care were "... moved to the sidelines and are likely to remain there for the near term." However, brief comments were provided on the National Practitioner Data Bank and the Medical Waste Tracking Act.

Ms. Brenda Harrison, director, State Government Affairs, reported on state legislation particularly the ban of amalgam in New Mexico, dental hygiene legislative activity and licensure by credentials.

Report on Meeting with Representatives of Food and Drug Administration (FDA): President Eugene Truono, Dr. William Allen and Ms. Mary Logan reported on a meeting held on March 4, 1991 with representatives of the FDA.

Financial Matters

Supplemental Appropriation Requests and Status of 1991 Contingent Fund: It was reported that a Contingent Fund of \$350,000 was authorized in the 1991 budget and the Board of Trustees to date approved supplemental requests in the amount of \$94,300, leaving a balance of \$255,700. At this meeting, the Board reviewed supplemental requests in the amount of \$142,400.

During the review and discussion of each supplemental request, the Board expressed concern over the Council on Dental Education's request for funding of a retreat meeting. It was the Board's opinion that approval of these funds would set a precedent for other agencies to request retreat or planning meetings. The Board had additional concerns over the co-funding of the meeting by an outside agency and the proposed meeting location. Dr. Clifford Miller, assistant executive director, Education, noted the need for this one-time meeting and requested that Council staff be given an opportunity to review the supplemental request. On Wednesday, March 6, a revised supplemental request was submitted. The revised request eliminated the co-funding by an outside agency and the meeting location was changed to the more centrally located Chicagoland area.

Subsequently, the Board of Trustees adopted the following amended resolution:

B-26-1991. Resolved, that the following appropriations be made from the 1991 Contingent Fund and be allocated to line items in separately listed cost centers, with the exception of grants and capital funding, in accordance with the terms of the supplemental appropriation requests:

<i>Division of Legal Affairs,</i>	
<i>Office of the Assistant Executive Director</i>	
(Cost center 1-90-15-XX)	\$100,000
Retain special outside counsel and an expert epidemiologist/toxicologist to work on a dental amalgam matter at the FDA.	
5801 Outside Legal Fees	\$ 75,000
5803 Consulting Fees	25,000
	<u>\$100,000</u>

*Division of Legal Affairs,
Office of the Assistant Executive Director*
(Cost center 1-90-15-XX) \$ 2,000
To match funds with the New Jersey Dental Association to help defend a member against the New Jersey Department of Environmental Protection's claim of improper disposal of carpules.

5801 Outside Legal Fees	\$ 2,000
	<u>\$ 2,000</u>

*Division of Conference and Meeting Services,
Council on ADA Sessions and International Relations*
(Capital) \$ 28,000
Purchase five printers for use in producing registration badges and tickets both in advance and on-site at annual session.

8012 Depreciation Fixtures	\$ 28,000
	<u>\$ 28,000</u>

*Division of Education,
Council on Dental Education*
(Cost center 1-90-60-XX) \$ 12,400
Council retreat to accomplish planning and goal-setting work precluded during regular scheduled meetings.

5201 Volunteer Travel	\$ 6,000
5226 Volunteer Per Diem	2,200
5241 Volunteer Lodging	3,600
5381 Reception Expenses	600
	<u>\$ 12,400</u>

Total Supplemental Appropriation Requests \$142,400

Based on the above action, the balance of the Contingent Fund is \$113,300.

Report of Executive Director on Contracts: In accordance with the *Organization and Rules of the Board of Trustees*, the Executive Director reported on contracts entered into since the October 1990 session of the Board of Trustees.

Report of the Assistant Executive Director, Finance and Business Affairs—Recent Divisional Activities: Mr. Sheldon Landman, assistant executive director, Finance and Business Affairs, highlighted the following items from the 1990 audit:

- The following transfers were made from the Association's Operating Account: Reserve Division Restricted Investment Account, \$1.1 million and Operating Division Investment Account, \$500,000.
- The operating budget for 1990 had a budgeted net surplus of \$748,600. It appears that the surplus for 1990 will actually be in excess of \$2 million.
- The for-profit subsidiaries will end 1990 with a net income in the area of \$500,000-\$600,000 before federal and state income taxes.
- The Board of Directors of ADA Publishers, Inc. at its January Board meeting declared and paid a \$200,000 dividend to ADA Holding Company, Inc.

- The Board of Directors of ADA Holding Company, Inc. authorized and paid the ADA \$150,000 on behalf of ADA Business Systems, Inc. (ADABSI). This payment was to reduce the intercompany account between ADABSI and the ADA. When received by the Association, the funds were transferred to the Reserve Division Restricted Investment Account.
- American Dental Real Estate Corporation will end 1990 with a deficit of approximately \$950,000 as compared to the budgeted deficit of \$786,000.

Mr. Landman also reported that audit reports have been restructured so that each corporation will have separate audit reports with the Association report being a consolidated report of all corporations.

Report of the Assistant Executive Director, Finance and Business Affairs—Annual Session Revenue Sharing,

Orlando 1992: The Board of Trustees reviewed a request from the Florida Dental Association (FDA) for financial aid in the event that the FDA experiences a loss of income from its 1992 Florida National Dental Congress as a result of the ADA's annual session being held in Orlando.

Following a discussion of previous compensation requests from the Hawaii Dental Association and the Massachusetts Dental Society, the Board adopted the following resolution:

B-19-1991. Resolved, that in the event the Florida Dental Association's Florida National Congress incurs a loss in 1992, the following revenue sharing plan be approved.

1. Initial first dollar loss – ADA pays 100% \$80,000
2. Loss \$80,000 to \$110,000 – ADA pays 75% \$22,500
3. Loss \$100,000 to \$140,000 – ADA pays 50% \$15,000
4. Loss \$140,000 to \$166,400 – ADA pays 25% \$ 6,600
5. Loss over \$166,400 – ADA pays 0% -0-

Report of the Ad Hoc Finance Committee: Dr. Geraldine Morrow, treasurer and chairman of the Finance Committee, reported that the Committee met February 17-18, 1991 in Chicago. The members of the Committee are Drs. William Booth, Richard D'Eustachio, James Gaines, George Payne and Heber Simmons. The Committee met with executive staff of the Association to discuss divisional and programmatic activities, gather information that will lead to the preparation of the 1992 proposed budget, plan for the presentation of the budget and to address other financial matters.

The Committee reported that based on information received from the Council on ADA Sessions and International Relations it appears that the annual session will no longer be profitable to the Association. The Committee was further informed that the present level of attainable revenues has reached its upper limits and that fees charged by the Association to exhibitors have risen each year to the point where fee increases could jeopardize having a sold out exhibit hall. Noting that approximately one-third of the 30,000 attendees at the annual session are member dentists, the Committee reported that it believes that a user fee (registration fee) should be implemented. The Committee presented the following resolution for Board consideration:

B-20. Resolved, that the Council on ADA Sessions and International Relations, in the preparation of the 1992 budget, implement a registration fee for future annual sessions, effective with the 1992 annual session.

Recess: The Board of Trustees recessed at 5:00 p.m.

Wednesday, March 6, 1991

Call to Order: The Board of Trustees was called to order at 8:40 a.m., President Eugene J. Truono presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Report of Editor and Executive Editor, ADA Publishers, Inc.: Dr. Lawrence Meskin, editor and Mr. James Berry, executive editor, *The Journal of the American Dental Association*, commented on the publication's new format and reactions from the general membership, educators and researchers.

Mr. Berry also responded to concerns over the lateness in reprinting the American Heart Association's (AHA) recommendation for the prevention of bacterial endocarditis. He noted that the delay in publication was due in part to the AHA providing a specific statement for the dental profession.

Mr. Raymond Kavanagh, ADAPI publisher, briefly commented on anticipated first quarter financials.

Financial Matters (continued)

Report of Ad Hoc Finance Committee (continued): The Board of Trustees continued with its discussion of implementing a user fee for annual session participants. The Board discussed the concept of a registration fee, the amount and who it would affect; the implementation date; the need to solicit the Council on ADA Sessions and International Relations' opinion; and the impact of not implementing a registration fee on other Association programs and activities.

Subsequently, the Board adopted the following substitute resolution:

B-20-1991. Resolved, that staff develop proposal(s) for an annual session registration fee, and be it further **Resolved**, that the Council on ADA Sessions and International Relations study the concept of an annual session registration fee, and be it further **Resolved**, that the Council present to the Board of Trustees at its June meeting a proposed schedule of registration fees and its recommendation as to the advisability of instituting this concept.

Furthermore, the Board requested that the Council consider rescheduling its May 1991 meeting to an earlier date so that it could forward its recommendation on a registration fee to the Ad Hoc Finance Committee.

The Finance Committee proposed a change in the *Organization and Rules of the Board of Trustees* relative to the amount allocated yearly to the Contingent Fund. After a brief discussion, the Board adopted the following resolution:

B-21-1991. Resolved, that the *Organization and Rules of the Board of Trustees*, page 16, relating to the Contingent Fund be changed to read as follows:

Contingent Fund: There shall be placed in each annual budget a sum designated as the Contingent Fund. The amount placed in the annual budget shall be approved and administered by the Board of Trustees.

Continuing with its report, the Finance Committee presented recommendations for new formats for budget books and Board Report 3. In its review, the Board noted its concern that the new formats eliminated the prioritization of programs as directed by the House of Delegates and requested resumption of this activity (*Trans.* 1986:502). It was also requested that the ADA Summary Worksheet be revised to include a column showing 1990 actual expenses with a footnote referencing the Association Audit for an explanation of variances.

The Finance Committee agreed that these changes would be incorporated in Board Report 3. The Board of Trustees subsequently adopted the following resolution:

B-22-1991. Resolved, that the proposed presentation of the Association's annual budget and budget books as amended be approved.

After a brief discussion, the Board of Trustees adopted the following resolution:

B-23-1991. Resolved, that the Budget Information Meeting and the Reference Committee on Budget and Administrative Matters be combined into an expanded Reference Committee on Budget and Administrative Matters, effective with the 1991 annual session in Seattle, Washington.

The Board of Trustees postponed to a future session consideration of the following resolution:

B-24. Resolved, that the Board consider in its deliberation of officer job descriptions that the President-elect (1) continue to serve as Treasurer of the Association; (2) appoint members of the Finance Committee; and (3) serve as chairperson of the Finance Committee, and be it further **Resolved**, that each year three trustee members be appointed to serve on the Finance Committee for a second year.

Reports and Issues (continued)

Public Relations Proposal for an Oral Health Issues

Education Campaign: Ms. Lorna Mitchell, assistant executive director, Communications, reviewed the costs associated with the Oral Health Issues Education Campaign as proposed by Mr. Jay Van Vechten, president, Van Vechten Associates, Inc., on Sunday, March 3, 1991. The Board discussed specific activities of the campaign and subsequently approved the request for funding in the amount of \$537,895.

It was noted that because of a budgeted surplus in 1991 of \$1.1 million, the \$537,895 for the education campaign would be included as part of 1991 operating expenses. It was not anticipated that a withdrawal from the reserve fund would be required. It was further noted that a separate cost center would be established for the education program.

Mentor Program: President Eugene Truono reported on the progress of the Mentor Program and acknowledged the work of the Commission on the Young Professional in preparing a brochure addressing the value of the program.

Recess: The Board of Trustees recessed for luncheon at 12:07 p.m. and reconvened at 1:00 p.m.

Discussion of Dental Hygiene Training Programs: Dr. Heber Simmons commented on concerns pertaining to the revised Dental Hygiene Accreditation Standards and the training of dental hygienists in off-campus training facilities.

Oral Report of Assistant Executive Director, Legal Affairs—Status of Litigation: Ms. Mary Logan, assistant executive director, Legal Affairs postponed her report until the June Board session.

Discussion on Mandatory Testing of Health Care Providers: The Board discussed the necessity of developing a written interim policy on mandatory testing of health care providers for the human immunodeficiency virus. Based on discussion, there was a general consensus that a written policy was not required at this time. However, the Board requested that a list be compiled for its reference setting forth reasons why mandatory testing is not supported by the Association.

Report of President: Dr. Eugene Truono reported on his attendance at meetings of the Panama Canal Dental Society, the Federation of Central American Dental Organizations and the Hawaii Dental Association.

At this time, President Truono announced that he was appointing the following Board members to a subcommittee to

conduct the study called for in Resolution 108H-1990 on officer job descriptions: Dr. James Clark, chairman, Dr. Herbert Schilder and Dr. Frank Stevens with Dr. William Allen serving as the staff resource person. He directed that the subcommittee meet prior to the June Board in order that the committee can present its comments in writing at that time.

Proposed Strategic Planning Committee: President Eugene Truono presented the following nominees for appointment to the Strategic Planning Committee:

Dr. David Neumeister, Vermont
 Dr. Karen Sakuma, Washington
 Dr. David Whiston, Virginia
 Dr. Lewis Turchi, California
 Dr. William TenPas, Oregon
 Dr. John Hinterman, Michigan
 Dr. Richard D'Eustachio, New Jersey
 Dr. Rene Rosas, Texas

Ex-Officio

Dr. Eugene Truono
 Dr. Geraldine Morrow
 Dr. Thomas Ginley
 Ms. Paula Perich

Dr. Truono appointed Dr. John Hinterman as Committee Chairman.

The Board of Trustees adopted the following resolution:

B-25-1991. Resolved, that the nominees for membership on the Strategic Planning Committee be approved.

Adjournment: The Board of Trustees adjourned *sine die* at 1:45 p.m.

June 5-7, 1991

Headquarters Building, Chicago

Call to Order: The fourth session of the Board of Trustees was called to order in an Executive Meeting by President Eugene J. Truono at 8:30 a.m., Wednesday, June 5, 1991 in the Board Room of the Headquarters Building, Chicago.

Roll Call: The following officers were present: Eugene J. Truono, president; Geraldine Morrow, president-elect and treasurer; Herbert Schilder, first vice-president; Joseph R. Salcetti, second vice-president; Gary Rainwater, speaker of the House of Delegates; and Thomas J. Ginley, executive director.

The following members of the Board of Trustees were present: William A. Booth, J. P. Chancey, Jr., James N. Clark, Richard W. D'Eustachio, James H. Gaines, Jack H. Harris, Bert Y. Hayashi, John V. Hinterman, Walter F. Lamacki, James F. Mercer, Jack S. Opinsky, George S. Payne, Heber Simmons, Jr., Frank H. Stevens, Thomas O. Sweet and William S. TenPas.

Preliminary

Approval of Agenda: Prior to adoption of the agenda the following item was added: National Foundation of Dentistry for the Handicapped (Dr. Booth). The Board of Trustees adopted the following resolution:

B-27-1991. Resolved, that the agenda on Page 1 of the *Board Manual* be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Minutes of Previous Session: The Board of Trustees adopted the following resolution:

B-28-1991. Resolved, that the minutes of the March 3-6, 1991 session of the Board of Trustees be approved.

Discussion

Discussion/Action Taken: Dr. Thomas Ginley reported on problems and concerns encountered in the budgeting process and his plans for addressing these financial issues.

Adjournment: The Board of Trustees adjourned from the Executive Meeting at 9:15 a.m.

Regular Meeting

Call to Order: The Board of Trustees was called to order by President Eugene J. Truono at 9:20 a.m.

Roll Call: The officers and members of the Board of Trustees were in attendance as previously recorded.

Staff members present were: William E. Allen, associate executive director; Sheldon I. Landman, assistant executive director, Finance and Business Affairs; Bill B. Lefler, assistant

executive director, Legislative Affairs; Mary K. Logan, assistant executive director, Legal Affairs; Clifford Miller, assistant executive director, Education; Lorna Mitchell, assistant executive director, Communications; Enid A. Neidle, assistant executive director, Scientific Affairs; Carol M. Overman, director, Board and House Matters; Michael L. Perich, assistant executive director, Dental Practice; Paula J. Perich, assistant executive director, Membership and Marketing Services; and James H. Sweeney, assistant executive director, Conference and Meeting Services.

Also in attendance were Mr. Raymond Kavanagh, president, ADA Holding Company, Inc.; Mr. James Berry, executive editor, ADA Publishers, Inc.; and other appropriate ADA staff.

Review and Approval of 1992 Budget

Report of the Ad Hoc Finance Committee: Dr. Geraldine Morrow, president-elect and treasurer, presented the Finance Committee's overview of the 1992 budget process and reported that 1992 preliminary budgets projected a deficit of over \$3.5 million. Following a review of programs and activities by the Finance Committee in consultation with the Executive Director and Division Directors, it was reported that the Committee was recommending to the full Board of Trustees net budget adjustments of over \$1.9 million. The final proposed budget after these adjustments contained a deficit of \$1.6 million.

Based on information and a budget plan outlined by the Executive Director during the Executive Meeting, the deficit would be reduced to \$883,900.

The Finance Committee's recommended adjustments to the 1992 budgets, by Division, were discussed concurrently with Board Report 3.

Sections of the Committee's report addressing revenue and financial policies were discussed later in the session.

Draft of Report 3 of the Board of Trustees to the House of Delegates—ADA Operating Account Financial Affairs and Recommended Budget, Fiscal Year 1992:

The Board of Trustees reviewed a draft of Report 3 covering the financial affairs of the Operating Account of the Association and the budget for 1992. The proposed budgets display Association expenses and revenues by natural account categories. It was reported that this information, coupled with similar groups for divisional budgets, provides the House of Delegates with an overview from 1990 actual results through the proposed 1992 budget of ten categories of Association expenditures. It also highlights, by division, program emphasis and budget changes for 1992. The natural account categories for expenses were listed as follows: staff compensation, meeting and travel expenses, facility and utility costs, office expenses, professional services, publications and projects, depreciation/amortization, other expenses and contribution to reserves. The natural account categories for revenues were listed as follows: membership dues, rental income, sales income, testing fee income, grants and contributions, registration fee income, service income and miscellaneous income.

The natural account categories were described by identifying the budget line items included within each category. Anticipated 1992 budget increases or decreases by percentage were also provided.

The Board of Trustees began its review of the 1992 budget with the Division of House/Board/Executive Director/Human Resources. Following a brief review of the proposed budgets and recommended budget adjustments within this Division, the Board postponed definitely discussion until later in the session. The Board continued its discussions on June 6 and 7. Later in the session, the Board approved a motion eliminating the ad hoc Finance Committee and adding an extra day to the June 1992 Board session to permit time for the Board to review the proposed budget as a committee of the whole.

At this time, concern was expressed over the Association's involvement in the Federation Dentaire Internationale (FDI) and the perception that major issues important to American dentistry were not being addressed by the FDI. Dr. Ginley indicated that a comprehensive report on the FDI would be prepared for the August Board session. This report would provide indepth information on FDI activities and history as well as addressing ADA past involvement and future objectives for the FDI.

In a related discussion of the Division's budget, the Board requested that a midyear report on Board of Trustees expenses, including an individual in-district travel budget status, be provided to them in order that expenses of officers and trustees can be more closely monitored.

Recess: The Board of Trustees recessed for luncheon at 12:06 p.m. and reconvened at 1:15 p.m.

Draft of Report 3 of the Board of Trustees to the House of Delegates—ADA Operating Account Financial Affairs and Recommended Budget, Fiscal Year 1992 (continued): The Board of Trustees reviewed the proposed budgets and recommended budget adjustments for the Divisions of Legal Affairs, Legislative Affairs, Communications and Membership and Marketing Services.

Several discussions regarding the American Dental Political Action Committee (ADPAC) occurred during the course of the meeting. At the suggestion of the Finance Committee and with the Board's concurrence, it was directed that a study be conducted of the structure of ADPAC, its Board and Executive Committee.

During discussion of the proposed budgets of the Division of Legislative Affairs and ADPAC, the Board requested that a report be prepared for the August session on ADPAC finances with an analysis of hard and soft dollars.

Adjournment: The Board of Trustees adjourned at 4:55 p.m.

Thursday, June 6, 1991

Call to Order: The Board of Trustees was called to order at 8:35 a.m., President Eugene J. Truono presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Review and Approval of 1992 Budget (continued)

Draft of Report 3 of the Board of Trustees to the House of Delegates—ADA Operating Account Financial Affairs and Recommended Budget, Fiscal Year 1992 (continued): The Board of Trustees reviewed the proposed budgets and recommended budget adjustments for the Divisions of Membership and Marketing Services, Conference and Meeting Services, Finance and Business Affairs and Dental Practice.

During its discussion of the proposed budget of the Division of Membership and Marketing Services, the Board directed that the proposed Mega Conference planned for 1992 be revenue neutral and that corporate sponsorship be sought for funding the Conference. A report on the availability of funding for the Mega Conference would be provided by October 1991.

Additionally, the Board of Trustees approved the Finance Committee's recommendation to establish a task force for the purpose of exploring options to expand representation of young, female and minority dentists in the Association.

Special Order of Business

Appearance of Dr. Angelo Bilonis and Mr. Matthew Boylan, executive director, Massachusetts Dental Society: Dr. Angelo Bilonis and Mr. Matthew Boylan reported on the final financial figures from the 1991 Yankee Dental Congress. Dr. Bilonis indicated that with the success of the 1991 meeting, the Massachusetts Dental Society would not be requesting revenue sharing funds from the ADA through the plan established by the Board of Trustees in Resolution B-22-1989 (*Trans.*1989:461).

Review and Approval of 1992 Budget (continued)

Draft of Report 3 of the Board of Trustees to the House of Delegates—ADA Operating Account Financial Affairs and Recommended Budget, Fiscal Year 1992 (continued): The Board of Trustees continued with the review of the proposed budget and recommended budget adjustments for the Division of Dental Practice.

Recess: The Board of Trustees recessed for luncheon at 12:05 p.m. and reconvened at 12:50 p.m.

Draft of Report 3 of the Board of Trustees to the House of Delegates—ADA Operating Account Financial Affairs and Recommended Budget, Fiscal Year 1992 (continued): The Board of Trustees reviewed the proposed budget and recommended budget adjustments for the Division of Scientific Affairs.

Special Order of Business

Presentation by Mr. Thomas Dorsch, director, Department of Human Resources: Mr. Thomas Dorsch presented an overview of 1991 employee benefits which includes pension, medical/dental and social security benefits, and reviewed salary compensation.

Review and Approval of 1992 Budget (continued)

Draft of Report 3 of the Board of Trustees to the House of Delegates—ADA Operating Account Financial Affairs and Recommended Budget, Fiscal Year 1992 (continued): The Board of Trustees reviewed the programs and recommended budget adjustments for the Division of Education.

Adjournment: The Board of Trustees adjourned at 5:10 p.m.

Friday, June 7, 1991

Call to Order: The Board of Trustees was called to order at 8:00 a.m., President Eugene J. Truono presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Review and Approval of 1992 Budget (continued)

Draft of Report 3 of the Board of Trustees to the House of Delegates—ADA Operating Account Financial Affairs and Recommended Budget, Fiscal Year 1992 (continued):

Following a review of all division budgets and after incorporating the budget adjustments approved by the Board, the 1992 deficit was reduced to \$763,200.

The Board of Trustees subsequently reviewed and discussed the following four options for reducing the deficit: (1) registration fee; (2) further budget reductions; (3) other revenue; and (4) dues increase. During its discussion, the Board considered the revenue issues addressed in the ad hoc Finance Committee's report with particular attention directed to the Committee's comments regarding an annual session registration fee.

The Finance Committee reported that less than 10% of the total membership attends any given annual session but that the rising costs associated with the meeting are borne by the membership as a whole. The Committee further noted that other activities of the Association in which a small portion of the membership participates are subject to user fees, making such programs "revenue neutral."

The following recommendations were provided by the Finance Committee:

1. Effective with the 1992 annual session, a registration fee of \$50 be instituted (\$100 if registration is on-site) for member dentists and auxiliaries. No fee would be charged to spouses or other family members. It is expected that this fee in 1992 would generate \$850,000.
If a registration fee is approved, it is the recommendation of the Committee that a fee for shuttle bus service not be instituted. The effect of these two changes would be a net increase in revenue of \$750,000.
2. A dues increase of \$11 per member, from \$275 to \$286, be instituted effective in 1992.
3. If a registration fee is not implemented, a \$20 dues increase would be required.

(Approval of both the registration fee of \$50 and the dues increase of \$11 would result in a surplus of approximately \$200,000 in 1992.)

A motion was made to institute a \$50 registration fee for dentists and auxiliaries attending the ADA annual session.

During consideration of the motion, the Board discussed registration fees for other national organizations and the amount of anticipated revenue that could be generated by the proposed registration fee.

On vote, the Board of Trustees adopted a motion to include in the proposed 1992 budget a \$50 registration fee for dentists and auxiliaries as outlined by the Finance Committee.

Recess: The Board of Trustees recessed for luncheon at 12:10 p.m. and reconvened at 1:10 p.m.

Draft of Report 3 of the Board of Trustees to the House of Delegates—ADA Operating Account Financial Affairs and Recommended Budget, Fiscal Year 1992 (continued): A motion was made to institute a dues increase of \$11 effective in 1992. The motion was subsequently amended to change the figure from \$11 to \$9. Extensive discussion ensued to determine a consensus of the Board on whether the dues increase would be a revenue supplement or an option for balancing the 1992 budget in the event the proposed budget is not approved. It was subsequently determined that the recommended dues increase of \$9 was being offered as an option for balancing the 1992 budget and was proposed at this time in order to meet the *Bylaws* notification requirement regarding the dues of active members.

At the conclusion of the budget discussions, the total adjustments, by division were identified as follows:

Division	Expenses	Revenue
House/Board/ExDir	(\$ 293,100)	
Legal Affairs	(201,200)	
Legislative Affairs	(165,200)	
Communications	(172,900)	\$ 3,100
Salable Materials	(117,200)	34,500
Membership	(141,700)	129,300
Conferences	(185,700)	1,101,300
Finance	(48,000)	
Business Affairs	(51,000)	
Central Administration	(145,800)	
Dental Practice	(160,300)	(600)
Education	(137,500)	
Scientific Affairs	(50,400)	
ADA Health Foundation	(42,600)	
	(\$1,912,600)	\$1,267,600

The proposed 1992 budget, as approved by the Board of Trustees, has an anticipated revenue of \$45,172,700, total expenses of \$45,035,900 and a surplus of \$136,800.

Report of the Ad Hoc Finance Committee (continued): In addition to reviewing the proposed 1992 budget and recommending budget adjustments to the full Board, the Finance Committee reviewed certain Association financial policies and recommended the following:

- Establish as ADA policy that all expense reports be submitted within 45 days of completion of the trip (by January 10 at year-end) to be eligible for reimbursement.
- Direct the Assistant Executive Director of Communications to prepare for the August Board session a full report on the *Smile, America* campaign. This report should include a comparison of this program to other programs within the Division, the total costs of the campaign, the progress and duration of the campaign and whether any changes in direction will be required. It was further requested that a breakdown of costs for each portion of the campaign be provided.
- Direct the Assistant Executive Director for Conference and Meeting Services to evaluate the future sites of all annual sessions after 1995 and report to the Board by February 1992. This report should include discussion of maximizing both the attendance and financial return to the Association without consideration to geography. It was further directed that the Council on ADA Sessions and International Relations have input in the report.
- Raise the Executive Director's spending authorization from the current \$50,000 to \$100,000 to reasonably reflect potential needs.

The Board of Trustees approved all of the above recommendations of the Finance Committee.

The Committee also requested that by March 1, 1992 the Assistant Executive Director for Education provide the Board of Trustees with a study of the activities of the Commission on Accreditation. The purpose of the study is to reduce the time and costs involved in on-site visits. Every avenue should be considered including the utilization of current technology to enhance and simplify the process for the Commission and the dental schools.

Report of the Assistant Executive Director, Finance and Business Affairs—1992 Proposed Capital Budget: A list of capital needs of the Association was provided with the total capital budget proposed for 1992 at \$3,066,200. The Board of Trustees postponed consideration of the report and appended resolution until the August Board session.

1991 Supplemental Appropriations/Contingent Fund

Supplemental Appropriation Requests and Status of 1991 Contingent Fund: A Contingent Fund of \$350,000 was authorized in the 1991 budget. To date, the Board of Trustees has approved total supplemental requests in the amount of \$236,700 leaving a balance of \$113,300.

The Board of Trustees received supplemental requests in the amount of \$116,000. However, due to a previous Board action eliminating funding for a study of a fifth year general practice program, the request for \$6,000 for the Required Year of Advanced Education, Step 1, was also eliminated.

Ms. Mary Logan, assistant executive director, Legal Affairs, addressed the need for the funding of a series of environmental tests on scrap dental amalgam in order to determine its impact on the environment. A detailed informational report was also reviewed by the Board (see page 530).

On vote, the Board of Trustees adopted the following amended resolution:

B-32-1991. Resolved, that the following appropriation be made from the 1991 Contingent Fund and be allocated to line items in separately listed cost centers, with the exception of grants and capital funding, in accordance with the terms of the supplemental appropriation request:

<i>Division of Legal Affairs and Scientific Affairs, Department of State Government Affairs and Office of the Executive Director (Cost center 1-90-00-XX)</i>	\$110,000
For technical services of two environmental testing and consulting firms to perform a series of environmental tests on scrap dental amalgam, in order to determine its impact on the environment.	
5803 Consulting Fees	\$110,000
Total Supplemental Appropriation Requests . . .	<u>\$110,000</u>

In a related discussion, Ms. Mary Logan outlined a recently-received request from the Arizona State Dental Association (ASDA) for \$25,000 for assistance with outside legal fees on an ongoing wastewater regulatory challenge faced by Arizona dentists. The regulatory challenge is that local, state and federal environmental agencies are poised to implement new requirements pertaining to the disposal of mercury. Local waste treatment facilities are anticipating that the new local regulations and federal discharge permit requirements will be very strict and that dental offices will be required to demonstrate that mercury is not discharged when scrap amalgam goes into wastewater.

Ms. Logan reported the ASDA has solicited voluntary funding from all dentists in Arizona and that approximately \$14,000 has been collected. It was noted that if ASDA is successful in its efforts, other states will be able to utilize similar strategies.

A motion was made to increase the funding to \$35,000. Following discussion, the Board of Trustees approved the grant to the ASDA in the amount of \$35,000 with the stipulation that ASDA first expend its funds before expending ADA funds.

Based on these two actions, the 1991 Contingent Fund has been overspent by \$31,700.

Miscellaneous Business

Report of Executive Director on Contracts: In accordance with the *Organization and Rules of the Board of Trustees*, the Executive Director reported on contracts entered into since the March 1991 session of the Board of Trustees.

Election of Honorary Members and Distinguished Service Award Recipient: The Board of Trustees reviewed the qualifications of the nominees for Honorary Membership and adopted the following resolution:

B-29-1991. Resolved, that in accordance with Chapter VII, Section 90(G) of the *Bylaws* the following be elected to Honorary Membership in the American Dental Association:

Mr. Ernest W. Busch
 Dr. John Forrest
 Mr. Frank Jones
 Dr. Atsumu Miyahara
 Mr. Andrew Jardine Neilson
 Mr. Russell E. Nelson
 Dr. Hugo L. Obwegeser

The Board of Trustees also discussed an appropriate award or citation for Dr. Louis Sullivan, U.S. Secretary for Health and Human Services, for his contribution to the campaign against smokeless tobacco.

President Truono presented the name of Dr. John L. Bomba as the nominee for the Board of Trustees' Distinguished Service Award. The nomination was unanimously approved.

Report of the Council on Insurance Regarding Funding of the Council's Budget: The Council on Insurance reported that since 1972, some or all of the Association-sponsored insurance and retirement programs have contributed financial support for the Council's operating budget. This has been accomplished by charging these contributions as additional administrative expenses of operating the programs.

The Board of Trustees at its October 1990 session directed the Council to study the equity of its charges to the various insurance carriers for its operating budget, so that members who participate do not carry a disproportionate burden of overall Association expenses.

The Council on Insurance responded as follows:

The Council on Insurance believes that the current formula for allocating its budget among the sponsored insurance and retirement programs is simple, fair and reasonably reflective of how monetary resources and staff time are spent. The Council favors continuing its current practice of allocating its administrative budget, less those monies received under the profit-sharing arrangement with Kirke Van Orsdel, Inc. (KVI), equally among the other plan administrators. At such time as the revenues from KVI exceed 25% of the budget, the Council may recommend modification of the funding arrangement.

Report of the Commission on Relief Fund Activities Regarding Amendments to the Relief Fund "Rules" and "Manual and Criteria": The Board of Trustees adopted the following resolution:

B-31-1991. Resolved, that the ADA Relief Fund *Rules* and *Manual and Criteria* as amended, be approved.

Relief Fund Rules

Chapter I: Relief Grants

The following rules shall govern application for, and approval of, grants from the American Dental Association Relief Fund ("ADA Relief Fund"). References in the *Rules* to the Commission and its members relate to them in their capacities as Trustees of the ADA Relief Fund.

A. Eligibility for Grants. Dentists, their dependents and former dependents of deceased dentists are eligible to apply for financial aid from the ADA Relief Fund, if an accidental injury, advanced age, physically-debilitating illness or medically-related condition prevents them from gainful employment and results in an inability to be wholly self-sustaining. Applicants are not required to be members of the American Dental Association or its constituent or component societies. No information shall be sought from applicants to ascertain their status as such a member or non-member, and no consideration shall be given to membership status in evaluating applications.

B. Policy on Awarding Grants. It is the policy of the ADA Relief Fund discretionally to award relief grants for meeting emergency needs and daily living expenses rather than for pensions or annuities or to conserve resources or assets. The awarding of a grant shall not be deemed a right or an entitlement to the applicant for a grant.

C. Amount of Grant. All applications for grants from persons arising in the geographical area of constituent and component societies shall be investigated by the constituent society relief funds, with assistance from component societies (where applicable) to ascertain the eligibility of the applicant, the amount of assistance required, and the duration of the grant. Such relief funds and component societies (where applicable) upon transmittal of an application to the ADA Relief Fund commit themselves to joint payment of one-half of any grant which is approved by the Commission on Relief Fund Activities ("Commission"). If the constituent and component society relief funds have insufficient funding to pay their one-half share of any grant, then the ADA Relief Fund may, in its discretion, pay its one-half share of the total grant but shall not pay any additional percentage share of the grant. In such circumstances, the constituent and component society relief funds shall make a good faith effort to show that they have exhausted their funding capabilities and have no other viable sources of funds to meet their one-half share.

The amount of any grant shall be determined by the Commission after recommendation by the society or societies originating the application. In determining the amount of the grant, the Commission will take into consideration the particular circumstances of each applicant, including financial needs, age and physical conditions, opportunity for assistance from immediate members of the family, financial assets and all other relevant factors.

D. Form and Duration of Grants. The duration of an individual grant is determined by the Commission but an initial grant may not exceed six months. Any subsequent extensions may be made for periods not to exceed 12 months. If an emergency grant, as described below, is given, it may be made only once to an individual.

Grants are paid to the recipient in monthly installments by checks issued by the ADA Relief Fund. If a recipient should die before the expiration of the period for which assistance was approved, the grant terminates and the grant installments terminate with the payment for the month in which death occurs.

The recipient has no property right or entitlement in the amount of the grant approved by the Commission. The setting of the amount of the grant is a statement of intention only on the part of the Commission. The Commission may, at its total discretion, cease disbursement of the funds of the grant to any recipient, at any time.

E. Renewal of Grants. A new application form must be completed by a recipient and investigated by the constituent society relief fund and component societies (where applicable) involved for any extension of the period of the grant. Extensions may be made for a period not to exceed 12 months.

F. Emergency Grants. An emergency grant is the payment of assistance in a single installment which may be made by the Commission on its own motion or on the approval of a request from a constituent society relief fund. Emergency grants will be made only in cases of special emergency as determined by the Commission after a full explanation of all pertinent circumstances. The amount of an emergency grant shall be determined by the Commission after recommendation of the constituent society relief fund involved. Constituent and component societies commit themselves to joint payment of one-half of any grant which is made by the ADA Relief Fund upon making a request for the emergency grant. An application form shall be completed for every recipient of an emergency grant.

G. Origin and Approval of Applications. An application for a grant must be processed initially by the component society where an applicant practices, then with the constituent society relief fund. If no component society exists, the application is initially processed by the constituent society relief fund. An applicant who does not practice within the jurisdiction of a constituent or component dental society may forward his or her application directly to the ADA Relief Fund. When an applicant has resided in more than one constituent society, application shall be made through the relief fund of the constituent society under whose jurisdiction he or she is currently practicing or practiced last. There shall be no objection, however, to an agreement which will permit two constituent society relief funds to participate in a grant on a pro rata basis related to years of practice under each jurisdiction.

H. Completion of Application Forms. All requests for grants must be made on the application form approved by the Commission. All questions on the application form must be answered carefully and comprehensively by the applicant or his or her sponsor. All information received in connection with an application for assistance will be regarded as confidential by the Commission. No grants will be made on the basis of an incomplete application except where an emergency grant is sought. In such emergency cases, the application must be made complete as expeditiously as possible.

I. Handling of Application Forms. When an application form has been completed by a local investigator in personal consultation with the applicant or his or her sponsor, the completed application form shall be sent to the component society involved (if applicable) for authorization and forwarded to the authorized individual of the constituent society relief fund for certification and transmittal to the Director, American Dental Association Relief Fund, 211 East Chicago Avenue, Chicago, Illinois 60611.

J. Consideration of Application by Commission. Copies of all applications shall be sent to all members of the Commission and to the member of the Board of Trustees of the American Dental Association in whose jurisdiction the applicant is practicing.

Applications may be approved by mail ballot. A majority of votes by members of the Commission is required for approval.

In approving a grant application, if at least five affirmative votes are cast for the entire requested amount, the full grant amount will be approved and forwarded to the applicant. In the event that exactly five affirmative votes are cast and one or more of the affirmative votes are cast for an amount less than the requested sum, the grant will be approved at an amount equal to the lowest grant amount approved.

Votes not received within 20 days after the day of issuance of the mail ballot shall be considered as affirmative votes.

K. Notice and Payment of Approved Grants. On approval of an application by the Commission, an order is issued for the payment of a grant. Notice of the grant is sent to the authorized individuals of the constituent and component relief funds involved.

The Commission will issue a coupon book to the constituent society relief fund involved for the handling and recording of the monthly installments of the grant. The combined payment of the constituent and component society relief funds involved in each grant shall be made payable to the ADA Relief Fund. Payments shall be made on a monthly basis and accompanied by the appropriate coupon record. Any constituent society that is delinquent for more than 90 days in making remittances shall have its grants suspended until all delinquent remittances are received.

Chapter II: Constituent Society Relief Funds

A. Maintenance of Constituent Society Relief Funds. In order to participate in grants made by the ADA Relief Fund, constituent societies shall establish and maintain a separate relief fund, the assets of which shall be segregated and shall not be used for any other purpose than that which is allowed under the ADA Relief Fund *Indenture of Trust*. Grants from a constituent society relief fund may be made at the discretion of the constituent society, without participation by the ADA Relief Fund.

B. Audit and Financial Statements. Financial statements shall be filed annually with the Commission by each constituent society relief fund. The financial statements shall be on a form supplied or accepted by the Commission. Failure to file such report annually shall cause withdrawal of eligibility to participate in grants made by the ADA Relief Fund and withholding of any refundable share of contributions from that jurisdiction in the relief fund campaign. Any refundable share of contributions due to constituent society relief funds shall be held for a maximum of five (5) years by the Commission pending receipt of a society relief fund financial statement. If a financial statement is not received within five (5) years of the relief fund campaign in question, these refundable contributions originally due to the constituent society relief fund shall revert to the ADA Relief Fund. Further, at least once every five years each constituent society relief fund shall submit an audit report from an independent public accountant or firm expressing an opinion regarding the financial statements.

For any constituent dental society relief fund whose average fund balance over the past five (5) years is below \$20,000, a substitute statement for the required five (5) year audit is permissible, if signed and certified by at least two officials of the constituent society relief fund. This substitute statement shall contain a list of all prior years' assets, investments, expenditures, and income and fund balances.

Chapter III: Annual Relief Fund Campaign

A. Management of Campaign. The annual campaign of the ADA Relief Fund shall be managed by the Commission. All solicitations in this campaign shall contain the appeal to send contributions directly to the ADA Relief Fund, 211 East Chicago Avenue, Chicago, Illinois 60611.

B. Distribution of Contributions. Three-quarters ($\frac{3}{4}$) of the relief fund sum collected from persons residing within the jurisdiction of a constituent society in the annual relief fund campaign will be returned to the relief fund of such constituent society; provided, however, that after July, 1965, such refunds may be made only to constituent society relief funds that have been established as charitable organizations having purposes consistent with the purpose of the ADA Relief Fund and that have been accorded tax-exempt status under the Internal Revenue Code.

A constituent society relief fund will be paid a bonus of one-quarter ($\frac{1}{4}$) of the total amount contributed to the ADA Relief Fund by persons residing in the jurisdiction of a constituent society in the annual relief fund campaign, provided that the constituent society relief fund (1) attains the annual relief fund quota assigned to it for the year by the Commission, and (2) pays out in grants during the year, shared on an equal basis with the ADA Relief Fund, a sum greater than the constituent society relief fund's assigned annual quota. A 10% surcharge may be applied to the amount refunded to constituent society relief funds from the annual Relief Fund Campaign to defray expenses to conduct the Campaign.

Chapter IV: Administration of Trust Property

A. Chairman and Director of the Commission. The Chairman shall preside at all meetings of the Commission; he or she shall prepare or cause to be prepared the budget, the annual report, and all tax returns and related documents, and he or she shall undertake such additional duties as may be assigned to him or her by the Commission or provided in these *Rules*. The Director shall be employed by the Executive Director of the American Dental Association, subject to the approval of the Association's Board of Trustees. The Director shall keep and sign the minutes of all meetings of the Commission and shall record in the minute book actions taken by mail. The Director shall attend to the giving of all notices of both regular and special meetings of the Commission; he or she shall have general supervision of the accounting records and correspondence of the Commission which shall be kept in the Headquarters Office of the Commission in Chicago; and he or she shall in general perform all the duties incident to the office of the Director subject to the control of the Commission.

B. Meetings of the Commission. The members of the Commission on Relief Fund Activities may hold their meetings in the Headquarters Office of the Association in the City of Chicago or at such place either within or outside the State of Illinois as the Commission may from time to time determine or as may be designated in an authorized notice of an annual or special meeting. A regular annual meeting of the Commission shall be held on a day selected by the Chairman and shall be held whenever called by direction of the Chairman or by direction of five members of the Commission. The Director shall cause notice to be given by mail or fax to each member of the Commission of all meetings (both regular and special) at least one week before the meeting, but such notice may be waived in writing by any member of the Commission. A majority of the total number of members of the Commission shall constitute a quorum for the transaction of business and a majority vote of the members of any meeting with a quorum present shall constitute action by the Commission. Any action which may be taken at a meeting of the Commission may also be taken without a meeting if all members of the Commission are notified in advance of the proposed action by the Director and not fewer than five members of the Commission (which five members may include the Chairman) send their written approval of such action to the Director to be placed by him or her in the books and records of the Commission.

C. Contracts and Checks. All written contracts entered into on recommendation of the Commission shall be signed by the President of the Association and attested by the Executive Director of the Association as provided in the *Rules of the Board of Trustees*. Funds deposited in banks and other depositories to the credit of the Commission shall be drawn from such banks and depositories by check signed by the Chairman and the Director or by such person or persons (whether or not Trustees) as the Commission may from time to time designate.

D. Purchase of Short-Term Securities. In administering cash on hand which is not needed to pay approved grants nor for the refund shares to which constituent societies are entitled from Relief Fund campaigns, and which is not committed for investment pursuant to the provisions of Article III of the *Indenture of Trust*, the Commission has deemed it advisable to confer the ministerial function of purchasing, with such cash on hand, short-term U.S. government securities and/or Certificates of Deposit maturing in six months or less on any two of the following persons: Any member of the Investment Committee or of the Relief Fund, including the Treasurer of the American Dental Association, the Director of the Commission or the Comptroller of the American Dental Association.

E. Investment in Other Than Short-Term Securities. Investment in other than short-term securities shall be made as provided in Article III of the *Indenture of Trust*. Votes as required by said Article III, when not taken at such meetings as therein provided, shall be in writing as required by Article III and shall be canvassed by the Director of the Commission at the direction of his or her designee.

F. Securities. All security transactions involving investment of the Trust Property other than the purchase of short-term securities shall be carried out by means of written orders signed by both the Chairman and the Director of the Commission or by such person or persons (whether or not Trustees) as the Commission may from time to time designate. All stocks, bonds and other securities forming a part of the Trust Property and the income thereon and proceeds thereof may be held, dealt with and delivered for and on behalf of the Relief Fund by a corporate depository selected by the Commission with the approval of the Board of Trustees of the Association upon such terms and conditions as may be agreed upon in writing by the depository and the Chairman of the Commission. Whether or not so held by a depository any or all such stocks, bonds and other securities may be issued, held or registered in the name of a nominee or nominees designated in writing by the Chairman or in bearer form.

A detailed record of all securities shall be maintained in the Headquarters Office of the Commission.

G. Investment Policy. The investment policy of the ADA Relief Fund shall be reviewed at least annually by the Commission and the results of such review shall be reported to the Board of Trustees of the American Dental Association.

H. Composition of Investment Portfolio. The investment portfolio of the ADA Relief Fund shall consist of common and preferred stock, corporate and government bonds and short-term securities.

No purchase of securities shall be made in any corporation which, as a major activity, i.e., in excess of 15% of total corporate sales: (1) manufactures, fabricates, processes, sells or otherwise furnishes the dental profession with dental supplies, machinery, equipment and materials; (2) manufactures, sells or otherwise furnishes the general public with dentifrices or other agents related

to oral hygiene; or (3) manufactures, sells or otherwise furnishes the public with tobacco products.

I. Fiscal Year. The fiscal year of the American Dental Association Relief Fund shall be from the first day of January each year to the last day of December.

J. Powers of Commission. In administering the Trust Property, the Commission shall have power to do all such acts, take all such proceedings, and exercise all such rights and privileges with relation to the Trust Property as could be done, taken or exercised by the absolute owner thereof, and in its discretion may delegate to the Chairman, or to any other Trustee, or to any agent, officer or employee designated by it (whether or not a Trustee and whether or not designated by name or by describing the office or employment of the person designated) the doing of any act or the exercising of any authority whether discretionary or not, deemed by the Commission to be necessary or convenient in administering the Trust Property.

K. Propriety of Commission's Action. No person, bank, transfer agent, corporation, depository or institution shall be under any obligation to make inquiry concerning the propriety of any action of the Commission or of its officers, agents and employees or be concerned with the application of any payments made to the Commission or the ADA Relief Fund.

Chairman or the Director concerning any resolution adopted or action taken by the Commission shall be conclusive evidence in favor of all persons acting in reliance thereon that such resolution or action has been regularly adopted or taken, and no person shall be obligated to make inquiry as to any such resolution or action or be affected by actual or implied notice of any irregularity whatsoever therein. A certificate signed by the Chairman or the Director of the existence of any state of facts or of the contents of any written document in anywise relevant in determining the regularity and propriety of any action of the Commission or of any Officer or of any Trustee or of any agent or employee or concerning the existence and extent of the authorized powers of any of the foregoing shall be conclusive evidence in favor of all persons acting in reliance thereon.

M. Budget and Expenses. The Commission shall submit a proposed itemized expense budget to the Board of Trustees of the Association as provided in the *Bylaws* of the Association, which budget need not include grants to beneficiaries. The budget shall include the expenses of the Commission directly and fairly attributed to the administration of the Relief Fund (including authorized fees and salaries of agents and employees and travel expenses of the Commission), and the Commission may, after the approval of such budget by the Board of Trustees of the Association, pay such expenses from the Trust Property.

Chapter V: Amendment Of These Rules

The Commission on Relief Fund Activities by majority vote, with the approval of the Board of Trustees of the Association, may amend these *Rules* from time to time.

**Manual and Criteria for Preparation of Application
for Relief Fund Assistance
American Dental Association**

Requirements for Determining Eligibility for Relief Fund Grants:

1. The primary purpose of the American Dental Association Relief Fund ("ADA Relief Fund") is to provide aid of an emergency and temporary character to dentists and, when individual circumstances demonstrate unusual need and the resources of the Fund permit, to deserving dependents of dentists.
2. The application form for financial aid has been designed to enable component and constituent society relief funds and the Commission on Relief Fund Activities ("Commission") to examine each case with the view to determining (1) eligibility of the applicant, (2) amount of assistance that should be granted and (3) length of grant. Initial grants may be approved to a maximum of six months; renewal grants to a maximum of 12 months. In case of extreme emergency, the application information may be phoned or faxed to the ADA Relief Fund by the constituent society relief fund.
3. The member of the component or constituent dental society relief fund who has been selected to assist the applicant to complete the application form should be thoroughly familiar with the *Rules of the American Dental Association Relief Fund*, the purpose of Relief Fund grants, and the application form before interviewing the applicant or his or her family. An application may be signed by a guardian in appropriate circumstances.
4. The information requested on the application is limited and there may be other factors that would be of material assistance in considering a request for aid. Situations not covered by the items in the application should be described as briefly as possible on a separate sheet of paper attached to the application.
5. The investigator, in some instances, may find it necessary to secure information concerning the applicant from members of the family or friends.
6. Since dependents of dentists are also eligible for grants it may be desirable, in cases where the dentist is incompetent, to have the spouse of the dentist submit the application.
7. The *Rules of the American Dental Association Relief Fund* require that all applications arising in the jurisdiction of constituent and component societies be processed and forwarded to the Commission by the constituent society relief fund with recommendations for approval or denial. The application must be approved by the constituent society relief fund and the component society (where applicable) if they intend to participate in the grant.

Applicants are not required to be members of the American Dental Association or its constituent or component societies. No information shall be sought from applicants to ascertain their status as such a member or non-member, and no consideration shall be given to membership status in evaluating applications.

8. There is no rule or precedent limiting the amount of the grant that may be made to an eligible individual. The investigator should make a recommendation on the total amount needed each month for the consideration of the constituent society relief fund and component society involved. However, in arriving at the amount to be recommended consideration should be given to the funds available from the constituent society relief fund and component society (where applicable). All grants are shared on an equal basis between the ADA Relief Fund and the constituent society relief fund and where applicable the component dental society.
9. Requests by a recipient for direct payment of monthly grant checks to individuals other than the recipient shall be handled on an individual basis. In this regard, the applicant may be allowed to designate an individual or individuals to receive the monthly grant check as a payment toward the recipient's expenses.

Application form:

1. Service in the Armed Forces. If the applicant has a record of active service in the armed forces at any time, he may be entitled to certain benefits from the Veterans Administration. The applicant or member of the family should be advised about making inquiry to the proper agency for veterans affairs.
2. Disability and Employability. Should the applicant be incapacitated, the information in this section may have to be obtained from a member of the family or the physician.
3. Dependents. Dependency refers to the applicant's spouse or to children living at home and who are not self-supporting.
4. Other Relatives. Children who are not living at home and are not dependent upon their parents should be listed together with the information requested as to their ability to contribute to the support of their parents. Brothers and sisters and any other relatives who might be able to contribute to the applicant's support should also be listed.
5. Total Income of Applicant, Spouse or Dependents. If the applicant is married and his or her spouse or dependents are gainfully employed or has income from any source, the combined income of the applicant, spouse and dependents for the past year should be listed in the first column. The anticipated income for the coming year should be noted in the second column. Complete information is important. The applicant should be asked to provide a copy of his or her most recent federal income tax returns.
6. Anticipated Annual Expenses During the Coming Year. Expenses experience for the past year may be helpful in estimating anticipated expenses for the coming year.
7. Assets. Reporting of assets should be completed and based on values as they exist on the date of the application. The name of the bank or savings and loan company where accounts are held should be included. Please total the assets figures in this section.

8. **Liabilities.** Complete information on all financial obligations such as bills payable, loans past due, and name of banks, savings and loan companies where held, or persons to whom money is owed should be listed. Please total the liabilities figures in this section.
9. **Life Insurance.** If the applicant is carrying any type of life insurance, it is important that the information be listed, particularly the name of the beneficiary since in some instances the insured may have neglected to make a change that was intended.
10. **Other Insurance.** Any other types of insurance which the applicant or spouse may be carrying should be listed. This includes medicare benefits.
11. **Disclaimer.** If the applicant's condition prevents him or her from signing his or her own name, the spouse or member of the family who is of legal age should sign the applicant's name. However, the person who signs for the applicant should place his or her signature following that of the applicant. No part of the disclaimer statement may be deleted.
12. **Report of Component and Constituent Society Relief Fund Investigators.** It is desirable to have representatives of both the component society (where applicable) and constituent society relief fund participate in the interviews required for each grant request and make a joint report. In such instances both investigators should sign the report. It may not always be possible to have both levels represented, but in all cases a member of either the constituent society relief fund or the component society make the investigation and submit the report. No approval shall be given without at least one personal interview with the applicant or in appropriate circumstances his or her guardian.
 A general statement as to type of disability such as blindness-cataract; paralysis-stroke; should be included.
 Under "type of medical care required" the investigator should indicate whether the applicant requires hospital or institutional care, home care with nursing, or any other type of care indicated. If a disability is not the basis for the claim for assistance, it should be so noted.
13. **Medical Report.** The applicant's physician should provide a concise medical statement as to the condition of the applicant including the degree of disability, diagnosis, prognosis and type of care needed. The statement is required whether the application is for an initial or renewal grant.
14. **Amount of the Grant.** The investigator should make an informal recommendation to the component society as to the amount of grant per month he or she believes the applicant should receive. This should be done in the form of a letter, as the space provided on the application is reserved for the component and constituent society relief fund recommendations. If a lump-sum emergency grant is requested, this request should be clearly evident.
15. **Disposition of the Application.** The investigator upon obtaining the necessary information should complete the first three pages of the application and present it to the applicant for signature. The application form shall be typed in English. The joint report of the component and constituent society relief fund investigators must be completed and the application with any supplemental reports transmitted to the component society (where applicable) or otherwise the constituent society relief fund.
 The importance of filling out the application clearly cannot be overemphasized because copies must be made later.
16. **Certification.** The proper agency of the component society should examine the application and consider the recommendations made by the investigators and recommend (1) whether the application should be approved and (2) if it is approved the total amount of grant to be recommended and the amount it will contribute if component society sharing is the practice in that state. Grants for new cases may be made for a period not to exceed six months and renewal grants may be made for a period not to exceed 12 months. After the component society has completed the above items, the application should be completed, signed by the component society executive director and transmitted to the constituent society relief fund.
 The constituent society relief fund should in turn examine the application considering the recommendations of the investigators and the component society. The constituent society relief fund should make the final determination as to the amount it will contribute as its share of the grant. The authorized individual of the constituent society relief fund should complete and sign the application and forward it to the Commission on Relief Fund Activities of the American Dental Association in Chicago for consideration.
17. **Acknowledgement by the Commission.** The Commission will notify the authorized individual of the constituent society relief fund of the action taken on the application. It will be the responsibility of the constituent society relief fund to advise the component society.

Criteria for Relief Grants

The ADA Relief Fund is designed to assist needy dentists and their dependents with daily living expense assistance. The Commission has determined that the items listed below are not commensurate with this purpose.

1. It is not the purpose of the ADA Relief Fund to provide pensions or retirement income either for dentists or for their dependents.
2. It is not the purpose of the ADA Relief Fund to provide continuing assistance when the beneficiary is eligible for, or receiving, satisfactory aid from local, state or federal agencies.

3. It is not the purpose of the ADA Relief Fund to provide funds for the payment of insurance premiums as a living expense in those instances where the beneficiaries of the insurance do not contribute, when able, to the support of the relief recipient.
4. It is not the purpose of the ADA Relief Fund to provide assistance merely to conserve the resources or assets of an applicant for relief.
5. Every effort should be made to encourage adult children, who have the means to contribute to the aid of needy parents. However, their failure to do so should not necessarily be a criterion for refusal.
6. It is not the purpose of the ADA Relief Fund automatically to transfer continuing aid when there are sufficient assets to provide institutional care of a satisfactory character for the applicant.
7. It is not the purpose of the ADA Relief Fund automatically to transfer continuing assistance to the dependents of a dentist following his or her death. In this instance, a new application is required.

Report of the Council on Dental Education on Recruitment and Retention Activities for Dental Assistants and Dental Hygienists:

The Board of Trustees acknowledged receipt of the Council's report which provided current trend data on the education and employment of dental assistants and hygienists. The report also described Council efforts to address under-enrollment in dental assisting programs, including offering the resources of the SELECT Program to support these programs' student recruitment efforts. The Council also reported that it needs input from state dental societies to identify additional assistance and resources that should be provided at the national level to support the states' effort. Therefore, a survey of constituent dental societies will be conducted during the summer of 1991 with the expectation that the results would provide a valuable source of direction for future Council activities and publications.

It was further reported that the Commission on Dental Accreditation also addressed dental hygiene manpower concerns by revising the accreditation standards to increase their flexibility. The Commission believes that the standards will encourage the growth of innovative education programs that can meet the needs of non-traditional students, in accord with the intent of Resolution 90H-1990 (*Trans.*1990:555).

Report of the Council on ADA Sessions and International Relations Concerning an Annual Session Registration Fee:

The Council responded to the Board of Trustees directive that it study the concept of an annual session registration fee; develop a proposed schedule of registration fees; and present its recommendation on the advisability of instituting this concept.

The Council on ADA Sessions and International Relations reported that at its May 1-2, 1991 meeting it took a "strong, firm stand against a registration fee" for the annual session. The Council offered the following reasons for its opposition:

1. Annual session has always been and should remain a benefit of membership;
2. A registration fee would increase the member's cost of attending annual session and could negatively affect attendance which, in turn, could lead to a reduction in the number of technical exhibit booths sold, and in the long-term could lead to a reduction in revenue;
3. The membership was promised that there would not be another registration fee for annual session after the Hawaii meeting and the decision to implement one now would negatively affect the Association's credibility with the membership;
4. The Council has increased revenues in other areas such as exhibit booth rental and limited attendance course ticket fees in order to cover the cost of producing the annual scientific session; and
5. The decision as to whether to establish a registration fee for annual session should be made by the Board of Trustees and the House of Delegates.

Report on New ADA Commissioner to the Joint Commission on Accreditation of Healthcare Organizations:

The Board of Trustees postponed until the August session consideration of the report and the appended resolution pending receipt of additional nominees.

Joint Report of the Office of Executive Director, Division of Legal Affairs, Division of Scientific Affairs and Department of State Government Affairs on Environmental Issues

Pertaining to Scrap Amalgam: The informational report described the current situation at local, state and federal levels with respect to scrap dental amalgam in water discharged from dental offices. Outlined was a proposal for testing of scrap amalgam to provide evidence that scrap amalgam poses no environmental issue. The evidence would be designed for use by constituent and component dental societies and the ADA with regard to present and future environmental regulatory efforts.

A supplemental request in the amount of \$110,000 for the phase 2 funding of the project was approved earlier (see page 523).

Report of the Task Force on Invasive Procedures:

Consideration of the report of the Task Force on Invasive Procedures and the appended resolution was postponed until the August session of the Board of Trustees.

Discussion of Council and Commission Nominations: The Board of Trustees was informed of a Board member's concern with a potential nominee to the Council on Dental Education and a perceived conflict between the nominee's current activities and his responsibilities to the Association if appointed as a member of that Council. The Board's view on the matter was requested, but no official action was taken at this time, inasmuch as the official nomination is not made until the August Board session.

Strategic Planning Update: Dr. John Hinterman, chairman of the Strategic Planning Committee, provided information on the Committee's activities which includes finalizing the wording of the mission statement. He also reported that the mission statement would be presented for the full Board's review in August and that the facilitator would be in attendance for a portion of the August session.

Oral Health Initiatives: Dr. James N. Clark, liaison to the American Fund for Dental Health, reported on the National Adult Oral Health Promotion and Education Initiative. This program was described as a collaborative enterprise undertaken to promote the oral health of adults in the United States.

Student Representation on Board of Trustees: Dr. Richard D'Eustachio suggested that the Board of Trustees invite an American Student Dental Association representative to one meeting of the Board of Trustees per year starting in 1992.

Licensure by Credentials: Dr. Richard D'Eustachio requested that a discussion on licensure by credentials be added to the August Board of Trustees agenda.

Chicago as Annual Site for House of Delegates: It was requested that a report be prepared for the August Board of Trustees session on annually conducting the meeting of the ADA House of Delegates in Chicago.

National Foundation of Dentistry for the Handicapped: Dr. Bill Booth, director, National Foundation of Dentistry for the Handicapped (NFDH), requested support of the Board of Trustees in promoting NFDH's DentaCheque coupon book, particularly on the component level.

Adjournment: The Board of Trustees adjourned *sine die* at 5:00 p.m.

August 4-8, 1991

Headquarters Building, Chicago

Call to Order: The fifth session of the Board of Trustees was called to order by President Eugene J. Truono at 8:00 a.m., Sunday, August 4, 1991 in the Board Room of the Headquarters Building, Chicago.

Roll Call: The following officers were present: Eugene J. Truono, president; Geraldine Morrow, president-elect and treasurer; Herbert Schilder, first vice-president; Joseph R. Salcetti, second vice-president; Gary Rainwater, speaker of the House of Delegates; and Thomas J. Ginley, executive director.

The following members of the Board of Trustees were present: William A. Booth, J. P. Chancey, Jr., James A. Clark, Richard W. D'Eustachio, James H. Gaines, Jack H. Harris, Bert Y. Hayashi, John V. Hinterman, Walter F. Lamacki, James F. Mercer, Jack S. Opinsky, George S. Payne, Heber Simmons, Jr., Frank H. Stevens, Thomas O. Sweet and William S. TenPas.

Staff members present were: William E. Allen, associate executive director; Bill B. Lefler, assistant executive director, Legislative Affairs; Mary K. Logan, assistant executive director, Legal Affairs; Clifford Miller, assistant executive director, Dental Education; Lorna Mitchell, assistant executive director, Communications; Enid A. Neidle, assistant executive director, Scientific Affairs; Carol M. Overman, director, Board and House Matters; Michael L. Perich, assistant executive director, Dental Practice; Paula J. Perich, assistant executive director, Membership and Marketing Services; and James H. Sweeney, assistant executive director, Conference and Meeting Services.

Also in attendance were: Mr. Raymond Kavanagh, president, ADA Holding Company, Inc.; Dr. Lawrence Meskin, editor, ADA Publishers, Inc.; Mr. James Berry, executive editor, ADA Publishers, Inc.; and other appropriate ADA staff.

Preliminary

Approval of Agenda: Prior to approval of the agenda, the following item was added: National Foundation of Dentistry for the Handicapped Coupon Book. The Board of Trustees adopted the following resolution:

B-35-1991. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Consent Calendar: The following resolutions were presented on a consent calendar in order to expedite the business of the Board of Trustees:

House Resolutions

- Resolution 1—Approval of "Guidelines for Hospital Dental Services"
- Resolution 2—Rescission of Policies Related to the Hospital Dental Service Accreditation Program

- Resolution 3—Revision of Policy on Physical Examinations by Dentists
- Resolution 4—Revision of Policy on National Health Service Corps Scholarships
- Resolution 5—Approval of "Policy Statement on Dental Care in Nursing Homes"
- Resolution 6—Least Expensive Alternative Treatment Clauses
- Resolution 7—Pre-Existing Condition Exclusion
- Resolution 8—Inclusion of Radiographic Examinations in Dental Benefits Programs
- Resolution 9—Age of "Child"
- Resolution 10—Approval of "Guidelines on Coordination of Benefits"
- Resolution 11—Approval of "Statement on Utilization Management"
- Resolution 12—Regulation of Utilization Management Organizations
- Resolution 13—Approval of "Statement on Determination of Usual, Customary and Reasonable Fees"
- Resolution 14—Reporting of Dental Procedures to Third Parties
- Resolution 15—ADA's Dental Claim Form
- Resolution 16—Rescission of Policies on Inclusion of Sealants in Dental Benefits Plans and Preventive Dentistry in Public and Private Dental Care Programs
- Resolution 17—Approval of Revised "Statement on Preventive Coverage in Dental Benefits Plans"
- Resolution 18—Rescission of Policy on Supporting the Concept of Cost Containment in Dental Care Programs and Delivery Systems
- Resolution 19—Liaison Relationships
- Resolution 20—Safeguards for Medicare's Health Maintenance Organizations
- Resolution 21—Timely Payment of Dental Claims
- Resolution 22—Rescission of Policy on Medicaid Benefits for Low Income Elderly
- Resolution 23—Qualifications of Participating Dentists
- Resolution 24—Inclusion of Dental Care in Publicly-Funded Programs
- Resolution 25—Rescission of Policy on Determination of Fees
- Resolution 26—Rescission of Policy on Elimination of Differentiation in Patient Benefits
- Resolution 27—Dental Benefit Plan Terminology
- Resolution 28—Infringement on Dentists' Judgment
- Resolution 29—Rescission of Policy on Inclusion of Dentists in Health Legislation and Programs
- Resolution 32—Dentist's Pledge
- Resolution 33—Immunization Policy for Dental Health Education Institutions
- Resolution 34—Rescission of 1968 Policy on Regulation of Dental Licensure

- Resolution 36—Implementation of Plan to Publicize Newly Developed Licensure Examination Document
- Resolution 37—Clarification of Full-Time Federal Employment with Respect to Membership on the Council on Governmental Affairs and Federal Dental Services
- Resolution 38—Dental Care for Military Dependents
- Resolution 39—Eligibility of Veterans for Outpatient Care
- Resolution 40—Rescission of Policy on Notice of Federal Administrative Changes
- Resolution 41—Rescission of Policy on Relation of Dependents' Dental Care Program to Primary Mission of Uniformed Dental Services
- Resolution 42—Rescission of Policy on Dental Care for Military Dependents
- Resolution 43—Rescission of Policy on Remote Status of Military Installations
- Resolution 44—Rescission of Policy on Criteria for Remote Area Designations
- Resolution 45—Rescission of Policy on Overemphasis on the Dentist/Population Ratio
- Resolution 46—Rescission of Policy on Dental Scholarships
- Resolution 47—Rescission of Policy on Freedom of Choice of Dentists
- Resolution 48—Dental Services for Reserve Component Forces During Training Periods of Less than 30 Days
- Resolution 58—Amendment of *Bylaws* and *Manual of the House of Delegates* Regarding Standing Committees
- Resolution 59—Amendment of *Bylaws* and *Manual of the House of Delegates* Regarding Seconding Officer and Trustee Nominations
- Resolution 60—Submission of Resolutions Before the First Meeting of the House
- Resolution 67—Study of Initiation of Membership
- Resolution 72—"Statement on Dental Care and Recovery from Chemical Dependency"
- Resolution 84-1990—Dues Equity for Graduates of Non-Accredited Dental Schools.

Board Resolutions

- Resolution B-37—Amendment of the "Organization and Rules of the Board of Trustees" Regarding Honorary Membership and the Distinguished Service Award
- Resolution B-39—Nomination of General Chairman of the Committee on Local Arrangements for the 1993 Annual Session
- Resolution B-51—Application for Associate Membership

The Board of Trustees reviewed and amended the proposed calendar by removing Resolutions 1, 4, 5, 8, 10, 11, 12, 15, 21, 24, 32, 33, 34, 48 and 72. Subsequently, the Board adopted the following resolution noting that at any time during the meeting additional items on the calendar could be discussed and voted on individually.

B-60-1991. Resolved, that the recommendations on the resolutions contained on the consent calendar be approved.

Approval of Minutes of Previous Session: Prior to approval of the minutes from the June 1991 session, it was requested that the minutes be amended to reflect the Board's action discontinuing the ad hoc Finance Committee and adding an extra day to the June 1992 session to permit time for the Board to review the budget as a committee of the whole.

The Board adopted the following resolution.

B-36-1991. Resolved, that the minutes of the June 5-7, 1991 session of the Board of Trustees be approved.

Opening Remarks

Report of President-Elect: Dr. Geraldine Morrow outlined goals for her year as president and proposed the establishment of two task forces to address major areas of concern. The first is a task force on Association health policy which would review access to care programs, federal legislative issues, health care financing trends and health care organizations' recommendations and develop Association policy. This task force would be composed of two members from the following agencies: Board of Trustees; Council on Dental Care Programs; Council on Dental Practice, Council on Community Health, Hospital, Institutional and Medical Affairs; Council on Government Affairs and Federal Dental Services; and five consultants. The cost of this task force is estimated at \$33,300 for 1992.

The second is a task force of minority dentists. It would provide assistance in increasing the number and involvement of minority and female dentists in the Association. This task force would include three black dentists, three Hispanic dentists, three Asian dentists, three female dentists and one Indian dentist. The cost of this task force is estimated at \$35,000.

Also in the area regarding minority and women dentists, Dr. Morrow reported on recruitment and retention projects beginning in August 1991 and proposed a National Conference on Minority-Women Dentists to be held in 1993.

Lastly, Dr. Morrow presented her views on an ADA Council on Education, separate from the Commission on Dental Accreditation, to be composed solely of ADA members.

Special Order of Business

Appearance of Dr. Stephen C. Burnett, facilitator, ADA Strategic Planning Committee: Dr. Stephen C. Burnett, ADA Strategic Planning Committee facilitator, was introduced by Ms. Paula Perich, assistant executive director, Membership and Marketing Services. Dr. Burnett is associate professor of strategic management at the Kellogg Graduate School of Management, Northwestern University and faculty director of Kellogg's Advanced Executive Program and International Advanced Executive Program.

Dr. Burnett proceeded to summarize the strategic planning process, the purpose of the mission statement and future implementation. The Board, during the balance of the morning

session, reviewed the "Report of the Strategic Planning Committee." The Committee offered a mission statement for the Board's consideration and noted that "the brevity of a mission statement does not allow for a full description of the American Dental Association's philosophical beliefs." As a result, the Committee included seven guiding principles, values and beliefs to further describe the Association's strategic orientation. These guiding principles, values and beliefs will serve as the basis for the goals, priorities and action plans to be developed by the Committee.

Recess: The Board of Trustees recessed for luncheon at 12:20 p.m. and reconvened at 1:05 p.m.

Report of the Strategic Planning Committee (continued):

The Board of Trustees continued with its consideration of the proposed mission statement and the guiding principles, values and beliefs, making adjustments throughout the document. Subsequently, the Board adopted the following resolution:

B-54-1991. Resolved, that the Mission Statement and Guiding Principles, Values and Beliefs be approved and prepared for transmittal in a Board Report to the House of Delegates.

Report 5 of the Board of Trustees to the House of Delegates—Progress Report of Strategic Planning Activities (*Supplement 1*:382): The Board discussed how best to report to the House of Delegates its activities in response to Resolution 104H-1990 (*Trans.* 1990:572), which directed the implementation of the strategic planning activities for the Association. The Board of Trustees postponed definitely final consideration of the report until Wednesday, August 7. At that time, the Board ordered Report 5 and the appended Resolution 81 transmitted to the House of Delegates.

Liaison Report: Dr. George Payne, liaison, SELECT Program Activities, commented on the "Report on SELECT Program Activities" which addresses the need to restructure the SELECT Oversight Committee and develop a rotational system for Committee members and chairman (see page 546). It was requested that SELECT Program activities be added as an agenda item to the Board's December meeting.

Discussion of Health Policy and Related Issues: Dr. Bill Lefler, assistant executive director, Legislative Affairs and Mr. Skip Wheat, director, Government Relations, noted that health care has been identified as a domestic priority in Washington with health care reform, access and costs as major issues. They also reviewed the Association's position on legislative issues. A general discussion ensued with various opinions being expressed regarding Association involvement in and ability to affect federal policy.

The Board of Trustees reviewed the current Association policy which addresses "mandated benefits" and discussed revising the 1987 policy which states:

Resolved, that the American Dental Association believes that employer-sponsored health benefits, including dental benefits, should be encouraged through the use of positive incentives, and be it further

Resolved, that the American Dental Association support those legislative proposals which establish or expand employer-sponsored health benefit plans when such proposals rely upon voluntary participation.

It was noted that the Council on Governmental Affairs and Federal Dental Services will revisit this policy at its March 1992 meeting. A motion was made and approved to refer the policy on mandated benefits to the Task Force on Association Health Policy (proposed by President-elect Morrow in her report earlier in the meeting) for its consideration.

At this time, the Board reviewed and approved the supplemental appropriation request for \$12,600 to finance one meeting of the Task Force on Association Health Policy in 1991 (see page 546).

Reports and Resolutions Relating to Reference Committee on Budget and Administrative Matters

Report 3 of the Board of Trustees to the House of Delegates—ADA Operating Account Financial Affairs and Recommended Budget, Fiscal Year 1992 (*Supplement 1*:346): The Board of Trustees reviewed two 1992 activity proposals which, if approved, would change the 1992 budget as previously approved at the Board's June 1991 session.

Dr. James Mercer, liaison, Council on Governmental Affairs and Federal Dental Services, presented the Council's request that the Board of Trustees approve the formation of a task force to develop a legislative and educational plan on dental hygiene. The funds necessary to convene this task force would be allocated to the Department of State Government Affairs budget. On vote, the Board approved the Council's request and directed that funding in the amount of \$19,824 be added to the 1992 budget.

The Council on Dental Education requested approval of funding for a study of the possible need for an additional postdoctoral required year of education following graduation from dental school. The Board reviewed the "Report of the Council on Dental Education on Issues Related to Dental Education and Proposed Studies," which outlined the Council's reasons for presenting the request. Subsequently, the Board defeated a motion to approve funding for the study and urged the Council not to proceed with the study because of time and financial considerations.

The Board of Trustees continued with its review of Board Report 3 and directed that sections of the report regarding staff compensation, investment accounts and central administration (fringe benefits) be clarified.

Later in the meeting, \$35,000 was included in the 1992 budget to fund the Task Force on Women and Minorities as proposed by President-elect Morrow.

The final 1992 budget as presented in Board Report 3 had anticipated revenue of \$45,172,700, expense of \$45,090,700 and a revenue surplus of \$82,000.

On Thursday, August 8, prior to transmitting Resolution 56 to the House of Delegates, the Board added the following preamble:

The Board of Trustees adopted a proposed budget of \$45,172,700 which included a \$50 registration fee for the Annual Session. The budget is being forwarded to the House of Delegates with the recommendation to adopt. If the House of Delegates does not adopt the budget, which includes the registration fee, the Board of Trustees has an obligation under the Association's *Bylaws* to fund the Association's activities. The Board is therefore submitting Resolution 56 to comply with this bylaw responsibility.

The Board of Trustees ordered Report 3 and appended Resolutions 55 and 56 transmitted to the House of Delegates.

Adjournment: The Board of Trustees adjourned at 5:40 p.m.

Executive Meeting

Call to Order: The Board of Trustees was called to order in an Executive Meeting at 5:40 p.m., President Eugene J. Truono presiding.

Roll Call: Those in attendance were the President, President-elect and Treasurer, First Vice-President, Second Vice-President, Speaker of the House of Delegates, Executive Director and all members of the Board of Trustees.

Action/Discussion: Dr. Thomas Ginley presented information on the status of the Headquarters Building and staff assignment changes.

Adjournment: The Board of Trustees adjourned at 6:00 p.m.

Monday, August 5, 1991

Call to Order: The Board of Trustees was called to order at 8:00 a.m., President Eugene J. Truono presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Reports and Resolutions Relating to Reference Committee on Communications, Membership and Marketing Services

Report of Council on ADA Sessions and International Relations (*Reports:13*): The Board of Trustees acknowledged receipt of the annual report of the Council on ADA Sessions and International Relations.

Report of the Division of Communications (*Reports:17*): The Board of Trustees acknowledged receipt of the annual report of the Division of Communications.

Report of the Bureau of Library Services (*Reports:26*): The Board of Trustees acknowledged receipt of the annual report of the Bureau of Library Services.

Report of the Division of Membership and Marketing Services (*Reports:28*): The Board of Trustees acknowledged receipt of the annual report of the Division of Membership and Marketing Services.

Report of the Commission on the Young Professional (*Reports:37*): The Board of Trustees acknowledged receipt of the annual report of the Commission on the Young Professional.

Delegate C. Richmond Corley, Jr., Louisiana, Resolution 52—Amendment of ADA “Bylaws” Regarding Dues of Life Members Over the Age of 75 (*Reports:170*): The Board of Trustees ordered Resolution 52 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:344*).

Texas Dental Association Resolution 67—Study of Initiation of Membership (*Supplement 1:288*): The Board of Trustees ordered Resolution 67 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 1:343*).

Fifth Trustee District Resolution 84-1990—Dues Equity for Graduates of Non-Accredited Dental Schools (*Reports:171*): The Board of Trustees ordered Resolution 84-1990 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 1:345*).

Louisiana Dental Association Resolution 80—Amendment of ADA “Bylaws” Regarding Student Members (*Supplement 1:286*): The Board of Trustees ordered Resolution 80 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:342*).

Reports and Issues

Report of the Department of Membership Development and Services: Fee Differentials—Members Versus Non-Members: In response to Resolution 103H-1990 (*Trans.1990:532*) which called for further study on the issue of fee differentials between members and non-members, the Board of Trustees reviewed and discussed the report of the Department of Membership Development and Services regarding the current policy and guidelines on pricing of programs and services.

It was reported that Association agencies reviewed the pricing differentials of their programs and services as well as the non-member use of services. Based on a thorough review of the current antitrust law, the Legal Department reported that it is prudent to retain some connection between the contribution made by the dues-paying member and the differential in price to the non-member. Based on this premise, it was the opinion of the Legal Department that a differential of up to 50% could be justified.

The report proposed that the current guideline 1 be amended by increasing the fee differential for non-member transactions from 30% to 50% and that guideline 3 be

amended to direct that the review of all priced products and services and respective fee differentials be coordinated through the member benefits staff committee.

Following discussion of the amount of the handling charge, the Board of Trustees adopted the following resolution:

B-52-1991. Resolved, that the Association's guidelines on pricing of programs and services be amended by substituting the new paragraphs (1 and 3) as follows:

1. For any service or product sold through the Association (excluding member benefits and those services or programs regulated by external agencies over which the Association has no control) a minimum \$10 handling charge will be assessed for non-member dentist transactions as well as up to a 50% increase to the price of the service or product.
2. The pricing of any Association service or product will be aimed at recovering direct costs and indirect handling expenses.
3. A membership benefits staff committee, coordinated through the Department of Membership Development and Services, will meet and review all Association priced products and services and their respective fee differentials and fulfillment protocol. Recommendations for adjustments in light of pricing policy and guidelines will be made to the respective Association agency.
4. Those eligible for the reduced rates will include individuals currently classified as members in any category of membership as established by the ADA *Bylaws* whose dues are posted on or before March 31 on each year; and non-profit organizations, governmental agencies, constituent and component societies and other recognized professional dental organizations.

Reports and Resolutions Relating to Reference Committee on Dental Care Programs

Report of the Council on Dental Care Programs (*Reports:55*): The Board of Trustees acknowledged receipt of the annual report of the Council on Dental Care Programs and ordered Resolutions 6-7 and 9-29 transmitted to the House of Delegates with the recommendation that they be adopted (*Supplement 1:339*).

On Wednesday, August 7, the Board ordered Resolution 8B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 8 and that the substitute resolution be adopted (*Supplement 1:339*).

8B. Resolved, that in working with plan purchasers, health benefits consultants, and third-party payers, the American Dental Association stress the importance of including, as part of a comprehensive dental benefits program, radiographic examinations in patient diagnosis and treatment when indicated, as determined by the treating dentist, and be it further

Resolved, that Resolution 40H-1989 (*Trans.1989:555*), Inclusion of Radiographic Examinations in Dental Benefits Programs, be rescinded.

Iowa Dental Association Resolution 50—Procedure Code for Preparation of Dental Operatories/Disposable Supplies (*Reports:169*): The Board of Trustees ordered Resolution 50B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 50 and that the substitute resolution be adopted (*Supplement 1:341*).

50B. Resolved, that the appropriate agencies of the Association be directed to identify and compile all available data, including studies currently in process, to determine the impact compliance with federal and state regulations regarding infection control, barrier techniques and hazardous waste disposal is having on the cost of practicing dentistry, and be it further

Resolved, that state dental societies be encouraged to collect data specific to their state, county and local regulations regarding infection control, barrier techniques and hazardous waste disposal, and be it further

Resolved, that the appropriate agencies of the Association encourage third-party payers to participate in the data collection process and to participate in developing an equitable solution to the problems, and be it further

Resolved, that a report be presented to the 1992 House of Delegates.

Texas Dental Association Resolution 69—Benefit Communications Between Third Parties and Patients

(*Supplement 1:288*): The Board of Trustees ordered Resolution 69 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:343*).

Thirteenth Trustee District Resolution 77—Insurance Procedure Code for Sterilization and Operatory Set Up

(*Supplement 1:290*): The Board of Trustees noted that Resolution 77 was similar in intent to Resolutions 50 and 50B and therefore ordered Resolution 77 to the House of Delegates reiterating its support for Resolution 50B (*Supplement 1:344*).

Reports and Resolutions Relating to Reference Committee on Dental Practice and Health

Report of Council on Community Health, Hospital, Institutional and Medical Affairs (*Reports:43*): The Board of Trustees acknowledged receipt of the annual report of the Council on Community Health, Hospital, Institutional and Medical Affairs and ordered Resolutions 1-3 transmitted to the House of Delegates with the recommendation that they be adopted (*Supplement 1:339*).

In considering Resolution 4, which revises policy on National Health Service Corps scholarships, the Board noted conflicting directives between the first and second resolving clauses of this resolution. Therefore, the Board ordered Resolution 4 transmitted to the House of Delegates with the recommendation that it be referred to the Council on Community Health, Hospital, Institutional and Medical Affairs for further clarification (*Supplement 1:339*).

The Board of Trustees ordered Resolution 5 transmitted to the House of Delegates and urges the Reference Committee to editorially insert the words "at least" between the words "and" and "annually" in Recommendation 1, Oral Health Policies

section, of the proposed "Policy Statement on Dental Care in Nursing Homes." The revised recommendation would then read as follows (*Supplement 1:339*):

1. All patients should have a dental examination upon admission and at least annually thereafter.

Report of Council on Dental Practice (*Reports:80*): The Board of Trustees acknowledged receipt of the annual report of the Council on Dental Practice and ordered Resolution 30B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 30 and that the substitute resolution be adopted (*Supplement 1:339*).

30B. Resolved, that only for the purposes of evaluating or appraising the assets of a dental practice do the following definitions of the terms "active" and "inactive" dental patients of record apply:

Active Dental Patient of Record: An active dental patient of record is any individual in either of the following two categories: Category I - patients of record who have had dental service(s) provided by the dentist in the past twelve (12) months; Category II - patients of record who have had dental service(s) provided by the dentist in the past twenty-four (24) months, but not within the past twelve (12) months. Each of these categories of active patients of record can be further divided into: (1) new or regular patients who have had a complete examination done by the dentist and (2) emergency patients who have only had a limited examination done by the dentist.

Inactive Dental Patient of Record: An inactive dental patient of record is any individual who has become a patient of record and has not received any dental service(s) by the dentist in the past twenty-four (24) months.

Report of Bureau of Economic and Behavioral Research (*Reports:87*): The Board of Trustees acknowledged receipt of the annual report of the Bureau of Economic and Behavioral Research.

Report of Council on Insurance (*Reports:94*): The Board of Trustees acknowledged receipt of the annual report of the Council on Insurance.

Report of Office of Quality Assurance (*Reports:102*): The Board of Trustees acknowledged receipt of the annual report of the Office of Quality Assurance.

Report of Commission on Relief Fund Activities (*Reports:104*): The Board of Trustees acknowledged receipt of the annual report of the Commission on Relief Fund Activities and noted that the appended Resolution 31 would be referred by the Speaker to the 1992 House of Delegates (*Supplement 1:339*).

Report of the Practice Parameters Management Committee to the House of Delegates—Dental Practice Parameter Development (*Supplement 1:295*): The Practice Parameters Management Committee reported on its activities relative to the selection and development of Current Oral Health Condition as the first condition for parameter development as directed by

Resolution 53H-1990 (*Trans.1990:528*). The Committee outlined parameter development activities as follows:

1. The Practice Parameters Management Committee was nominated by the Board of Trustees and elected by the 1990 House of Delegates, as directed by Resolution 53H (*Trans.1990:528*) and Resolution 81H (*Trans.1990:529*).
The Practice Parameters Management Committee nominated, and the Board of Trustees elected the Practice Parameters Development Committee and Ad Hoc Clinical Science Review Committee.
2. A dental condition for parameter development was selected.
3. The mission of the practice parameter development project was defined.
4. A schedule for developing the parameter was established.
5. Communities of interest were defined to include national dental organizations such as the constituent societies, dental academies and specialty associations; dental schools, individual dentists and other organizations upon their request. Their input was solicited for selecting a condition for parameter development, nominating members of the Practice Parameters Development and the Ad Hoc Clinical Science Review Committees, and reviewing and commenting on the draft of the parameter.
6. The format for the parameter document was developed.
7. The parameter for Current Oral Health Condition was developed and written.

The Board of Trustees discussed extensively the report of the Parameters Management Committee along with Resolutions 61 and 62. Additionally, comments from the Board of Trustees' Special Advisory Committee on Quality Assurance were considered.

On Wednesday, August 7, the Board of Trustees ordered Resolution 61B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 61 and that the substitute resolution be adopted (*Supplement 1:340*).

61B. Resolved, that the Practice Parameters Management Committee continue development of the parameter for "Current Oral Health Condition" with

- a. comprehensive literature review;
- b. specifically documented parameter statements; and
- c. fully developed bibliography and footnoted text.

and be it further

Resolved, that the parameter be presented to the 1992 House of Delegates for its consideration.

The Board also ordered Resolution 62B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 62 and that the substitute resolution be adopted (*Supplement 1:340*).

62B. Resolved, that the Practice Parameters Committees begin work on one condition-based parameter and that either the parameter or a progress report be presented to the 1992 House of Delegates.

Special Orders of Business

Appearance of Dr. Joseph I. Tenca, president; Dr. Joseph D. Maggio, past president; and Ms. Irma Kudo, executive director, American Association of Endodontists:

Representatives from the American Association of Endodontists appeared before the Board of Trustees to discuss the following issues of concern: table clinics at the 1991 scientific session; re-recognition of dental specialties; and evaluation of specific dental materials.

Recess: The Board of Trustees recessed for luncheon at 12:15 p.m. and reconvened at 1:15 p.m.

Appearance of Dr. James W. Curran, director, Division of HIV/AIDS, Centers for Disease Control and Dr. Lawrence Furman, chief of Dental Disease Prevention, National Center for Preventive Services:

Dr. James Curran and Dr. Lawrence Furman discussed various issues regarding the human immunodeficiency virus (HIV) transmission and the problems facing both the Centers for Disease Control (CDC) and the Association. Dr. Curran discussed the investigation of the Acer case; the July 12, 1991 CDC recommendations entitled "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures"; and mandatory testing of health care workers for HIV. He also identified four issues that the Association can address: (1) defining exposure-prone dental procedures; (2) patient notification; (3) public fear; and (4) provision of care.

Questions regarding mandatory testing, the Acer case, size of HIV-infected population and specifically health care providers, liability and retrospective patient notification policies were posed.

Reports and Issues (continued)

Report of the Task Force on Invasive Procedures: The Board of Trustees reviewed the report from the Task Force on Invasive Procedures which was established to examine the entire spectrum of dental procedures and then classify each according to its relative invasiveness. The Task Force was composed of the following members: Dr. Walter F. Lamacki, chairman, Dr. Joseph G. Kalil, Dr. G. Jerry McClure, Dr. Peter D. Roberson, Dr. Raymond R. Lancione, Dr. Ross J. DeNicola, Dr. Warren A. Morgan, Dr. Edwin P. Barrington and Dr. John P. Lehman. Twelve consultants from related dental organizations also participated in the Task Force.

The Task Force, in its report, reaffirmed its confidence in the efficacy of infection control techniques and stated that it supports the infection control guidelines of the American Dental Association and the Centers for Disease Control (CDC).

The Task Force discussed the CDC definition of an invasive procedure for dentistry ("the manipulation, cutting or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists"); the concept of "potential for bleeding"; and the more than 400 procedures commonly performed in clinical dentistry in relation to the CDC definition of invasive procedure.

The Task Force, in its report, stated:

... the Task Force concluded that the potential for bleeding, in and of itself, is not an appropriate definition of a procedure that could produce an identifiable risk of transmission of a bloodborne pathogen from a dentist to a patient. It is the opinion of the Task Force that a risk of transmission from an infected health care worker to a patient, or vice versa, most likely occurs when there is a breach in a protective barrier resulting in a percutaneous injury to the health care worker and thus an opportunity for commingling of the patient's and health care worker's blood. In this regard, the Task Force believes that for a percutaneous injury to a health care worker to occur it is necessary that sharps be used during the procedure. In addition, the Task Force believes that physical force associated with certain instrumentation and procedures adds to the risk of a sharps injury (and, therefore, provider bleeding) because of decreased hand control of the instrument.

Therefore, the Task Force reported that it believes the bulk of dental procedures pose no identifiable risk of transmission because sharps are not involved in instrumentation, nor is physical force by the health care worker required in these procedures. Three categories of dental procedures were identified for having the potential for causing significant patient bleeding and involving the use of sharps and/or physical force, for appropriate completion of the procedure. These categories include oral surgical procedures, endodontic surgical procedures and periodontic surgical procedures. The Task Force did state that it recognizes that any dental procedure may produce significant bleeding in special patient populations such as the uncooperative or handicapped patient.

Following discussion, the Board of Trustees adopted the following resolution:

B-33-1991. Resolved, that procedures that cause significant patient bleeding and that include the use of sharps and/or the application of physical force can be characterized as exposure-prone procedures and therefore pose an identifiable risk of transmission of a bloodborne pathogen from dentist to patient or vice versa, and be it further

Resolved, that such procedures are chiefly oral surgery, endodontic surgery and periodontic surgery, and be it further **Resolved,** that a dentist always should make an evaluation of the dental procedures performed in his/her own dental practice to determine whether an identifiable risk exists.

(Resolution B-33-1991 was later transmitted to the House of Delegates in Report 6 as Resolution 82.)

AIDS Update 1991: This report reviewed the case of human immunodeficiency virus (HIV) transmission from health care provider to patients; reviewed the Interim Policy on the HIV-Infected Dentist; provided background on the February 1991 Centers for Disease Control (CDC) hearings; and addressed the 1991 CDC guidelines, "Recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures." It was reported that the guidelines introduced a new term, "exposure-prone procedure," and contained the following six

recommendations: (1) all HCWs (health care workers) should adhere to universal precautions; (2) there is no basis for restricting the practice of HIV- or HBV-infected HCWs who perform procedures not identified as exposure-prone, provided they comply with universal precautions; (3) exposure-prone procedures should be identified by organizations and institutions at which they are performed; (4) "HCWs who perform exposure-prone procedures should know their HIV [and HBV] antibody status"; (5) HCWs infected with HIV or HBV (and are HBeAg positive) should not perform exposure-prone procedures unless they consult an expert panel, are advised that they may continue to perform these procedures, and inform prospective patients of their infectious status; and (6) mandatory testing for HIV or HB antigens is not recommended.

The report further noted the passing of the Helms Amendment by the U.S. Senate, which makes it a crime, punishable by prison or a fine, for any health care worker who knows he or she has HIV to treat a patient without first disclosing his or her HIV status, regardless of whether the individual is performing exposure-prone procedures or procedures which pose no risk of HIV transmission. A bipartisan amendment which calls for all states to adopt the new CDC guidelines, with disciplinary action against any provider who fails to comply, was also passed by the Senate.

It was also reported that in an effort to redouble Association efforts to educate the profession, the third edition of *Facts About AIDS for the Dental Team* was included with the July issue of *The Journal of the American Dental Association* and mailed to every member dentist; an update for the *ADA Regulatory Compliance Manual* is in preparation; and a new all-day seminar on infection control and OSHA regulations is available to dental societies.

Continuing over the next several days with its review of the report and the significant issues which needed to be addressed, the Board of Trustees, following extensive discussion, adopted the following resolutions:

B-56-1991. Resolved, that the American Dental Association Policy on AIDS, adopted in 1988 (*Trans.* 1988:457), be amended so that it reads as follows.

The dental profession in the United States has a long tradition of providing appropriate and compassionate care to the public, including special groups with special needs. The American Dental Association believes that it has the responsibility to articulate a clear position on issues related to acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection and to formulate policy based on current scientific knowledge and accepted legal, moral and ethical imperatives. This policy statement will be reviewed on a regular basis and may be modified as new information and developments become available.

National Policy—The Association is supportive of initiatives to develop a national policy on HIV infection that can become the basis for coordinated efforts by the public and private sectors. The oral health aspects of HIV infection and issues related to the practice of dentistry should be included in national policies as they are developed.

Legal Issues—Anti-discrimination laws and regulations should be clarified or amended either legislatively or through the courts, in consideration of the rights of the patient to be free from acts of prejudice and the rights of others to be protected against an unreasonable risk of disease.

Public Information—The health care and communications communities should work together, in consultation with government agencies, to develop public service announcements and other educational messages regarding AIDS. Public education to increase awareness of how AIDS is transmitted should include information that will diminish irrational fears about transmission of the disease through dental treatment.

Ethical Considerations—The dental profession has long subscribed and adhered to a moral commitment of service to the public. Section I of the *Principles of Ethics* of the American Dental Association states:

The dentist's primary professional obligation shall be service to the public. The competent and timely delivery of quality care within the bounds of the clinical circumstances presented by the patient, with due consideration being given to the needs and desires of the patient, shall be the most important aspect of that obligation.

Professional Considerations—The Association believes that HIV-infected individuals should be treated with compassion and dignity. Current scientific and epidemiologic evidence indicates that there is little risk of transmission of infectious diseases through dental treatment if recommended infection control procedures are routinely followed. Patients with HIV infection may be safely treated in private dental offices when appropriate infection control procedures are employed. Such infection control procedures provide protection both for patients and dental personnel.

A sound approach to the treatment of infectious patients requires an assessment of the patient's condition based on reasonable and informed medical judgments, given the state of medical knowledge at the time. A dentist should not refuse to treat a patient whose condition is within the dentist's current realm of competence solely because the patient is HIV infected.

Dentists should be alert to signs and symptoms of HIV infection that may be identified during the provision of dental care. Patients with histories or conditions possibly indicative of HIV infection should be referred to their physicians for diagnostic procedures, counseling and medical follow-up.

The Association believes that all HIV-infected patients should disclose their HIV status and medical history; dentists, like physicians, need to know every patient's medical history in order to make appropriate treatment decisions that are in the best interests of the patient. For the same reason, the Association also strongly supports state and federal legislation that gives an HIV-infected patient's health care providers the right to share knowledge of the patient's HIV status and current medical condition

without risking a violation of state or federal anti-discrimination laws and HIV confidentiality laws. The Association further strongly supports state and federal legislation that protects a dentist from charges of discrimination if a dentist, in a sincere effort to protect a patient's health, elects to refrain from treating a patient who fails to disclose his/her HIV status and medical history or allow an HIV test to be performed.

The Association urges dentists to maintain strict confidentiality of the patient's HIV status and medical condition, except as noted above with respect to sharing of information among the patient's health care providers when allowed by state or federal law. Dentists are encouraged to have an office protocol for the confidential handling of information about an HIV-infected patient.

The Association believes that individuals with HIV infection should have access to dental treatment. Treatment considerations should provide for a judicious balance between the well-being of these patients and the protection of the health of the public as well as the dental care providers.

(Resolution B-56-1991 was later transmitted to the 1991 House of Delegates as Resolution 83.)

B-57-1991. Resolved, that the American Dental Association Interim Policy on HIV-Infected Dentists, adopted January 16, 1991, be amended so that it reads as follows:

The dental profession has long adhered to a moral commitment of service to the public and an ethical obligation to protect the health of the patient. An advisory opinion to the American Dental Association's *Code of Professional Conduct* urges dentists who become ill or impaired to limit the activities of practice to those areas that do not endanger either patients or dental staff.

Currently, there is no scientific evidence to indicate that HIV-infected health care providers pose an identifiable risk of HIV transmission to their patients. There has been only one documented case of transmission from an HIV-infected health care provider to patients during the past ten years of experience with AIDS, an indication that the risk is infinitesimal. The ADA continues to believe that the recommended infection control procedures are effective in preventing transmission of infection.

However the recent case of possible HIV transmission from dentist to patient has raised some uncertainty about the risk of transmission from health care provider to patient. While there is evidence that this dental practice did not consistently adhere to all recommended guidelines for prevention of disease transmission, the precise mechanism of transmission in this case remains unknown. This uncertainty leads to the conclusion that the foremost concern of the dental profession must continue to be protection to the patient. Therefore, the Association strongly encourages dentists who believe they are at risk of HIV infection to seek testing to determine their HIV serostatus. If this test reveals that the dentist is HIV-infected, the ADA believes the dentist should refrain from

performing invasive procedures or disclose his/her seropositive status. If the HIV-infected dentist discontinues the practice of dentistry, the Association believes the dentist to be totally disabled with respect to the practice of dentistry.

The American Dental Association will assist and support infected dentists in sustaining meaningful professional careers.

and be it further

Resolved, that appropriate agencies of the Association continue their efforts to educate the public about the efficacy of universal precautions and the infinitesimal risk of contracting HIV infection during the course of dental treatment, and be it further

Resolved, that the appropriate agencies of the Association continue to monitor studies and the policies, reports and guidelines developed by major health care organizations, CDC and other groups, with a report back to the 1992 House of Delegates.

(Resolution B-57-1991 was later transmitted to the House of Delegates as Resolution 84.)

B-58-1991. Resolved that appropriate agencies of the American Dental Association develop a model for the composition of an expert review panel and a protocol that could be followed for evaluating dentists infected with HIV or HBV who wish to continue to perform exposure-prone procedures.

(Resolution B-58-1991 was later transmitted to the House of Delegates as Resolution 85.)

Adjournment: The Board of Trustees adjourned at 4:55 p.m.

Tuesday, August 6, 1991

Call to Order: The Board of Trustees was called to order at 8:00 a.m., President Eugene J. Truono presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Reports and Issues (continued)

Oral Health Issues Education Campaign: This report presented highlights of recent activities initiated as part of the Oral Health Issues Education Campaign. Major activities to date include the following:

- Establishment of three task forces (HIV/Infection Control, Fluoride and Amalgam) to provide expertise and direction to campaign activities.
- Convening of a task force on invasive procedures to make recommendations on classification of dental procedures according to relative invasiveness.
- Selection and training of 12 consumer advisors and six topical experts to serve as media spokespersons.

- Production and distribution of a press kit and video footage on the three topics to more than 300 reporters, editors and producers.
- Launch of a proactive media tour in late June in southern California, with a tour in 29 other major media markets to continue throughout the summer.
- Distribution of the *Oral Health Source Book*, a comprehensive resource document, to medical and science reporters and to editors at major media outlets and associations.
- Production of a special August issue of *The Journal of the American Dental Association* devoted to the topics of HIV/infection control, fluoride and amalgam, with special Q&A inserts for dentists to use in response to patient inquiries.
- Development of a series of patient education brochures on the three topics to be available in August.

In concert with the report, the Board viewed a videotape of the most recent interviews with the consumer advisors which was presented by Mr. Jay Van Vechten, president, Van Vechten and Associates, and ADA media advisor. Mr. Van Vechten commented on the effectiveness of the oral health initiatives campaign on the issues of amalgam and fluoride and the success in reshaping of editorial opinions regarding HIV transmission and AIDS.

Executive Meeting

Call to Order: An Executive Meeting was called to order at 10:14 a.m., President Eugene J. Truono presiding.

Roll Call: Those in attendance were the President, President-elect, First Vice-President, Second Vice-President, Speaker of the House of Delegates, Executive Director and all members of the Board of Trustees. Also in attendance was the Associate Executive Director, the Assistant Executive Directors and, for a portion of the meeting, Mr. Jay Van Vechten.

Action/Discussion: The Board of Trustees discussed issues related to the Oral Health Issues Education campaign.

Adjournment: The Executive Meeting adjourned at 12:05 p.m. and the Regular Meeting reconvened at 1:15 p.m.

Reports and Resolutions Relating to Reference Committee on Scientific Matters

South Dakota Dental Association Resolution 51—Asepsis Parameters (*Reports*:169): The Board of Trustees ordered Resolution 51 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1*:343).

Louisiana Dental Association Resolution 54—HIV-Infected Patients and Providers (*Supplement 1*:285): The Board of Trustees ordered Resolution 54 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1*:342).

District of Columbia Dental Society Resolution 65—Opposition to Mandatory Testing (*Supplement 1*:285): The Board of Trustees postponed definitely consideration of Resolution 65 until after its discussion of the items on the “Discussion Guide on HIV.” On Wednesday, August 7, the Board ordered Resolution 65 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1*:341).

Reports and Issues (continued)

Discussion Guide on the Human Immunodeficiency Virus (HIV): The Board of Trustees spent the balance of the day reviewing issues raised in the report, “AIDS Update 1991.” Questions raised included the areas of testing, legislation, patient notification and look-back studies.

The Board of Trustees adopted the following resolution on dental health care workers and CDC guidelines and transmitted it to the House of Delegates.

87. Resolved, that all dental health care workers who may participate or assist in invasive procedures under the supervision of a dentist should follow appropriate CDC guidelines and American Dental Association policy and guidelines to protect the patient.

Throughout the discussions on HIV, Dr. James Mercer, liaison to the Council on Governmental Affairs and Federal Dental Services, reported on the Council’s recommendations on the Helms and bipartisan leadership amendments and the CDC guidelines. He reported that the Council also recommended expansion of educational activities on HIV and the Association’s positions on various HIV-related issues, and development of more specific guidelines for infection control procedures.

Adjournment: The Board of Trustees adjourned at 6:05 p.m.

Wednesday, August 7, 1991

Call to Order: The Board of Trustees was called to order at 8:00 a.m. by President Eugene J. Truono.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Reports and Issues (continued)

Discussion Guide on the Human Immunodeficiency Virus (continued): The Board of Trustees continued with its discussion on mandatory testing and considered the following four points: (1) is the testing decision based on science; (2) will testing benefit patients; (3) will testing benefit members; and (4) would testing be done for public relations reasons?

Special Order of Business

Appearance of Dr. James A. Sadoris, president, American Fund for Dental Health: Dr. James A. Sadoris provided a history of the American Fund for Dental Health stressing its fund raising activities for education and research and identifying projects funded which were beneficial to dentistry. He also addressed recent misunderstandings between the Association and the Fund; recommended that the ADA utilize the Fund as its primary source for fund raising; and discussed how and why the Fund was selected for the National Institute of Dental Research Oral Health Initiative Program, also known as Oral Health 2000.

It was later suggested that the topic of the American Fund for Dental Health as the ADA fund raising agency be added to the Board's 1991 Planning meeting agenda.

Dr. James Clark, ADA observer to the Fund's Steering Committee, reported on the Committee's activities and suggested that the ADA appoint a member to the Oral Health 2000 Steering Committee.

National Foundation of Dentistry for the Handicapped: Dr. William Booth, director, National Foundation of Dentistry for the Handicapped, discussed marketing of DentaCheque coupon books to help raise money for the Foundation.

Appearance of Dr. James Todd, executive vice president, American Medical Association (AMA): Dr. James Todd commented on the following issues: relationship between AMA and ADA; physician reimbursement (resource-based relative value scale); future of health policy in the United States; and AIDS and AMA policy. The Board of Trustees also questioned Dr. Todd about tax on health care benefits; immunity related to developing a list of exposure-prone procedures; mandated benefits; and parameters of care.

Reports and Issues (continued)

Discussion Guide on Human Immunodeficiency Virus (HIV) (continued): The Board of Trustees continued with its discussion of HIV focusing on development of policy on mandatory testing. The Board developed the following statement and resolution on mandatory HIV testing for transmittal to the House of Delegates.

The American Dental Association, while opposing mandatory HIV testing of dentists, other health care workers and patients, recognizes that there are some circumstances in which it is desirable that the HIV serostatus of an individual be known. Therefore, be it

86. Resolved, that the American Dental Association believes dentists who perform exposure-prone procedures or believe they are at risk of HIV infection should know their HIV status, and be it further

Resolved, that the American Dental Association is opposed to federal or state laws or regulations that require mandatory HIV testing of all dentists and other health care workers.

It was indicated that the issue of testing students could be addressed at the Board's October session.

Liaison Report: Dr. Thomas Sweet, liaison to the Joint Commission on National Dental Examinations, reported on the revised Part II dental examination.

Recess: The Board of Trustees recessed for luncheon at 11:55 a.m. and reconvened at 12:50 p.m.

Discussion Guide of Human Immunodeficiency Virus (HIV) (continued): The Board discussed the issues of confidentiality, announcement of negative serostatus, and state boards as regulatory agencies for infection control procedures. The Board referred to the Council on Ethics, Bylaws and Judicial Affairs the issue of announcement of negative serostatus.

Based on discussions regarding authority for regulating infection control procedures, the Board adopted the following resolution:

Resolved, that the state boards are the proper agency to enforce CDC infection control procedures in the dental office.

Report 6 of the Board of Trustees to the House of Delegates—AIDS Update 1991 (Supplement 1:385): The Board of Trustees ordered Report 6 and Resolutions 82-87 transmitted to the House of Delegates. The Board also identified Resolutions 83, 84 and 86 as interim ADA policy.

Reports and Resolutions Relating to Reference Committee on Scientific Matters (continued)

Report of Council on Dental Materials, Instruments and Equipment (Reports: 151): The Board of Trustees acknowledged receipt of the annual report of the Council on Dental Materials, Instruments and Equipment.

Report of Council on Dental Research (Reports: 154): The Board of Trustees acknowledged receipt of the annual report of the Council on Dental Research.

Report of Council on Dental Therapeutics (Reports: 156): The Board of Trustees acknowledged receipt of the annual report of the Council on Dental Therapeutics.

Report of American Dental Association Health Foundation (Reports: 158): The Board of Trustees acknowledged receipt of the annual report of the American Dental Association Health Foundation.

Report of Research Institute (Reports: 160): The Board of Trustees acknowledged receipt of the annual report of the Research Institute.

Report of Paffenbarger Research Center at the National Institute of Standards (Reports: 163): The Board of Trustees acknowledged receipt of the annual report of the Paffenbarger Research Center at the National Institute of Standards.

Maine Dental Association Resolution 74—Disclosure of Patient's Current Physical Status (Supplement 1:287): The Board of Trustees ordered Resolution 74 transmitted to the House of Delegates with the recommendation that it not be adopted (Supplement 1:342).

Thirteenth Trustee District Resolution 76—Material Safety Data Sheet Disclosure (*Supplement 1:289*): The Board of Trustees ordered Resolution 76 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:344*).

Reports and Resolutions Relating to Reference Committee on Dental Practice and Health (continued)

Report 4 of the Board of Trustees to the House of Delegates—Nominees to the Practice Parameters Management Committee (*Supplement 1:379*): The Board of Trustees ordered Report 4 and the appended Resolution 57 transmitted to the House of Delegates.

District of Columbia Dental Society Resolution 64—Parameters Committee Selection (*Supplement 1:285*): The Board of Trustees ordered Resolution 64 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:341*).

Pennsylvania Dental Association Resolution 72—“Statement on Dental Care and Recovery From Chemical Dependency” (*Supplement 1:287*): The Board of Trustees ordered Resolution 72 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 1:343*).

Louisiana Dental Association Resolution 78—Rescission of Practice Parameters Management Committee (*Supplement 1:286*): The Board of Trustees ordered Resolution 78 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:342*).

Reports and Resolutions Relating to Reference Committee on Dental Education and Related Matters

Reports of Council on Dental Education and Commission on Dental Accreditation (*Reports:111*): The Board of Trustees acknowledged receipt of the annual report of the Council on Dental Education and Commission on Dental Accreditation and ordered Resolutions 32-34 transmitted to the House of Delegates with the recommendation that they be adopted (*Supplement 1:339*).

The Board ordered Resolution 35B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 35 and that the substituted resolution be adopted (*Supplement 1:339*).

35B. Resolved, that the President of the American Dental Association appoint, with Board approval, a seven member committee comprised of five generalists and two specialists, one of whom is also a member of the Council on Dental Education, to develop details and procedures for a continuing education Provider Recognition Program, with the Council providing staff support for the committee, and be it further **Resolved**, that each specialty organization and the American Association of Dental Examiners, American Association of Dental Schools and Academy of General Dentistry be

requested to select and fund an individual to serve as a consultant to the committee, and be it further **Resolved**, that the committee be charged with the responsibility of developing and submitting for approval the details of the Provider Recognition Program to the 1992 House of Delegates, with related cost implications.

Special Report of the Council on Dental Education: A Response to Resolution 73H-1990—Including Results of the Study Conducted by the ADA/AADE Licensure Committee (*Reports:123*): The Board of Trustees acknowledged receipt of the special report of the Council on Dental Education and ordered Resolution 36 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 1:339*).

Report of the Joint Commission on National Dental Examinations (*Reports:135*): The Board of Trustees acknowledged receipt of the annual report of the Joint Commission on National Dental Examinations.

The American College of Oral and Maxillofacial Surgeons, Inc. Resolution 73—Unification of Dental Degrees (*Supplement 1:291*): The Board of Trustees ordered Resolution 73 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:345*).

Reports and Resolutions Relating to Reference Committee on Legal and Legislative Matters

Report of Council on Ethics, Bylaws and Judicial Affairs (*Reports:139*): The Board of Trustees acknowledged receipt of the annual report of the Council on Ethics, Bylaws and Judicial Affairs and ordered Resolution 37 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 1:340*).

Report of Council on Governmental Affairs and Federal Dental Services (*Reports:143*): The Board of Trustees acknowledged receipt of the annual report of the Council on Governmental Affairs and Federal Dental Services and ordered Resolutions 38-48 transmitted to the House of Delegates with the recommendation that they be adopted (*Supplement 1:340*).

New Orleans Dental Association Resolution 53—Federal Legislation Supporting Licensure by Credentials (*Reports:170*): The Board of Trustees ordered Resolution 53 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:343*).

Texas Dental Association Resolution 68—Continuation of Doctor/Patient Relationship (*Supplement 1:288*): The Board of Trustees ordered Resolution 68B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 68 and that the substitute resolution be adopted (*Supplement 1:343*).

68B. Resolved, that the American Dental Association take legislative action, whenever appropriate, to ensure the preservation of the doctor-patient relationship.

Delegate R. Jack Cassingham, Louisiana, Resolution 79—Support for H.R. 2691 (*Supplement 1:290*): The Board of Trustees ordered Resolution 79 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:344*).

Reports and Resolutions Relating to Reference Committee on President's Address and Miscellaneous Matters

Illinois State Dental Society Resolution 49—Study of Terms for Councils/ Commissions (*Reports:169*): The Board of Trustees ordered Resolution 49 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:341*).

Adjournment: The Board of Trustees adjourned at 5:00 p.m.

Thursday, August 8, 1991

Call to Order: The Board of Trustees was called to order in an Executive Meeting at 7:30 a.m., President Eugene J. Truono presiding.

Roll Call: Those in attendance were the President, President-elect and Treasurer, First Vice-President, Second Vice-President, Speaker of the House of Delegates and all members of the Board of Trustees.

Action/Discussion: The Board of Trustees received and discussed the report of the Committee on Salary and Tenure.

Adjournment: The Executive Meeting adjourned at 9:15 a.m.

Regular Meeting

Call to Order: The Regular Meeting of the Board of Trustees was called to order at 9:25 a.m. by President Eugene Truono.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Reports and Resolutions Relating to Reference Committee on President's Address and Miscellaneous Matters (continued)

Report of the Speaker and Secretary of the House of Delegates—Modifications of Format and Structure of House of Delegates (*Supplement 1:322*): The Board of Trustees acknowledged receipt of the report of the Speaker and Secretary of the House of Delegates and ordered Resolutions 58-60 transmitted to the House of Delegates with the recommendation that they be adopted (*Supplement 1:340*).

Nebraska Dental Association Resolution 70—Flag Display in House of Delegates (*Supplement 1:287*): The Board of Trustees ordered Resolution 70 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:343*).

Thirteenth Trustee District Resolution 71—Election of ADA Trustee (*Supplement 1:289*): The Board of Trustees ordered Resolution 71 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 1:344*).

Thirteenth Trustee District Resolution 75—Availability of ADA House Materials to Members (*Supplement 1:289*): The Board of Trustees ordered Resolution 75 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 1:344*).

Reports and Issues (continued)

Report of the Ad Hoc Committee to Study the Office of the President, President-Elect and Officers of the Association: In response to Resolution 108H-1990 (*Trans.1990:572*) which directed a review of the responsibilities of all ADA elective officials for the purpose of maximizing their effectiveness, an ad hoc committee of the Board of Trustees was established. The committee, composed of Drs. James Clark, chairman, Frank Stevens and Herbert Schilder, reviewed the *Bylaws* responsibilities of the officers and explored expansion of their roles. Additionally, they explored changes in terms of office, progression from vice-president to president-elect, elimination of one vice-president and the implications of these changes.

In an attempt to clarify the role of officers of the Association, the committee offered several recommendations regarding attendance at major meetings, establishment of a permanent Finance Committee, office of Immediate Past President, length of term for Speaker of the House of Delegates, and offices of first and second vice-president.

Concurrent with the review of this report, the Board of Trustees discussed Resolutions 66, 109-1990 and 110-1990. Following discussion, the Board agreed that further study of the issue was need. Noting that the basic intent of Resolution 66, submitted by the Thirteenth Trustee District, was the formation of an ad hoc committee for "study of the structure and duties of the ADA Officer Corps," the Board of Trustees suggested adoption of a modified version of Resolution 66. Subsequently, the Board referred the issues contained in Resolution 109-1990, 110-1990 and the Board's ad hoc committee report and recommendations to such an ad hoc committee created through recommended adoption of Resolution 66B.

Reports and Resolutions Relating to Reference Committee on President's Address and Miscellaneous Matters (continued)

Thirteenth Trustee District Resolution 66—Proposal for Restructuring of ADA Officer Corps (*Supplement 1:288*): The Board of Trustees ordered Resolution 66B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 66 with the recommendation that the substitute resolution be adopted (*Supplement 1:343*).

66B. Resolved, that an Ad Hoc Committee be established to study the structure and duties of the ADA Officer Corps and present a report with recommendations and necessary "Bylaws" revisions to the 1992 House of Delegates, and be it further

Resolved, that the Ad Hoc Committee be comprised of four ADA Trustees, five ADA Members-at-Large having previous experience as ADA delegates, and the President and Executive Director as ex officio members of the committee, and be it further

Resolved, that this committee be appointed by the ADA President and ratified by the Board of Trustees.

President R. Malcolm Overbey Resolution 109-1990—Office of Vice President (*Reports: 171*): The Board of Trustees ordered Resolution 109-1990 transmitted to the House of Delegates with the recommendation that it be referred for further study to the Ad Hoc Committee proposed in Resolution 66B (*Supplement 1:345*).

President R. Malcolm Overbey Resolution 110-1990—Office of Immediate Past President (*Reports: 173*): The Board of Trustees ordered Resolution 110-1990 transmitted to the House of Delegates with the recommendation that it be referred for further study to the Ad Hoc Committee proposed in Resolution 66B (*Supplement 1:345*).

Report 7 of the Board of Trustees to the House of Delegates—Report on Resolution 108H-1990 (*Supplement 1:391*): The Board of Trustees ordered Report 7 transmitted to the House of Delegates. This report contains the Board's comments on its activities responding to Resolution 108-1990 (*Trans. 1990:573*) and additional comments on the Thirteenth District's Resolution 66 calling for a restructuring of the ADA officers corps.

Miscellaneous House Matters

Nominations to Councils and Commissions: The Board of Trustees reviewed the list of nominees for councils and commissions along with their respective qualifications. The Board balloted on those council positions open to any trustee district and subsequently adopted the following resolution:

B-38-1991. Resolved, that the nominations to councils and commissions of the Association as approved by the Board of Trustees be transmitted to the House of Delegates.

(Resolution B-38-1991 was subsequently forwarded to the House of Delegates as Resolution 63, presented in Report 1.)

ADA Sessions and International Relations

Bernard J. Grothaus, Illinois, 1995
Richard D. Leshgold, Washington, 1995
Chris C. Scures, Florida, 1995

Community Health, Hospital, Institutional and Medical Affairs

Victor J. Barry, Washington, 1995
Thomas M. Daniel, AMA, 1992
Michael W. Fallon, New York, 1995
John S. Fridley, Pennsylvania, 1995
Paul Hanson, AHA, 1992
Joseph G. Kalil, Massachusetts, 1995

Dental Care Programs

Alan E. Corns, Indiana, 1995
Patricia Sue Craddock, Nevada, 1995
Alston J. McCaslin, V, Georgia, 1995
Carl T. Woolley, Michigan, 1995

Dental Education

Robert T. Ferris, Florida, 1995

Dental Materials, Instruments and Equipment

William G. Glecos, Pennsylvania, 1995
Morris A. Hicks, Arizona, 1995
Larz S. Spangberg, Connecticut, 1995

Dental Practice

William Kort, Illinois, 1995
Ronald L. Occhionero, Ohio, 1995
David F. Watson, South Carolina, 1995
Stephen F. Young, Kansas, 1995

Dental Research

Manville G. Duncanson, Jr., Oklahoma, 1995
Robert J. Genco, Gold Medal Award Recipient, New York
Karl F. Leinfelder, Alabama, 1995
Sally J. Marshall, AADR, 1992
John W. Stamm, North Carolina, 1992

Dental Therapeutics

Martin A. Alfano, Pennsylvania, 1995
Robert W. Bowman, Montana, 1995
Robert S. Terkla, Washington, 1995

Ethics, Bylaws and Judicial Affairs

Terrence A. Clark, Oregon, 1995
Richard D. Hess, Illinois, 1995
Charles F. Landis, Tennessee, 1995
Gaetan J. Lavalla, Pennsylvania, 1995

Governmental Affairs and Federal Dental Services

Stanley Feldstein, New York, 1995
Bennett A. Malbon, Virginia, 1995
W. Paul Radman, Texas, 1995
Stephen S. Yuen, California, 1995

Insurance

Robert E. Kent, Arizona, 1995
H. E. Magruder, III, Missouri, 1995
Jack Owens, California, 1995
John R. Williams, Illinois, 1995

National Dental Examinations

Lynn Fujimoto, Hawaii, 1995

Relief Fund Activities

Leo J. Fleckenstein, West Virginia, 1995
Rafael Ramirez-Brunet, Porto Rico, 1995

Young Professional

David Donatelli, Pennsylvania, 1994
(*ad interim*)
Matthew J. Messina, Ohio, 1995
Karen Krech Parolin, Vermont, 1995
George B. Platt, Arizona, 1995
Mollie Ann Winston, Georgia, 1995

Report 1 of Board of Trustees to House of Delegates—Association Affairs and Resolutions (*Supplement 1:326*): The Board of Trustees ordered Report 1 and the appended Resolution 63 transmitted to the House of Delegates.

Financial Matters

Report of Executive Director on Contracts: In accordance with the *Organization and Rules of the Board of Trustees*, the Executive Director reported on contracts entered into since the last session of the Board of Trustees.

Supplemental Appropriation Requests and Status of 1991 Contingent Fund: A Contingent Fund of \$350,000 was authorized in the 1991 budget. The Board of Trustees to date has approved total supplemental requests in the amount of \$381,700, leaving the Fund overspent by \$31,700.

At this meeting, the Board reviewed supplemental requests in the amount of \$22,600. The first, which was approved earlier in the session, requests funding for a meeting in 1991 for the newly established Task Force on Association Health Policy. The second, from the Council on Dental Education, requests funding for publishing the December 1991 issue of the Continuing Education Course Listing. Subsequently, the Board adopted the following resolution:

B-59-1991. Resolved, that the following appropriations be made from the 1991 Contingent Fund and be allocated to line items in separately listed cost centers, with the exception of grants and capital funding, in accordance with the terms of the supplemental appropriation requests:

*House/Board/Executive Director,
Office of the Executive Director*
(Cost center 1-90-00-XX) \$12,600
Board, Council and Staff Task Force on Association's Health Policy.

5201 Volunteer Travel	\$ 7,000
5226 Volunteer Per Diem	1,700
5241 Lodging	<u>3,900</u>
	\$12,600

*Division of Education,
Council on Dental Education*
(Cost center 1-90-60-XX) \$10,000
Publication of the December 1991 Issue of the Continuing Education Course Listing

5131 Temporary Help	\$ 2,300
5431 Postage and Mailing	2,400
5450 Stationery and Supplies	1,000
5455 Outside Services	3,300
5502 Inside Printing	600
5521 Artwork	<u>400</u>
	\$10,000

Total Supplemental Appropriation Requests \$22,600

Based on the above action, the Contingent Fund has been overspent by \$54,300.

Report of the Assistant Executive Director, Finance and Business Affairs—1992 Proposed Capital Budget: Dr. Thomas Ginley outlined Association-wide capital requests as follows: carpet replacement for ADA occupied space; installation of ADA owned PBX telecommunications system;

renovation of second floor to provide additional rental space; and building maintenance.

Dr. Ginley noted that some projects such as carpet replacement can be delayed but that others must be initiated as soon as possible. Therefore, the Board of Trustees adopted the following resolution:

B-34-1991. Resolved, that the 1992 capital budget of \$2,916,200 be adopted.

It was requested that a general five-year plan of capital improvements and budget process be developed for consideration at a future Board session.

Reports and Issues (continued)

Amendment of the "Organization and Rules of the Board of Trustees" Regarding Honorary Membership and the Distinguished Service Award: The Board of Trustees adopted the following resolution which revises the timetable for electing honorary members and selecting the Distinguished Service Award recipient:

B-37-1991. Resolved, that the *Organization and Rules of the Board of Trustees*, section on Honorary Membership and the Distinguished Service Award, be amended by deletion and substitution therefor of the following:

Honorary Membership and the Distinguished Service Award: Honorary Membership in the American Dental Association is awarded by the Board of Trustees to individuals who have made outstanding contributions to the advancement of the art and science of dentistry. Honorary Membership can be awarded to dentists or to individuals from outside the dental profession.

The Distinguished Service Award is the highest honor conferred by the Association's Board of Trustees. Only members of the dental profession are eligible for the Distinguished Service Award. Each year the Board of Trustees may select one recipient for the Award which will be presented at the Awards Luncheon.

Nominations for Honorary Membership may be made by any fully privileged member of the Association through the trustee of his/her district, or by any elective or appointive officer or trustee of the Association, by mailing such nominations to the Executive Director for submission to the Board of Trustees prior to May 1 of each year for election at its June session. Nominations submitted to the Board of Trustees shall be accompanied by all necessary biographical and supporting information. As it is customary for the President to nominate the Distinguished Service Award recipient, nominations should be submitted to the President by May 1 for consideration at the June Board of Trustees session.

Report on SELECT Program Activities: The Board discussed the proposal for restructuring of the SELECT Oversight Committee since a rotational system for Committee members and selection of a chairman has never been established. The Board reviewed current Program activities and a proposal for continued funding. Subsequently, the Board adopted the following resolution:

B-55-1991. Resolved, that the SELECT Oversight Committee be comprised of six members; three representing the American Association of Dental Schools and three representing the American Dental Association, each to serve a four-year term, and be it further

Resolved, that the Board of Trustees be responsible for appointing the three ADA representatives (two this year), and be it further

Resolved, that the Board establish a mechanism for selection and appoint two candidates whose terms will become effective at the October 1991 meeting of the House.

Report of the Council on ADA Sessions and International Relations Regarding Nomination of General Chairman of the Committee on Local Arrangements for the 1993 Annual Session: The Board of Trustees adopted the following resolution:

B-39-1991. Resolved, that the nomination by the California Dental Association with the concurrence of the San Francisco Dental Society of Dr. Frank R. Passantino to serve as general chairman of the Committee on Local Arrangements for the 1993 Annual Session be approved.

Report of the Assistant Executive Director, Conference and Meeting Services: Annual Session Registration Fee: The Board of Trustees reviewed this report which addressed three rationales for instituting a registration fee for annual session. These rationales are (1) value of the scientific session; (2) historical use by ADA of user fees; and (3) budget management.

At this time Dr. William TenPas announced that the Washington State Dental Association would not be requesting revenue sharing funds from the ADA due to the success of its recent meeting.

Report of the Division of Legislative Affairs—Legislation and Regulatory Issues: Dr. Bill Leffler, assistant executive director, Legislative Affairs, highlighted sections of the report which addressed legislative issues such as the 1992 Appropriations Bill, health care reform, medical waste, dental licensure, HIV testing, National Commission on Children, tort reform/liability, campaign finance reform, military dependent care, Data Bank and tax issues. Other areas addressed included activities of federal agencies: infection control/OSHA, Food and Drug Administration, Federal Trade Commission and Veterans Affairs; ADPAC accomplishments and future plans; and state issues.

Report of the Division of Scientific Affairs—Recent Divisional Activities: The following topics were addressed in the Division's report: Gold Medal Award for Excellence in Dental Research; The Norton M. Ross Award for Excellence in Clinical Research; Speaker's Bureau of the Division of Scientific Affairs; activities related to seal programs; amalgam and fluoride; and HIV infection and AIDS.

Report of the Council on Dental Education Regarding Request to Develop Strategies to Address Default by Dentists on Student Loans: The Board of Trustees deferred

consideration of this report and the appended resolution until its October 1991 session.

Report of the Division of Communications—Status Report on the “Smile, America” Campaign: This report responded to the Finance Committee's request for a status report on the *Smile, America* campaign. Included in the report were the campaign's objectives, program structure, activities, expenditures and results from February 1989 to present. Significant achievements of the campaign include:

- Adoption of a national campaign theme, *Smile, America*, that has unified all public awareness activities and promotions and has been recognized in major broadcast and print media.
- Significant expansion of media relations activities beginning in 1989 that included an aggressive media outreach program, satellite media tours, video news releases, public service announcements, dental health columns and radio programming, which generated unprecedented media coverage.
- Implementation of a third national promotion, Adult Dental Awareness Week, that garnered co-sponsorship with the American Academy of Periodontology and substantial corporate sponsorship.
- Increased involvement of state and local dental societies and individual members through development of the Dental Events Calendar and Planning Guide, media tool kits, a major public relations conference and in-office materials which have generated over \$65,000 in sales through the Salable Materials Program.
- Execution of ten major cooperative projects with dental specialty groups, non-profit organizations and special interest groups that brought the *Smile, America* message to special target groups such as Hispanics; children and teens in day care and after-school programs; day care providers; athletes and children engaged in sports; persons with physical and mental disabilities.
- Significant support by the dental industry which to date has committed \$1.16 for every \$1.00 spent by the Association on the *Smile, America* campaign.

Appointment of Consultants: The Board of Trustees reviewed the list of consultants and adopted the following resolutions:

B-41-1991. Resolved, that the following appointments as consultants to the Council on ADA Sessions and International Relations be approved for terms ending with the 1992 annual session:

Cohen, Lois K., Bethesda
 Cooper, Hugh, Ann Arbor, Michigan
 Di Mango, Anthony, Brooklyn, New York
 Flanders, Raymond A., Springfield, Illinois
 Menell, Howard B., Scarsdale, New York
 Nieuwsma, Dick H., Jr., Lincoln
 Reinke, Paul H. H., Rapid City, South Dakota
 Schmitt, Kenneth F., Chicago
 Serio, Francis G., Glen Rock, Pennsylvania
 Smith, Robert J., Pittsburgh
 Topazian, Richard G., Farmington, Connecticut

B-42-1991. Resolved, that the following appointments as consultants to the Council on Community Health, Hospital, Institutional and Medical Affairs be approved for terms ending with the 1992 annual session.

Arm, Robert, Wilmington, Delaware
 Boriskin, Joel M., Oakland, California
 Byland, William J., Fort Lauderdale, Florida
 Carpenter, William M., San Francisco
 Coffee, Larry M., Denver
 Collier, Durward R., Nashville, Tennessee
 Connolly, Gregory, Boston
 Corbin, Stephen, Washington, D.C.
 Easley, Michael, Cincinnati
 Faine, Robert, Mercer Island, Washington
 Frazier, P. Jean, Minneapolis
 Furman, Lawrence J., Atlanta
 Heintz, William, Columbus, Ohio
 Helfrick, John F., Houston
 Horowitz, Alice, Bethesda
 Horowitz, Herschel, Bethesda
 Hurst, Peter S., Chicago
 Lynch, Malcolm A., Philadelphia
 McCallum, Charles A., Birmingham, Alabama
 Mulligan, Roseann, Los Angeles
 Neenan, Elaine M., San Antonio
 Newbrun, Ernest, San Francisco
 Roser, Steven M., New York
 Secrest, Brodie G., Jr., Cambridge, Ohio
 Small, John, Bethesda
 Thines, Terrence J., Buffalo
 Tucker, W. Mark, Tampa, Florida

B-43-1991. Resolved, that the following appointments as consultants to the Council on Dental Education be approved for terms ending with the 1992 annual session:

Allen, Don, Houston
 Beemsterboer, Phyllis, Los Angeles
 Blain, Stephen, Los Angeles
 Bluitt, Juliann, Chicago
 Box, Gary, Plano, Texas
 Bradley, Richard, Dallas
 Brobst, Carol, Waterloo, Iowa
 Brownstein, Marshall, Richmond, Virginia
 Budnick, Steven, Atlanta
 Chandler, Thomas H., Baltimore
 Cologerou, Carol, Midway, Washington
 DePaola, Domonick, Dallas
 Fierstine, Harry, San Luis Obispo, California
 Gardner, David, Denver
 Goggins, John, Milwaukee
 Goldiner, Paul, Bronx, New York
 Graybeal, Diane, Richmond, Virginia
 Gutmann, James, Dallas
 Hamrick, Fitzhugh, Charleston, South Carolina
 Kelly, David, Charlotte, North Carolina
 Kennedy, James, Farmington, Connecticut
 Kiesling, Roger, Helena, Montana
 Komives, Barbara, Morgantown, West Virginia
 Laake, Dennis, Carbondale, Illinois
 Landmesser, Jean, San Marcos, California

Legler, Donald, Gainesville, Florida
 Leonard, Charles, Baltimore
 Lewis, Richard, Long Beach, California
 Loffredo, Frank, River Grove, Illinois
 Logan, Nelson, Iowa City
 Lukken, Kathleen, Ogden, Utah
 Malamed, Stanley, Los Angeles
 Mann, Wallace V., Jr., Louisville
 Markovits, Stanley, White Plains, New York
 Matukas, Victor J., Birmingham, Alabama
 Middaugh, Dan, Seattle
 Miller, Marlin, Chambersburg, Pennsylvania
 Morganstein, Warren, Baltimore
 Myers, David, Augusta, Georgia
 Nash, David A., Lexington, Kentucky
 Nelson, Barbara, North Las Vegas, Nevada
 Olexia, Sally, Kalamazoo, Michigan
 O'Neil, Edward, Durham, North Carolina
 Overman, Pam, Kansas City, Missouri
 Palcanis, Kent, Birmingham, Alabama
 Reese, Errol, Baltimore
 Rosenberg, Michael, Miami
 Rozier, R. Gary, Chapel Hill, North Carolina
 Rubinstein, Linda, Baltimore
 Sather, A. Howard, Rochester, Minnesota
 Shugars, Daniel, Chapel Hill, North Carolina
 Simon, Emma, Savannah, Georgia
 Stallings, James, Macon, Georgia
 Stephens, Aidan, Chicago
 Stolberg, Marilyn, Big Rapids, Michigan
 Thye, Robert, Los Angeles
 Waldron, Joan, Stony Brook, New York
 Wallace, William, Columbus, Ohio
 Walls, Rose, Orlando, Florida
 Warren, Ruben, Atlanta
 White, Raymond, Chapel Hill, North Carolina
 Yagiela, John, Los Angeles

B-44-1991. Resolved, that the following appointments as consultants to the Council on Dental Practice be approved for terms ending with the 1992 annual session:

Berg, Joel H., Houston
 Berning, Randall K., Burlingame, California
 Bletsas, George L., Lincoln Park, Michigan
 Born, David O., Minneapolis
 Bowermaster, Don P., Newark, Ohio
 Canzona, Joseph, Evanston, Illinois
 Caplan, Carl M., Washington, D.C.
 Carter, R. Thomas, Louisville
 Christen, Arden G., Indianapolis
 Cooper, Thomas M., Lexington, Kentucky
 Derosier, Thomas, Marblehead, Massachusetts
 DiBiaggio, John, East Lansing, Michigan
 Doll, Sherman L., San Francisco
 Domer, Larry, Denver
 Dumas, Christina, Marina Del Rey, California
 Dzierzak, Jacqueline, Chicago
 Fetner, Alan E., Jacksonville, Florida
 Frazer, Robert, Austin, Texas
 Freydsberg, Barry K., Deerfield, Illinois
 Gauduss, John, Lexington, Kentucky

Hansen, David, Parkersburg, Iowa
 Hedge, Herbert R., Ottumwa, Iowa
 Hill, Roger K., Houston
 Howard, William, Portland, Oregon
 Kautt, Glenn, Vienna, Virginia
 Kawaguchi, Sachiko, Atami, Japan
 Kloeffler, Gale D., Solana Beach, California
 Kuperman, David, A., Vienna, Virginia
 Lackey, Arlen D., Pacific Grove, California
 Ladov, Marvin J., East Brunswick, New Jersey
 Leininger, Steven E., San Francisco
 Levin, Roger P., Baltimore
 Linsell, Edward E., Jr., Romeo, Michigan
 Low, Samuel B., Gainesville, Florida
 Madden, Theresa E., Rochester, New York
 Mattson, Rand T., Roy, Utah
 McCrady, Barbara S., Piscataway, New Jersey
 Menconi, Peter, Littleton, Colorado
 Miers, Dennis R., New Orleans
 Miller, Ercell L., Columbia, Missouri
 Naylor, Barbara O., Atlanta
 Peters, Alfred C., West Roxbury, Massachusetts
 Press, Burton H., Alamo, California
 Pride, James R. Larkspur, California
 Propper, Terry A., Chapel Hill, North Carolina
 Robins, William V., Kansas City, Missouri
 Sammon, Patrick J., Lexington, Kentucky
 Shahan, Dale D., Calumet City, Illinois
 Simpson, Harry D., Jr., Newport News, Virginia
 Sperber, Norman D., San Diego
 Thieman, Chuck, Louisville
 Thomas, Brent, San Francisco
 Valenza, John A., Houston
 Williams, John N., Louisville
 Willis, David O., Louisville
 Wirig, Jay W., San Francisco
 Wittenstrom, John C., Minneapolis
 Wright, Robin, Chicago
 Zimmerman, Emmet L., III, Metairie, Louisiana

B-45-1991. Resolved, that the following appointments as consultants to the Council on Dental Materials, Instruments and Equipment be approved for terms ending with the 1992 annual session:

Aquilino, Steven A., Iowa City
 Bayne, Stephen, Chapel Hill, North Carolina
 Caefesse, Raul G., Houston
 Carter, Malcolm, Buffalo
 Charbeneau, Gerald T., Ann Arbor, Michigan
 Ciancio, Sebastian G., Buffalo
 Crawford, James J., Chapel Hill, North Carolina
 Deighan, William J., Jr., Bangor, Maine
 Denehy, Gerald E., Iowa City
 Diaz-Arnold, Ana M., Iowa City
 Draughn, Robert A., Charleston, South Carolina
 Dworkin, Samuel, Seattle
 Ferracane, Jack L., Portland, Oregon
 Goepp, Robert A., Chicago
 Gramling, James E., Jonesboro, Arkansas
 Heuer, Michael A., Chicago
 Heymann, Harald O., Chapel Hill, North Carolina

Howard, James A., Seattle
 Jacono, Vincent J., Stony Brook, New York
 Johnson, Georgia K., Iowa City
 Johnson, Glen H., Seattle
 Johnson, Peter L., Chicago
 Johnson, William T., Iowa City
 Keller, John C., Iowa City
 Killoy, William, Kansas City, Missouri
 Lancione, Raymond R., Coraopolis, Pennsylvania
 Laskin, Daniel M., Richmond, Virginia
 Leinfelder, Karl F., Birmingham, Alabama
 Mackert, J. Rodway, Jr., Augusta, Georgia
 Malamed, Stanley E., Los Angeles
 Matteson, Stephen, San Antonio
 McCall, Willard D., Jr., Buffalo
 McCarthy, Frank M., Los Angeles
 McGrath, Patricia A., London, Ontario, Canada
 McNeill, Charles, San Francisco
 Mentag, Paul J., Southfield, Michigan
 Mitchem, John C., Portland, Oregon
 Moffa, Joseph P., Las Vegas
 Molinari, John A., Detroit
 Moore, B. Keith, Indianapolis
 Norling, Barry, San Antonio
 O'Brien, William, Ann Arbor, Michigan
 Reinhardt, John W., Iowa City
 Robinson, Peter J., Chicago
 Rubenstein, Jeffrey E., Seattle
 Rugh, John D., San Antonio
 Sneed, W. Dan, Charleston, South Carolina
 Stanford, Clark M., Iowa City
 Stanley, Harold J., Gainesville, Florida
 Swift, Edward J., Iowa City
 Tanaka, Terry T., San Diego
 Taylor, Ross, Chicago
 Thompson, Van P., Baltimore
 Valachovic, Richard, Boston
 Voda, Alan M., Albuquerque
 Webber, Richard L., Birmingham, Alabama
 Wefel, James S., Iowa City
 Young, John M., San Antonio

B-46-1991. Resolved, that the following appointments as consultants to the Council on Dental Research be approved for terms ending with the 1992 annual session:

Alfano, Michael, Jersey City, New Jersey
 Covello, Vincent T., New York
 Douglas, Chester W., Boston
 Jarvis, William T., Loma Linda, California
 Mackenzie, Ian C., Iowa City
 Mandel, Irwin D., New York
 Silverman, Sol, San Francisco
 Weinberg, Roger, New Orleans

B-47-1991. Resolved, that the following appointments as consultants to the Council on Dental Therapeutics be approved for terms ending with the 1992 annual session:

Aaronian, Albert J., Washington, D.C.
 Ash, Major M., Jr., Ann Arbor, Michigan
 Bahn, Arthur N., Alton, Illinois
 Banting, David W., London, Ontario, Canada

Bhat, Mohandas, Bethesda
 Blozis, George G., Columbus, Ohio
 Bond, Walter W., Jr., Atlanta
 Boozer, Charles H., New Orleans
 Bottomley, William K., Washington, D.C.
 Boyer, Daniel B., Iowa City
 Caffesse, Raul G., Houston
 Carpenter, William M., San Francisco
 Caufield, Page W., Birmingham, Alabama
 Chilton, Neal W., Lawrenceville, New Jersey
 Ciancio, Sebastian G., Buffalo
 Clark, William B., Gainesville, Florida
 Cohen, J. John, Denver
 Corpron, Richard E., Ann Arbor, Michigan
 Cottone, James A., San Antonio
 Cox, Charles F., Birmingham, Alabama
 Crawford, James J., Chapel Hill, North Carolina
 Daniels, Troy E., San Francisco
 Desjardins, Paul J., Newark, New Jersey
 Driscoll, William S., Bethesda
 Eberhart, Glenn H., Kansas City, Missouri
 Evans, Michael A., Indianapolis
 Favero, Martin S., Atlanta
 Featherstone, John D. B., Rochester, New York
 Fine, Daniel H., New York
 Fox, Jeffrey L., Salt Lake City
 Gardier, Robert W., Dayton, Ohio
 Gaynor, Harold M., Branford, Connecticut
 Genco, Robert J., Buffalo
 Gier, Ronald E., Kansas City, Missouri
 Goebel, William M., Alton, Illinois
 Goepf, Robert A., Chicago
 Goldman, Harriet S., New York
 Gottsegen, Robert, New York
 Greenspan, Deborah, San Francisco
 Greenspan, John S., San Francisco
 Hall, Ellis H., Jr., Bethesda
 Heuer, Michael A., Chicago
 Holroyd, Samuel V., St. Louis
 Horowitz, Herschel S., Bethesda
 Hurley, Richard E., Dallas
 Imrey, Peter, Champaign-Urbana, Illinois
 Jacobs, Lois I., Tulsa, Oklahoma
 Jacobsen, Peter, San Francisco
 Jeffcoat, Marjorie K., Birmingham, Alabama
 Johnson, Peter L., Chicago
 Jones, Thomas W., Birmingham, Alabama
 Kaminski, Edward J., Chicago
 Kantor, Thomas G., New York
 Kaplan, Edward L., Minneapolis
 Kim, Syngcuk, New York
 Klassen, Curtis D., Kansas City, Kansas
 Koulourides, Theodore I., Birmingham, Alabama
 Lemon, Ronald R., New Orleans
 Levi, Alan, St. Louis
 Listgarten, Max A., Philadelphia
 Malamed, Stanley F., Los Angeles
 Mandel, Irwin D., New York
 Matis, Bruce A., Brooks Air Force Base, Texas
 McCarthy, Frank M., Los Angeles
 McGrath, Patricia, London, Ontario, Canada

Millard, H. Dean, Ann Arbor, Michigan
 Miller, Chris H., Indianapolis
 Molinari, John A., Detroit
 Murphy, Richard, Chicago
 Narahashi, Toshio, Chicago
 Navia, Juan M., Birmingham, Alabama
 Newman, Michael G., Los Angeles
 Page, Roy C., Seattle
 Pashley, David H., Augusta, Georgia
 Peters, Alfred C., West Roxbury, Massachusetts
 Peterson, Larry J., Columbus, Ohio
 Phero, James C., Cincinnati
 Pihlstrom, Bruce L., Minneapolis
 Progulske-Fox, Ann, Gainesville, Florida
 Proskin, Howard M., Rochester, New York
 Racey, Gary L., Columbus, Ohio
 Ranney, Richard R., Birmingham, Alabama
 Reddy, Janardan K., Chicago
 Robinson, Peter J., Chicago
 Rosen, Sam, Columbus, Ohio
 Rumack, Barry H., Denver
 Sadove, Max S., River Forest, Illinois
 Sampson, Elise, Milwaukee
 Schrotenboer, Gordon H., Holland, Michigan
 Shaw, David H., Lincoln
 Shipman, Charles, Jr., Ann Arbor
 Silverman, Sol, Jr., San Francisco
 Skaggs, James E., Louisville
 Smudski, James W., Pittsburgh
 Solomon, Alvin L., New York
 Spangberg, Larz S.W., Farmington, Connecticut
 Stanley, Harold R., Gainesville, Florida
 Staple, Peter H., Buffalo
 Stookey, George K., Indianapolis
 Tanner, Anne, Boston
 Topazian, Richard G., Farmington, Connecticut
 Tussing, Gerald J., Lincoln
 Van Dyke, Thomas E., Atlanta
 Walter, George R., Racine, Wisconsin
 Weaver, Joel M., II, Columbus, Ohio
 Yagiela, John A., Los Angeles
 Zimmerman, Donald C., San Francisco

B-48-1991. Resolved, that the following appointments as consultants to the Council on Governmental Affairs and Federal Dental Services be approved for terms ending with the 1992 annual session:

Slappey, DeDe, Decatur, Georgia
 Finger, Henry, Medford, New Jersey

B-49-1991. Resolved, that the following appointments as consultants to the Commission on the Young Professional be approved for terms ending with the 1992 annual session:

Anderson, David, Pittsburgh
 Camm, Jeffrey H., San Antonio
 Diener, Carol J., New York
 Duffy, Rosemary, Greenbelt, Maryland
 Kerns, David G., Hinesville, Georgia
 Macias, Roger, San Antonio
 Sakuma, Karen, Kirkland, Washington

B-50-1991. Resolved, that the following appointments as ASDA student consultants to the councils and commissions be approved for terms ending with the 1992 annual session:

Karamardian, Liza, Los Angeles, (Council on Community Health, Hospital, Institutional and Medical Affairs)
 Kern, Michael, Seattle, (Council on Government Affairs and Federal Dental Services)
 Kowalski, Keith T., San Francisco (Council on Dental Practice)
 Martin, Glenn P., Dallas, (Council on Insurance)
 McAnally, Jim R., Oklahoma City, (Council on Dental Research)
 Mehrahli, Mark C., San Francisco, (Council on Ethics, Bylaws and Judicial Affairs)
 Moon, Stephen H., Boston, (Council on Dental Care Programs)
 Prickett, Philip M., Charleston, South Carolina, (Commission on the Young Professional)
 Rankin, Jennifer L., Iowa City (Council on Community Health, Hospital, Institutional and Medical Affairs)

Adjournment: The Board of Trustees adjourned at noon to convene the Meeting of the Board of Directors of the American Dental Association Health Foundation.

Meeting of Board of Directors of American Dental Association Health Foundation

Call to Order: The Board of Trustees convened as the Board of Directors of the American Dental Association Health Foundation at 12:00 noon, President Eugene J. Truono presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Report on Honors and Awards: Mr. Rodney J. Schaid, director of administration, emeritus, reported on the selection of Dr. Robert J. Genco, New York, as the recipient of the Gold Medal Award for Excellence in Dental Research and Dr. Sigurd P. Ramfjord, Michigan, as the recipient of The Norton M. Ross Award for Excellence in Clinical Research.

Report on Administrative and Financial Activities: The report summarized bequests, contributions and gifts and royalties from licensed patents which make up the Corporate Grants Account at Lake Shore National Bank.

Report on Recent Activities in Collaborative Research: This report described progress in collaborative research on beta-quartz microcrystalline glass megafilled restorations and radiation shielding materials.

Adjournment: The meeting of the Board of Directors of the American Dental Association Health Foundation adjourned at 12:15 p.m.

Recess: The Board of Trustees recessed for luncheon at 12:15 p.m. and reconvened in an Executive Meeting at 12:50 p.m.

Executive Meeting

Call to Order: An Executive Meeting of the Board of Trustees was called to order at 12:50 p.m., President Eugene J. Truono presiding.

Roll Call: Those in attendance were the President, President-elect and Treasurer, First Vice-President, Second Vice-President, Speaker of the House of Delegates and all members of the Board of Trustees.

Actions/Discussion: The Board of Trustees reviewed in an attorney-client privilege session the "Report of the Division of Legal Affairs: Litigation Update."

Adjournment: The Executive Meeting adjourned and the Regular Meeting reconvened at 1:21 p.m.

Regular Meeting

Reports and Issues (continued)

Report of the Department of Membership—Application for Associate Membership: The Board of Trustees adopted the following resolution:

B-51-1991. Resolved, that the following application for associate membership be approved in accordance with Chapter VI, Section 90M, of the *Bylaws*:

Dr. Bruce D. Weinstein

Report of the Commission on Relief Fund Activities on Proposed Amendments to the "Standing Rules for Councils and Commissions" Regarding Service on the ADA Relief Fund: The Board of Trustees deferred consideration of this report and the appended resolution to the October 1991 session.

Informational Report on Activities of Amalgam Task Force: The Board of Trustees reviewed the informational report on activities of the Amalgam Task Force which addressed: scientific research on the safety of amalgam; Association's public relations efforts; National Institute for Dental Research conference on Dental restorative materials; Coordinating Committee on Environmental Health and Related Program of the U.S. Department of Health and Human Services review of existing research on the benefits and alleged health risks of dental amalgam; and Food and Drug Administration activities.

Nominations to the Council and Commissions of the Federation Dentaire Internationale (FDI): This report reviewed the offices of the Federation which fall vacant at the 1991 Congress and the status of those individuals who have completed their first three-year term of service. The members of the Board of Trustees were requested to forward nominations for the positions listed in the report to the chairman of the ADA delegation, Dr. Eugene Truono, by September 1, 1991. The 1991 ADA/FDI official delegation will take appropriate action on the suggestions.

Report of the Council on Dental Education Regarding Structure and Perceived Issues of Concern: This report addressed the Council's structure, outlining the pros and cons of the tripartite structure, and of an alternate structure that would separate the Council from the Commission on Dental Accreditation. Identified in the report were critical issues of which the Council has been viewed by some constituencies as being unresponsive and issues of interest to specialty organizations.

Request Regarding Recording and Transcription of the Commission on Dental Accreditation's Meetings and Open Hearings: The Board of Trustees reviewed a request from the Pennsylvania Dental Association (PDA) that calls for the Commission on Dental Accreditation to tape record and transcribe its open hearings and meetings.

The report addressing the PDA request outlined the Commission on Dental Accreditation policy on confidentiality regarding meeting materials/discussion and the "Reminder of Confidentiality" statement that is read prior to each meeting of the Commission. It was noted that these statements are consistent with policy adopted in 1985 by the Council on Postsecondary Accreditation.

It was further noted that at the present time, no council, commission or agency of the Association maintains a verbatim transcript of its business meetings, other than the Board of Trustees.

Report of the Council on Dental Education Regarding Dental Hygiene Education and Self-Regulation: The Council on Dental Education reported on recent actions of the American Dental Hygienists' Association (ADHA) House of Delegates. ADHA announced that it intends to pursue self-regulation by seeking separate dental hygiene practice acts, separate state boards of dental hygiene, control of the accreditation process for dental hygiene and control of the licensure examination process. The Council reported on its deliberations of these issues at its July 12-13 meeting and directed that a report on these issues be provided to the 1991 ADA House of Delegates.

Report of the Council on Dental Education on Issues Related to Dental Education and Proposed Studies: The Council on Dental Education reviewed its proposal and three-step plan for a study of the possible need for an additional postdoctoral required year of education following graduation from dental school and noted that other groups are planning projects that are directly or indirectly related to this topic. Information supporting the need for an additional year and the impact of the decision were both addressed by the Council.

The Council requested additional funding in the 1992 budget for \$17,400 with \$6,000 to fund Step 1 of the action plan and \$11,400 to fund Step 2 of the plan. Funding for Step 3 would be addressed in the Council's regular budgeting process, if Steps 1 and 2 were initiated.

The Board of Trustees on Sunday, August 4, 1991, denied funding for the study (see page 534).

Report on the Federation Dentaire Internationale (FDI): The Board of Trustees at its June 1991 session requested a detailed

report on the history and activities of the FDI. In response, a comprehensive report was presented which reviewed FDI purposes and objectives, growth and development, commissions, United States participation in the FDI, membership and financial participation.

Report of the 1991 ADA/USA Delegation to the Federation Dentaire Internationale (FDI): The USA Delegation to the FDI reported on the nature of the U.S. participation in the Congress, the financial implications of this participation and ADA goals over the next three to five years.

The delegation presented the following goals for review and comment by the Board of Trustees:

1. That the ADA encourage and support a major restructure of the FDI Council which will fairly represent appropriate areas of interest in the FDI.
2. That the ADA encourage the development and implementation of the FDI Executive Director's business plan for the FDI.
3. That the FDI develop a financial plan which is not solely dependent on dues revenue.
4. That the FDI take a pro-active position of involvement when it comes to contemporary dental issues of world wide critical concern.
5. That the FDI take a leadership role in the issues facing developing countries.

The delegation determined that the first three goals should be actively pursued over the next three years and that it plans to evaluate the progress of each goal and annually report to the Board of Trustees.

Subsequently, the Board adopted that following resolution:

B-61-1991. Resolved, that the ADA Board of Trustees direct the USA Delegation to work toward achieving the appropriate FDI goals included in this report and provide annual progress reports.

Report of Department of Information Science—Recent Activities: The Board of Trustees deferred consideration of this report until the October 1991 session.

Report on Status of Appointment of ADA Commissioner of the Joint Commission on Accreditation of Healthcare Organizations: The Board of Trustees reviewed the qualifications of candidates for the position of ADA Commissioner of the Joint Commission on Accreditation of Healthcare Organizations and subsequently adopted the following resolution:

B-30-1991. Resolved, that the nomination of Dr. John F. Helfrick to the Joint Commission on Accreditation of Healthcare Organizations be approved.

Report of the Executive Director: Dr. Thomas Ginley outlined the following changes related to the management, coordination and participation of all divisions of the Association and the Board of Trustees in providing input to the crisis communications activities of the Association.

- The Office of the Executive Director, through the position of the Associate Executive Director will provide coordination and oversight to the three task forces involved in the Oral Health Issues Campaign. All proposals and initiatives will be reviewed.
- The AIDS Task Force, currently composed of staff will be enlarged to include a member of the Board of Trustees, as well as a representative from the legislative division. In addition, the outside public relations firm will be included on a regular basis to provide on-going recommendations to the task force.
- All communication, proposals and strategies will be reviewed by the entire task force, the communications division and outside public relations counsel.
- The Amalgam Task Force already has three dental consultants in addition to management staff from several divisions. This task force also has access to legal counsel in Washington and have established relationships with the dental industry. A member of the Board of Trustees will be added to this task force. As in the case of the AIDS Task Force, the Amalgam Task Force will review all proposals for appearance and communications in the Oral Health Issues Campaign the affect amalgam.
- The Fluoride Task Force also intends to add a member of the Board of Trustees, and all provisions that apply to the other task forces are applicable.

A report on the effectiveness of this management change will be presented to the Board of Trustees in October.

Report of the Executive Director—Formation of Executive Director's Advisory Committee: Dr. Thomas Ginley announced the formation of a committee composed of constituent and component executive directors to discuss

tripartite administrative issues, particularly in the non-dues program development arena. The following executive directors were selected by the Association of Component Society Executives and the American Society of Constituent Dental Executives: Mr. Barry Rice, Oregon; Ms. Nancy Quinn, Ohio; Mr. Roger Weis, Missouri; Mr. Peter Taylor, Vermont; Ms. Jean Daniels, Columbus, Ohio; Ms. Caroline Turner, Santa Barbara-Ventura, California; Mr. Gregory Kaveney, Seattle-King County, Washington; and Mr. Mitchell Kuhn, First District, New York.

Council Chairmen Nominations: The Board of Trustees discussed the mechanism for handling the results of the ballots of two nominees for consideration as council chairmen. The Board directed that the councils be notified who the top two nominees were for their respective council without identifying the first and second place positions.

Report of President: Dr. Eugene Truono announced that his report would be deferred until the October 1991 session.

Prior to adjournment, it was noted that due to the volume and significance of several issues addressed at this session a few items were being deferred to either the October or December sessions. Issues to be added to the December agenda include: discussion of licensure by credentials, student representation at Board meetings and the conflict of interest policy.

Adjournment: The Board of Trustees adjourned at 3:00 p.m. and convened as Shareholder of ADA Holding Company, Inc.; Board of Directors of American Dental Real Estate Corporation and ADA Risk Purchasing Group, Inc.; and Sole Member of ADA Endowment and Assistance Fund, Inc.

The Board of Trustees reconvened in Regular Session at 3:30 p.m. and adjourned *sine die* at 3:37 p.m.

September 30-October 3, 1991

Westin Seattle Hotel, Seattle, Washington

Call to Order: The sixth session of the Board of Trustees was called to order in the Cascade Ballroom I and II of the Westin Seattle Hotel, Seattle, Washington on Monday, September 30, 1991 at 8:30 a.m. by President Eugene J. Truono.

Roll Call: The following officers were present: Eugene J. Truono, president; Geraldine Morrow, president-elect and treasurer; Herbert Schilder, first vice-president; Joseph R. Salcetti, second vice-president; Gary Rainwater, speaker of the House of Delegates; and Thomas J. Ginley, executive director.

The following members of the Board of Trustees were present: William A. Booth, J. P. Chancey, Jr., James A. Clark, Richard W. D'Eustachio, James H. Gaines, Jack H. Harris, Bert Y. Hayashi, John V. Hinterman, Walter F. Lamacki, James F. Mercer, Jack S. Opinsky, George S. Payne, Heber Simmons, Jr., Frank H. Stevens, Thomas O. Sweet and William S. TenPas.

Staff members present were: William E. Allen, associate executive director; Brian Johnson, acting assistant executive director, Finance and Business Affairs; Bill B. Lefler, assistant executive director, Legislative Affairs; Mary K. Logan, assistant executive director, Legal Affairs; Clifford Miller, assistant executive director, Education; Lorna Mitchell, assistant executive director, Communications; Enid A. Neidle, assistant executive director, Scientific Affairs; Carol M. Overman, director, Board and House Matters; Michael L. Perich, assistant executive director, Dental Practice; Paula J. Perich, assistant executive director, Membership and Marketing Services; and James H. Sweeney, assistant executive director, Conference and Meeting Services.

Other appropriate staff were in attendance for portions of the session.

Preliminary

Approval of Agenda: The Board of Trustees adopted the following resolution approving the agenda for this session:

B-63-1991. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Minutes of Previous Session: The Board of Trustees adopted the following resolution:

B-65-1991. Resolved, that the minutes of the August 4-8, 1991 session of the Board of Trustees be approved.

Opening Remarks

Report of Executive Director: Dr. Thomas Ginley's report to the Board of Trustees included the following:

- A historical summary of ADA Publishers, Inc. and ADA Business Systems;

- Introduction of Brian Johnson as acting assistant executive director, Finance and Business Affairs;
- Status of ADA Building (asbestos abatement project, renovation of second floor, availability of rental space);
- Staff restructure with an aggressive recruitment program planned in 1992 for filling the positions of assistant executive director, Membership and Marketing Services and assistant executive director, Dental Practice;
- Funding for the proposed 1992 Mega Conference—Dr. Ginley noted that because of lack of corporate sponsorship for the Conference, it would not be held in 1992. However, he also noted that there was interest by corporations in sponsoring the Conference in 1993;
- Update on communications issues and the coordination of the task forces on AIDS, Amalgam and Fluoride— noted that Mr. Jay Van Vechten would appear before the Board in a special session on Thursday to discuss Phase II of the communications program;
- Report on the history of the Commission on Dental Accreditation which reviewed the structure and function of the Commission; and
- Midyear and year-end budget projections—noting that a discussion on year-end budget projections will be held at the December Board session.

At this time, Mr. Brian Johnson responded to questions regarding the American Medical Association's (AMA) human immunodeficiency virus (HIV) insurance policy and activities of the Council on Insurance in this area; and Drs. Thomas Ginley and Clifford Miller responded to questions regarding the American Association of Dental Schools' planned study of a fifth year of dental school education.

Liaison Reports: The following liaison reports were presented: Dr. Thomas Sweet, Council on Dental Education/Commission on Dental Accreditation; Dr. Joseph Salcetti, Council on Dental Therapeutics; Dr. William Booth, Council on Community Health, Hospital, Institutional and Medical Affairs; Dr. Herbert Schilder, Council on Dental Research; Dr. Walter Lamacki, Council on Dental Materials, Instruments and Equipment; and Dr. Frank Stevens, Council on Insurance.

Note: The following recommendations on House of Delegates resolutions include only the action recommended by the Board of Trustees. Two *Supplement Two* citations are provided for each resolution: the first identifies the location of the resolution with background statement; the second, the Board's complete rationale for making its recommendation.

Reports and Resolutions Relating to Reference Committee on Dental Care Programs

Ohio Dental Association Resolution 14S-1—Substitute for Resolution 14, Reporting of Dental Procedures to Third Parties (Supplement 2:436): The Board of Trustees ordered

Resolution 14S-1B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolutions 14 and 14S-1 and that the substitute resolution be adopted (*Supplement 2:470*).

14S-1B. Resolved, that when reporting dental treatment under dental plans, the method used by dentists for submitting claims to third-party payers and for filing fees should be the American Dental Association's *Code on Dental Procedures and Nomenclature*, as contained in the ADA's publication, *Current Dental Terminology (CDT)*, and be it further

Resolved, that third-party payers should not require the reporting of dental treatment or filing fees by any other coding system, and be it further

Resolved, that since third-party payers are voting participants in the Association's code revision process, the Association formally contact commercial carriers, service corporations, any and all other third-party payers and their agents who process dental claims, and vendors of electronic claims processing, to request that the ADA's *Code* be used as their claims processing systems, and be it further

Resolved, that when an unusual procedure, or a procedure that is accompanied by unusual circumstances, is reported by a narrative description, that may or may not include a reference to an appropriate unspecified (-999) code, it should be accepted by the third-party payer to assist in benefit determination, and be it further

Resolved, that Resolution 59H-1986 (*Trans.* 1986:515), entitled "Reporting of Dental Procedures to Carriers," be rescinded.

Sixteenth Trustee District Resolution 50S-1—Substitute for Resolution 50, Procedure Code for Preparation of Dental Operatories/Disposable Supplies (*Supplement 2:458*): The Board of Trustees ordered Resolution 50S-1 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 2:477*).

Delegate C. Richmond Corley, Jr., Louisiana, Resolution 105—Identifying Types of Dental Plans and How They Are Regulated and Controlled (*Supplement 2:460*): The Board of Trustees ordered Resolution 105 transmitted to the House of Delegates with the recommendation that it be referred to the Council on Dental Care Programs (*Supplement 2:479*).

Reports and Resolutions Relating to Reference Committee on Dental Practice and Health

Delegate Robert G. Smith, Kansas, Resolution 99—Rescission of Actions Approving and Implementing the Dental Practice Parameters Project (*Supplement 2:461*): The Board of Trustees ordered Resolution 99 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:479*).

Ninth Trustee District Resolution 107—Disability Coverage for HIV-Infected Health Care Workers (*Supplement 2:454*): Following extensive discussion regarding disability insurance benefits for HIV-positive dentists and considering that insurers are handling each situation on a case by case basis, the Board

of Trustees ordered Resolution 107 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:476*).

Council on Community Health, Hospital, Institutional and Medical Affairs Supplemental Report 1 to the House of Delegates—Support for Healthy People 2000 Report (*Supplement 2:428*): The Board of Trustees reviewed the Council's supplemental report which listed 16 oral health objectives from the U.S. Public Health Service Healthy People 2000 Report. The Council submitted Resolution 108 requesting endorsement of the objectives. Subsequently, the Board ordered Resolution 108 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 2:468*).

Recess: The Board of Trustees recessed for luncheon at noon and reconvened at 1:00 p.m.

Reports and Resolutions Relating to Reference Committee on Dental Education and Related Matters

Fifth Trustee District Resolution 97—ADA Specialty Re-recognition Process (*Supplement 2:447*): The Board of Trustees ordered Resolution 97B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 97 and that the substitute resolution be adopted (*Supplement 2:472*).

97B. Resolved, that the Council on Dental Education submit its recommendations on the recognition and re-recognition process for consideration by the 1992 House of Delegates, and be it further

Resolved, that the Council on Dental Education take no action relative to the implementation of a continued re-recognition process without the endorsement of the 1992 House of Delegates.

The Dental Society of the State of New York Resolution 100—Development of a Part III Clinical Examination for Dental Licensure (*Supplement 2:435*): The Board of Trustees ordered Resolution 100 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:469*).

Seventh Trustee District Resolution 103—SELECT and Recruitment of Dental Assistants (*Supplement 2:448*): The Board of Trustees ordered Resolution 103B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 103 and that the substitute resolution be adopted (*Supplement 2:473*).

103B. Resolved, that an amount not to exceed \$5,000 be available to SELECT to specifically assist local, state or national organizations or educational facilities who request assistance in recruitment efforts for dental assistants.

Council on Dental Education Supplemental Report 1 to the House of Delegates—Dental Hygiene and Self-Regulation (*Supplement 2:430*): The Board of Trustees acknowledged

receipt of the supplemental report of the Council on Dental Education, which described recent events that could impact on dental hygiene education and accreditation.

Reports and Resolutions Relating to Reference Committee on Legal and Legislative Matters

The Dental Society of the State of New York Resolution 92—Rescission of Advisory Opinion 1 to Code 1-C, Community Service (*Supplement 2:434*): The Board of Trustees ordered Resolution 92 transmitted to the House of Delegates with the recommendation that it be referred to the Council on Ethics, Bylaws and Judicial Affairs (*Supplement 2:468*).

American Association of Orthodontists Resolution 95—OSHA and Environmental Protection Agency Penalties and Inspections (*Supplement 2:461*): The Board of Trustees ordered Resolution 95 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 2:479*).

Fifth Trustee District Resolution 98—U.S. Tax Laws Regarding the Use of “Independent Contractors” in Dental Offices (*Supplement 2:448*): The Board of Trustees ordered Resolution 98B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 98 and that the substitute resolution be adopted (*Supplement 2:472*).

98B. Resolved, that appropriate agencies prepare an analysis of Revenue Rulings from the Internal Revenue Service to provide a distinct characterization of the factors that determine whether a dentist is an employee or independent contractor in typical dental office settings, and make this report available to interested parties.

The Dental Society of the State of New York Resolution 101—ADA Support for H.R. 2691 (*Supplement 2:435*): The Board of Trustees ordered Resolution 101 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:469*).

Council on Governmental Affairs and Federal Dental Services Supplemental Report 1 to the House of Delegates—Recent Council Activities (*Supplement 2:432*): The Council on Governmental Affairs and Federal Dental Services provided additional comments on its activities with respect to Resolution 95H (*Trans. 1990:562*) and Resolution 102H (*Trans. 1990:562*) which, respectively, direct the Association to seek legislative or legal modifications to limit matters reportable to the National Practitioner Data Bank; and to pursue appropriate administrative and legal remedies for the Department of Health and Human Services erroneous interpretation that fee refunds be considered malpractice payments under the Health Care Quality Improvement Act.

Report 8 of the Board of Trustees to the House of Delegates—Update on the National Practitioner Data Bank (*Supplement 2:466*): The Board of Trustees reported on key activities that have occurred with regard to the Data Bank since the 1990 annual session.

Third Trustee District Resolution 110—Inspections of Health Care Providers’ Offices by Governmental Agencies (*Supplement 2:444*): The Board of Trustees ordered Resolution 110B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 110 and that the substitute resolution be adopted (*Supplement 2:471*).

110B. Resolved, that the appropriate agencies of the Association take whatever actions are necessary and appropriate to persuade OSHA to improve its education of federal inspectors and the consistency of the inspection process regarding the inspection of dental offices.

Fourth Trustee District Resolution 115—Amendment of ADA “Principles of Ethics and Code of Professional Conduct” To Eliminate References to the Human Immunodeficiency Virus Infection (*Supplement 2:446*): The Board of Trustees ordered Resolution 115 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:472*).

Reports and Resolutions Relating to Reference Committee on President’s Address and Miscellaneous Matters

Kansas Dental Association Resolution 104—Representative Membership on ADA Councils and Commissions (*Supplement 2:434*): The Board of Trustees ordered Resolution 104B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 104 and that the substitute resolution be adopted (*Supplement 2:468*).

104B. Resolved, that during the nomination of ADA council and commission members, the Board of Trustees is encouraged to consider nominating qualified young, women and other minority dentists.

Eleventh Trustee District Resolution 112—Amendment of ADA “Bylaws” Regarding Interim Oversight by the Board of Trustees (*Supplement 2:456*): The Board of Trustees ordered Resolution 112 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 2:477*).

At this time, a request was made to review the *Standing Rules for Councils and Commissions* with the intention of directing councils and commissions to prepare more detailed minutes. Discussion of this issue was referred to a future meeting of the Board.

Sixteenth Trustee District Resolution 113—Timely Reporting Procedures to House of Delegates Directives (*Supplement 2:459*): The Board of Trustees ordered Resolution 113 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:478*).

Fourth Trustee District Resolution 94—Amendment of ADA “Bylaws” Regarding Representation of Federal Dental Services in the House of Delegates (*Supplement 2:445*): The Board of Trustees ordered Resolution 94 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:471*).

Adjournment: The Board of Trustees adjourned at 5:10 p.m.

Tuesday, October 1, 1991

Call to Order: An Executive Meeting of the Board of Trustees was called to order at 8:30 a.m., President Eugene Truono presiding.

Roll Call: Those in attendance were the President, President-elect and Treasurer, First Vice-President, Second Vice-President, Speaker of the House of Delegates and the members of the Board of Trustees.

Discussion: The Board of Trustees discussed recent changes made by the Executive Director relating to the management, coordination and participation of all divisions of the Association and the Board of Trustees in providing input to the crisis communications activities of the Association.

Adjournment: The Executive Meeting adjourned at 9:40 a.m.

Regular Meeting

Call to Order: The Regular Meeting of the Board of Trustees was called to order at 9:55 a.m., President Eugene J. Truono presiding.

Roll Call: The officers, trustees and staff were in attendance as previously recorded.

Reports and Resolutions Relating to Reference Committee on President's Address and Miscellaneous Matters (continued)

Third District Dental Society of New York Resolution 114—Amendment of ADA "Bylaws" to Allow for Membership Referendum (*Supplement 2:460*): The Board of Trustees ordered Resolution 114 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:478*).

Reports and Resolutions Relating to Reference Committee on Scientific Matters

Addendum to Report 6 of Board of Trustees to the House of Delegates—AIDS Update 1991 (*Supplement 2:465*): The Board of Trustees discussed the following resolution which was approved at its August 1991 session:

Resolved, that the state boards are the proper agency to enforce CDC infection control procedures in the dental office.

Based on information provided by Dr. Bill Lefler, assistant executive director, Legislative Affairs, on recent deliberations in Congress relating to the human immunodeficiency virus legislation which would assign the responsibility for enforcement of Centers for Disease Control (CDC) guidelines to public health officials within each state, the Board of Trustees, after extensive discussion, adopted the following revised resolution and ordered it transmitted to the House of Delegates.

91. Resolved, that constituent dental societies be encouraged to urge state public health authorities, who are given the legislative responsibility for the enforcement of CDC guidelines, to assign the enforcement of CDC guidelines to state boards of dentistry.

Reports and Issues

Report of the Task Force on the Human Immunodeficiency Virus (HIV): In March 1991, the Executive Director created a Task Force on HIV and appointed to it the following staff: Dr. Enid Neidle and Dr. Michael Perich, co-chairmen; Dr. Dan Langan, Ms. Mary Logan, Dr. Larry Meskin and Ms. Paula Perich. Dr. William Booth was subsequently appointed by the President as the Board liaison. The Task Force was later expanded to include Ms. Lorna Mitchell and Ms. Patti Quinn and the following three outside consultants: Dr. Cynthia Hodge, general dentist from Memphis and director, hospital dentistry, School of Dentistry, Meharry Medical College; Dr. Joseph Konzelman, Walter Reed Army Medical Center; and Dr. Joan Phelan, associate professor of dentistry (Stomatology), Columbia University School of Dental and Oral Surgery.

In this report, the Task Force described the following goals it set for itself and its activities responding to these goals.

... to assess the impact of public concern about transmission of AIDS on dental visits and about expressed attitudes in the dental office; to continue to monitor disease trends; to continue to work with related medical groups and health agencies; to respond (in various ways) to proposed federal and state legislation; to disseminate information on infection control and, to the extent possible, determine, the extent and effectiveness of compliance with CDC/ADA/OSHA guidelines; to continue efforts to educate the public; to assess the status of scientific knowledge of HIV infection and to stimulate research; to allay membership concerns; and to assist constituent and component societies in dealing with the problem.

Along with the report of the Task Force, the Board was given preliminary information from the 1991 *Special Version—Survey of Dental Practice*, which summarized responses from dentists on amalgam restorations and infection control and opinions on topics having the greatest impact on their practice of dentistry.

Report on Issues Pertaining to the Activities of the Task Force on Invasive Procedures: In response to the report of the Task Force on Invasive Procedures which outlined comments of members to the proposed Association policy on invasive procedures, the Board reconsidered Resolution 82 (*Supplement 1:388*), which it developed at its August 1991 session. After extensive discussion, the Board ordered Resolution 82B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 82 and that the substitute resolution be adopted (*Supplement 2:479*).

82B. Resolved, that surgical procedures performed by a dentist that cause significant patient bleeding and that include the use of sharps and/or the application of physical force can be characterized as exposure-prone procedures and therefore

may pose an identifiable risk of transmission of a bloodborne pathogen from dentist to patient or vice versa, and be it further **Resolved**, that a dentist always should make an evaluation of the dental procedures performed in his/her own dental practice to determine whether an identifiable risk exists.

Recess: The Board of Trustees recessed for luncheon at 12:02 p.m. and reconvened at 1:00 p.m.

Reports and Resolutions Relating to Reference Committee on Scientific Matters (continued)

Fourth Trustee District Resolution 116—“High Risk,” “Invasive” or “Exposure-Prone” Procedure Lists (*Supplement 2:446*): The Board of Trustees ordered Resolution 116 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:472*).

Fifth Trustee District Resolution 96—Development of Exposure-Prone Assessment Model (*Supplement 2:447*): The Board of Trustees ordered Resolution 96 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:472*).

Sixteenth Trustee District Resolution 84S-1—Amendment to Resolution 84, Policy on HIV-Infected Dentists (*Supplement 2:459*): The Board of Trustees ordered Resolution 84S-1 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 2:477*).

Fourth Trustee District Resolution 84S-2—Amendment to Resolution 84, Policy on HIV-Infected Dentists (*Supplement 2:444*): The Board of Trustees ordered Resolution 84S-2 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:471*).

Ninth Trustee District Resolution 84S-3—Substitute for Resolution 84, Policy on HIV-Infected Dentists (*Supplement 2:452*): The Board of Trustees ordered Resolution 84S-3 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:475*).

New Jersey Dental Association Resolution 65S-1—Substitute for Resolution 65, Opposition to Mandatory Testing (*Supplement 2:434*): The Board of Trustees ordered Resolution 65S-1 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:468*).

Ninth Trustee District Resolution 102—Hazard Communication Compliance (*Supplement 2:453*): The Board of Trustees ordered Resolution 102B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 102 and that the substitute resolution be adopted (*Supplement 2:475*).

102B. Resolved, that the appropriate agencies seek an exemption for dentistry from the OSHA hazard communication standard.

Ohio Dental Association Resolution 109—OSHA Hazard Communication Standard (*Supplement 2:436*): The Board of Trustees ordered Resolution 109 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:470*).

Eighth Trustee District Resolution 76S-1—Substitute for Resolution 76, Material Safety Data Sheet Disclosure (*Supplement 2:450*): The Board of Trustees ordered Resolution 76S-1 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:474*).

The Dental Society of the State of New York Resolution 93—Use of Biodegradable Materials in Manufacture and Packaging of Dental Materials (*Supplement 2:435*): The Board of Trustees ordered Resolution 93 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:469*).

Ninth Trustee District Resolution 87S-1—Substitute for Resolution 87, Dental Health Care Workers and Centers for Disease Control Guidelines (*Supplement 2:453*): The Board of Trustees ordered Resolution 87S-1 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:475*).

Ohio Dental Association Resolution 106—N2-Type Compounds (*Supplement 2:436*): The Board of Trustees ordered Resolution 106B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 106 and that the substitute resolution be adopted (*Supplement 2:470*).

106B. Resolved, that the American Dental Association continue its efforts to persuade the Food and Drug Administration to determine the safety of paraformaldehyde-containing root canal filling material.

Reports and Resolutions Relating to Reference Committee on President's Address and Miscellaneous Matters (continued)

Eighth Trustee District Resolution 120—Office of Second Vice President (*Supplement 2:451*): The Board of Trustees ordered Resolution 120 transmitted to the House of Delegates with the recommendation that it be referred to the Ad Hoc Committee called for in Resolution 66B (*Supplement 1:343*) (*Supplement 2:475*).

Eleventh Trustee District Resolution 121—Formation of an Ad Hoc Committee to Study the Separation of the ADA House of Delegates from the ADA Annual Session (*Supplement 2:457*): The Board of Trustees ordered Resolution 121 transmitted to the House of Delegates with the recommendation that it be referred to the Board for further study (*Supplement 2:477*).

Adjournment: The Board of Trustees adjourned at 5:20 p.m.

Wednesday, October 2, 1991

Call to Order: The Board of Trustees was called to order at 8:30 a.m., President Eugene Truono presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Reports and Resolutions Relating to Reference Committee on Budget and Administrative Matters

Second Trustee District Resolution 123—Disallowance of ADA Annual Session Registration Fees (*Supplement 2:443*): The Board of Trustees ordered Resolution 123 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:471*).

Reports and Resolutions Relating to Reference Committee on Dental Care Programs (continued)

Eighth Trustee District Resolution 6S-1—Substitute for Resolution 6, Least Expensive Alternative Treatment Clauses (*Supplement 2:449*): The Board of Trustees ordered Resolution 6S-1 transmitted to the House of Delegates with the recommendation that it be adopted (*Supplement 2:473*).

Eighth Trustee District Resolution 12S-1—Substitute for Resolution 12, Regulation of Utilization Management Organizations (*Supplement 2:449*): The Board of Trustees ordered Resolution 12S-1 transmitted to the House of Delegates with the recommendation that it be referred to appropriate agencies of the Association, with a report to the 1992 House of Delegates (*Supplement 2:474*).

Eighth Trustee District Resolution 24S-1—Substitute for Resolution 24, Inclusion of Dental Care in Publicly-Funded Programs (*Supplement 2:449*): The Board of Trustees ordered Resolution 24S-1 transmitted to the House of Delegates with the recommendation that it be referred to the Task Force on Health Care Reform, Access and Financing for consideration and discussion (*Supplement 2:474*).

Eighth Trustee District Resolution 119—Table of Allowances (*Supplement 2:451*): The Board of Trustees ordered Resolution 119 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:474*).

Second Trustee District Resolution 118—Adequacy of Fee Schedules in Benefit Programs (*Supplement 2:443*): The Board of Trustees ordered Resolution 118 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:471*).

Reports and Resolutions Related to Reference Committee on Dental Education and Related Matters (continued)

Ninth Trustee District Resolution 117—Flexible Training Programs for Dental Hygiene and Dental Assisting (*Supplement 2:454*): The Board of Trustees ordered Resolution 117B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 117 and that the substitute resolution be adopted (*Supplement 2:476*).

117B. Resolved, that the American Dental Association Council on Dental Education be directed to develop specific accreditation guidelines for flexible educational programs for dental assistants and dental hygienists which include the concept of career laddering or step-by-step advancement from Certified Dental Assistant to a Registered Dental Hygienist. The Council will submit these Guidelines to the Commission on Dental Accreditation, and be it further

Resolved, that a specific, flexible training and educational program for dental assisting and dental hygiene be developed by the Council on Dental Education and the Council on Dental Practice for presentation to the House in 1992, and be it further

Resolved, that the Council on Dental Education be directed to develop specific language for the currently proposed *Accreditation Standards for Dental Assisting Education Programs*, and *Accreditation Standards for Dental Hygiene Education Programs* that facilitates providing a flexible as well as career advancement curriculum structure to enable an individual to move forward in their course of study without repeating basic courses common to both dental assisting and dental hygiene education. The Commission on Dental Accreditation should be urged to implement these programs, and be it further **Resolved**, that the Council on Dental Education be directed to provide assistance to any constituent in developing flexible educational programs for dental assistants and dental hygienists.

Proposed Resolution on Licensure by Credentials: Dr. William Booth offered a resolution which calls for the sponsoring of a conference "... to form a cooperative coalition to help foster and promote licensure by credentials in a mutually beneficial manner." The Board referred the licensure issue and the proposed resolution to its December planning session.

Recess: The Board of Trustees recessed at 11:30 a.m. for a photo session and luncheon and reconvened at 1:15 p.m.

Eleventh Trustee District Resolution 111—Amendment of ADA "Bylaws" Regarding Composition of the Council on Dental Education (*Supplement 2:455*): Following lengthy discussion, the Board of Trustees, on Thursday, October 3, ordered Resolution 111B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 111 and that the substitute resolution be adopted (*Supplement 2:477*).

111B. Resolved, that the Council on Dental Education be restructured to increase its representation to 16 members, one from each trustee district, and be it further

Resolved, that a special committee of the Board of Trustees study the Council on Dental Education and Commission on Dental Accreditation structure in regard to representation, responsiveness and their ability to accomplish their assigned tasks, and be it further

Resolved, that the preliminary report be completed prior to the May 1992 meeting of the Commission for its consideration and comment, and be it further

Resolved, that recommendations for restructuring of the Association's education effort, with necessary *Bylaws* changes, be reported to the 1992 House of Delegates.

Reports and Resolutions Relating to Reference Committee on Scientific Matters (continued)

Eighth Trustee District Resolution 85S-1—Substitute for Resolution 85, Model for Composition of Expert Review Panel and Protocol for Evaluating HIV- or HBV-Infected Dentists (*Supplement 2:450*): The Board of Trustees ordered Resolution 85S-1 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:474*).

Eighth Trustee District Resolution 86S-1—Substitute for Resolution 86, Mandatory HIV Testing (*Supplement 2:450*): The Board of Trustees ordered Resolution 86S-1 transmitted to the House of Delegates with the recommendation that it not be adopted (*Supplement 2:474*).

Board of Trustees Resolution 87B—Substitute for Resolution 87, Dental Health Care Workers and Centers for Disease Control (CDC) Guidelines (*Supplement 2:480*): As part of its review of policies on the human immunodeficiency virus (HIV) infection, the Board decided that Resolution 87 (*Supplement 1:390*), which was adopted at its August session, should be revised to conform to the policy on HIV-infected dentists by the change of the word "invasive" to "exposure-prone." It also felt that there should be a clarification as to which guidelines of CDC and ADA the participating health care workers should follow. Therefore, the Board ordered Resolution 87B, as follows, transmitted to the House of Delegates with the recommendation that it be substituted for Resolution 87 and that the substitute resolution be adopted.

87B. Resolved, that all dental health care workers who may participate or assist in exposure-prone procedures under the supervision of a dentist should follow the July 1991 CDC guidelines and the American Dental Association policies on HIV-infected dentists and patients.

Adjournment: The Board of Trustees adjourned at 5:20 p.m.

Thursday, October 3, 1991

Call to Order: The Board of Trustees was called to order at 8:30 a.m., President Eugene Truono presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded with the exception of Dr. Thomas Ginley who was absent due to a family emergency.

Financial Matters

President Truono relinquished the chair to First Vice-President Herbert Schilder.

Supplemental Appropriation Requests and Status of 1991

Contingent Fund: A Contingent Fund of \$350,000 was authorized in the 1991 budget. To date, requests in the amount of \$404,300 have been approved leaving the Contingent Fund overspent by \$54,300.

The Board of Trustees adopted the following resolution.

B-69-1991. Resolved, that the following appropriations be made from the 1991 Contingent Fund and be allocated to line items in separately listed cost centers, with the exception of grants and capital funding, in accordance with the terms of the supplemental appropriation request:

<i>House/Board/Executive Director,</i>	
<i>Office of the Executive Director</i>	
(Cost center 1-90-00-XX)	\$25,000
Board of Trustees' January 1992 planning meeting rescheduled for December 5-7, 1991.	
5241 Lodging	\$14,000
5261 Meals	7,000
5442 Equipment Rental	1,000
5899 Misc. Professional Fees	3,000
	<u>\$25,000</u>
Total Supplemental Appropriation Request	<u><u>\$25,000</u></u>

Based on this action, the Contingent Fund has been overspent by \$79,300.

Report of the Division of Finance and Business Affairs—Headquarters Building: This report summarized anticipated Headquarters Building renovation projects which were described as necessary to assure that the building remains an efficient and safe workplace for ADA employees as well as a source of non-dues revenue from tenant leases. Improvement projects described were: building security and safety, second floor remodeling, space allocation and asbestos abatement. Additionally, a financial recap of capital expenditures expected for the five-year period, 1992 through 1996, was provided.

Report of Executive Director on Contracts: This report summarized contracts entered into since the last session of the Board of Trustees. Upon review, questions were asked regarding several of the contracts, leases and copyright agreements. Contracts with individual members were discussed along with the need to inform the appropriate trustee of pending contracts.

Reports and Issues (continued)

Report of the Assistant Executive Director, Conference and Meeting Services—Composition of ADA/FDI Delegation:

The Board of Trustees adopted the following resolution revising the composition of the ADA delegation to the Federation Dentaire International (FDI) by eliminating the trustee-alternate delegate position. It was noted that as the ADA is entitled to five alternate delegates to the FDI, the fifth appointment can be made by the President from individuals who might be attending the FDI meeting at their own expense.

B-62-1991. Resolved, that Resolution B-73-1988 (*Trans.* 1988:442) be amended by removing the trustee from the list of alternate delegates so that the resolution will read as follows:

Resolved, that the USA Delegation to the FDI be composed as follows with terms staggered as presented in the Appendix of this report:

Delegates

President
 Immediate Past President (two-year term)
 Past President (second year of two-year term)
 Trustee (four-year term)
 Trustee (four-year term)

Alternates

President-elect
 Executive Director
 USA/FDI Treasurer
 CASIR Member

and be it further

Resolved, that effective with the appointment of the 1989 delegates, the term of the USA/FDI Treasurer be one four-year term.

Report of the Council on Dental Education Regarding Request to Develop Strategies to Address Default by Dentists on Student Loans: This report described the activities of the Council on Dental Education in monitoring activity of the federal government and the U.S. Department of Education related to the number of student defaults on government loans. It was reported that the American Association of Dental Schools has provided the Council with information about default rates on loans most utilized by dental and allied dental students, and the Board was further informed that future eligibility for Health Education Assistance Loans (HEAL) may be in jeopardy if the profession doesn't take steps to address the issue of defaults.

The Board of Trustees discussed the following resolution appended to the report:

B-40. Resolved, that appropriate councils, commissions, departments and offices of the Association work in cooperation with other appropriate professional associations such as the American Association of Dental Schools, American Association of Dental Examiners and/or Academy of General Dentistry, to consider the issue of default by dentists on Health Education Assistance Loans (HEAL), and be it further

Resolved, that actions and strategies to address this default issue be developed and implemented by the Association as feasible.

Questions regarding the default rate for dentists, the magnitude of the problem and the cost for implementing Resolution B-40 were asked.

Following discussion, the Board adopted an amendment to the second resolving clause which would make it read as follows:

Resolved, that actions and strategies to address this default issue would be addressed by an in-house study with a report to the Board of Trustees.

A motion was adopted to refer Resolution B-40 as amended, to the February 1992 session of the Board of Trustees. The Council on Dental Education was requested to provide a report detailing the scope of the problem with financial and other pertinent information included.

President Truono assumed the chair.

Report of Department of Information Science—Recent Activities: The Board of Trustees reviewed the informational report which described the following activities of this new department: developing articles and seminars on computers in the dental office; participating as the ADA representative on the American National Standards Institute Committee; serving as liaison to other organizations involved in health care computing; serving as a resource to outside agencies and companies; and serving as the internal coordinator for management of dental electronic technology issues at the Association.

Report of the Commission on Relief Fund Activities on Proposed Amendments to the "Standing Rules for Councils and Commissions" Regarding Service on the ADA Relief Fund: The Board of Trustees was apprised of concerns of the Commission on Relief Fund Activities regarding possible conflict of interest for Commission members also serving on a relief fund of a component or constituent society. The Board adopted the following resolution:

B-53-1991. Resolved, that the *Standing Rules for Councils and Commissions* be amended under "Membership," in the section entitled "Eligibility," (page 4) by adding a new fourth paragraph to read as follows:

Members of the Commission on Relief Fund Activities, during their term on the Commission, shall not serve on constituent or component society relief funds.

Report of the Council on ADA Sessions and International Relations Regarding Nomination of General Chairman of the Committee on Local Arrangements for the 1994 Annual Session: The Board of Trustees adopted the following resolution:

B-68-1991. Resolved, that the nomination by the Louisiana Dental Association with the concurrence of the New Orleans Dental Association of Dr. Terence E. Walsh to serve as general chairman of the Committee on Local Arrangements for the 1994 Annual Session be approved.

Report of the Council on Dental Education Regarding the Specialty Re-Recognition Process: This report described the review currently being done by the Council on Dental Education of the Association's specialty recognition process to determine if any adjustments should be made in the process and also to determine at what interval the Association should require currently recognized dental specialties to undergo re-recognition.

The Board of Trustees discussed the information contained in this report during its deliberations on Fifth Trustee District Resolution 97—ADA Specialty Re-Recognition Process (page 555).

Report of Division of Legislative Affairs—Legislative and Regulatory Issues: Dr. Bill Lefler, assistant executive director, Legislative Affairs, reported on legislative issues including: the Helms Amendments I and II, health care reform and campaign finance reform; federal agencies including actions of the Centers for Disease Control, the Occupational Safety and Health Administration and the National Institute of Health; the American Dental Political Action Committee; state issues relative to AIDS reporting, information disclosure or testing of health care workers under certain circumstances; and licensure by credentials, national health insurance, utilization review and medical waste.

Report on Appointment of Council Chairmen, 1991-92: The Board of Trustees reviewed the procedures it established for considering recommendations for council chairmen from the respective councils. The councils were directed to select by secret ballot two individuals for chairman. The Board was given the names of the two individuals receiving the greatest number of votes (in three instances three names) from each council. (The number of votes per individual was not revealed and the names were presented in alphabetical order.)

During its deliberations, the Board considered the comments of the appropriate liaison and before voting, additional nominations were requested. The Board of Trustees adopted the following resolution:

B-67-1991. Resolved, that the following appointments to chairmanships of the Association councils and commissions be approved:

Dr. James E. Brewster, chairman, 1991-92, Council on ADA Sessions and International Relations

Dr. Bernard McDermott, chairman-designate, 1992-93, Council on ADA Sessions and International Relations

Dr. Frank Romeo, chairman, Council on Community Health, Hospital, Institutional and Medical Affairs

Dr. George Kirchner, chairman, Council on Dental Care Programs

Dr. Ben Barker, chairman, Council on Dental Education

Dr. Terence Donovan, chairman, Council on Dental Materials, Instruments and Equipment

Dr. Ronald Chaput, chairman, Council on Dental Practice

Dr. Allen Anderson, chairman, Council on Dental Research

Dr. Patrick Ferrillo, chairman, Council on Dental Therapeutics

Dr. James Sewright, chairman, Council on Ethics, Bylaws and Judicial Affairs

Dr. Chauncey Cross, chairman, Council on Governmental Affairs and Federal Dental Services

Dr. Jack Sokoloff, chairman, Council on Insurance (Dr. Sokoloff declined the appointment and at the New Board of Trustees session on October, 10, 1991, Dr. Zoel Allen was appointed chairman.)

Dr. Randolph Minatra, chairman, Joint Commission on National Dental Examinations

Dr. Robert C. Hinkle, chairman, Commission on Relief Fund Activities

Dr. R. Alan Hinkle, chairman, Commission on the Young Professional

Nominees to SELECT Oversight Committee: The Board of Trustees reviewed the list of nominees for two positions on the SELECT Oversight Committee and subsequently adopted the following resolution:

B-70-1991. Resolved, that the following nominees be elected to the SELECT Oversight Committee with terms expiring at the 1995 ADA annual meeting:

Dr. Charles W. Daiuto, Florida

Dr. Richard Mascola, Jr., New York

Nominations to American Dental Political Action

Committee (ADPAC) Board of Directors: The Board of Trustees has the responsibility for appointing the Board of Directors of ADPAC with one director representing each trustee district. The Board of Trustees reviewed the nominees from the First, Third, Ninth, Twelfth and Fourteenth Districts and subsequently adopted the following resolution:

B-66-1991. Resolved, that the following nominees to the ADPAC Board of Directors be approved:

Dr. Ross J. DeNicola, Louisiana, District 12

Dr. Dana Johnson, Colorado, District 14

Dr. John G. Nolen, Michigan, District 9

Dr. Richard Overgaard, Maine, District 1

Dr. Genarro J. Zippilli, Pennsylvania, District 3

Oral Report of Assistant Executive Directors for Legal Affairs and Dental Practice—Copyright Protection of the "ADA Code of Dental Procedures and Nomenclature": In an attorney/client privilege session, Mary Logan and Dr. Michael Perich discussed with the Board of Trustees the Association's copyright ownership of *Current Dental Terminology-1 (CDT-1)* and the *Code of Dental Procedures and Nomenclature*.

Report of the Executive Director and Assistant Executive Director for Education to the Board of Trustees Regarding the Commission on Dental Accreditation: This report described the background of the Commission on Dental

Accreditation, reviewing its function and composition and noting that the Commission obtains its authority to act as an accrediting agency from the Council on Postsecondary Accreditation (COPA) and the United States Department of Education (USDOE).

The report further described concerns from the American Dental Hygienists' Association and specialty organizations of dentistry regarding perceived inadequacies in representation on the Commission and the growing divisiveness between these groups and the Commission.

Appended to the report was a possible resolution for the Board's consideration:

Resolved, that a committee composed of representatives from COPA, USDOE and other communities of interest be appointed and charged with the responsibility of reviewing the structure and function of the Commission on Dental Accreditation and report their recommendations to the Commission, the communities of interest that comprise the Commission and the Board of Trustees.

Dr. Cliff Miller, assistant executive director, Education, reported that the committee would be composed of 15 members with an anticipated financial implication of \$30,000.

In light of other possible action by the House of Delegates, the Board of Trustees referred the report to its December 1991 planning session.

American Fund for Dental Health (AFDH) Steering

Committee: Dr. James Clark, observer to the AFDH Steering Committee on Oral Health 2000 reported on the Committee's recent activities in developing a charter and structure for the project and noted that additional information regarding these activities would be available after the AFDH November 1991 Board of Directors meeting.

Discussion of American Dental Political Action Committee (ADPAC): The Board of Trustees discussed various aspects of ADPAC including terms of office, soft dollars budget, executive committee, ADA Board involvement and the development of policies for ADPAC. A report addressing these issues will be prepared for the December 1991 planning session of the Board of Trustees.

Recess: The Board of Trustees recessed for luncheon at 1:15 p.m. and reconvened at 2:00 p.m.

Special Order of Business

Statement of Dr. Geraldine Morrow to the Board of Trustees

on HIV-Task Force: Dr. Geraldine Morrow summarized the recent activities of the Task Force on HIV and its review of the Phase II Options written by Van Vechten and Associates with input from divisions of the Association. This document contains an analysis of the issues in the Oral Health Issues Education Campaign, a review of the activities during Phase I and program options for a second phase of the campaign.

Dr. Morrow noted that the Task Force identified various factors which need to be taken into consideration when shaping future program direction of the Association with respect to AIDS. As a result, the Task Force felt it was premature to recommend specific program activities at this time. It did, however, identify the following five areas of emphasis that it believes should be the focus of ongoing Association activities.

- Public education
- Professional education/infection control compliance
- Constituent and component assistance
- Legislative/regulatory/legal
- Research: scientific/behavioral/attitudinal

Finally, it was the recommendation of Dr. Morrow and the Task Force that consideration of a comprehensive Phase II plan be deferred until December to allow the Task Force, with appropriate consultation, to fully assess all of the research and developments that must be considered in the formulation of a plan for further activities.

Appearance of Mr. Jay Van Vechten, president, Van Vechten

and Associates: Mr. Jay Van Vechten presented an overview of issues, objectives and campaign components of the Phase I Oral Health Issues Education Campaign and reviewed the Phase II campaign with an anticipated budget.

Following Mr. Van Vechten's appearance, the Board deferred consideration of the proposal to the December 1991 Board planning session.

Financial Implications of Resolutions Considered by the

Board of Trustees for the 1991 House of Delegates: The Board of Trustees reviewed the financial implications of all resolutions presented to the 1991 House of Delegates in concert with the proposed 1992 budget. During its discussion, the Board considered various options in the event the House would return the 1992 budget to the Board.

Adjournment: The Board of Trustees adjourned *sine die* at 4:15 p.m.

October 10, 1991

Westin Seattle Hotel, Seattle, Washington

Call to Order: The first session of the new Board of Trustees was called to order on October 10, 1991 at 1:20 p.m. in Cascade Ballroom I and II of the Westin Seattle Hotel, Seattle, Washington, by President Geraldine Morrow.

Roll Call: The following officers were present: Geraldine Morrow, president; Jack H. Harris, president-elect; William B. Trice, first vice-president; Curtis E. Gause, second vice-president; Gary Rainwater, speaker, House of Delegates and Thomas J. Ginley, executive director.

The following members of the Board of Trustees were present: William A. Booth, James N. Clark, Richard W. D'Eustachio, James H. Gaines, Albert H. Guay, John V. Hinterman, Walter F. Lamacki, James F. Mercer, Gary J. Newman, George S. Payne, James H. Pearce, Jr., Rene Rosas, Heber Simmons, Jr., Frank H. Stevens, Thomas O. Sweet and William S. TenPas.

Staff members present were: William E. Allen, associate executive director; Brian Johnson, acting assistant executive director, Finance and Business Affairs; Bill B. Lefler, assistant executive director, Legislative Affairs; Mary K. Logan, assistant executive director, Legal Affairs; Clifford Miller, assistant executive director, Education; Lorna Mitchell, assistant executive director, Communications; Enid A. Neidle, assistant executive director, Scientific Affairs; Carol M. Overman, director, Board and House Matters; Michael L. Perich, assistant executive director, Dental Practice; Paula J. Perich, assistant executive director, Membership and Marketing Services; and James H. Sweeney, assistant executive director, Conference and Meeting Services.

Approval of Agenda: The Board of Trustees adopted the following resolution approving the agenda for this session:

B-71-1991. Resolved, that the agenda on Page 1 of the *Board Manual* be approved as the official order of business for the current session.

Structure and Operation of 1991-92 Board of Trustees

Amendments to the "Organization and Rules of the Board of Trustees": The Board of Trustees reviewed amendments to the *Organization and Rules of the Board of Trustees* which had been approved during the year. On vote, the Board adopted the following resolution:

B-72-1991. Resolved, that the *Organization and Rules of the Board of Trustees*, 1992, as amended, be approved.

Appointment of Treasurer: The Board of Trustees adopted the following resolution in accordance with the *Organization and Rules of the Board of Trustees*:

B-73-1991. Resolved, that Dr. Jack Harris, president-elect, be appointed to concurrently serve as the 1991-92 Association Treasurer.

Trustee Liaison Assignments: The *Organization and Rules of the Board of Trustees* states that "Members of the Board of Trustees shall be assigned by the President the responsibility for reviewing the programs and activities of a specified Association council/commission." Accordingly, President Morrow has made the following appointments:

Council on ADA Sessions and International Relations
Dr. Heber Simmons

Council on Community Health, Hospital, Institutional and Medical Affairs
Dr. Walter Lamacki

Council on Dental Care Programs
Dr. Richard D'Eustachio

Council on Dental Education
Dr. William TenPas

Council on Dental Materials, Instruments and Equipment
Dr. James Pearce

Council on Dental Practice
Dr. William Booth

Council on Dental Research
Dr. Curtis Gause

Council on Dental Therapeutics
Dr. William Trice

Council on Ethics, Bylaws and Judicial Affairs
Dr. James Clark

Council on Governmental Affairs and Federal Dental Services
Dr. James Mercer

Council on Insurance
Dr. George Payne

Joint Commission on National Dental Examinations
Dr. Frank Stevens

Commission on Relief Fund Activities
Dr. Gary Newman

Commission on the Young Professional
Dr. James Gaines

Appointment of Delegates to Federation Dentaire

International (FDI): The *Organization and Rules* stipulates that "The delegation shall be comprised of the President, who shall serve as chairman, the Immediate Past President, the previous Immediate Past President and two delegates, appointed by the President from the 16 trustees, who each shall serve a term of four years. The alternate delegates shall be the President-elect, the Executive Director, the USA/FDI Treasurer and one member of the Council on ADA Sessions and International Relations appointed annually by the President."

1992 FDI Delegates

Dr. Geraldine Morrow, chairman
 Dr. Eugene Truono, immediate past president
 Dr. R. M. Overbey, previous immediate past president
 Dr. James Gaines, 1989-92 trustee, four-year term
 Dr. George Payne, 1991-94 trustee, four-year term

1992 FDI Alternates

Dr. Jack Harris, president-elect
 Dr. Thomas Ginley, executive director
 Dr. Edward Furstman, USA/FDI treasurer
 Dr. James Brewster, Council on ADA Sessions and International Relations Members, one-year term

Committee on Salary and Tenure: The *Organization and Rules of the Board of Trustees* calls for the Committee to consist of the President, as chairman, the President-elect who is also the Treasurer, and a trustee appointed annually. Accordingly, Dr. Morrow has appointed Dr. Frank Stevens as the trustee member of the Committee.

Appointment of Representatives to Other Organizations and Activities: In accordance with the *Organization and Rules* which states "... all appointments of representatives to other organizations and members of other committees may be made by the President ...," Dr. Morrow has made the following appointments:

ADA Audit Review Committee

Dr. Jack Harris, chairman
 Dr. Geraldine Morrow
 Dr. George Payne

Board of Trustees Special Advisory Committee on Quality Assurance

Dr. Geraldine Morrow, chairman
 Dr. Richard D'Eustachio
 Dr. James Gaines
 Dr. Albert Guay
 Dr. Frank Stevens

Official Observer to American Medical Association House of Delegates

Dr. Lewis Earle, Florida, 1992

Official Observer to American Hospital Association Annual Meeting

Dr. David Whiston, Virginia, 1992

Presenter of Board Reports to House of Delegates

Dr. Frank Stevens, 1992

Membership Services Activities Liaison

Dr. Rene Rosas, 1991-92

Liaison to SELECT Committee

Dr. Thomas Sweet, 1991-92

Liaison to American Student Dental Association

Dr. James Gaines, 1991-92

American Dental Political Action Committee

Dr. Walter Lamacki, 1991-92

Task Force on AIDS

Dr. Heber Simmons, Jr., 1991-92

Crisis Management Media Task Force

Dr. Geraldine Morrow, chairman
 Dr. Heber Simmons, Jr.
 Dr. Richard D'Eustachio

Sessions of the Board of Trustees, 1991-92: Prior to approving the scheduled session dates for the ensuing year, it was noted that based on recent House action, the October 22 meeting date would be changed to October 21. On vote, the Board of Trustees adopted the following amended resolution:

B-74-1991. Resolved, that the sessions of the 1991-92 Board of Trustees be as follows:

December 5-7, 1991
 February 13-15, 1992
 April 5-7, 1992
 June 13-16, 1992
 August 9-12, 1992
 October 12-15, 1992
 October 21, 1992

Board of Trustees 1991 Planning Session: Various arrangements for the planning session scheduled for December 5-7, 1991 in Beaver Creek, Colorado were discussed. Specifically, the Board reviewed the amount of time required for the meeting and the possibility of changing both the date and the meeting location. Subsequently, the Board retained Beaver Creek as the meeting location and expanded the meeting date to include a portion of Sunday morning, December 8.

Amendments to "Standing Rules for Councils and Commissions":

The Board of Trustees noted that actions of the House of Delegates might require amending the *Standing Rules* to reflect the *Bylaws* changes made through adoption of Resolution 112H-1991, Interim Oversight of Councils and Commissions. Such changes would be presented to the Board of Trustees at a future meeting.

Appointment of Council Chairman: The Board of Trustees was informed that Dr. Jack Sokoloff declined the appointment as chairman of the Council on Insurance. President Morrow opened the floor for nominations and after voting on the nominees it was announced that the Board appointed Dr. Zoel Allen as chairman.

Attendance at Centers for Disease Control (CDC) Hearing:

Dr. Enid Neidle requested the advice of the Board of Trustees on sending representatives to a November 4, 1991 CDC hearing regarding categories of exposure-prone procedures. Following extensive discussion, the Board voted to send a delegation composed of Drs. Walter Lamacki, Enid Neidle and Michael Perich.

Adjournment: The Board of Trustees adjourned to meet as members of the ADA Endowment and Assistance Fund, Inc; Stockholder of American Dental Real Estate Corporation; and Shareholder of ADA Risk Purchasing Group, Inc.

The Board of Trustees adjourned *sine die* at 2:35 p.m.

December 5-8, 1991

Hyatt Regency Hotel, Beaver Creek, Colorado

Call to Order: The second session of the Board of Trustees was called to order by President Geraldine Morrow at 8:20 a.m., Thursday, December 5, 1991, in the Mt. Jackson Room of the Hyatt Regency Hotel, Beaver Creek, Colorado.

Roll Call: The following officers were present: Geraldine Morrow, president; Jack H. Harris, president-elect and treasurer; Curtis E. Gause, second vice-president; Gary Rainwater, speaker of the House of Delegates; and Thomas J. Ginley, executive director. Dr. William B. Trice, first vice-president, was absent from the morning meeting due to weather conditions which prohibited travel but was in attendance for the balance of the session.

The following members of the Board of Trustees were present: William A. Booth, James N. Clark, Richard W. D'Eustachio, James H. Gaines, Albert H. Guay, John V. Hinterman, Walter F. Lamacki, James F. Mercer, Gary J. Newman, George S. Payne, James H. Pearce, Jr., Rene Rosas, Heber Simmons, Jr., Frank H. Stevens, Thomas O. Sweet and William S. TenPas.

Staff members present were: William E. Allen, associate executive director; Brian Johnson, assistant executive director, Finance and Business Affairs; Bill B. Lefler, assistant executive director, Legislative Affairs; Mary K. Logan, assistant executive director, Legal Affairs; Lorna Mitchell, assistant executive director, Communications; Enid A. Neidle, assistant executive director, Scientific Affairs; Carol M. Overman, director, Board and House Matters; Michael L. Perich, assistant executive director, Dental Practice; Paula J. Perich, assistant executive director, Membership and Marketing Services; and James H. Sweeney, assistant executive director, Conference and Meeting Services. Dr. Clifford H. Miller, assistant executive director, Education, was in attendance only for the Saturday and Sunday meetings due to other Association commitments.

Also in attendance were: Lawrence Meskin, editor, *The Journal of the American Dental Association* and Leonard Wheat, director, Government Relations.

Executive Meeting

Call to Order: An Executive Meeting was called to order at 8:25 a.m., President Geraldine Morrow presiding.

Roll Call: Those in attendance were the President, President-elect and Treasurer; Second Vice-President, Speaker of the House of Delegates, Executive Director and all members of the Board of Trustees.

Discussion: The Board of Trustees discussed the activities of the 1991 House of Delegates and its effectiveness in the House's deliberations as well as general administrative issues.

Adjournment: The Executive Meeting adjourned at 10:20 a.m.

Regular Meeting

Call to Order: The Regular Meeting was called to order at 10:20 a.m., President Geraldine Morrow presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Preliminary

Approval of Agenda: Prior to approving the agenda, the following topics were added: Excess Major Medical Program (Ms. Logan); ADA Relief Fund (Dr. Payne); and the *ADA Code of Dental Procedures and Nomenclature* (Ms. Logan). The Board of Trustees adopted the following resolution:

B-64-1991. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Minutes of Previous Sessions: The Board of Trustees adopted the following resolutions:

B-82-1991. Resolved, that the minutes of the September 30-October 3, 1991 session of the Board of Trustees be approved.

B-75-1991. Resolved, that the minutes of the October 10, 1991 session of the Board of Trustees be approved.

Opening Remarks

Report of President: Dr. Geraldine Morrow commented on her goals and objectives for 1991-92.

Report of President-Elect: Dr. Jack Harris deferred his comments until the discussions on budget and legislative issues.

Report of Executive Director: Dr. Thomas Ginley reported on the activities of the Executive Director's Advisory Committee, which is composed of four individuals from constituent dental societies and four individuals from component dental societies. He reported that the Committee met on November 25 and discussed such issues as competition between and unification of the three levels of organized dentistry and possible non-dues revenue cooperative ventures.

Liaison Reports: The following liaison reports were presented: Dr. William Booth, Council on Dental Practice; Dr. James Gaines, American Student Dental Association and Federation Dentaire Internationale; and Dr. Thomas Sweet, SELECT Program.

Miscellaneous Business

Review of Unofficial Report of Actions of 1991 House of Delegates: The Board of Trustees reviewed the follow-up assignments on 1991 House of Delegates resolutions. President Morrow urged the various liaisons to councils and commissions to monitor progress on the implementation or study called for in their assigned council/commission resolutions. All members of the Board were urged, as well, to provide input as they felt necessary through the liaison or division director.

The Board also critiqued several actions of the House of Delegates and the role that it played in those actions. The Board discussed the need for identifying specific Board members to represent its position on key issues before the House and the need for the Board to participate in pre-House strategy sessions.

Recess: The Board of Trustees recessed for luncheon at 12:30 p.m. and reconvened at 1:45 p.m.

Discussion of OSHA Bloodborne Pathogen Standard: Ms. Mary Logan, assistant executive director, Legal Affairs, reported on the basic provisions of the OSHA bloodborne pathogen standard as it applies to the dental office.

Report on the American Dental Political Action Committee (ADPAC): After reviewing a report which described 1991 activities and outlined 1992 activities of ADPAC, the Board of Trustees requested that an annual written report (in lieu of a brief oral presentation before the House) on ADPAC activities be published in *Annual Reports* or *Supplement One*. The Board also requested that minutes of ADPAC Board meetings be circulated to each ADA Board member and indicated its intent to invite the Chairman of the ADPAC Board at least once every two years to meet with the ADA Board. On Saturday, December 7, the Board continued its discussion of ADPAC and requested that ADPAC be notified of these actions as well as the Board's decision to appoint only one Board member instead of the usual five members to the ADPAC Board.

Discussion of HIV/AIDS Activities: As a result of the actions taken by the 1991 House of Delegates related to HIV/AIDS issues, the Board discussed possible follow-up activities.

In response to Resolutions 82H, 85H and 91H, the Board directed the Task Force on HIV/AIDS to formulate model legislation which would assist state societies in complying with Association policy. Recognizing the possible urgency for this model legislation, the Board requested the Task Force on Access, Health Care Financing and Reform, which will be meeting in the early part of January, to review and comment on the model legislation. Subsequently, mail ballot approval will be sought from the Board. If approved, constituent societies will be notified of the availability of model legislation. Should the Board vote to not approve the model legislation, it will be placed on the agenda for the February session of the Board and made available shortly thereafter.

The Board also discussed the advisability of calling for mandatory infection control continuing education and mandatory inspections for compliance with infection control guidelines. In both instances, the Board indicated little or no support.

On Sunday, December 8, the Board also discussed the mandatory reporting of HIV/AIDS as an infectious disease. The Board requested the development of a possible policy statement for its consideration in February, which would address HIV/AIDS in much the same way as a sexually transmitted disease including all aspects of confidentiality.

Adjournment: The Board of Trustees adjourned at 5:00 p.m.

Friday, December 6, 1991

Call to Order: The Board of Trustees was called to order at 8:30 a.m. in the Alpine Room of Beaver Creek Lodge, President Geraldine Morrow presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Reports and Issues

1991 Year End Results Forecast: The Board of Trustees reviewed a 1991 financial status report based upon ten months of actual results. It was noted that through October, revenues exceeded expenses by \$9,663,704 or \$3,141,967 above the year-to-date pro-rata budget. Details on significant revenue and expense items were provided. It was reported that the last two months of the year are historically difficult to forecast accurately and have been unfavorable to budget by as much as \$1,500,000. Nonetheless, it was projected that revenues will exceed expenses by \$2,773,767.

1992 House Approved Budget: The Board of Trustees reviewed a report which highlighted the actions of the House of Delegates which have financial implications for the 1992 budget. The approved 1992 budget of \$44,693,000 in revenues is offset by expenses of \$44,820,060, resulting in a net revenue deficit of (\$127,060). In a related discussion, it was suggested that the Treasurer send a letter to the members of the House of Delegates explaining the 1991 year-end status, the 1992 budget, the status of the Washington Office Building, Association reserves and the capital budget. A draft of such letter will be reviewed by the Board in February.

Report of the Division of Finance and Business Affairs—Capital Improvement Program: The Board of Trustees reviewed a report which described a major construction project involving the ADA Headquarters Building. The report provided information on the asbestos abatement program, the renovation of areas within the Headquarters Building, estimated project costs and funding alternatives. Following discussion, the Board of Trustees adopted the following resolution:

B-79-1991. Resolved, that the Executive Director be authorized to contract for the removal of asbestos and building renovation as is determined to be necessary, and be it further **Resolved,** that the Executive Director obtain funding for the expense of this project through appropriate interim and long-term financing arrangements, and be it further **Resolved,** that the Executive Director submit periodic reports on the status of the project and its financing as well as specific recommendations regarding future methods of repayment.

Zero Base Budgeting Discussion Guide: The Board of Trustees, in its initial discussions on developing a 1993 Association budget, discussed the zero base budgeting process. This process was described as "an approach to budgeting and planning that seeks to prioritize activities within an organization and allocate resources accordingly." A comparison between incremental and zero base budgeting was provided as well as advantages and concerns regarding the zero base budgeting process.

Following a discussion lead by Dr. Jack Harris, treasurer, the Board approved a modified form of zero base budgeting and Association-wide program ranking. The Board also requested the drafting of a resolution for its consideration in February, which would call for evaluation of this budgeting process in June and, if effective, would formalize its use in the future.

Financial Matters

Supplemental Appropriation Requests and Status of Contingent Fund for 1991 and 1992:

It was reported that a Contingent Fund of \$350,000 was authorized in the 1991 budget and that to date the Board of Trustees approved supplemental requests in the amount of \$429,300 leaving the fund overspent by \$79,300.

The Board of Trustees reviewed requests for supplemental funding from the 1992 budget in the amount of \$112,700. Upon review of the supplemental request from the Council on Governmental Affairs and Federal Dental Services for \$9,000 for two planning meetings, the Board approved funding in the amount of \$5,000 for one planning meeting. The Board directed that Dr. James Mercer, liaison to the Council, attend the planning meeting and included funds for his participation as part of the \$5,000.

Also, the supplemental request from the Department of Dental Society Services for the annual Management Conference and CONTACT Program was reduced by \$9,000 because of anticipated revenue due to a registration fee of \$75.

The Board of Trustees adopted the following amended resolution:

B-76-1991. Resolved, that the following appropriations be made from the 1992 Contingent Fund and be allocated to line items in separately listed costs centers, with the exception of grants and capital funding, in accordance with the terms of the supplemental appropriation requests:

*House/Board/Executive Director,
Office of the President*
(Cost center 1-90-00-XX) \$54,900
Task force meetings to develop a position for dentistry in health care reform.

5201 Volunteer Travel	\$24,000
5210 Staff Travel	2,500
5226 Volunteer Per Diem	7,200
5241 Lodging	16,200
5261 Meals	2,400
5450 Stationery and Supplies	600
5803 Consulting Fees	2,000
	<u>\$54,900</u>

*Division of Membership and Marketing,
Department of Dental Society Services*
(Cost center 1-90-30-XX) \$23,300
Annual Management Conference and Contact Program.

5303 Speaker Fee	\$12,000
5381 Reception	12,400
5399 Marketing and Promotion	1,500
5431 Postage	500
5442 Equipment Rental	500
5450 Stationery and Supplies	900
5502 Inside Printing	300
5503 Outside Printing	2,200
5521 Artwork	2,000
4600 Registration Fees (Revenue)	(9,000)
	<u>\$23,300</u>

*Division of Legislative Affairs,
Council on Governmental Affairs and
Federal Dental Services*
(Cost center 1-90-20-XX) \$ 5,000
Planning for the March and July 1992 Council meeting, including Association's legislative and regulatory agendas and policy review.

5201 Volunteer Travel	\$ 5,000
5226 Volunteer Per Diem	1,200
5241 Lodging	2,800
	<u>\$ 9,000*</u>

*As noted earlier, the supplemental request was reduced to \$5,000; resulting line item reductions will be made by the appropriate agency.

*Division of Legal Affairs,
Office of AED - Legal Affairs*
(Cost center 1-90-15-XX) \$16,500
Reproduction of the OSHA brochure, "Answers to Your Legal Questions about OSHA," to meet anticipated demand in 1992.

5503 Outside Printing	\$ 9,000
5431 Postage	7,500
	<u>\$16,500</u>

Total Supplemental Appropriation Requests \$99,700

On Saturday, December 7, the Board also discussed the funding of Health Issues Seminars at a cost of \$9,000 but subsequently defeated such action.

Adjournment: The Board of Trustees adjourned at 12:10 p.m.

Saturday, December 7, 1991

Call to Order: The Board of Trustees was called to order at 8:07 a.m. in the Mt. Jackson Room of the Hyatt Regency Hotel, President Geraldine Morrow presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Special Orders of Business

Appearance of Dr. Stephen Burnett, facilitator, ADA Strategic Planning Committee: Dr. John Hinterman, chairman, Strategic Planning Committee, introduced Dr. Stephen Burnett who proceeded to discuss the next step in the planning process, how mission/principles yield "working" objectives. Dr. Burnett then assisted the Board in a "visioning" exercise by asking everyone what they thought the ADA should look like in 1997—what should the ADA become?

Dr. Rene Rosas, Committee member, walked the Board through the processing of Working Objective No. 1, and Dr. Hinterman briefly outlined the activities of the Committee for the year ahead.

Appearance of Scott Railton, Esquire: Mr. Scott Railton, a lawyer in private practice in Washington, D.C., with the law firm of Reed, Smith, Shaw & McClay, appeared before the Board of Trustees to enhance its understanding of OSHA from a legal and regulatory perspective. Ms. Mary Logan, assistant executive director, Legal Affairs and Mr. Railton led an indepth discussion of the Association's options in challenging the OSHA Bloodborne Pathogen Standard.

The discussion focused on the importance of the Association serving as an advocate for the profession; the likelihood that union groups and others will become involved in a challenge to the Standard; the importance of legal action to lend credibility to the Association's legislative efforts and ability to negotiate with OSHA on enforcement matters; the requirements for obtaining a stay of enforcement by the court (likelihood of success on the merits; irreparable harm to profession; no harm to employees by a stay; public interest in a stay); possible strategies in the litigation; and the likely timetable (approximately one to one-half years).

After a thorough discussion, the Board adopted the following resolution:

B-80-1991. Resolved, that the American Dental Association pursue (alone and not in conjunction with other organizations) immediate legal action to challenge the OSHA Bloodborne Pathogen Standard as it applies to dentistry, and be it further **Resolved,** that the Association in addition to litigation pursue immediately legislative relief from all burdensome OSHA rules not in the public's best interest and in accordance with current ADA policy.

Recess: The Board of Trustees recessed for lunch at 12:10 p.m. and reconvened at 1:00 p.m.

Discussion of Other Activities Related to OSHA: The Board also discussed the Association's various options for educating the membership on the Bloodborne Pathogen Standard. It was agreed that the December *ADA News* stories announcing the Standard and informing the members of the legal and legislative initiatives were very important, and that these articles should be followed by a brochure for all members summarizing the Standard in detail. After discussion, it was further agreed that this brochure should be a separate document that is polybagged with the February issue of *The Journal of The American Dental Association*. The Board also discussed the best means for ensuring that each dental office receive a copy of the OSHA Standard itself. It was agreed that the brochure should include a postcard (or equivalent) for dentists to send to OSHA to request a copy of the Standard.

The Board also discussed other educational possibilities, including a national teleconference, a software package for an office exposure control plan, a videotape and other material. It was agreed that the feasibility of these options would be explored, with a report back to the Board.

Further, the Board discussed the importance of being sensitive to two important items:

1. The profession's understanding that the Association's efforts toward education do not reflect support for the OSHA requirements; and
2. The importance of ensuring that the public does not believe the profession is opposed to universal precautions.

Lastly, the Board expressed its concern that compliance with each and every OSHA requirement may develop into an unnecessary but real expectation by the public about prevention of bloodborne diseases in the dental office.

Reports and Issues (continued)

Report on Legislative Issues: Dr. Jack Harris presented the following list of examples of federal legislative issues of concern to the Association and possible goals to be investigated.

- OSHA/Hazard Communication—Secure legislative exemption for dental offices from OSHA Hazard Communication Standard;
- National Practitioner Data Bank—Amend 1986 Health Care Quality Improvement Act to delete required reporting of small malpractice payments (including fee refunds) to Data Bank;
- Campaign Finance Reform—Preserve the right of political action committees to participate fully in the election process;
- Employee Retirement Income Security Act Treatment of Self-Funded Health Benefit Programs—Rescind Employment Retirement Income Security Act Pre-emption of State Benefit Laws; and
- Tort Reform/Professional Liability Insurance Reform—Achieve early passage of free standing federal legislation which reforms the tort system and addresses the availability and affordability of professional liability insurance.

In addition to the legislative issues and goals, background information, action steps and cost estimates were provided. Following discussion, the Board expressed its support for the suggested initiatives and the need to impress upon the Council on Governmental Affairs and Federal Dental Services the importance of a proactive legislative stance.

Dr. Harris also outlined proposed changes to the ADA Washington Office and the Council on Governmental Affairs and Federal Dental Services.

Miscellaneous Business

National Foundation of Dentistry for the Handicapped (NFDH): The Board of Trustees was informed of recent activities of NFDH and indicated its approval for co-signing a letter of intent in support of a grant from the Robert Wood Johnson Foundation to the NFDH.

Scrap Amalgam: Ms. Mary Logan, associate executive director, Legal Affairs, provided a brief update on the favorable results of the study on scrap amalgam and mercury contamination of wastewater and the related public hearing in Arizona.

Adjournment: The Board of Trustees adjourned at 5:00 p.m.

Sunday, December 8, 1991

Call to Order: The Board of Trustees was called to order at 8:00 a.m., President Geraldine Morrow presiding.

Roll Call: The officers, members of the Board of Trustees and staff were in attendance as previously recorded.

Reports and Issues

Recommendations of the Oral Health Issues Management Committee on the Human Immunodeficiency Virus (HIV), Amalgam and Fluoride Activities: The Board of Trustees reviewed a report and discussion guide which identified proposed activities and associated costs related to the HIV, amalgam and fluoride issues. Activities to address each issue were categorized under the following headings: Dental Society Support, Professional Education/Compliance, Public Education, Research, Media and Legislative/Regulatory/Legal.

The staff was directed to proceed on a number of the activities and, as appropriate, return to the Board with more detailed proposals and requests for supplemental funding.

Communications Oversight Committee: The Communications Oversight Committee, consisting of Dr. Morrow, chairman and Drs. D'Eustachio and Simmons, reported on its recent meeting and provided the following list of activities for implementation by the Executive Director:

- Initiate self-study of the Division of Communications;
- Establish the objective of the Division of Communications to educate all segments of the dental profession and the public;

- Support the Salable Materials Program; and
- Hire a new outside media agency for placement of chief spokespeople.

Miscellaneous Business (continued)

Report of Dr. James N. Clark on National Adult Oral Health Promotion and Education Initiative: Dr. James Clark, as observer to the American Fund for Dental Health (AFDH) Oral Health 2000 Program, reported on the research and action program for improving the oral health of adults. He reported that the program seeks to confer on adults a level of oral health that will be maintained throughout the aging years as well as improving the health of racial and ethnic minorities. It was also reported that the program's Steering Committee has developed plans for the first meeting of Oral Health 2000's National Consortium which will take place in January 1992. The National Consortium will represent over 100 different professional, dental, medical, governmental, industry and public interest organizations and will establish the agenda for the first year of Oral Health 2000 as well as approve national demonstration projects. Appended to the report was a resolution requesting the appointment of a permanent ADA member to the AFDH Steering Committee of the Oral Health 2000 Program.

B-78. Resolved, that the Board of Trustees agrees to participate on the Steering Committee of the American Fund for Dental Health related to the Oral Health 2000 Program, and be it further

Resolved, that the President nominate an individual to represent the ADA in that activity.

Following discussion, the proposed resolution was defeated and President Morrow indicated her intent to relate this action to the American Fund for Dental Health.

In taking this action, the Board noted that it was also unresponsive of any cooperative public relations activities in relation to the Oral Health 2000 Program and that continued sponsorship of the AFDH needs to be reviewed and decided conclusively in February. To that end, it was requested that a concise synopsis of the ADA/AFDH relationship be prepared for the Board's information and that minutes of AFDH meetings be circulated to all ADA Board members.

Appointment of Special Committees and Task Forces: The Board of Trustees reviewed the appointments of President Geraldine Morrow to the special committees and task forces established by the Board or the House of Delegates. In accordance with the directives of Resolutions 66H-1991 and 35H-1991, which call for Board ratification of the ADA Officer Corps Study Committee and the Provider Recognition Committee respectively, the following resolution was adopted:

B-77-1991. Resolved, that the composition of the ADA Officer Corps Study Committee and the Provider Recognition Committee as appointed by President Geraldine Morrow be ratified:

Office Corps Study (Res. 66H)

Payne, George S., *chairman*, Santa Rosa, California
 Hinterman, John V., Flint, Michigan
 Lathrop, John, West Chester, Pennsylvania
 McGraw, James, Bellevue, Washington
 Press, Burton H., Walnut Creek, California
 Schilder, Herbert, Boston
 Sugg, Robert, Durham, North Carolina
 Sweet, Thomas O., North Syracuse, New York

Provider Recognition Committee (Res. 35H)

Brain, W. Gene, *chairman*, Renton, Washington
 Camp, Larry, Army, Fort Knox, Kentucky
 Cherrick, Henry, Los Angeles
 Finger, Henry, Medford, New Jersey
 Karsh, Fraya, New York
 Kittleman, Willis V., Boulder, Colorado
 Schmitt, Kenneth F., Chicago

Excess Major Medical Program: Ms. Mary Logan, assistant executive director, Legal Affairs and Mr. Brian Johnson, assistant executive director, Finance and Business Affairs, provided information on the Association's Excess Major Medical Program.

Report on "ADA Code of Dental Procedures and Nomenclature": Ms. Mary Logan updated the Board of Trustees on recent *Code* copyright activities and the Board adopted the following resolution:

B-81-1991. Resolved, that the Board of Trustees authorizes negotiation of an appropriate contract with the Health Insurance Association of America and Delta Dental Plans Association to maintain their uniform use of the *ADA Code of Dental Procedures and Nomenclature*, in keeping with Resolution 50H-1989 (*Trans.* 1989:552) and the Council on Dental Care Program's existing consensus statement with these organizations.

Unaddressed Agenda Items: In view of the time constraints of the meeting, President Morrow announced that the following agenda items would be included on the February agenda:

- Reports of Task Forces on Access, Health Care Financing and Reform, and Dental Hygiene
- Licensure
- Student Representation on the Board of Trustees
- ADA Relief Fund

Adjournment: The Board of Trustees adjourned *sine die* at 10:15 a.m.

Notes

Minutes of House of Delegates

October 6-10, 1991

Notes

October 6-10, 1991

Seattle Center Coliseum, Seattle, Washington

Call to Order: The first meeting of the 132nd Annual Session of the American Dental Association was called to order at 9:00 a.m., Sunday, October 6, 1991, in the Seattle Center Coliseum, Seattle, Washington, by the Speaker of the House of Delegates, Dr. Gary Rainwater.

Invocation: The invocation was offered by The Reverend Monsignor Paul J. Schierse of St. Joseph on the Brandywine, Greenville, Delaware.

Introduction of Officers: The Speaker introduced the officers of the American Dental Association who were seated in the House of Delegates.

Introduction of Past Presidents: The Speaker introduced the past presidents of the Association who were seated in the House of Delegates.

Introduction of Distinguished Guests: The Speaker introduced the following guests seated in the House of Delegates: Dr. John Clowe, president-elect, American Medical Association; Dr. Paul Hanson, American Hospital Association; Dr. Les Allen, president, Canadian Dental Association; Mr. Jardine Nielson, executive director, Canadian Dental Association; and Mr. Ernest Busch, 1991 Honorary Member.

Introduction of General Chairman, Committee on Local Arrangements: The Speaker introduced Dr. Johnny Johnson, general chairman, Committee on Local Arrangements, who presented welcoming remarks to the participants of the 132nd Annual Session.

Report of Standing Committee on Credentials: Dr. Francis C. Sarro, Jr., Delaware, chairman of the Standing Committee on Credentials, reported a quorum present. The other members of the Committee were: Drs. Richard H. Carnahan, Jr., Texas; Richard D. Hess, Illinois; Daniel I. Joseph, West Virginia; William A. MacDonnell, Connecticut; John S. McCulloch, Nevada; Gary J. Newman, Kansas; and Myron L. Pudwill, Nebraska.

The Committee reported that it had received requests for waiver of the rules regarding credentialing of new alternate delegates, acting secretaries and acting executive directors. Hearing no objection from the House, the Speaker ruled that the following individuals be credentialed:

Dr. Frank C. Grammer, Arkansas, alternate delegate
 Dr. Michael P. Montaleone, Illinois, alternate delegate
 Dr. Julia A. Paulson, Illinois, alternate delegate
 Dr. David H. Simpson, North Carolina, alternate delegate
 Dr. O.V. Cartwright, Texas, alternate delegate
 Dr. James E. Kennedy, Connecticut, acting secretary
 Dr. Terry J. Zahn, Montana, acting secretary
 Dr. Joel E. Leizer, New Jersey, acting secretary
 Dr. Paul Heese, North Dakota, acting secretary
 Dr. H. Charles Hill, Vermont, acting secretary

Dr. Victor J. Barry, Washington, acting secretary
 Ms. Frances C. Milano, Maine, acting executive director
 Mr. Marc Millstein, New Jersey, acting executive director

Introduction of the Secretary of the U.S. Department of Health and Human Services (HHS): President Eugene Truono introduced Dr. Louis Sullivan, secretary, U.S. HHS and presented Dr. Sullivan with a presidential citation for his contributions in the promotion and protection of the public's health, especially for his efforts to discourage smoking and the use of smokeless tobacco.

Dr. Sullivan addressed the members of the House of Delegates speaking on issues such as smokeless tobacco, health care system reform and Centers for Disease Control guidelines.

Report of Standing Committee on Rules and Order: The report of the Standing Committee on Rules and Order (*Supplement 1:278*) was presented by Dr. Juliann S. Bluitt-Foster, Illinois, chairman. The other members of the Committee were: Drs. Fred D. Bast, Alaska; Lawrence S. Churgin, New Jersey; Samuel E. Hayes, Missouri; Richard W. Hynes, Iowa; Joseph R. Kenneally, Maine; Stephen L. Kondis, Pennsylvania; and Charles L. Steffel, Indiana.

Minutes of 1990 Session of the House of Delegates (Standing Committee on Rules and Order Resolution 88—*Supplement 1:278*): On motion by Dr. Bluitt-Foster, the following resolution was adopted by the House of Delegates:

88H-1991. Resolved, that the minutes of the 1990 session of the House of Delegates, as published in *Transactions, 1990*, pages 525-578, be approved.

Suspension of House Rules to Allow for Report of President-Elect (Standing Committee on Rules and Order Resolution 124—*Supplement 2:427*): On motion by Dr. Bluitt-Foster, the following resolution was adopted by the House of Delegates:

124H-1991. Resolved, that the rules preventing the President-elect from presenting a formal report at the first meeting of the House of Delegates be suspended.

Dr. Bluitt-Foster also noted that the Standing Committee had submitted Resolution 125 (*Supplement 2:427*) to amend the *Manual of the House of Delegates* regarding presentations by future presidents-elect. Resolution 125 had been referred to the Reference Committee on President's Address and Miscellaneous Matters for hearing and recommendation.

Adoption of Agenda and Order of Agenda Items (Standing Committee on Rules and Order Resolution 89—*Supplement 1:278*): On motion by Dr. Bluitt-Foster, the following resolution was adopted by the House of Delegates:

89H-1991. Resolved, that the agendas on pages 265 to 267 of *Supplement 1 to Annual Reports and Resolutions, 1991* be adopted as the official order of business for this session, and be it further

Resolved, that with the consent of the House, the Speaker be authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House of Delegates.

Referrals of Reports and Resolutions (Standing Committee on Rules and Order Resolution 90—*Supplement 1:278*): On motion by Dr. Bluit-Foster, the following resolution was adopted by the House of Delegates:

90H-1991. Resolved, that the preliminary and supplemental list of referrals submitted by the Speaker of the House of Delegates be approved.

The Speaker noted that the following resolutions had been withdrawn by their sponsors:

Fourth District Resolution 94 (*Supplement 2:445*), Amendment of the ADA *Bylaws* Regarding Representation of the Federal Dental Services in the House of Delegates

Council on Dental Care Programs Resolution 22 (*Reports:68*), Rescission of Policy on Medicaid Benefits for Low Income Elderly

Sixteenth Trustee District Resolution 113 (*Supplement 2:459*), Timely Reporting Procedures to House of Delegates Directives

Additionally, it was announced that Council on Dental Education Resolution 34 (*Reports:118*), Rescission of 1968 Policy on Regulation of Dental Licensure, was reassigned from the Reference Committee on Dental Education and Related Matters to the Reference Committee on Legal and Legislative Matters.

Report of President-Elect: President-elect Geraldine Morrow addressed the members of the House of Delegates commenting on certain issues before the House and outlining her priorities during her tenure as president.

Report of President

President Eugene J. Truono addressed the members of the House of Delegates (*Supplement 2:421*). The report was referred to the Reference Committee on President's Address and Miscellaneous Matters.

Reports of the Board of Trustees to House of Delegates

Report 1 of Board to House—Association Affairs and Resolutions (*Supplement 1:326*): Dr. J. P. Chancey, Jr., trustee, Twelfth District, presented Report 1 of the Board of Trustees to the House of Delegates.

Council and Commission Nominations (Board of Trustees Resolution 63—*Supplement 1:336*): The Speaker called for additional nominations to councils and commissions; there were none. The Speaker called for the vote on Resolution 63 and the following resolution was adopted by the House of Delegates.

63H-1991. Resolved, that the nominees for membership on the councils and commissions of the Association submitted by the Board of Trustees in accordance with Chapter VII, Section 100(H) of the *Bylaws* be elected.

Report 2 of Board to House—Recommendations on Reports and Resolutions (*Supplement 1:339*): Report 2 of the Board to the House was referred to appropriate reference committees for consideration.

Report 3 of Board to House—ADA Operating Account Financial Affairs and Recommended Budget, Fiscal Year 1992 (*Supplement 1:346*): Report 3 of the Board to the House was referred to the Reference Committee on Budget and Administrative Matters.

Report 4 of Board to House—Nominees to the Practice Parameters Management Committee (*Supplement 1:379*): Report 4 of the Board to the House was referred to the Reference Committee on Dental Practice and Health.

Report 5 of Board to House—Progress Report of Strategic Planning Activities (*Supplement 1:382*): Report 5 of the Board to the House was referred to the Reference Committee on President's Address and Miscellaneous Matters.

Report 6 of Board to House—AIDS Update 1991 (*Supplement 1:385*): Report 6 of the Board to the House was referred to the Reference Committee on Scientific Matters.

Addendum to Report 6 of Board to House—AIDS Update 1991 (*Supplement 2:465*): The Addendum to Report 6 of the Board to the House was referred to the Reference Committee on Scientific Matters.

Report 7 of Board to House—Report on Resolution 108H-1990 (*Supplement 1:391*): Report 7 of the Board to the House was referred to the Reference Committee on President's Address and Miscellaneous Matters.

Report 8 of Board to House—Update on the National Practitioner Data Bank (*Supplement 2:466*): Report 8 of the Board to the House was referred to the Reference Committee on Legal and Legislative Matters.

Report 9 of Board to House—Further Recommendations on Reports and Resolutions (*Supplement 2:468*): Report 9 of the Board to the House serves as a historical record of Board of Trustees comments on resolutions, which were printed on individual worksheets and referred to various reference committees as appropriate.

Election of Officers and Trustees

President-Elect: Dr. Jack H. Harris, Texas, was nominated for the office of President-elect by Dr. Sam Rogers, Texas. The nomination was seconded by Drs. Lewis Turchi, California, and Fred Halik, New York. Dr. Jack S. Opinsky, Connecticut, was nominated for the office of President-elect by Dr. Stanton Wolfe, Connecticut. The nomination was seconded by Drs. John Lathrop, Pennsylvania, and John Lehman, California.

The names of Drs. Harris and Opinsky were placed on the voting machine and on Wednesday, October 9, Dr. Harris was declared elected.

First Vice-President: Dr. William B. Trice, Pennsylvania, was nominated for the office of First Vice-President by Dr. Stephen Kondis, Pennsylvania. The nomination was seconded by Drs. N. Tyrus Ivey, Georgia, and Michael Till, Minnesota. The Speaker called for additional nominations; hearing none the Speaker declared Dr. Trice duly elected.

Second Vice-President: Dr. Curtis E. Gause, Florida, was nominated for the office of Second Vice-President by Dr. Raymond Klein, Florida. The nomination was seconded by Drs. Richard Lewis, California, and Arthur Sandler, Massachusetts. The Speaker called for additional nominations; hearing none the Speaker declared Dr. Gause duly elected.

Speaker of the House of Delegates: The Speaker relinquished the chair to President Eugene Truono. Dr. Gary Rainwater, Texas, was nominated for the office of Speaker of the House of Delegates by Dr. Charles Wilson, California. President Truono called for additional nominations; hearing none President Truono declared Dr. Rainwater duly elected. The Speaker resumed the chair.

Trustee of District 1: The Secretary of the House of Delegates announced that the caucus of the First Trustee District had nominated Dr. Albert H. Guay, Massachusetts, as trustee. The Speaker called for additional nominations; hearing none the Speaker declared Dr. Guay duly elected.

Trustee of District 12: The Secretary of the House of Delegates announced that the caucus of the Twelfth Trustee District had nominated Dr. Gary J. Newman, Kansas, as trustee. The Speaker called for additional nominations; hearing none the Speaker declared Dr. Newman duly elected.

Trustee of District 14: The Secretary of the House of Delegates announced that the caucus of the Fourteenth Trustee District had nominated Dr. James H. Pearce, Colorado, as trustee. The Speaker called for additional nominations; hearing none the Speaker declared Dr. Pearce duly elected.

Trustee of District 15: The Secretary of the House of Delegates announced that the caucus of the Fifteenth Trustee District had nominated Dr. Rene Rosas, Texas, as trustee. The Speaker called for additional nominations; hearing none the Speaker declared Dr. Rosas duly elected.

Announcements

Referrals of Additional Resolutions: The Secretary of the House of Delegates announced additional referrals of resolutions to reference committees as follows:

Reference Committee on Dental Care Programs
Resolution 9S-1 (*Supplement 2:437*)
Resolution 10S-1 (*Supplement 2:437*)

Resolution 19S-1 (*Supplement 2:437*)
Resolution 20S-1 (*Supplement 2:437*)
Resolution 23S-1 (*Supplement 2:438*)
Resolution 50S-2 (*Supplement 2:438*)

Reference Committee on Dental Practice and Health
Resolution 127 (*Supplement 2:440*)
Resolution 131 (*Supplement 2:441*)
Resolution 132 (*Supplement 2:457*)

Reference Committee on Dental Education and Related Matters
Resolution 128 (*Supplement 2:440*)

Reference Committee on Legal and Legislative Matters
Resolution 126 (*Supplement 2:440*)
Resolution 130 (*Supplement 2:441*)
Resolution 134 (*Supplement 2:455*)

Reference Committee on President's Address and Miscellaneous Matters
Resolution 133 (*Supplement 2:457*)

Reference Committee on Scientific Matters
Resolution 82S-1 (*Supplement 2:438*)
Resolution 84S-4 (*Supplement 2:438*)
Resolution 85S-2 (*Supplement 2:439*)
Resolution 87S-2 (*Supplement 2:439*)
Resolution 129 (*Supplement 2:441*)
Resolution 135 (*Supplement 2:458*)

Adjournment: The first meeting of the House of Delegates adjourned at 11:30 a.m.

Wednesday, October 9, 1991

Call to Order: The second meeting of the House of Delegates was called to order at 8:30 a.m. by the Speaker of the House of Delegates, Dr. Gary Rainwater.

Invocation: The invocation was offered by Rabbi Earl Starr of Temple DeHisch Sinai, Seattle.

Introduction of Trustees: The Speaker introduced the 16 Trustees of the American Dental Association.

Report of Standing Committee on Credentials: Dr. Francis Sarro, Delaware, chairman, reported a waiver of the rules relating to credentialing of new alternate delegates and an acting executive director. Hearing no objection from the House, the Speaker ruled that the individuals be credentialed as follows:

Dr. Joseph R. Cumming, Alaska, alternate delegate
Dr. Joseph J. Coratola, Connecticut, alternate delegate
Dr. Robert Rosen, Delaware, acting executive director

Dr. Sarro reported a quorum present.

Announcements: The Speaker announced that Commission on Relief Fund Activities Resolution 31 (*Reports:104*) had been referred to the 1992 House of Delegates since it proposed an amendment to the *Indenture of Trust*.

Additionally, the Speaker announced that with the approval of the House of Delegates, the following resolutions were withdrawn by their sponsors:

- District of Columbia Dental Society Resolution 65 (*Supplement 1:285*), Opposition to Mandatory Testing
- New Jersey Dental Association Substitute Resolution 65S-1 (*Supplement 2:434*)
- Nebraska Dental Association Resolution 70 (*Supplement 1:287*), Flag Display in the House of Delegates
- Maine Dental Association Resolution 74 (*Supplement 1:287*), Disclosure of the Patient's Current Physical Status
- Fourth Trustee District Resolution 115 (*Supplement 2:446*), Amendment of *ADA Principles of Ethics and Code of Professional Conduct* to Eliminate References to HIV Infection
- First Trustee District Resolution 128 (*Supplement 2:440*), Current Funding Emphasis in the ADA SELECT Program
- First Trustee District Resolution 129 (*Supplement 2:441*), Barrier and Infection Controls

Priority Agenda Items

The Speaker announced that the following items would be considered before other items of business:

1. Reference Committee on Dental Practice and Health: Resolutions 131, 57, 78 and 99;
2. Reference Committee on Budget and Administrative Matters: entire report; and
3. Reference Committee on Scientific Matters: entire report.

A delegate from the Fourth District requested a change in the priority agenda in order to consider Resolution 78 before Resolution 131. He noted that if Resolution 78 passes, the other resolutions would become moot.

The Speaker referred the question of the priority listing to Dr. John Lathrop, chairman of the Reference Committee on Dental Practice and Health, who responded that "... it would be more appropriate to have Resolution 131RC before you because everything hinges upon that."

The delegate appealed the ruling of the chair. On vote, the members of the House of Delegates sustained the ruling of the chair.

Report of the Reference Committee on Dental Practice and Health

The priority items in the report of the Reference Committee on Dental Practice and Health were read by Dr. John B. Lathrop, Pennsylvania, chairman. The other members of the Committee were Drs. William M. Black, Ohio; Skip D. Buford, Louisiana; Loren W. Gardner, Michigan; Jay I. Glat, New York; Joseph G. Kalil, Massachusetts; David T. McCann, California; and William K. Morgan, North Carolina.

Practice Parameters Development (Practice Parameters Management Committee Resolution 61; Board of Trustees Resolution 61B; Practice Parameters Management Committee Resolution 62; Board of Trustees Resolution 62B; First Trustee District Resolution 131; and Reference Committee Resolution 131RC): The Reference Committee reported as follows:

The testimony before the Reference Committee focused on two broad areas of concern: the acceptability of the parameter, "Current Oral Health Condition," and the advisability of the practice parameters process. In considering these concerns the Committee noted that guideline development is proceeding in other health care sectors such as the U.S. Public Health Service Agency for Health Care Policy and Research, which is now in the process of developing health care guidelines. As to the acceptability of the parameter, the principle concern was that it was so inflexible that it might be interpreted as a standard of care. The Committee believes that this was caused by the significant time constraints under which the parameter was developed. There was testimony that the science and research supporting the parameter was excellent.

The Committee concludes that the purpose of parameter development remains valid but that the parameter must be revised to meet its original purpose. Therefore, the Committee recommends adoption of the following substitute resolution:

131RC. Resolved, that the proposed parameter for "Current Oral Health Condition" be referred back to the appropriate committees and the Board of Trustees to be rewritten and completed so as to provide a flexible range of options for the assessment of an individual's oral health, and that additional parameters be delayed until parameter number one is redone and returned to the 1992 House of Delegates for consideration.

Dr. Lathrop moved that Resolution 131RC be substituted for Resolutions 61 (*Supplement 1:298*), 61B (*Supplement 1:340*), 62 (*Supplement 1:298*), 62B (*Supplement 1:340*) and 131 (*Supplement 2:441*).

On vote, Resolution 131RC was substituted for Resolutions 61, 61B, 62, 62B and 131.

Dr. Lathrop moved the adoption of the substitute Resolution 131RC.

Dr. Lewis Earle, Florida, moved to amend Resolution 131RC by deleting the last two lines and adding the words "and report to the 1992 House of Delegates" and by adding the following second resolving clause:

Resolved, that the Practice Parameters Management Committee re-examine the process of parameter development, with emphasis on the total number of parameters, the time necessary for development of each parameter and financial implications.

Dr. Earle stated, "... I think the other members need to understand that what we do at this point is to not commit ourselves to an irrevocable course, and it will be a waste of work of the parameters development process if we do not at least attempt to begin the process of developing a second parameter as the first one is being perfected."

A delegate from the First District stated, "Now, it is the feeling of the First District and, I believe, the membership at large, that the process requires further review and that rather

than proceeding forward with the document, we feel that it would be best to delay this action and the First District ... would like to see 131RCS-1, at the appropriate time, brought to the floor for consideration."

Dr. Clary, First District, spoke against substitution. He said, "I believe that it ignores the basic concerns of the Reference Committee in that this was an exceedingly costly, time consuming project, and I would indicate that there are substitute amendments in your packet that would better serve us than this particular substitution."

On vote, the proposed amendment was defeated.

A delegate moved to substitute Resolution 131RCS-2, as follows, for Resolution 131RC.

131RCS-2. Resolved, that the proposed parameter for "Current Oral Health Condition" be referred back to the appropriate committees and the Board of Trustees to be rewritten and completed so as to provide a flexible range of options for the assessment of an individual's oral health, and to be reported to the 1992 House of Delegates, and be it further **Resolved**, that the Practice Parameters Committees begin work on one additional condition based parameter and either the parameter or a progress report be reported to the 1992 House of Delegates.

Dr. Robert Harris, Fifth District, and member of the Parameters Development Committee, stated, "I am in favor of supporting 131RCS-2 for 131RC. My reasons are many but the two most important are as follows: A statement had been made in Reference Committee that there are parameters that are already being written in relation to our profession. We have the opportunity to create a series of documents that will guide the dental profession without these kinds of strict enforcement and the strict penalties associated with this approach. I think that the ADA owes it to itself and the public it serves to set the standards for dentistry by setting broad parameters and so that, in turn, the options within the dental professional will be both safe and ethical. There is another issue to be brought forward which, to me, has a great deal of importance to this House and that is that virtually every resolution now on the table calls for the Committee to reconvene and to in essence polish the document you already have before you."

On vote, Resolution 131RCS-2 was substituted for Resolution 131RC.

A delegate moved to substitute Resolution 131RCS-1, as follows, for Resolution 131RCS-2.

131RCS-1. Resolved, that the proposed parameter for "Current Oral Health Condition" be referred back to the appropriate committees and the Board of Trustees to be rewritten and completed so as to provide a flexible range of options for the assessment of an individual's oral health, and that additional parameters be delayed until parameter number one is redone and returned to the 1992 House of Delegates for consideration, and be it further

Resolved, that the process of parameter development be re-evaluated regarding the time and expense to be allowed for the creation of parameters, and be it further

Resolved, that this assessment be performed by an ad hoc committee composed of one practicing dentist from each Trustee District nominated by the Trustees and appointed by the President, and be it further

Resolved, that the conclusions and recommendations of this committee be transmitted to the 1992 House of Delegates.

Dr. Bruce Wright, Delaware, stated, "I rise to speak against the first amendment and I rise to speak against all amendments in relation to parameters. Perhaps I can remind the House as to what happened in this House last year. For example, some of you may remember that at that time we were given a public relations pitch to develop parameters. This House had a lot of questions and I was among those that were in the front line to find out what you were talking about, what our staff was talking about. We reluctantly gave the Board and the committee a year to bring back to us a parameter and show us what this animal looked like. They tell us now, however, that they did not have enough time. Well, my answer to that is that they should not have brought it back. It was not in the proper form and should never have been brought to the House. It has done nothing but create confusion and doubt in my mind that we should have gotten into this project in the first place."

A delegate from the First District spoke in favor of Resolution 131RCS-1. He stated, "RCS-1 does not scuttle parameters; RCS-1 is a continued support for parameters. What RCS-1 is telling you is that we do not like in any way, shape or form what came back to us from the committee. Therefore, we sent it back to them to be not polished but to be reworked and rewritten in a form that this House will accept next year."

Another delegate from the First District spoke in favor of Resolution 131RCS-1.

Dr. Lewis Earle, Florida, stated, "I oppose the proposed substitute 131RCS-1. ...because you are creating another ad hoc committee. If, for example, you will go back and read the report of the Practice Parameters Management Committee, we proposed an additional parameter to begin in 1992 and then another one so that we could continue the process. We have a plan to show you which indicates, for example, that the efficiency can be improved. However, the Board did not see fit to adopt that and just recommended that a single additional parameter be started rather than having two events in 1992. There are efficiencies in economy of scale that can be achieved when you allow the Management Committee to manage more than one project simultaneously. However, time comes into effect when you have to distribute to the communities of interest—you have to choose the members of the Ad Hoc Scientific Committee and that is simply a press and involves too tight of a time frame to do in a single year. ... Now, we initially did it because you told us to do it. We realize ... that it has some imperfections and the imperfections are basically in the understanding that many of us have about what the parameter really means. It is not that you have to do this on each and every patient each and every time. We thought it clearly stated in the preamble that it is not, and we made it clear that we will rewrite it but to create another ad hoc committee, when you already have the Management Committee elected by this House and if you do not like the one we have, you can elect another one because there is another resolution to do that ... However, you will have the opportunity, through the Board of Trustees, where every Trustee District is already represented, and there is nothing that is going to be done that is not approved by the Board of Trustees. The committees ... are nominated and they are appointed by the Board of Trustees and so to do another ad hoc committee ... is just a waste of time."

Dr. Robert Harris, a member of the Parameters Committee, spoke in favor of Resolution 131RCS-2.

A delegate from the Third District stated, "We are being asked at this time to allow them to develop a second parameter without defining the current parameter, and it is apparent to the House that they have not devised a process of developing an adequate parameter that would make this House happy. Therefore, in my opinion, that is not rational. There are those in the House who certainly are not convinced that the legal problems would be solved by having parameters."

Dr. James Pearce, Colorado, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, the motion to substitute Resolution 131RCS-1 for Resolution 131RCS-2 was defeated.

A delegate spoke against adoption of Resolution 131RCS-2.

Dr. Deuel Christian, Florida, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, Resolution 131RCS-2 was defeated.

With the defeat of Resolution 131RCS-2, the Speaker declared Resolutions 57 (*Supplement 1:379*), 78 (*Supplement 1:286*) and 99 (*Supplement 2:461*), as follows, moot.

57. Resolved, that the following nominees be elected to the Practice Parameters Management Committee with terms expiring in 1992:

Douglas R. Franklin, D.D.S., chairman
Robert M. Anderton, D.D.S.
Erwin P. Barrington, D.D.S., Ph.D.
George L. Bletsas, D.D.S.
Lewis S. Earle, D.D.S.
Frederick J. Halik, D.D.S.
Lester L. Levin, D.D.S.
Nick F. Varallo, D.D.S.

78. Resolved, that Resolution 53H-1990 (*Trans. 1990:528*) authorizing the formation of the Practice Parameters Management Committee be rescinded.

99. Resolved, that Resolutions 53H-1990 (*Trans. 1990:528*) and 81H-1990 (*Trans. 1990:529*), which approve the dental practice parameters project and committee, be rescinded, and be it further

Resolved, that the Council on Dental Care Programs be directed to develop and implement an extensive education program to inform employers and the general public of the predictability of dental costs, the disadvantages and advantages of most dental plans, the value of alternative methods of financing dental care, and the quality improvement, cost effectiveness and cost containment that are the hallmarks of modern dental practice.

Introduction of Guests: President Eugene Truono introduced Mr. John A. Dicamillo, president, and Mr. Robert W. Stanley, executive director, National Association of Dental Laboratories. President Truono also acknowledged the outstanding performance of active duty and reserve component dentists in the Army, Navy and Air Force in Operation Desert Shield and Operation Desert Storm and the contributions by dentists of the Department of Veterans Affairs and U.S. Public Health Service.

Report of the Reference Committee on Budget and Administrative Matters

The report of the Reference Committee on Budget and Administrative Matters was read by Dr. Robert E. Lauer, Ohio, chairman. The other members of the Committee were Drs. J. Wilson Ames, Jr., Virginia; Arnold Baker, Michigan; Donald Butz, Washington, D.C.; Roger L. Kiesling, Montana; John E. Parzakonis, Illinois; Jacqueline A. Roy, New York; and Eugene Sekiguchi, California.

User Fee Program Cost Analysis: The Reference Committee commented as follows:

The Reference Committee was impressed with the complexity of the Association's budget. It is pleased with the attempts of the Association to generate non-dues revenue. In trying to analyze the Board's rationale (*Supplement 1:346*) for a registration fee, it became clear that more information is required to determine the total costs associated with user fee program activity within the Association. The Reference Committee believes that some of the costs related to the annual session pertain to the Board of Trustees and House of Delegates which are costs legitimately charged to all members of the Association. It is apparent to the Reference Committee that there are other indirect costs which were not applied to the actual total costs associated with the annual session or other user fee programs.

On the basis of the Reference Committee discussion of the registration fee and other user fee programs, it is suggested that the Board of Trustees complete an in-house indirect cost analysis. The Reference Committee understands that some information and guidance regarding indirect cost analysis is available and urges the Board of Trustees to provide, as soon as feasible, a comprehensive report concerning this matter as it applies to the annual session and other appropriate user fee programs currently conducted by the Association.

Approval of 1992 Budget (Board of Trustees Resolution 55 and Reference Committee Resolution 55RC): The Reference Committee reported as follows:

The Committee commends the Board of Trustees for submitting a balanced budget to the House of Delegates for consideration. Many attendees at the Reference Committee hearing spoke favorably of the new formatted financial statement of the Association and its subsidiary operations. The Committee urges the Board to consider the inclusion of Combining Schedules and a recap of investment accounts as supplementary information to the Association's financial reports.

The Committee heard substantial testimony regarding the proposed annual session registration fee included in the 1992 budget. The Committee recognizes the need for additional funding but believes that a registration fee of \$50 is not appropriate at this time. The Committee recommends that the House approve a dues increase in lieu of a registration fee to balance the 1992 budget. Therefore, the Committee recommends the adoption of a substitute Resolution 55RC.

55RC. Resolved, that the proposed budget be returned to the Board of Trustees for revision with the recommendation that the \$50 registration fee for the 1992 Annual Session be deleted.

Dr. Lauer moved that Resolution 55RC be substituted for Resolution 55 (*Supplement 1:370*).

A delegate from the Sixteenth District spoke against substituting Resolution 55RC for Resolution 55. He stated, "The budget is a lean and reasonable plan for our Association, which must be funded to carry out our programs. A registration fee, which is a user fee, is indicated for our outstanding annual meeting ... and it is a prudent step to raise additional funds to balance the budget and not raise the dues for every member of the American Dental Association."

Dr. John Parzakonis, Illinois, spoke in favor of Resolution 55RC, stating, "... as a member of the Reference Committee, I can say that we discussed the issues substantively. Further, a user fee of \$50 is not a true user fee. If we had a better meeting or if the funds were directed toward the ADA annual sessions, then we can support this but, the way I view it, it is nothing more than a mechanism to balance the budget."

A delegate from New York and another delegate from the First District spoke in favor of substitution.

On vote, Resolution 55RC was substituted for Resolution 55.

Dr. William Lawson, Alabama, moved to amend Resolution 55RC by adding at the end of the resolution the words, "and the resulting revenue decrease be replaced with funds that were surplus at the conclusion of the 1990 fiscal year."

The Speaker commented that House Budget Recommendation No. 1 returned the proposed budget to the Board of Trustees for revision with the recommendation that the \$50 registration fee be deleted and that Dr. Lawson's proposed amendment would be considered House Budget Recommendation No. 2.

Dr. Lawson stated, "In 1990, and if the delegates want to look at page 104 of the yellow sheets on budget and related matters, there is a budget summary worksheet. The first column on the left is the 1990 actual figures. Those are figures that are complete and the bottom line down there shows that there was a net revenue over expenses of some \$2,767,568. Now, from reports it is shown that of that \$2,750,000, \$1.1 million was put into the restricted account, the investment account of the reserve division. That is in equities, is liquid and is readily available. Another \$500,000 was put into the capital formation account and that more or less covered partially the losses that have occurred in that account. However, that left still in the general fund over \$1.1 million in money and I would assume, for example, that that money is in short-term bank securities or something like that and that has been drawing interest for that time. So, I assume, that would have gained at least another \$50,000 or \$60,000. Now, this has already assured a surplus. Now, we received the report some two weeks ago and the Board is stating that the projected surplus for this year, the year that we are operating in, is projected to be \$1.1 million. Again, however, they have vacillated in stating all these problems that are coming up and, therefore, we cannot be very well assured that that surplus of \$1.1 million will be there two months from now. However, the surplus from last year is certainly there. Now, this is a suggestion to the Board—that in relation to a method of handling this thing, that the Board can do what it wants to but it has to return to us a balanced budget but it can balance

the budget when they lose ... \$900,000 from the registration fee—they can balance the budget by lowering expenses by \$900,000. Now, they have the authority to look at ... staff costs and so they can get some of that money there. ... However, I just wanted the Board to know that this House might think that it might be better for them to give you the money you ask for in your budget. You have given us the budget that you say is the budget we need to operate on properly. I want you to have that money. Also, I am telling you where you can get the money, and it does not come out of reserves unless ... you have committed it since that time and we have no record of that. So the money is there and I think it is a good suggestion to the Board and that will give you the money you want without any problem."

Dr. John Anderson, Alabama, spoke in favor of Dr. Lawson's recommendation.

Dr. John Parzakonis, Illinois, stated, "... I would like to draw your attention to Resolution 56, where we say that millions of dollars will be needed in the future for abatement of asbestos in the ADA Headquarters Building. Now, let me add that this was taken into account by the Reference Committee and while it is true that these funds are available, somehow we have to start addressing some real problems in relation to our Headquarters Building because we need to take that into account."

President-elect Geraldine Morrow, Association treasurer, stated, "Let me say that I certainly agree with the last speaker but, in addition to that, the \$1.1 million is in the operating account and it is used to prevent the short-term borrowing at the end of each year. It is reasonably and very well used for that purpose, for the benefit of increasing the funds for the American Dental Association and to use in needed activities. Beyond that, however, our reserves are woefully low for an organization of this type and for a budget of the size that we deal with. Our budget is far below the 25% of expenses that has been advised by our consultants as well as your volunteer Finance Committee members, who compose the trustees of this organization. Please realize that we are dealing with your funds in a very reasonable way. Also, think of how you would take care of your own monies to be sure that you have something to use during a time of emergency."

A delegate from the Tenth District and another delegate from the First District spoke against the amendment.

The delegate from the Tenth District stated, "I would rise to speak against the second amendment of using the \$1.1 million for balancing this budget. I think it would be a very short-term or short-sighted fix, and I think that the budget should be balanced by reducing expenditures."

Dr. John Matis, Utah, spoke in favor of the amendment, stating, "... if we defeat that amendment, in most probability we will have to have a dues increase—that is ... we will have to accept Resolution 56. ... Now, rather than have a dues increase this year and fight the emotional problems and fall-out that would be involved from the membership because of this dues increase, why not take it to a surplus this year and next year come back to us with a line item in relation to, for example, other problems of the Association and have a dues increase next year which will take care of the long-term problems that we have with the ADA Headquarters Building and so on. Therefore, I would urge you to vote for amendment two, vote against the dues increase this year and next year let us look at a realistic dues increase that would take care of items that we have so that, in turn, we can take care of the Association's needs."

Dr. Thomas Ginley, ADA executive director, said, "... If I may, I would like to just take a second and provide you with information so that you, in turn, can have all of the information available and then, of course, you will choose the right course of action that you feel is appropriate as to the basis of all of this. Real quickly, Dr. Lawson indicated to you a figure of \$2.7 million left over in 1990, \$1.6 million was transferred to reserves. Now, I am going to take you back for a second to 1990. Your Board of Trustees came to you for the first time in all of the years I have been here with the beginning of a financial plan for stability. Now, in that plan, it indicated two things. The first of these was that we were committed to raising non-dues revenue so that we would not have our membership on this constant cycle of dues increases. Secondly, it was indicated to you that you are dangerously low in terms of liquidity in relation to this organization. Now, they have come to you for at least the last four years and indicated that, as a major health organization, your reserves should be at approximately 25%. Right now, in relation to the budget before you, your reserves are approximately 17% of your annual budget."

Dr. Ginley continued, "In addition and in fairness, if you take ... the for-profit corporation and you put the expenses back into a budget, which were in your budget just two years ago, the reserves in your Association totally would be approximately 10% of your budget because ... your for-profit does not have them go to reserves. There should be only one reserve, the parent, the Association. Therefore, you need to equate the information sheet that I distributed to you on Sunday and understand that is truly your budget as well. Also, it is true that the for-profits are doing very well. In the first year of operation, for example, we came to you and pleaded with you that we break even. Well, in the first year of operation, you saved almost \$700,000 in taxes In addition, that for-profit also paid you some \$200,000 to \$300,000 in rent and so the first-year's swing to your Association, the parent, was \$1 million. Also that is what helped us arrive at the figure of \$2.7 million net which Dr. Lawson has described to you. Now, right now where do you stand? Right now, as of August 31, you have \$8.3 million available to you in liquid reserves. Please, you can do your own arithmetic. Add up both the for-profit budget, approximately \$8 million, together with your budget and you will understand that your reserve situation right now is approximately 10% to 11% of the Association. Now then, my last point for you to understand is that those dollars exist. This House, as you may remember, sent a very clear message to all of us and rightfully so. In other words, they did not want us to continue the borrowing cycle. As you know, the dues statements go out in November/December. However, the Association does not receive the bulk of its money until March or April—February, March or April. ...Therefore, your Association has a cash problem at the beginning of each year. Therefore, rather than borrowing, the Board decided that \$1.1 million of Dr. Lawson's numbers did not go to reserve but went to operating division reserves which, in turn, provide an opportunity not to borrow. However, as Dr. Lawson knows, that is real money and it still is there. We did not lose that million dollars. It is still there. Therefore, that is available. However, the problem, pure and simple, is this—this year we told you that we had effected some savings in the 1991 budget. We had come to you and said, 'We believe that \$1.143 million will be left over at the end of 1991.' Now, that is true. We also told you that in the Board's best judgment it funded a \$2.5 million capital budget which is now

part of your operating budget. However, you see, in relation to Tom, he still has to write the checks in behalf of that. He will still ultimately have to write \$2.5 million of your Association funds to pay for the asbestos removal and the retention of tenants in our building. That asset is your most valuable asset. It is worth anywhere from \$40 million to \$50 million. We cannot afford to lose approximately a \$3 million annual rental income and so those dollars are something I have to pay up front but, on the other hand, you get them all back from the tenants over a ten-year lease. However, we have to write the checks first. So my problem that you have to decide is if in fact you suggest we use those surplus funds for making your budgets. Of course, that is fair but then, on the other hand, we would have to dip into the reserves for approximately \$2.5 million to pay for those capital expenses as well. Now, Mr. Speaker, I felt that the House needed to know these facts. Thank you."

A delegate from the Sixteenth District moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, the proposed amendment (House Budget Recommendation No. 2) was defeated.

Dr. Lauer moved the adoption of Resolution 55RC.

On vote, Resolution 55RC, as follows, was adopted.

55H-1991. Resolved, that the proposed budget be returned to the Board of Trustees for revision with the recommendation that the \$50 registration fee for the 1992 Annual Session be deleted.

Final consideration of the 1993 budget occurred on Thursday, October 10. (See page 616.)

Announcement

Election Results: The Speaker announced that Dr. Jack Harris, Texas, had been elected as President-elect. Following the announcement, both Drs. Harris and Opinsky addressed the members of the House of Delegates.

Report of the Reference Committee on Budget and Administrative Matters (continued)

The Speaker announced that the Board of Trustees had previously met to discuss a course of action based on adoption of Resolution 55RC. The Speaker stated, "... the Board has already met and I am empowered to give you the Board's recommendation, which is that you adopt Resolution 56. They are urging you to adopt Resolution 56 in order to balance the budget."

A delegate moved that consideration of Resolution 56 be postponed definitely until the budget has been returned to the Board for consideration and review. He stated, "... the Board knows that there is less money being spent with the parameters being gone now and if they met previously, they have not had any knowledge as to what is happening in the House. I would think, however, we should have the revised budget before we vote on a dues increase, and I would request that you alter the agenda of the House so we can have that before we vote on the dues increase."

Dr. Thomas Ginley requested a point of information, stating, "The *Bylaws* do not require the Board to submit a balanced

budget to the Association. They are very clear. The *Bylaws* require the Board to submit a budget to the Association and then it is up to the House to decide what the tenor of that budget is—such as the dollar amount and any potential deficit. Secondly, in relation to the parameters issue, we removed \$103,000. However, you have pending resolutions before this House which, if adopted, will add \$160,000 to the budget.”

On vote, the House accepted the Board’s action regarding the proposed 1992 budget as reported by the Speaker.

Dr. William Lawson, Alabama, stated, “... I am not positive on the point but it seems as though some five years ago when we had all of the Florida resolutions, that a mandate of the House said that the Board would submit a balanced budget even if it required reserve funds to do so. Therefore, I would think that this House deserves to see a budget. After we send back for revision, for example, certainly we need to see what the revision is. Further, how can you pass a budget before you pass a dues increase, when the budget is dependent upon that dues increase? Suppose, for example, the dues increase does not pass, then you have a budget that is totally unbalanced.”

The Speaker stated, “... it [the resolution] says that the proposed budget be returned to the Board of Trustees for revision with a recommendation that the \$50 registration fee be deleted. They have done that. They have deleted it and, of course, that is what they said they were going to do and now they are asking you, as a further revision, to go to Resolution 56. Now, I will also say at this time that you had a question about a balanced budget and I will ask the Reference Committee Chairman or Dr. Ginley to answer that question.”

In response, Dr. Lauer, chairman of the Reference Committee on Budget and Administrative Matters, stated, “We are attempting to do what you want to do, Dr. Lawson, and without the \$50 registration fee and with the two major factors that have been discussed. We are standing presently, without the dues increase, at a \$116,000 deficit budget. Now, in attempting for the Board to present you with a balanced budget, they have to go to the next logical sequence, which is Resolution 56. We are attempting to do that. Now, as I understand it, and you will tell us what the proper procedure is, if you choose to defeat that then they have to do something else. However, we are attempting to comply with your request.”

Recommended Dues Increase (Board of Trustees Resolution 56): The Reference Committee reported as follows:

The Reference Committee heard testimony regarding the nine dollar (\$9.00) dues increase submitted by the Board of Trustees to balance the 1992 budget. The Committee having rejected the proposed registration fee recognizes the need for fiscal responsibility and recommends that the House approve the dues increase.

In advocating this course of action the Committee wished to advise the House that millions of dollars will be needed in the future for the abatement of asbestos in the ADA Headquarters Building and other critical issues. The Committee urges the Board to present a capital budget to the House in 1993 that anticipates such costs.

Therefore, the Committee recommends that Resolution 56 (*Supplement 1:370*) be adopted.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 56.

56. Resolved, that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by deleting the words and number “two hundred and seventy-five dollars (\$275.00)” (line 302) and by substituting the words and number “two hundred eighty-four dollars (\$284.00),” to make the amended first sentence up to but not including the word “except” (line 303) read as follows:

A. ACTIVE MEMBERS. The dues of active members shall be two hundred eighty-four dollars (\$284.00) due January 1 of each year...

and be it further

Resolved, that the increased active members dues become effective January 1, 1992.

Dr. Lauer moved the adoption of Resolution 56.

Dr. Arthur Schwartz, Massachusetts, speaking against adoption, stated, “While I understand what Dr. Ginley has presented to us, there is a problem. The problem is that our nation is presently in the worst recession it has been in for many years. We have many young dentists we want to bring on board. I think that this dues increase sends a very bad message to them right now.”

Dr. George Payne, trustee, Thirteenth District, stated, “I would also say to you that with the capital budget that we have, looking down the road at the reserves, at the inadequate level that they are, as Dr. Ginley has told you, that the only responsible thing that we can really do is to pass this dues increase. I think that those of us on the Finance Committee would all stand united in saying that we have looked at this budget—I mean ... we have cut a lot of money out of it before it has gotten to this point and I would say to you that the program that is important to our members would be the next victim if we in fact had to go back into that budget to try to balance it by removing programs. I would support the dues increase.”

Dr. Steven Lindstrom, Wisconsin, stated, “... I rise to speak against Resolution 56 and any dues increase ... to pay for capital improvements when, some ten years from now that amount of money will be repaid from the rent. However, on the other hand, 15 years from now, I will still be paying that \$1, \$10 or \$100 dues increase. ... This is a capital expenditure and when you have capital expenditures or improvements, you borrow the money; you offset the payments of that by the income that you are going to produce from the rental income.”

Dr. Morris Antonelli, Maryland, spoke in favor of the dues increase.

Dr. Edward Leone, Colorado, and Dr. Robert Gherardi, New Mexico, spoke against the dues increase.

Dr. Gherardi stated, “I have just finished my term on the Council on Dental Therapeutics. During this time ... council members have been put up at the Ritz Carlton Hotel even though we can probably find cheaper hotels in the area. Council members are also flown in to attend a meeting during the middle of the week. My air fare from New Mexico to Chicago this week cost me \$1,006. If I were to fly in and stay over on a Saturday night, it would only cost \$250. I believe that there are ways for councils to meet during the end of the week and, in the process, save a lot of money. ... Therefore, I think it is time we send this budget back to the Trustees with the clear intention that we want the ADA and all of its staff and all of its councils to institute austere measures to get us through these difficult times.”

President-elect Geraldine Morrow stated, "I would like to respond to some of these points that have been brought up. There are a certain number of things that perhaps you do not know. For example, throughout this whole year, there has been a staff freeze. There has been no replacement of employees that have left the Association in order to accumulate funds that are needed to run your organization in a cost effective manner and also have the funds available to do the things that we need to do not only in the operation of this organization but in a program sense. For example, the Finance Committee has already dropped six employees. We have decreased our personnel by six people. We have allowed an extremely frugal percentage of increases in pay, only at the discretion of the Executive Director and that amount has never been fully used but used grudgingly to improve the morale and to give merit raises in order to do better for you and your colleagues. Talking about programs, the Finance Committee that you have this year dropped \$3.5 million from the original requests of the senior division staff in order to accomplish your needs in relation to programs. If you vote an increase now and, as was said, a \$9 increase is a small amount ..., your Finance Committees has advised that small increases in dues are the appropriate way to help our members support this organization. Therefore, a \$9 dues increase now will help your frugality in the coming year so that increases in years into the future will be smaller. As far as the Committee being frugal is concerned in relation to this operation, I do not know of any hotel in a large city that costs less than our contractual arrangement with the Ritz Carlton, if they did not allow us this decreased amount of money for our nightly stays, we would have to go to another hotel that would allow us that decreased amount. ... I have been coming to the ADA for some 14 to 15 years now and I can count only once that I was here and had to pay the full air fare to come to this meeting. I come from a very long distance and my air fares have never been more than coming from within the continental United States. We are trying. Our councils are trying... We have, for example, been meeting on the weekends and, in turn, forcing the staff to be in full operation on weekends to accommodate the frugalities that we are trying to influence in this organization. I certainly do support this resolution and I ask you really to consider that we are concerned with our membership, we are concerned with running the organization in a frugal manner."

A delegate from the First District, spoke against the proposed dues increase.

Dr. Donald Toso, Louisiana, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority. On vote, Resolution 56 was defeated since it failed to receive a two-thirds (⅔) majority vote.

At this time, President Eugene Truono made the following comments. "This involves a comment that I have had all of you share with me as I have gone around the country. You talked about the new issues on the block; you have talked about the response of the American Dental Association. This year, in the area of crisis management responding to the membership, there is over \$700,000 that came out of other programs. I served eight years on this Board of Trustees and I will tell you that when I first came on, we had classifications of priorities from one to five. We then changed and we went from one to three. In the last three or four years, we have been dealing with high priority items that you asked us to accomplish for you. The

Board has continually cut and cut and cut and we are really going to have to take a look as to which programs are going to be the super-plus type of high priority items that you want. That is, the Board is going to have to look at that and, as a matter of fact, the Board is going to meet and discuss this issue. However, the various Houses of Delegates that I have dealt with have been very responsive with the understanding that we do not know what we are going to be faced with during the next year. However, you have heard the response that you received from us as well as the staff. You have shared with me, as I have gone across the states, that the response of the American Dental Association, the Officers and the Board of Trustees, has been at the highest level that it has ever been. You have spoken about relevancy and value. As a matter of fact, many of the young dentists have said that they would pay for relevancy and value. As a matter of fact, you received more than that this year on short notice to help you handle things in your offices. I want to thank you for giving me this opportunity to indicate to you that you need to think about that and the Board, in the meantime, is going to meet again and try to bring something forward to you sometime this afternoon."

Reconsideration of Resolution 55RC: A delegate moved to reconsider Resolution 55RC (see page 580). He stated, "... my feeling is that the majority of the House voted for a \$9 dues increase but the motion was lost because it was indicated that a dues increase would require a two-thirds majority. However, it is my feeling that at this time the House may wish to consider the user's fee."

Another delegate objected to the motion to reconsider indicating that the motion was not in order.

The Speaker stated, "... I feel that it is in order, further, I am very liberal in relation to reconsideration here because I want you to come to the right decision. Sturgis also says that if the maker of the motion to reconsider feels as though it would result in a different vote, and obviously he does, that it is in order. The gentleman also feels like he did not realize that the dues increase was going to fail when that happened or was passed and so that is new information. Therefore, I think the motion is in order."

On vote, the decision of the chair was sustained.

Dr. Charles Steffel, Indiana, stated, "I think we clearly have three options. We can vote an increase in revenues due to a user's fee; we can vote an increase in revenues by an increase in dues or we could go with a deficit budget which would require funds from reserves. I think that many people did not like the user's fee and were opting for a dues increase but did not realize it was going to take a two-thirds majority to get those funds through a dues increase. Therefore, now that we all know that a dues increase is unlikely because of the requirement of a two-thirds vote, they may wish to reconsider this user's fee rather than taking funds out of reserves."

Dr. Heber Simmons, trustee from the Fifth District, spoke in favor of the proposed dues increase.

Dr. William Lawson, Alabama and Dr. John Parzakonis, Illinois, spoke against reconsideration.

Dr. Edward Roberson, Louisiana, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority.

On vote, the motion to reconsider Resolution 55RC was defeated.

Disallowance of ADA Annual Session Registration Fees (Second Trustee District Resolution 123): The Reference Committee reported as follows:

The Reference Committee rejected Resolution 123 (*Supplement 2:443*) on the basis that it is limiting and the process for consideration of a possible future registration fee must continue to be available to the Association. Therefore, the Reference Committee recommends that Resolution 123 not be adopted.

123. Resolved, that members of the ADA and their auxiliaries may attend ADA Annual Sessions without payment of registration fees.

Dr. Lauer moved Resolution 123.

Dr. Bruce Wright, Delaware, questioned the reasons of the Reference Committee for recommending that Resolution 123 not be adopted.

Dr. Lauer stated, "... it was so limiting that we felt if it passed that you are, in essence, establishing policy of the House that would be very difficult to even discuss again. However, we did not choose to do that. We wish to leave your options open."

Dr. John Iacono, New York and two other delegates spoke in favor of adopting Resolution 123.

One delegate stated, "... I think that the experience from the previous House where we had a vote and at which time we were told this was only a one-time charge and now it comes back to be a part of the budget, that was not the initial intent. Now, if this motion is passed, I see a question that would preclude the Finance Committee from coming back and utilizing this method of balancing the budget if Resolution 123 passes. Now, if this resolution passes, I would ask a question as to whether or not this would preclude the Finance Committee from coming back and utilizing this method of balancing the budget?"

Dr. Thomas Ginley, executive director, responded, "In the light of the action you took a moment ago prior to Resolution 55, the Board will not be coming back at this meeting with that method of balancing the budget. The House, I think, made it very clear in relation to both of its votes that it wants the Board to consider other options for balancing or providing funds for the budget."

Dr. Carl Wessinger, South Carolina, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority.

On vote, Resolution 123 was defeated.

Report of the Reference Committee on Scientific Matters

The report of the Reference Committee on Scientific Matters was read by Dr. Eugene W. Seklecki, Arizona, chairman. The other members of the Committee were: Drs. Robert B. Alley, Tennessee; Stephen L. Bissell, Virginia; James O. Henry, Jr., Texas; Judson Klooster, California; Edward J. Mulick, Idaho; Ronald P. Stifter, Wisconsin; and Richard S. Vlock, New York.

Asepsis Parameters (South Dakota Dental Association Resolution 51): The Reference Committee reported as follows:

The Reference Committee concurs with the recommendations of the Board and recommends that Resolution 51 (*Reports:169*) not be adopted.

51. Resolved, that a task force be appointed by the American Dental Association to study the issues of asepsis in the dental operatory, and be it further

Resolved, that the task force be comprised of ten practicing dentists, of which at least three, but no more than five, are practicing in a specialty field, and be it further

Resolved, that this task force develop parameters for asepsis for various commonly performed procedures, and be it further

Resolved, that these parameters of asepsis be graduated or graded in a way so that the minimal standard of asepsis is graded to match those procedures which are the least invasive and have the least potential for cross infection; the established parameters for the next level of standard asepsis are graded to match those procedures which are more invasive and progressing to the highest grade to be those parameters recommended to achieve a sterile operatory, and be it further

Resolved, that the task force review the *ADA Code on Dental Procedures and Nomenclature* in order to recommend appropriate code numbers and descriptions for submitting the room preparation costs as well as the cost for disposable items and cost of disposal of contaminated waste for reimbursement by third-party carriers or patients.

Dr. Seklecki moved Resolution 51.

On vote, Resolution 51 was defeated.

Material Safety Data Sheet (MSDS) Disclosure (Thirteenth Trustee District Resolution 76 and Eighth Trustee District Resolution 76S-1): The Reference Committee reported as follows:

The Reference Committee concurs with the recommendations of the Board and recommends that Resolutions 76 (*Supplement 1:289*) and 76S-1 (*Supplement 2:344*) not be adopted.

76. Resolved, that the American Dental Association undertake necessary efforts to ensure that manufacturers, importers and distributors include Material Safety Data Sheets as package inserts with their products.

Dr. Seklecki moved Resolution 76.

On vote, Resolution 76 was defeated.

76S-1. Resolved, that the ADA undertake necessary efforts to ensure that manufacturers, importers and distributors include Material Safety Data Sheets as packaged inserts with their products, and be it further

Resolved, that the ADA pursue legislative efforts or lobby appropriate federal agencies to require manufacturers, importers and distributors to include MSDSs as package inserts with their products.

Dr. Seklecki moved Resolution 76S-1.

On vote, Resolution 76S-1 was defeated.

Use of Biodegradable Materials in Manufacture and Packaging of Dental Materials (The Dental Society of the State of New York Resolution 93): The Reference Committee reported as follows:

The Reference Committee concurs with the recommendations of the Board and recommends that Resolution 93 (*Supplement 2:435*) not be adopted.

93. Resolved, that the American Dental Association seek to require manufacturers of dental products to use wherever possible materials that are biodegradable in both the manufacture and packaging of such products.

Dr. Seklecki moved Resolution 93.

A delegate from the Second District moved to amend Resolution 93 by inserting the word "disposable" before the words "dental products." The delegate stated, "The intent of this resolution is the biodegradability of dental disposable items which are now used in barrier techniques and which are disposed in our garbage emanating from our offices. Right now, we are using plastic cups and various other plastic items. As a matter of fact, with all this plastic we use on a daily basis, we are really in the process of burying ourselves in our own garbage."

On vote, the proposed amendment was adopted.

On vote, the following resolution, Resolution 93 as amended, was adopted.

93H-1991. Resolved, that the American Dental Association seek to require manufacturers of disposable dental products to use wherever possible materials that are biodegradable in both the manufacture and packaging of such products.

Hazard Communication Compliance (Ninth Trustee District Resolution 102; Board of Trustees Resolution 102B and Ohio Dental Association Resolution 109): The Reference Committee reported as follows:

The Reference Committee concurs with the Board's recommendation and recommends adoption of substitute Resolution 102B.

Dr. Seklecki moved that Resolution 102B (*Supplement 2:475*) be substituted for Resolutions 102 (*Supplement 2:453*) and 109 (*Supplement 2:436*).

On vote, Resolution 102B was substituted for Resolutions 102 and 109.

Dr. Seklecki moved the adoption of the substitute Resolution 102B.

On vote, Resolution 102B, as follows, was adopted.

102H-1991. Resolved, that the appropriate agencies seek an exemption for dentistry from the OSHA hazard communication standard.

N2-Type Compounds (Ohio Dental Association Resolution 106 and Board of Trustees Resolution 106B): The Reference Committee reported as follows:

The Reference Committee concurs with the recommendation of the Board and moves the adoption of substitute Resolution 106B.

106B. Resolved, that the American Dental Association continue its efforts to persuade the Food and Drug Administration to determine the safety of paraformaldehyde-containing root canal filling material.

Dr. Seklecki moved that Resolution 106B (*Supplement 2:470*) be substituted for Resolution 106 (*Supplement 2:436*).

On vote, Resolution 106B was substituted for Resolution 106.

Dr. Seklecki moved the adoption of substitute Resolution 106B.

Dr. Robert Gherardi, New Mexico, a member of the Council on Dental Therapeutics, moved to amend Resolution 106B by adding the following second resolving clause.

Resolved, that, in view of the fact that sufficient data have not been submitted to the Council on Dental Therapeutics to establish the safety of paraformaldehyde-containing root canal filling materials and the FDA has not approved any products with this formulation, the ADA cannot recommend the use of these products at this time.

Dr. Gherardi stated, "... the Council after considering this data for about half a day, looking at all of the scientific data available to us, had a very strong feeling that it was time that the dental association take a stand on this issue and quit sitting on the fence."

Ms. Mary Logan, chief legal counsel, responded to the Speaker's request for a legal opinion on the issue. She commented, "The consideration of a scientific matter rests very soundly with the scientific body and that is the Council on Dental Therapeutics, and so I simply ask this House whether this House has considered the scientific evidence in support of this resolution and does this body, as a political body, wish to adopt something that is scientific without consideration of that? You have very strong support for the Council on Dental Therapeutics' actions as a scientific matter. Now, from my perspective, I am very comfortable with that. As a matter of fact, more comfortable with that than trying to defend why this House of Delegates would adopt something without looking at the same scientific evidence."

Dr. Jack Cassingham, Louisiana, stated, "I am also a member of the Council. We have been asked on more than one occasion, to make a statement on this and we have made this statement. However, what we are trying to do now is to make this an ADA statement and all we are simply saying is that we cannot recommend the use of these products. There have not been well documented studies presented to the Council for us to consider. Further, the Council only considers those products which are submitted to us. None have come along this line. However, we have been asked a number of times to make a statement. This is a statement, and further, this is a statement that we would like to have the ADA make."

Dr. Edwin Mehlman, Rhode Island, supporting the proposed amendment, stated, "... I think that if our Council is asking us to add this to the resolution, I think we should support the Council and add this to the resolution."

Dr. Lloyd Shumaker, Ohio, spoke against the amendment. He said, "I think, as Ms. Logan said, scientific decisions have not been made on this and, further, I think that we should wait until those scientific decisions are made. I think there is a very important reason to do so because this may have legal implications for many of our members. There are many other things we use that have not had scientific combinations made on them. However, many of those products are grandfathered. However, this type of product is not grandfathered. I think that the proper thing we want to do is to encourage the FDA to get at it and make the proper studies and to determine scientifically what is proper here."

On vote, the proposed amendment was defeated.

On vote, Resolution 106B, as follows, was adopted.

106H-1991. Resolved, that the American Dental Association continue its efforts to persuade the Food and Drug Administration to determine the safety of paraformaldehyde-containing root canal filling material.

Enforcement of Centers for Disease Control (CDC) Guidelines by State Boards of Dentistry (Board of Trustees Resolution 91 and Reference Committee Resolution 91RC): The Reference Committee reported as follows:

The Reference Committee concurs with the intent of the Board regarding the assignment of CDC guidelines compliance to the respective state boards of dentistry. However, the Committee received testimony noting that the AIDS legislation recently approved by Congress allows the states to institute the Centers for Disease Control guidelines on human immunodeficiency virus and hepatitis B virus "... or guidelines which are equivalent ..." This option is not reflected in Resolution 91 (*Supplement 2:465*). Accordingly, the Reference Committee recommends the adoption of the following substitute resolution.

91RC. Resolved, that constituent dental societies be encouraged to urge state public health authorities, who are given the legislative responsibility for the enforcement of CDC guidelines or guidelines which are equivalent, to assign the enforcement of such guidelines to state boards of dentistry.

Dr. Seklecki moved that Resolution 91RC be substituted for Resolution 91.

On vote, Resolution 91RC was substituted for Resolution 91.

Dr. Seklecki moved the adoption of the substitute Resolution 91RC.

Dr. Mark Feldman, New York, moved to substitute Resolution 91RCS-1, as follows, for Resolution 91RC.

91RCS-1. Resolved, if the federal government enacts legislation to have the CDC guidelines on Barrier Techniques and Universal Precautions enforced by state regulatory agencies, constituent dental societies are encouraged to urge state public health authorities to assign the enforcement to the state boards of dentistry.

He stated, "The reason being that I think they both do the same thing but I think that the RCS-1 one is much clearer language in relation to what we want than the first one. We have many people who took the first one who just did not understand the language of 91RC and misinterpreted it."

Another delegate speaking in favor of Resolution 91RC, said, "... I speak in favor of 91RC as it is currently written and the reason being is that it takes into consideration the possibility of a state legislative body encoding language which would require enforcement of CDC guidelines. Resolution 91RCS-1, on the other hand, mandates or just states "federal government." Now, I agree with the previous speaker that they both say basically the same thing but I think the Reference Committee's version is more comprehensive and so I would urge you to support 91RC."

Dr. John DaSilva, Rhode Island, spoke in favor of Resolution 91RCS-1.

Dr. Enid Neidle, assistant executive director, Division of Scientific Affairs, commented, "I would like to speak and explain to the House the fundamental difference, I believe, between S-1 and RC. For example, S-1 addresses infection

controls and barrier techniques. That is solely. The other resolution addresses the recent CDC guidelines which has to do much more with the HIV-infected health care provider, and I think that the intent of the original resolution was to deal with the CDC guidelines which was issued on July 12 and which the partisan leadership, if it amended, would encode into state law."

A delegate from New York spoke against Resolution 91RCS-1.

Dr. Dennis Pellegrino, New Hampshire spoke in favor of the amendment, stating, "I believe that in dealing with legislators it is easier to have something that is known rather than something that is assumed. Although we can write up another resolving clause to deal with Dr. Neidle's suggestions, I think, at this time, let us deal with what is known."

On vote, the proposed amendment was defeated.

On vote, Resolution 91RC, as follows, was adopted.

91H-1991. Resolved, that constituent dental societies be encouraged to urge state public health authorities, who are given the legislative responsibility for the enforcement of CDC guidelines or guidelines which are equivalent, to assign the enforcement of such guidelines to state boards of dentistry.

Exposure-Prone Dental Procedures (Board of Trustees Resolution 82; Board of Trustees Resolution 82B; First Trustee District Resolution 82S-1; and Reference Committee Resolution 82RC): The Reference Committee reported as follows:

The Reference Committee heard a great deal of testimony against adoption of the term "exposure-prone procedures" and against compliance with the request from the Centers for Disease Control (CDC) for medical and dental organizations to submit lists of exposure-prone procedures. It was claimed that there is no scientific basis for labeling a procedure exposure prone, there are no data attesting that certain procedures are more likely to result in transmission of bloodborne pathogens, and that the term was developed in response to public hysteria and political pressure. It was pointed out that the designation of certain procedures as exposure prone would unnecessarily alarm patients, that in fact it is possible to deem a procedure exposure prone only after that procedure has been performed, and that such procedures are unpredictable. Several people who testified pointed out that the definition as a whole does not make clear that exposure prone means that there is a likelihood that the health care worker's blood will make contact with the blood or mucous membranes of the patient. It was repeatedly stated that policy should not be driven by hysteria and by unscientific pressures.

On the other hand, it was pointed out that the CDC has called for a list of exposure-prone procedures, that the Association has on numerous occasions pledged its cooperation, that the public is seeking reassurance from professional organizations, and that there has been some erosion of public confidence in health care workers. On balance, while the Committee believes there is no scientific basis for labeling a procedure exposure prone, the Committee is persuaded that at the present time the Association should respond to the request from the CDC to define exposure prone for dentistry. The Committee also notes that the definition of exposure prone is based upon an evolving body of knowledge and is therefore subject to modifications in the future. The

Reference Committee, with considerable reluctance, voted to support a provisional definition of "exposure-prone procedures," as shown in the following Reference Committee substitute resolution.

82RC. Resolved, that procedures performed by a dental health care worker that cause significant patient bleeding and that include the use of sharps and/or the application of physical force can be characterized as exposure-prone procedures and therefore may pose an identifiable risk of transmission of a bloodborne pathogen from dental health care worker to patient or vice versa, and be it further

Resolved, that a dentist should always make an evaluation of the dental procedures performed in his/her own dental practice to determine whether an identifiable risk exists, and be it further

Resolved, that this definition be considered provisional until such time as there is sound scientific support for it, and be it further

Resolved, that the Board of Trustees continue to review the concept and definition of exposure prone, making appropriate changes based on current scientific knowledge, with a report back to the 1992 House of Delegates.

Dr. Seklecki moved that Resolution 82RC be substituted for Resolutions 82 (*Supplement 1:388*), 82B (*Supplement 2:468*) and 82S-1 (*Supplement 2:438*).

A delegate, speaking against substitution, said, "... in the body of the text that was included with this proposed amendment, the Reference Committee indicated that because the CDC is requesting us to develop a list of 'exposure prone,' that we should do so. Further, they also indicated that there is absolutely no scientific basis that they can determine for doing this. Therefore, basically, at the present time, we are talking about a political problem and not a scientific problem."

Dr. Walter Lamacki, trustee, Eighth District and chairman of the ADA Task Force on Invasive Procedures, stated, "I rise to speak in favor of the first resolving clause. We have been given a golden opportunity to define that term which is out there being used about the discussions in Congress, in the media and with the public and so I think at this time, to find new terms or try to define what 25 experts from every community of interest have defined is ludicrous. Therefore, I urge you to keep in the 'exposure prone' definition."

As a point of information, a delegate requested clarification of what was requested by the CDC.

Dr. Enid Neidle, ADA staff, responded, "The CDC published, on July 12th, a document which calls for the listing of its exposure-prone procedures. Also, it was made clear that they would not make that list themselves but would look to various professional organizations and associations to provide the list for them. It has indicated consistently to the American Dental Association that it desires a list."

Dr. Thomas Ginley, executive director, stated, "In our discussions with the CDC, please understand what they mean by 'list.' It does not, for example, have to mean a laundry list of specific procedures. In our conversations with the CDC, over and over again, they are interested in having a definition in relation to what institutions or organizations believe to be exposure-prone procedures."

Dr. Lawrence Furman, Public Health Service, stated, "As a point of information, in the CDC, they are, in fact, developing a

definition of exposure-prone procedures and it has invited medical, surgical and dental organizations to provide their best definition for exposure-prone procedures, which are a component of the basic procedures."

A delegate from the Third District and a delegate from the Second District spoke against substitution.

Dr. Thomas Sullivan, Illinois, spoke in favor of substitution.

Dr. Richard Ansted, Ohio, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, Resolution 82RC was substituted for Resolutions 82, 82B and 82S-1.

Dr. Seklecki moved the adoption of the substitute Resolution 82RC.

Dr. Samuel Selcher, Pennsylvania, moved to substitute Resolution 82RCS-2, as follows, for Resolution 82RC.

82RCS-2. Resolved, that procedures performed by a dental health care worker (HCW) that cause significant patient bleeding, that include the use of sharps and/or the application of physical force, and that could cause an intraoral percutaneous injury to the HCW can be characterized as exposure-prone procedures and therefore may pose an identifiable risk of transmission of a bloodborne pathogen from patient to health care worker or vice versa, and be it further

Resolved, that a dentist should continue to make an evaluation of the dental procedures performed in his/her own dental practice to determine whether an identifiable risk exists, and be it further

Resolved, that this definition be considered provisional until such time as there is sound scientific support for it, and be it further

Resolved, that the Board of Trustees continue to review the concept and definition of exposure prone, making appropriate changes based on current scientific knowledge, with a report back to the 1992 House of Delegates.

Dr. Selcher said, "This was constructed with the help of Dr. Neidle, with the concept of the breaking of the barrier being where the dangers occur. It also, in relation to the second resolved, is a positive statement for dentistry—'continue to,' that is not present in the other resolving clauses."

Dr. Glen Hall, Texas and Dr. William Booth, trustee, Third District, spoke in support of the substitute Resolution 82RCS-2.

Dr. Booth stated, "It gets us into the right perspective because I would call your attention that the change is 'and that could cause an inter-oral percutaneous injury to the health care worker.' That was the part that was missing and that explains, I think, the whole picture of exposure prone. Also, you will note in the next to the last line of the first resolving clause, we switched it around to say 'from patient to health care worker' and vice versa and not from health care worker to patient."

A delegate speaking against substitution said, "Basically this House has to make a very serious decision and that decision is whether or not we are going to buy into a bureaucratically generated definition of a health care situation. We have to make a decision on whether or not we believe that the animal called the 'exposure-prone procedure' actually exists or, in general, is this the definition of a practice of dentistry? This resolution is flawed. To begin with, it includes the phrase 'significant patient bleeding.' We have studied this situation long

enough to know that significant patient bleeding is not necessary for the transmission of these pathogens.”

Drs. Warren Morgan, Massachusetts, and Walter Lamacki, trustee, Eighth District, spoke in favor of substitution.

Dr. John DaSilva, Rhode Island, spoke against substitution. A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds ($\frac{2}{3}$) majority.

On vote, the motion to substitute Resolution 82RCS-2 for Resolution 82RC was defeated.

A delegate from New York moved to substitute Resolution 82RCS-4, as follows, for Resolution 82RC.

82RCS-4. Resolved, that certain procedures performed by a dental health care worker may pose an identifiable risk of transmission of a bloodborne pathogen from dental health care worker to patient or vice versa, and be it further

Resolved, that a dentist should always make an evaluation of the dental procedures performed in his/her own dental practice to determine whether an identifiable risk exists, and be it further

Resolved, that the Board of Trustees continue to review the concepts and definitions related to possible transmission of bloodborne pathogens and make appropriate changes based on current scientific knowledge, with a report back to the 1992 House of Delegates.

The delegate stated, “... I have had major problems with the American Dental Association identifying something as elusive as the term ‘exposure-prone procedures.’ I would like to report that in recent deliberations and discussions I have had with the health department in New York, we do not have one medical organization in the State of New York that will produce a definition for exposure-prone procedures, including the Medical Society of the State of New York—not one specialty organization. We invited over 30 organizations to a meeting to see if there was any reason at all to comply with the CDC. We could not find any reason among our bodies to develop the term for the definition of exposure prone. In addition, as many of you know, the AMA conducted a hearing this August to which they invited all of the other specialty organizations to discuss this particular situation. At that meeting, with the exception of the orthopedic surgeons, not one other group decided ... they were interested in providing a definition of ‘exposure prone.’ Most health organizations felt it is impossible to do that under the current terminology that they are requesting. Therefore, I speak in favor of 82RCS-4, which does everything that we wish to have done. It contains a provision to study this situation; it determines that our official policy is as a dentist at the time of procedure to determine whether or not identifiable risk exists and, further, it admits that under certain circumstances, certain procedures performed may pose an identifiable risk or not.”

Dr. John DaSilva, Rhode Island, spoke in favor of substitution.

Dr. Glen Hall, Texas, spoke in favor of substitution and moved to amend the first resolving clause by reversing the words “dental health care worker to patient” so that it would read, “patient to dental health care worker.”

On vote, the proposed amendment to Resolution 82RCS-4 was approved.

Dr. Nancy Goorey, Ohio, moved to further amend Resolution 82RCS-4 by inserting in the first resolving clause the words “under certain circumstances” between the words “may pose.” She stated, “... it is not the procedures that pose the risk but it is the circumstances and that the only definition of an exposure-prone procedure is the one in which the barrier techniques are compromised.”

On vote, the proposed amendment to Resolution 82RCS-4 was approved.

A member of the Task Force on Invasive Procedures and Dr. David Harris, Indiana, spoke in favor of the substitute resolution.

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds ($\frac{2}{3}$) majority.

On vote, Resolution 82RCS-4 as amended was substituted for Resolution 82RC.

Dr. Seklecki moved the adoption of Resolution 82RCS-4 as amended.

Delegates from the Third and Ninth Districts spoke against the adoption of Resolution 82RCS-4.

Dr. Robert Friedman, Connecticut, addressing Resolution 82RCS-4, said, “You know, we are professional practicing dentists, we enjoy the public trust, our patients know that we would not purposefully infect them, that they are safe in our hands, that there is no real risk of infection by accident. We have to persuade the public that there is no real risk. ... That is what we should be talking about here. That is where we should be spending our time and our money.”

A delegate moved to substitute Resolution 82RCS-1, as follows, for Resolution 82RCS-4.

82RCS-1. Resolved, that a dentist should always make an evaluation of the dental procedures performed in his/her own dental practice to determine whether an identifiable risk of transmission of a bloodborne pathogen exists, and be it further **Resolved**, that this policy be considered provisional until such time as there is sound scientific support for it, and be it further **Resolved**, that the Board of Trustees continue to review the policy of identifiable risk, making appropriate changes based on the current scientific knowledge, with a report back to the 1992 House of Delegates.

The delegate stated, “... if we look at this and say now we are not clear on whether or not we pose an identifiable risk in transmitting HIV infection, then it further goes on to say that it is provisional, can be based on scientific support and that we are going to look at it next year. This, in turn, makes much more sense than merely saying that we pose an identifiable risk.”

Another delegate moved to amend Resolution 82RCS-1 by substituting “HIV” for “bloodborne pathogens” in the first resolving clause.

On vote, the proposed amendment was defeated.

On vote, the motion to substitute Resolution 82RCS-1 for Resolution 82RCS-4 was defeated.

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds ($\frac{2}{3}$) majority.

On vote, the following resolution, Resolution 82RCS-4 as amended, was adopted.

82H-1991. Resolved, that certain procedures performed by a dental health care worker may under certain circumstances pose an identifiable risk of transmission of a bloodborne pathogen from patient to dental health care worker or vice versa, and be it further

Resolved, that a dentist should always make an evaluation of the dental procedures performed in his/her own dental practice to determine whether an identifiable risk exists, and be it further

Resolved, that the Board of Trustees continue to review the concepts and definitions related to possible transmission of bloodborne pathogens and make appropriate changes based on current scientific knowledge, with a report back to the 1992 House of Delegates.

Adjournment: The second meeting of the House of Delegates adjourned at 12:25 p.m. The third meeting of the House of Delegates convened at 1:30 p.m.

Report of Committee on Credentials: Dr. Francis Sarro, Delaware, chairman of the Committee on Credentials, reported a quorum present.

Report of the Reference Committee on Scientific Matters (continued)

Development of Exposure-Prone Procedures Based on Scientific Studies (Fourth Trustee District Resolution 116; Fifth Trustee District Resolution 96; Thirteenth Trustee District Resolution 135; and Reference Committee Resolution 135RC): The Committee reported as follows:

The Reference Committee considered Resolutions 116 (*Supplement 2:446*), 96 (*Supplement 2:447*) and 135 (*Supplement 2:458*) together because they all relate to development of exposure-prone assessment models and the development of lists of procedures with different levels of risk. The Reference Committee asks the House to adopt the substitute Resolution 135RC.

135RC. Resolved, that the American Dental Association continue to study its definition of exposure-prone procedures, based on evolving scientific studies, and be it further **Resolved**, that present or interim models of risk and definitions of exposure-prone procedures must be clearly labeled as "interim."

Dr. Seklecki moved that Resolution 135RC be substituted for Resolutions 116, 96 and 135.

On vote, Resolution 135RC was substituted for Resolutions 116, 96 and 135.

Dr. Seklecki moved the adoption of the substitute Resolution 135RC.

Dr. Jean Savage, California, moved to amend Resolution 135RC by adding the following third resolving clause:

Resolved, that the Board of Trustees direct the Bureau of Economic and Behavioral Research to design a statistically significant study of at least six months duration with monthly reporting to determine the mathematical risk of percutaneous injuries to dentists and dental health care workers.

Dr. Savage said, "The Thirteenth District is very concerned that national policy debate on statistically significant studies that request the actual rates of injury of dentists and dental health care workers, although I appreciate the desire to apply your data in an efficient and timely manner, a survey with only one question related to frequency does not meet our needs. We must not further fan the fires of hysteria by submitting to governmental agencies or the media any data that is not scientifically based. For this reason, we ask the Board to direct the Bureau of Economics and Behavioral Research to design a statistically significant study of at least six months duration with subsequent reporting to determine the mathematical risk of percutaneous injuries to dentists and dental health care workers. The financial implication of this study is \$75,000. We are very concerned that data derived from operating room settings or surveys which would not be scientifically significant be used to form policies applying to dentists. We must have data that originates in the individual dental office. Surely dentists, with most often over eight years of post-secondary education are qualified to participate in a well conceived, ongoing study of percutaneous injuries in their offices. A study of any other setting does not meet the needs of the individual practice."

Dr. Richard Chichetti, Florida, spoke in favor of the amendment.

On vote, the proposed amendment was adopted.

Dr. Duane Compton, Indiana, spoke against Resolution 135RC as amended.

Dr. John DaSilva, Rhode Island, moved to further amend Resolution 135RC by deleting in the first resolving clause the words "its definition of exposure-prone procedures" and substituting the words "the concept of identifiable risk."

On vote, the proposed amendment was adopted.

Dr. John Billen, New York, spoke against Resolution 135RC as amended, stating, "Let me say that this is an ongoing study at this time and, therefore, to spend another \$75,000 for something that is already ongoing does not seem quite logical ..."

Dr. Thomas Sullivan, Illinois, spoke against adoption of Resolution 135RC as amended.

Dr. Jean Savage, California, stated, "... I wish it were so simple to say that a survey given to the delegates here at the House would give us the kind of data that we are looking for. That survey has one question to ask you—about the frequency of percutaneous injuries. We are looking for an in-depth, long term, at least six-month study that would give us diary type information of injuries to dentists and dental health care workers in their office. The reason that the survey you are now filling out was devised this way was that the thought was that you would not remember more than a month of experience. This study would be ongoing for at least six months and, further, would be scientifically based. Further, we would have to have enough people in the survey to make it statistically significant. That, in reality, is the difference between a scientific study and a survey."

A delegate from Florida, speaking in support of the resolution, stated, "... I want to point out something to everyone here and which many of us may not be aware of or may be aware of. That is ... that the federal government is on record for mandating that states adopt the July 12 *Morbidity and Mortality Weekly Report*, which states that exposure-prone procedures should be identified by medical surgical dental organizations and institutions at which these procedures are performed—

among other things including the recommendation that expert review panels be formed on an informal, individual basis in relation to assessment of an individual's risk to his patient population for the purpose of making recommendations as to his level of ability to practice. Now, we cannot ignore this mandate and if we chose to do so on this floor, we are putting ourselves in a position where it is going to be done for us. Therefore, I would urge you to take the bull by the horns. Let us get some good scientific information on which to base our decisions on, but, on the other hand, let us not get hung up on the term 'exposure prone.'"

A delegate moved to further amend Resolution 135RC by deleting from the second resolving clause the words "risk and definitions of exposure-prone procedures" and inserting the words "the concept of identifiable risk," so the second resolving clause would read:

Resolved, that present or interim models of the concept of identifiable risk must be clearly labeled as interim.

On vote, the proposed amendment was adopted.

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds ($\frac{2}{3}$) majority.

On vote, the following resolution, Resolution 135RC as severally amended, was adopted.

135H-1991. Resolved, that the American Dental Association continue to study the concept of identifiable risk based on evolving scientific studies, and be it further

Resolved, that present or interim models of the concept of identifiable risk must be clearly labeled as "interim," and be it further

Resolved, that the Board of Trustees direct the appropriate Association agencies to design a statistically significant study of at least six months duration with monthly reporting to determine the mathematical risk of percutaneous injuries to dentists and dental health care workers.

American Dental Association Policy on AIDS (Board of Trustees Resolution 83): The Reference Committee reported as follows:

The Reference Committee concurs with the recommendation of the Board and recommends that the House adopt Resolution 83 (*Supplement 1*:388).

Dr. Seklecki moved the adoption of Resolution 83.

On vote, Resolution 83, as follows, was adopted.

83H-1991. Resolved, that the "American Dental Association Policy on AIDS," adopted in 1988, (*Trans.* 1988:457) be amended so that it reads as follows:

The dental profession in the United States has a long tradition of providing appropriate and compassionate care to the public, including special groups with special needs. The American Dental Association believes that it has the responsibility to articulate a clear position on issues related to acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection and to formulate policy based on current scientific knowledge and accepted legal, moral and ethical imperatives. This policy statement will be reviewed on a regular basis and may be modified as new information and developments become available.

National Policy—The Association is supportive of initiatives to develop a national policy on HIV infection that can become the basis for coordinated efforts by the public and private sectors. The oral health aspects of HIV infection and issues related to the practice of dentistry should be included in national policies as they are developed.

Legal Issues—Anti-discrimination laws and regulations should be clarified or amended either legislatively or through the courts, in consideration of the rights of the patient to be free from acts of prejudice and the rights of others to be protected against an unreasonable risk of disease.

Public Information—The health care and communications communities should work together, in consultation with government agencies, to develop public service announcements and other educational messages regarding AIDS. Public education to increase awareness of how AIDS is transmitted should include information that will diminish irrational fears about transmission of the disease through dental treatment.

Ethical Considerations—The dental profession has long subscribed and adhered to a moral commitment of service to the public. Section 1 of the *Principles of Ethics* of the American Dental Association states:

The dentist's primary professional obligation shall be service to the public. The competent and timely delivery of quality care within the bounds of the clinical circumstances presented by the patient, with due consideration being given to the needs and desires of the patient, shall be the most important aspect of that obligation.

Professional Considerations—The Association believes that HIV-infected individuals should be treated with compassion and dignity. Current scientific and epidemiologic evidence indicates that there is little risk of transmission of infectious diseases through dental treatment if recommended infection control procedures are routinely followed. Patients with HIV infection may be safely treated in private dental offices when appropriate infection control procedures are employed. Such infection control procedures provide protection both for patients and dental personnel.

A sound approach to the treatment of infectious patients requires an assessment of the patient's condition based on reasonable and informed medical judgments, given the state of medical knowledge at the time. A dentist should not refuse to treat a patient whose condition is within the dentist's current realm of competence solely because the patient is HIV infected.

Dentists should be alert to signs and symptoms of HIV infection that may be identified during the provision of dental care. Patients with histories or conditions possibly indicative of HIV infection should be referred to their physicians for diagnostic procedures, counseling and medical follow-up.

The Association believes that all HIV-infected patients should disclose their HIV status and medical history: dentists, like physicians, need to know every patient's

medical history in order to make appropriate treatment decisions that are in the best interests of the patient. For the same reason, the Association also strongly supports state and federal legislation that gives an HIV-infected patient's health care providers the right to share knowledge of the patient's HIV status and current medical condition without risking a violation of state or federal anti-discrimination laws and HIV confidentiality laws. The Association further strongly supports state and federal legislation that protects a dentist from charges of discrimination if a dentist, in a sincere effort to protect a patient's health, elects to refrain from treating a patient who fails to disclose his/her HIV status and medical history or allow an HIV test to be performed.

The Association urges dentists to maintain strict confidentiality of the patient's HIV status and medical condition, except as noted above with respect to sharing of information among the patient's health care providers when allowed by state or federal law. Dentists are encouraged to have an office protocol for the confidential handling of information about an HIV-infected patient.

The Association believes that individuals with HIV infection should have access to dental treatment. Treatment considerations should provide for a judicious balance between the well-being of these patients and the protection of the health of the public as well as the dental care providers.

HIV-Infected Patients and Providers (Louisiana Dental Association Resolution 54): The Reference Committee reported as follows:

The Reference Committee concurs with the recommendations of the Board and recommends that Resolution 54 (*Supplement 1:342*) not be adopted.

54. Resolved, that the ADA recognize that they are in effect applying a double standard by insisting that health care providers continue to treat human immunodeficiency virus (HIV) carriers but mandate that health care providers who are HIV positive inform their patients before rendering treatment.

Dr. Seklecki moved Resolution 54.

On vote, Resolution 54 was defeated.

Policy on HIV-Infected Dentists (Board of Trustees Resolution 84; Sixteenth Trustee District Resolution 84S-1; Fourth Trustee District Resolution 84S-2; Ninth Trustee District Resolution 84S-3; First Trustee District Resolution 84S-4; and Reference Committee Resolution 84RC): The Reference Committee reported as follows:

Testimony on these five resolutions emphasized the paucity of scientific data providing a basis for interdiction of practice, the unreality of a zero-risk society, the effectiveness of infection control techniques and the premise that the Association should not injure its members. While 84S-3 addressed most of these concerns, the Reference Committee desired to strengthen the statement on infection control and the use of barrier techniques. Accordingly, the Reference Committee presents a substitute resolution which it urges the House to adopt.

84RC. Resolved, that the American Dental Association Policy on HIV-Infected Dentists read as follows:

The dental profession has long adhered to a moral commitment of service to the public and an ethical obligation to protect the health of the patient. An advisory opinion to the American Dental Association's *Code of Professional Conduct* urges dentists who become ill or impaired to limit the activities of practice to those areas that do not endanger either patients or dental staff.

Currently, there is no scientific evidence to indicate that HIV-infected health care providers pose an identifiable risk of HIV transmission to their patients. There has been only one documented case of transmission from an HIV-infected health care provider to patients during the past ten years of experience with HIV disease, an indication that the risk is infinitesimal. The ADA strongly affirms that barrier techniques are an effective and adequate means of preventing the transmission of HIV from doctor to patient and patient to doctor.

However, since the foremost concern of the dental profession must continue to be protection of the patient, the Association strongly encourages all dentists to undergo personal assessments to determine the need for HIV testing. Dentists who believe they are at risk of HIV infection should monitor their HIV serostatus. All HIV-seropositive dentists who perform exposure-prone procedures should practice only under the evaluation and monitoring of their personal physician and/or under recommendations of public health officials, expert review panels, or in compliance with institutional policies. HIV infection alone does not justify the limiting of professional duties, or automatically mandate disclosure, unless the dentist poses a risk of transmitting infection through a lack of infection control competence or presents signs of functional impairment. If the HIV-infected dentist discontinues the practice of dentistry, the Association believes the dentist to be totally disabled with respect to the practice of dentistry.

The American Dental Association will assist and support infected dentists in sustaining meaningful professional careers,

and be it further,

Resolved, that appropriate agencies of the Association continue their efforts to educate the public about the efficacy of universal precautions and the infinitesimal risk of contracting HIV infection during the course of dental treatment, and be it further

Resolved, that the appropriate agencies of the Association continue to monitor studies and the policies, reports and guidelines developed by major health care organizations, CDC and other groups, with a report back to the 1992 House of Delegates.

Dr. Seklecki moved that Resolution 84RC be substituted for Resolutions 84 (*Supplement 1:389*), 84S-1 (*Supplement 2:459*), 84S-2 (*Supplement 2:444*), 84S-3 (*Supplement 2:452*) and 84S-4 (*Supplement 2:438*).

Dr. Jeffrey Colburn, Michigan, spoke in favor of the substitution.

On vote, Resolution 84RC was substituted for Resolutions 84, 84S-1, 84S-2, 84S-3 and 84S-4.

Dr. Seklecki moved the adoption of the substitute Resolution 84RC.

A delegate from the Second District moved to amend Resolution 84RC by deleting from the third paragraph of the policy statement, the words “who perform exposure-prone procedures.”

Another delegate stated, “If we delete those words ... that means ... that dentists who do not perform invasive procedures whatsoever would fall under this recommendation. The CDC has very carefully thought out the concept of exposure prone as being a subset of all invasive procedures and, in actuality, instead of us being defensive on that aspect, I think that we ought to applaud the CDC in their concept. It is not necessary for someone who is not practicing clinically to be evaluated by public health officials, by expert review panels, etc., as further outlined in this resolution if they are not performing procedures which put patients at risk. You completely take away the concept that I believe that this paragraph is trying to transmit by deleting ‘exposure prone’...”

Speaking in support of the amendment, a delegate stated, “The importance of a seropositive dentist to consult with an evaluation panel is twofold. Basically, to decide whether the procedure he is performing is identifiable risk to the patient and, secondly and, I believe, a more important reason for him to consult with an expert medical panel, is to protect his or her own health and to determine his or her own immune system effectiveness and whether or not the practice of dentistry poses a danger to them. Therefore, this is ... a twofold situation. The term ‘exposure prone’ just does not belong in the text of this document and so I would support the amendment.”

A delegate from Illinois spoke against the amendment.

On vote, the proposed amendment was defeated.

A delegate from the Fifteenth District moved to amend Resolution 84RC, second paragraph, by replacing the phrase “barrier techniques” with “universal precautions” so the sentence would read as follows:

The ADA strongly affirms that universal precautions are an effective and adequate means of preventing the transmission of HIV from doctor to patient and patient to doctor.

The delegate also moved to amend the third paragraph by inserting the words “non-compliance with universal precautions” between the words “through” and “a” so the sentence would read as follows:

HIV infection alone does not justify the limiting of professional duties, or automatically mandate disclosure, unless the dentist poses a risk of transmitting infection through non-compliance with universal precautions, a lack of infection control competence, or presents signs of functional impairment.

On vote, the proposed amendments were adopted.

A delegate from the Fourth District, moved to amend Resolution 84RC, second paragraph, by replacing the word “documented” with the word “alleged.”

On vote, the proposed amendment was adopted.

Dr. Lloyd Shumaker, Ohio, moved to substitute the words “dental health care worker” for “doctor” and “dentist” in various sections of the policy statement whenever the statement does not specifically refer the dentist. He stated, “I think that part of the problem we are faced with is that this just addresses dentists. Now then, somebody else has said that we will let the CDC or somebody else address the health care worker.

However, one of the problems is that this is a policy of our organization and if our members pick it up and read it eagerly ... it is important for them to have in their mind that they are not the only person involved. They have, for example, dental hygienists, they have expanded function auxiliaries and also dental assistants who, if they are HIV positive, pose a risk and, more importantly, those staff members are probably the liability of the employing dentist. Therefore, most of this should apply also to the staff.”

On vote, the proposed amendment was adopted.

Dr. John DaSilva, Rhode Island, moved to amend Resolution 84RC, third paragraph, by deleting the words “who perform exposure-prone procedures” and substituting the words “who perform procedures viewed to have identifiable risks.” He said, “It would seem to me this resolution as amended would be a good statement coming from the American Dental Association. However, if we allow ‘exposure prone’ to remain in this with all that we have accomplished ... I think that it will be confusing.”

Another delegate spoke in favor of the proposed amendment. He said, “I believe that we are giving a dual message when we allow the term ‘exposure prone’ to be used in some instances and not in others. Further, there is nothing wrong with the term ‘exposure prone’ in and of itself, other than the fact it was created by a governmental agency with no basic scientific basis for it. That is the problem. We are not arguing about the term—we are arguing about the origin of the term and I think that a message must go back to government, a message must go back to the Congress, it must go to the state boards and we must speak with a uniform voice. If we do not do that, we are going to be confusing this issue beyond our wildest imagination. We now are going to have to move back to our practices and deal with all of these various inconsistencies and confusion that we are creating. Either you are for it or you are against it but we cannot start using this term where it is convenient and not using it where it is not convenient.”

Dr. Bruce Wright, Delaware, said, “I do not think ... ‘identifiable risks’ and ‘exposure prone’ mean the same thing and I think we are in trouble in this House if we allow this to go forward without a further explanation of ‘identifiable risks.’”

Dr. Donald Cadle, Florida, and another delegate spoke against the proposed amendment.

As a point of information, a delegate stated, “... I believe there has been a small correction necessary and precisely what it is that the federal law mandated. Federal law, for example, mandated compliance with the CDC guidelines or equivalent guidelines as established by the state health commissions. Therefore, really, just for everyone’s edification, there is absolutely no requirement that we adopt the CDC guidelines.”

Drs. Joseph Kalil and Warren Morgan, Massachusetts, spoke in favor of the proposed amendment.

Dr. George Richards, Texas, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority.

On vote, the proposed amendment was adopted.

Dr. Lawrence Furman, Public Health Service, moved to further amend Resolution 84RC by deleting the first sentence of the second paragraph which reads:

Currently there is no scientific evidence to indicate that HIV-infected health care providers pose an identifiable risk of HIV transmission to their patients.

Dr. Furman said, "The reasons for that and the discussion is that it would be ill advised in light of the investigations that have gone on using pathogens. There are biologic investigations and laboratory evidence which have occurred, not only on HIV but also on hepatitis B in relation to which the CDC guidelines have been prominent. Also, I would like to remind the House that in one of the resolutions, Resolution 82RCS-4, in the first clause ... we did acknowledge the fact that there are procedures that do pose identifiable risks in the transmission of bloodborne pathogens. The sentence that is in Resolution 84RC states that no evidence of such risk exists. Therefore, on that basis, it would be ill advised to include the sentence."

Another delegate stated, "The gentleman that spoke earlier is trying to delete this because of the fact that incidents happened. Well, that is one thing. However, I think we all agree that incident currently has no scientific evidence of transmission and, therefore, I think that we really need this as a part of our policy statement on AIDS."

Another delegate stated, "I believe ... the previous resolution which referred to certain procedures indicated that they 'may' pose an identifiable risk. That is an important word because, in reality, it does not mean that it does or that it does not. However, it means that it may—may now or may sometime in the future. Therefore, I really do not see this as being inconsistent with the previous statements."

A delegate requested, "Can we call on Dr. Neidle to set us straight on whether or not there is an identifiable risk concerning transmission of AIDS from a health care worker to a patient?"

Dr. Enid Neidle, assistant executive director, Scientific Affairs, stated, "Now, I wished that Dr. Furman had addressed that because the only evidence we have is the one case in Florida In other words, it has never been transferred in the laboratory or under strictly controlled scientific conditions. We do know, however, that five people possibly acquired HIV infection from a dentist and, further, the basis for knowing this is in relation to the DNA sequencing, which demonstrated Dr. Acer's sequences in relation to other people. Now, while that is a form of scientific evidence, it is not the present form."

Dr. Lawrence Furman stated, "As stated in the second sentence, there is one reported or one documented case and which I now believe reads 'one alleged case of transmission of HIV from a health care worker to patients.' That is true for the HIV—we have only one reported case in the literature. It is based ... on laboratory evidence which is supported in relation to similar strains between the patient and the dentist. We also have the epidemiological investigation, which is allowing us to at least point in the direction in relation to which that transmission occurred. They have to be looked at together. I must again remind the House, however, that the recommendations in relation to the exposure-prone procedures that have been offered by the CDC also points to bloodborne pathogens. We cannot separate them. In other words, in relation to the formation of those recommendations, they could not be separated. However, we do have sufficient evidence in relation to hepatitis B to point of transmissions that have occurred in the health care setting, 12 of which occurred in the United States and of those 12, nine dentists were identified in the transmissions. Further, approximately 210 patients were associated with those nine incidents."

A delegate moved to postpone definitely all discussions on the subject for one year.

The Speaker ruled the motion out of order.

On vote, the proposed amendment was defeated.

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, the following resolution, Resolution 84RC as severally amended, was adopted.

84H-1991. Resolved, that the American Dental Association Policy on HIV-Infected Dentists read as follows:

The dental profession has long adhered to a moral commitment of service to the public and an ethical obligation to protect the health of the patient. An advisory opinion to the American Dental Association's *Code of Professional Conduct* urges dentists who become ill or impaired to limit the activities of practice to those areas that do not endanger either patients or dental staff.

Currently, there is no scientific evidence to indicate that HIV-infected health care providers pose an identifiable risk of HIV transmission to their patients. There has been only one alleged case of transmission from an HIV-infected health care provider to patients during the past ten years of experience with HIV disease, an indication that the risk is infinitesimal. The ADA strongly affirms that universal precautions are an effective and adequate means of preventing the transmission of HIV from dental health care worker to patient and patient to dental health care worker.

However, since the foremost concern of the dental profession must continue to be protection of the patient, the Association strongly encourages all dental health care workers to undergo personal assessments to determine the need for HIV testing. Dental health care workers who believe they are at risk of HIV infection should monitor their HIV serostatus. All HIV-seropositive dental health care workers who perform procedures viewed to have identifiable risk should practice only under the evaluation and monitoring of their personal physician and/or under recommendations of public health officials, expert review panels, or in compliance with institutional policies. HIV infection alone does not justify the limiting of professional duties, or automatically mandate disclosure, unless the dental health care worker poses a risk of transmitting infection through non-compliance with universal precautions, a lack of infection control competence, or presents signs of functional impairment. If the HIV-infected dentist discontinues the practice of dentistry, the Association believes the dentist to be totally disabled with respect to the practice of dentistry.

The American Dental Association will assist and support infected dentists in sustaining meaningful professional careers.

and be it further,

Resolved, that appropriate agencies of the Association continue their efforts to educate the public about the efficacy of universal precautions and the infinitesimal risk of contracting HIV infection during the course of dental treatment, and be it further

Resolved, that the appropriate agencies of the Association continue to monitor studies and the policies, reports and guidelines developed by major health care organizations, CDC and other groups, with a report back to the 1992 House of Delegates.

Model for Composition of Expert Review Panel and Protocol For Evaluating HIV- or HBV-Infected Dentists (Board of Trustees Resolution 85; Eighth Trustee District Resolution 85S-1; and First Trustee District Resolution 85S-2): The Reference Committee reported as follows:

There was considerable support expressed for Resolution 85S-2 (*Supplement 2:439*), which differs from Resolution 85 (*Supplement 1:384*) in the substitution of the word "practice" for "exposure-prone procedures" in the phrase "who wish to continue to practice."

Therefore, the Reference Committee recommends adoption of Resolution 85S-2.

85S-2. Resolved, that appropriate agencies of the American Dental Association develop a model for the composition of an expert review panel and a protocol that could be followed for evaluating dentists infected with the human immunodeficiency virus or the hepatitis B virus who wish to continue to practice.

Dr. Seklecki moved that Resolution 85S-2 be substituted for Resolutions 85 and 85S-1 (*Supplement 2:450*).

On vote, Resolution 85S-2 was substituted for Resolutions 85 and 85S-1.

Dr. Seklecki moved the adoption of the substitute Resolution 85S-2.

A delegate questioned why there was no financial implication indicated on Resolution 85S-2.

Dr. Enid Neidle responded, "... we do believe that we can accomplish this with our regular resources. Now, if you mention travel ... that is not within available resources but ... we do not envision any extensive travel being involved in connection with this."

On vote, Resolution 85S-2, as follows, was adopted.

85H-1991. Resolved, that appropriate agencies of the American Dental Association develop a model for the composition of an expert review panel and a protocol that could be followed for evaluating dentists infected with the human immunodeficiency virus or the hepatitis B virus who wish to continue to practice.

Mandatory Human Immunodeficiency Virus (HIV) Testing (Board of Trustees Resolution 86; Eighth Trustee District Resolution 86S-1; and Reference Committee Resolution 86RC): The Reference Committee reported as follows:

There was substantial testimony in favor of Resolution 86S-1 (*Supplement 2:450*) over Resolution 86 (*Supplement 1:389*), and a number of members recommended deletion of the first resolving clause. The Reference Committee offers a substitute resolution in which only the second resolve is retained, first because Resolution 84S-3 states that "Dentists who believe they are at risk of HIV infection should monitor their HIV serostatus." Second, it felt that a single clause opposing mandatory testing would make a stronger statement.

Therefore the Reference Committee recommends adoption of the following substitute resolution.

86RC. Resolved, that the ADA is opposed to federal or state laws or regulations that require mandatory HIV testing of all dentists and other health care workers.

Dr. Seklecki moved that Resolution 86RC be substituted for Resolutions 86 and 86S-1.

On vote, Resolution 86RC was substituted for Resolutions 86 and 86S-1.

Dr. Seklecki moved the adoption of the substitute Resolution 86RC.

Dr. John Knox, Illinois, moved to amend Resolution 86RC by deleting the words "federal or state" and adding the word "any" and by deleting the word "all" so the amended resolution would read:

Resolved, that the ADA is opposed to any laws or regulations that require mandatory HIV testing of dentists and other health care workers.

Dr. Knox said, "Very simply, there are some communities, municipalities and so on that may have regulations which were not included in this and, therefore, to limit us to federal or state laws or regulations perhaps would be restrictive. Therefore, we felt that the language as presented was a little more conclusive. 'All' dentists, could be interpreted in one way or another. Also, it may be that some dentists may not be included and so we felt that grammatically deleting the word 'all' would clarify that."

On vote, the proposed amendment was adopted.

On vote, the following resolution, Resolution 86RC as amended, was adopted.

86H-1991. Resolved, that the ADA is opposed to any laws or regulations that require mandatory HIV testing of dentists and other health care workers.

Dental Health Care Workers and CDC Guidelines (Board of Trustees Resolutions 87 and 87B; Ninth Trustee District Resolution 87S-1; First Trustee District Resolution 87S-2 and Reference Committee Resolution 87RC): The Reference Committee reported as follows:

The Reference Committee believes that the intent of Resolution 87 (*Supplement 1:390*) is best expressed in 87B (*Supplement 2:468*), but presents a substitute resolution that the Committee believes best captures and strengthens the intent of the resolution.

The Committee urges adoption of 87RC.

87RC. Resolved, that all dental health care workers who may participate or assist in dental procedures under the supervision of a dentist should follow all American Dental Association policies that deal with infectious diseases.

Dr. Seklecki moved that Resolution 87RC be substituted for Resolutions 87, 87B, 87S-1 (*Supplement 2:453*) and 87S-2 (*Supplement 2:439*).

On vote, Resolution 87RC was substituted for Resolutions 87, 87B, 87S-1 and 87S-2.

Dr. Seklecki moved the adoption of the substitute Resolution 87RC.

On vote, Resolution 87RC, as follows, was adopted.

87H-1991. Resolved, that all dental health care workers who may participate or assist in dental procedures under the supervision of a dentist should follow all American Dental Association policies that deal with infectious diseases.

At the conclusion of the Report of the Reference Committee on Scientific Matters, Dr. Seklecki made the following comments. He said, "... I want to thank my committee members who had a Herculean task in resolving these issues that they had before them. We highly commend them. However, let me, at this point, briefly mention some comments made in our committee on Report 6. It is somewhat bothersome to me. It is a recommendation from the ADA essentially to consider the rights of dentists and citizens and the protection of that right. Now, as you read through Report No. 6, you will find that it has a plethora of statements concerning the rights of patients and very little about our rights as dentists and citizens of this country. It is obvious that that point may be the ethical and legal obligations enumerated in Report 6 but it certainly does place dentistry on a high plain, but it does fail to acknowledge that the government is impinging upon our right to practice dentistry. Dentistry as a profession, however, accepts these higher standards. As a matter of fact, we embrace these standards. However, if Congress continues to impinge on our basic rights as citizens, namely, continuing our freedom to accept or reject patients and further mandating treatment and testing, we should not quietly acquiesce. We must vigorously object to any denial of basic rights to dentists and the ADA should continually make sure that we as dentists maintain our basic freedoms and also our fine standard for professionalism. Thank you for the privilege of being able to give those words to you."

Reconsideration of Resolution 131RCS-2: Dr. Ramon Georges, Illinois, requested reconsideration on Resolution 131RCS-2 (see page 578). He stated, "I feel ... that we inadvertently killed any possibility for further parameter development. Also, I feel that we worked out compromise language with the First District and others who voted against 131RCS-2 but with support of the amendment to the original Resolution 131RC. Thus I urge the House that we reconsider 131RCS-2 so that we, in turn, can offer an amendment and support to the Reference Committee's recommendation after amending."

A delegate, speaking against reconsideration, said, "... I think that this House knew exactly what it was doing and what it was voting on and I think it involved adequate discussion on the subject. Therefore, I do not think there is sufficient reason for reconsidering."

A delegate from the Ninth District supported reconsideration.

Dr. Douglas Franklin, California and chairman of the Parameters Management Committee, said, "I would love to have the opportunity to discuss the meat of the project but I will spare you that. I simply want to say, however, that when the House elected that this project go forward, we knew that the degree of success that we would achieve would be directly dependent upon involving of the various communities of interest. That, of course, is you. We gave time to choose the people to write the document—we went to you, every constituent society, every dental school, every specialty and every academy to send us the names of the people you wanted to write the document. Further, when we started to write the document, we gave you academic freedom because this was a scientific document. Also, when it came time to seek your initial approval, we sent you the document—everybody in every

constituent society received a copy of the document. In that document we asked you, 'What do you think?' The majority of the replies we received back were unfavorable and so we amended the document to incorporate your concerns, and we also received letters from the highest office of the Health and Human Resources Agency commending the Association for its commitment in relation to the American public. Now, of course, you can also send this document for further work. I promise you, I guarantee you that this will be your document. We will incorporate everything that you feel should be incorporated based on scientific knowledge. You have my commitment to that. Therefore, I would ask that you consider that we be allowed to go forward on this project."

Dr. George Bletsas, Michigan, a member of the Parameters Management Committee, spoke in favor of reconsideration.

Drs. Harmon Katz, New Jersey; Myron Bromberg, California; and John Breza, Michigan, spoke against reconsideration.

Dr. David Borlas, Michigan, questioned if the motion to reconsider was in order.

The Speaker stated that the motion was in order and gave his reasons for his decision.

Dr. Charles Reiting, Colorado, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority.

On vote, the motion to reconsider Resolution 131RCS-2 was defeated.

Report of the Reference Committee on Dental Education and Related Matters

The report of the Reference Committee on Dental Education and Related Matters was read by Dr. Robert A. Seminara, New York, chairman. The other members of the Committee were: Drs. Dennis J. Brandstetter, Minnesota; F. Dean Brown, Colorado; Robert D. Garren, North Carolina; William L. LaFont, Jr., Tennessee; Gaetan J. Lavalla, Pennsylvania; Richard D. Leshgold, Washington; and James S. Töchia, Oklahoma.

Amendment of ADA "Bylaws" Regarding Composition of the Council on Dental Education (Eleventh Trustee District Resolution 111; Board of Trustees Resolution 111B and Reference Committee Resolution 111RC): The Reference Committee reported as follows:

The extensive testimony presented on this issue focused on the need for the Council on Dental Education to be more responsive to several issues of importance to the profession. Individuals supporting the resolution believed that restructuring the Council as an all-ADA appointed body would increase its ability to represent the interests of the practicing profession and would more clearly distinguish the identity and actions of the Council from those of the Commission on Dental Accreditation.

Testimony opposing the resolution pointed to the need to maintain the current tripartite structure of the Council, with representation from the education, licensure and practice communities. These speakers noted that the existing composition provides important opportunities for mutual cooperation and participation on issues that affect all

components of the dental profession. It allows the ADA an avenue for influence on matters that require implementation by educational institutions and licensing boards, as well as providing the Association with input from these groups on issues that impact a broader audience beyond practicing dentists.

Testimony on this issue was provided by representatives of the American Association of Dental Schools (AADS) and the American Association of Dental Examiners (AADE). Each of these organizations has been represented on the Council since its inception. The AADS and AADE representatives pointed out that the ADA has a long-standing tradition of consulting with all communities of interest prior to acting on any proposal when those parties would be directly affected by the proposed action. However, AADS and AADE have not been afforded an opportunity to comment on the proposed restructure that would eliminate their participation on the Council. These speakers believed it would be premature to act on the proposed resolution without appropriate input by the education and licensure communities. The Reference Committee believes that the tripartite structure should not be discontinued without appropriate input and careful consideration of the possible ramifications for the profession as a whole.

The Reference Committee also considered testimony regarding the relationship between the Council and the Commission on Dental Accreditation. Restructuring the Council could affect the recognition of the Commission by the two organizations responsible for recognizing accrediting bodies: the Council on Postsecondary Accreditation (COPA) and the U.S. Department of Education (USDOE). The Commission's current recognition by these organizations was based on its existing composition and structure; any revisions would be subject to review. Further, to make significant changes without appropriate involvement of the communities of interest could raise concerns regarding the Commission's representative structure.

The Reference Committee carefully weighed these arguments, as well as the issues raised by the Board of Trustees. The Committee concluded that the proposed restructuring would have a major impact on education policy, accreditation, licensure, specialty recognition and other matters of critical importance to the profession. The Committee agreed with many of those testifying during the open hearing that to adopt this change without an impartial review of its advantages and disadvantages would be premature and inadvisable.

For all these reasons, the Reference Committee concurred with the Board that an impartial committee should be appointed to study the implications of any changes in the Council's structure and composition and develop a report for the 1992 House. However, the Reference Committee believed that the inclusion of the first resolving clause in the Board's proposed resolution presupposes the conclusion of this study. Therefore, a substitute resolution is presented that deletes this clause. It should be noted that the Reference Committee was divided on this issue. The substitute Resolution 111RC was supported by seven of the eight Committee members; the remaining member supported the Board's substitute Resolution 111B. Therefore, the Reference Committee recommends adoption of the following substitute Resolution 111RC.

111RC. Resolved, that a special committee of the Board of Trustees study the Council on Dental Education and Commission on Dental Accreditation structure in regard to representation, responsiveness and their ability to accomplish their assigned tasks, and be it further

Resolved, that the preliminary report be completed prior to the May 1992 meeting of the Commission for its consideration and comment, and be it further

Resolved, that recommendations for restructuring of the Association's education effort, with *Bylaws* changes, if needed, be reported to the 1992 House of Delegates.

Dr. Seminara moved that Resolution 111RC be substituted for Resolutions 111 (*Supplement 2:455*) and 111B (*Supplement 2:477*).

On vote, Resolution 111RC was substituted for Resolutions 111 and 111B.

Dr. Seminara moved the adoption of the substitute Resolution 111RC.

A delegate from New York moved to substitute Resolution 111RCS-1, as follows, for Resolution 111RC.

111RCS-1. Resolved, that a special seven-member committee consisting of four members of the Board of Trustees, the Chairman of the Council on Dental Education, a representative of the American Association of Dental Examiners, and a representative of the American Association of Dental Schools study the Council on Dental Education and Commission on Dental Accreditation structure in regard to representation, responsiveness and their ability to accomplish their assigned tasks, and be it further

Resolved, that the preliminary report be completed prior to the May 1992 meeting of the Commission for its consideration and comment, and be it further

Resolved, that recommendations for restructuring of the Association's education effort, with *Bylaws* changes, if needed, be reported to the 1992 House of Delegates.

On vote, Resolution 111RCS-1 was substituted for Resolution 111RC.

Dr. Anthony Storace, New Hampshire, moved to amend Resolution 111RCS-1 by deleting the words "if needed" in the third resolving clause. He said, "... what we are concerned about is the term 'if needed,' which allows one to make a judgment as to whether or not that will be reported back at the 1992 House."

Another delegate stated, "The way I read this, Mr. Speaker, this applies to *Bylaws* changes ..."

Dr. Robert Garren, North Carolina, said, "I was on this Reference Committee and heard exactly what that means. If you do not have in that *Bylaws* change, 'if needed,' then you are assuming that this is automatically going to be a *Bylaws* change. That was passed at the Reference Committee ... Otherwise, you may have to suppose that it mandates a change in the *Bylaws* and it does not do that."

On vote, the proposed amendment was defeated.

A delegate from California moved to amend Resolution 111RCS-1 by deleting the first resolving clause and by adding new first and second resolving clauses to read as follows:

Resolved, that the Council on Dental Education be increased to 16 members, one from each Trustee District, and be it further

Resolved, that a special committee of the Board of Trustees study the Council on Dental Education structure in regard to representation, responsiveness and ability to accomplish assigned tasks, and be it further

The delegate said, "The Council on Dental Education is one of the most important councils of the American Dental Association. The current council ... is composed of four members elected by the American Association of Dental Schools, four members elected by the American Association of Dental Examiners and the remaining four members of that twelve-member council are elected by the American Dental Association. Now, this structure may have been appropriate at the time ... that it was established and they were working on the framework in relation to the dental educational system in the United States. During this period of time, the need for a standard of the Commission on Dental Accreditation was formed and I am sure all of you know that of those 12 members, four of whom are elected by the American Dental Association, they are also members of the Commission on Dental Accreditation. Now, the reason for introducing this change is that inasmuch as the council has been an agent of the American Dental Association with the responsibility for carrying out ADA policies and directives, it is no longer appropriate that two-thirds of the council members are affected by other organizations. Of course, as I said previously, I recognize that these members are ADA members. However, they must bring to the Council's deliberations the positions of their organizations, which may not be the same as the positions and policies of the American Dental Association. ... I say that this is the time to move ahead, to make the necessary changes and not wait for it to be broken. The conditions that originally led to the tripartite membership situation are not the same as conditions are today. It is time to change."

Dr. Wallace Huff, Virginia and a delegate from Illinois spoke against the proposed amendment.

Dr. Huff stated, "... To say ... that you are going to dissolve the Council and dictate a certain structure before you find out what is wrong or is there anything wrong, to me, is unscientific."

Another delegate said, "... I would like to identify just a few things speaking from the examining sector. As it stands now, we have finally gotten together and are going in one direction. For example, when the first 111 came out, it totally fractionated the examining community and the academic community from this council. To me, I think that is the wrong way to go and, further, I remind the House and organized dentistry of the fact that in relation to the examining process, if the federal entity looks and sees that organized dentistry is becoming very cozy with its licensure process, we have a lot to lose."

Dr. Clifford Marks, Florida, speaking in favor of the proposed amendment, stated, "... I would like to tell you that this is not an attempt to diminish the quality of dental education for either dentists or auxiliaries in this country. This is not an attempt to disenfranchise the AADE or the AADS. Further, this is not an attempt to change the Commission on Dental Accreditation in any way. However, this is an attempt to give you representation into whom you think is the proper person to represent your points of view on the Council on Dental Education."

Also speaking in favor of the proposed amendment were Drs. Kay Thompson, Pennsylvania and Howard Curtis, Oregon.

Dr. Eugene Truono, ADA president, spoke against the proposed amendment.

Dr. James Mercer, trustee, Seventh District, said, "I would suggest and plead with you that you give Dr. Morrow an opportunity to appoint a study committee that can report back to you next year and then you can make that change if you so desire."

Dr. Robert Uchin, Florida, said, "I think it is an attempt by the maker of the resolution to separate the Commission and retain the Commission in its entirety to act as a commission, being represented by the American Dental Association, ... the American Association of Dental Schools, ... and also the American Association of Dental Examiners ... and to retain the Commission as a commission of 12 to act as it acts now in all matters of accreditation while at the same time treat this council as a council of the American Dental Association ..."

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, the proposed amendment was defeated.

Dr. Howard Curtis, Oregon, moved to amend Resolution 111RCS-1 by deleting from the first resolving clause the words "the Chairman of the Council on Dental Education" and by adding in its place the words "a representative from the ADA on the Council." He stated, "I think ... that we are overloading the members of the study group by having a chairman that could be from the AADS or the AADE."

A delegate from the First District spoke against the proposed amendment.

On vote, the proposed amendment was defeated.

Dr. Clarence Lindquist, District of Columbia, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, Resolution 111RCS-1, as follows, was adopted.

111H-1991. Resolved, that a special seven-member committee consisting of four members of the Board of Trustees, the Chairman of the Council on Dental Education, a representative of the American Association of Dental Examiners, and a representative of the American Association of Dental Schools study the Council on Dental Education and Commission on Dental Accreditation structure in regard to representation, responsiveness and their ability to accomplish their assigned tasks, and be it further

Resolved, that the preliminary report be completed prior to the May 1992 meeting of the Commission for its consideration and comment, and be it further

Resolved, that recommendations for restructuring of the Association's education effort, with *Bylaws* changes, if needed, be reported to the 1992 House of Delegates.

Dentist's Pledge (Council on Dental Education Resolution 32): The Committee reported as follows:

All testimony presented during the Reference Committee hearing supported adoption of the "Dentist's Pledge" as presented. The Committee noted that this revised pledge was developed by the Council on Dental Education in response to

Resolution 78-1990 (*Trans.* 1990:555) calling for the Council to study a proposed substitute "Dentist's Pledge." In carrying out this House directive, the Council reviewed the substitute pledge as well as the 1955 House-adopted pledge (*Trans.* 1955:199) and determined that both contained gender-biased language. The Committee noted that the Council subsequently prepared this alternate version for consideration that addresses those components that should be incorporated into a voluntary pledge including language that is not gender-biased. The Reference Committee also noted that any version of a pledge is not required as an oath in graduation ceremonies.

The Reference Committee discussed the feasibility of providing copies of the "Pledge" to all graduating dental students and concluded that the third resolving clause adequately addresses its distribution within dental schools. Further, the Committee urges that the "Pledge" be made available to all members of the Association in a format suitable for framing at a nominal cost.

Therefore, the Reference Committee concurs with the Council and the Board and recommends that Resolution 32 (*Reports:* 115) be adopted.

Dr. Seminara moved the adoption of Resolution 32.

On vote, Resolution 32, as follows, was adopted.

32H-1991. Resolved, that the following "Dentist's Pledge" be approved:

The Dentist's Pledge

I, (dentist's name), as a member of the dental profession, shall keep this pledge and these stipulations.

I understand and accept that my primary responsibility is to my patients, and I shall dedicate myself to render, to the best of my ability, the highest standard of oral health care and to maintain a relationship of respect and confidence. Therefore, let all come to me safe in the knowledge that their total health and well-being are my first considerations.

I shall accept the responsibility that, as a professional, my competence rests on continuing the attainment of knowledge and skill in the arts and sciences of dentistry.

I acknowledge my obligation to support and sustain the honor and integrity of the profession and to conduct myself in all endeavors such that I shall merit the respect of patients, colleagues and my community. I further commit myself to the betterment of my community for the benefit of all of society.

I shall faithfully observe the *Principles of Ethics and Code of Professional Conduct* set forth by the profession.

All this I pledge with pride in my commitment to the profession and the public it serves.

and be it further

Resolved, that the pledge be transmitted to U.S. dental schools for use as appropriate, and be it further

Resolved, that Resolution 8-1955-H (*Trans.* 1955:199), titled Dentist's Pledge, be rescinded.

Immunization Policy for Dental Health Education

Institutions (Council on Dental Education Resolution 33): The Committee reported as follows:

The Reference Committee heard testimony on this issue which supported the adoption of the resolution as presented. Therefore, the Reference Committee concurred with the Council and Board in recommending the adoption of Resolution 33 (*Reports:* 116).

Dr. Seminara moved the adoption of Resolution 33.

On vote, Resolution 33, as follows, was adopted.

33H-1991. Resolved, that the American Dental Association urge all dental, advanced dental and allied dental education programs to encourage the vaccination of students, preclinical and clinical faculty and staff against infectious diseases (for example, mumps, measles, rubella and hepatitis B) in an effort to minimize risk of infection to patients and dental personnel, and be it further

Resolved, that Resolution 49H-1985 (*Trans.* 1985:593), Vaccination of Students Against Hepatitis B, be rescinded.

Continuing Dental Education Provider Recognition

Program (Council on Dental Education Resolution 35 and Board of Trustees Resolution 35B): The Committee reported as follows:

The Reference Committee heard considerable testimony related to a Provider Recognition Program (PRP). The Reference Committee heard testimony that agreed with both the Council and the Board that the American Dental Association is the appropriate organization to develop a national-level continuing education PRP. Some of the testimony presented was in support of the Council's resolution because it included broad representation from the communities of interest as the specific details of a Provider Recognition Program would be developed, while other testimony supported the substitute resolution offered by the Board which had the merit of establishing a much smaller committee to develop the details of a PRP.

The Reference Committee agreed with the testimony that indicated that a seven-member committee consisting of five generalists and two specialists, to be appointed by the ADA President, with Board approval, would be much more effective than the larger 17-member committee proposed by the Council. The Reference Committee noted that the wording of Resolution 35B had raised a question regarding whether the Council member of the committee would have to be a specialist. The Reference Committee determined that this could be clarified as an editorial change in Resolution 35B without presenting a substitute resolution.

The Reference Committee noted that some testimony expressed concern about the smaller committee having limited input from the broad-based communities that would be affected by and support such a program. It was, however, the judgment of the Reference Committee that the advantages of the smaller committee outweighed the disadvantages and that input could be obtained through other mechanisms, such as consultants to the committee that would be appointed and funded by other interested organizations.

The Reference Committee agreed with the Board that this seven-member ADA-appointed committee should develop specific details and operating procedures for the Provider Recognition Program. The committee will submit the details of the program it develops for approval by the 1992 House of Delegates. For these reasons, the Reference Committee, by a vote of six to two, supports adoption of the following substitute resolution.

Dr. Seminara moved that Resolution 35B (*Supplement 1:339*) be substituted for Resolution 35 (*Reports:119*).

On vote, Resolution 35B was substituted for Resolution 35.

Dr. Seminara moved the adoption of the substitute Resolution 35B.

Dr. Clifford Marks, Florida, speaking against Resolution 35B, said, "I think that provider recognition is not something that the ADA should be involved with for the following reasons. I think ... it should be the prerogative of the organization that requires continuing education to decide whether or not the providers of the education courses meet their standards in providing the education and continuing education that they require. Secondly, ... it is not the recognized bodies of this organization or the recognized dental schools or appropriate centers for dental education that need provider recognition by this Association. It is the quasi-scientific groups that will be in need of the recognition and stamp of approval of the American Dental Association regarding their money making activities and providing continuing education. Also, we all know that there are big bucks involved in this issue. Thirdly, and finally, I would like to say that I firmly believe that there are litigious possibilities involved in this issue. When denial of a body of recognition is made by this Association to a quasi-scientific institution, it is quite possible that the institution may feel that the American Dental Association is interfering with its opportunities and its possibilities of making money and so I see significant legal implications with regard to this situation."

Dr. Henry Finger, New Jersey, speaking in favor of Resolution 35B, said, "Quality and continuing education to meet the life-long learning needs of all dentists will be the ultimate outcome of passing Resolution 35B. District Four strongly supports this resolution both in relation to the concept and the process that it defines."

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority.

On vote, Resolution 35B, as follows, was adopted.

35H-1991. Resolved, that the President of the American Dental Association appoint, with Board approval, a seven member committee comprised of five generalists and two specialists, with one member of the committee also being a member of the Council on Dental Education, to develop details and procedures for a continuing dental education Provider Recognition Program, with the Council providing staff support for the committee, and be it further

Resolved, that each specialty organization and the American Association of Dental Examiners, American Association of Dental Schools and Academy of General Dentistry be requested to select and fund an individual to serve as a consultant to the committee, and be it further

Resolved, that the committee be charged with the responsibility of developing and submitting for approval the details of the Provider Recognition Program to the 1992 House of Delegates, with related cost implications.

Implementation of Plan to Publicize Newly Developed Licensure Examination Document (Council on Dental Education Resolution 36): The Committee reported as follows:

The Reference Committee heard testimony related to this matter and noted that this resolution continues work begun in 1988 with Resolution 14H-1988 (*Trans.1988:494*), and continued in 1989 and 1990 (*Reports 1989:105; 1990:112*) with other resolutions related to licensure examinations. The initial plan related to Resolution 73H-1990 (*Trans.1990:553*) was submitted to the 1990 House by the Commission on the Young Professional (CYP). The 1990 House adopted Resolution 73H which asked, in part, for the Council to develop a plan to publicize the availability of the minimum common core of requirements for a clinical licensure examination addressed in the remainder of the resolution.

The Reference Committee noted that the Council developed a plan that included many components of the plan presented previously by the CYP. The first step of the Council's four-step plan includes development of a new comprehensive document that merges the identified minimum common core requirements with two previously developed sets of guidelines. Step two of the Council's plan provides for an initial wide-spread distribution of the document to all appropriate communities identified in the lists of internal and external agencies identified in the Council's report. All testimony heard by the Reference Committee supported steps one and two.

The third step calls for presentations of the document created in step one of the plan at a variety of national-level professional meetings, and the fourth step recommends that a national invitational conference to discuss the issue in relation to the specific needs of various testing agencies be considered. Although the need for steps three and four of the Council's plan to publicize the newly developed licensure document was briefly discussed, the Reference Committee believed these steps are essential.

For this reason, the Reference Committee endorses the resolution as presented by the Council and recommends adoption.

Dr. Seminara moved the adoption of Resolution 36 (*Reports:124*).

Dr. Morris Antonelli, Maryland, speaking in support of Resolution 36, said, "It is something that, overwhelmingly, our membership at the national level has been asking for and it will be of great benefit to the recruitment concerning this House."

On vote, Resolution 36, as follows, was adopted.

36H-1991. Resolved, that appropriate agencies of the Association implement the comprehensive plan presented by the Council on Dental Education that includes development of a new comprehensive document that merges the identified common core requirements with the "Guidelines for Developing Dental Licensure Clinical Examinations," developed in response to Resolution 32-1989 (*Trans.1989:524*), and the

1985 AADE *Guidelines for Clinical Examinations* and that encourages the testing agencies and licensing jurisdictions to ensure that their examinations meet these minimum requirements.

Development of a Part III Clinical Examination For Dental Licensure (The Dental Society of the State of New York Resolution 100): The Committee reported as follows:

The Committee heard testimony that ranged widely from support of a national clinical examination for dentistry, to support for continued development and administration of clinical examinations on the state or regional level. The Committee was reminded of the extensive work regarding clinical licensure examinations that the House had enjoined on the Council on Dental Education to be accomplished in concert with the American Association of Dental Examiners (*Trans.* 1990:553). In response to the House, guidelines for clinical examinations and a common core of requirements for clinical licensure examinations have been developed.

The Committee agrees with the Board that development of another clinical examination by the Association, in the traditional form of current examinations, would provide nothing to the states that has not already been provided in response to House action. Recognizing current efforts of the Association to promote equivalent clinical licensure examinations, therefore, the Committee unanimously concurs with the Board and recommends that Resolution 100 (*Supplement 2:435*) not be adopted.

100. Resolved, that the American Dental Association develop and promote the use of a Part III National Clinical Dental Licensing Examination.

Dr. Seminara moved Resolution 100.
On vote, Resolution 100 was defeated.

ADA Specialty Re-Recognition Process (Fifth Trustee District Resolution 97 and Board of Trustees Resolution 97B): The Committee reported as follows:

The Reference Committee heard testimony in support of discontinuation of a re-recognition process for existing dental specialties. Specialty organizations testifying in support of Resolution 97 (*Supplement 2:447*) noted that seven of the eight recognized specialty organizations strongly urge adoption of this resolution.

The Reference Committee noted the specialty organizations also expressed concerns related to the costs to the specialties associated with the re-recognition process.

The Committee noted that the Council on Dental Education is currently conducting a comprehensive study of the specialty recognition process. This study also includes an evaluation of the re-recognition process, now that the Council has completed its review of the eight recognized dental specialties in response to the 1983 House directive that called for this review (*Trans.* 1983:527). The Committee noted that the Council is expected to review its final report of this study at its December 1991 meeting.

The Reference Committee heard testimony that it may be

premature to cut this study short since it would not allow the Council to present a comprehensive report to the House of its findings on this matter. In view of the fact that the Council's study of this matter will be concluded in December 1991, the Reference Committee agreed and supported the recommendation of the Board for referral of this resolution to the Council. In effect, this referral would permit the Council to complete its study; give consideration to the concerns raised by the Fifth Trustee District; consider those issues related to the profession maintaining its public trust and, thereby, allow the Council to conclude its study and present its findings to the 1992 House. The Reference Committee believes that referral of this resolution can also provide the Council the opportunity to consider methods for streamlining the recognition process in an effort to reduce costs related to specialty recognition. For these reasons, the Reference Committee concurred with the Board in recommending the adoption of Resolution 97B (*Supplement 2:472*).

97B. Resolved, that the Council on Dental Education submit its recommendations on the recognition and re-recognition process for consideration by the 1992 House of Delegates, and be it further

Resolved, that the Council on Dental Education take no action relative to the implementation of a continued re-recognition process without the endorsement of the 1992 House of Delegates.

Dr. Seminara moved that Resolution 97B be substituted for Resolution 97.

A delegate from the Third District spoke against substitution. He stated, "Resolution 97B calls for the Council on Dental Education to submit its study and report back in 1992 for the House to act on an important resolution and issue as this is without allowing the Council on Dental Education to complete its current study and make its recommendation to the 1992 House. Now, we believe that an action such as this would be inappropriate and irresponsible. Also, in relation to the body of the resolution, I would like to know what re-recognition process it is that you are talking about?"

Dr. Seminara noted that Resolution 97B referred to the specialty re-recognition process and indicated that the word would be added as an editorial amendment.

Dr. Harmon Katz, New Jersey, also spoke against substituting Resolution 97B for Resolution 97.

On vote, the motion to substitute Resolution 97B for Resolution 97 was defeated.

Dr. Seminara moved the adoption of Resolution 97.

97. Resolved, that the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties be amended to remove all reference to the specialty re-recognition process and the Council on Dental Education be directed to cease any further activity in this area.

A delegate from the Fifth District questioned whether the elimination of the re-recognition process would present a problem with the Federal Trade Commission.

Upon advice of legal counsel, the Speaker convened an Executive Meeting of the House of Delegates.

Executive Meeting

Call to Order: An Executive Meeting of the House of Delegates was called to order at 3:30 p.m. with the Speaker of the House of Delegates presiding.

Discussion: Ms. Mary Logan, general counsel, commented on the legal implications associated with Resolution 97, ADA Specialty Re-Recognition Process.

Adjournment: The Executive Meeting adjourned and the Regular Meeting reconvened at 3:50 p.m.

Regular Meeting (continued)

ADA Specialty Re-Recognition Process (continued): A delegate moved to reconsider Resolution 97B.

Dr. Heber Simmons, trustee, Fifth District, stated, "... I do want to bring information to the House as to what the re-recognition program has cost the eight specialties. This has gone on for eight years. When you combine what the specialties have spent in this, you will find that they have spent in excess of \$1 million or thereabouts. Now, on the other hand, I do not know what the ADA has spent in staff time, paper, materials or whatever. However, I would suspect that it is probably about the same amount. Now, I do not know how it is in other parts of the country but in our part of the country when you add a million here or a million there, you end up talking about some real money."

Dr. Richard Leshgold, Washington, stated, "I am a member of the Reference Committee and I just want to remind this House that Resolution 97B was passed unanimously by the Reference Committee and this is going to be just to continue the study and hear the results of the study which was already done and bring it back to the 1992 House of Delegates for action."

A delegate from Florida spoke in favor of reconsideration.

A delegate from New York moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds ($\frac{2}{3}$) majority.

On vote, the motion to reconsider Resolution 97B was approved.

Dr. Seminara moved to substitute Resolution 97B for Resolution 97.

A delegate from New York moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds ($\frac{2}{3}$) majority.

On vote, Resolution 97B was substituted for Resolution 97.

Dr. Seminara moved the adoption of the substitute Resolution 97B.

On vote, the following resolution, Resolution 97B as editorially amended, was adopted.

97H-1991. Resolved, that the Council on Dental Education submit its recommendations on the specialty recognition and re-recognition process for consideration by the 1992 House of Delegates, and be it further

Resolved, that the Council on Dental Education take no action relative to the implementation of a continued re-recognition process without the endorsement of the 1992 House of Delegates.

SELECT and Recruitment of Dental Assistants (Seventh Trustee District Resolution 103 and Board of Trustees Resolution 103B) The Reference Committee reported as follows:

Testimony on this resolution expressed concern regarding the continued decline in the number of accredited dental assisting programs. Further, there has been steady erosion in the number of enrollment positions available in dental assisting education programs due to program closings and cutbacks.

The Reference Committee acknowledged the efforts of the SELECT Oversight Committee to assist the remaining dental assisting programs with their student recruitment efforts. However, the Committee agreed that the Association should take additional steps in order to reverse the negative trends in the number of accredited programs and program graduates to the extent possible. The Reference Committee noted that many constituent and component dental societies have already allocated funds to support allied dental student recruitment efforts. The \$5,000 designated by the Board will serve to supplement the existing state and SELECT program budgets by providing additional support for recruitment of dental assisting students. Therefore, the Reference Committee concurred with the Board in recommending the adoption of Resolution 103B.

103B. Resolved, that an amount not to exceed \$5,000 be available to SELECT to specifically assist local, state or national organizations or educational facilities who request assistance in recruiting efforts for dental assistants.

Dr. Seminara moved that Resolution 103B (*Supplement 2:473*) be substituted for Resolution 103 (*Supplement 2:448*).

Dr. Richard Lewis, California, speaking in support of substitution, stated, "I am chairman of the Oversight Committee and I am supporting substitution of 103B with the figure of \$5,000. Just to help the delegates here a little bit, you might wonder as to what monies currently are available in the SELECT budget for this process to help the states and components in the recruitment effort. We had \$10,000 as the consultation line in the budget. However, this amount must be used for all of the programs that SELECT is concerned with. I certainly am in favor, of course, of having an additional amount of \$5,000 that will help specifically with the early warning program for the SELECT Program."

Another delegate spoke in support of the substitution.

On vote, Resolution 103B was substituted for Resolution 103.

Dr. Richard Leshgold, Washington, moved to amend Resolution 103B by inserting the word "additional" before the word "amount."

On vote, the proposed amendment was approved.

Dr. Seminara moved the adoption of the substitute Resolution 103B as amended.

On vote, the following resolution, Resolution 103B as amended, was adopted.

103H-1991. Resolved, that an additional amount not to exceed \$5,000 be available to SELECT to specifically assist local, state or national organizations or educational facilities who request assistance in recruiting efforts for dental assistants.

Flexible Training Programs for Dental Hygiene and Dental Assisting (Ninth Trustee District Resolution 117 and Board of Trustees Resolution 117B): The Reference Committee reported as follows:

The Reference Committee heard testimony suggesting several language changes in the substitute Resolution 117B (*Supplement 2:476*) offered by the Board. However, the Reference Committee believed that the language included in the Board's version is more appropriate in that it recognizes the autonomy of the Commission on Dental Accreditation.

Testimony was also presented that raised concerns regarding the process for revision of accreditation standards. It was suggested that the Commission be requested to disseminate any future draft changes in its accreditation standards in a format that would show the additions and deletions by means of underlining and strikeouts, to assist the communities of interest in identifying the proposed revisions. The Reference Committee was sympathetic to this concern, but determined that it is not germane to the intent of Resolution 117 (*Supplement 2:454*). Therefore, the Reference Committee did not believe that the resolution should be amended to include this issue. However, this concern will be communicated to the Commission on Dental Accreditation, through the Council on Dental Education, for its consideration. The Reference Committee urges the Commission to adjust its process for the revision of accreditation standards to include issuance of revised standards in the suggested format.

Other than these concerns, there was little testimony related to Resolution 117 or 117B. The Reference Committee concluded that the development of guidelines for flexible dental assisting and dental hygiene programs would be beneficial and concurred with the Board in recommending adoption of the substitute Resolution 117B.

Dr. Seminara moved that Resolution 117B be substituted for Resolution 117.

On vote, Resolution 117B was substituted for Resolution 117.

Dr. Seminara moved the adoption of the substitute Resolution 117B.

Dr. Richard Lewis, California, spoke in favor of adoption.

On vote, Resolution 117B, as follows, was adopted.

117H-1991. Resolved, that the American Dental Association Council on Dental Education be directed to develop specific accreditation guidelines for flexible educational programs for dental assistants and dental hygienists which include the concept of career laddering or step-by-step advancement from Certified Dental Assistant to a Registered Dental Hygienist. The Council will submit these guidelines to the Commission on Dental Accreditation, and be it further **Resolved**, that a specific, flexible training and educational program for dental assisting and dental hygiene be developed by the Council on Dental Education and the Council on Dental Practice for presentation to the House in 1992, and be it further **Resolved**, that the Council on Dental Education be directed to develop specific language for the currently proposed *Accreditation Standards for Dental Assisting Education Programs*, and *Accreditation Standards for Dental Hygiene Education Programs* that facilitates providing a flexible as well as career advancement curriculum structure to enable an individual to move forward in their course of study without repeating basic

courses common to both dental assisting and dental hygiene education. The Commission on Dental Accreditation should be urged to implement these programs, and be it further **Resolved**, that the Council on Dental Education be directed to provide assistance to any constituent in developing flexible educational programs for dental assistants and dental hygienists.

Unification of Dental Degrees (American College of Oral and Maxillofacial Surgeons, Inc. Resolution 73): The Reference Committee reported as follows:

The Reference Committee heard testimony regarding this resolution. Those testifying in support of the resolution believe that there continues to be growing confusion among the public resulting from two degree designations being conferred by different dental schools. The Committee noted that this matter has been discussed and studied on previous occasions. Specifically, it was noted that the Council on Dental Education, in response to Resolution 88H-1990 (*Trans. 1990:554*), reviewed the Association's existing policies dealing with the unification of dental degrees and further, reviewed information about previous efforts to unify the dental degrees. Further, the Reference Committee noted that, in its review and study of this matter, the Council reviewed results of questionnaires sent to a broad community of interest, including U.S. and Canadian dental schools and U.S. boards of dentistry, as well as comments from the American Student Dental Association and the American Association of Oral and Maxillofacial Surgeons. The Reference Committee noted that this recent survey data led the Council to reaffirm that educational institutions have the responsibility and prerogative of selecting and issuing degrees that are awarded upon completion of their educational programs and there is still lack of evidence that would cause institutions to change the degrees they award. Nonetheless, the Reference Committee believes that dental schools should be urged to unify the degrees they confer.

While the Reference Committee is sympathetic to the intent of the resolution, the Committee believes that the Council's recent survey data supports continuation of the Association's 1972 policy (*Trans. 1972:698*) regarding this matter which states:

Resolved, that the American Dental Association supports the principle that degree determination is the prerogative of the individual educational institutions, and be it further **Resolved**, that the dental schools be urged to consider unifying the dental degree conferred.

For these reasons, the Reference Committee concurred with the Board and recommends that Resolution 73 (*Supplement 1:291*) not be adopted.

73. Resolved, that the D.D.S. and the D.M.D. degrees are synonymous, and in advertising dental services, these degrees may be used interchangeably by licensed dentists who have graduated from an accredited American dental school with a D.D.S. or D.M.D. degree, and be it further **Resolved**, that constituent dental societies be urged to seek the enactment of legislation permitting dentists to use the D.D.S. and D.M.D. degrees interchangeably in advertising dental services.

Dr. Seminara moved Resolution 73.

On vote, Resolution 73 was defeated.

Report of the Reference Committee on President's Address and Miscellaneous Matters

The report of the Reference Committee on President's Address and Miscellaneous Matters was read by Dr. Bruce B. Wright, Delaware, chairman. The other members of the Committee were Drs. Justin L. Brink, California; John L. Chambers, Utah; Terence R. Comar, Michigan; William B. Kort, Illinois; Robert T. Ragan, Mississippi; Charles M. Simons, Indiana; and Ben D. Wood, Texas.

Consent Calendar (Reference Committee Resolution 139):
The Committee reported as follows:

Appended are resolutions referred to the Reference Committee on President's Address and Miscellaneous Matters which either received no testimony or all positive testimony. Therefore, the Committee recommends adoption of the following resolution.

The Speaker noted that Resolutions 58 and 59 required a two-thirds (2/3) majority vote for adoption.

Dr. Wright moved the adoption of Resolution 139.

On vote, Resolution 139 as follows, was adopted by a two-thirds (2/3) majority.

139H-1991. Resolved, that the following resolutions be adopted:

Resolution 58—Amendment of *Bylaws* and *Manual of the House of Delegates* Regarding Standing Committees (*Supplement 1:323*)

Resolution 59—Amendment of *Bylaws* and *Manual of the House of Delegates* Regarding Seconding of Officer and Trustee Nominations (*Supplement 1:324*)

Resolution 60—Submission of Resolutions Before the First Meeting of the House (*Supplement 1:325*)

Resolution 75—Availability of ADA House Materials to Members (*Supplement 1:289*)

Note: For the purpose of a fully documented record, the complete text of the resolutions included in the aforementioned Resolution 139H follows.

58H-1991. Resolved, that Chapter V, House of Delegates, Section 30, Certification of Delegates and Alternate Delegates, of the *Bylaws* be amended by adding between the words "Credentials" and "of" (line 830) a comma and the words "Rules and Order," and by adding between the words "Credentials" and "shall" (line 832) a comma and the words "Rules and Order," so the name of the Committee is changed to the "Committee on Credentials, Rules and Order," and be it further

Resolved, that Chapter V, House of Delegates, Section 140, Committees, of the *Bylaws* be amended by deleting Subsection B, Committee on Credentials, and Subsection C, Committee on Rules and Order, and by substituting in their place a new Subsection B, Committee on Credentials, Rules and Order, to read as follows:

B. COMMITTEE ON CREDENTIALS, RULES AND ORDER

a. **COMPOSITION.** The Committee, consisting of eight (8) officially certified delegates, shall be appointed by the President at least sixty (60) days in advance of each session.

b. **DUTIES.** It shall be the duty of the Committee (1) to record and report the roll call of the House of Delegates at each meeting; (2) to conduct a hearing on any contest regarding the certification of a delegate or alternate delegate and to report its recommendations to the House of Delegates; (3) to prepare a report, in consultation with the Speaker and Secretary of the House of Delegates, on matters relating to the order of business and special rules of order; (4) to consider all matters referred to it and report its recommendations to the House of Delegates.

and be it further

Resolved, that Chapter V, House of Delegates, Section 140, Committees, of the *Bylaws* be amended by relettering Subsections D, E and F as C, D and E, respectively, and be it further

Resolved, that Chapter V, House of Delegates, Section 110, Officers, Subsection B, Duties, of the *Bylaws* be amended under Letter a, Speaker, by changing the number and letters "140Cb" (line 934) to read "140Bb," and be it further

Resolved, that Chapter V, House of Delegates, Section 120, Order of Business, of the *Bylaws* be amended by changing the number and letters "140Cb" (line 949) to read "140Bb," and be it further

Resolved, that Chapter V, House of Delegates, Section 140, Committees, Subsection D, Resolutions Committee, of the *Bylaws* be amended under Letter a, Composition, by changing the letter "E" (line 1030) to the letter "D," and be it further

Resolved, that the *Manual of the House of Delegates* be amended in the "General Information for Delegates and Alternates" by changing the name of the Committee on Credentials to the Committee on Credentials, Rules and Order wherever it appears, and be it further

Resolved, that the *Manual of the House of Delegates* be amended in the "Rules of the House of Delegates" by changing the name of the Committee on Credentials to the Committee on Credentials, Rules and Order wherever it appears, and be it further

Resolved, that the *Manual of the House of Delegates* be amended under "Standing Committees of the House of Delegates" to reflect the consolidation of the Committee on Credentials and the Committee on Rules and Order into the Committee on Credentials, Rules and Order, so the amended provisions read as follows:

Standing Committees of the House of Delegates

Standing Committees of the House of Delegates: In order to conduct the business, the House of Delegates uses three standing committees: (1) the Committee on Credentials, Rules and Order; (2) the Committee on

Constitution and Bylaws; and (3) the Resolutions Committee. The Committee on Credentials, Rules and Order is composed of eight members of the House of Delegates appointed by the President. The Committee on Constitution and Bylaws is composed of eight members of the Council on Ethics, Bylaws and Judicial Affairs appointed by the President in consultation with the Speaker of the House of Delegates and the Council Chairman. The Resolutions Committee is composed of the Speaker and the Secretary of the House of Delegates and the Chairmen of the reference committees authorized by Chapter V, Section 140, Subsection C of the *Bylaws*. These committees are largely concerned with procedural matters. The following is a description of their specific duties.

Committee on Credentials, Rules and Order: This standing committee of the House of Delegates presents the agenda and recommends for approval such rules as are necessary for the conduct of the business of the House of Delegates. The report of this committee is prepared in collaboration with the officers of the House of Delegates and is presented at the opening of the first meeting of the House. In addition, this committee makes recommendations on the eligibility of delegates and alternate delegates to a seat in the House of Delegates when a seat is contested, maintains a continuous roll call, determines the presence of a quorum and supervises voting and election procedures. It is composed of eight members of the House of Delegates and is on duty throughout the annual session.

Committee on Constitution and Bylaws: This standing committee considers the wording of all proposed amendments to the *Bylaws* and, when necessary, drafts suitable wording for any amendment which may be proposed. Each reference committee is required to clear the wording of a proposed amendment with the standing committee. The standing committee is not charged with making the policy determination on whether or not a given amendment is desirable.

Resolutions Committee: This standing committee examines resolutions after action by the reference committees and arranges a sequence for House action based upon the importance of the resolutions' subject matter.

59H-1991. Resolved, that Chapter VII, Board of Trustees, Section 40, Nomination, of the *Bylaws* be amended in Letter D by deleting the second sentence and by substituting in its place a new second sentence to read:

Seconding a nomination is not permitted.

so the amended Letter D reads as follows:

D. A nominating speech of four (4) minutes shall be allowed in the House of Delegates on behalf of each nominee. Seconding a nomination is not permitted.

and be it further

Resolved, that Chapter VIII, Elective Officers, Section 30, Nominations, of the *Bylaws* be amended by deleting the third sentence and by substituting in its place a new third sentence to read:

Seconding a nomination is not permitted.

so the amended Section 30 reads as follows:

Section 30. NOMINATIONS: Nominations for the offices of President-elect, First Vice-President, Second Vice-President and Speaker of the House shall be made in accordance with the order of business. The nominating speech shall not exceed four (4) minutes in length. Seconding a nomination is not permitted.

and be it further

Resolved, that the *Manual of the House of Delegates* be amended in the section entitled "Nomination Procedures" of the "Rules of the House of Delegates" by deleting the third sentence of the first paragraph and by substituting in its place a new third sentence that reads:

Seconding a nomination is not permitted.

so the amended first paragraph reads as follows:

Nomination Procedures: Nominations for President-elect, two Vice-Presidents and the Speaker of the House of Delegates are made at the Sunday morning meeting. Nominating speeches for these officers shall not exceed four minutes in length. Seconding a nomination is not permitted.

and be it further

Resolved, that the *Manual of the House of Delegates* be amended in the section entitled "Nomination Procedures" of the "Rules of the House of Delegates" by substituting the word "first" for the words "Sunday morning" in the first, second and third paragraphs and by substituting the word "second" for the words "Wednesday morning" in the fourth paragraph.

60H-1991. Resolved, that the *Manual of the House of Delegates* be amended in the section entitled "Schedule of House Meetings" in the "General Information for Delegates and Alternates" by adding the following sentences at the end of the fourth paragraph:

Resolutions received in the Headquarters Office before the House officially convenes this first meeting will be made available to the House at this meeting, and will be referred to a reference committee. Resolutions received after the House convenes will be accepted as New Business but will not be referred to a reference committee.

so the amended fourth paragraph reads as follows:

Sunday, _____, 9 a.m.: The first meeting will be devoted to matters relating to the organization of the House, presentation of the reports of the President, the Board of Trustees, councils, commissions and the resolutions of the constituent societies. Nominations for the elective offices, as well as further nominations to councils and commissions will be presented during this meeting. Resolutions received in the Headquarters Office before the House officially convenes this first meeting will be made available to the House at this meeting, and will be referred to a reference committee. Resolutions received after the House convenes will be accepted as New Business but will not be referred to a reference committee.

and be it further

Resolved, that the *Manual of the House of Delegates* be amended in the section entitled "Introduction of New Business" of the "Rules of the House of Delegates" by adding a new second paragraph to read as follows:

Any resolution that the Speaker refers to a reference committee must be made available to all members of the House before adjournment of the first meeting. For this reason, resolutions received in the Headquarters Office before the House officially convenes its first meeting will be processed, referred to a reference committee, and made available to all members of the House at that meeting. Resolutions received after the first meeting has convened will not be referred to a reference committee. They will be accepted as New Business, distributed during the second meeting of the House, and taken up when the Speaker calls for New Business.

75H-1991. Resolved, that all non-confidential ADA House of Delegates reports and proposed resolutions, including reference committee reports, be made available to ADA members upon request and that the charge for these materials shall be commensurate with the cost to provide the service, and be it further

Resolved, that the dates, times and locations of ADA House of Delegates' sessions and reference committee meetings be circulated in advance to all members and be publicly posted at the ADA Annual Scientific Sessions.

Report of the President: The Reference Committee reported as follows:

The Reference Committee, on behalf of the profession and the public it serves, wishes to acknowledge Dr. Truono's proactive role in uniting the profession and protecting the public's oral health. His energetic response to the challenges presented by infection control, amalgam and fluoride controversies will long serve the needs of the public and the practitioner.

Dr. Truono's presidential agenda was focused. He advocated the ADA membership requirement as a covenant of support for organized dentistry. His great passion for unity was reflected in all of his presidential activities, from strategic planning to intraprofessional relations, from mentoring to legislative efforts.

Dr. Truono's commitment to return to organized dentistry the support it offered him was most compellingly expressed in his call to mentorship. He marshalled the support of constituent presidents-elect, American College of Dentists, International College of Dentists, Pierre Fauchard Academy, component dental society leadership and the Commission on the Young Professional to establish mentor networks. Dr. Truono demonstrated the living bridge between the established practitioner and the young dentist. His legacy will be a reminder that leadership dialogue and friendship are as much a part of the profession as clinical expertise.

The Reference Committee offers Dr. Truono its appreciation for his insights, commitment and direction on behalf of the profession and the American public.

The Mentor Program (Reference Committee Resolution 138): The Reference Committee reported as follows:

The Reference Committee is supportive of the mentoring concepts as promulgated by President Truono and also recognizes the vital contribution mentor programs play in retention and recruitment. Therefore the Committee offers and recommends the adoption of the following Resolution 138.

Dr. Wright moved the adoption of Resolution 138.

On vote, Resolution 138, as follows, was adopted.

138H-1991. Resolved, that the appropriate agencies of the Association be encouraged to continue the Association's support and promotion of the mentor program.

Amendment of the "Manual of the House of Delegates" Regarding Presentation by President-Elect (Standing Committee on Rules and Order Resolution 125 and Reference Committee Resolution 125RC): The Reference Committee reported as follows:

The Reference Committee concurs with the intent of Resolution 125 (*Supplement 2:427*) and believes it is beneficial and proper for the House of Delegates to have advance knowledge of the programs being developed by the President-elect for the coming year. However, the Reference Committee does believe that the resolution should be amended to state that the presentation should not contain recommendations for action on the resolutions before the House. Therefore, the Committee recommends that Resolution 125RC be substituted for Resolution 125.

125RC. Resolved, that the *Manual of the House of Delegates*, page 14, be amended by the addition of the following section immediately following the section entitled "Speaking Privileges" [at the top of the page]:

Presentation by President-Elect: The President-elect may make a formal presentation at the first meeting of the House of Delegates for the purpose of outlining his/her goals and objectives for the ensuing year. This presentation will be for the information of the House of Delegates and shall contain neither resolutions, comments on specific resolutions, nor be referred to a reference committee.

Dr. Wright moved that Resolution 125RC be substituted for Resolution 125.

Drs. Robert Jablonski, New York; Clifford Marks, Florida; Mario Catalano, New York; and James Fanno, Ohio spoke against substituting Resolution 125RC for Resolution 125.

Dr. Fanno stated, "I found the remarks of the President-elect to be very enlightening to this House of Delegates. Further, I think it is only appropriate that the individuals we have selected to lead us in the future ... should have the opportunity not only to comment on resolutions that would be pending before this House but also to give us some insight vision as to how that person sees the direction of this Association in the future. Therefore, it is only appropriate that her remarks be referred to a reference committee, that resolutions be generated from it and that the members of this House be given the privilege to comment on those directions in concert with his or her leadership for the future."

Dr. Steven Epstein, Illinois, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority.

On vote, the motion to substitute Resolution 125RC for Resolution 125 was defeated.

Dr. Wright moved the adoption of Resolution 125.

125. Resolved, that the *Manual of the House of Delegates*, page 14, be amended by the addition of the following section immediately following the section entitled "Speaking Privileges" [at the top of the page]:

Presentation by President-Elect: The President-elect may make a formal presentation at the first meeting of the House of Delegates for the purpose of outlining his/her goals and objectives for the ensuing year. This presentation will be for the information of the House of Delegates and shall not contain resolutions or be referred to a reference committee.

Dr. Charles Steffel, Indiana, moved to amend Resolution 125 by deleting the last sentence of the resolution which reads:

This presentation will be for the information of the House of Delegates and shall not contain resolutions or be referred to a reference committee.

Dr. Steffel said, "It is my feeling ... that the person we elect as President-elect and who will be our President for the coming year ... that person's agenda should be clearly laid out before this House before we get into reference committees and other deliberations and, therefore, if there is a particular area that requires a resolution, the President-elect should be allowed to make such a resolution and that resolution should be debatable in the forum of the reference committee."

Drs. James Fanno, Ohio; Robert Ragan, Mississippi; Clifford Marks, Florida; and a delegate from the Ninth District spoke in support of the proposed amendment.

A brief discussion ensued regarding the timing of the President-elect's address to the House of Delegates.

A delegate spoke against the proposed amendment stating, "I object to the deletion because I feel that this can possibly send mixed signals to the House. I can see ... that the President can have a different program from that of the President-elect and, therefore, since this is the President's meeting, we should allow him the courtesy to have business and his speech conducted that way."

On vote, the proposed amendment was adopted.

On vote, the following resolution, Resolution 125 as amended, was adopted.

125H-1991. Resolved, that the *Manual of the House of Delegates*, page 14, be amended by the addition of the following section immediately following the section entitled "Speaking Privileges" [at the top of the page]:

Presentation by President-Elect: The President-elect may make a formal presentation at the first meeting of the House of Delegates for the purpose of outlining his/her goals and objectives for the ensuing year.

Study of Terms for Councils/Commissions (Illinois State Dental Society Resolution 49): The Reference Committee reported as follows:

The Reference Committee received testimony in favor of Resolution 49 (*Reports*:169). However, the Reference Committee is concerned that a five-year implementation phase is not sufficient to properly evaluate this process. Therefore the Committee recommends that Resolution 49 not be adopted.

49. Resolved, that the ADA study the terms of council and commission members, and be it further

Resolved, that the results of the study be reported to the 1992 House of Delegates.

Dr. Wright moved Resolution 49.

Dr. Richard Lentini, Massachusetts, moved to amend Resolution 49, first resolving clause, by adding the word "trustees" before the word "council."

On vote, the proposed amendment was defeated.

Dr. Frederick Halik, New York, spoke in favor of Resolution 49. He said, "I think it would be very worthwhile to take a look, at this time, at the terms and length of terms of all of the councils' members and also the commission members. I can think of many instances where it is possible that the terms are too long and in many instances where, on the other hand, they are not nearly long enough."

Drs. Leonard Giannone, Illinois; Roger LaCoste, Massachusetts; and Edwin Mehlman, Rhode Island, spoke in favor of Resolution 49.

Dr. Bruce Wright, speaking as the Reference Committee Chairman, stated, "... I would like to bring up a couple of points that happened at the Reference Committee hearing and also at the Executive Session that may help you with this. First of all, if you will remember, the last study was done in 1986 and so you have had some five years to look at it in terms of the situation affecting members of those councils. However, we do not think that is long enough. Also, I would like to point out that there is a great deal of background material mailed out to the council members before they come to council or commission meetings and if they study that material, they can get up to speed quicker. It was also pointed out that the terms as they are now allow more participation by more members of the ADA and that, of course, is very favorable. So those are some of the things that happened in the Reference Committee and which the Committee thought might be of help to you."

Dr. Robert Ragan, Mississippi and another delegate spoke against the adoption of Resolution 49.

Dr. John Breza, Michigan, speaking in support of Resolution 49, stated, "My experience in relation to the Insurance Council has already told me that it would be good to increase our terms on the Insurance Council but also in relation to some of the other councils that likewise may be involved."

Dr. Ross DeNicola, Louisiana, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority.

On vote, Resolution 49 was defeated.

Representative Membership on ADA Councils and Commissions (Kansas Dental Association Resolution 104 and Board of Trustees Resolution 104B): The Reference Committee reported as follows:

The Reference Committee concurs with the Board and recommends adoption of Resolution 104B (*Supplement* 2:468). Therefore the Committee recommends that Resolution 104B be substituted for Resolution 104 (*Supplement* 2:434).

104B. Resolved, that during the nomination of ADA council and commission members, the Board of Trustees is encouraged to consider nominating qualified young, women and other minority dentists.

Dr. Wright moved that Resolution 104B be substituted for Resolution 104.

Drs. Scott Kennedy, Kansas; Thomas Harrison, Texas; William TenPas, Oregon; and Glenn Maihoffer, Wisconsin spoke in favor of the substitute Resolution 104B.

Dr. TenPas, trustee of the Eleventh District, said, "I think it is important that we not consider singly age but that we consider qualified women, minorities and the young. Therefore, I encourage that we spread that out, and, as a Board member, this would be a very favorable message to me."

Drs. William Glecos, Pennsylvania and Perry Tuneberg, Illinois, spoke against substituting Resolution 104B for Resolution 104.

Dr. Tuneberg said, "I see potential abuses in this seemingly innocuous, helpful resolution. You are singling out special groups over and above all others. That, to me, smacks of a 'quota system.' Quota systems dilute the accomplishments of the young dentists, the minority dentists and the women dentists. I feel that at this level of leadership, I do not want to qualify the individual, I want the most qualified individual."

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, the motion to substitute Resolution 104B for Resolution 104 was defeated.

Dr. Wright moved the adoption of Resolution 104.

104. Resolved, that nominations to the councils of the American Dental Association shall be made with the goal of assembling councils of highly qualified individuals that approximate the average age of the general membership, and that this goal will be met within the next four years.

A delegate from the Second District, speaking against Resolution 104, said, "I feel that the American Dental Association, in its wisdom, has always put the best qualified person in the job necessary. I feel that to establish quota systems in any way, as our previous speaker said, is wrong. We do not need this. We are already practicing the proper thing."

Dr. Philip Higgins, Maine, stated, "I take exception to what the delegate has said. Although I have no great experience in relation to this House, and indeed, in relation to the First District, I can tell you by observation that appointments to councils and commissions rarely go to the most qualified candidates. I think if we set our goals and each of us looked at our districts, we will find that many times, particularly around the change of trustees, positions on who will be appointed to councils and commissions get made according to states. ..."

Dr. Scott Kennedy, Kansas, moved to amend Resolution 104 by adding the word "membership" after the word "council."

On vote, the proposed amendment was defeated.

Dr. Peter Paulson, Illinois, spoke against Resolution 104. He said, "It is the strong opinion of the Eighth District and my own opinion that our first priority as an Association is to further our organizational goals in the very best way that we can. Also, to help assure that goal, we need the best qualified members available to serve on our councils and commissions. It could

work to the ADA's disadvantage to pass over a highly qualified individual just because he did not follow the category of 'young,' 'female' or 'minority' member."

The Chairman of the Reference Committee, Dr. Wright, said, "I would like to say one thing from the Reference Committee. We had a very difficult time and spent a lot of time discussing this, and our main objection to Resolution 104, which I would urge that the members of the House think about, is that it would require a constant update before you appointed ... councils and commissions every year, it would require a study to determine the constant changing age average of the Association and then, in turn, you would be limited to appointing people to those councils that fit into that particular formula. Now then, I am not sure that is what you want to do. Now, I am not trying to tell you which way to vote but I am telling you that the Reference Committee had a very difficult time with that."

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, Resolution 104 was defeated.

Amendment of ADA "Bylaws" to Allow for Membership Referendum (Third District Dental Society of New York Resolution 114): The Reference Committee reported as follows:

The Reference Committee concurs with comments of the Board of Trustees on Resolution 114 (*Supplement 2:478*) and recommends that Resolution 114 not be adopted.

The Standing Committee does not approve the language of Resolution 114. To draft language that would be appropriate would require a wholesale amendment of the ADA *Bylaws*. As noted by the Board comments, many points would have to be addressed, which would require substantive decisions on the scope of the referendum process. These include, but are not limited to, (1) notice to an Association agency of the commencement of the referendum process; (2) the time period allowed between the initiation of the process and the submission of the requisite number of signatures; (3) the process for verification of signatures and authentication and tabulation of votes; and (4) whether the *Bylaws* may be amended by this process and, if so, by what majority.

The Standing Committee was unable to draft language that would resolve these substantive questions.

114. Resolved, that Chapter XX, Section 10 of the *Bylaws* of the American Dental Association be amended by the addition of the following:

Referendum: A referendum on any subject except dues or representation, may be called, if the following criteria is met:

A signature petition, of at least 3,000 members in good standing, be presented to the Board of Trustees. Said petition should ask that a resolution be presented to the membership, by mail ballot, which will become policy of the American Dental Association if approved by a majority of those members voting.

Dr. Wright moved Resolution 114.

On vote, Resolution 114 was defeated.

Military Representation in the ADA House of Delegates (Eleventh Trustee District Resolution 133 and Reference Committee Resolution 133RC): The Reference Committee reported as follows:

While the Reference Committee is appreciative of the comments by the Eleventh District to ensure equitable representation by the Federal Dental Services members, it determined that the language of the resolution is not clear. The Committee therefore offers the following substitute resolution.

133RC. Resolved, that the U.S. Federal Dental Services be encouraged to develop a mechanism for election of Federal Dental Services delegates which complies with current American Dental Association policy on constituent delegate selection and present it to the appropriate Association agency for study and report to the 1992 ADA House of Delegates.

Dr. Wright moved that Resolution 133RC be substituted for Resolution 133 (*Supplement 2:457*).

On vote, Resolution 133RC was substituted for Resolution 133.

Dr. Wright moved the adoption of the substitute Resolution 133RC.

Dr. Jerrold Axler, Pennsylvania, moved to amend Resolution 133RC as follows:

Resolved, that the appropriate Association agency develop a mechanism that will provide for equitable representation of all of its members and that it encourage the U.S. Federal Dental Services to develop a mechanism for election of delegates which complies with current Association policy and that these mechanisms be reported to the 1992 House of Delegates.

Dr. Axler said, "If, for example, the Federal Dental Services come back with a recommendation that this House can accept, it is going to increase the size of this House by 11 to 15 members, using the current statistics, which are almost impossible to use. I believe that the House is large enough now ... and I believe that a sensible procedure would be to redistribute all of these delegates and maintain the House size."

On vote, the proposed amendment was defeated.

Dr. Milton Clegg, Navy, speaking in support of Resolution 133RC, said, "In the Navy Dental Corps, we have over 1,400 ADA members who have asked me to come forth and to support any bill that would give them increased delegation in this august body. I strongly, strongly encourage the passage of this bill. There is no doubt in my mind that we can come back next year with something that would be supportive by this body that would be equitable to the House and to the Federal Dental Services."

Dr. Thomas Tempel, Army and Dr. Robert Collins, Public Health Service, spoke in support of Resolution 133RC.

Dr. Martin Craven, California, said, "The way I read 133RC is that we are talking about representation of the military, and further, it does not necessarily say an increase in numbers. On the other hand, if we are talking about an increase in numbers or something comes back to that effect, I think we should all realize that the military can belong to the ADA without belonging to a local organization. Therefore, their dues are certainly a lot less than the rest of ours. Therefore, I do not

think that their representation needs to be equal unless, of course, we want to change and let them be tripartite members also."

The Chairman of the Reference Committee, Dr. Wright, stated, "What you are voting on, what you are considering is merely the mechanism that the uniformed services will use to select their delegates. We are not talking about increasing delegates at this point; we are not talking about increased representation; all we are talking about is that some districts have asked as to how the dentist in the field would be able to be represented and vote for his delegates. As a matter of fact, they are asking the uniformed services to come back and show us that mechanism."

President Eugene Truono spoke in support of Resolution 133RC.

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, Resolution 133RC, as follows, was adopted.

133H-1991. Resolved, that the U.S. Federal Dental Services be encouraged to develop a mechanism for election of Federal Dental Services delegates which complies with current American Dental Association policy on constituent delegate selection and present it to the appropriate Association agency for study and report to the 1992 ADA House of Delegates.

A delegate moved to adjourn.

On vote, the motion to adjourn was adopted.

Dr. Geraldine Morrow, president-elect and treasurer, gave an interim report on the Board of Trustees deliberations on the 1992 budget.

Adjournment: Prior to adjournment, the Speaker announced that the House would reconvene the next morning at 8:00 a.m. The third meeting of the House of Delegates adjourned at 5:10 p.m.

Thursday, October 10, 1991

Call to Order: The fourth meeting of the House of Delegates was called to order at 8:00 a.m. by the Speaker of the House of Delegates, Dr. Gary Rainwater.

Invocation: The invocation was offered by the Reverend Wesley Tollefson, Shepherd of the Valley Lutheran Church, Maple Valley, Washington.

Report of Standing Committee on Credentials: Dr. Francis C. Sarro, Jr., chairman, Delaware, reported that the Committee received requests for waiver of the rules regarding credentialing of two acting secretaries and an acting executive director. Hearing no objection from the House, the Speaker ruled that the following individuals be credentialed:

Dr. Jose R. Davila-Orama, Puerto Rico, acting secretary
 Dr. Glen Perry, Wyoming, acting secretary
 Dr. Augusto R. Elias-Boneta, Puerto Rico, acting executive director

Dr. Sarro reported a quorum present.

Installation of Officers and Trustees

Recognition of Retiring Officers and Trustees: The following retiring officers and trustees were introduced and presented with a plaque acknowledging their service to the Association and profession:

Dr. Herbert Schilder, first vice-president
 Dr. Joseph Salcetti, second vice-president
 Dr. Jack Opinsky, trustee, First District
 Dr. J. P. Chancey, trustee, Twelfth District
 Dr. Bert Hayashi, trustee, Fourteenth District
 Dr. Jack Harris, trustee, Fifteenth District

Installation of New Officers and Trustees: The new officers and trustees, as follows, were introduced and installed into office:

Dr. Albert Guay, trustee, First District
 Dr. Gary Newman, trustee, Twelfth District
 Dr. James Pearce, Jr., trustee, Fourteenth District
 Dr. Rene Rosas, trustee, Fifteenth District
 Dr. William Trice, first vice-president
 Dr. Curtis Gause, second vice-president
 Dr. Gary Rainwater, speaker, House of Delegates
 Dr. Jack Harris, president-elect

Installation of President: Dr. Eugene Truono presented Dr. Geraldine Morrow with the Presidential Medallion. President Morrow expressed her thanks to the Alaska Dental Society, the Eleventh Trustee District, the members of her family and the members of the House of Delegates.

Presentation to Immediate Past President: President Morrow presented to Dr. Eugene Truono a certificate of appreciation for his term as President. Past President John Deines presented to Dr. Truono the insigne of the office of Past President.

Report of Chairman of the American Dental Political Action Committee (ADPAC): Dr. Henry Finger, chairman, ADPAC, commented on ADPAC activities and goals and stressed the importance of recruiting new ADPAC members.

Anchorage, Alaska Recognition of Dr. Geraldine Morrow: The following proclamation from the municipality of Anchorage, Alaska was read:

Whereas, Dr. Geraldine T. Morrow has unselfishly cared for the dental health needs of the Territory and State of Alaska for over 35 years; and

Whereas, Dr. Morrow diligently served in numerous offices of the Alaska Dental Society, including President and Executive Director; and

Whereas, Dr. Morrow vigorously represented the States of Alaska, Idaho, Montana, Oregon and Washington for six years as the Eleventh District Trustee to the American Dental Association; and

Whereas, Dr. Morrow received an Honorary Doctor of Science Degree from Georgetown University and an Honorary Doctor of Public Service Degree from the University of the Pacific; and

Whereas, Dr. Morrow will be installed as the first woman President of the American Dental Association at 11:00 a.m. on Thursday, October 10, 1991, in Seattle, Washington.

Now, therefore, I Tom Fink, Mayor of Anchorage, Alaska, do hereby proclaim Thursday, October 10, 1991, as 'Dr. Geraldine T. Morrow Day' and urge all citizens of Anchorage and Alaska to thank her for all the services she has provided and recognize all the honor she brings us.

Report of the Reference Committee on President's Address and Miscellaneous Matters (continued)

Amendment of ADA "Bylaws" and "Standing Rules" Regarding Interim Oversight by the Board of Trustees (Eleventh Trustee District Resolution 112 and Reference Committee Resolution 112RC): The Reference Committee reported as follows:

The Reference Committee heard testimony on Resolution 112 (*Supplement 2:456*) and received revised language for that resolution which was distributed on behalf of Districts 3, 5, 8 and 13. The Reference Committee was predisposed toward the revised language and sought advice from ADA legal counsel. Association attorneys expressed strong reservation that the revised language reinterprets the *Bylaws* authority regarding the balance of power granted the House of Delegates, Board of Trustees, and Councils and Committees of the Association. The dilemma confronting the Reference Committee is whether the Board of Trustees has sufficient power to adequately influence the Association's Councils and Committees and fails to exercise their full authority, or whether the Board needs to be granted additional *Bylaws* authority in order to adequately direct the Association's Councils and Committees. The problem is further exacerbated by the fact that Legal Counsel advises that granting of these powers to "direct" carries with it severe legal liability. The Reference Committee believes that the more prudent action is not to expose the Association to potential litigation but to offer a substitute resolution, which it believes will meet the intent of the revised language.

The Reference Committee recommends a further amendment to the revised Resolution 112 which would delete the last resolving clause dealing with "Standing Rules for Councils and Commissions." Inasmuch as "Standing Rules for Councils and Commissions" is a Board document, the House of Delegates does not have the authority to amend it. The Standing Committee approves the wording of Resolution 112RC.

Therefore, the Reference Committee recommends adoption of Resolution 112RC.

112RC. Resolved, that Chapter VII, Section 90, of the ADA *Bylaws* be amended at page 28, Line 1194 by addition of a new subsection "I" to read as follows:

I. It shall have the interim power to supervise, monitor and guide the activities of all councils and special committees in order to ensure the fulfillment of initiatives and directives assigned to each council or special committee by the House of Delegates or Board of Trustees and that all interim actions of the Board must be approved by the House of Delegates.

and be it further

Resolved, that Chapter VII, Section 100, of the ADA *Bylaws* be amended at page 29, line 1230 by addition of a new subsection J to read as follows:

J. To provide interim guidance and supervision to all councils and special committees in order to ensure the fulfillment of initiatives and directives assigned to each council or special committee by the House of Delegates or Board of Trustees.”

and be it further

Resolved, that existing subsections J through Q of Chapter VII, Section 100 of the ADA *Bylaws* be relettered K through R, and be it further

Resolved, that Chapter IX, Section 50 of the ADA *Bylaws* be amended at page 32, lines 1403-1409 by amendment of subsection A to read as follows:

A. EXECUTIVE DIRECTOR. The Executive Director shall be the executive head of the Headquarters Office and all its branches. The Executive Director shall engage, supervise and direct all employees except as otherwise provided in these *Bylaws*. The Executive Director shall supervise, administer and coordinate the activities of all councils, committees and bureaus and assist the Board of Trustees in supervising, monitoring, and providing guidance on the activities of all councils and committees in regard to their specific assignments and systematize the preparation of their reports.

Dr. Wright moved that Resolution 112RC be substituted for Resolution 112.

On vote, Resolution 112RC was substituted for Resolution 112.

Dr. Wright moved the adoption of the substitute Resolution 112RC.

Dr. Kay Thompson, Pennsylvania, moved to amend Resolution 112RC by deleting the word “supervise” so that Chapter IX, Section 50, subsection A of the *Bylaws* would read as follows:

A. EXECUTIVE DIRECTOR. The Executive Director shall be the executive head of the Headquarters Office and all its branches. The Executive Director shall engage, supervise and direct all employees except as otherwise provided in these *Bylaws*. The Executive Director shall administer and coordinate the activities of all councils, committees and bureaus and assist the Board of Trustees in supervising, monitoring, and providing guidance on the activities of all councils and committees in regard to their specific assignments and systematize the preparation of their reports.

Dr. Thompson said, “This change will avoid confusion and add to the clarity and consistency of the content of Resolution 112RC. While the Executive Director’s administration of the Association staff activities and bureaus is appropriate, it is the Board’s responsibility to supervise, monitor and direct the councils and special committees.”

Dr. Thomas Ginley, ADA executive director, said, “If I may ... in response to the suggestion, just clarify something for us and then in turn, the House can make its judgment. This Executive Director and any Executive Director that follows me ... is not

interested, as we just discussed, in supervising the councils and so that proposal is absolutely correct. The volunteers on the councils must indeed be supervised by the Board of Trustees and, of course, the House of Delegates. ... Candidly, the activities of this Association are staff activities after the council and/or Board has made a judgment about the program activity to be completed. So, you see, we have to help work this out because I am only interested in managing the staff but, on the other hand, it is the staff that conducts the activities after the council directs that staff as to what it should do. I agree that there is some blurring here and, further, I absolutely agree in that we do not want the blur. I do not and I am sure that this House does not. Now, in relation to another point, if you simply delete that word, you have another problem. Two lines after that you have the word ‘bureaus.’ Bureaus are not councils, they have no volunteer input, they work exclusively for your Executive Director and the Board of Trustees. Now, if you were to delete ‘supervise,’ I would suggest that you would have to delete or urge you to delete ‘bureaus.’ If you were to leave ‘supervise’ in and make it clear that the Executive Director is supervising the activities of staff, we could clarify both of those and there would be no misunderstanding.”

A brief discussion ensued after which the maker of the amendment accepted the revised amendment which added the words “the staff of” so that the amended sentence would read:

The Executive Director shall supervise, administer and coordinate the activities of the staff of all councils, committees and bureaus and assist the Board of Trustees in supervising, monitoring, and providing guidance on the activities of all councils and committees in regard to their specific assignments and systematize the preparation of their reports.

On vote, the proposed amendment was adopted.

Dr. Heber Simmons, trustee, Fifth District, spoke in support of Resolution 112RC.

A brief discussion ensued between the maker of the original amendment, Dr. Thompson, and legal counsel over the interpretation of the amendment. Dr. Thompson subsequently accepted legal counsel’s interpretation of the amendment.

Speaking in support of Resolution 112RC were Drs. William TenPas, Oregon, and Kenneth Lange, California.

On vote, the following resolution, Resolution 112RC as amended, was adopted by a two-thirds (⅔) majority.

112H-1991. Resolved, that Chapter VII, Section 90, of the ADA *Bylaws* be amended at page 28, line 1194 by addition of a new subsection “I” to read as follows:

I. It shall have the interim power to supervise, monitor and guide the activities of all councils and special committees in order to ensure the fulfillment of initiatives and directives assigned to each council or special committee by the House of Delegates or Board of Trustees and that all interim actions of the Board must be approved by the House of Delegates.

and be it further

Resolved, that Chapter VII, Section 100, of the ADA *Bylaws* be amended at page 29, line 1230 by addition of a new subsection J to read as follows:

J. To provide interim guidance and supervision to all councils and special committees in order to ensure the fulfillment of initiatives and directives assigned to each council or special committee by the House of Delegates or Board of Trustees.”

and be it further

Resolved, that existing subsections J through Q of Chapter VII, Section 100 of the ADA *Bylaws* be relettered K through R, and be it further

Resolved, that Chapter IX, Section 50 of the ADA *Bylaws* be amended at page 32, lines 1403-1409 by amendment of subsection A to read as follows:

A. EXECUTIVE DIRECTOR. The Executive Director shall be the executive head of the Headquarters Office and all its branches. The Executive Director shall engage, supervise and direct all employees except as otherwise provided in these *Bylaws*. The Executive Director shall supervise, administer and coordinate the activities of the staff of all councils, committees and bureaus and assist the Board of Trustees in supervising, monitoring, and providing guidance on the activities of all councils and committees in regard to their specific assignments and systematize the preparation of their reports.

Formation of an Ad Hoc Committee to Study the Separation of the ADA House of Delegates from the ADA Annual Session (Eleventh Trustee District Resolution 121): The Reference Committee reported as follows:

The Reference Committee heard strong testimony in support of Resolution 121 (*Supplement 2:457*) and supports the Board of Trustees' recommendation to refer the resolution to the Board for further study.

121. Resolved, that an Ad Hoc Committee be formed to study the separation in time and locale of the ADA House of Delegates from the Annual Session, and be it further **Resolved**, that this Ad Hoc Committee be appointed by the President and approved by the Board of Trustees, and be it further

Resolved, that the Ad Hoc Committee determine the financial impact of such a change and the best time of year to have the ADA House of Delegates in Chicago, and be it further

Resolved, that this report and recommendation be brought to the 1992 meeting of the ADA House of Delegates for action and implementation in 1993.

Dr. Wright moved that Resolution 121 be referred to the Board of Trustees for study and report to the 1992 House of Delegates.

On vote, Resolution 121 was referred to the Board of Trustees for study and report to the 1992 House of Delegates.

Dr. Ignatius Quartararo, New York, requested that either the Speaker or Secretary expand on the information contained in their report to the House regarding the structuring and schedule of the House of Delegates (*Supplement 1:322*).

In response, Dr. Thomas Ginley said, “We have been concerned for some time in listening to your feedback and that of the Board of Trustees regarding the length of time and the expense associated with the conduct of the ADA annual session. Those expenses are both yours from a constituent and

component level and they are certainly expenses for the ADA, and I think I remember having a discussion about the budget yesterday in which we talked a little bit about trying to figure out how we could conserve. Well, your Speaker and your Secretary, together with our Board of Trustees, spend a lot of time in analyzing the efficiencies of our technology—our ability to convert paper, to get it out to you in a timely fashion to maybe allow this House to condense its activities without ruining your deliberations. Therefore, what we have proposed to you—we made a little change this year in technology. We brought materials with us and through our computers we were able to generate materials for the Reference Committees a little bit quicker. Now we are asking you, in relation to next year's Orlando meeting, to try the second step of that and that is simply to take our keynote and discussion which occurs on Saturday morning—let that happen just like it does now but instead of not doing anything in the afternoon, instead of that, do our opening session of the business. By just that one simple move, do you realize the thousands of dollars that both of us will save in per diem days, costs and hotel, etc.? That, in reality, was the reasoning that your Speaker and Secretary began looking at that event. What we are doing is asking for your indulgence to let us try it in Orlando and, of course, we will certainly be the first with you to evaluate it. However, together, I think you can do your own arithmetic in relation to what we are talking about saving by just cutting off one day of the annual meeting.”

Dr. Jablonski, New York, questioned, “... where the authority for the setting of the agenda of the House at the annual session of the House of Delegates is based because in looking through the *Manual of the House* and in looking through the *Constitution and Bylaws*, there does not seem to be any clear thought in relation to that and, therefore, I assume that it has just been on the basis of precedent where ... the Secretary ... in concert with the Speaker, has taken the authority to do this. I think that in future sessions it would be advisable to advise the House of this policy and make an appropriate resolution so that it, in turn, could be debated, because the current proposal does make reference to various resolutions at the end of the report but then those resolutions do not include any kind of reference to this change.”

The Speaker stated, “... let me indicate to you that it is not written anywhere—it is merely precedent. You have two officers ... a Speaker and a Secretary. Let me further add, I represent you during the entire year and try to convey to the Board and other individuals what you have said. I am your representative. I am not a member of the Board of Trustees and, further, it is my job to prepare the agenda and the business of the House, in concert with the Secretary and, of course, we do this and changes in times of day are a part of that responsibility. It has always been. It is, as a matter of fact, not given to anybody else and so it must be ours and we have always done it. Further, anything that is a matter of precedence is a part of the Rules of the House.”

Dr. Ginley added, “... Dr. Rainwater said it very aptly. In other words, since nobody else did it, we did it ourselves. However, you are correct, though, in that there is a specific authority. Now, Gary and I did talk about this and we think, in relation to the *Manual of the House*, it should be specified. We think it is always better, in years to come, to have that laid out and, further, ... I have a hunch that you are going to see something in next year's House dealing with it.”

Clarification of Resolution 112RC: Dr. Richard Lewis, California, requested clarification from legal counsel on Resolution 112RC, specifically whether Resolution 112 provides the Board of Trustees with the authority to direct activities of the councils and commissions.

Ms. Mary Logan, legal counsel, responded, "There is a very keen difference between the words 'direct' and 'supervise.' ... For example, if the word 'direct' were in there, it would give the Board the authority to overturn and direct the outcome of the decisions of councils and commissions. The word 'supervise' gives the Board the authority to supervise your directives, the House of Delegates directives, over councils and committees."

Dr. Lewis further questioned, "Would that allow a council, in defiance of the Board, to proceed with an activity which the Board disapproves of?"

Ms. Logan responded, "Well, it depends. For example, if this House of Delegates directed a council to prepare a report for the House of Delegates or to undertake certain activities for the House of Delegates, and that council failed to do so, the Board would have the authority in the interim, in supervising the directives of the House to say, 'Council, you need to follow the directives of the House. We are supervising you in the interim and you are failing to meet your responsibilities.' If the House directed the council to do something and the council did it and the Board said, 'You cannot do what the House directed you to do,' that would be a problem. I am not sure that the House would want to turn over its authority to the Board."

Additional questions were posed and responded by legal counsel on the interpretation of Board and council authority to establish interim policy.

Election of ADA Trustee (Thirteenth Trustee District Resolution 71 and Reference Committee Resolution 71RC): The Reference Committee reported as follows:

The Reference Committee acknowledged the concern of the Committee on Constitution and Bylaws relative to the ambiguous language of Resolution 71 (*Supplement 1:289*) as received. The Committee discussed new language offered by the Thirteenth District amending Resolution 71. Substantial positive testimony was heard on behalf of Resolution 71 as revised. Satisfied that the new language is legally consistent and accomplishes what it perceives to be the original intent of Resolution 71, the Committee offers the following substitute resolution. The Standing Committee on Constitution and Bylaws approves the language of Resolution 71RC.

71RC. Resolved, that Chapter VII, Board of Trustees, Section 40, Nomination, lines 1105 through 1133 be amended as follows:

Section 40—NOMINATION:

A. SINGLE CONSTITUENT DISTRICT.

In trustee districts consisting of a single constituent dental society, the trustee nomination procedures may be determined by an elective process established by the constituent dental society or by the procedures provided in Section 40B. The nomination may be reconsidered by the duly constituted caucus of the trustee district during the appropriate annual session.

B. MULTIPLE CONSTITUENT DISTRICTS.

In multiple constituent districts, the delegates from the constituent societies of the trustee district in which the term of the trustee is to terminate, shall hold a caucus to select a nominee or nominees for the office of trustee. Such caucus shall be called by the trustee whose term is about to expire, or by the trustee's designee. The notice of the time and place of such caucus shall be reported to the Secretary of the House.

At the caucus the delegates shall nominate one (1) or two (2) candidates for the office of trustee, whose name or names shall be presented to the House of Delegates in accordance with the following rules. An action taken at a duly constituted caucus of the trustee district to nominate or select a trustee may be reconsidered at a later caucus during the appropriate annual session.

- a. A person receiving the unanimous vote of the delegates present and voting at the caucus shall be the only nominee presented by the district.
- b. In the event that one (1) candidate receives a majority vote, one (1) or more of the delegates voting in the minority may select another nominee and the names of both nominees shall be presented to the House of Delegates as the nominees of that district.
- c. The number of votes received by each nominee in the caucus shall be reported to the House of Delegates.
- d. A nominating speech of four (4) minutes shall be allowed in the House of Delegates on behalf of each nominee. Seconding speeches are not permitted except that two (2) members of the House of Delegates will be permitted to indicate their second from the floor.

Dr. Wright moved that Resolution 71RC be substituted for Resolution 71.

On vote, Resolution 71RC was substituted for Resolution 71.

Dr. Wright moved the adoption of the substitute Resolution 71RC.

Speaking in support of Resolution 71RC, Dr. Eugene Brown, California, said, "At the present time, in order to elect our ADA trustee, that trustee is elected by a caucus of the delegates and we of the Thirteenth District, being a single state trustee district, would like to have the ability to elect our trustee through our normal elective processes—through our Board of Trustees and our House of Delegates. In writing the resolution, we found out that writing *Bylaws* language was very difficult and when it originally went through the ADA Board, they were not in favor of it. However, since then we have met with the ADA legal staff and we have written new language that gives single constituent districts the ability to choose the method they would like to elect their trustees. For example, they can stay with the system as it is now or they have the ability to elect their trustee through an elective process determined by the single state. Those in multiple state trustee districts, with the difficulties that they have, would still stay exactly the same as it is."

Dr. Thomas Kauffman, Georgia, speaking against Resolution 71RC, said, "If you are going to let a single state directly elect a trustee then why cannot the other states within

their trustee districts do the same thing? If, for example, California or New York elects their trustee, when they also would have a vote in relation to our trustee while, on the other hand, we would have no vote in connection with theirs.”

The Speaker noted that Resolution 71RC addresses only the nomination process and that the election process would not change within the House.

Speaking in support of Resolution 71RC were Drs. William TenPas, Oregon; William Booth, Pennsylvania; and Richard Hess, Illinois.

Responding to a question regarding the proposed resolution, the Reference Committee Chairman said, “It allows states that have a single constituent the opportunity to nominate ... giving all of their constituents, all of their subsections of their society and state a chance in the nomination process. However, the trustee would still be elected by the House. It is just a method of more representative nomination for their trustees in large, single constituent states.”

Dr. Henry Stearns, Oregon, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds ($\frac{2}{3}$) majority.

On vote, Resolution 71RC, as follows, was adopted by a two-thirds ($\frac{2}{3}$) majority.

71H-1991. Resolved, that Chapter VII, Board of Trustees, Section 40, Nomination, lines 1105 through 1133, of the *Bylaws*, be amended as follows:

Section 40—NOMINATION:

A. SINGLE CONSTITUENT DISTRICT.

In trustee districts consisting of a single constituent dental society, the trustee nomination procedures may be determined by an elective process established by the constituent dental society or by the procedures provided in Section 40B. The nomination may be reconsidered by the duly constituted caucus of the trustee district during the appropriate annual session.

B. MULTIPLE CONSTITUENT DISTRICTS.

In multiple constituent districts, the delegates from the constituent societies of the trustee district in which the term of the trustee is to terminate, shall hold a caucus to select a nominee or nominees for the office of trustee. Such caucus shall be called by the trustee whose term is about to expire, or by the trustee's designee. The notice of the time and place of such caucus shall be reported to the Secretary of the House.

At the caucus the delegates shall nominate one (1) or two (2) candidates for the office of trustee, whose name or names shall be presented to the House of Delegates in accordance with the following rules. An action taken at a duly constituted caucus of the trustee district to nominate or select a trustee may be reconsidered at a later caucus during the appropriate annual session.

a. A person receiving the unanimous vote of the delegates present and voting at the caucus shall be the only nominee presented by the district.

- b. In the event that one (1) candidate receives a majority vote, one (1) or more of the delegates voting in the minority may select another nominee and the names of both nominees shall be presented to the House of Delegates as the nominees of that district.
- c. The number of votes received by each nominee in the caucus shall be reported to the House of Delegates.
- d. A nominating speech of four (4) minutes shall be allowed in the House of Delegates on behalf of each nominee. Seconding speeches are not permitted except that two (2) members of the House of Delegates will be permitted to indicate their second from the floor.

Proposal for Restructuring of ADA Officer Corps

(Thirteenth Trustee District Resolution 66; Board of Trustees Resolution 66B; Eighth Trustee District Resolution 120; President R. Malcolm Overbey Resolutions 109-1990 and 110-1990; and Reference Committee Resolution 66RC): The Reference Committee reported as follows:

Reference Committee testimony suggested that a combination of resolving clauses from both Resolutions 66 (*Supplement 1:288*) and 66B (*Supplement 1:343*) could best address the issues identified in Resolutions 66, 66B, 120 (*Supplement 2:451*), 109-1990 (*Reports:171*), 110-1990 (*Reports:173*) and Board Report 7 (*Supplement 1:391*). The Reference Committee recommends a substitute resolution which includes the first resolving clause of Resolution 66B, followed by the third resolving clause of Resolution 66, followed by the third resolving clause of Resolution 66B. Therefore, the Committee recommends adoption of the substitute Resolution 66RC.

66RC. Resolved, that an Ad Hoc Committee be established to study the structure and duties of the ADA Officer Corps and present a report with recommendations and necessary *Bylaws* revisions to the 1992 House of Delegates, and be it further **Resolved**, that the committee be comprised of eight members as follows:

Three ADA Trustees

Five ADA Members-At-Large (each of whom must have previous experience as an ADA delegate)

ADA Executive Director (ex-officio without the right to vote),

and be it further

Resolved, that this committee be appointed by the ADA President and ratified by the Board of Trustees, and be it further

Resolved, that Board Report 7 and Resolutions 120, 109-1990 and 110-1990 be referred to this Ad Hoc Committee.

Dr. Wright moved that Resolution 66RC be substituted for Resolutions 66 and 66B.

On vote, Resolution 66RC was substituted for Resolutions 66 and 66B.

Dr. Wright moved the adoption of the substitute Resolution 66RC.

Dr. Raymond Klein, Florida, moved to substitute Resolution 66RCS-1, as follows, for Resolution 66RC.

66RCS-1. Resolved, that an Ad Hoc Committee be established to study the structure and duties of the ADA Officer Corps and present a report with recommendations and necessary *Bylaws* revisions to the 1992 House of Delegates, and be it further **Resolved**, that the committee be comprised of nine members as follows:

- Four ADA Trustees
- Five ADA Members-at-Large (each of whom must have previous experience as an ADA delegate)
- ADA Executive Director (ex-officio without the right to vote)
- President (ex-officio without the right to vote)

and be it further

Resolved, that this committee be appointed by the ADA President and ratified by the Board of Trustees, and be it further

Resolved, that Board Report 7 and Resolutions 120, 109-1990 and 110-1990 be referred to this Ad Hoc Committee.

Dr. Klein said, "We feel that it would be important for this committee to be structured so that there was an uneven number of members on this committee. ... The other thing we would like to do is have the President added on here as an ex-officio member without the right to vote."

Dr. Wright, chairman of the Reference Committee, noted that there was a financial implication of \$24,200 associated with the resolution.

On vote, the motion to substitute Resolution 66RCS-1 for Resolution 66RC was defeated.

On vote, Resolution 66RC, as follows, was adopted.

66H-1991. Resolved, that an Ad Hoc Committee be established to study the structure and duties of the ADA Officer Corps and present a report with recommendations and necessary *Bylaws* revisions to the 1992 House of Delegates, and be it further

Resolved, that the committee be comprised of eight members as follows:

- Three ADA Trustees
- Five ADA Members-At-Large (each of whom must have previous experience as an ADA delegate)
- ADA executive Director (ex-officio without the right to vote),

and be it further

Resolved, that this committee be appointed by the ADA President and ratified by the Board of Trustees, and be it further

Resolved, that Board Report 7 and Resolutions 120, 109-1990 and 110-1990 be referred to this Ad Hoc Committee.

American Dental Association Mission Statement and Guiding Principles, Values and Beliefs (Board of Trustees Resolution 81 and Reference Committee Resolution 81RC): The Reference Committee reported as follows:

The Reference Committee commends both the Strategic Planning Committee and the Board of Trustees for excellent progress in the strategic planning process. The Committee agrees with testimony presented that paragraph two of the American Dental Association Guiding Principles, Values and Beliefs would better convey the values of the Association if rewritten in a positive context. Since Dr. Jack Hinterman, chairman of the Strategic Planning Committee, also agrees with that testimony, the Reference Committee has incorporated that language into Resolution 81RC. The Reference Committee also agreed with testimony concerning the fact that mission statements and guiding principles, values and beliefs should be part of a living document and be open to continuous change. In that regard, the Reference Committee urges the Strategic Planning Committee to continue to revise the entire document to accurately reflect the changing dynamics of the profession and the Association. In order to capture the essence of the Mission Statement and the Strategic Plan, the Reference Committee further recommends that a brief sentence be developed to symbolize the essence of the mission statement.

Therefore, the Reference Committee recommends that Resolution 81RC be substituted for Resolution 81 (*Supplement 1:384*) and that the substitute Resolution be adopted.

Dr. Wright moved that Resolution 81RC be substituted for Resolution 81.

On vote, Resolution 81RC was substituted for Resolution 81.

Dr. Wright moved the adoption of the substitute Resolution 81RC.

On vote, Resolution 81RC, as follows, was adopted.

81H-1991. Resolved, that the American Dental Association Mission Statement and Guiding Principles, Values and Beliefs be approved, and be it further

Resolved, that the second principle of the Guiding Principles, Values and Beliefs be amended to read:

2. ... The strength of the dental profession is directly linked to the public's health. Actions by the American Dental Association that support the public's health strongly support the Association in carrying out its mission. Indeed, it is impossible to effectively serve the dental profession without active promotion of public health.

and be it further

Resolved, that a brief sentence be developed by the Strategic Planning Committee to symbolize the essence of the Mission Statement and the Strategic Plan.

American Dental Association Mission Statement

The American Dental Association is the professional association of dentists dedicated to serving both the public and the profession of dentistry.

The American Dental Association promotes the public's health through commitment of member dentists to provide quality dental care, accessible to everyone.

The American Dental Association promotes the profession of dentistry by enhancing the integrity of the profession; strengthening the patient/dentist relationship; and making membership the foundation of successful practice.

The American Dental Association fulfills its public and professional mission by providing services; and through its initiatives in education, research, advocacy and the development of standards.

American Dental Association Guiding Principles, Values and Beliefs

The American Dental Association believes that ...

1. ... Dental care is an integral component of health care. Enhancing the quality, utilization, availability and affordability of dental care, benefits the public's general health and well-being. The American Dental Association is concerned, therefore, with all relevant health issues.
2. ... The strength of the dental profession is directly linked to the public's health. Actions by the American Dental Association that support the public's health strongly support the Association in carrying out its mission. Indeed, it is impossible to effectively serve the dental profession without active promotion of public health.
3. ... The quality and cost effectiveness of dental care is enhanced when provided by a coordinated team composed of dentists, hygienists, assistants, office personnel and laboratory technicians. The American Dental Association addresses the needs of the entire team and, in so doing, involves team members in various Association activities, publications and programs.
4. ... The quality, supply and distribution of dental team members, as well as the demand for dental services, are appropriate concerns of the American Dental Association. The American Dental Association will promote excellence and consistency in the education and evaluation of team members; develop and communicate timely information on the demand for dental services and the number, distribution and productivity of all members; and strive to eliminate barriers to the utilization of dental service.
5. ... A variety of dental care delivery systems are currently attempting to meet the needs of a diverse population of patients and dentists. The American Dental Association will encourage research on current and emerging dental care delivery systems and support those systems that are shown to deliver quality, accessible and affordable care and allow both patient and dentist to make informed choices about treatment and practice setting.
6. ... The mission of the American Dental Association presents a significant opportunity to improve the public's health and the well-being of the entire dental profession. For this mission to be achieved, however, substantial and stable financial support will be needed. Thus, all dentists should be members of the American Dental Association, since its mission benefits all dentists and since universal membership will provide an affordable, predictable dues structure. While member dues should continue to make a significant contribution to the mission, growth in non-dues funding sources should be pursued.

7. ... Access to leadership positions should be open to all members in accordance with their talents and interests. American Dental Association leaders should be responsive to the multiple and diverse needs and perspectives of its membership.
8. ... Motivated dentists and staff will successfully direct Association resources and energies toward the accomplishment of the stated mission by working together in a close, honest, and collegial relationship.

The ADA must attract and employ skillful and dedicated staff members—individuals of the highest ability and integrity. They must be recognized and compensated according to their contributions to the achievement of Association goals.

Point of Personal Privilege: Dr. Eugene Truono, as a point of personal privilege, said, "... I want to convey to the Reference Committee my appreciation for them bringing forth Resolution 138. The motto in relation to the logo that you see on the screen up there is 'Moving Forward Together.' Since I have probably the largest audience that crisscrosses this country, I would like to ask for your support, the support of each of you in this area—asking each one of you to be involved in the mentoring program. I view it in that if each of us pitches in and does one thing, it would help move this around the country very quickly. The resolution would permit the final connection between the established practitioners of our Association being involved at the local level on a Recruitment and Retention Committee and Membership Committee."

Recess: A delegate moved to recess the House of Delegates for 15 minutes to give the trustees an opportunity to meet with their respective districts regarding the proposed 1992 budget. Hearing no objection, the Speaker recessed the House of Delegates. Following the brief recess, the Speaker called the House back in session and called for the continuation of the Report of the Reference Committee on Budget and Administrative Matters.

Report of the Reference Committee on Budget and Administrative Matters (continued)

Approval of 1992 Budget: The House of Delegates continued with its deliberations on the proposed 1992 budget.

Dr. Geraldine Morrow, treasurer, reporting on the Board of Trustees actions regarding the 1992 budget, stated, "As you directed yesterday, the Board of Trustees has revised the 1992 budget proposal to bring it into balance without benefit of a dues increase or annual session registration fee. We developed the original budget proposal from many months of careful planning and review to provide funding for vital programs and membership services. It was a difficult task to determine in a matter of hours how best to match existing expenditures with available resources but we have responded to your request. We looked at a number of alternatives—program reduction, a transfer from reserves, a cash distribution from the for-profit subsidiary and other possible revenue enhancements. We have

a slide to show you so that you can follow along and look at what we did item by item. The slide that you see on the screen presents a combination of revenue enhancements and expense reductions decided upon by the Board. The Board determined that a half million dollar dividend generated by streamlining the operations of the for-profit subsidiary and removing the entire Production Department—and this was the ADA Holding Company that generated this streamlining—would be directed to the operating account rather than directing it to the reserve division as initially anticipated. This will, in turn, allow reserves to continue to grow through dividends, interest earnings and any appreciation in the value of equities securities. We approved a \$50 increase in the exhibition fee at the annual session in Orlando. That is under Conference and Meeting Services Revenue Enhancement. In addition, two staff positions were eliminated—one under Conference and Meeting Services at a figure of \$35,000 and one under Finance and Business Affairs at \$25,000, totalling \$60,000 in expense reduction. Also, funds available for salary increases in 1992 were reduced. That is under Staff Compensation, resulting in a \$180,000 expense reduction. The decision of this House not to proceed with the Practice Parameters saved \$103,000. That shows under Dental Practice. The expenses of the Division of Communications were just deferred for this year, which involved the production of patient education films, which resulted in a \$75,000 expense reduction under the line item of Communications. Finally, the Board of Trustees will adjust the increase in its stipend to the 4%, consistent with the provision for staff salary increases. That reduction in the percent increase will cover all staff as well as Board and Officers and that resulted in a 10.3% expense reduction under House, Board and Executive Director. Realizing that programs and dollars are people, the Board, together with the senior staff, worked diligently to comply with your request and, in the majority, agreed with the cuts presented. Further, we believe that this report responds to the directive of the House.”

Dr. Lauer, Reference Committee chairman, said, “... I thought it might be time to at least generally share some information with you. I have generally not said much about the Reference Committee’s opinion in relation to all of this. Now, we did a great deal of study before coming here, and I believe I had an outstanding Reference Committee that fully represented the entire House of Delegates in terms of philosophy and ideas. They came here very well prepared and we spent a great deal of time reviewing this process, which I would like to share with you. We reviewed all of the testimony presented in the Reference Committee hearings. We reviewed all of the financial data presented in the *Annual Reports* and *Supplement One to Annual Reports*. We received input from the auditors, from the ADA staff and we spent a great deal of time ... reviewing all of the alternatives of funding programs in the budget to include dues income, non-dues income, registration fees or user fees, salable materials, reserves and all other categories. We also looked at the potential sale of the building—at a refinancing option, including long-term debt service. We likewise looked at staff cuts and budget cuts. It was the consensus of this Reference Committee that this Association needs money to continue to function and perform as we sitting here voting programs require. Whether you do that today or in the future, we also want to have you understand

that you cannot keep going on like this and approving these things that require money and not providing it in some way or another. You will be looking, I am sure, at a dues increase in the very near future and we simply ask that you take a look at that. For some reason, I have been sitting here in this House, and it is not the first time, but this year there seems to be a feeling, an undercurrent of mistrust of the Board whom you have elected and who serves you; of the administrative staff and I think that we need to eliminate that sort of negative attitude. This is our club, it is our responsibility to the public and to the people that we represent, and I simply hope and ask that you will provide the financial resources for the ongoing membership services, both to the members and the public that you demand.”

Dr. J. P. Chancey, trustee, Twelfth District, provided additional comments on the revised budget as submitted by the Board of Trustees.

Dr. Charles Reiting, Colorado, said, “... I believe the Reference Committee report should give us the flavor of the testimony at the hearing. I do not believe this report reflected the bulk of the testimony given at the Reference Committee meeting.”

A delegate from the First District, speaking against the proposed budget, said, “... I propose that we reject the budget, send it back again and request that the people that are highly compensated, those over \$60,000 a year, go for a salary freeze this year and cut the budget again—not cut out membership benefits, not cut out things that are important to our members.”

Dr. William Lawson, Alabama, spoke in favor of the revised budget.

Dr. Irvin Kaplan, Ohio, spoke in favor of the budget as originally submitted by the Board of Trustees in Resolution 55. He said, “... there is less and less resistance to a user fee or fee for service or any other euphemisms you want to use. All I know is that a registration fee can work. You can, for example, make it a registration fee for early registration that is less than that for outside registration.”

Dr. Samuel Hayes, Missouri, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority.

The Speaker called for the vote on Resolution 55 (as amended).

As a point of information, a delegate requested the actual amount of revenues and expenses.

Dr. Thomas Ginley indicated that revenue was anticipated at \$44,718,900 and expenses at \$44,800,060, with a net difference of \$81,160. In response to additional questions, Dr. Ginley indicated that currently there are no funds projected for the reserves in relation to the 1992 budget.

On vote, the following resolution, Resolution 55 as amended, was adopted.

55H-1991. Resolved, that the 1992 budget of revenues and expenses, as amended, including depreciation, be approved.

Report of the Reference Committee on Dental Practice and Health (continued)

Dr. John Lathrop, Pennsylvania, chairman of the Reference Committee on Dental Practice and Health continued with the remaining items contained in the report.

Consent Calendar (Reference Committee Resolution 140):
The Reference Committee reported as follows:

Appended are resolutions referred to the Reference Committee on Dental Practice and Health which either received no testimony or all positive testimony. Therefore, the Committee recommends adoption of the following resolution.

Dr. Lathrop moved the adoption of Resolution 140.
On vote, Resolution 140, as follows, was adopted.

140H-1991. Resolved, that the following resolutions be adopted:

Resolution 1—Approval of “Guidelines for Hospital Dental Services” (*Reports:45*)

Resolution 2—Rescission of Policies Related to the Hospital Dental Service Accreditation Program (*Reports:45*)

Resolution 3—Revision of Policy on Physical Examinations by Dentists (*Reports:46*)

Resolution 72—“Statement on Dental Care and Recovery from Chemical Dependency” (*Supplement 1:287*)

Resolution 108—Support for Healthy People 2000 Report (*Supplement 2:428*)

Note: For the purpose of a fully documented record, the complete text of the resolutions included in the aforementioned Resolution 140H follows.

1H-1991. Resolved, that the “Guidelines for Hospital Dental Services” be adopted.

Guidelines for Hospital Dental Services

Guideline I: Medical Staff Bylaws, Rules and Regulations

There is a single medical staff which includes dentists who are eligible for all categories of medical staff membership.

Guideline II: Clinical Privileges

Dentist members of the medical staff participate in the development of the scope and extent of clinical privileges granted to a dentist.

Guideline III: Admission, Management and Discharge of Patients

Qualified dentist members of the medical staff are granted privileges to admit, manage and discharge their patients.

Guideline IV: Organizational Structure

The medical/dental staff organization provides a framework within which duties and functions of the dental service can be carried out effectively.

Guideline V: Department or Section Meetings

Regularly scheduled meetings of the dental department/section are consistent with the medical/dental staff bylaws.

Guideline VI: Financial, Facility and Personnel Resources

As a department/service involved in the budget process of the hospital, the dental department/service is provided adequate resources to meet the mission of the department/service and to assure efficient delivery of optimal oral health care.

Guideline VII: Infection Control

Sterilization and infection control procedures are in compliance with currently recognized standards.

Guideline VIII: Emergency Dental Care

Oral health care is included in the emergency service of the hospital.

Guideline IX: Pathology Services

All specimens removed during surgical procedures are properly identified and, where appropriate, sent to the pathologist for laboratory examination.

Guideline X: Library Services

The hospital provides library services appropriate for professional needs of the dental service.

Guideline XI: Medical Records

Dental records are part of the patient's medical record in accordance with the standard procedure of the hospital.

Guideline XII: Quality Improvement

The dental service maintains and participates in a quality improvement program consistent with Joint Commission on Accreditation of Healthcare Organizations standards.

Guideline XIII: Continuing Education

The dental service should provide a program of continuing education.

Guideline XIV: Statistical Records

The dental service maintains statistical data for information and educational needs of members of the department and of the hospital.

2H-1991. Resolved, that Resolution 57-1971-H (*Trans. 1971:541*), Approval of Hospital Dental Departments; Resolution 17-1963-H (*Trans. 1963:258*), Requirement for Approval of Dental Services in Patient Care Units Other Than Hospitals; Resolution 46-1972-H (*Trans. 1972:651*), Hospital Dental Services: Administration Policies; Resolution 12H-1977 (*Trans. 1977:924*), Standards for Hospital Dental Programs; and Resolution 14H-1977 (*Trans. 1977:925*), Revision of State Hospital Codes, be rescinded.

3H-1991. Resolved, that the policy, Physical Examination by Dentists (*Trans. 1977:924*), be amended by deletion of the second resolving clause, so that the revised policy reads:

Resolved, that dentists who by reason of training and who have demonstrated proficiency to the satisfaction of the governing body of a hospital, should be permitted to perform the medical history, physical examination and evaluation of hospitalized dental patients.

72H-1991. Resolved, that the title of the "ADA Policy Statement on Dental Care and Recovery from Chemical Dependency" (*Trans.*1989:556) be changed to "ADA Policy Statement on Provision of Dental Care for Patients Who Are or Have Been Chemically Dependent."

108H-1991. Resolved, that the American Dental Association endorse the oral health objectives in the U.S. Public Health Service report "Healthy People 2000," and be it further **Resolved**, that the American Dental Association encourage its constituent and component dental societies to work with their respective state health departments toward achievement of the oral health objectives.

Revision of Policy on National Health Service Corps Scholarships (Council on Community Health, Hospital, Institutional and Medical Affairs Resolution 4): The Reference Committee reported as follows:

The Reference Committee heard no testimony regarding this resolution. The Committee concurs with the Board that Resolution 4 (*Reports*:46) be referred to the Council on Community Health, Hospital, Institutional and Medical Affairs for further clarification.

4. Resolved, that the American Dental Association's policy on National Health Service Corps (NHSC) Scholarships (*Trans.*1981:577), be amended by the addition of a second resolving clause which states "that the American Dental Association support incentives for the NHSC program that are based on a dental school loan forgiveness concept" so that the revised policy reads:

Resolved, that the American Dental Association refrain from any form of support for additional National Health Service Corps scholarship awards made after 1980, and be it further

Resolved, that the American Dental Association supports incentives for the NHSC program that are based on a dental school loan forgiveness concept.

Dr. Lathrop moved that Resolution 4 be referred to the Council on Community Health, Hospital, Institutional and Medical Affairs for clarification.

On vote, Resolution 4 was referred to the Council on Community Health, Hospital, Institutional and Medical Affairs for clarification.

Approval of "Policy Statement on Dental Care in Nursing Homes" (Council on Community Health, Hospital, Institutional and Medical Affairs Resolution 5): The Reference Committee reported as follows:

The Reference Committee heard no testimony regarding the Council's updated policy statement on dental care in nursing homes. The Committee agreed with Board recommendation to editorially insert the words "at least" in Recommendation 1 of the policy. The revised recommendation would then read: "All patients should have a dental examination upon admission and at least annually thereafter."

Dr. Lathrop moved the adoption of Resolution 5 (*Reports*:48).

On vote, the following resolution, Resolution 5 as editorially amended, was adopted.

5H-1991. Resolved, that the "Policy Statement on Dental Care in Nursing Homes" be adopted, and be it further **Resolved**, that the Resolution 39-1969-H (*Trans.*1969:69,322), Program for Dental Care in Nursing Homes, and Resolution 21-1961-H (*Trans.*1961:102, 244), Statement on Dental Care in Nursing Homes, be rescinded.

Policy Statement on Dental Care in Nursing Homes

Introduction: The need for dental care among the chronically ill and the older adults who are residents of nursing homes is well recognized by the dental profession. If the needs of these groups are to receive the attention they deserve, leadership by the health profession is essential. If expanded oral health care in nursing homes is to meet the high standards recommended by the dental profession, dental societies should provide the necessary leadership.

On December 22, 1987, the Omnibus Budget Reconciliation Act of 1987 (OBRA '87), Pub. L. 100-203, was enacted. This legislation included extensive revisions to the Medicare and Medicaid statutory requirements for nursing facilities. The requirements provide the dental profession with an opportunity to integrate oral health into the total health care and rehabilitation program for nursing home patients. Effective dental society response to the requirements could provide a foundation for a dental program to serve the chronically ill and elderly of the community.

The dental profession has long recognized that individuals do not cease to need treatment when they become elderly, chronically ill and/or institutionalized. However, continued need for oral health care has not been fully recognized by caregivers or the individuals themselves.

Promoting and coordinating programs for the provision of oral health care in nursing homes is properly the responsibility of the local dental society or of a group of dentists in the community. Recommendations by the American Dental Association or its constituent societies must be implemented and interpreted by local dental societies and/or local dentists to fit the needs of the community. The following steps are recommended for long-term care or residential facilities in developing an oral health care program.

Role of the Dentist:

Selection. Dental societies should work with nursing homes and their organizations to facilitate arrangements between dentists and nursing homes. Oral health care programs for nursing homes should be organized by an individual dentist or a group of dentists. The local society should survey nursing homes in the area to determine the status of their oral health care programs and their need for dentists.

Recommended Responsibilities. Dentists should make recommendations in the following areas: initial examination provisions of emergency dental services; mechanisms to provide needed dental treatment; policies on oral hygiene; coordination of services with medical, nursing and other staff, continuing in-service dental health education for both patients and staff and training staff to assist patients in proper oral hygiene.

Recommended Program for Nursing Homes: The following recommendations are made for an effective dental health program in nursing homes and other residential institutions.

Oral Health Policies. The continuing oral health program in a nursing home should be based on the following principles:

1. Patients should have a dental examination upon admission and at least annually thereafter.
2. Periodic evaluations should be made, with particular attention to the detection of possible malignant lesions.
3. Needed dental treatment should be provided according to the physical and psychological ability of the patient to receive care.
4. The dentist should be informed of any physical or mental condition or medication which might affect the patient's ability to receive dental treatment.
5. If at all possible, treatment should be performed by the patient's own dentist.
6. The staff should be instructed to be alert to any changes in the patient's oral health status.
7. The dentist should provide consultation on diet and nutrition.
8. All removable dental prostheses (i.e. complete and/or partial dentures) should be identified with the wearer's name and/or initials following admission to the facility.
9. All staff should be given oral hygiene instruction and should be taught to assist patients in practicing recommended daily oral hygiene procedures.

Treatment Levels. The provision of dental services must be adapted realistically to the medical, psychological and social needs of the patient and in accordance with the advice of the patient's physician. Dental needs should be weighed against the patient's general level of health. It must be recognized that some patients are unwilling or unable to receive indicated dental treatment.

The following priorities are recommended for care of adults: (1) relief of pain and treatment of acute infections; (2) elimination of pathologic conditions and extraction of unsavable teeth; (3) removal of irritating conditions which may lead to malignancies; (4) treatment of bone and soft tissue disease; (5) repair of injured or carious teeth; (6) replacement of lost teeth and restoration of function.

Special attention should be given to the early detection of oral manifestations of systemic diseases and detection of oral lesions.

Facilities for Provision of Treatment. The following four methods may be used in making dental treatment available to nursing home patients: (1) establishment of a dental office in the facility; (2) transporting patients to private dental offices; (3) transporting patients to other facilities where dental services are available; and (4) bringing portable dental equipment to the patients.

The initial dental evaluation of the patient could include a determination of the locale necessary for treatment. It has been demonstrated that the great majority of nursing

home or homebound patients can be treated in private dental offices if transportation is made available.

Portable dental equipment should be available in order that dentists may render necessary treatment in the nursing home for non-ambulatory patients.

The availability of dental facilities in hospitals and public health facilities should be explored. Groups of patients could be transported to the clinic or hospital facilities.

Oral Health Education: A continuing program of oral health education should be conducted for all parties in the nursing homes: patients, nurses and other staff and administrators. This should include demonstration of routine oral hygiene, how the nursing home staff can assist patients in practicing oral hygiene and the development or instruction of special techniques for meeting needs of disabled patients.

The consulting dentist might consider holding regular in-service programs or a dental health day during which periodic examinations are performed and dental health educational instruction provided to all. Attention must be given to instruction in use of toothpastes and mouthwash, toothbrushing, flossing, and care and cleansing of dentures.

Dental health educational materials, including films, are available from the American Dental Association and state health departments.

The Nurse's Role. One of the most important considerations that a nurse should have for the patient is that of good oral hygiene. In nursing homes, many patients do not have the strength or emotional stability to maintain good oral hygiene. The nurse should aid and instruct patients in brushing their teeth at proper times. Where this procedure is not possible, the patient's lips, teeth and gingiva should be rubbed lightly with moistened cotton or gauze. All removable prostheses should be properly cleansed. The nurse should be trained to identify oral lesions, swellings and other irregularities and to call the dentist when such lesions are noted.

Instruction to the Patient. In order to encourage full cooperation, the patient should be instructed in the following areas of personal hygiene:

- a. the role of toothpastes, powders and mouthwashes in proper oral hygiene;
- b. the methods of toothbrushing and the type of brush to use;
- c. the proper use of dental floss;
- d. the care and cleansing of prosthetic appliances; and
- e. the importance of daily oral hygiene maintenance for the patient's well-being.

Financial Considerations. Payment for services should be made on a fee-for-service or other acceptable basis. Many nursing home patients are covered for health services by publicly funded care programs. Medicare, however, provides indemnity for limited oral surgical procedures only. Many state Medicaid programs provide coverage of dental services for the indigent and medically indigent. Some patients might be eligible for payment by local welfare agencies or voluntary agencies.

There is, however, a little known provision called Post-Eligibility Treatment of Income (PETI), contained in the Medicaid Program, that can provide a mechanism to fund oral health care for eligible nursing home patients. The PETI provision allows institutionalized Medicaid recipients with supplemental sources of income to pay for remedial medical services including dental care out of their supplemental income that otherwise would be surrendered to the facility. Restrictions and administrative details of the PETI provision will vary from state to state. Specifics can be obtained by contacting the local Medicaid office.

Nursing home administrators, dentists and dental societies should work together toward a mutually acceptable arrangement for providing and funding care. Patients unable to pay for needed dental care should not be denied such care for financial reasons.

Role of Dental Auxiliaries. Dental hygienists and specially trained dental assistants can be invaluable in the effective operation of dental programs in nursing homes. In addition to assisting dentists in providing treatment, dental auxiliaries can assist patients with oral hygiene and provide dental health educational information. Dental auxiliaries are particularly important in the efficient use of portable dental equipment.

Cooperation of Nursing Homes. Administrators of nursing homes should be encouraged to consider the purchase of dental equipment. One nursing home might purchase equipment to be used by several facilities or several facilities might purchase equipment jointly.

Nursing homes should provide transportation and escorts for patients to the private dental office or other dental facilities.

Dental Society Support for Dentists. Dental societies should support the efforts of dentists working in nursing homes. Supporting activities could be carried out by constituent societies, component societies, or, where component societies are not the same as the geographical community, by local groups of dentists under the coordination of the constituent or local society.

In addition to identifying the local need for dentists, the society should coordinate their activities and determine the feasibility of broadening dental care programs for nursing homes to include other facilities and homebound patients. The use of portable equipment may be considered.

It is essential that dental care programs for nursing homes be integrated with community programs for the chronically ill and the elderly and that all health and social welfare agencies are fully informed of the program. This is important to create community interest and support that may result in program expansion or increased funding.

On behalf of the consulting dentists, the state and local societies can carry on liaison and communications functions with all community organizations involved in the care and welfare of these patients. This will include medical, nursing, nursing home, social, and other health and welfare agencies as well as voluntary organizations and service clubs.

The dental society may also provide consultation on dental care requirements to new nursing homes, hold dental health educational meetings for nursing home administrators and staff, and provide dental health educational programs for elder care organizations.

Continuing education workshops or conferences should be held at the state or local level for dental professionals working with the chronically ill and homebound. Periodic reports could be submitted to dental journals to create and maintain interest in the program.

In all these functions, the local dental society or dental group should work with the state dental division and local health departments and make use of their consultation, facilities and materials.

Role of Dental Schools. Dental schools in the locality should be urged to assume a role in developing dental care programs for nursing homes or the homebound. These programs could provide valuable experience for dental students to make them aware of the dental needs existing outside of the dental office.

Dental schools should provide continuing education courses for practicing dentists in care for the elderly and chronically ill as well as carry out research programs on the specialized techniques or methods of delivery of dental services to this special population group.

Definitions of "Active" and "Inactive" Dental Patients of Record (Council on Dental Practice Resolution 30 and Board of Trustees Resolution 30B): The Reference Committee reported as follows:

The Reference Committee heard differing testimony on this resolution but understands the Council's intent to provide better language for inclusion in its publications on practice valuation. The Committee discussed the role of the ADA in this area and what effect such definitions could have on those individuals who conduct practice valuations. It was believed that in the absence of any direction from ADA, dental practice valuers have significantly different interpretations of an "active" dental patient based primarily on personal preferences.

The Committee referred, in its discussion, to existing ADA policy (*Trans.* 1988:462) which defines patients of record. It noted that during practice appraisals this policy does not give any criteria to help establish which patients are greater contributors to the practice asset value. The Reference Committee believes that establishing at least some basic criteria, as suggested in Resolution 30B, would assist in clarifying this issue.

The Reference Committee also heard testimony to editorially modify this resolution to add the term "financial" before the word "purposes" in the first sentence of the resolution. The Committee believed that the existing language was clear since it referred to the dental practice assets. Therefore the Reference Committee recommends adoption of the substitute Resolution 30B.

30B. Resolved, that only for the purposes of evaluating or appraising the assets of a dental practice do the following definitions of the terms "active" and "inactive" dental patients of record apply:

Active Dental Patient of Record: An active dental patient of record is any individual in either of the following two categories: Category I - patients of record who have had dental service(s) provided by the dentist in the past twelve (12) months; Category II - patients of record who have had dental service(s) provided by the dentist in the past twenty-four (24) months, but not within the past twelve (12) months. Each of these categories of active patients of record can be further divided into: (1) new or regular patients who have had a complete examination done by the dentist and, (2) emergency patients who have only had a limited examination done by the dentist.

Inactive Dental Patient of Record: An inactive dental patient of record is any individual who has become a patient of record and has not received any dental service(s) by the dentist in the past twenty-four (24) months.

Dr. Lathrop moved that Resolution 30B (*Supplement 1:339*) be substituted for Resolution 30 (*Reports:82*).

Speaking against both Resolutions 30 and 30B, a delegate said, "I really do not feel that our Association should be in the business of making definitions that have to do with purchasing and selling of individual practices. ... I believe the definitions are rather poor. I think we all have individual definitions of an active dental practice as well as an inactive dental practice and if you look at this, you can see that it is convoluted and difficult to bring to anybody's business affairs."

Dr. Lathrop responded, "... the ADA has been in the business of dealing with practice management for several years through our seminars and ADA publications. This particular resolution fills in a void because we have received many, many telephone calls from the membership dealing with the sale of a practice. There are so many across the country involved in this, some reputable and some not so reputable, that the membership has been calling our council asking for help."

On vote, Resolution 30B was substituted for Resolution 30.

Dr. Lathrop moved the adoption of the substitute Resolution 30B.

On vote, Resolution 30B, as follows, was adopted.

30H-1991. Resolved, that only for the purposes of evaluating or appraising the assets of a dental practice do the following definitions of the terms "active" and "inactive" dental patients of record apply:

Active Dental Patient of Record: An active dental patient of record is any individual in either of the following two categories: Category I—patients of record who have had dental service(s) provided by the dentist in the past twelve (12) months; Category II—patients of record who have had dental service(s) provided by the dentist in the past twenty-four (24) months, but not within the past twelve (12) months. Each of these categories of active patients of record can be further divided into: (1) new or regular patients who have had a complete examination done by the dentist and, (2) emergency patients who have only had a limited examination done by the dentist.

Inactive Dental Patient of Record: An inactive dental patient of record is any individual who has become a patient of record and has not received any dental service(s) by the dentist in the past twenty-four (24) months.

Disability Coverage for HIV-Infected Health Care Workers (Ninth Trustee District Resolution 107): The Reference Committee reported as follows:

The Reference Committee heard no testimony on this resolution but believes that the original resolution has merit. At this time, it is not certain what ADA policies on practice restrictions for HIV-infected dentists will be developed. However, the Committee was guided, in part, by language from proposed Resolution 84 (*Supplement 1:389*) which seeks to clarify Association policy on total disability for HIV-infected dentists who elect to discontinue practice.

The Reference Committee discussed how several states have already embodied the philosophy that is part of Resolution 107 (*Supplement 2:454*). It believes that adoption would be consistent with the ADA's general intent to assist HIV-infected dentists. Further, it believes that disability carriers are already reviewing their underwriting criteria and premium rates with respect to HIV-infected health care workers. Therefore, the Reference Committee recommends Resolution 107, as submitted by the Ninth Trustee District, be adopted.

107. Resolved, that the American Dental Association urge disability insurance carriers to provide insurance benefits for HIV-positive health care practitioners under existing disability policies, in light of interim policy endorsed by the ADA Board of Trustees.

Dr. Lathrop moved the adoption of Resolution 107.

A delegate from New York moved to amend Resolution 107 so that it would read as follows:

Resolved, that the American Dental Association urge disability insurance carriers to provide insurance benefits for currently insured HIV-positive health care practitioners under existing disability policies in accordance with ADA policies.

The delegate stated, "... let me say that we feel that this would make the resolution more accurate and would also give us more flexibility in regard to future ADA policy."

On vote, the proposed amendment was adopted.

Drs. Donald Toso, Louisiana, and Douglas McCall, Kentucky, spoke against the resolution.

Speaking in support of Resolution 107 as amended, Dr. Skip Buford, Louisiana, said, "We passed a policy yesterday that said that if an HIV-infected dentist discontinues the practice of dentistry, we believe him to be totally disabled. If we believe that, and I think that we certainly do, it seems it would be appropriate that we would have our Association urge the carriers to give coverage to these people who morally and ethically decide to relinquish their practice."

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, the following resolution, Resolution 107 as amended, was adopted.

107H-1991. Resolved, that the American Dental Association urge disability insurance carriers to provide insurance benefits for currently insured HIV-positive health care practitioners under existing disability policies in accordance with ADA policies.

ADA Sponsored Health Insurance Plans (First Trustee District Resolution 127): The Reference Committee reported as follows:

The majority of the testimony opposed this resolution. However, the Committee considered the limited testimony in support of Resolution 127 (*Supplement 2:440*) and noted that it appears to be based upon a perception that a national medical insurance plan will result in significant reductions in the cost of coverage. The Committee understands that the Council on Insurance monitors conditions in the medical insurance marketplace on an ongoing basis and has evaluated the feasibility of an Association-sponsored program on several occasions. The Council has repeatedly concluded that a national program is unlikely to provide more advantages than those plans currently offered by the constituent and component dental societies. The Committee notes that opposition to Resolution 127 arises from concerns that the implementation of a national program could jeopardize the stability of current plans which are providing good value to participating members. Therefore, the Committee recommends that Resolution 127 not be adopted.

127. Resolved, that the ADA, through its appropriate councils and committees, investigate the feasibility, advantages and disadvantages of ADA sponsored health insurance plans, for its members, families and staff, to include the projected impact of such plans on those plans already offered at the state level, and to report their findings and recommendations to the full membership of the House of Delegates at the 1992 House of Delegates Meeting.

Dr. Lathrop moved Resolution 127.

Speaking in support of Resolution 127, Dr. Richard Vlock, New York, said, "... with regard to this subject, the issue has already been looked into and that it can be accomplished and, further, it will hurt those states already providing the insurance. On the other hand, however, we have heard that unity is essential. Now, if that is true, is it not equally essential that our Association provide important benefits that many of the smaller states cannot obtain? We have heard that it has been tried in the past but then we also heard yesterday that times today are different. We also hear that the ADA cannot get an insurance package accomplished but, on the other hand, we have provided information to the Reference Committee from research with insurance companies and I think that this group ought to be aware of that—namely, that in fact the project can be accomplished and, in fact, it would not necessarily hurt those states that already have health insurance package programs in place. I therefore say that, yes, it is a challenge but then it is also an opportunity and I offer the suggestion we vote "yes" on directing our Insurance Council to pursue the investigation, that is all that need be done."

Dr. Vlock further moved to amend Resolution 127 by adding the words, "and that the cost not exceed \$10,000."

On vote, the proposed amendment was defeated.

Dr. Donald Toso, Louisiana, speaking against Resolution 127, said, "I would like to point out to this House that we studied this as late as last year and this same resolution was defeated last year, and I cannot really understand why it would come back again. Now ... if that had happened two or three

years after we had studied this, it would be different. However, to spend \$25,000 to come to a conclusion which we already know does not make much sense."

Another delegate stated, "The delegates here from the largest states that have good insurance plans in place do not realize what a burden it is on the other states that have trouble getting coverage, especially in these times with insurance companies going out of business. Insurance companies that will cover smaller number of dentists in the various smaller states are not very solid. As a result, they tend to go out of business. Also, when that happens, we really put a big portion of our membership at risk. I think this is a great benefit for the ADA to sponsor."

A delegate from the Eleventh District moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds ($\frac{2}{3}$) majority.

On vote, Resolution 127 was defeated.

Parameter Selection Committee (District of Columbia Dental Society Resolution 64): The Speaker of the House declared Resolution 64 (*Supplement 1:285*) moot based on the previous House action on Resolution 131RCS-2 (see page 596).

64. Resolved, that the Practice Parameters Development Committee take the necessary steps to assure that the criteria for selection of committee members on all committees be adjusted to allow for equal representation of the full-time private practice dentist and educator, and be it further **Resolved**, that a five-member committee of the House of Delegates be established to monitor the selection of individuals appointed to all the parameter committees and that this committee be assigned the additional task of helping to develop a group of qualified private practice dentists to serve as candidates for further selection to the various parameter committees, and be it further

Resolved, that the American Dental Association provide the necessary resources to assist the committee members if they should find a need in evaluating research data or in writing scientific papers.

Report of the Reference Committee on Legal and Legislative Matters

The report of the Reference Committee on Legal and Legislative Matters was read by Dr. David A. Whiston, Virginia, chairman. The other members of the Committee were: Drs. Ross J. DeNicola, Louisiana; Lewis S. Earle, Florida; Francis E. Keith, Iowa; Dennis P. Pellegrino, New Hampshire; Sam W. Rogers, Jr., Texas; John L. Sadowski, Wisconsin; and Murray D. Sykes, Maryland.

Consent Calendar (Reference Committee Resolution 137): The Committee reported as follows:

Appended are resolutions referred to the Reference Committee on Legal and Legislative Matters which either received no testimony or all positive testimony. Therefore, the Committee recommends adoption of the following resolution.

Dr. Whiston moved the adoption of Resolution 137.

Prior to voting on Resolution 137, a delegate moved to withdraw Resolution 38 from the consent calendar.

The Speaker announced that Resolution 38 would be removed from the consent calendar and would be considered as the last item of business in the Report of the Reference Committee on Legal and Legislative Matters.

The Speaker further noted that Resolution 37 requires a two-thirds ($\frac{2}{3}$) majority vote for adoption.

On vote, the amended Resolution 137, as follows, was adopted by a two-thirds ($\frac{2}{3}$) majority.

137H-1991. Resolved, that the following resolutions be adopted:

Resolution 37—Clarification of Full-Time Federal Employment with Respect to Membership on the Council on Governmental Affairs and Federal Dental Services (*Supplement 1:142*)

Resolution 39—Eligibility of Veterans for Outpatient Care (*Supplement 1:146*)

Resolution 40—Notice of Federal Administrative Changes (*Supplement 1:146*)

Resolution 41—Rescission of Policy on Relation of Dependents' Dental Care Program to Primary Mission of Uniformed Dental Services (*Supplement 1:146*)

Resolution 42—Rescission of Policy on Dental Care for Military Dependents (*Supplement 1:146*)

Resolution 43—Rescission of Policy on Remote Status of Military Installations (*Supplement 1:146*)

Resolution 44—Rescission of Policy on Criteria for Remote Area Designations (*Supplement 1:146*)

Resolution 45—Rescission of Policy on Overemphasis on the Dentist/Population Ratio (*Supplement 1:146*)

Resolution 46—Dental Scholarships (*Supplement 1:146*)

Resolution 47—Freedom of Choice of Dentists (*Supplement 1:146*)

Note: For the purpose of a fully documented record, the complete text of the resolutions included in the aforementioned Resolution 137H follows.

37H-1991. Resolved, that Chapter X, Councils, Section 20, Members, Selections, Nominations and Elections, A, of the *Bylaws*, with respect to the composition of the Council on Governmental Affairs and Federal Dental Services, lines 1493 through 1497, be amended by adding a sentence reading:

Individuals called to active duty from the military reserves or national guard forces, providing such active duty has not been requested by the individual, shall not be considered to be in the full-time employ of the federal government.

to make the amended paragraph with respect to the Council on Governmental Affairs and Federal Dental Services read:

The Council on Governmental Affairs and Federal Dental Services shall be composed of one (1) member from each trustee district. Members of the Council shall not be in the full-time employ of the federal government, and at least three (3) members shall be service veterans. Individuals called to active duty from the military reserves or national guard forces, providing such active duty has not been requested by the individual, shall not be considered to be in the full-time employ of the federal government.

39H-1991. Resolved, that the American Dental Association supports the Department of Veterans Affairs provision of necessary dental services: (1) to patients in DVA hospitals and domiciliary institutions; (2) to any veteran whose dental condition has been professionally diagnosed as related to a medical condition or the treatment thereof; (3) to any patient whose dental condition has been determined to be service connected and compensable; and (4) to any veteran who has suffered an 80% service connected disability, and be it further **Resolved**, that Resolution 53-1953-H (*Trans.* 1953:232; 1975:724; 1976:877), Eligibility of Veterans for Dental Care, be rescinded.

40H-1991. Resolved, that Resolution 157H-1976 (*Trans.* 1976:894), Notice of Federal Administrative Changes, be rescinded.

41H-1991. Resolved, that Resolution 21-1959-H (*Trans.* 1959:76, 213), Relation of Dependents' Dental Care Program to Primary Mission of Uniformed Dental Services, be rescinded.

42H-1991. Resolved, that Resolution 57-1974-H (*Trans.* 1974:688), Dental Care for Military Dependents, be rescinded.

43H-1991. Resolved, that Resolution 58H-1976 (*Trans.* 1976:876), Remote Status of Military Installations, be rescinded.

44H-1991. Resolved, that Resolution 104H-1978 (*Trans.* 1978:528), Criteria for Remote Area Designations, be rescinded.

45H-1991. Resolved, that Resolution 109H-1977 (*Trans.* 1977:942), Overemphasis on the Dentist/Population Ratio, be rescinded.

46H-1991. Resolved, that Resolution 11H-1977 (*Trans.* 1977:941), Dental Scholarships, be rescinded.

47H-1991. Resolved, that Resolution 87H-1982 (*Trans.* 1982:548), Freedom of Choice of Dentists, be rescinded.

Dental Services for Reserve Component Forces During Training Periods of Less Than 30 Days (Council on Governmental Affairs and Federal Dental Services Resolution 48 and Reference Committee Resolution 48RC): The Reference Committee reported as follows:

The Reference Committee evaluated the testimony at the hearing, as well as the Council concerns expressed in *Annual Reports and Resolutions (Reports:147)* and *Supplemental Report One (Supplement 2:432)*. The Committee recognizes the difficulties encountered in providing dental services beyond emergency care to reserve personnel on brief periods of training. The treatment called for in Resolution 48 (*Reports:147*) represents a limited expansion of emergency treatment, which is currently authorized. The Committee is in agreement with the concept expressed at the hearing that the purpose of training is to prepare personnel for combat. The Committee concluded that the intent of Resolution 48 should be clarified with respect to the reserve personnel to be served and the extent of treatment to be provided. Therefore, the Reference Committee recommends the adoption of the substitute Resolution 48RC.

48RC. Resolved, that the American Dental Association work with all branches of the military to change the regulations or seek appropriate legislation regarding dental benefits for reserve component forces so that, when available, active duty or reserve component dentists may provide dental disease control treatment for reserve component personnel with dental conditions likely to result in a dental emergency within 12 months during individual duty training (IDT), active duty training (AT) or temporary duty (TDY) of less than 30 days, and be it further

Resolved, that priority for the provision of such dental care that may be available at active duty or reserve component dental facilities be given to military personnel of lower pay grades, and be it further

Resolved, that the dental needs of reserve component military forces not be impaired for rapid mobilization in times of national emergency.

Dr. Whiston moved that Resolution 48RC be substituted for Resolution 48.

On vote, Resolution 48RC was substituted for Resolution 48.

Dr. Whiston moved the adoption of the substitute Resolution 48RC.

A delegate moved to amend Resolution 48RC by adding the following fourth resolving clause.

Resolved, that the ADA continue to work with the Armed Forces to require at least a minimally satisfactory oral health status of individuals entering active or reserve duty.

The delegate stated, "Perhaps now is the time for the ADA to go on record to suggest that the Armed Forces require new applicants for service be in a better oral health status, just as various medical requirements are required for any individuals who join the Armed Forces. ... having this requirement would, in turn, take the onerous burden off of officers, particularly reserve officers called to duty to take care of this dismal oral health."

A delegate from the Thirteenth District speaking against the amendment said, "One of the main benefits that some of the

young men in our Armed Forces have is for the first time in their lives, they can have available medical and dental treatment. I have seen some men and women coming from parts of this country that have never seen a dentist, have never even seen a physician in all their life. Therefore, I believe we are offering them a benefit that they might never receive if they were not members of the Armed Forces."

Dr. Sheldon Jacobson, New York, spoke against the amendment.

On vote, the proposed amendment was defeated.

On vote, Resolution 48RC, as follows, was adopted.

48H-1991. Resolved, that the American Dental Association work with all branches of the military to change the regulations or seek appropriate legislation regarding dental benefits for reserve component forces so that, when available, active duty or reserve component dentists may provide dental disease control treatment for reserve component personnel with dental conditions likely to result in a dental emergency within 12 months during individual duty training (IDT), active duty training (AT) or temporary duty (TDY) of less than 30 days, and be it further

Resolved, that priority for the provision of such dental care that may be available at active duty or reserve component dental facilities be given to military personnel of lower pay grades, and be it further

Resolved, that the dental needs of reserve component military forces not be impaired for rapid mobilization in times of national emergency.

Rescission of 1968 Policy on Regulation of Dental Licensure; Federal Legislation Supporting Licensure by Credentials; Support for H.R. 2691; and ADA Support for H.R. 2691 (Council on Dental Education Resolution 34; New Orleans Dental Association Resolution 53; Delegate R. Jack Cassingham, Louisiana, Resolution 79; and The Dental Society of the State of New York Resolution 101): The Reference Committee reported as follows:

The Reference Committee considered Resolutions 53 (*Supplement 1:170*), 79 (*Supplement 1:290*) and 101 (*Supplement 2:436*) together for the reason that they call upon the Association to support federal legislation related to licensure of dentists. Extensive testimony regarding these resolutions was presented at the hearing. As was noted at the hearing and in the Board recommendations on these resolutions, the Association opposes federal intervention in the state licensing system (*Trans.1975:187;718*). The Committee recognizes the development of credentialing systems in the states as a long-standing objective of the Association (*Trans.1976:919; 1977:923; 1989:529*). It is an objective that should be achieved through the voluntary compliance of the states, not through federal intervention.

In addition, the Committee notes that appropriate systems of licensure by credentials impose on state licensing agencies certain requirements to safeguard the public, as delineated in the aforementioned policy. H.R. 2691, currently before the Congress, addresses none of these safeguards. The Committee observes that, for a federal law to delineate similarly the requirements for an appropriate system of licensure by credentials would be tantamount to federal control of the licensure process.

The Committee believes the Association's policy of opposition to federal intervention in licensure has served the profession and the public well, and should not be rescinded or abridged.

The Committee is sensitive to the concerns of significant segments of the membership. It wishes to stress that progress toward implementation of licensure by credentials is being made through state actions. Thirty-one states and the District of Columbia now have authority to grant licenses by credentials. Twenty-five of these jurisdictions have implemented such systems, with Louisiana slated to inaugurate its system in 1993. As recently as 1987, only 18 states and the District of Columbia had such systems in operation.

The Committee is confident that the work of the Council on Dental Education, reflected in Resolution 36 (*Reports*:124), will contribute significantly to accelerating future progress. Therefore, the Reference Committee recommends that Resolutions 53, 79 and 101 not be adopted.

In addition, the Committee recommends that Resolution 34 (*Reports*:118), which would rescind a 1968 policy whose substance was incorporated in a more extensive policy in 1975, be adopted.

53. Resolved, that the American Dental Association actively support federal legislation in support of licensure by credentials.

Dr. Whiston moved Resolution 53.

A delegate moved to postpone definitely consideration of Resolution 53 until after consideration of Resolutions 34, 79 and 101.

On vote, the motion to postpone definitely consideration of Resolution 53 until after consideration of Resolutions 34, 79 and 101 was adopted.

79. Resolved, that the American Dental Association actively support H.R. 2691 introduced into the first session of the 102nd Congress of the United States by Congressman William Jefferson of Louisiana, and be it further

Resolved, that the "Statement on Federal Intervention in Licensure" (*Trans*.1975:187;718) be rescinded.

Dr. Whiston moved Resolution 79.

Dr. Daniel D'Angelo, Wisconsin, moved to substitute the following resolution, Resolution 79S-1, for Resolution 79.

79S-1. Resolved, that the position statement on federal intervention in licensure (*Trans*.1975:187;718) be amended by addition of the following at the end of the second paragraph:

However, the Association is opposed to discrimination by states in the licensing of dental health care professionals based solely on the premise that the professional was first granted the license involved by another state. In such cases of discrimination, then and only then, would federal intervention in licensure be appropriate to protect the rights of the dental health care professional.

and be it further

Resolved, that the phrase in the summary "and federal intervention in the state licensing system" be deleted, and be it further

Resolved, that the American Dental Association actively support H.R. 2691 introduced into the first session of the 102nd Congress of the United States by Congressman William Jefferson of Louisiana.

Dr. D'Angelo said, "... the issue of freedom of dentists to move from state to state has been a matter of primary importance to a large majority of members of the Association for many years. Present Association policy prevents the ADA from seeking federal assistance to curtail clearly discriminatory practices in some regions of this country. It is our feeling in the Ninth District that before the Association can support any legislation, such as H.R. 2691, Association policy must first be modified and changed."

Drs. Philip Higgins, Maine, and Richard Brodoski, Michigan, spoke in favor of the substitution.

Dr. Lewis Earle, Florida, speaking against the amendment, said, "... I submit to you that if you will look at H.R. 2691, it abrogates any consideration of licensure by credentials. With our current policies in favor of licensure by credentials, we have two pages of information as to what those credentialing processes should be. This federal law would impose on a state requirement they license anyone who was licensed anywhere and at any time in the past—have that individual be granted a license starting out. It involves direct reciprocity. On that basis, there would be no credentialing, no possibility of evaluating clinical competence, there would be no possibility of evaluating state practice law vis a vis the jurisprudence examination and, further, there would be no requirement of evaluation of peer review history. There would be no evaluation of whether the state initial or licensing examination that a person took was comparable ... "

Drs. David Borlas, Michigan and Michael Jennings, Michigan, spoke in support of Resolution 79S-1.

Dr. Jennings stated, "This is not solely an issue of state's rights versus federal intervention—this is an issue of discrimination based solely on where the professional is first licensed."

Dr. Jean Savage, California and a delegate from the Fourteenth District spoke against Resolution 79S-1.

A delegate from the Eleventh District moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds ($\frac{2}{3}$) majority.

On vote, the motion to substitute Resolution 79S-1 for Resolution 79 was defeated.

Speaking in support of Resolution 79, Dr. Robert Jablonski, New York, said, "I think it is unfortunate on this day of 1991 that we have to have a House resolution such as this. We are still back in the dark ages when ... approximately 80% of our members are in favor of this concept. I would very carefully ask those who vote against this in their own conscience to understand what they are doing for retention of membership in this Association. I would heartily ask the support of any of those who are on the fence or are wavering."

Dr. Lloyd Shumaker, Ohio, said, "... we in Ohio have been instructed by our House of Delegates for the first time to vote for and in support of this and speak to the passage of this resolution."

As a point of information, a delegate questioned, "I wonder if Ms. Logan would give us the direction here about the rights of the states with their police powers protection to govern the licensure of other people, their professionals in their states regardless of federal legislation."

Ms. Mary Logan, legal counsel, responded, "... there are two constitutional principles at stake in this policy issue which you are discussing. One is a state's right to exercise its police powers

for the state. The second concerns the privileges and immunities clause of the Constitution and those two constitutional principles are at odds in relation to this issue. Further, there has been no good test case, and so I cannot answer for you how the court would adjust and balance these two constitutional principles with respect to this issue.”

Dr. Lewis Earle, Florida, spoke against Resolution 79.

Dr. S. Timothy Rose, Wisconsin and another delegate from Ohio spoke in favor of Resolution 79.

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority.

On vote, Resolution 79 was defeated.

The Speaker declared Resolution 101 moot based on the action taken on Resolution 79.

101. Resolved, that the American Dental Association support the enactment of H.R. 2691.

Dr. Whiston moved Resolution 53.

53. Resolved, that the American Dental Association actively support federal legislation in support of licensure by credentials.

A delegate moved to amend Resolution 53 by incorporating the changes to the Policy Statement on Federal Intervention included in Resolution 79S-1.

The Speaker ruled that the proposed amendment was not germane and therefore out of order. The Speaker stated, “... you are substituting something ... that has already been discussed. I do not think it is germane to the resolution and, therefore, that is why I do not believe it is in order at this time.”

The delegate, challenging the ruling of the Chair, stated, “I believe it is in order because the present ADA policy prevents the ADA from even pursuing Resolution 53 should it be attached by this House. They will use that once again as an excuse, as it has been used in the past, to not move on this issue because of the word ‘federal.’”

On vote, the decision of the Chair was sustained.

Dr. Morris Antonelli, Maryland, spoke in support of Resolution 53.

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority.

On vote, Resolution 53 was defeated.

Dr. Whiston moved the adoption of Resolution 34.

As a point of information, a delegate questioned which agencies of the Association studied freedom of movement.

Dr. Thomas Ginley, executive director, responded, “... the only agency of your Association that has any licensure bylaw authority is your Council on Dental Education. The only activities that have been going on revolve around the issue of examination.”

Dr. William Booth, trustee, Third District, said, “I would point out to the House that there is a Board resolution ... that we are going to look at in relation to forming a coalition of those states that currently have the ability to grant licensure by credentials and then have a conference, where we would have those people come in, even the states that do not have that ability but in relation to which they might have interested dentists.”

On vote, Resolution 34, as follows, was adopted.

34H-1991. Resolved, that Resolution 6-1968-H (*Trans.* 1968:248), Regulation of Dental Licensure, be rescinded.

Rescission of Advisory Opinion 1 to Code 1-C, Community Service (The Dental Society of the State of New York Resolution 92): The Reference Committee reported as follows:

The Reference Committee appreciates the Board of Trustees' comprehensive discussion of this resolution and believes this discussion appropriately addresses the concerns expressed in this resolution. The Reference Committee discussed the testimony presented. In particular, the Committee notes that testimony presented by members of the Council on Ethics, Bylaws and Judicial Affairs indicated that the Council is comfortable with the recommendation to refer. The Committee also notes the Council's testimony that it regularly reviews this opinion because of the dynamic nature of this subject. Therefore, the Reference Committee recommends that Resolution 92 (*Supplement 2*:434) be referred to the Council on Ethics, Bylaws and Judicial Affairs for study and report to the 1992 House of Delegates.

92. Resolved, that the following “Advisory Opinion 1 to Code 1-C, Community Service” of the *ADA Principles of Ethics and Code of Professional Conduct* be rescinded:

1. A dentist who becomes ill from any disease or impaired in any way shall, with consultation and advice from a qualified physician or other authority, limit the activities of practice to those areas that do not endanger the patients or members of the dental staff.

Dr. Whiston moved that Resolution 92 be referred to the Council on Ethics, Bylaws and Judicial Affairs for study and report to the 1992 House of Delegates.

On vote, Resolution 92 was referred to the Council on Ethics, Bylaws and Judicial Affairs for study and report to the 1992 House of Delegates.

Continuation of Doctor/Patient Relationship (Texas Dental Association Resolution 68; Board of Trustees Resolution 68B; and Reference Committee Resolution 68RC): The Reference Committee reported as follows:

The Reference Committee concurs with the intent of this resolution, the purpose of which is to support legislative action to oppose intrusion by the government and third parties in the doctor/patient relationship. Examples of such intrusion include instances in which an insurance company terminates a treatment plan or tells the patient that a fee is too high for a particular procedure. However, the Committee feels that the language of both Resolution 68 (*Supplement 1*:288) and Resolution 68B (*Supplement 1*:343) is somewhat unclear to achieve this purpose. Therefore, the Reference Committee recommends the adoption of the substitute Resolution 68RC.

Dr. Whiston moved that Resolution 68RC be substituted for Resolutions 68 and 68B.

On vote, Resolution 68RC was substituted for Resolutions 68 and 68B.

On vote, Resolution 68RC, as follows, was adopted.

68H-1991. Resolved, that the American Dental Association take appropriate legislative action to oppose governmental and third-party intrusion in the doctor/patient relationship.

Coalition Building (First Trustee District Resolution 126): The Reference Committee reported as follows:

It was explained to the Reference Committee that the purpose of this resolution is to create programs for the disadvantaged, primarily the homeless, elderly, unemployed and uninsured, providing access to dental care for those groups. Because this resolution is very broad and appears to duplicate at least in part policies and programs that are currently being implemented by the Association, the Reference Committee recommends that this resolution be referred to the Council on Community Health, Hospital, Institutional and Medical Affairs and that a report be presented to the 1992 House of Delegates.

126. Resolved, that the American Dental Association continue the following:

- (a) to work cooperatively with all state constituent dental societies, medical societies and appropriate non-profit associations, and
- (b) to demonstrate the Association's deep concern for issues pertaining to the disadvantaged and underserved,

and be it further

Resolved, that the American Dental Association seek to build the necessary coalitions to ensure that there are the funds and services to make available a level of support for disadvantaged citizens who are being denied access to dental care, and other essential human necessities.

Dr. Whiston moved that Resolution 126 be referred to the Council on Community Health, Hospital, Institutional and Medical Affairs for study and report to the 1992 House of Delegates.

On vote, Resolution 126 was referred to the Council on Community Health, Hospital, Institutional and Medical Affairs for study and report to the 1992 House of Delegates.

Amendment of Section 5-B of "ADA Principles of Ethics and Code of Professional Conduct" (First Trustee District Resolution 130): The Reference Committee reported as follows:

This resolution suggests that the language of this section of the *ADA Principles of Ethics and Code of Professional Conduct* may be too restrictive. However, the Committee was informed that the elimination of the language suggested by this resolution could have an opposite effect, in that it could be interpreted as disapproving any use of the name of a dentist not actively involved in the practice. The Reference Committee recommends a thorough study of the language of the present provision. Therefore, the Reference Committee recommends that Resolution 130 (*Supplement 2:441*) be referred for study to the Council on Ethics, Bylaws and Judicial Affairs with a report back to the 1992 House of Delegates.

130. Resolved, that Section 5-B of the *ADA Principles of Ethics and Code of Professional Conduct* be amended by deleting the second sentence of Section 5-B, so that the amended Section 5-B would read as follows:

Section 5-B. Name of Practice

Since the name under which a dentist conducts his/her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical.

Dr. Whiston moved that Resolution 130 be referred to the Council on Ethics, Bylaws and Judicial Affairs for study and report to the 1992 House of Delegates.

A delegate from Illinois moved to amend Resolution 130 so that the second sentence of Section 5-B of the *Code of Professional Conduct* would read as follows:

Use of the name of a dentist no longer associated with the practice may be continued not to exceed three years

The delegate stated, "... I can appreciate the fact that patients do not go to their dentist every year but, on the other hand, if they are patients of record, three years should be ample time for these patients to receive notice of change of ownership. Further, I believe that after a point in time, the use of a former dentist's name becomes somewhat deceptive because that dentist is no longer there. However, by lengthening the time from one to three years, it could help alleviate the restrictiveness of this clause without limiting intent."

Drs. Angelo Bilonis and Warren Morgan, Massachusetts, spoke in support of the motion to refer Resolution 130 to the Council.

Dr. Bilonis said "... my one concern in relation to the amendment is that it may be too restrictive. At this point, where practices are being sold, the name becomes a part of the financial transaction. I would like the committee to look into it and see as to where the financial aspect of it would impact at either three years or five years."

Dr. Charles Foster, Utah, spoke against the proposed amendment.

Dr. Morris Yates, Kentucky, spoke in support of the proposed amendment.

As a point of information, a delegate from the Fourth District questioned the legal ramifications concerning malpractice and liability when a name is carried four or five years.

Ms. Mary Logan, legal counsel, responded, "The ultimate effect in relation to it really depends on the contract that you have made as a seller with the person who is buying the practice. If the buyer, for example, assumes all responsibility and all liability, then presumably there is some provision for insuring that the seller is totally out. You can do that contractually. Otherwise, however, it would depend on a case by case basis but normally the seller would be out. Normally a court would not hold the seller responsible for actions taking place after the sale."

On vote, the proposed amendment was defeated.

On vote, Resolution 130 was referred to the Council on Ethics, Bylaws and Judicial Affairs for study and report to the 1992 House of Delegates.

Inspections of Health Care Providers' Offices by Governmental Agencies (Third Trustee District Resolution 110 and Board of Trustees Resolution 110B): The Reference Committee reported as follows:

The Committee is supportive of the intent of Resolution 110 (*Supplement 2:444*), but concludes that the remedies sought in this resolution are incorporated in Resolution 95 (*Supplement 2:461*). Still, the Committee recognizes the need, pointed up by the Board of Trustees, for better education of federal inspectors to make them more sensitive to problems unique to inspections of dental offices, and for increased consistency in the enforcement of federal regulations in dental offices. Therefore, the Reference Committee recommends that Resolution 110B (*Supplement 2:471*) be adopted.

Dr. Whiston moved that Resolution 110B be substituted for Resolution 110.

On vote, Resolution 110B was substituted for Resolution 110.

Dr. Whiston moved the adoption of the substitute Resolution 110B.

Dr. John Roussalis, Wyoming, moved to amend Resolution 110B by adding the words "and state" after the word "federal."

On vote, the proposed amendment was adopted.

A delegate questioned the financial implication of the amendment. The Speaker noted, "... I would think that as the resolution stands now it is federal and state but do not spend more than \$10,000."

On vote, the following resolution, Resolution 110B as amended, was adopted.

110H-1991. Resolved, that the appropriate agencies of the Association take whatever actions are necessary and appropriate to persuade OSHA to improve its education of federal and state inspectors and the consistency of the inspection process regarding the inspection of dental offices.

U.S. Tax Laws Regarding the Use of "Independent Contractors" in Dental Offices (Fifth Trustee District Resolution 98 and Board of Trustees Resolution 98B): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees that the Association continues to make efforts to assist the profession with an understanding of the tax laws regarding independent contractor status. The Committee believes Resolution 98B (*Supplement 1:472*) is a proactive response to the concern that underlies this resolution. Therefore, the Reference Committee recommends adoption of Resolution 98B.

Dr. Whiston moved that Resolution 98B be substituted for Resolution 98 (*Supplement 2:448*).

On vote, Resolution 98B was substituted for Resolution 98.

Dr. Whiston moved the adoption of the substitute Resolution 98B.

On vote, Resolution 98B, as follows, was adopted

98H-1991. Resolved, that appropriate agencies prepare an analysis of Revenue Rulings from the Internal Revenue Service to provide a distinct characterization of the factors that determine whether a dentist is an employee or independent contractor in typical dental office settings, and make this report available to interested parties.

Compensation for HIV-Infected Health Care Workers (Tenth Trustee District Resolution 134): The Reference Committee reported as follows:

The Reference Committee heard testimony and considered all aspects of the difficult situation confronted by the HIV-infected dentist whose status is disclosed and thus faces financial hardship. The Committee was informed that there are options available for most dentists who would face this problem: (1) disability insurance benefits for those whose practices need to be discontinued because of state or federal law or the Centers for Disease Control guidelines; (2) social security disability and Medicare benefits for those who have AIDS; and (3) ADA Relief Fund grants for those who are financially needy. The Committee notes ADA's efforts to help HIV-infected dentists and to arrange for legal counsel to serve as their advocates on a *pro bono* or low cost basis. The Reference Committee is sympathetic to the HIV-infected dentist whose practice is not restricted by federal or state guidelines or law but whose status is disclosed, resulting in a loss of patients. However, the Committee agrees with the testimony that it is inconsistent to oppose certain legislation while at the same time requesting funding for programs that could be associated with the passage of such legislation. Therefore, the Reference Committee recommends that Resolution 134 (*Supplement 2:455*) not be adopted.

134. Resolved, that, if the government mandates HIV testing and disclosure for health care workers, the ADA Council on Governmental Affairs and Federal Dental Services investigate and pursue national legislative possibilities, that would guarantee reasonable financial compensation to health care workers who may be discriminated against, upon disclosure of being tested HIV positive.

Dr. Whiston moved Resolution 134.

A delegate from the Eleventh District moved to refer Resolution 134 to the Council on Governmental Affairs and Federal Dental Services for study and report to the 1992 House of Delegates.

The delegate stated, "I am concerned that we see a lot of interim policy coming out of the ADA that would be restrictive on a possible practitioner who may be HIV positive, although, of course, we have overturned some of that policy here. I am also concerned that federal statutes still may require mandatory testing and any of this could or would possibly impact the possibility of a practitioner to continue the practice of dentistry. Also, the financial implications of that would be devastating, even though there may be possible fall-backs for practitioners who desire to get out of practice because, when they do, if they have become positive, they may not have that possible benefit and we, in turn, need to be able to investigate the possibility of supporting those practitioners in relation to that transition out of practice and which may be possible."

Dr. Lloyd Wallin, Minnesota and another delegate spoke in support of referral.

On vote, Resolution 134 was referred to the Council on Governmental Affairs and Federal Dental Services for study and report to the 1992 House of Delegates.

ERISA Regulations (Eleventh Trustee District Resolution 132): The Reference Committee reported as follows:

The Committee recognizes the substantial and expanding problem of self-funded plan subscribers without the protections of state law that are afforded to subscribers of

insured plans, due to the Employee Retirement Income Security Act's pre-emption of state benefit plan laws. This situation is intensified by the Department of Labor's limited attention to dental benefit plan operation in exercising its ERISA enforcement authority.

As noted in Supplemental Report 1 of the Council on Governmental Affairs and Federal Dental Services (*Supplement 2:432*), the Council is currently petitioning the Department of Labor with respect to one claim settlement practice which the Council believes is in violation of ERISA.

The Committee recognizes that an effective, full-scale effort to encourage the Department to more diligently enforce the provisions of ERISA with regard to dental benefits would be an expensive undertaking. It believes that such a project should be considered by the Council on Governmental Affairs and Federal Dental Services. Therefore, the Reference Committee recommends that Resolution 132 (*Supplement 2:457*) be referred to the Council on Governmental Affairs and Federal Dental Services for study and report back to the 1992 House of Delegates.

132. Resolved, that the American Dental Association shall make every effort to achieve adoption and enforcement of ERISA-related regulations necessary to provide beneficiaries with the same level and scope of protection against unfair claims-settlement practices as are commonly enjoyed by beneficiaries of state-regulated dental plans.

Dr. Whiston moved that Resolution 132 be referred to the Council on Governmental Affairs and Federal Dental Services for study and report to the 1992 House of Delegates.

A member of the Council on Governmental Affairs and Federal Dental Services speaking against referral said, "... if this House does not want to delay for one year a process which our Council and our Washington Office has already started—to make efforts to achieve adoption and enforcement of related insurance regulations, I urge the House to adopt this policy and not to refer."

On vote, Resolution 132 was referred to the Council on Governmental Affairs and Federal Dental Services for study and report to the 1992 House of Delegates.

OSHA and EPA Penalties and Inspections (American Association of Orthodontists Resolution 95): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees that amendments to federal law should be sought in order to moderate the federal agency inspection process and attendant penalty system in the interest of preserving professionally appropriate settings for health care delivery. Therefore, the Reference Committee recommends that Resolution 95 (*Supplement 2:461*) be adopted.

Dr. Whiston moved the adoption of Resolution 95.

Dr. J. Kent Guebert, Illinois, moved to amend Resolution 95 by adding the words "assessed to health care offices of practitioners" after the word "penalties" in the first resolving clause.

Dr. Guebert stated, "It specifies that the ADA is seeking this only for health care offices to remove any latitude that the agencies might interpret to include hospitals, the manufacturing industry and such."

On vote, the proposed amendment was adopted.

On vote, the following resolution, Resolution 95 as amended, was adopted.

95H-1991. Resolved, that the American Dental Association pursue the amendment of federal legislation and/or regulations that address the penalties assessed to health care offices of private practitioners for the failure to comply with federal laws and regulations of the Occupational Safety and Health Administration and the Environmental Protection Agency concerning hazard communications, infection control and waste disposal to provide that first time offenders be issued warnings and not fines, and be it further

Resolved, that the American Dental Association pursue the amendment of federal legislation and/or regulations that address procedures for inspections of health care offices of private practitioners to provide for adequate notification prior to inspection to avoid interruption of patient care.

Dental Care for Military Dependents (Council on Governmental Affairs and Federal Dental Services Resolution 38): Resolution 38 (*Reports: 145*) was originally included on the Consent Calendar presented by the Reference Committee. No other comments were offer by the Reference Committee.

38. Resolved, that the American Dental Association endorse a dental benefit program for military dependents which is, where appropriate and practical, based on the Association's *Standards for Dental Benefit Plans* (*Trans. 1988:478; 1989:547*) and monitored by the appropriate agencies of the Association, and be it further

Resolved, that military dependents have freedom of choice to obtain services through a dental benefits program or military facilities on a space-available basis, and be it further

Resolved, that comprehensive services should be covered in the benefit plan with costs contained by co-payments, deductibles, annual limitations on benefits and policies in which dependents in low pay grades pay less for these services on a sliding scale, and be it further

Resolved, that when dependent care is provided at military facilities on a space-available basis, priority should be given to dependents of lower pay grades, so long as such dependent care does not impair the dental needs of the active duty forces or require additional dental staffing or other resources beyond that required for services for active duty personnel, and be it further

Resolved, that Resolution 87H-1984 (*Trans. 1984:547*); Resolution 139H-1976 (*Trans. 1976:875*); Resolution 58-1974-H (*Trans. 1974:689*); Resolution 14-1968-H (*Trans. 1968:269*); Resolution 15-1967-H (*Trans. 1967:298*); Resolution 23-1962-H (*Trans. 1962:265*); Resolution 18-1958-H (*Trans. 1958:390*) and Resolution 21-1954-H (*Trans. 1954:76;261; 1959:229*) be rescinded.

Dr. Steven Epstein, Illinois, moved to amend the third resolving clause so that it reads as follows:

Resolved, that comprehensive services should be covered in the benefit plan with costs contained by co-payments, deductibles, annual limitations on benefits and policies and that the deductibles and co-payments be set on a sliding scale so that dependents in low pay grades pay less for these services.

On vote, the proposed amendment was adopted.

Dr. Donald Butz, Air Force, moved to substitute Resolution 38S-1, as follows, for Resolution 38 as amended.

38S-1. Resolved, that the American Dental Association endorse a dental benefit program for uniformed services dependents which is, where appropriate and practical, based on the Association's *Standards for Dental Benefit Plans* (Trans. 1988:478; 1989:547) and monitored by the appropriate agencies of the Association, and be it further

Resolved, that uniformed services dependents have freedom of choice to obtain services through a dental benefits program or military facilities on a space-available basis, and be it further

Resolved, that comprehensive services should be covered in the benefit plan with costs contained by co-payments, deductibles, annual limitations on benefits, and be it further

Resolved, that when dependent care is provided at uniformed services facilities on a space-available basis, such dependent care will not impair the dental needs of the active duty forces or require additional dental staffing or other resources beyond that required for services for active duty personnel, and be it further

Resolved, that Resolution 87H-1984 (Trans. 1984:547); Resolution 139H-1976 (Trans. 1976:875); Resolution 58-1974-H (Trans. 1974:689); Resolution 14-1968-H (Trans. 1968:269); Resolution 15-1967-H (Trans. 1967:298); Resolution 23-1962-H (Trans. 1962:265); Resolution 18-1958-H (Trans. 1958:390) and Resolution 21-1954-H (Trans. 1954:76;261; 1959:229) be rescinded.

Dr. Butz said, "What the substitution does is to change the word 'military' to 'uniformed services,' so that we do include not just the Army, Navy and the Air Force, but the Public Health Service, the Coast Guard and those in the uniformed services to which the current dependent dental insurance program does indeed apply. It also puts into proper terminology and makes more consistent with Title X of the U.S. Codes and current regulations with regard to priority care."

Another delegate spoke in favor of substitution.

On vote, Resolution 38S-1 was substituted for Resolution 38.

Dr. Whiston moved the adoption of Resolution 38S-1.

On vote, Resolution 38S-1, as follows, was adopted.

38H-1991. Resolved, that the American Dental Association endorse a dental benefit program for uniformed services dependents which is, where appropriate and practical, based on the Association's *Standards for Dental Benefit Plans* (Trans. 1988:478; 1989:547) and monitored by the appropriate agencies of the Association, and be it further

Resolved, that uniformed services dependents have freedom of choice to obtain services through a dental benefits program or military facilities on a space-available basis, and be it further

Resolved, that comprehensive services should be covered in the benefit plan with costs contained by co-payments, deductibles, annual limitations on benefits, and be it further

Resolved, that when dependent care is provided at uniformed services facilities on a space-available basis, such dependent care will not impair the dental needs of the active duty forces or require additional dental staffing or other resources beyond that required for services for active duty personnel, and be it further

Resolved, that Resolution 87H-1984 (Trans. 1984:547); Resolution 139H-1976 (Trans. 1976:875); Resolution 58-1974-

H (Trans. 1974:689); Resolution 14-1968-H (Trans. 1968:269); Resolution 15-1967-H (Trans. 1967:298); Resolution 23-1962-H (Trans. 1962:265); Resolution 18-1958-H (Trans. 1958:390) and Resolution 21-1954-H (Trans. 1954:76;261; 1959:229) be rescinded.

Report of the Reference Committee on Dental Care Programs

The report of the Reference Committee on Dental Care Programs was read by Dr. Richard A. Simms, California, chairman. The other members of the Committee were: Drs. Bruce D. Bates, Minnesota; William R. Clitheroe, Texas; John M. Iacono, New York; Alston J. McCaslin, V, Georgia; William D. Schmitt, Pennsylvania; Ralph E. Snelson, Ohio; and Salvatore J. Squatrito, Connecticut.

Consent Calendar (Reference Committee Resolution 136):
The Reference Committee reported as follows:

Appended are resolutions referred to the Reference Committee on Dental Care Programs which either received no testimony or all positive testimony. Therefore, the Committee recommends adoption of the following resolution.

Dr. Simms moved the adoption of Resolution 136.

On vote, Resolution 136 as follows was adopted.

136H-1991. Resolved, that the following resolutions be adopted:

Resolution 11—Approval of "Statement on Utilization Management" (Reports:62)

Resolution 13—Approval of "Statement on Determination of Usual, Customary and Reasonable Fees" (Reports:65)

Resolution 15—ADA's Dental Claim Form (Reports:66)

Resolution 16—Rescission of Policies on Inclusion of Sealants in Dental Benefits Plans and Preventive Dentistry in Public and Private Dental Care Programs (Reports:67)

Resolution 17—Approval of Revised "Statement on Preventive Coverage in Dental Benefits Plans" (Reports:67)

Resolution 18—Rescission of Policy on Supporting the Concept of Cost Containment in Dental Care Programs and Delivery Systems (Reports:67)

Resolution 25—Rescission of Policy on Determination of Fees (Reports:69)

Resolution 26—Rescission of Policy on Elimination of Differentiation in Patient Benefits (Reports:69)

Resolution 27—Dental Benefit Plan Terminology (Reports:69)

Resolution 28—Infringement on Dentists' Judgment (Reports:69)

Resolution 29—Rescission of Policy on Inclusion of Dentists in Health Legislation and Programs (Reports:69)

Note: For the purpose of a fully documented record, the complete text of the resolutions included in the aforementioned Resolution 136H follows.

11H-1991. Resolved, that the "Statement on Utilization Management" be adopted.

Statement on Utilization Management

The American Dental Association (Association) shares the national concern expressed by government, business, industry and the professions about the rising cost of health care. The Association supports legitimate, valid efforts to stabilize the cost of health care in the United States.

However, in addressing the problem, it is all too easy to adopt simplistic solutions that will, in the short term, result in less than optimum care for patients, and in the long term, will result in increased costs.

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

- a. restricting the type, level and frequency of treatment;
- b. limiting the access to care; and
- c. controlling the level of reimbursement for services."

This system is purely cost-driven and, contrary to its title (managed care), does not concern itself with type, appropriateness, timeliness or quality of care.

The Association believes that the public must be served and protected through the appropriate management of:

1. **Dental Care.** Dental care is managed by the treating dentist. Dental care is provided by the treating dentist based on a dental examination, development of an individualized, comprehensive treatment plan and a consultation with the patient.
2. **Benefit Plan Design.** Benefit plan design is managed by plan purchasers. Benefit plan design must be scientifically sound, clinically relevant and reliable. Plan design will also include cost containment measures such as annual maximums, co-payments, limitations, predeterminations, exclusions, enrollment periods, and patient incentives for maintaining oral health.
3. **Program Costs.** Program costs are managed by plan administrators. Oversight of the program includes implementation of the plan agreement through monitoring utilization, preauthorizing treatment, requiring second opinions, reviewing claims, and collecting and evaluating claims data.

Definitions of the terms "cost containment" and "managed care" vary greatly and are open to interpretation by various organizations. The Association believes that "managed care" as currently applied to the practice of medicine, is not relevant to the practice of dentistry. Dentistry is, by and large, a self-contained discipline. In most instances, a general dentist can diagnose and treat a patient's condition from beginning to

end. This fact is reflected in the demographics of the dentist population in the United States: approximately 86% are general practitioners and 14% are in specialty practice, compared to 12% general practitioners and 88% specialists in medicine.

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

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

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

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

- **Patients**—standards of care based on scientifically sound, clinically relevant and reliable research; plan coverage designed and maintained through evaluation and analysis of data; education and information about different types of procedures and their outcomes; opportunity to make treatment decisions based on a clear understanding of available options.
- **Plan Purchasers**—constant feedback regarding the effectiveness of their plans thus ensuring a meaningful benefit for their employees; data regarding loss ratio; communication with the Association regarding advances in procedures and technology for consideration in updating plan coverage.
- **Dental Profession**—opportunity for involvement in the process of plan design to ensure appropriate treatment based on parameters of care developed and maintained by the profession.

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

In dentistry, utilization review initiatives are classified as retrospective review of treatment. This usually takes the

form of a statistically-based, dentist-specific system which analyzes patterns of claims reporting under dental benefits plans.

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

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

Statistically-based utilization review has fostered a new service area and the growth of utilization review companies competing for this business must be recognized for its potential to help solve the problem of health care costs, or to substantially add to or create new problems. There are no standards for or regulations of this new industry. Treatment plans and claims are being reviewed by clerks, statisticians and actuaries, not by licensed practitioners. Patients are being denied coverage for care based on such reviews.

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

13H-1991. Resolved, that the "Statement on Determination of Usual, Customary and Reasonable Fees" be adopted, and be it further

Resolved, that appropriate agencies of the Association take action to encourage the adoption of these guidelines at both the state and federal level.

Statement on Determination of Usual, Customary and Reasonable Fees

The legitimate interests of insured patients are best served by use of precise, accurate and publicly announced methodologies for determining ranges of fees for all dental services.

Therefore, policy makers should develop guidelines for regulations which:

- establish standard terminology for identifying benefits in policies, Explanations of Benefits, and other descriptive materials;
- establish a standard screen setting method (such as percentile) and/or require a policy statement which describes the overall percentage of services (percentile) the policy should allow in full;

- require disclosure regarding the average percentage of claim dollars submitted anticipated to be allowed;
- require disclosure describing the frequency of updates and/or the basis for screen development;
- require disclosure describing how region and specialty were considered in setting the Customary Fee Screens;
- require carriers to use sufficient data when determining Customary Fee Screens (whether from claims experience or other sources); and
- require carriers to demonstrate how they have set their screens and how they have determined if sufficient data were employed.

15H-1991. Resolved, that the Council on Dental Care Programs, with the approval of the Board of Trustees, have the authority to evaluate and effect all changes to the American Dental Association's Dental Claim Form in consultation with the dental benefits and electronic data interchange industries, and be it further

Resolved, that all changes recommended to the Dental Claim Form by the Council on Dental Care Programs be published in concert with each new edition of the *Current Dental Terminology (CDT)*, and be it further

Resolved, that the American Dental Association urge universal use and acceptance of the ADA's Dental Claim Form and *CDT* by third-party payers, third-party payer organizations, and electronic data interchange agencies, and be it further

Resolved, that the constituent dental societies be encouraged to work with third-party payers and third-party payer organizations to take whatever steps are necessary to influence third parties in their respective states to use and accept the approved Dental Claim Form, and be it further

Resolved, that Resolution 89H-1976 (*Trans.* 1976:861), Uniform Acceptance of Claim Form, and Resolution 30-1973-H (*Trans.* 1973:663), Use of Claim Form, be rescinded.

16H-1991. Resolved, that Resolution 92H-1982 (*Trans.* 1982:527), Inclusion of Sealants in Dental Benefits Plans, and Resolution 51-1970-H (*Trans.* 1970:485), Preventive Dentistry in Public and Private Dental Care Programs, be rescinded.

17H-1991. Resolved, that the American Dental Association supports the following "Statement on Preventive Coverage in Dental Benefits Plans":

Preventive dentistry refers to procedures which, in conjunction with clinical and radiographic examinations, prevent the occurrence of oral diseases. The American Dental Association recognizes the importance of implementing preventive oral health practices as a means of affording optimal oral health to all individuals.

The Association urges inclusion of the following preventive procedures as covered services in dental benefits plans:

- patient oral health education and counseling;
- prescription or use of supplemental dietary or topical fluoride for home use;
- prophylaxes;
- topical fluoride applications;

- application of pit and fissure sealants;
- fixed and removable space maintainers; and
- construction of mouth protectors for use in sports.

and be it further

Resolved, that Resolution 42H-1988 (*Trans.* 1988:480), "Statement on Preventive Coverage in Dental Benefits Plans," be rescinded.

18H-1991. Resolved, that Resolution 68H-1984 (*Trans.* 1984:528), Supporting the Concept of Cost Containment in Dental Care Programs and Delivery Systems, be rescinded.

25H-1991. Resolved, that Resolution 14H-1975 (*Trans.* 1975:646), Determination of Fees, be rescinded.

26H-1991. Resolved, that Resolution 34H-1977 (*Trans.* 1977:912), Elimination of Differentiation in Patient Benefits, be rescinded.

27H-1991. Resolved, that all parties involved with dental benefits be encouraged to use dental benefit plan terminology consistent with definitions included in Association policy and in the current edition of the publication entitled *Current Dental Terminology (CDT)*, and be it further

Resolved, that the American Dental Association support continued development and use of consistent and accurate terms relating to dental benefits.

28H-1991. Resolved, that the American Dental Association encourage constituent and component dental societies to actively support Association policy which identifies the treatment plan for a patient as the exclusive prerogative of the attending dentist as agreed to by the informed patient, and be it further

Resolved, that the appropriate agencies of the Association support and assist dental societies in resisting, by whatever lawful means possible, infringement upon dentists' ability to freely exercise their professional judgment, and be it further

Resolved, that Resolution 43H-1986 (*Trans.* 1986:518), Infringement on Dentists' Judgment, be rescinded.

29H-1991. Resolved, that Resolution 44-1971-H (*Trans.* 1971:524), Inclusion of Dentists in Health Legislation and Programs, be rescinded.

Least Expensive Alternative Treatment Clauses (Council on Dental Care Programs Resolution 6 and Eighth Trustee District Resolution 6S-1): The Reference Committee reported as follows:

The Reference Committee concurs with the recommendation of the Board of Trustees (*Supplement 1*:339) and, therefore, recommends adoption of Resolution 6S-1 (*Supplement 2*:449).

Dr. Simms moved that Resolution 6S-1 be substituted for Resolution 6 (*Reports*:57).

On vote, Resolution 6S-1 was substituted for Resolution 6.

Dr. Simms moved the adoption of the substitute Resolution 6S-1.

On vote, Resolution 6S-1, as follows, was adopted.

6H-1991. Resolved, that the use of a clause in a dental plan which restricts benefits to those for the least expensive alternative treatment as defined by the third-party payer can be misleading to the plan purchaser and the dental patient, and be it further

Resolved, that plans which contain this clause should make the limitations of this clause understood to the plan purchaser and the dental patient, and be it further

Resolved, that to best educate the public as to the application of this clause when it is applied to limit benefit coverage, the plan should inform the plan purchaser of that application and should provide the patient and treating dentist with the name and qualifications of the individual making the determination, along with the basis for the determination that another treatment is in the best interests of the patient and appropriate for the patient's condition, and be it further

Resolved, that the ADA Council on Dental Care Programs be directed to inform consumer groups of the potential problems involved in accepting a contract that will pay only for the least expensive alternative treatment as determined by the third-party payer, and be it further

Resolved, that Resolution 58-1972-H (*Trans.* 1972:676), Least Expensive Adequate Treatment (LEAT) Clause, be rescinded.

Pre-Existing Condition Exclusion (Council on Dental Care Programs Resolution 7 and Reference Committee Resolution 7RC): The Reference Committee reported as follows:

There was limited testimony on this resolution. The Reference Committee supports a recommendation to clarify and strengthen the intent of the resolution by indicating that the Association opposes any exclusion based solely on the basis of pre-existence. Therefore, the Reference Committee recommends adoption of the following substitute resolution.

Dr. Simms moved that Resolution 7RC be substituted for Resolution 7 (*Reports*:58).

On vote, Resolution 7RC was substituted for Resolution 7.

Dr. Simms moved the adoption of the substitute Resolution 7RC.

On vote, Resolution 7RC, as follows, was adopted.

7H-1991. Resolved, that the American Dental Association, along with its constituent and component societies, urge inclusion of coverage in all dental benefits plans for pre-existing conditions which would otherwise be covered, including replacement of missing teeth, and to provide coverage for the continuation of treatment plans already in progress when the patient first becomes enrolled in the plan.

Inclusion of Radiographic Examinations in Dental Benefits Programs (Council on Dental Care Programs Resolution 8 and Board of Trustees Resolution 8B): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees and, therefore, recommends adoption of Resolution 8B.

Dr. Simms moved that Resolution 8B (*Supplement 1:339*) be substituted for Resolution 8 (*Reports:58*).

On vote, Resolution 8B was substituted for Resolution 8.

Dr. Simms moved the adoption of the substitute Resolution 8B.

On vote, Resolution 8B, as follows, was adopted.

8H-1991. Resolved, that in working with plan purchasers, health benefits consultants and third-party payers, the American Dental Association stress the importance of including, as part of a comprehensive dental benefits program, radiographic examinations in patient diagnosis and treatment when indicated, as determined by the treating dentist, and be it further

Resolved, that Resolution 40H-1989 (*Trans.1989:555*), Inclusion of Radiographic Examinations in Dental Benefits Programs, be rescinded.

Age of "Child" (Council on Dental Care Programs Resolution 9; First Trustee District Resolution 9S-1; and Reference Committee Resolution 9RC): The Reference Committee reported as follows:

The Reference Committee heard testimony to clarify the meaning of the terms "age of dentition" and "dental age" by substituting the term "clinical development." This term supports the amendment presented during the hearing. Therefore, the Reference Committee recommends adoption of the following substitute resolution.

Dr. Simms moved that Resolution 9RC be substituted for Resolutions 9 (*Reports:58*) and 9S-1 (*Supplement 2:437*).

On vote, Resolution 9RC was substituted for Resolutions 9 and 9S-1.

Dr. Simms moved the adoption of the substitute Resolution 9RC.

Dr. Raymond George, Rhode Island, moved to amend Resolution 9RC by inserting at the end of the second resolving clause, the words "with the exclusion of treatment for orthodontics and sealants."

On vote, the proposed amendment was adopted.

On vote, the following resolution, Resolution 9RC as amended, was adopted.

9H-1991. Resolved, that when dental plans differentiate coverage based on the child or adult status of the patient, this determination be based on the clinical development of the patient's dentition, and be it further

Resolved, that where administrative constraints of a dental plan preclude the use of clinical development so that chronological age must be used to determine child or adult status, the plan define a patient as an adult beginning at age 12 with the exclusion of treatment for orthodontics and sealants.

Approval of "Guidelines on Coordination of Benefits" (Council on Dental Care Programs Resolution 10; First Trustee District Resolution 10S-1; and Reference Committee Resolution 10RC): The Reference Committee reported as follows:

In the testimony in support of Resolution 10S-1, members expressed a position that contractual obligations to reduce their payment in full for treatment to a patient did not change their

usual fee for that treatment. Therefore, billing the difference between their contractually-reduced fee and their usual fee was appropriate if the patient was eligible for coverage under a secondary carrier. In reviewing this testimony, the Reference Committee concluded that the intent of Resolution 10S-1 is in conflict with the Association's *Principles of Ethics and Code of Professional Conduct*, Section 1-K, Representation of Fees, No. 2, which states that "It is unethical for a dentist to increase a fee to a patient solely because the patient has insurance." There was also testimony that this issue is one for insurance companies to be concerned with and that the Association should not be involved. However, the Reference Committee does not feel that this would be in the best interest of either dentists or patients. The Reference Committee concurs with testimony to technically correct the resolution by stating guidelines five and six as resolving clauses, and, therefore, recommends adoption of the following substitute resolution.

10RC. Resolved, that the "Guidelines on Coordination of Benefits," as amended by striking paragraphs five and six, be adopted, and be it further

Resolved, that third-party payers, representing self-funded as well as insured plans, should be urged to adopt the above guidelines as an industry-wide standard for coordination of benefits, and be it further

Resolved, that constituent societies are encouraged to seek enactment of legislation that would require all policies and contracts that provide benefits for dental care to use these rules to determine coordination of benefits, and be it further

Resolved, that Resolution 52H-1987 (*Trans.1987:506*), Birthday Rule for Coordination of Benefits, be rescinded.

Dr. Simms moved that Resolution 10RC be substituted for Resolutions 10 (*Reports:58*) and 10S-1 (*Supplement 2:437*).

Dr. Kevin McNeil, Massachusetts, spoke against substituting Resolution 10RC and for Resolution 10S-1.

Dr. James Killinger, chairman, Council on Dental Care Programs, said, "What this resolution intended to do is to attempt to explain to the members the relationships and the inter-relationships of existing dental benefit programs. This does not interfere with third-party payers. It attempts to explain the situation to treating dentists. No monies are taken out of the pockets of dentists. Now, in the situation of the contractual arrangement, he chose to take the money out of his own pocket by signing that contract. It is the patient's money that is being taken and they probably would not go along with it if they understood what the situation was. The third-party payers are now invoking a long duplication of benefits clause in the contracts. This is probably the most damaging and harmful to the dentist and the patient. Therefore, I would speak in favor of not substituting Resolution 10S-1."

Drs. Myron Bromberg, California and, Robert Jablonski, New York, spoke in favor of Resolution 10RC.

On vote, Resolution 10RC was substituted for Resolutions 10 and 10S-1.

Dr. Simms moved the adoption of the substitute Resolution 10RC.

On vote, Resolution 10RC, as follows, was adopted.

10H-1991. Resolved, that the "Guidelines on Coordination of Benefits," as amended by striking paragraphs five and six, be adopted, and be it further

Resolved, that third-party payers, representing self-funded as well as insured plans, should be urged to adopt the above guidelines as an industry-wide standard for coordination of benefits, and be it further

Resolved, that constituent societies are encouraged to seek enactment of legislation that would require all policies and contracts that provide benefits for dental care to use these rules to determine coordination of benefits, and be it further

Resolved, that Resolution 52H-1987 (*Trans.* 1987:506), Birthday Rule for Coordination of Benefits, be rescinded.

Guidelines on Coordination of Benefits

1. When a patient has coverage under two or more dental plans, the coverage from those plans should be coordinated so that the patient receives the maximum allowable benefit from each plan. The aggregate benefit should be more than that offered by any of the plans individually, but not such that the patient receives more than the total charges for the dental services received.
2. In determining order of payment for benefits, the following rules should apply:
 - a. The plan covering the patient other than as a dependent is the primary plan.
 - b. When both plans cover the patient as a dependent child, the plan of the parent whose birthday occurs first in a calendar year should be considered as primary.
 - c. When a determination cannot be made in accordance with the above, the plan that has covered the patient for the longer time should be considered as primary.
 - d. When one of the plans is a medical plan and the other is a dental plan, and a determination cannot be made in accordance with the above, the medical plan should be considered as primary.
3. In coordinating benefits with a dental plan which contractually reduces the fees for services which participating dentists accept as payment in full, the following rules should apply:
 - a. When the reduced-fee plan is primary, and treatment is provided by a participating dentist, the reduced fee is that dentist's full fee. The secondary plan should pay the lesser of: its allowed benefit or the difference between the primary plan's benefit and the reduced fee.
 - b. When the reduced-fee plan is primary, and treatment is provided by a non-participating dentist, the reduced fee plan should provide its allowed amount for non-participating dentists and the secondary plan should pay the lesser of: its allowed benefit for the service or the difference between the primary plan benefits and the dentist's full fee.
 - c. When a full-fee plan is primary and a reduced-fee plan is secondary, the full-fee plan should provide its allowed amount for the service and the secondary plan should pay the lesser of: its allowed benefit for the service or the difference between the primary plan benefits and the dentist's full fee.

4. In coordinating benefits between an indemnity and a capitation dental plan, the following rules should apply:

- a. When the capitation plan is primary, the capitation payments to the treating dentist remains the capitation plan's usual benefits. The indemnity plan should pay benefits for the patient's surcharges or copayments up to the indemnity plan's allowable benefit.
- b. When the indemnity plan is primary, and treatment is received from a capitation-participating doctor, the indemnity plan should pay its allowable benefits. The capitation payments to the dentist are the secondary coverage since they constitute benefits up to the capitation plan's allowable amount.
- c. When the indemnity plan is primary, and treatment is received from a non-capitation-participating dentist, the indemnity plan should pay its allowable benefits. The capitation plan will pay benefits, in keeping with the capitation plan's allowed amount for treatment by non-participating dentists.
- d. No dental plan should contractually direct a dentist to charge a secondary carrier for more than the amount which would be charged to the patient absent secondary coverage.

Regulation of Utilization Management Organizations

(Council on Dental Care Programs Resolution 12; Eighth Trustee District Resolution 12S-1; and Reference Committee Resolution 12RC): The Reference Committee reported as follows:

The members who testified on these resolutions expressed opposition to the Board's suggestion that the recommendations made by the Council on Dental Care Programs and the Eighth Trustee District should be referred to Association agencies. The consensus of opinion is that state legislatures are already considering legislation to regulate utilization management organizations and the Association should have a policy supporting such action. One member expressed concern that requirements outlined in the second resolving clause could result in needed expertise being unavailable because a specialist might be unwilling to subject him/herself to a certification process. The Reference Committee believes that the following resolution addresses all of the suggestions made at the Reference Committee hearing as well as the fiscal concern stated by the Board of Trustees. Therefore, the Reference Committee recommends adoption of the following substitute resolution.

12RC. Resolved, that the constituent societies be encouraged to seek state legislation to establish standards for the regulation and oversight of all organizations that provide utilization management, managed care review or prior review services, and be it further

Resolved, that the constituent societies be encouraged to seek state legislation and regulations to require certification of all organizations that provide utilization management, managed care review or prior review services and that persons involved in the utilization management process are appropriately qualified, and be it further

Resolved, that the Association study the feasibility of seeking federal legislation to regulate utilization review and management organizations and report back to the 1992 House of Delegates.

Dr. Simms moved that Resolution 12RC be substituted for Resolutions 12 (*Reports:64*) and 12S-1 (*Supplement 2:449*).

Dr. John Iacono, New York, requested as an editorial amendment, that the word "dental" be inserted before the word "organization" in the first and second resolving clauses.

On vote, Resolution 12RC as editorially amended was substituted for Resolutions 12 and 12S-1.

Dr. Simms moved the adoption of the substitute Resolution 12RC.

A delegate from the Twelfth District moved to substitute Resolution 12RCS-1, as follows, for Resolution 12RC.

12RCS-1. Resolved, that the constituent societies be encouraged to seek state legislation to establish standards for the regulation and oversight of all dental organizations that provide utilization management, managed care review or prior review services, and be it further

Resolved, that the constituent societies be encouraged to seek state legislation and regulations to require certification of all dental organizations that provide utilization management, managed care review or prior review services and that persons involved in the utilization management process are appropriately qualified.

A delegate stated, "... I think there is a misinterpretation as to what this resolution means. These are not dental organizations, these are businesses that would like to regulate all organizations—medical and dental. It has nothing to do with the dentists. These are outside agencies."

On vote, the motion to substitute Resolution 12RCS-1 for Resolution 12RC was defeated.

A delegate from the Tenth District moved to amend Resolution 12RC by inserting the words "in decisions affecting patient care are licensed dentists and" after the word "process."

Dr. Bruce Bates, Minnesota, said, "As a member of the Reference Committee, sitting with Dr. Simms as our chairman, I am afraid that I must be at odds in relation to the insertion of the words "dental" before "organizations" in the first and second resolving clauses. Now, perhaps, I am out of order in that comment but, on the other hand, I do support insertion of the language relative to licensed dentists reviewing the claims."

Dr. Iacono, New York, stated, "My intent was to have that make these resolutions direct to all organizations that provide dental utilization. I think that would probably read better, and further, it is just for an editorial change and I do stand corrected. ... For clarification, the change is that all organizations that provide dental utilization management. I think that is what he meant and I also think that would be better. For example, I would like to delete the word 'dental' and make it 'all organizations that provide dental utilization management.'"

Dr. James Killinger, Wisconsin, suggested, as an editorial amendment, that the words "of dental treatment" be added before the word "services" in the first and second resolving clauses.

Hearing no objections, the Speaker accepted the editorial changes.

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (⅔) majority.

On vote, the proposed amendment was adopted.

Dr. Simms moved the adoption of Resolution 12RC as severally amended.

On vote, the following resolution, Resolution 12RC as severally amended, was adopted.

12H-1991. Resolved, that the constituent societies be encouraged to seek state legislation to establish standards for the regulation and oversight of all organizations that provide dental utilization management, managed care review or prior review of dental treatment services, and be it further

Resolved, that the constituent societies be encouraged to seek state legislation and regulations to require certification of all organizations that provide dental utilization management, managed care review or prior review of dental treatment services and that persons involved in the utilization management process in decisions affecting patient care are licensed dentists and are appropriately qualified, and be it further

Resolved, that the Association study the feasibility of seeking federal legislation to regulate utilization review and management organizations and report back to the 1992 House of Delegates.

Reporting of Dental Procedures to Third Parties (Council on Dental Care Programs Resolution 14; Ohio Dental Association Resolution 14S-1; and Board of Trustees Resolution 14S-1B): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees and, therefore, recommends adoption of Resolution 14S-1B.

Dr. Simms moved that Resolution 14S-1B (*Supplement 2:470*) be substituted for Resolutions 14 (*Reports:66*) and 14S-1 (*Supplement 2:436*).

On vote, Resolution 14S-1B was substituted for Resolutions 14 and 14S-1.

Dr. Simms moved the adoption of the substitute Resolution 14S-1B.

On vote, Resolution 14S-1B, as follows, was adopted.

14H-1991. Resolved, that when reporting dental treatment under dental plans, the method used by dentists for submitting claims to third-party payers and for filing fees should be the American Dental Association's *Code on Dental Procedures and Nomenclature*, as contained in the ADA's publication, *Current Dental Terminology (CDT)*, and be it further **Resolved**, that third-party payers should not require the reporting of dental treatment or filing fees by any other coding system, and be it further

Resolved, that since third-party payers are voting participants in the Association's code revision process, the Association formally contact commercial carriers, service corporations, any and all other third-party payers and their agents who process dental claims, and vendors of electronic claims processing, to request that the ADA's *Code* be used as their claims processing systems, and be it further

Resolved, that when an unusual procedure, or a procedure that is accompanied by unusual circumstances, is reported by a narrative description, that may or may not include a reference

to an appropriate unspecified (-999) code, it should be accepted by the third-party payer to assist in benefit determination, and be it further

Resolved, that Resolution 59H-1986 (*Trans.* 1986:515), entitled "Reporting of Dental Procedures to Carriers," be rescinded.

Liaison Relationships (Council on Dental Care Programs Resolution 19; First Trustee District Resolution 19S-1; and Reference Committee Resolution 19RC): The Reference Committee reported as follows:

The Reference Committee reviewed the testimony in support of Resolution 19S-1 and believes that Association policy regarding liaison relationships is not specific to one council. The Reference Committee believed that the intent of Resolution 19S-1 should be adopted. The Reference Committee also believed that the reference to preventing future problems was important and should be included in this expanded policy statement for the Association. Therefore, the Reference Committee recommends adoption of the following substitute resolution.

19RC. Resolved, that member dentist(s) of the appropriate agencies of the American Dental Association establish liaison relationships with third-party payers, third-party payer organizations, and electronic interchange agencies in order to advance the Association's policies and to prevent or to resolve problems arising between dentists, or dentists on behalf of their patients and third-party payers or third-party payer organizations, and be it further

Resolved, that Resolution 38-1973-H (*Trans.* 1973:678), Third-Party Liaison and Problems, be rescinded.

Dr. Simms moved that Resolution 19RC be substituted for Resolutions 19 (*Reports*:67) and 19S-1 (*Supplement* 2:437).

On vote, Resolution 19RC was substituted for Resolutions 19 and 19S-1.

Dr. Simms moved the adoption of the substitute Resolution 19RC.

Dr. Lloyd Wallin, Minnesota, moved to substitute Resolution 19RCS-1, as follows, for Resolution 19RC.

19RCS-1. Resolved, that member dentist(s) of the appropriate agencies of the American Dental Association establish liaison relationships with third-party payers, third-party payer organizations, and electronic interchange agencies in order to advance the Association's policies and to prevent or to resolve problems arising between dentists, or dentists on behalf of their patients and third-party payers or third-party payer organizations, and be it further

Resolved, that the Council on Dental Care Programs develop specific Association policy to deal with electronic interchange agencies, and report back to the 1992 House, and be it further **Resolved**, that Resolution 38-1973-H (*Trans.* 1973:678), Third-Party Liaison and Problems, be rescinded.

Dr. James Killinger, chairman, Council on Dental Care Programs, said, "The Council on Dental Care Programs now has an existing liaison relationship with programs that exist today dealing with outside dental organizations as well as other third-party payers and their organizations. We felt that we wanted to broaden the existing policy by including the electronics interchange industry in this group and in my

experience as a member of the House and a member of the Council, this Association does not need to wait to be mandated by the House to present a policy to this House. In this area, I will assure you that the concern is there and this will not be difficult to do."

Dr. George Kirchner, Pennsylvania, spoke against the substitute resolution.

Dr. Carroll Player, South Carolina, said, "This issue overlaps both Dental Care and Dental Practice. It has been indicated that we must develop Association policy and report back in 1992. The possibility of this has not been investigated well enough. We feel that it is still not time to give information to the 1992 House. We do not want to write policy, as a matter of fact, in relation to this until we have looked at all of the issues."

Dr. Timothy Rose, Wisconsin, spoke in favor of the substitute resolution.

Dr. Lloyd Wallin, Minnesota, stated, "The electronic interchange agencies, in relation to which there is only one significant player, is owned by six of the largest insurance houses in the United States. These are the same houses that lower our claims, tell your patients that we charge too much, interfere with coordination of benefits, bundle our procedures so that we get paid less, and on and on and on. Everything we do in our Association has policy and there is no policy to deal with this new kid on the block."

Dr. Steven Epstein, Illinois, moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, the motion to substitute Resolution 19RCS-1 for Resolution 19RC was defeated.

On vote, Resolution 19RC, as follows, was adopted.

19H-1991. Resolved, that member dentist(s) of the appropriate agencies of the American Dental Association establish liaison relationships with third-party payers, third-party payer organizations, and electronic interchange agencies in order to advance the Association's policies and to prevent or to resolve problems arising between dentists, or dentists on behalf of their patients and third-party payers or third-party payer organizations, and be it further **Resolved**, that Resolution 38-1973-H (*Trans.* 1973:678), Third-Party Liaison and Problems, be rescinded.

Safeguards for Medicare's Health Maintenance

Organizations (HMO) (Council on Dental Care Programs Resolution 20; First Trustee District Resolution 20S-1; and Reference Committee 20RC): The Reference Committee reported as follows:

There was limited testimony regarding Resolution 20S-1 (*Supplement* 2:437). The Reference Committee believes that to amend Resolution 20 (*Reports*:68) by removing any reference to adequate funding is contrary to long-standing Association support for patient financial interests and concern with these safeguards under Medicare HMOs. To clarify the Association's position, the Reference Committee recommends adoption of the following substitute resolution.

Dr. Simms moved that Resolution 20RC be substituted for Resolutions 20 and 20S-1.

On vote, Resolution 20RC was substituted for Resolutions 20 and 20S-1.

Dr. Simms moved the adoption of the substitute Resolution 20RC.

On vote, Resolution 20RC, as follows, was adopted.

20H-1991. Resolved, that the American Dental Association urge the Health Care Financing Administration (HCFA) to assure adequate administrative safeguards, including appropriate funding under the Medicare HMO authority, to protect the health of patients, and be it further **Resolved**, that Resolution 72H-1985 (*Trans.* 1985:606), Safeguards for Medicare's HMOs, be rescinded.

Timely Payment of Dental Claims (Council on Dental Care Programs Resolution 21 and Reference Committee Resolution 21RC): The Reference Committee reported as follows:

There was limited testimony on this resolution. Amendments to clarify the intent of Resolution 21 (*Reports*:68) were offered without debate. Therefore, the Reference Committee recommends adoption of the following substitute resolution.

Dr. Simms moved that Resolution 21RC be substituted for Resolution 21.

On vote, Resolution 21RC was substituted for Resolution 21.

Dr. Simms moved the adoption of the substitute Resolution 21RC.

On vote, Resolution 21RC, as follows, was adopted.

21H-1991. Resolved, that the appropriate agencies of the American Dental Association, and its constituent dental societies, be urged to seek legislation which would require all public and private third-party payers to reimburse dental claims within fifteen (15) business days from receipt of the claim by the third-party payer or be penalized for failure to do so, and be it further

Resolved, that Resolution 85H-1979 (*Trans.* 1979:629), Reimbursement Time Limits for Federal Programs, and Resolution 64H-1988 (*Trans.* 1988:498), Timely Payment of Dental Benefits Carriers, be rescinded.

Qualifications of Participating Dentists (Council on Dental Care Programs Resolution 23; First Trustee District Resolution 23S-1; and Reference Committee Resolution 23RC):

In reviewing the testimony regarding Resolution 23S-1, the Reference Committee agrees with members who expressed concern about the determination of professional qualifications for participation in third-party programs. To clarify this issue, the Reference Committee recommends adoption of the following substitute resolution.

23RC. Resolved, that the American Dental Association supports the position that all dentists shall be eligible to participate in all public and private third-party programs in the states in which they are licensed, and be it further **Resolved**, that Resolutions 38-1966-H (*Trans.* 1966:347), Qualifications of Participating Dentists, as amended by Resolution 120H-1976 (*Trans.* 1976:865), be rescinded.

Dr. Simms moved that Resolution 23RC be substituted for Resolutions 23 (*Reports*:68) and 23S-1 (*Supplement* 2:438).

On vote, Resolution 23RC was substituted for Resolutions 23 and 23S-1.

Dr. Simms moved the adoption of the substitute Resolution 23RC.

Dr. Steven Epstein, Illinois, moved to amend Resolution 23RC, the first resolving clause, so that it would read as follows:

Resolved, that the American Dental Association supports the position that all dentists licensed in their state shall be eligible to participate in all public and private third-party programs, and be it further

Dr. Epstein said, "Presently, the way the original resolution reads, it can be, in connection with an interpretation that can be made, that dentists may participate in public and private third-party programs only in the states in which they hold a license. Today, however, this might disallow a dentist, say from the state of Ohio, who borders along Kentucky, from participating in their Medicaid program if he does not have a license in Kentucky. However, by rewording of the resolution it would clarify the possibility of this type of misinterpretation."

Dr. James Killinger, Council on Dental Care Programs, indicated that the Council would support the amendment.

On vote, the proposed amendment was adopted.

On vote, the following resolution, Resolution 23RC as amended, was adopted.

23H-1991. Resolved, that the American Dental Association supports the position that all dentists licensed in their state shall be eligible to participate in all public and private third-party programs, and be it further

Resolved, that Resolutions 38-1966-H (*Trans.* 1966:347), Qualifications of Participating Dentists, as amended by Resolution 120H-1976 (*Trans.* 1976:865), be rescinded.

Inclusion of Dental Care in Publicly-Funded Programs (Council on Dental Care Programs Resolution 24 and Eighth Trustee District Resolution 24S-1): The Reference Committee reported as follows:

The Chairman of the Council on Dental Care Programs noted that when the Council reviewed current policy to see where revisions were necessary, the Task Force on Access, Health Care Financing and Reform had not been appointed. The Council Chairman testified that he believed the Board's recommendation to refer the matter to the Task Force is appropriate.

The Reference Committee agrees with the Council Chairman's testimony and the Board's recommendation (*Supplement* 1:339) and, therefore, recommends that Resolutions 24 (*Reports*:68) and 24S-1 (*Supplement* 2:449) be referred to the Task Force on Access, Health Care Financing and Reform for consideration and discussion.

24. Resolved, that if legislation is proposed to include dental benefits under any part of a publicly-funded benefits plan, the appropriate Association agencies will stress the advantages to subscribers of a dental benefits plan that allows the patient freedom of choice of dentist and provides the dentist with voluntary enrollment and fee-for-service compensation and that, with these provisions, the American Dental Association supports the inclusion of dental benefits in publicly-funded plans, and be it further

Resolved, that Resolution 33-1966-H (*Trans.* 1966:336), Dental Society Participation in Program Planning, and Resolution 30H-1989 (*Trans.* 1977:901; 1989:559), Inclusion of Dental Care in Medicare Programs, be rescinded.

Dr. Simms moved that Resolution 24 be referred to the Task Force on Access, Health Care Financing and Reform.

Dr. Steven Epstein, Illinois, spoke against referring Resolution 24. He said, "In relation to the second resolving clause, all we are doing is asking that the ADA take a stand that when there is a publicly funded program that the scope and the funding of these programs be adequate for dentists to participate in them. Last year the House adopted Resolution 27H-1990, which was very similar in nature to this with regard to care for the elderly and in that resolution we also asked that it be adequately funded. That resolution need not be referred back. So I ask that this House of Delegates not refer this back and just make it a policy that we take a stand that these programs be funded."

On vote, Resolution 24 was referred to the Task Force on Access, Health Care Financing and Reform.

24S-1. Resolved, that if legislation is proposed to include dental benefits under any part of a publicly-funded benefits plan, the appropriate Association agencies will stress the advantages to purchasers of a dental benefits plan that allows the patient freedom of choice of dentist and provides the dentist with voluntary enrollment and fee-for-service compensation and that, with these provisions, the ADA supports the inclusion of dental benefits in publicly-funded plans, and be it further **Resolved**, that these publicly-funded benefits plans should be adequately funded to allow for proper scope of services and reimbursement, and be it further **Resolved**, that Resolution 33-1966-H (*Trans.* 1966:336), Dental Society Participation in Program Planning, and Resolution 30H-1989 (*Trans.* 1977:901; 1989:559), Inclusion of Dental Care in Medicare Programs, be rescinded.

Dr. Simms moved that Resolution 24S-1 be referred to the Task Force on Access, Health Care Financing and Reform.

On vote, Resolution 24S-1 was referred to the Task Force on Access, Health Care Financing and Reform.

Procedure Code for Preparation of Dental Operatories/ Disposable Supplies (Iowa Dental Association Resolution 50; Board of Trustees Resolution 50B; Sixteenth Trustee District Resolution 50S-1; First Trustee District Resolution 50S-2; Reference Committee Resolution 50RC; and Thirteenth Trustee District Resolution 77): The Reference Committee reported as follows:

The testimony provided in the Reference Committee hearing supported the concerns expressed in these resolutions. The Reference Committee understands that in order for new procedure codes to be developed, they must first meet the "Guidelines" established by the Association. The suggestion contained in Resolution 50S-2 is specific to infection control and hazardous waste. However, the Reference Committee believes that the "Guidelines" will better serve the profession if they are able to respond to all of the pressures brought to bear by outside agencies. For these reasons, the Reference Committee recommends adoption of the following substitute resolution.

Dr. Simms moved that Resolution 50RC be substituted for Resolutions 50 (*Reports*: 169), 50B (*Supplement 1*:341), 50S-1 (*Supplement 2*:438), 50S-2 (*Supplement 2*:438) and 77 (*Supplement 1*:289).

On vote, Resolution 50RC was substituted for Resolutions 50, 50B, 50S-1, 50S-2 and 77.

Dr. Simms moved the adoption of the substitute Resolution 50RC.

On vote, Resolution 50RC, as follows, was adopted.

50H-1991. Resolved, that the appropriate agencies of the Association be directed to identify and compile all available data, including studies currently in process, to determine what impact compliance with federal and state regulations relating to dental treatment is having on the cost of practicing dentistry, and be it further

Resolved, that state dental societies be encouraged to collect data specific to their state, county and local regulations regarding infection control, barrier techniques, and medical and hazardous waste disposal, and be it further

Resolved, that the appropriate agencies of the Association encourage third-party payers to participate in the data collection process, to share their data, and to participate in developing an equitable solution to the problems associated with compliance with federal and state regulations relating to dental treatment, and be it further

Resolved, that the Association's "Guidelines for New Procedure Codes" be expanded to include compliance with state and federal rules and regulations relating to dental treatment, and be it further

Resolved, that a report be presented to the 1992 House of Delegates.

Benefit Communications Between Third Parties and Patients (Texas Dental Association Resolution 69): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees (*Supplement 1*:343) and recommends that Resolution 69 (*Supplement 1*:288) not be adopted.

69. Resolved, that the American Dental Association study and take appropriate action in ensuring that the words "usual, customary and reasonable" are removed from any communications between the third-party payer and the patient.

Dr. Simms moved Resolution 69.

On vote, Resolution 69 was defeated.

Adequacy of Fee Schedules in Benefit Programs (Second Trustee District Resolution 118): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees (*Supplement 2*:471) and recommends that Resolution 118 (*Supplement 2*:443) not be adopted.

118. Resolved, that the proposed cost-saving regulation concerning Medicare not include the concept of increasing the practitioner's patient load to compensate for fee reductions, and be it further

Resolved, that dental benefit plans with maximum fee schedules that have fees that are below the cost of providing a specific service are in conflict with Resolution 14H-1975 (*Trans.* 1975:646), regarding determination of fees.

Dr. Simms moved Resolution 118.

A delegate requested that Resolution 118 be divided.

On vote, Resolution 118a (the first resolving clause) was defeated.

Dr. Simms moved Resolution 118b.

On vote Resolution 118b (the second resolving clause) was defeated.

Table of Allowances (Eighth Trustee District Resolution 119): The Reference Committee reported as follows:

Testimony provided at the Reference Committee hearing did not differ from the information contained in the background statement from the Eighth Trustee District or the Board of Trustees' recommendation (*Supplement 2:474*). The Reference Committee concurs with the Board's reasoning and, therefore, recommends that Resolution 119 (*Supplement 2:451*) not be adopted.

119. Resolved, that the ADA adopt a policy which recommends a table of allowances prepayment system, and be it further

Resolved, that this statement be included in the ADA's *Policies on Dental Care Programs*, and be it further

Resolved, that the Council on Dental Care Programs inform insurance carriers and service corporations of this policy.

Dr. Simms moved Resolution 119.

Dr. Wayne Todd, Florida, stated, "I think that we need to make a statement here. If this is the same House that voted for 68RC, and it is opposed to third-party intervention in the doctor/patient relationship, I think that we need to look at what is really actually going on with usual, customary and reasonable (UCR). We have a definition as to UCR but the insurance industry's definition of UCR is not the same. They are using this as a club. How many of your patients have gotten a letter, 'I am sorry, Mrs. Jones, but your doctor's fees exceed the usual and customary fees?' ... On the other hand, how many patients have called your office and said to you, 'My insurance company said that you are charging too much because they told me, in a letter to me, that your fees exceed the UCR.' Now I can understand the Board's reasoning for not voting for this but, as you can see, it was not unanimous. As a matter of fact, some of the reasons that they list in this explanation, I believe, are flawed. I do not think that the table of allowances gives you any less advantage of whether it is an exclusion, or not and one of the reasons was ... that if you had UCR, you can get around the things that are excluded. However, I do not think that is true. In my opinion, if this House feels that there should be less interference in our doctor/patient relationship, then I think we have to support this."

Dr. Peter Paulson, Illinois, said, "I urge you to adopt Resolution 119 because ... it will clarify for both the patient and the dentist what role insurance companies will play in relation to treatment."

Dr. Myron Bromberg, California, and another delegate spoke against Resolution 119.

A delegate moved to vote immediately.

On vote, the motion to vote immediately was approved by a two-thirds (2/3) majority.

On vote, Resolution 119 was defeated.

Identifying Types of Dental Plans and How They Are Regulated and Controlled (Delegate C. Richmond Corely, Jr., Louisiana, Resolution 105): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees' recommendation (*Supplement 2:479*) and, therefore, recommends that Resolution 105 (*Supplement 2:460*) be referred to the Council on Dental Care Programs for study and report to the 1992 House of Delegates.

105. Resolved, that the American Dental Association provide recommendations to member dentists, as part of the project of the Council on Dental Care Programs approving an outline of information to provide members regarding steps involved in pursuing a claim (*Reports:66*), as to how to identify the different types of entities operating dental health care plans (ERISA plans, insurance plans regulated by state law, federally authorized HMO, plan for armed forces personnel established by federal statutes, etc.), and be it further

Resolved, that the American Dental Association provide information to member dentists, as part of that project as to options and alternatives under federal law when they are dealing with these various types of entities.

Dr. Simms moved that Resolution 105 be referred to the Council on Dental Care Programs for study and report to the 1992 House of Delegates.

On vote, Resolution 105 was referred to the Council on Dental Care Programs for study and report to the 1992 House of Delegates.

Report of the Reference Committee on Communications, Membership and Marketing Services

The report of the Reference Committee on Communications, Membership and Marketing Services was read by Dr. Howard F. Curtis, Oregon, chairman. The other members of the Committee were: Drs. Julie Ann Barna, Pennsylvania; Ken Harada, California; William S. Nakagawa, Hawaii; James R. Orcutt, New York; Donald J. Provenzale, Illinois; Lyldon E. Strickland, Alabama; and Pasquale Tigani, Washington, D.C.

Amendment of ADA "Bylaws" Regarding Dues of Life Members Over the Age of 75 (Delegate C. Richmond Corely, Jr., Louisiana, Resolution 52): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees that the current dues structure is equitable and recommends that the House not adopt Resolution 52 (*Reports:170*). The Standing Committee on Constitution and Bylaws approves the language of Resolution 52 as submitted.

52. Resolved, that Chapter I, Membership, Section 50, Dues and Reinstatement, Paragraph B, Life Members, of the *Bylaws*, be amended by adding a new subparagraph C., to read as follows:

c. Life members who reach the age of seventy-five (75) shall be exempt from the payment of all dues for the calendar year in which such age is attained and thereafter, regardless of their income status.

Dr. Curtis moved Resolution 52.

On vote, Resolution 52 was defeated.

Study of Initiation of Membership (Texas Dental Association Resolution 67): The Reference Committee reported as follows:

The Reference Committee agrees with the Board of Trustees and recommends adoption of Resolution 67 (*Supplement 1:288*).

Dr. Curtis moved the adoption of Resolution 67.

On vote, Resolution 67, as follows, was adopted.

67H-1991. Resolved, that the appropriate Association agency study and report to the 1992 House of Delegates on the feasibility of allowing the constituent society to determine the manner by which its members are accepted.

Amendment of ADA "Bylaws" Regarding Student Members (Louisiana Dental Association Resolution 80): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees recommendation that the House not adopt Resolution 80 (*Supplement 1:342*). The Standing Committee on Constitution and Bylaws approves the language of Resolution 80 (*Supplement 1:286*) as submitted.

Dr. Curtis moved Resolution 80.

On vote, Resolution 80 was defeated.

80. Resolved, that Chapter I, Membership, Section 20, Qualifications, Subsection C, Student Member, of the *Bylaws* be amended by deleting Subsection C in its entirety and by substituting in its place a new Subsection C to read as follows:

C. STUDENT MEMBER. A pre-doctoral student of a dental school accredited by the Commission on Dental Accreditation of this Association shall be classified as a student member of this Association and a member of the American Student Dental Association; or any dentist eligible for membership in this Association who is engaged full-time in a residency program or advanced education program of not less than one academic year's duration in areas recognized by the Association and in a program accredited by the Commission on Dental Accreditation of this Association may be classified as a student member of this Association.

and be it further

Resolved, that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended in condition (2) by deleting from line 318 to line 325 the words: "(a) an advanced training course of not less than one academic year's duration in an accredited school or residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation of this Association," and by substituting in their place the words: "a residency program or advanced education program of not less than one academic year's duration in areas recognized by the Association and in a program accredited by the Commission on Dental Accreditation of this Association," so the amended condition (2) reads as follows:

(2) The dentist who is engaged full-time in a residency program or advanced education program of not less than one academic year's duration in areas recognized by the Association and in a program accredited by the Commission on Dental Accreditation of this Association shall pay thirty dollars (\$30.00) due on January 1 of each year until December 31 following completion of such program. For the dentist who enters such a course or program within one (1) year of the award of D.D.S. or D.M.D. degree and who pays dues of thirty dollars (\$30.00) per annum while in such a program, the applicable foregoing condition (1) shall toll until completion of that program. Upon completing the program, the dentist shall pay dues for active members at the next period-in-time level that is applicable under condition (1).

and be it further

Resolved, that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection C, Student Members, of the *Bylaws* be amended by deleting from line 361 to line 368 the words: "(a) an advanced training course of not less than one academic year's duration in an accredited school or residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation," and by substituting in their place the words: "a residency program or advanced education program of not less than one academic year's duration in areas recognized by the Association and in a program accredited by the Commission on Dental Accreditation of this Association," so the amended Subsection C reads as follows:

C. STUDENT MEMBERS. The dues of pre-doctoral student members shall be five dollars (\$5.00) due January 1 of each year. The dues of a dentist who is engaged full-time in a residency program or advanced education program of not less than one academic year's duration in areas recognized by the Association and in a program accredited by the Commission on Dental Accreditation of this Association shall be thirty dollars (\$30.00) due January 1 of each year. Student membership terminates on December 31 after graduation or after completion of a residency or graduate work as provided in Chapter I, Section 20C.

Dues Equity for Graduates of Non-Accredited Dental Schools (Fifth Trustee District Resolution 84-1990 and Reference Committee Resolution 84-1990RC): The Reference Committee reported as follows:

The Reference Committee appreciates the concern regarding the need to extend two years of reduced dues to newly licensed foreign trained dentists. The Reference Committee feels that this policy will aid constituent society membership recruitment efforts. The Committee also heard testimony that this reduced dues schedule for newly licensed foreign graduates only be available on a one-time basis. Therefore, the Reference Committee recommends adoption of Resolution 84-1990RC. The Standing Committee on Constitution and Bylaws approves the language of Resolution 84-1990RC as submitted.

Dr. Curtis moved that Resolution 84-1990RC be substituted for Resolution 84-1990 (*Reports*:171).

On vote, Resolution 84-1990RC was substituted for Resolution 84-1990.

Dr. Curtis moved the adoption of substitute Resolution 84-1990RC.

Dr. Richard Ferguson, Washington, moved to amend Resolution 84-1990RC by adding the word "new" before the word "graduates" in the first line of item 4.

Dr. Ferguson said, "The intent of dues equity is to give relief for the person's second year of a new license and a new graduate dentist insofar as our dues are concerned. Now, if this is the intent, then we need to add "new" to the resolution in order to make this equitable and to make it meet the qualifications for the new graduates."

On vote, the proposed amendment was adopted.

On vote, the following resolution, Resolution 84-1990RC as amended, was adopted by a two-thirds (2/3).

84H-1990(1991). Resolved, that the ADA *Bylaws*, Chapter I, Membership, Section 50, Dues and Reinstatement, be amended by addition of the following new subsection:

(4) On a one-time basis, a new graduate of a non-accredited dental school who has recently been licensed to practice dentistry in a constituent dental society of the American Dental Association shall be exempt from payment of active member dues for the remaining period of the year upon receipt of a dental license. The newly licensed graduate of a non-accredited school shall pay 25% active member dues the first full calendar following the year which the license was obtained, 50% of active member dues in the second year and 100% in the third year and thereafter.

New Business

A Parameter of Care (First Trustee District Resolution 141): Dr. Joseph Kalil, Massachusetts, moved the adoption of Resolution 141 (*Supplement* 2:442).

Speaking for this resolution, Dr. Kalil said, "... I would like to rise to support its purpose, which I apologize is not clear in relation to the background statement. It is an idea taken from a physician's prayer. This is not an affront to the people here but it is meant with sincere good intentions. It recognizes professional judgment of the dentist in relation to the parameter of care. Further, I offer it not as an another pledge or preamble but as a

model of a formal decreed invitation of this Association and it, in turn, can be offered to its members for their respective meetings."

On vote, Resolution 141, as follows, was adopted.

141H-1991. Resolved, that the American Dental Association express its belief on quality assurance by accepting this first general Parameter of Care:

"The Dentist's Prayer"

Thank you, O Lord, for the privilege of being a dentist,

For letting me serve as your instrument in ministering to the sick and afflicted,

May I always treat with reverence the human life which you have brought into being and which I serve,

Deepen my love for people so that I will always give myself gladly and generously to those stricken with illness and pain,

Help me to listen patiently, diagnose carefully, prescribe conscientiously, and treat gently,

Teach me to blend gentleness with skill,

To be a dentist with a heart as well as a mind.

Joseph G. Kalil, D.D.S.

Ethical Ramifications in Licensure Examinations (First Trustee District Resolution 142): Dr. Albert McLaughlin, Connecticut, moved the adoption of Resolution 142 (*Supplement* 2:442).

On vote, Resolution 142, as follows, was defeated.

142. Resolved, that the appropriate council of the ADA be charged with the task of reviewing contemporary use of human subjects in dental licensure examinations, and be it further **Resolved**, that the ethical ramifications relating to recruitment, consent, treatment, and follow-up care of human subjects be reviewed and that findings be reported back in sufficient time to be considered by the 1992 House of Delegates.

Recap of the 1992 Budget: The Secretary of the House of Delegates reported on the final 1992 budget and noted that the budget contains a net deficit of \$127,060.

Adjournment: The House of Delegates adjourned *sine die* at 12:50 p.m.

Notes

Keynote Session and Scientific Session

Notes

Keynote Session

Paramount Theater, Seattle, Washington
October 5, 1991

Call to Order: The Keynote Session of the 132nd Annual Session of the American Dental Association was convened at 8:30 a.m. in the Paramount Theater, Seattle. Mr. John Procaccino, Arts and Entertainment Editor for CBS Seattle Affiliate KIRO-TV, served as host for the session. The session began with a recital by Mr. Richard Schrum of the Puget Sound Theatrical Organ Society. The U.S. Navy Band performed a medley of patriotic songs. This was followed by the Presentation of Colors by representatives of the U.S. Army, Navy, Air Force, Marines and Coast Guard. Recital of the Pledge of Allegiance was led by Seattle veterans of the U.S. Armed Services and the Northwest Girlchoir led the singing of the National Anthem.

Invocation: The Rev. Monsignor Paul J. Schierse, St. Joseph on the Brandywine, Greenville, Delaware, offered the invocation.

Introductions and Welcoming Remarks: President Eugene J. Truono presented welcoming remarks to the attendees and introduced the following individuals: Dr. Geraldine Morrow, president-elect; Dr. Thomas J. Ginley, executive director; Mrs. Dee Truono; the officers and members of the Board of

Trustees; the 1991 Honorary Members; and the presidents and executive directors from the American Dental Hygienists' Association, the American Dental Assistants Association and the Auxiliary to the American Dental Association.

Dr. Truono introduced Dr. Johnny Johnson, general chairman of the Local Arrangements Committee, and Dr. Robert L. Smith, chairman of the Council on ADA Sessions and International Relations. Mr. John Procaccino then presented the Mayor of the city of Seattle, the Honorable Norm Rice. Mayor Rice extended welcoming remarks to attendees of the 132nd Annual Session of the American Dental Association.

Entertainment: The Keynote Session entertainment was entitled, "Seattle: A Celebration of Northwest Spirit," and featured highlights of the Pacific Northwest, its spirit and its people from the historical beginnings to its incredible potential. Included in the program were performances by the Indian Heritage Dance Theatre, the Pacific Northwest Ballet, the Northwoods Wind Quintet and the Ostrom Family.

Adjournment: President Eugene Truono adjourned the Keynote Session of the 132nd Annual Session at 9:35 a.m.

Scientific Session

Seattle, Washington, October 5-8, 1991

The annual scientific session was held October 5-8, 1991 at the Washington State Convention and Trade Center, the Seattle Sheraton Hotel & Towers, the Seattle Hilton and the Stouffer Madison Hotel. The scientific program was under the direction of the Council on ADA Sessions and International Relations, composed of the following members: Robert J. Smith, Pittsburgh, chairman; James E. Brewster, San Francisco; Anthony L. DiMango, Brooklyn, New York; Morton L. Divack, Jackson Heights, New York; William E. Goodman, Miami, Oklahoma; James A. Harrell, Sr., Elkin, North Carolina; John

O. Hudgins, Murphysboro, Illinois; Johnny N. Johnson, *ex officio*, general chairman, Committee on Local Arrangements, 1991 Annual Session, Seattle; Burton J. Kunik, Houston; John G. Lee, *ex officio*, general chairman, Committee on Local Arrangements, 1992 Annual Session, Orlando, Florida; Bernard K. McDermott, Washington, D.C.; Arnold P. Morawa, Ann Arbor, Michigan; Paul H. H. Reinke, Rapid City, South Dakota; and Edward T. Jeske, director, Chicago.

The following participated in the Scientific Session.

- | | | | |
|--------------------------------|-------------------------------|----------------------------------|---------------------------------|
| Abdel-Fattah, Reda A. | Baumritter, Agnes | Collier, Richard M. | Gold, Steven A. |
| Academy of General Dentistry | Beach, Daryl R. | Conroy, John J. | Goldfogel, Michael |
| ADA Political Action Committee | Bebermeyer, Richard D. | Cooper, Hugh | Goldstein, Cary E. |
| ADA/AADA SELECT Program | Becherer, John C. | Cordes, David | Goldstein, Ronald |
| ADA Council on Dental Care | Bennett, C. Richard | Cottone, James A. | Golub, Walter |
| Programs | Bergren, Ulf | Covington, J. Stansill | Gonzales, Frederick |
| ADA/Health Volunteers | Berkey, Douglas | Cox, Dana | Gooch, Barbara |
| Overseas | Berry, Michael J. | Craft, Charles F. | Greco, Mark R. |
| Agarwal, Sudha | Berry-Weekes, Zina A. | Crout, Richard J. | Greene, Kathrine B. |
| Allcock, Harry A. | Bitter, Norman C. | Cudia, Robert P. | Greer, Bill D. |
| Allen, Robert J. | Blankenau, Richard J. | | |
| Alpha Omega International | Blanton, Patricia L. | de St. Georges, Jennifer | Hakeberg, Magnus |
| Dental Fraternity | Bledsoe, Steve W., Jr. | DelGrande, Patrick A. | Hapak, Leslie K. |
| Alvarez, Luis J. | Bleiler, Russel S., III | Delta Dental Plan Association | Harbert, Henry L. |
| American Academy of the | Boerschinger, Thomas H. | Dental Assisting National Board | Hart, Timothy O. |
| History of Dentistry | Bolender, Charles L. | Doyle, Patricia E. | Hawthorne, Eugene P., Jr. |
| American Academy of Implant | Bottomley, William K. | Drago, Carl J. | Health International Ministries |
| Dentistry | Bowen, Rafael L. | Dzierzak, Jacqueline | Foundation |
| American Academy of Sports | Bowermaster, Don | | Health Teams International, |
| Dentistry | Brendlinger, Darwin L. | Ehrke, Robert L. | Inc. |
| American Association of | Brooks, Sharon L. | Eichmiller, Frederick C. | Henry, Patrick |
| Endodontists | Brown, W. Paul | Elledge, Dean A. | Himel, V. T. |
| American Association of | Bustamante, Manuel A. | Emamieh, Mohammad | Homanfar, Ramin |
| Women Dentists | | Emling, Robert C. | Hosie, Martha Carr |
| American Cancer Society | Campagni, Wayne V. | | Hourigan, Matthias |
| American Dental Assistants | Canvasback Missions, Inc. | Farman, Allan G. | Huber, David A. |
| Association | Cappellucci, Steven | Federation Dentaire | |
| American Dental Society of | Carlson, Mark D. | Internationale | Inaba, Daryl S. |
| Anesthesiology | Carpenter, William M. | Feldman, Cecile | International & American |
| American Student Dental | Chao, Wei Kwang | Fenton, Sanford J. | Association for Dental |
| Association | Chao, Zhang | Fidler, Morel | Research |
| Anderson, Allen W. | Chee, Vincent Kim-Thye | Fink, Bernard | Isaacson, Daniel |
| Anderson, Melodie M. | Chegini, Sima F. | Fischman, Bradley | Isoshima, Linnell K. |
| Arzt, Alvin H. | Chohayeb, Aida A. | Flanders, Raymond | |
| Asemami, Billy | Christen, Arden G. | Freydberg, Barry | James, Jennifer |
| Auenshine, Ronald | Christensen, Gordon | Friedman, Mark | Jeffcoat, Marjorie |
| Auxiliary to the ADA | Christian Dental Society | Friends of Dental Volunteers for | Johnson, Baxter |
| | Christian Medical and Dental | Israel | Johnson, Blair T. |
| | Society | Fusayama, Takao | Johnson, Vaughn A. |
| Baden, James | Chung, Tina S. | | Johnston, Douglas H. |
| Bailey, Covert | Cofone, William J. | Gale, James M. | Jolly, Daniel |
| Balthazar-Hart, Yvonne | Cohen, Stephen | Gardner, Jess A. | Jordan, Ronald |
| Barbakoff, Elaine | Cohen, Stephen M. | Garfield, Robert E. | Juday, J. Bradley |
| Barchi, Robert P. | College of Dental Surgeons of | Garry, James F. | |
| Barmby, Curtis L. | British Columbia | Gettleman, Lawrence | |

- Kahn, Richard L.
 Kaplowitz, Gary J.
 Karateew, Dwayne E.
 Kaufman, Paul
 Kedici, Sena Pembe
 Kelliher, Michael J.
 Kim, Peter H.
 Kincheloe, Allen
 Kiser, Anthony L.
 Klein, Jennifer A.
 Klemens, James J.
 Kohlberg, Theresa C.
 Krasner, Paul R.
 Krueger, Douglas A.
 Kumamoto, David P.
 Kutler, Benton
- Lang, Brien R.
 Lang, Jeffrey A.
 Leeds, Robert
 Leinfelder, Karl
 Leonard, Myer
 Leslie, Laurel Rae
 Lian, Sun
 Lifetime Medical Television
 Limoli, Tom
 Loma Linda University
 Loos, Paul J.
 Los, Stephen A.
 Luquis-Aponte, Wilma
- Maggio, Joseph
 Mansfield, Steven
 Marimed Foundation
 Marker, Ole Thomas
 Maro, Peter D., Jr.
 Massullo, Rick M.
 Maurer, Paul R.
 Mazik, Casimir A.
 McCarthy, Daniel
 McCracken, Michael S.
 McCranels, Scott A.
 McDonald, James L., Jr.
 McDougall, John A.
 McGill, Jean S.
 McGraw, James
 McMullen, Albert F., III
 McNamara, James
 Melendez, Arturo Santiago
 Mendez, Arturo J.
 Mensor, Merrill C.
- Mercure, Albert J.
 Meyer, Alvin
 Miller, Donald A.
 Monson, Ann-Marie
 Montgomery, Nancy A.
 Mooney, Thomas F., III
 Mortenson, Brent W.
 Moshiri, Farhad
 Mouhabaty, Daniel A.
 Moxley, Jeff E.
 Murray, Robert R.
 Myers, Terry D.
- National Library of Medicine
 National Museum of Dentistry
 National Sjogren's Syndrome
 Association
 Naylor, Craig
 Neeb, John M.
 Nelson, Stephen
 Neuman, Kenneth A.
 Nicholls, Jack
 Niessen, Linda C.
 Nieuwsma, Dick
- O'Neill-Smith, Kathleen
 Oberg, S. William
 Ochs, Howard A.
 Olsen, Kenneth
 Oringer, Richard J.
- Page, Roy
 Parsell, Rodney R.
 Pascualy, Ralph
 Pazoki, Asghar
 Pence, Caprial A.
 Pentzien, Cheri
 Perry, Timothy R.
 Peterson, Soren
 Piacine, Mark J.
 Platek, James B.
 Plotka, Ronald T.
 Ploumis, Emanuel
 Powell, William
 Pratten, Don H.
 Pride, James
- Quarnstrom, Fred C.
- Ray, Joellen
 Razzano, Michael R.
- Rethman, Jill
 Rezai, Rahele F.
 Riccelli, Angelina E.
 Riddel, David
 Roberson, John B.
 Rogers, Mark A.
 Rolfs, Donald A.
 Rose, Christopher M.
 Roseman, Irvin A.
 Rotskoff, Kenneth
 Rudo, David N.
- Salvo, Christopher A.
 Sarkar, N. K.
 Schaub, Gary R.
 Scherer, Warren
 Schneider, Werner
 Schwartz, Stephen F.
 Schwartz-Dabney, Carina L.
 Seldin, Leslie W.
 Serio, Francis G.
 Shavell, Harold
 Shultz, Rudane E.
 Siew, Chakwan
 Singh, Raj Pal
 Sjogren's Syndrome Foundation
 Slayton, Rebecca L.
 Smart, Fock M.
 Smith, Jeff
 Solomon, Alvin
 Sonnier, Jzelle
 Spivey, David W.
 Staat, Robert H.
 Steelman, Robert J.
 Stern, Kathy Ann
 Stewart, Alden
 Stewart, Arthur V.
 Straffon, Lloyd
 Strupp, William
 Subar, Paul E.
 Sugarman, Edward
 Sugarman, Marvin
 Suzuki, Jon
- Tate, William H.
 Taylor, Doriene C.
 Theisen, Frank C.
 Thomas-Weintraub, Annette
 Thornley, Dennis
 Tibbetts, John R.
 Toca, Kent
- Topazian, Richard
 Trapnell, Brian F.
 Trinity College Dublin, Ireland
 Truelove, Edmond
- U.S. Public Health Service -
 Region I
 University of Kentucky, College
 of Dentistry
 University of Washington,
 School of Dentistry
 Uppsala University
- Valdez, Ernest E.
 Venneri, Joseph A.
 Vermost, Barbra J.
- Wagner, Ina-Veronika
 Wagner, John W.
 Wagner, Sarah A.
 Wang, Shi-yu
 Warnick, Allan J.
 Washington State Dental
 Association
 Watkins, Robert T.
 Wei, Stephen
 Weine, Franklin S.
 Weiner, Arthur A.
 Weiss, Richard I.
 Weissman, M. A.
 Wells, Norma
 Wenninger, James
 Werrin, S. Rand
 Werts, Ramon
 Western Society of
 Periodontology
 White, Joel M.
 Winter, Robert R.
 Wisnom, Christine J.
 Wong, Kin
 Worldwide Dental Health
 Service
 Worthington, Phillip
 Wright, Glenna
 Wright, Lee
 Wright, Robin
- Yankell, Samuel L.
 Yavuzylmaz, Husnu
- Zambon, Joseph

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Directory

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Map of Trustee Districts

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Directory

Officers, Trustees, Associate Executive Director, Assistant Executive Directors, Councils, Commissions, Bureaus, Committee on Local Arrangements

Officers

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 Rainwater, Gary, *speaker, House of Delegates*, Dallas
 Ginley, Thomas J., *executive director*, Chicago

Trustees

Booth, William A., 1993, *Third District*, Sharon, PA
 Chancey, J.P., Jr., 1991, *Twelfth District*, Fort Smith, AR
 Clark, James N., 1992, *Tenth District*, Dubuque, IA
 D'Eustachio, Richard W., 1993, *Fourth District*, Cherry Hill, NJ
 Gaines, James H., 1992, *Sixteenth District*, Greenville, SC
 Harris, Jack H., 1991, *Fifteenth District*, Pearland, TX
 Hayashi, Bert Y., 1991, *Fourteenth District*, Honolulu
 Hinterman, John V., 1993, *Ninth District*, Flint, MI
 Lamacki, Walter F., 1994, *Eighth District*, Chicago
 Mercer, James F., 1992, *Seventh District*, Akron, OH
 Opinsky, Jack S., 1991, *First District*, Hartford, CT
 Payne, George S., 1994, *Thirteenth District*, Santa Rosa, CA
 Simmons, Heber, Jr., 1993, *Fifth District*, Jackson, MS
 Stevens, Frank H., 1992, *Sixth District*, Morgantown, WV
 Sweet, Thomas O., 1994, *Second District*, North Syracuse, NY
 TenPas, William S., 1994, *Eleventh District*, Corvallis, OR

Associate Executive Director

Allen, William E.

Assistant Executive Directors

Landman, Sheldon I. (finance and business affairs)

Lefler, Bill B. (legislative affairs)
 Logan, Mary K. (legal affairs)
 Miller, Clifford H. (education)
 Mitchell, Lorna (communications)
 Neidle, Enid A. (scientific affairs)
 Perich, Michael L. (dental practice)
 Perich, Paula J. (membership and marketing services)
 Sweeney, James H. (conference and meeting services)

Councils

ADA Sessions and International Relations

Smith, Robert J., 1991, *chairman*, Pittsburgh
 Brewster, James E., 1992, San Francisco
 DiMango, Anthony L., 1991, Brooklyn, NY
 Divack, Morton L., 1994, Jackson Heights, NY
 Goodman, William E., 1993, Miami, OK
 Harrell, James A., Sr., 1992, Elkin, NC
 Hudgins, John O., 1994, Murphysboro, IL
 Johnson, Johnny N., *ex officio, general chairman*, Committee on Local Arrangements, 1991 Annual Session, Seattle
 Kunik, Burton J., 1994, Houston
 Lee, John G., *ex officio, general chairman*, Committee on Local Arrangements, 1992 Annual Session, Orlando, FL
 McDermott, Bernard K., 1993, Washington, DC
 Morawa, Arnold P., 1992, Ann Arbor, Michigan
 Reinke, Paul H. H., 1991, Rapid City, SD
 Jeske, Edward T., *director*, Chicago

Community Health, Hospital, Institutional and Medical Affairs

Boyd, William F., 1991, *chairman*, Garden City, NY
 Adams, Samuel H., 1994, Houston
 Allen, J. David, 1992, Decatur, GA
 Bonofiglio, Eugene L., 1993, Grand Rapids, MI
 Calderone, James J., 1993, Albuquerque
 Daniel, Thomas M., 1991 (AMA), Belleair, FL

Donlon, William C., 1993, Burlingame, CA
 Dumont, Thomas, 1991, Ashland, OR
 Hanson, Paul, 1991 (AHA), Rochester, NY
 Harris, David J., 1992, South Bend, IN
 Haught, William R., 1994, Tulsa, OK
 Jabbour, Richard E., 1994, Spartanburg, SC
 Kalil, Joseph G., 1991, Methuen, MA
 Melnick, Harry J., 1992, Skokie, IL
 Murphy, James C., 1994, Richmond, KY
 Neff, Jack H., 1991, Wynnewood, PA
 Romeo, Frank J., 1992, Baltimore
 Tempero, Richard M., 1993, Omaha
 Klyop, John S., *director*, Chicago

Dental Care Programs

Killinger, James B., 1991, *chairman*, Oshkosh, WI
 Ansted, Richard A., 1991, Toledo, OH
 Dubowsky, Scott M., 1992, Bayonne, NJ
 Duncan, Terry L., 1994, Wichita, KS
 Eyre, Vern B., 1991, Logan, UT
 Georges, Ramon P., 1993, Waukegan, IL
 Geraci, Timothy F., 1993, Oakland, CA
 Kirchner, George A., 1992, Allentown, PA
 Klein, H. Raymond, 1991, Jacksonville, FL
 LaCoste, Roger R., 1992, New Bedford, MA
 Lippert, Jacob J., 1993, Union, MO
 McClure, G. Jerry, 1993, Pasadena, TX
 Pudwill, Myron L., 1994, Lincoln
 Schutze, H. John, 1994, Queensbury, NY
 Straka, Edward A., Jr., 1992, Bend, OR
 Tankersley, R. L., 1994, Newport News, VA
 Feldman, Marye C., *director*, Chicago

Dental Education

Barker, Ben D., 1992, *chairman*, Chapel Hill, NC
 Babineau, T. Arthur, 1992, Nashua, NH
 Barnes, Wayne J., 1991, Sioux City, IA
 Cherrick, Henry M., 1991, Los Angeles
 Hasler, John F., 1993, Baltimore
 Horwitz, W. Kenneth, 1994, Houston
 Hunt, Lindsay M., Jr., 1994, Richmond, VA
 Roberson, Peter D., 1993, Chicago
 Roy, Jacqueline A., 1991, Utica, NY

Warren, Robert E., 1993, Anchorage, AK
 Williams, Lewis, 1994, Toccoa, GA
 Yeager, Arthur L., 1992, Westwood, NJ
 Santangelo, Mario V., *director*, Chicago

Dental Materials, Instruments and Equipment

Johnson, Glen H., 1991, *chairman*, Seattle
 Anusavice, Kenneth, 1992, Gainesville, FL
 Brooks, Sharon L., 1993, Ann Arbor, MI
 Donovan, Terence E., 1993, Los Angeles
 Hembree, John H., Jr., 1994, Jackson, MS
 Heymann, Harald O., 1991, Chapel Hill, NC
 Lancione, Raymond R., 1991, Coraopolis, PA
 Leary, James M., 1994, Washington, IA
 Mohl, Norman D., 1992, Buffalo
 Overberger, James E., 1992, Morgantown, WV
 Rudd, Kenneth D., 1994, San Antonio
 Stanford, John W., *director*, Chicago

Dental Practice

Player, T. Carroll, 1991, *chairman*, Florence, SC
 Amundson, Vernon L., 1992, Duluth, MN
 Baker, Robert W., Sr., 1994, Ithica, NY
 Bushee, Eleanor J., 1991, Alton, IL
 Chaput, Ronald, 1993, Chelmsford, MA
 DeNicola, Ross J., Jr., 1991, Baton Rouge, LA
 Grubb, Richard V., 1993, Havre de Grace, MD
 Hall, Charles R., 1994, Huntsville, AL
 Harrison, Thomas C., 1993, Katy, TX
 Hearon, Donald L., 1992, Tacoma, WA
 Ogawa, Amy A., 1994, Waipahu, HI
 Polizotto, Scott H., 1991, Valparaiso, IN
 Prevost, Gibbs M., Sr., 1992, Knoxville, TN
 Sniderman, Marvin, 1993, Pittsburgh
 Van Dyk, William, 1992, San Pablo, CA
 Van Miller, James L., 1994, Green Bay, WI
 Bramson, James B., *director*, Chicago

Dental Research

Anderson, Allen W., 1992, *chairman*, Chicago
 Crout, Richard J., 1991, Morgantown, WV
 Dahl, Eva C., 1993, LaCrosse, WI
 Mandel, Irwin D., 1991, New York

Marshall, Sally J., 1991 (AADR), San Francisco
 Morgan, Warren A., 1992, Springfield, MA
 Page, Roy C., 1993, Seattle
 Phelan, Joan M., 1994, New York
 Picozzi, Anthony, 1991, Ridgewood, NJ
 Schenkein, Harvey A., 1994, Richmond, VA
 Stamm, John W., 1991, Chapel Hill, NC
 Verrusio, A. Carl, *director*, Chicago

Dental Therapeutics

Trummel, Clarence L., 1991, *chairman*, Farmington, CT
 Barrington, Erwin P., 1991, Chicago
 Cassingham, R. Jack, 1993, New Orleans
 Elias, Augusto, 1994, Rio Piedras, PR
 Feigal, Robert J., 1993, Edina, MN
 Ferrillo, Patrick J., Jr., 1992, Alton, IL
 Gherardi, Robert J., 1991, Albuquerque
 Maixner, William, 1994, Chapel Hill, NC
 Rowe, Nathaniel H., 1994, Ann Arbor, MI
 Terezhalmay, Geza T., 1992, North Olmsted, OH
 Van Hassel, Henry J., 1992, Portland, OR
 Burrell, Kenneth H., *director*, Chicago

Ethics, Bylaws and Judicial Affairs

Lange, Karl W., 1991, *chairman*, Lexington, KY
 Burch, Robert H., 1992, Monticello, AR
 Cadle, Donald L., Jr., 1994, New Port Richey, FL
 Cartwright, O.V., 1992, Grand Prairie, TX
 Cooley, David F., 1992, Kalamazoo, MI
 Fanno, James T., 1993, Canton, OH
 Giuliani, Richard L., 1993, Chevy Chase, MD
 Hamrick, Fitzhugh N., 1994, Charleston, SC
 Lavalla, Gaetan J., 1991, Drexel Hill, PA
 Matis, John A., 1993, Ogden, UT
 Muller, Carl H., 1991, Villa Park, IL
 Plihal, James, 1991, Edmonds, WA
 Sewright, James R., 1992, Hot Springs, SD
 Sessa, Frank A., 1994, Stamford, CT
 Warner, Lawrence J., 1994, Tarzana, CA
 Wentworth, Edward T., Jr., 1993, Pittsford, NY
 Boerschinger, Thomas H., *director*, Chicago

Governmental Affairs and Federal Dental Services

Sugg, Robert W., 1991, *chairman*, Durham, NC
 Bowling, Everett W., 1994, Pineville, WV
 Cross, Chauncey, 1992, Springfield, IL
 Curtis, Howard F., 1994, Eugene, OR
 Downes, Edward J., 1991, Albany, NY
 Gwynn, J. Cliff, 1992, Tallahassee, FL
 Kincheleoe, Earl B., 1993, Cheyenne, WY
 Lainson, Phillip A., 1993, Iowa City
 Langbert, Carl, 1994, Highland Park, NJ
 Mehlman, Edwin S., 1992, Providence, RI
 Roebuck, Tommy G., 1994, Arkadelphia, AR
 Rummel, David G., 1993, Columbus, OH
 Sampe, David A., 1992, Mequon, WI
 Simms, Richard A., 1991, Harbor City, CA
 Thompson, Kay, 1993, Carnegie, PA
 Wood, Gene, 1991, Forth Worth
 O'Donnell, John F., *director*, Washington, DC

Insurance

Toso, Donald R., 1991, *chairman*, New Orleans
 Seldin, Leslie W., 1992, New York
 Allen, Zoel G., 1993, Perryton, TX
 Bitler, Glenn F., 1993, Raleigh, NC
 Breza, John, 1994, Fraser, MI
 Coratola, Joseph J., 1993, Bristol, CT
 Gerstenmaier, John H., 1994, Akron, OH
 Katz, Eugene E., 1992, Conshohocken, PA
 Knox, John E., 1991, Belleville, IL
 Lehman, John P., 1991, Whittier, CA
 McCall, Douglas H., 1991, Louisville
 McKrill, Edward M., 1992, Juneau, AK
 Sather, Alfred H., 1994, Rochester, MN
 Scott, Michael A., 1994, Pompano Beach, FL
 Sokoloff, Jack P., 1992, Wilmington, DE
 Utzinger, David H., 1993, Scottsdale, AZ
 Johnson, Brian M., *director*, Chicago

Commissions

Dental Accreditation

Barker, Ben D., 1992, *chairman*, Chapel Hill, NC
 Babineau, T. Arthur, 1992, Nashua, NH
 Barnes, Wayne J., 1991, Sioux City, IA

Casko, John S., 1991, Iowa City, IA
 Cherrick, Henry M., 1991, Los Angeles
 Harris, Sandra B., 1992, Tullahoma, TN
 Hasler, John F., 1993, Baltimore
 Helfrick, John F., 1992, Sugarland, TX
 Horwitz, W. Kenneth, 1994, Houston
 Hunt, Lindsay M., Jr., 1994, Richmond, VA
 LoFrisco, Christopher J., 1991, Manalapan, NJ
 Morr, Kathleen, 1991, Pocatello, ID
 Mumolo, F. Alan, 1993, Bayside, NY
 Novak, Darlene, 1992, Louisville
 Ramirez De Arellano, Annette B., 1994, New York
 Roberson, Peter D., 1993, Chicago
 Roy, Jacqueline, 1991, Utica, NY
 Warren, Robert E., 1993, Anchorage, AK
 Williams, Lewis, 1994, Toccoa, GA
 Yeager, Arthur L., 1992, Westwood, NJ
 Santangelo, Mario V., *director*, Chicago

National Dental Examinations

Looper, Joseph W., 1991, *chairman*, Atlanta
 Bachman, Lillian H., 1991, New York
 Carlson, Edward C., 1993, Tucson
 Chichetti, Richard J., 1994, Tallahassee, FL
 Deck, Sally Ann, 1994, Lansing, MI
 Elzay, Richard P., 1992, Minneapolis
 English, Leon, 1992, Arcadia, WI
 Goldblatt, Lawrence, 1991, Indianapolis
 Minatra, Randolph D., 1992, Houston
 Palmer, John E., 1993, Newport, OR
 Reed, Michael J., 1993, Kansas City, MO
 Rupp, Roger R., 1993, Winfield, KS
 Salcetti, Jeanne, 1991, Baltimore
 Sarro, Francis, 1994, Wilmington, DE
 Williamson, James A., 1994, Baltimore
 DeMarais, David R., *director*, Chicago

Relief Fund Activities

Ragan, Robert T., 1991, *chairman*, Cleveland, MS
 Brett, George W., 1993, Clearfield, PA
 Capps, William R., 1991, Hope, AR
 Hinkle, Robert C., 1992, Columbus, OH
 Long, John Q., Jr., 1994, Odessa, TX
 Olson, A. Miles, 1994, Laurens, IA
 Pasantino, Frank R., 1992, San Francisco
 Reiting, Charles G., 1993, Gunnison, CO
 Bramson, James B., *director*, Chicago

Young Professional

Koufos, Michael J., 1991, *chairman*, Schererville, IN
 Bigelow, Tod, 1993, Denver
 Castagna, Daniel M., 1994, San Francisco
 Crete, Michael J., 1992, Grandville, MI
 Doerfler, Andrew C., 1992, Spring, Texas
 Donnatelli, David P., 1994, Monroeville, PA
 Feinberg, Edward, 1993, Scarsdale, NY
 Higgins, Philip W., Jr., 1991, Camden, ME
 Hinkle, R. Alan, 1993, McLean, VA
 Isaacson, Richard, 1994, W. Long Branch, NJ
 Kell, Kathryn A., 1992, Davenport, IA
 Kennedy, Scott, 1991, Topeka, KS
 Outlaw, James F., 1991, Winter Park, FL
 Thompson, Timothy E., 1994, Twin Falls, ID
 Thompson, William Roy, 1992, Murfreesboro, TN
 Unger, Joseph G., 1993, Chicago
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Bureaus

Economic and Behavioral Research

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Kowitz, Aletha A., *director*, Chicago

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 Graham, Katie, Vancouver, WA
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 Hori, June, Mercer Island, WA
 Johnson, Amy, Vancouver, WA
 Johnson, Mark A., Vancouver, WA
 Johnson, Pat, Seattle
 Jordal, David, Tacoma, WA
 Jordal, Gretchen, Tacoma, WA
 Kaveney, Gregory, Seattle
 Kegel, Bernice, Seattle
 Kegel, Wally W., Seattle
 Kiefer, Carolyn, Seattle
 Kieffer, Beverly, Scottsdale, AZ
 Larsen, John S., Seattle
 LeCuyer, Chris, Seattle
 Lord, Sandy, Seattle
 Low, Joseph, III, Vancouver, WA
 Low, Sandee, Vancouver, WA
 Manning, Kathleen, Vancouver, WA
 McCarter, Lois, Seattle
 McGraw, Janice, Bellevue, WA
 McNally, Joseph D., Tacoma, WA
 Mielke, Marilee, Vancouver, WA
 Mielke, Richard, Vancouver, WA
 Minahan, David, Kenmore, WA
 Minahan, Susan, Seattle
 Mirante, Chichi, Seattle
 Mobley, Wonzel M., Seattle
 Moser, Naomi, Kirkland, WA
 Muck, George, Portland, OR
 Muck, Joyce, Portland, OR
 Naughton, Joanne, Portland, OR
 Naughton, Richard, Portland, OR
 Nelson, Evans, Vancouver, WA
 Nelson, Marilyn, Vancouver, WA
 Newland-Pyfer, Julene, Seattle
 Norvold, Arden, Redmond, WA
 Norvold, Jan, Seattle
 Plihal, Joann, Edmonds, WA
 Reed, Dennis, Portland, OR
 Richardson, Rhonda, Newport, OR
 Ritchie, Lynda, Seattle
 Rotter, Richard J., Seattle
 Ryan, Donna, Vancouver, WA
 Scheel, Michael, Vancouver, WA
 Scheel, Julie, Vancouver, WA
 Simpson, Earl C., Vancouver, WA

Smith, Rhobie, Seattle
 Solvie, Joan, Spokane, WA
 Sterns, Pat, Salem, OR
 Stevens, Shirley, Spokane, WA
 Swainson, Marvin E., Yakima, WA
 Swainson, Midge, Yakima, WA
 Thompson, Brian, Vancouver, WA
 Thompson, Douglas B., Seattle
 Thompson, Iiley, Vancouver, WA
 Van Tilburg, Arthur W., Ridgefield, WA
 Van Tilburg, Eleanor, Ridgefield, WA
 Volz, Pamela D., Bremerton, WA
 Volz, Wallace, Jr., Bremerton, WA
 Walker, Barbara, Kent, WA
 Walker, Mark, Kent, WA
 Warner, Danny G., Vancouver, WA
 Warner, Mike, Seattle
 Wentworth, Rod B., Des Moines, WA
 World, Peg, Seattle
 Yonek, Francis, Vancouver, WA
 Yonek, Karolyn, Vancouver, WA

Committee on Special Services

Compaan, Donald E., *chairman*, Seattle
 Terkla, Robert S., *vice-chairman*, Seattle
 Allen, Robert D., Seattle

Amphlett, James, Seattle
 Anderson, Howard S., Seattle
 Anderson, Pat, Seattle
 Barnes, Dexter E., Seattle
 Barriga, Bertha, Seattle
 Beasley, Neil E., Seattle
 Bendzak, Robert J., Seattle
 Bloomquist, Karen K., Seattle
 Bush, John C., Seattle
 Chatalas, George M., Seattle
 Chilton, Paul A., Seattle
 Clark, Howard E., Seattle
 Cockburn, Lynn C., Seattle
 Compaan, Vicky, Seattle
 Deines, John M., Seattle
 Dyer, Homer J., Jr., Seattle
 Estes, Leonard E., Tacoma, WA
 Gallaher, Philip G., Seattle
 Guthrie, Kay, Seattle
 Hasegawa, Fred I., Seattle
 Hearon, Donald L., Tacoma, WA
 Hoar, Roland E., Seattle
 Holtz, Ingobert R., Bellevue, WA
 Hublou, Roland A., Everett, WA
 Ingram, Dean W., Seattle
 Johnson, Robert E., Jr., Seattle

Kelley, Robert R., Seattle
 Kunkel, Donna, Hillsboro, OR
 Kunkel, Paul W., Jr., Hillsboro, OR
 Laviola, Mark D., Tacoma, WA
 Leonard, Albert C., Seattle
 Leshgold, Joan, Bellevue, WA
 Leshgold, Richard, Seattle
 Losh, Harvey, Seattle
 Luzzi, James M., Tacoma, WA
 Megale, Dominic V., Seattle
 Mitchell, R. David, Seattle
 Naden, E. Thomas, Jr., Seattle
 Naden, Ellie, Seattle
 Nigrelle, Martin J., Seattle
 Petersen, Dave, Spokane, WA
 Pierce, Donald C., Seattle
 Pierce, James E., Seattle
 Quarnstrom, Fred C., Seattle
 Ryan, A. Lynn, Vancouver, WA
 Swanson, Kris, Bellevue, WA
 Swanson, Richard, Bellevue, WA
 Toolson, Brian, Seattle
 Trask, Georgina M., Seattle
 Walgren, William J., Seattle

Historical Record

The American Dental Association was organized at Niagara Falls, NY, August 3, 1859. President of this organizing convention was W. W. Allport and the Secretary was J. Taft. Permanent organization was effected in Washington, D.C. July 3, 1860, when the officers *pro tem* were succeeded by regularly elected officers. In 1861 no session was held, owing to the Civil War; since then, the sessions have been

held annually with the exception of 1945, when no session was held because of World War II. In 1897 the Association united with the Southern Dental Association, and the name was changed to the "National Dental Association," which name was retained until 1922, when the earlier name was resumed. A complete list of the officers and sessions follows.

American Dental Association

Term	President	Corresponding Secretary	Recording Secretary	Date of Meeting	Place of Meeting
1860-61	W. H. Atkinson	W. M. Rogers	J. Taft		No meeting
1861-62	W. H. Atkinson	W. M. Rogers	J. Taft	1862	Cleveland
1862-63	G. Watt	J. F. Johnson	J. Taft	1863	Philadelphia
1863-64	W. H. Allen	C. R. Butler	J. Taft	1864	Niagara Falls
1864-65	J. H. McQuillen	G. W. Ellis	J. Taft	1865	Chicago
1865-66	C. W. Spalding	L. D. Shepard	J. Taft	1866	Boston
1866-67	C. P. Fitch	A. Hill	J. Taft	1867	Cincinnati
1867-68	A. Lawrence	C. R. Butler	J. Taft	1868	Niagara Falls
1868-69	Jonathan Taft	J. McManus	Edgar Park	1869	Saratoga Springs
1869-70	Homer Judd	I. A. Salmon	M. S. Dean	1870	Nashville
1870-71	W. H. Morgan	I. A. Salmon	M. S. Dean	1871	White Sulphur Springs, W Va
1871-72	G. H. Cushing	I. A. Salmon	M. S. Dean	1872	Niagara Falls
1872-73	P. G. C. Hunt	J. Taft	M. S. Dean	1873	Put-in-Bay, Ohio
1873-74	T. L. Buckingham	J. Taft	M. S. Dean	1874	Detroit
1874-75	M. S. Dean	G. L. Field	C. S. Smith	1875	Niagara Falls
1875-76	A. L. Northrop	J. H. McQuillen	C. S. Smith	1876	Philadelphia
1876-77	G. W. Keely	J. H. McQuillen	C. S. Smith	1877	Chicago
1877-78	F. H. Rehwinkel	M. H. Webb	M. S. Dean	1878	Niagara Falls
1878-79	H. J. McKellops	A. O. Rawls	G. H. Cushing	1879	Niagara Falls
1879-80	L. D. Shepard	M. H. Webb	G. H. Cushing	1880	Boston
1880-81	C. N. Pierce	A. M. Dudley	G. H. Cushing	1881	New York
1881-82	H. A. Smith	A. M. Dudley	G. H. Cushing	1882	Cincinnati
1882-83	W. H. Goddard	A. W. Harlan	G. H. Cushing	1883	Niagara Falls
1883-84	E. T. Darby	A. W. Harlan	A. H. Peck	1884	Saratoga Springs
1884-85	J. N. Crouse	A. W. Harlan	A. H. Peck	1885	Minneapolis
1885-86	W. C. Barrett	A. W. Harlan	G. H. Cushing	1886	Niagara Falls
1886-87	W. W. Allport	A. W. Harlan	G. H. Cushing	1887	Niagara Falls
1887-88	Frank Abbott	F. A. Levy	G. H. Cushing	1888	Louisville
1888-89	C. R. Butler	F. A. Levy	G. H. Cushing	1889	Saratoga Springs
1889-90	M. W. Foster	F. A. Levy	G. H. Cushing	1890	Excelsior Springs
1890-91	A. W. Harlan	F. A. Levy	G. H. Cushing	1891	Saratoga Springs
1891-92	W. W. Walker	F. A. Levy	G. H. Cushing	1892	Niagara Falls
1892-93	J. D. Patterson	F. A. Levy	G. H. Cushing	1893	Chicago
1893-94	J. D. Patterson	F. A. Levy	G. H. Cushing	1894	Old Point Comfort, Va
1894-95	J. Y. Crawford	E. E. Chase	G. H. Cushing	1895	Asbury Park, NJ
1895-96	J. Y. Crawford	E. E. Chase	G. H. Cushing	1896	Saratoga Springs
1896-97	James Truman	F. A. Levy	G. H. Cushing	1897	Old Point Comfort, Va

National Dental Association

1897-98	Thomas Fillebrown	E. E. Chase	G. H. Cushing	1898	Omaha
1898-99	H. J. Burkhard	E. E. Chase	G. H. Cushing	1899	Niagara Falls
1899-1900	B. Holly Smith	E. E. Chase	G. H. Cushing	1900	Old Point Comfort, Va

1900-01	G. V. Black	M. E. Gallup	G. H. Cushing	1901	Milwaukee
1901-02	J. A. Libbey	J. D. Pfeiffer	G. H. Cushing	1902	Niagara Falls
1902-03	L. G. Noel	W. D. Tracy	A. H. Peck	1903	Asheville, NC
1903-04	C. C. Chittenden	C. S. Butler	A. H. Peck	1904	St. Louis (Business only)
1904-05	W. E. Boardman	C. S. Butler	A. H. Peck	1905	Buffalo
1905-06	M. F. Finley	C. S. Butler	A. H. Peck	1906	Atlanta
1906-07	A. H. Peck	B. L. Thorpe	C. S. Butler	1907	Minneapolis
1907-08	William Carr	B. L. Thorpe	C. S. Butler	1908	Boston
1908-09	V. E. Turner	H. C. Brown	C. S. Butler	1909	Birmingham
1909-10	B. L. Thorpe	H. C. Brown	C. S. Butler	1910	Denver
1910-11	E. S. Gaylord	C. W. Rodgers	H. C. Brown	1911	Cleveland
1911-12	A. R. Melendy	C. W. Rodgers	H. C. Brown	1912	Washington, DC
1912-13	F. O. Hetrick	C. W. Rodgers	H. C. Brown	1913	Kansas City, MO

Reorganized July 10, 1913

		General Secretary	Treasurer		
1913-14	H. C. Brown	Otto U. King	H. B. McFadden	1914	Rochester, NY
1914-15	D. M. Gallie	Otto U. King	A. R. Melendy	1915	San Francisco (H of D only)
1915-16	T. P. Hinman	Otto U. King	A. R. Melendy	1916	Louisville
1916-17	L. L. Barber	Otto U. King	A. R. Melendy	1917	New York
1917-18	W. H. G. Logan	Otto U. King	A. R. Melendy	1918	Chicago
1918-19	C. V. Vignes	Otto U. King	A. R. Melendy	1919	New Orleans
1919-20	J. V. Conzett	Otto U. King	A. R. Melendy	1920	Boston
1920-21	H. E. Friesell	Otto U. King	A. R. Melendy	1921	Milwaukee

American Dental Association

		Secretary	Treasurer		
1921-22	T. B. Hartzell	Otto U. King	A. R. Melendy	1922	Los Angeles
1922-23	J. P. Buckley	Otto U. King	A. R. Melendy	1923	Cleveland
1923-24	W. A. Giffen	Otto U. King	A. R. Melendy	1924	Dallas
1924-25	C. N. Johnson	Otto U. King	A. R. Melendy	1925	Louisville
1925-26	Sheppard W. Foster	Otto U. King	A. R. Melendy	1926	Philadelphia
1926-27	Henry L. Banzhaf	Otto U. King	A. R. Melendy	1927	Detroit
1927-28	R. H. Volland	H. B. Pinney	A. R. Melendy	1928	Minneapolis
1928-29	Percy R. Howe	H. B. Pinney	R. H. Volland	1929	Washington, DC
1929-30	R. Boyd Bogle	H. B. Pinney	R. H. Volland	1930	Denver
1930-31	Robert T. Oliver	H. B. Pinney	R. H. Volland	1931	Memphis
1931-32	Martin Dewey	H. B. Pinney	R. H. Volland	1932	Buffalo
1932-33	G. Walter Dittmar	H. B. Pinney	R. H. Volland	1933	Chicago
1933-34	Arthur C. Wherry	H. B. Pinney	R. H. Volland	1934	St. Paul
1934-35	Frank M. Casto	H. B. Pinney	R. H. Volland	1935	New Orleans
1935-36	George B. Winter	H. B. Pinney	R. H. Volland	1936	San Francisco
1936-37	Leroy M. S. Miner	H. B. Pinney	R. H. Volland	1937	Atlantic City
1937-38	C. Willard Camalier	H. B. Pinney	R. H. Volland	1938	St. Louis
1938-39	Marcus L. Ward	H. B. Pinney	R. H. Volland	1939	Milwaukee
1939-40	Arthur H. Merritt	H. B. Pinney	R. H. Volland	1940	Cleveland
1940-41	Wilfred R. Robinson	H. B. Pinney	R. H. Volland	1941	Houston
1941-42	Oren A. Oliver	H. B. Pinney	R. H. Volland	1942	St. Louis (H of D only)
1942-43	J. Ben Robinson	H. B. Pinney	R. H. Volland	1943	Cincinnati (H of D only)
1943-44	C. Raymond Wells	H. B. Pinney	R. H. Volland	1944	Chicago (H of D only)
1944-45	Walter H. Scherer	H. B. Pinney	R. H. Volland		No meeting
1945-46	Walter H. Scherer	H. B. Pinney	R. H. Volland	1946	Miami (H of D only)

1946-47	Sterling V. Mead	H. Hillenbrand	R. H. Volland	1947	Boston
1947-48	H. B. Washburn	H. Hillenbrand	R. H. Volland	1948	Chicago
1948-49	C. F. Minges	H. Hillenbrand	H. B. Washburn	1949	San Francisco
1949-50	Philip E. Adams	H. Hillenbrand	H. B. Washburn	1950	Atlantic City
1950-51	Harold W. Oppice	H. Hillenbrand	H. B. Washburn	1951	Washington, DC
1951-52	LeRoy M. Ennis	H. Hillenbrand	H. B. Washburn	1952	St. Louis
1952-53	Otto W. Brandhorst	H. Hillenbrand	H. B. Washburn	1953	Cleveland
1953-54	Leslie M. Fitzgerald	H. Hillenbrand	H. B. Washburn	1954	Miami
1954-55	Daniel F. Lynch	H. Hillenbrand	H. B. Washburn	1955	San Francisco
1955-56	Bernerd C. Kingsbury	H. Hillenbrand	H. B. Washburn	1956	Atlantic City
1956-57	Harry Lyons	H. Hillenbrand	H. B. Washburn	1957	Miami-Miami Beach
1957-58	William R. Alstadt	H. Hillenbrand	H. B. Washburn	1958	Dallas
1958-59	Percy T. Phillips	H. Hillenbrand	H. B. Washburn	1959	New York
1959-60	Paul H. Jeserich	H. Hillenbrand	H. B. Washburn	1960	Los Angeles
1960-61	Charles H. Patton	H. Hillenbrand	H. B. Washburn	1961	Philadelphia
1961-62	John R. Abel	H. Hillenbrand	P. H. Jeserich	1962	Miami Beach
1962-63	Gerald D. Timmons	H. Hillenbrand	P. H. Jeserich	1963	Atlantic City
1963-64	James P. Hollers	H. Hillenbrand	P. H. Jeserich	1964	San Francisco
1964-65	Fritz A. Pierson	H. Hillenbrand	E. Jeff Justis	1965	Las Vegas
1965-66	Maynard K. Hine	H. Hillenbrand	E. Jeff Justis	1966	Dallas
1966-67	William A. Garrett	H. Hillenbrand	E. Jeff Justis	1967	Washington, DC
1967-68	F. Darl Ostrander	H. Hillenbrand	R. K. Trueblood	1968	Miami Beach
1968-69	Hubert A. McGuirl	H. Hillenbrand	R. K. Trueblood	1969	New York
1969-70	Harry M. Klenda	C. G. Watson	R. K. Trueblood	1970	Las Vegas
1970-71	John M. Deines	C. G. Watson	H. S. Eberhardt	1971	Atlantic City
1971-72	Carl A. Laughlin	C. G. Watson	H. S. Eberhardt	1972	San Francisco
1972-73	Louis A. Saporito	C. G. Watson	H. S. Eberhardt	1973	Houston
1973-74	Carlton H. Williams	C. G. Watson	J. W. Etherington	1974	Washington, DC
1974-75	L. M. Kennedy	C. G. Watson	J. W. Etherington	1975	Chicago
1975-76	Robert B. Shira	C. G. Watson	J. W. Etherington	1976	Las Vegas
1976-77	Frank F. Shuler	C. G. Watson	Jack H. Pfister	1977	Miami Beach
1977-78	Frank P. Bowyer	C. G. Watson	I. Lawrence Kerr	1978	Anaheim
1978-79	Joseph P. Cappuccio	J. M. Coady	John J. Houlihan	1979	Dallas
1979-80	I. Lawrence Kerr	J. M. Coady	R. H. Griffiths	1980	New Orleans
1980-81	John J. Houlihan	J. M. Coady	Robert B. Dixon	1981	Kansas City, MO
1981-82	Robert H. Griffiths	J. M. Coady	Donald E. Bentley	1982	Las Vegas
1982-83	Burton H. Press	J. M. Coady	John L. Bomba	1983	Anaheim
1983-84	Donald E. Bentley	J. M. Coady	A. Lynn Ryan	1984	Atlanta
1984-85	John L. Bomba	J. M. Coady	Abraham Kobren	1985	San Francisco
1985-86	Abraham Kobren	T. J. Ginley	Joseph A. Devine	1986	Miami Beach
1986-87	Joseph A. Devine	T. J. Ginley	James A. Saddoris	1987	Las Vegas
1987-88	James A. Saddoris	T. J. Ginley	Arthur A. Dugoni	1988	Washington, DC
1988-89	Arthur A. Dugoni	T. J. Ginley	R. Malcolm Overbey	1989	Honolulu
1989-90	R. Malcolm Overbey	T. J. Ginley	Eugene J. Truono	1990	Boston
1990-91	Eugene J. Truono	T. J. Ginley	Geraldine Morrow	1991	Seattle

Living Past Presidents, American Dental Association

Harry Lyons	1956-57	I. Lawrence Kerr	1979-80
William R. Alstadt	1957-58	John J. Houlihan	1980-81
Maynard K. Hine	1965-66	Robert H. Griffiths	1981-82
John M. Deines	1970-71	Burton H. Press	1982-83
Carl A. Laughlin	1971-72	Donald E. Bentley	1983-84
Louis A. Saporito	1972-73	John L. Bomba	1984-85
Carlton H. Williams	1973-74	Abraham Kobren	1985-86
L. M. Kennedy	1974-75	Joseph A. Devine	1986-87
Robert B. Shira	1975-76	James A. Saddoris	1987-88
Frank F. Shuler	1976-77	Arthur A. Dugoni	1988-89
Frank P. Bowyer	1977-78	R. Malcolm Overbey	1989-90
Joseph P. Cappuccio	1978-79	Eugene J. Truono	1990-91

		REGISTERED	MEETINGS				REGISTERED	MEETINGS			
			1	2	3	4		1	2	3	4
NEW HAMPSHIRE	640 members, 3 delegates										
<u>Delegates</u>											
	Prisner, Eliot L., Nashua	.	.	.	.	.
	Fellegrino, Dennis P., Walpole	.	.	.	.	.
	Storace, Anthony M., Nashua	.	.	.	.	.
<u>Alternates</u>											
	Frost, David C., Concord	.	.	.	.	.
	Plodzki, Henry M., Manchester	.	.	.	.	.
	Sewall, Stephen A., Exeter	.	.	.	.	.
NEW JERSEY	4,284 members, 13 delegates										
<u>Delegates</u>											
	Bressman, Herbert B., Dunellen	.	.	.	.	.
	Churgin, Lawrence S., Bloomfield	.	.	.	.	.
	Dollinsky, Herbert B., Jersey City	.	.	.	.	.
	Finger, Henry W., Medford	.	.	.	.	.
	Isaacson, Robert J., West Long Branch	.	.	.	.	.
	Katz, Harmon R., New Brunswick	.	.	.	.	.
	Kramer, Gary M., Elizabeth	.	.	.	.	.
	Levine, Frank L., Paterson	.	.	.	.	.
	McCrae, William P., Morristown	.	.	.	.	.
	Morgenstern, Thomas F., East Windsor	.	.	.	.	.
	Roemer, Jack L., Princeton	.	.	.	.	.
	Sterling, Raymond A., Jr., Linwood	.	.	.	.	.
	Tweedle, Jack A., Oakland	.	.	.	.	.
<u>Alternates</u>											
	Albin, Stuart S., Marlboro	.	.	.	.	.
	Dablinger, Ronald, Clifton	.	.	.	.	.
	Deitch, Stanton, Marlton	.	.	.	.	.
	Dubowsky, Scott M., Bayonne	.	.	.	.	.
	Giantomas, Robert A., Northfield	.	.	.	.	.
	Kramer, Gary M., Elizabeth	.	.	.	.	.
	Leizer, Joel E., East Brunswick	.	.	.	.	.
	LoMonaco, Carmine J., West Caldwell	.	.	.	.	.
	Milone, Andrew S., Jersey City	.	.	.	.	.
	Perle, Charles H., Jersey City	.	.	.	.	.
	Schaffer, Sol, Lake Hiawatha	.	.	.	.	.
	Stern, Morton J., Bergenfield	.	.	.	.	.
	Sterritt, Frederic C., Somerville	.	.	.	.	.
NORTH CAROLINA	2,474 members, 8 delegates										
<u>Delegates</u>											
	Bitler, Glenn F., Raleigh	.	.	.	.	.
	Garren, Robert D., Asheville	.	.	.	.	.
	Harrell, James A., Sr., Elkin	.	.	.	.	.
	Jewell, Edwin S., Wilmington	.	.	.	.	.
	Morgan, William K., Jacksonville	.	.	.	.	.
	Quarles, William G., Gastonia	.	.	.	.	.
	Rucho, Robert A., Charlotte	.	.	.	.	.
	Sugg, Robert W., Durham	.	.	.	.	.
<u>Alternates</u>											
	Chadwick, Dexter G., Charlotte	.	.	.	.	.
	Griffin, Morris H., Durham	.	.	.	.	.
	Harrell, James A., Jr., Elkin	.	.	.	.	.
	Mason, Carle W., Jr., Wilson	.	.	.	.	.
	Owen, Kenneth D., Charlotte	.	.	.	.	.
	Simpson, David H., Gastonia	.	.	.	.	.
	Sowter, John B., Raleigh	.	.	.	.	.
	Stamm, John W., Chapel Hill	.	.	.	.	.
NORTH DAKOTA	336 members, 2 delegates										
<u>Delegates</u>											
	Florence, Gerald R., Valva	.	.	.	.	.
	Warford, John H., Bismarck	.	.	.	.	.
<u>Alternates</u>											
	Clayburgh, John E., Grand Forks	.	.	.	.	.
	Heese, Paul H., Harvey	.	.	.	.	.
OHIO	5,115 members, 15 delegates										
<u>Delegates</u>											
	Ansted, Richard A., Toledo	.	.	.	.	.
	Black, William M., Cincinnati	.	.	.	.	.
	Buchsleb, Walter C., Dayton	.	.	.	.	.
	Fanno, James T., Canton	.	.	.	.	.
	Franklin, Sanford M., Cincinnati	.	.	.	.	.
	Gerstenmaier, John H., Jr., Akron	.	.	.	.	.
	Jones, Kenneth D., Jr., Mansfield	.	.	.	.	.
	Kaplan, Irvin N., Akron	.	.	.	.	.
	Lauer, Robert E., Columbus	.	.	.	.	.
	Metro, Patrick S., Westlake	.	.	.	.	.
	Null, Scott A., Newark	.	.	.	.	.
	Occionero, Ronald L., Richmond Heights	.	.	.	.	.
	Rummel, David G., Columbus	.	.	.	.	.
	Snelson, Ralph E., Warren	.	.	.	.	.
	Williams, Frank C., Shaker Heights	.	.	.	.	.
<u>Alternates</u>											
	Gardner, Robert P., Westerville	.	.	.	.	.
	Gooney, Nancy J., Worthington	.	.	.	.	.
	Gottschalk, Jack W., Cincinnati	.	.	.	.	.
	Grappy, D. F., Jr., Columbiana	.	.	.	.	.
	Kyger, Billie S., Gallipolis	.	.	.	.	.
	Logeman, Mark A., Cincinnati	.	.	.	.	.
	Matanzo, Thomas, Wintersville	.	.	.	.	.
	Maybury, Joseph E., Fairview Park	.	.	.	.	.
	McDonald, Marie L., Elyria	.	.	.	.	.
	Pelok, David R., Wauseon	.	.	.	.	.
	Powell, David L., Jr., Dayton	.	.	.	.	.
	Shaffer, C. D., Akron	.	.	.	.	.
	Shumaker, Lloyd D., Cleveland	.	.	.	.	.
	Stickrath, Robert B., Jr., Marietta	.	.	.	.	.
	Uvages, Alfred C., Rocky River	.	.	.	.	.
OKLAHOMA	1,367 members, 5 delegates										
<u>Delegates</u>											
	Bartheld, Robert L., Mc Alester	.	.	.	.	.
	Haight, William R., Tulsa	.	.	.	.	.
	Hickman, French E., Midwest City	.	.	.	.	.
	Simmons, James C., El Reno	.	.	.	.	.
	Torchia, James S., Tulsa	.	.	.	.	.

Note: + Delegate and Alternate attended portion of meeting

	<u>REGISTERED</u>	<u>MEETINGS</u>
	1	2 3 4
<u>Alternates</u>		
Cohlmia, Ray, Oklahoma City	.	.
Goodman, William E., Miami	.	.
Keenan, Allen C., Tulsa	.	.
Keeter, D. K., Frederick	.	.
Limestall, James D., Yukon	.	.
OREGON	1,790 members, 6 delegates	
<u>Delegates</u>		
Berg, Kenneth R., Portland	.	.
Biermann, Michael E., Portland	.	.
Curtis, Howard F., Eugene	.	.
Marineau, Niclaus H., Beaverton	.	.
Stearns, Henry C., Salem	.	.
Wilson, D. R., Portland	.	.
<u>Alternates</u>		
Dumont, Thomas D., Ashland	.	.
Fratzke, James P., Salem	.	.
Richardson, Bruce L., Newport	.	.
Ronning, George A., Portland	.	.
Straka, Edward A., Jr., Bend	.	.
VanHassel, Henry J., Portland	.	.
PANAMA	4 members, 1 delegate	
<u>Delegate</u>		
Olson, Steven J., APO Miami, FL	.	.
PENNSYLVANIA	6,391 members, 19 delegates	
<u>Delegates</u>		
Aqua, Herman M., Luzerne	.	.
Axler, Jerrold, Phoenixville	.	.
Barna, Julie A., Lewisburg	.	.
Brett, George W., Clearfield	.	.
Bushick, Ronald D., Boothwyn	.	.
Ceraveris, Michael D., Chambersburg	.	.
Detweiler, Samuel B., Shuylk Haven	.	.
Kirchner, George A., Allentown	.	.
Kondis, Stephen L., Munhall	.	.
Lathrop, John B., West Chester	.	.
Lavalla, Gaetan J., Drexel Hill	.	.
Lavelly, Donald P., Clarion	.	.
Lewandowski, Anthony, Philadelphia	.	.
Runzo, Robert S., Pittsburgh	.	.
Rushmore, Richard C., Scranton	.	.
Schmitt, William D., Perryopolis	.	.
Staubach, John W., York	.	.
Thompson, Kay F., Carnegie	.	.
Trice, William B., Erie	.	.
<u>Alternates</u>		
Ciabattoni, James J., Wyomissing	.	.
Donatelli, David, Monroeville	.	.
Foreman, Thomas A., Clarion	.	.
Gleocos, William G., Erie	.	.
Gross, Ronald B., Pottstown	.	.
Howalls, Richard C., Huntingdon	.	.
Katz, Eugene E., Conshohocken	.	.
Kern, Elwood J., Erie	.	.
Lancione, Raymond R., Mc Donald	.	.
McKechnie, Alexander, Jr., Camp Hill	.	.
Pelle, Joseph M., Beaver	.	.
Ruhl, John W., Lewisburg	.	.
Sameroff, Jeffrey, Pottstown	.	.
Schultz, Ronald F., Waynesboro	.	.
Selcher, Samuel E., Middletown	.	.
Solot, Jack, Wyncote	.	.
Toplan, Stanley B., Philadelphia	.	.
Walting, Daniel A., Nanticoke	.	.
Weber, Charles R., West Chester	.	.
PUBLIC HEALTH SERVICE	369 members, 1 delegate	
<u>Delegate</u>		
Collins, Robert J., Jr., Rockville, MD	.	.
<u>Alternate</u>		
Furman, Lawrence J., Lawrenceville, GA	.	.
PUERTO RICO	410 members, 2 delegates	
<u>Delegates</u>		
Rodriguez-Olazaragasti, Herman., Guaynabo	.	.
Suarez, Carlos L., Rio Piedras	.	.
<u>Alternates</u>		
Davila-Orama, Jose R., Caguas	.	.
Elias-Bonata, Augusto R., Rio Piedras	.	.
RHODE ISLAND	616 members, 3 delegates	
<u>Delegates</u>		
Barnes, Phillip C., N. Providence	.	.
George, Raymond, East Providence	.	.
Segal, Paul L., Providence	.	.
<u>Alternates</u>		
DaSilva, John P., Pawtucket	.	.
Enright, Thomas P., Warren	.	.
Mehlman, Edwin S., Providence	.	.
SOUTH CAROLINA	1,231 members, 4 delegates	
<u>Delegates</u>		
Campbell, William L., Columbia	.	.
Hamrick, Fitzhugh N., Charleston	.	.
Player, T. C., Florence	.	.
Wessinger, N. C., Clinton	.	.

	<u>REGISTERED</u>	<u>MEETINGS</u>
	1	2 3 4
<u>Alternates</u>		
Dickson, Hilton M., North Myrtle Beach	.	.
Hanna, Charles W., Batesburg	.	.
Jabbour, Richard E., Spartanburg	.	.
Kunkle, Terry L., Moncks Corner	.	.
SOUTH DAKOTA	314 members, 2 delegates	
<u>Delegates</u>		
Sewright, James R., Hot Springs	.	.
Spieker, Clifford W., Watertown	.	.
<u>Alternate</u>		
Morgans, John D., Aberdeen	.	.
TENNESSEE	2,015 members, 7 delegates	
<u>Delegates</u>		
Alley, Robert B., Knoxville	.	.
Franklin, Carl W., Hendersonville	.	.
Garner, Stacey A., Pulaski	.	.
LaFont, William L., Jr., Jackson	.	.
McCann, Billy W., Sr., Memphis	.	.
Miller, H. F., Memphis	.	.
Prince, Joseph D., Chattanooga	.	.
<u>Alternates</u>		
Breaxel, James W., Memphis	.	.
Fitts, Harold L., Bolivar	.	.
Mosier, Joe L., Chattanooga	.	.
Powell, William D., Knoxville	.	.
Thompson, William R., Murfreesboro	.	.
Varallo, Nick F., Jr., Nashville	.	.
Walker, Kenneth R., Knoxville	.	.
TEXAS	6,827 members, 20 delegates	
<u>Delegates</u>		
Allen, Zoel G., Perryton	.	.
Anderton, Robert M., Carrollton	.	.
Aurbach, Frederick E., Dallas	.	.
Carahan, Richard H., Jr., San Antonio	.	.
Christina, Joe W., Corpus Christi	.	.
Clitheroe, William R., Houston	.	.
Dixon, Robert B., Austin	.	.
Hall, Glen D., Abilene	.	.
Henry, James O., Jr., Dallas	.	.
McClure, George J., Pasadena	.	.
Harrison, Thomas C., Katy	.	.
Pierce, Jack L., Fort Worth	.	.
Richards, George A., Dallas	.	.
Rogers, Sam W., Jr., Houston	.	.
Rosas, Rene M., El Paso	.	.
Seberg, Donald C., Corpus Christi	.	.
Smith, Harold L., Tyler	.	.
Sorrels, Henry M., Houston	.	.
Stubbs, Paul E., Austin	.	.
Wood, Ben D., Sulphur Springs	.	.
<u>Alternates</u>		
Appleton, F. G., Fort Worth	.	.
Birdwell, William R., Bryan	.	.
Bonner, Paul S., Seguin	.	.
Cartwright, O. V., Grand Prairie	.	.
Eads, John S., III, El Paso	.	.
English, Robert C., Austin	.	.
Ingraham, Richard L., Corpus Christi	.	.
Kenworthy, Joseph M., III, Gatesville	.	.
Kunik, Burton J., Houston	.	.
Lutes, Don A., Mount Pleasant	.	.
Nesmith, Vernon R., Wichita Falls	.	.
Newton, Thomas E., Dallas	.	.
Radman, W. P., Dallas	.	.
Raney, Robert E., Jr., San Antonio	.	.
Riggins, Richard E., Longview	.	.
Sauer, Edward H., Houston	.	.
Schwartz, Stephen F., Houston	.	.
Smith, Ronald G., Lubbock	.	.
Stovall, John M., Jr., Crockett	.	.
UTAH	902 members, 4 delegates	
<u>Delegates</u>		
Black, Jerry B., Salt Lake City	.	.
Chambers, John L., Provo	.	.
Foster, Charles E., Salt Lake City	.	.
Matis, John A., Ogden	.	.
<u>Alternates</u>		
Keener, Karl R., Logan	.	.
Olson, C. B., Roy	.	.
Smith, A. J., Murray	.	.
VERMONT	336 members, 2 delegates	
<u>Delegates</u>		
Marshall, Robert H., Montpelier	.	.
Neumeister, David R., Brattleboro	.	.
<u>Alternate</u>		
Hill, Harold C., Burlington	.	.
VETERANS AFFAIRS	617 members, 1 delegate	
<u>Delegate</u>		
Paczkowski, Chester P., Rockville, MD	.	.
<u>Alternate</u>		
Burton, John F., Columbia, SC	.	.

Note: + Delegate and Alternate attended portion of meeting

	REGISTERED	MEETINGS			
		1	2	3	4
VIRGIN ISLANDS	26 members, 1 delegate				
<u>Delegate</u>					
Karlin, Henry E., St. Thomas
VIRGINIA	2,806 members, 9 delegates				
<u>Delegates</u>					
Allison, William H., Warrenton
Ames J. W., Jr., Smithfield	.	.	+	.	.
Bissell, Stephen L., Petersburg
Hoffman, Arnold M., Virginia Beach	.	.	+	+	.
Huff, Wallace L., Blacksburg
Malbon, Bennett A., Richmond	.	.	+	+	.
Michaels, Emanuel W., Norfolk
Wendt, Douglas C., Fairfax	.	.	+	.	.
Whiston, David A., Falls Church
<u>Alternates</u>					
Arbuckle, Gary R., Arlington
Copeland, Kenneth E., Colonial Heights
Cuttino Charles L., III, Richmond	.	.	+	+	.
Grabeel, Daniel E., Lynchburg
Hunt, Lindsay M., Jr., Richmond	.	.	+	+	.
Johnson, James E., Jr., Bedford
Moore, French H., Jr., Abingdon	.	.	+	.	.
Tankersley, Ronald L., Newport News	.	.	+	.	.
Webb, Leslie S., Jr., Richmond
WASHINGTON	2,826 members, 9 delegates				
<u>Delegates</u>					
Bender, Stuart A., Vancouver
Ferguson, Richard P., Seattle
Harmon, Ronald E., Tacoma
Hearon, Donald L., Tacoma
Leshhold, Richard D., Seattle
McGraw, James C., Bellevue
Nugent, Jack L., Aberdeen
Plihal, James R., Edmonds
Volz, Wallace C., Jr., Bremerton
<u>Alternates</u>					
Barry, Victor J., Seattle
Brewer, Michael A., Vancouver
Christman, Gary M., Port Orchard
Collins, Kenneth M., Cheney
Grubb, Richard T., Wenatchee
Lord, James L., Seattle
Mielke, Richard J., Vancouver
Petersen, David G., Spokane
Wandell, Timothy E., Hoquiam

	REGISTERED	MEETINGS			
		1	2	3	4
WEST VIRGINIA	770 members, 3 delegates				
<u>Delegates</u>					
Joseph, Daniel I., Wheeling
Rice, Joseph V., Charleston
Skidmore, Arthur E., Morgantown
<u>Alternates</u>					
Bowling, Everett W., Pineville
Dyer, Jay H., Wheeling
O'Dell, Douglas W., Charleston
WISCONSIN	2,783 members, 9 delegates				
<u>Delegates</u>					
D'Angelo, Daniel J., Waukesha
Inda, Michael J., Waukesha
Killinger, James B., Oshkosh
Lindstrom, Steven R., Howards Grove-Miller
Maihofer, Glenn T., Milwaukee
Mollick, Sheppard B., Milwaukee
Rose, S. T., Appleton
Sadowski, John I., Manitowoc
Stifter, Ronald P., Milwaukee
<u>Alternates</u>					
Bauer, Frederick J., Waukesha
DeRose, Francesca, Racine	+
DeWulf, Joseph A., Milwaukee	+
Herman, James P., Greenfield	+
Lofgren, Gordon C., Mc Farland	+
Oberbreckling, Paul J., Mequon	+
Sislo, James W., Wausau	+
VanMiller, James L., Green Bay	+
VanSistine, Cyril J., Jr., De Pere
WYOMING	238 members, 2 delegates				
<u>Delegates</u>					
Roussalis, John E., II, Casper
Welch, Scott M., Lovell
<u>Alternates</u>					
Garel, Howard J., Cheyenne
Parry, Glenn S., Green River

Note: + Delegate and Alternate attended portion of meeting

Abbreviations

AADA	Auxiliary to the American Dental Association	CDCP	Council on Dental Care Programs
AADE	American Association of Dental Editors, American Association of Dental Examiners	CDE	Council on Dental Education
AADR	American Association for Dental Research	CDMIE	Council on Dental Materials, Instruments and Equipment
AADS	American Association of Dental Schools	CDP	Council on Dental Practice
AAE	American Association of Endodontists	CDR	Council on Dental Research
AAO	American Association of Orthodontists	CDT	Council on Dental Therapeutics; <i>Current Dental Terminology</i>
AAOMS	American Association of Oral and Maxillofacial Surgeons	CEBJA	Council on Ethics, Bylaws and Judicial Affairs
AAPD	American Academy of Pediatric Dentistry	CGAFDS	Council on Governmental Affairs and Federal Dental Services
AARP	American Association of Retired Persons	CHAMPUS	Civilian Health and Medical Program
ABC	American Broadcasting Company	CI	Council on Insurance
ABOMS	American Board of Oral and Maxillofacial Surgery	COB	Coordination of benefits
ABP	American Board of Pedodontics	COBRA	Consolidated Omnibus Reconciliation Act of 1986
ACCDI	Advisory Committee on Chemical Dependency Issues	COPA	Council on Postsecondary Accreditation
ACD	American College of Dentists	CPC	Calcium phosphate cement
ACSE	Association of Component Society Executives	CPI	Consumer Price Index
ADA	American Dental Association	CRFA	Commission on Relief Fund Activities
ADAA	American Dental Assistants Association	CYP	Commission on the Young Professional
ADAHF	American Dental Association Health Foundation	DANB	Dental Assisting National Board
ADAPI	ADA Publishers, Inc.	DAT	Dental Admission Testing Program
ADAW	Adult Dental Awareness Week	DC	Division of Communications
ADHA	American Dental Hygienists' Association	DCG	Department of Career Guidance/SELECT
ADOSI	American Dental Office Systems, Inc.	DDSS	Department of Dental Society Services
ADPAC	American Dental Political Action Committee	DMDS	Department of Membership Development and Services
ADS	Alaska Dental Society	DMEM	Department of Membership
AFDH	American Fund for Dental Health	DMM	Dental manpower model
AGD	Academy of General Dentistry	DMMS	Division of Membership and Marketing Services
AIDS	Acquired Immunodeficiency Syndrome	DMSS	Department of Marketing and Seminar Services
AMA	American Medical Association	DOCLINE	National Library of Medicine Interlibrary Loan Data Base
ANSI	American National Standards Institute	DPC	Department of Professional Communications
AOA	American Osteopathic Association	DPIE	Department of Public Information and Education
ASCDE	American Society of Constituent Dental Executives	DPO	<i>Dental Practice Outlook</i>
ASDA	American Student Dental Association	DVA	Department of Veterans Affairs
ASDC	American Society of Dentistry for Children	ECDDS	East Coast District Dental Society
ASSIST	American Stop Smoking Intervention Study	EPA	United States Environmental Protection Agency
AT	Active duty training	ERISA	Employment Retirement Income Security Act
B	Board of Trustees	FDA	United States Food and Drug Administration; Florida Dental Association
BBTD	Baby bottle tooth decay	FDI	Federation Dentaire Internationale
BEBR	Bureau of Economic and Behavioral Research	FDS	United States Federal Service Dental Corps
BPL	<i>Books and Package Libraries for Dentists</i>	FT	Full time
BLS	Bureau of Library Services	FTC	United States Federal Trade Commission
CASIR	Council on ADA Sessions and International Relations	FY	Fiscal year
CCEHRP	Committee to Coordinate Environmental and Health Related Programs	GMRMLN	Greater Midwest Regional Medical Library Network
CCHHIMA	Council on Community Health, Hospital, Institutional and Medical Affairs	GRA	Guaranteed rate account
CDA	Certified Dental Assistant; Commission on Dental Accreditation	GRATEFUL	National Library of Medicine data base
CDC	Centers for Disease Control	MED	

H	House of Delegates	NFAC	National Fluoridation Advisory Committee
HBV	Hepatitis B virus	NHCAA	National Health Care Anti-Fraud Association
HCFA	Health Care Financing Administration	NHSC	National Health Service Corps
HCPCS	HCFAs common procedural coding system	NIDR	National Institute of Dental Research
HCS	Hazard communication standard	NIH	National Institutes of Health
HCV	Hepatitis C virus	NMR	Nuclear magnetic resonance
HCW	Health care worker	NOHIC	National Oral Health Information Clearinghouse
HDA	Hawaii Dental Association	NPDB	National Practitioner Data Bank
HHS	United States Department of Health and Human Services	NSSW	National Senior Smile Week
HIAA	Health Insurance Association of America	NTP	National Toxicology Program
HIV	Human immunodeficiency virus	OBRA	Omnibus Budget Reconciliation Act
HMO	Health maintenance organizations	OCLC	Online Computer Library Center
HQ	Headquarters	ODA	Ohio Dental Association
HR	House resolution	OKU	Omicron Kappa Upsilon
HRSA	Health Resources and Services Administration	OMS	Oral and maxillofacial surgery
HSP	Health Screening Program	OQA	Office of Quality Assurance
HVO	Health Volunteers Overseas	OSHA	United States Occupational Safety and Health Administration
IADR	International Association of Dental Research	PAC	Political action committee
IDT	Individual duty training	PBA	Protein bioadhesive
IHS	Indian Health Service	PDA	Pennsylvania Dental Association
ILLINET	Illinois Library and Information Network	PHS	U.S. Public Health Service
IOM	Institute of Medicine	PPO	Preferred provider organization
IPA	Individual practice association	PR	Public relations
IRA	Individual retirement account	PRC	Paffenbarger Research Center
IRC	Internal Revenue Code	PRO	Peer review organization
IRS	United States Internal Revenue Service	PRP	Provider Recognition Program
ISO	International Standards Organization	PRRC	Provider Recognition Review Committee
ISO/TC	International Standards Organization/ Technical Committee	PSA	Public service announcement
JADA	<i>The Journal of the American Dental Association</i>	PSRO	Professional Standards Review Organization
JCAHO	Joint Commission on Accreditation of Health Care Organizations	PT	Part time
JCNDE	Joint Commission on National Dental Examinations	QIP	Quality Improvement Process
J&H	Johnson & Higgins	QSDP	<i>Quarterly Survey of Dental Practice</i>
KDA	Kansas Dental Association; Kentucky Dental Association	R&C	Reasonable and customary
KVI	Kirke-Van Orsdel, Inc.	RC	Reference committee
LEAT	Least expensive alternative treatment	RDA	Registered dental assistant
MCHB	Maternal and Child Health Bureau	RDH	Registered dental hygienist
MDA	Missouri Dental Association	RINST	Research Institute
MDS	Massachusetts Dental Society	RNR	Radio news releases
MEDLARS	Medical Literature Analyses and Retrieval System	S	Senate, substitute
MEDLINE	MEDLARS On-Line	SCDA	South Carolina Dental Association
MMGA	Money market guarantee account	SCRO	Standing Committee on Rules and Order (House)
MMWR	<i>Morbidity and Mortality Weekly Report</i>	SDP	<i>Survey of Dental Practice</i>
MSDS	Material safety data sheets	SDSR	<i>Survey of Dental Services Rendered</i>
NAIC	National Association of Insurance Commissioners	SERHOLD	National Library of Medicine Serials Holding Data Base
NAOH	National Alliance for Oral Health	TDA	Tennessee Dental Association
NCCHC	National Commission on Correctional Health Care	TDY	Temporary duty
NCDHM	National Children's Dental Health Month	TOA	Table of allowances
NCI	National Cancer Institute	UCR	Usual, customary, and reasonable
NCIH	National Council for International Health	USC	United States Code
NCOA	National Council on the Aging	USPHS	United States Public Health Service
NDA	Nebraska Dental Association	VA	Veterans affairs
NEIC	National Electronic Information Corporation	VDA	Virginia Dental Association
		VNR	Video news releases
		VP	Vice president
		WATS	Wide area telecommunications service
		WHO	World Health Organization
		WSDA	Washington State Dental Association
		WVDA	West Virginia Dental Association

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