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## 1999 Transactions

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American  
Dental  
Association

211 East Chicago Avenue  
Chicago, Illinois 60611

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# 1999

## Transactions

140<sup>th</sup> Annual Session

Honolulu, Hawaii

October 9-13, 1999

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American Dental Association  
211 East Chicago Avenue  
Chicago, Illinois 60611

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## Notes

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## Minutes of Board of Trustees

February 14-16, 1999

April 11-13, 1999

June 13-15, 1999

August 8-10, 1999

October 3-5, 1999

October 13, 1999

December 6-7, 1999

## Notes

# February 14-16, 1999

## Headquarters Building, Chicago

**Call to Order:** The third session of the Board of Trustees was called to order by President S. Timothy Rose on Sunday, February 14, 1999 at 11:30 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers were present: S. Timothy Rose, president; Richard F. Mascola, president-elect; Bettie R. McKaig, first vice president; Richard A. Smith, second vice president; Rene M. Rosas, treasurer; James T. Fanno, speaker of the House of Delegates; and John S. Zapp, executive director.

The following members of the Board of Trustees were present: Robert M. Anderton; George L. Bletsas; Steven M. Bruce; D. Gregory Chadwick; Ronald M. Chaput; Ross J. DeNicola, Jr.; Henry W. Finger; Leo R. Finley, Jr.; T. Howard Jones; Chris Mangos; Patrick S. Metro; Myron L. Pudwill; Eugene Sekiguchi; Charles L. Siroky; and John W. Staubach. Dr. Howard B. Fine was unable attend the meeting due to illness.

The following staff members were present: L. Jackson Brown, associate executive director, Health Policy Resources Center; Brian M. Johnson, chief financial officer; James J. Koelbl, group associate executive director, Professional Services and associate executive director, Dental Practice; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications; Dorothy J. Moss, associate executive director, Government Affairs; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Laura M. Neumann, associate executive director, Education; Carol M. Overman, senior associate executive director, Member and Support Services and associate executive director, Administration and Policy; Robert L. Owens, associate executive director, Information Technology and president and CEO, ADA Electronic Commerce Co.; Alison Owings, assistant executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and James H. Sweeney, group associate executive director, Business, Technical and Meeting Services; associate executive director, Conference and Meeting Services; and CEO, ADA Financial Services Co.

Also in attendance for all or portions of the session were: Beril L. Basman, director, Quality and Strategic Planning; Richard M. Berry, deputy general counsel; Laura A. Kosden, president and publisher, ADA Publishing Co., Inc.; and Lawrence Meskin, editor, *The Journal of the American Dental Association*.

### Special Order of Business

**Appearance of Mr. Robert G. McNeill, president, and Ms. Karen Cervenka, executive director, American Student Dental Association:** The Board heard a

presentation and discussed issues of mutual interest and concern with the president and executive director of the American Student Dental Association.

**Recess:** The Board recessed for lunch at 12:06 p.m. and reconvened at 1:15 p.m.

### Preliminary

**Approval of Agenda:** The Board of Trustees adopted the following resolution.

**B-1-1999. 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-22-1999. Resolved,** that the minutes of the October 18-20, 1998 session of the Board of Trustees as presented be approved.

**B-23-1999. Resolved,** that the minutes of the October 28, 1998 session of the Board of Trustees as presented be approved.

**B-24-1999. Resolved,** that the minutes of the December 8-9, 1998 session of the Board of Trustees as presented be approved.

### Reports of Officers

**Report of the President:** Dr. Rose submitted a report on his activities since the last Board meeting which included participating in the following meetings: ADA Holding Company; FINCO Board of Directors; Pension Committee; Special Forum on Membership Diversity; Council on ADA Sessions and International Programs; Council on Government Affairs; and the American Association of Orthodontist's Leadership Conference. He also addressed the Yankee Dental Congress; and participated in the Health Writers' Briefing Conference. Dr. Rose, Dr. Mascola and Dr. Zapp met with Congressman Charlie Norwood (R-GA); Mr. Jim Nicholson, chairman, Republican National Committee; and Mr. Steve Grossman, chairman, Democratic National Committee. Dr. Rose also had meetings with Representative John Dingell (D-MI) and Mr. Horace Deets, executive director, American Association of Retired Persons. Dr. Rose participated in conference calls with the Washington Office staff, Public Awareness

Advisory Group and Future of Dentistry Committee. He was interviewed by "20/20" and ABC News; appeared on OnHealth Live Webcast; and participated in Media Training for "60 Minutes II."

**Report of the President-elect:** Dr. Mascola submitted a report on his activities since the last Board meeting which included addressing the meeting of state representatives to discuss public awareness issues; the Florida Dental Association House of Delegates; and the Utah Dental Association House of Delegates. He also hosted the President-Elect's Conference and participated in the FINCO Board meeting; Pension Committee meeting; Special Forum on Membership Diversity; Council on Government Affairs meeting; the Advisory Committee on the Alternative Public Awareness Campaign; the Department of Health, Dental Division meeting; and the Committee on the New Dentist. He participated in conference calls with the Washington Office staff; Public Awareness Advisory Group; Future of Dentistry Committee; FINCO Board; and Critical Issues Task Force.

**Report of First Vice President:** Dr. McKaig reported on her activities since the last Board meeting which included attending the ASDA Board of Trustees meeting and Leadership Conference; the ADAPCO Board meeting; the ADA Membership Diversity Conference; the ASDA Quad Regional meeting and Licensure Task Force meeting; and the North Carolina Legislative Summit.

**Report of the Executive Director:** Dr. Zapp provided the Board with a report of his activities following the last Board meeting which included participating in the following meetings: Board of Trustees Planning Session; ADA Holding Company; Executive Director's Advisory Committee; meeting of state representatives to discuss public awareness issues; the Alliance of the American Dental Association; Compensation Committee; FINCO Board meeting; Critical Issues Task Force; DMSO Task Force; and the Pension Committee. Dr. Zapp also met with Mr. Horace Deets, executive director, American Association of Retired Persons; Ms. Linda Rosenstock, director, National Institute for Occupational Safety and Health; the Officers and Board of the American Association of Orthodontists and the AAO Leadership Conference; and Dr. Eli Schwartz, executive director, International Association for Dental Research. He attended several Association council and committee meetings and participated in the following conference calls: Task Force on the Future of Dentistry; Friends of the National Institute of Dental and Craniofacial Research; Advisory Committee on the Alternative Public Awareness Campaign; the Washington Office staff with Dr. Rose and Dr. Mascola; and the FINCO Board.

**Report of the Speaker of the House of Delegates:** Dr. Fanno addressed the Stark County Dental Society General Membership meeting on the American Dental Political Action Committee.

## Communications

**Report of the Associate Executive Director, Communications: Recent Divisional Activities:** Mr. Mickel reported on activities to promote the 50<sup>th</sup> Anniversary of National Children's Dental Health Month and media activities including the "60 Minutes II" Report. He reported that a top priority for staff had been preparing materials and spokespersons and disseminating information in response to the "60 Minutes II" broadcast on dental anesthesia fatalities. The January 11 issue of the *ADA News* contained reproducible information for patients, as well as the complete ADA statement and guidelines on the use of conscious sedation, deep sedation and general anesthesia in dentistry.

A special media training session was conducted for President Rose and four ADA national spokespersons in preparation for inquiries that might be generated by the broadcast. The morning following the "60 Minutes II" broadcast, a strong ADA statement responding to the report was distributed to dental societies and ADA spokespersons and posted on ADA ONLINE. The statement emphasized the dental profession's commitment to patient safety and the Association's belief that any practitioner who uses anesthesia must have the proper education, training and experience.

Mr. Mickel also reported on media inquiries that included ABC's "20/20" news program on cosmetic dentistry; the *Los Angeles Times* on the hazards of oral piercing; CBS News on dental anxiety; *The Wall Street Journal* and *Better Homes & Gardens* on water filters and fluoridated water; *Cosmopolitan* magazine on tongue cleaning and flossing; and the *St. Louis Post-Dispatch* and *San Diego Union-Tribune* on water fluoridation.

Mr. Mickel informed the Board that the Web site will soon reach another milestone when it implements a discussion group for members only where users may post messages on any topic or respond to messages that have been previously posted. The discussion group will be self-monitoring, with the Association reserving the right to remove offensive messages.

**Report of the Associate Executive Director, Communications: Update on Public Awareness Program:** Reporting on the implementation of Resolution 100H-1998, Mr. Mickel informed the Board that five states (Georgia, Indiana, Louisiana, Ohio and Oklahoma) have officially applied for the public awareness program; four of which are contingent upon their Houses of Delegates approving funding. He also reported that all of the states were invited to attend a meeting at the ADA to learn about and discuss the new public awareness program and that more than 30 states were represented at the meeting.

He reported that the Public Awareness Advisory Group met via conference call on January 8 and took two primary actions. First, the application period for the program was extended indefinitely and second, production of new creative materials, originally planned for March 1999, was put on hold until later in 1999.

In reporting the actions of the Council on Communications that met January 15-16, the Board was advised that as directed by Resolution 100H-1998, the Council discussed an evaluation of existing and future public relations activities to supplement public awareness advertising activities. The Council selected three themes for further development by Jordan Associates to be presented at the June Council meeting in preparation for a report to the House.

Mr. Mickel also reported that both the Council on Communications and the Public Awareness Advisory Group agree that the original timetable for the new program is unrealistic given funding issues that societies must address at scheduled times during 1999. He reported that under this scenario, the Board should be prepared for two possible developments: 1) If the level of state participation in the program is not deemed sufficient, the \$500,000 budgeted for creative development might not be spent; and 2) If the level of participation is adequate, but some states cannot launch campaigns prior to 2000, the creative budget might not be spent until fourth quarter 1999. This likely would mean that little or no hard data on public awareness advertising results would be available for the 1999 House.

**Report of ADA ONLINE Task Force:** The Board reviewed the report of the ADA ONLINE Task Force which presented information from its January 29, 1999 meeting. Information included an update of e-commerce activities and a request from the Council on Scientific Affairs for transfer of the on-line listing of Seal-approved professional products from the members-only to the area of ADA ONLINE that is open to the public. The Board postponed definitely discussion of Resolution B-25 until Monday. On Monday, following discussion of related issues in an attorney-client session, the Board adopted the following resolution.

**B-25-1999. Resolved,** that on-line information on Seal-approved professional products be moved from the members-only content area of ADA ONLINE to the content area open to the public.

**Report of the Associate Executive Director, Communications: Annual Review of ADA Spokespersons:**

The Board reviewed the report on ADA Spokespersons and postponed definitely discussion of Resolution B-28 until Monday. On Monday, following discussion of related issues in an attorney-client session, the Board adopted the following resolution.

**B-28-1999. Resolved,** that the following ADA National Spokespersons be invited to continue their service and participate as dental spokespersons for the 1999 calendar year.

**Consumer Advisors**

Christine Dumas, D.D.S., Marina Del Rey, CA  
Kimberly A. Harms, D.D.S., Farmington, MN  
Maria Lopez-Howell, D.D.S., San Antonio, TX  
Matthew Messina, D.D.S., Berea, OH

Richard Price, D.M.D., Newton Center, MA  
Leslie W. Seldin, D.D.S., New York

**Technical Experts**

Joe H. Camp, D.D.S., Charlotte, NC (Endodontics)  
Greg Connolly, D.M.D., Belmont, MA (Tobacco)  
Terry E. Donovan, D.D.S., Los Angeles (Amalgam)  
Michael W. Easley, D.D.S., M.P.H., Cincinnati, OH (Fluoride)  
Mary J. Hayes, D.D.S., Chicago (Pediatric Dentistry)  
Marjorie Jeffcoat, D.M.D., Birmingham, AL (Periodontics)  
J. Rodway Mackert, D.M.D., Augusta, GA (Amalgam)  
Irwin D. Mandel, D.D.S., New York (Fluoride)  
Chris Miller, Ph.D., Indianapolis (Dental Unit Water Lines)  
John A. Molinari, Ph.D., Detroit (Infection Control)  
Howard L. Needleman, D.M.D., Needham, MA (Child Abuse)  
Roy C. Page, D.D.S., Seattle (Periodontics)  
Robert M. Pick, D.D.S., Aurora, IL (Lasers)  
Heber Simmons, Jr., D.D.S., Jackson, MS (Pediatric Dentistry)  
Sol Silverman, D.D.S., San Francisco (Oral Cancer/HIV)  
John W. Stamm, D.D.S., Chapel Hill, NC (Fluoride)  
Barbara Steinberg, D.D.S., Philadelphia (Women's Oral Health)  
Joel Weaver, D.D.S., Columbus, OH (Anesthesia)

**Report of Dr. Henry W. Finger, Liaison to the Council on Communications:** Dr. Finger reported on the Council's January 15-16, 1999 meeting. On Monday, to clarify concerns noted in the report about the role of the Salable Materials Advisory Panel in reviewing materials, Heather Burns, director, Department of Salable Materials, informed the Board that the Panel reviews new products, as well as revisions on existing products.

**Conference and Meeting Services**

**Report of the Division of Conference and Meeting Services: Recent Divisional Activities:** The informational report provided the Board with an itemized summary of the registration for the 1998 annual session and an update on the 1999 Scientific Program to be held in Honolulu. The report noted meetings that will be held in the ADA Headquarters Building during February, March and April, and also contained an update on the Procter & Gamble commercial featuring dentistry overseas.

**Report of the Council on ADA Sessions and International Programs Regarding Scheduling a Performance of the Honolulu Symphony at the Waikiki Shell:** The Council presented a proposal for scheduling a performance of the Honolulu Symphony on the Monday evening during the 1999 ADA annual session. Recognizing that this event would conflict with campaign hospitality activities of candidates for ADA

offices, the Council sought the Board's approval to schedule this symphony performance. There was a general concern of Board members that increased social, educational and political activities may be limiting candidates exposure to delegates. Additionally, there were concerns that functions sponsored by other organizations and companies may still be scheduled for that same evening.

Based on these and other concerns, the Board defeated the following resolution.

**B-34. Resolved,** the performance of the Honolulu Symphony at the Waikiki Shell be scheduled during annual session on the evening of Monday, October 11, 1999.

**Report of the Council on ADA Sessions and International Programs Regarding Annual Session Site Recommendations for 2004-2007:** The Board of Trustees, at its December 1998 session, considered proposed annual session meeting sites and locations for 2004 through 2007. The Board subsequently referred the site recommendations back to the Council for further discussion. In response to the Board's concerns, the Council reported that it approved the development of a rotation plan using the most popular cities every five or ten years; and that discussion be opened with various host societies that have been reluctant to support the meeting in the past, including Las Vegas, with that meeting being held midweek. The Council reported that it will consider this issue at its June meeting. A report will be submitted to the Board at a future session.

**Report of Dr. Charles L. Siroky, Liaison to the Council on ADA Sessions and International Programs:** Dr. Siroky provided the Board with a report of his attendance at the meeting of the Council.

## Dental Education

**Report of the Associate Executive Director, Education: Recent Divisional Activities:** Dr. Neumann reported that during its January meeting the Commission on Dental Accreditation took action that should bring them into compliance with requirements of the United States Department of Education.

Dr. Neumann noted that the Anesthesia Task Force is scheduled to meet February 22-23 and will be considering the proposed revisions to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry. These revisions will be presented to the 1999 House of Delegates.

Dr. Neumann also provided the Board an update on the March 2 "Invitational Licensure Conference"; the status of applications submitted for specialty recognition; Dental Aptitude Test; the study to compare the written NERB and the National Board Examination; and the Pew Committee Task Force scheduled to meet February 19-20.

In discussing the Licensure Conference, Dr. Rose informed the Board that the Conference would focus on

three issues taken from the Agenda for Change considered during the November 1998 Conference: a proposal to create a national database with pass-fail data on candidates for clinical licensure examinations; consideration of legal issues related to the appeals process for unsuccessful candidates for clinical licensure exams; and review of the minimum common core content and scoring methods for clinical licensure examinations.

**Report of the Council on Dental Education and Licensure: Consideration of Proposed Draft Policy Statement on Lifelong Learning for Circulation to the Communities of Interest:** Dr. Neumann summarized the Council's deliberations and recommendations regarding lifelong learning initiatives. The Council believes seeking input from the communities of interest is essential to the adoption of the policy statement. The communities of interest would include: constituent dental societies; dental specialty organizations and certifying boards; the American Association of Dental Schools; the American Association of Dental Examiners; and the Academy of General Dentistry.

The Board reviewed the proposed policy statement and referred Resolution B-15 back to the Council with an amendment to the proposed statement to replace in the third paragraph, last sentence, the words "true lifelong learner" with the words "dedicated professional." Rather than continuing to amend the statement, it was suggested that Board submit their comments on the draft policy statement on lifelong learning through Dr. Neumann to the Council. The Board will review the revised policy once all the Board comments have been incorporated prior to transmittal to the communities of interest. Confirmation was also requested as to whether this is already existing ADA policy.

**B-15. Resolved,** that the draft policy statement on lifelong learning be circulated to the communities of interest for comment with the intent that the proposed draft policy statement be transmitted to the Board and the 1999 ADA House of Delegates for action.

**Progress Report on the Joint ADA/AADS Steering Committee on Minority Recruitment and Retention:** In February 1997, the Board adopted Resolution B-8-1997 (*Trans.* 1997:529) which established a Joint ADA/AADS Committee charged with developing a national minority recruitment proposal including a proposed budget and possible sources for grant funding. This report provided background on the Committee's activities and presented a proposed minority recruitment and retention program called "ACHIEVING DIVERSITY: Partnerships for the Future." The Board discussed the report of the Joint ADA/AADS Steering Committee and on Monday, February 15, adopted the following resolutions.

**B-19-1999. Resolved,** that the American Dental Association endorse a joint effort with the American Association of Dental Schools to support the proposed minority recruitment and retention program:

"ACHIEVING DIVERSITY: Partnerships for the Future," and be it further

**Resolved**, that the American Dental Association provide start-up funding for the first year of the program contingent upon an equal amount being provided by the American Association of Dental Schools to jointly support this activity, and be it further

**Resolved**, that a progress report on this project be presented to the Board for its consideration at its August 1999 meeting.

**B-20-1999. Resolved**, that the ADA appointees to the currently constituted Joint ADA/AADS Steering Committee on Minority Recruitment and Retention serve as the ADA/AADS Joint Oversight Committee on Minority Recruitment and Retention during the start-up phase of this project, and be it further

**Resolved**, that the Oversight Committee present further details regarding committee structure, composition and responsibilities in its August 1999 progress report to the Board of Trustees.

**B-21-1999. Resolved**, that the appropriate agencies of the Association explore the feasibility of the periodic, ongoing collection of information as contained in the *ADA 1996 Dentist Profile Survey* to support the outcomes assessment of the proposed minority recruitment and retention program and report its findings to the Board of Trustees, and be it further

**Resolved**, that all activities and recommendations generated by the ADA/AADS Steering Committee on Minority Recruitment and Retention and the ADA/AADS Joint Oversight Committee on Minority Recruitment and Retention be in full compliance with existing ADA policy.

**Report of Dr. T. Howard Jones, Liaison to the Commission on Dental Accreditation:** Dr. Jones provided the Board with a report of his attendance at the meeting of the Commission.

## Dental Practice

**Report of the Council on Dental Benefit Programs: Status of the Direct Reimbursement Campaign:** The Council provided an update on the Direct Reimbursement (DR) campaign which included results of the 1997 and 1998 campaigns; a 1999 media plan; a spring 1999 direct-mail campaign; DR Days '99; and activities of the DR Task Force and PINSERV Subcommittee.

**Report of the Council on Dental Practice: Dental Team Advisory Panel:** Consisting of five dental hygienists, the Advisory Team Panel was formed in 1994 to assist the Council in creating and developing projects or activities that support or enhance the dental team concept. The Council submitted a resolution to change the composition of the Dental Team Advisory Panel to more accurately reflect the contemporary dental office team. The Board

discussed the benefit of this panel and its purpose and subsequently defeated the resolution.

**B-16. Resolved**, that the revised membership of the Dental Team Advisory Panel of the Council on Dental Practice, composed of one dental hygienist, one dental assistant, one business assistant, one laboratory technician, and one member of the Council on Dental Practice who shall serve as chairman, be approved.

## Report of the Council on Dental Practice: University of Utah School on Alcoholism and Other Drug

**Dependencies:** The Board reviewed the Council's report and request for ADA support of the Dental Section of the University of Utah School on Alcoholism and Other Drug Dependencies. The Board referred the resolution back to the Council for study, requesting that the Council develop a list of other institutions/schools that provide similar programs. After review of the requested information, the Board will make a decision on whether to sponsor such a program.

**B-17. Resolved**, that reinstatement of American Dental Association sponsorship of the Dental School Section of the University of Utah School on Alcoholism and Other Drug Dependencies be approved.

**Report of the Associate Executive Director, Dental Practice: Recent Divisional Activities:** Dr. Koelbl reported on the recent activities of the Division which included the Council on Access, Prevention and Interprofessional Relations' continued liaison activities with the Joint Commission on Accreditation of Healthcare Organizations and the American Medical Association. Dr. Koelbl also reported on activities of the Council on Dental Practice which included the completion of the Council's publication *Internal Marketing: A Step-by-Step Guide*; and Procter & Gamble's discontinued participation in the Periodontal Screening and Recording program (PSR).

In discussing the pros and cons of the PSR, the Council agreed that the ADA would take over fulfillment for PSR materials for a six-month period, while an appraisal is made on the feasibility of continuing the program. A report will be provided to the Board after the Council has considered this issue at its May meeting.

**Report of the Dental Indicators Committee: Request for Additional Consultants:** Resolution 27H-1997 (*Trans.* 1997:677) called for the development of indicators for oral health care in accordance with a plan recommended by the Council on Dental Benefit Programs (*Supplement* 1997:313). That plan called for a two-year project to be managed by a Dental Indicator Committee composed of three members of the Council on Dental Benefit Programs, two members of the Council on Dental Education and Licensure, and two members of the Council on Dental Practice.

At the end of the first year, 1998, two members of the original Dental Indicator Committee would be leaving since their terms on the Council on Dental Benefit Programs had come to an end. The remaining volunteers



on the Committee felt that a good deal of important expertise would be lost as a result. Therefore, the chairman, on behalf of the Committee, requested approval to add two volunteers to the project as consultants for the balance of 1999. The Board approved this request.

## **Government Affairs**

**Report of the Associate Executive Director, Government Affairs: Federal and State Legislation and Regulation Update:** Ms. Moss provided the Board with an update on federal and state activities. Issues related to federal activities included: patient protection; the Children's Dental Health Improvement Act aimed at increasing access to dental services for children; electronic data interchange; self-employed tax deduction for health coverage; student loan interest deduction; military dentistry; tax credit for underserved areas; VA dentistry; funding for dental research projects affecting the elderly; campaign reform; and grassroots and lobbying activities. Issues related to state activities included: dental hygiene initiatives; licensure; Children's Health Insurance Program; Medicaid; denturism; HMO liability laws; and ownership/employment interference with clinical judgment.

**Report of Dr. Robert M. Anderton, Liaison to the Council on Government Affairs:** Dr. Anderton provided the Board with a report of his attendance at the meeting of the Council.

**Report of the Council on Government Affairs: Recent Council Activities:** Ms. Moss reported on recent activities of the Council on Government Affairs that included the Council's review of the Lethal Drug Abuse Prevention Act of 1998 which requires the Drug Enforcement Administration and the Department of Justice to take an aggressive role in determining the "intent" of physicians when prescribing medication. The Council reported that it opposes this bill because it would constitute federal intrusion into clinical decision making. The Board was in agreement with the Council's recommendation that Association staff reexamine the bill once it is reintroduced and that if it regulates providers in a similar manner, the Association will continue to oppose it.

The Board also discussed the proposed policy on health information confidentiality and privacy and adopted the following as ad interim policy.

**B-36-1999. Resolved,** that the following be adopted as the American Dental Association's policy on health information confidentiality and privacy:

## **Federal legislation**

- The Association supports federal legislation to protect the confidentiality and privacy of patient health information.
- In particular, the Association believes minimum national safeguards are needed to protect patients against wrongful disclosure and/or use of patient identifiable information, and to protect their providers as a result of wrongful disclosure or use by third parties who are properly given access to that information.

## **Limits on disclosure and use of patient-identifiable information**

- Generally, the disclosure and/or use of patient-identifiable information by health care providers should be limited to that which is necessary for the proper care of the patient, or authorized by the patient and/or other applicable law.
- Use of patient-identifiable health information by an entity that receives that information from a patient's health care provider should be limited to that necessary for the proper care of the patient, except for research purposes as identified herein.
- Subsequent holders of patient information should be prohibited from changing health information or conclusions submitted by the patient's health care provider.

## **Patients' rights**

- Patients should have the right to know who has access to their personally identifiable health information and how that information has been used.
- A patient's general consent to the release of confidential health information to a third party, such as a health plan, should not be legally sufficient to permit subsequent release by that third party of the information.
- Patients should have the right to see their records, obtain copies, and append brief comments or proposed corrections.

## **Unauthorized disclosure of patient-identifiable health information**

- Patients should have a fair opportunity to seek legal redress if their personally identifiable health information has been willfully and wrongly released.
- No liability should arise against a provider who, in good faith and for the purpose of providing appropriate healthcare, unintentionally releases confidential health information in a manner not permitted by law.
- A health care provider who has properly disclosed patient-identifiable health information to a third party should be immune from liability for subsequent disclosure or misuse of that information by that third party.

### Use of health information for research

- Generally, all identifying information should be removed when health records are used for research purposes.
- Identifiable data should be released only after approval of an Institution Review Board, pursuant to applicable review procedures and protocols.
- Legislative exemptions to patient consent requirements for research purposes should be narrowly drawn.

### Use of health information by law enforcement

- Except as otherwise provided by applicable laws, law enforcement officials should be required to obtain a binding court order, warrant, or subpoena before having access to patient records.

### Practice considerations

- Dentists should know their ethical and legal obligations regarding patient confidentiality and privacy.
- Dentists should engage in sound risk management techniques to ensure compliance, including office protocols, record maintenance and training to protect such information.

*Quality Coalition Health Care Act of 1998.* The Council reexamined a bill introduced last year by Representative Tom Campbell (R-CA) known as the Quality Coalition Health Care Act of 1998. This legislation would grant dentists and all other health care professionals the right to bargain collectively with insurance companies and health plans. The Council expressed its support of this bill noting that the Association's current policy, Antitrust Reform, is sufficient for the Association to support the legislation when it is reintroduced.

Dr. Robert Anderton submitted the following resolution for the Board's consideration regarding the Quality Coalition Health Care Act of 1998. After discussion, Resolution B-39 was adopted. However, after reconsideration of this issue, the Board rescinded its action and agreed to support Representative Campbell's antitrust reform bill to be introduced this year.

**B-39. Resolved,** that the Division of Legal Affairs communicate with the Council on Government Affairs that as written, the Quality Coalition Health Care Act of 1998, may not be in compliance with ADA current policy, and be it further **Resolved,** that the Council on Government Affairs receive direction of the ADA Board of Trustees before taking steps to support legislation regarding the provisions contained in the Quality Coalition Health Care Act of 1998.

### Legal Affairs

**Report of the Associate Executive Director, Legal Affairs: Technological Enhancements for the ADA's Legal Division:** The request of the Legal Division to acquire Premise, a less costly and more efficient law research software, rather than continue with the current software, Westlaw, was approved by the Board.

**B-33-1999. Resolved,** that the Board of Trustees appropriate \$40,000 from the Restricted Reserve Fund in order to allow for the technological enhancements for the Legal Division.

### Membership and Dental Society Services

**Report of the Associate Executive Director, Membership and Dental Society Services: Recent Divisional Activities:** Ms. Newton submitted a written report on recent activities of the Division of Membership and Dental Society Services which included activities of the New Dentist Committee; the National Conference on the New Dentist and the New Dentist Committee Network. Ms. Newton also reported that a student communications mailer was sent to all dental students in December highlighting resources the Association provides in response to students' stated needs, and a faculty mailing to dental school contacts highlighting recent initiatives of the Office of Student Affairs. The report also contained information on the 1999 President-Elect's Conference held January 25-26; the "Call for Entries" for the Golden Apple Awards; Commendation Plaques; and the CSE/CEO Forum.

**Report of the Committee on the New Dentist: New Dentist Financial Issues:** The Board reviewed the report of the Committee on the New Dentist and the two resolutions relating to the development of a proposed new product/service and inclusion of a new dentist member to the DMSO Task Force.

After discussion, the Board adopted the following amended resolution.

**B-29-1999. Resolved,** that if funding can be obtained, the Association pursue the development of an interactive software program, with Internet downloading capabilities explored, to include information on business management topics and financial planning issues through the cooperative efforts of the Council on Dental Practice and the Committee on the New Dentist, and be it further **Resolved,** that funding be sought for this program from Chesebrough-Pond's USA Co. with the goal of offering the software disk free of charge or at the lowest possible cost to the member dental student/new dentist, and be it further

**Resolved,** that when it is available, the software disk be distributed free of charge, if feasible, to the attendees of the National Conference on the New Dentist and that additional avenues for distribution be explored.

*Inclusion of a Committee on the New Dentist Member to the DMSO Task Force.* The Board discussed the issue of only one meeting of the DMSO Task Force remaining and questioned the input that could be provided by the addition of a new dentist member at this time. After further discussion, Resolution B-30 was defeated. However, on Tuesday, February 16, the Board reconsidered this resolution and determined that as potential buyers, new dentists should have input on that issue through the Task Force. Subsequently, the Board adopted the following resolution.

**B-30-1999. Resolved,** that the ADA President appoint a member of the Committee on the New Dentist to the DMSO Task Force to provide the perspective of the new dentist, and be it further

**Resolved,** that the Association be inclusive of the new dentist perspective in the development of resources to educate dentists about Dental Management Service Organizations.

**Adjournment:** The Board of Trustees adjourned at 4:40 p.m.

### **Monday, February 15, 1999**

**Call to Order:** The Board of Trustees was called to order by President S. Timothy Rose at 7:45 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

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

### **Technology**

**Report of the Associate Executive Director, Technology: Recent Divisional Activities:** Mr. Owens reported on the activities of the Division which included an update on the mainframe and network infrastructure; Internet/Intranet system; and ADA Online 2000.

**Report of the Dental Information Technology Committee:** This report was in response to the Board's December 1998 request for further information regarding establishment of a standards committee for informatics. Before considering Resolutions B-131(1998) and B-32, Ms. Sharon Stanford, director, Standards Administration and Dr. Robert Lapp, director, Dental Informatics, provided the Board with background of the ADA Standards Program.

Following the presentation, the Board discussed the development of a standards committee for dental informatics to be affiliated with the Council on Dental Practice (Resolution B-131[1998]). The Board also requested that the ADA President appoint a liaison from the DIT Committee to the Dental Informatics Standards Committee. The following resolutions were adopted.

**B-131-1998(1999). Resolved,** that the American Dental Association establish an ADA Standards Committee for Dental Informatics affiliated with the Council on Dental Practice, and be it further

**Resolved,** that the scope of the standards committee be:

To promote patient care and oral health through the application of information technology to dentistry's clinical and administrative operations; to develop standards, specifications, technical reports, and guidelines for components of a computerized dental clinical workstation; to develop electronic technologies used in dental practice; and to develop interoperability standards for different software and hardware products which provide a seamless information exchange throughout all facets of healthcare.

**B-32-1999. Resolved,** that the ADA President be requested to appoint a liaison from the DIT Committee to the Dental Informatics Standards Committee.

### **Dental Practice (continued)**

#### **Report of the Associate Executive Director, Dental Practice: History and Status of the Diagnostic Code Project:**

Mr. Jim Marshall, director, Council on Dental Benefit Programs, gave an update on the diagnostic code project reporting that the project is in its final stages and that the design for an electronic version is expected to be available for vendors and all users by April 1, 1999. Mr. Marshall also advised that the final piece being refined by the ACODENIC committee and the Council is the 200 most frequently used diagnostic codes, which will be published in the upcoming CDT-3 manual available for sale July 1, 1999, with an implementation date of January 1, 2000.

In responding to how the membership would be educated in using this new system, Mr. Marshall reported that several plans were being developed including articles in the *ADA News*; a "fact sheet" on what SNODENT is and how it should be used; and a brief introduction included in CDT-3. The Board requested that the fact sheet be made available to them as soon as possible.

#### **Report of the Council on Dental Benefit Programs: Discussions with the Health Care Financing**

**Administration Regarding the Proposed Operational Protocols for the Dental Content Committee:** The Board reviewed feedback from the Health Care Financing Administration (HCFA) concerning the Board's previous proposal regarding the composition of the Dental Content Committee. HCFA responded with its own proposal for membership on the Committee which made adjustments in the balance between payers and providers on the Committee. The Board authorized staff to meet with staff of HCFA to negotiate the Dental Content Committee's composition. If HCFA is not receptive to further changes, the President is authorized to approve the composition of the Committee as submitted by HCFA.

## Other/Subsidiary Reports

**Report of ADA Financial Services Co.:** Mr. Sweeney reported on the status of FINCO and the sale of the ADA's portfolio of financial services by Mellon Bank. The FINCO Board will meet on March 5 and an updated report will be provided to the Board at its April session.

**Report of the ADA Electronic Commerce Co. (ECCo):** Mr. Owens presented a report to the Board on activities of ECCo which included the acquisition of ENVOY by Quintiles Transnational, new products and services, endorsement status of various states and market conditions.

## Science

**Report of the Group Associate Executive Director, Professional Services: Update on the Proposed Collaborative Effort with the National Institute of Occupational Safety and Health:** This report updated the Board on activities undertaken to implement Resolution B-112-1998. The key issue is the commitment from NIOSH to set aside its current recommended exposure limit of 25 ppm for nitrous oxide which is unattainable and not based on sound science.

President Rose reported that during his February 8 meeting with Linda Rosenstock, M.D., director of NIOSH, and Dennis O'Brien, Ph.D., director, Division of Physical Science and Engineering, Dr. Rosenstock expressed her willingness to come up with an agreeable standard that everyone could comply with. However, it was noted that since the exposure limit of 25 ppm is a regulation, it could not be set aside. President Rose reported Dr. Rosenstock's willingness to support the Association with OSHA and advise them that 25 ppm is an unattainable standard. Once a new standard is developed, Dr. Rosenstock agreed to work with the Association to change the 25 ppm exposure limit. President Rose informed the Board that this would be a two to three year project and that it is important that the continuity and contact be kept with Dr. Rosenstock and NIOSH.

**Report of the Associate Executive Director, Science: Recent Divisional Activities:** Dr. Meyer reported on recent Divisional activities which included: renovation of the laboratories; an update on the Health Screening Program in San Francisco; and the recommendation of the Council on Scientific Affairs to add HCV (hepatitis C) screening to the process to determine if this is an occupational risk.

**Report of the Council on Scientific Affairs: Evidence-Based Dentistry:** Dr. Meyer reported that it was the Council's belief that in addressing an issue as broad and with as far-reaching potential as evidence-based dentistry, the Association first needs to ascertain its role. The Council recommended that an interagency task force be convened to determine the Association's role in evidence-

based dentistry as it relates to patient care. Recognizing that other ADA agencies also have an interest in this topic, the Council suggested that this task force be comprised of two members of the Council on Scientific Affairs (with one CSA member serving as chairman) and one member from each of the following councils: the Council on Dental Benefit Programs, the Council on Dental Practice and the Council on Access, Prevention and Interprofessional Relations. This task force would be charged with recommending whether input from experts in the area of evidence-based care is necessary and with advising the Association on how it should approach the issue of evidence-based dentistry. The initial meeting of the task force, which would serve as a planning session, could take place via teleconference. After discussing this issue, the Board adopted the following resolution, as amended.

**B-18-1999. Resolved,** that a task force be convened to determine the Association's role in evidence-based dentistry as it relates to patient care, and be it further **Resolved,** that the task force be comprised of two members of the Council on Scientific Affairs, with one CSA member serving as chairman, and one member each from the Council on Dental Benefit Programs, Council on Dental Practice and Council on Access, Prevention and Interprofessional Relations, and be it further **Resolved,** that the task force report its findings to the Board at its August 1999 meeting.

**Report of the Council on Scientific Affairs: Recent Activities:** Dr. Meyer presented the Council's report which included information on a dental caries conference which will be hosted by Indiana University's Oral Health Research Institute in May 1999. The conference will address new methods of detecting early dental caries that have been developed and employed in clinical caries trials. The Council reported that the ADA had been invited to send a representative to attend and discuss the type of scientific evidence necessary to validate, through clinical trials, new early caries detection methods under the ADA Seal of Acceptance Program. The Council has forwarded a recommendation for an ADA representative to President Rose.

*International Conference on Breath Odor.* The Council's report also included information on an International Conference on Breath Odor, which the Association was invited to serve as a sponsor. The Council reported that cosponsorship of and participation in this conference will offer an excellent opportunity to demonstrate the Association's leading role in breath odor. Therefore, the Council submitted the following resolution, which was subsequently adopted by the Board of Trustees.

**B-26-1999. Resolved,** that the International Society for Breath Odor Research's invitation to deliver a presentation on *ADA Acceptance Program Guidelines for Products that Control Oral Malodor* be accepted.

*National Institute of Dental and Craniofacial Research (NIDCR).* As requested by the Board at its December 1998 session, the Council reviewed Resolution B-142 and a proposal for a collaborative effort with the NIDCR to develop a program on the scientifically based management of the medically compromised dental patient. The Council reported that it saw benefits to both the profession and the public in the proposed cooperative effort and recommended that the ADA collaborate with the NIDCR on the program. Additionally, the Council offered to serve as the lead Association agency in this effort. Following discussion, the Board adopted the following resolution as amended.

**B-27-1999. Resolved,** that the American Dental Association collaborate with the National Institute of Dental and Craniofacial Research (NIDCR) on a November 1999 conference to review the scientific literature and identify research needs related to management of the medically compromised dental patient, and be it further

**Resolved,** that the Council on Scientific Affairs be designated the lead ADA agency in this collaboration, and be it further

**Resolved,** that Dr. Michael Glick, Dr. Sol Silverman, Jr. and Dr. Joan Phelan be appointed as clinical and research experts to represent the Association in working with NIDCR on this conference, and be it further

**Resolved,** that the Council on Scientific Affairs provide a progress report to the June 1999 Board of Trustees.

*Proposed Policy Statement.* The Council noted that it will be reviewing comments on the proposed Policy Statement on Bloodborne Disease, Infection Control and the Practice of Dentistry and will develop a report with recommendations for the Board of Trustees.

**Report of Dr. George Bletsas, Liaison to the Council on Scientific Affairs:** Dr. Bletsas provided the Board with a report of his attendance at the meeting of the Council.

#### **Attorney-Client/Executive Meeting**

**Call to Order:** An attorney-client executive meeting of the Board of Trustees was called to order at 11:00 a.m., President Rose presiding.

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

Also in attendance were the Senior Associate Executive Director; the Group Associate Executive Directors for Professional Services and Business, Technical and Meeting Services; the Chief Counsel; all Associate and Assistant Executive Directors and the Director of Quality and Strategic Planning.

**Discussion:** Mr. Sfikas discussed various legal matters of interest to the Association.

**Adjournment:** The attorney-client executive meeting adjourned at 12:00 p.m.

**Recess:** The Board recessed for lunch at 12:00 p.m. and reconvened at 1:15 p.m.

#### **Regular Meeting**

#### **Technology (continued)**

**Report of the Associate Executive Director, Technology and the Associate Executive Director, Membership and Dental Society Services: Tripartite Association Management Services:** This report was provided in response to a December Board action directing TAMS project staff to pursue the concept of the recommended TAMS deployment option which includes the use of the "thin client" technology, and the potential development of an interim Y2K compliant micromembership system. The Board discussed the TAMS report, reiterating the primary objectives of TAMS—to replace the ADA mainframe and offer a replacement to those participating in micromembership. The following points were also discussed and confirmed.

- If tripartite sites want to participate in TAMS, they must commit to being flexible by adjusting their business processes to meet the TAMS specifications and provide the technical resources to support TAMS in their environments.
- The ADA is developing a Y2K compliant version of the micromembership system for use by tripartite members that are dependent on the ADA to address their membership system Y2K issues. This will, however, only be a stopgap measure given the limited abilities of the system. The Association will not provide software support of the micromembership system when TAMS can be offered to all interested parties.
- On-site deployment issues have expanded the time and resources needed for the ADA to deploy TAMS at each site. The ADA continues to explore ways with which to increase its efficiency in this process.

After further discussion of the TAMS report and deployment, the Board adopted the following resolution, as amended.

**B-31-1999. Resolved,** that a developed Y2K version of the micromembership software system be distributed as a failsafe position for those societies currently depending on the ADA to address their Y2K problem system, and be it further

**Resolved,** that the thin client server for TAMS be investigated and developed as the preferred method for establishing a remote database on centrally located hardware for each participating society, and be it further

**Resolved**, that plans for societies currently awaiting TAMS deployment be implemented for those societies too large for thin client or for those requesting hardware/software installations and that these plans be modified and updated to incorporate the knowledge and experience gained from installations in Texas and Florida, and be it further

**Resolved**, that a detailed report containing recommendations and financial implications regarding the thin client server, the Y2K version of the micromembership software and the updated plan for TAMS deployment be presented to the Board of Trustees at its April 1999 meeting.

#### Other/Subsidiary Reports (continued)

**Report of the ADA Publishing Co., Inc.: Recent Activities:** The report submitted by Ms. Kosden included information on ADAPCO's increased revenues. Major contributing factors included an increase of 53 advertising pages in the *ADA News*; record sales of advertising pages in the *ADA News Daily*; and the successful launch and first-year sales of the *ADA Guide to Dental Therapeutics*.

**Report of Dr. John W. Staubach, Trustee, Third District: Appointment of Committee to Examine and Develop a Mechanism for Increasing Membership Awareness:** The Board reviewed the report submitted by Dr. Staubach on developing a mechanism for increasing membership awareness of ADA benefits. The following resolution, as amended, was subsequently adopted.

**B-3-1999. Resolved**, that the President direct the Council on Membership and the Council on Communications to immediately examine the process of developing a mechanism or program that is directed toward increasing membership awareness of ADA benefits, and be it further **Resolved**, that recommendations regarding increasing membership awareness of ADA benefits be presented to the ADA Board for consideration at its August 1999 meeting.

**Reconsideration of Ad Interim Policy Related to the Use of State Tobacco Settlement Funds:** The Board considered the request to reconsider its December 1998 action (B-152-1998) which established *ad interim* policy on the use of tobacco settlement funds.

The Board agreed that to reverse the policy would send the wrong message to the tripartite and to the Council on Government Affairs which supports the policy. The Board further agreed that the use of these funds to provide care for the indigent should be the major focus. Therefore, Resolution B-4 was defeated.

**B-4. Resolved**, that the *ad interim* policy on the Use of State Tobacco Settlement Funds, Resolution B-152-1998, be rescinded, and be it further

**Resolved**, that the policy be referred to the Council on Access, Prevention and Interprofessional Relations and

the Council on Government Affairs for study and report to the Board of Trustees at its April Session.

**Report of the Future of Dentistry Research Project Task Force:** The Board reviewed the report of the task force which was prepared in response to Resolution B-149-1998. The resolution called for the task force to develop a detailed plan for a future of dentistry research project, including scope, full resource requirements and project timetable. Subsequently, the Board adopted the following resolution.

**B-14-1999. Resolved**, that the recommended Future of Dentistry Project approach as outlined in the Report of the Future of Dentistry Project Task Force be approved, and be it further

**Resolved**, that the Task Force develop a detailed project plan including scope, full resource requirements and a project timetable, to be presented to the Board no later than August 1999.

**Status Report of the Ad Hoc Committee to Study Bylaws Responsibilities of Councils and Commissions and Overlapping Roles of Task Forces:** Dr. Anderton reported that the Committee addressed the concerns that had been raised regarding communications between councils and the overlapping roles of task forces, committees and councils. A report from the task force will be submitted to the Board at its April meeting.

**Update on Task Force and Committee Activities:** The Board reviewed the report on task force and committee activities.

**Report on the Appointment of an Ad Interim Member to the Committee on the New Dentist:** As the result of a vacancy on the Committee on the New Dentist, and in accordance with the ADA *Bylaws*, the Board considered the nomination of Dr. Hilda Yacoub, California, to fill the vacancy on the Committee. The Board adopted the following resolution.

**B-35-1999. Resolved**, that in accordance with the ADA *Bylaws*, Dr. Hilda Yacoub be selected to fill the unexpired term of Dr. Kim Turchi-Smith on the Committee on the New Dentist.

**Adjournment:** The Board of Trustees adjourned at 3:55 p.m.

#### Tuesday, February 16, 1999

**Call to Order:** The Board of Trustees was called to order by President S. Timothy Rose at 8:30 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

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

the exception of Dr. L. Jackson Brown and Mr. James Sweeney who were traveling on Association business.

## Financial Matters

### Report of the Chief Financial Officer: Recent

**Divisional Activities:** Mr. Johnson informed the Board that the Finance Committee met on December 5, 1998, to discuss the budgeting process and advocated the continued use of modified zero-base budgeting for the 2000 budget review. It was also reported that in March, the Administrative Review Committee will begin assessing and ranking all budget requests. All base budgets and decision packages will be categorized "A," "B" or "C." The initial judgments will be forwarded to council and commission chairs as well as senior management for comment. A proposed budget will then be submitted to the Board for approval at its June meeting, accompanied by a list of non-funded activities.

### Report of the Chief Financial Officer: Statement of

**Investment Policies:** The Board reviewed recommendations for revisions to the investment policies of the Association Reserve Division Restricted Account, the ADA Employees' Retirement Plan and the ADA Supplemental Retirement Income Plan. The Board adopted the following resolution.

**B-5-1999. Resolved,** that the revised Statements of Investment Policies for the Reserve Division Restricted Investment Account, ADA Employees' Retirement Plan and the Supplemental Retirement Plan be accepted and implemented.

### Report of the Chief Financial Officer: Banking

**Services:** The Board reviewed the report of the Chief Financial Officer on banking services and adopted the following resolutions.

**B-6-1999. Resolved,** that effective February 16, 1999, any two of the following persons are hereby authorized to sign any and all checks, drafts, and orders, including orders or directions in informal or letter form, for the payment of money drawn by the American Dental Association against its General Fund Account, Payroll Account and Research Fund Account at The Northern Trust Company, Chicago, Illinois:

Treasurer  
Executive Director  
Chief Financial Officer  
Director of Finance/Controller  
General Accounting Manager

and be it further

**Resolved,** that effective February 16, 1999, the bank as a designated depository of the American Dental Association, be and it is hereby requested, authorized and directed to honor any and all checks, drafts, and orders, including orders or directions in informal or letter form

for the payment of money drawn by the American Dental Association against its General Fund Account, Payroll Account and Research Fund Account, and be it further **Resolved,** that the bank shall be entitled to honor and charge the American Dental Association for all such checks, drafts or other orders, regardless of by whom or what means the facsimile signatures thereon may have been affixed thereto, if such facsimile signatures resemble the facsimile specimens duly certified to and filed with the bank by the Executive Director or other officer of the Association, and be it further

**Resolved,** that the Executive Director and either the President or Treasurer upon advice of the Chief Financial Officer, are empowered to institute lease purchase agreements and a master loan agreement for the purpose of borrowing on behalf of the American Dental Association, and be it further

**Resolved,** that the following individuals be empowered to draw funds against the master loan agreement to meet the Association's financial needs:

Executive Director  
Chief Financial Officer  
Director of Finance/Controller  
General Accounting Manager

and be it further

**Resolved,** that the Executive Director report all such borrowings to the Board of Trustees not later than its next session, and be it further

**Resolved,** that the American Dental Association guarantees the payment of all monies advanced by the bank to ADA Publishing Co., Inc., ADA Financial Services Co., ADA Electronic Commerce Co., ADA Holding Company, Inc. and American Dental Real Estate Corporation, and be it further

**Resolved,** that The Northern Trust Company shall not in any way be responsible for, or have any obligation to inquire into, the circumstances of the issuance of any check or other order for the payment of money, or other instrument signed, as herein provided, or the application, disposition, or use of any such check, order, or instrument, or the proceeds thereof, or of any of the funds deposited with it or borrowed from it as herein provided; and shall honor, receive, certify, and pay any and all checks and other orders for the payment of money and other instruments signed as herein provided, whether or not payable or indorsed to the order of any officer or other person signing or countersigning the same, or of any other officer or employee of the American Dental Association, and whether or not deposited to the individual credit of or used in payment of the individual obligation of, or tendered for cashing by any officer or other person signing or countersigning the same, or of or by any of the other officers or employees of the American Dental Association, and be it further

**Resolved,** that each of the aforementioned officers or other persons authorized to act for the American Dental Association in any case aforesaid hereby is authorized without the concurrence of any officer or person:

- a. To identify, approve, and guarantee the endorsement of any payee or endorser of any checks or drafts by the American Dental Association;
- b. To waive presentment, demand, protest, and notice of dishonor or protest, and to give instructions in regard to the handling or delivery of any negotiable or non-negotiable papers or documents involved in any of said transactions;
- c. To guarantee the signature or signatures of registered holders on stock certificates, stock powers, bonds, bond powers, or receipts for same, or other instruments signed by any person or persons in an official, individual or fiduciary capacity; and
- d. To act for the American Dental Association in the transaction of all other business for its accounts with The Northern Trust Company.

and be it further

**Resolved**, that the Executive Director of the American Dental Association shall file with The Northern Trust Company a certified copy of this resolution under the Seal of the corporation, and also shall file with The Northern Trust Company a list of the persons at that present time holding the offices above mentioned in this corporation, and The Northern Trust Company as against this corporation shall be entitled to presume conclusively that the persons so certified as holding such offices respectively continue to hold the same until otherwise notified in writing by the Executive Director of the American Dental Association, and said Executive Director of the American Dental Association is authorized and directed to certify that the provisions hereof are in conformity with the articles and the bylaws of the American Dental Association, and be it further

**Resolved**, that this resolution shall be in full force and effect and binding upon the American Dental Association until it shall have been repealed, and until written notice of such repeal shall have been delivered to The Northern Trust Company at its office in the city of Chicago, Illinois, and be it further

**Resolved**, that a copy of this resolution be forwarded to the bank, and be it further

**Resolved**, that Resolution B-12-1995 (*Trans.*1995:479) be rescinded.

*Investment Management Services of The Northern Trust Company—Capital Improvement Program*

**B-7-1999. Resolved**, that the Executive Director, upon advice of the Chief Financial Officer, be authorized and directed to enter into, in the name of the Association, execute and attach the corporate Seal to, and deliver, an agreement(s) with The Northern Trust Company for the care, custody, and investment of cash and securities belonging to the American Dental Association under its Capital Improvement Program, and be it further

**Resolved**, that the following individuals be, and are hereby authorized and directed to deposit with The Northern Trust Company under the provisions of said agreement, such of the cash, securities and property belonging to the Association under its Capital

Improvement Program as they in their sole and absolute discretion may deem advisable from time to time, and to take from time to time all such actions as may be necessary to carry out the intent and meaning of said agreement(s):

Executive Director  
Chief Financial Officer  
Director of Finance/Controller  
General Accounting Manager

and be it further

**Resolved**, that the Executive Director of the American Dental Association shall file with The Northern Trust Company a certified copy of this resolution (including said agreement(s)) under the Seal of the corporation, and a list of the persons at the present time holding the offices above mentioned in this corporation, showing their genuine signatures, and The Northern Trust Company shall be entitled as against this corporation to conclusively presume that the persons so certified as holding such offices continue to respectively hold the same until otherwise notified in writing by the Executive Director of the American Dental Association, and said Executive Director of the American Dental Association is authorized and directed to certify that the provisions hereof are in conformity with the articles and the bylaws of the American Dental Association, and be it further

**Resolved**, that this resolution shall be in full force and effect and binding upon the American Dental Association until it shall have been repealed and until written notice of such repeal shall have been delivered to The Northern Trust Company at its office in the city of Chicago, Illinois, and be it further

**Resolved**, that a copy of this resolution be forwarded to the bank, and be it further

**Resolved**, that Resolutions B-13-1995 (*Trans.*1995:481) be rescinded.

*Investment Management Services of The Northern Trust Company—Building and Tenant Improvement Fund*

**B-8-1999. Resolved**, that the Executive Director, upon advice of the Chief Financial Officer, be authorized and directed to enter into, in the name of the Association, execute and attach the corporate Seal to, and deliver, an agreement(s) with The Northern Trust Company for the care, custody, and investment of cash and securities belonging to the American Dental Association under its Building and Tenant Improvement Fund, and be it further

**Resolved**, that the following individuals be, and are hereby authorized and directed to deposit with The Northern Trust Company under the provisions of said agreement, such of the cash, securities and property belonging to the Association under its Building and Tenant Improvement Fund as they in their sole and absolute discretion may deem advisable from time to time, and to take from time to time all such actions as may be necessary to carry out the intent and meaning of said agreement(s):



Executive Director  
Chief Financial Officer  
Director of Finance/Controller  
General Accounting Manager

and be it further

**Resolved**, that the Executive Director of the American Dental Association shall file with The Northern Trust Company a certified copy of this resolution (including said agreement(s)) under the Seal of the corporation, and a list of the persons at the present time holding the offices above mentioned in this corporation, showing their genuine signatures, and The Northern Trust Company shall be entitled as against this corporation to conclusively presume that the persons so certified as holding such offices continue to respectively hold the same until otherwise notified in writing by the Executive Director of the American Dental Association, and said Executive Director of the American Dental Association is authorized and directed to certify that the provisions hereof are in conformity with the articles and the bylaws of the American Dental Association, and be it further

**Resolved**, that this resolution shall be in full force and effect and binding upon the American Dental Association until it shall have been repealed and until written notice of such repeal shall have been delivered to The Northern Trust Company at its office in the city of Chicago, Illinois, and be it further

**Resolved**, that a copy of this resolution be forwarded to the bank, and be it further

**Resolved**, that Resolutions B-14-1995 (*Trans.*1995:481) be rescinded.

*Investment Management Services of The Northern Trust Company—Operating Division Operating Account*

**B-9-1999. Resolved**, that the Executive Director, upon advice of the Chief Financial Officer, be authorized and directed to enter into, in the name of the Association, execute and attach the corporate Seal to, and deliver, an agreement(s) with The Northern Trust Company for the care, custody, and investment of cash and securities belonging to the American Dental Association under its Operating Account, and be it further

**Resolved**, that the following individuals be, and are hereby authorized and directed to deposit with The Northern Trust Company under the provisions of said agreement, such of the cash, securities and property belonging to the Association under its Operating Division Operating Accounts as they in their sole and absolute discretion may deem advisable from time to time, and to take from time to time all such actions as may be necessary to carry out the intent and meaning of said agreement(s):

Executive Director  
Chief Financial Officer  
Director of Finance/Controller  
General Accounting Manager

and be it further

**Resolved**, that the Executive Director of the American Dental Association shall file with The Northern Trust Company a certified copy of this resolution (including said agreement(s)) under the Seal of the corporation, and a list of the persons at the present time holding the offices above mentioned in this corporation, showing their genuine signatures, and The Northern Trust Company shall be entitled as against this corporation to conclusively presume that the persons so certified as holding such offices continue to respectively hold the same until otherwise notified in writing by the Executive Director of the American Dental Association, and said Executive Director of the American Dental Association is authorized and directed to certify that the provisions hereof are in conformity with the articles and the bylaws of the American Dental Association, and be it further

**Resolved**, that this resolution shall be in full force and effect and binding upon the American Dental Association until it shall have been repealed and until written notice of such repeal shall have been delivered to The Northern Trust Company at its office in the city of Chicago, Illinois, and be it further

**Resolved**, that a copy of this resolution be forwarded to the bank, and be it further

**Resolved**, that Resolution B-15-1995 (*Trans.*1995:481) be rescinded.

*Investment Management Services of The Northern Trust Company—Operating Division Investment Account*

**B-10-1999. Resolved**, that the Executive Director, upon advice of the Chief Financial Officer, be authorized and directed to enter into, in the name of the Association, execute and attach the corporate Seal to, and deliver, an agreement(s) with The Northern Trust Company for the care, custody, and investment of cash and securities belonging to the American Dental Association under its Operating Division Investment Account, and be it further

**Resolved**, that the following individuals be, and are hereby authorized and directed to deposit with The Northern Trust Company under the provisions of said agreement, such of the cash, securities and property belonging to the Association under its Operating Division Investment Account as they in their sole and absolute discretion may deem advisable from time to time, and to take from time to time all such actions as may be necessary to carry out the intent and meaning of said agreement(s):

Executive Director  
Chief Financial Officer  
Director of Finance/Controller  
General Accounting Manager

and be it further

**Resolved**, that the Executive Director of the American Dental Association shall file with The Northern Trust Company a certified copy of this resolution (including said agreement(s)) under the Seal of the corporation, and a list of the persons at the present time holding the offices

above mentioned in this corporation, showing their genuine signatures, and The Northern Trust Company shall be entitled as against this corporation to conclusively presume that the persons so certified as holding such offices continue to respectively hold the same until otherwise notified in writing by the Executive Director of the American Dental Association, and said Executive Director of the American Dental Association is authorized and directed to certify that the provisions hereof are in conformity with the articles and the bylaws of the American Dental Association, and be it further

**Resolved**, that this resolution shall be in full force and effect and binding upon the American Dental Association until it shall have been repealed and until written notice of such repeal shall have been delivered to The Northern Trust Company at its office in the city of Chicago, Illinois, and be it further

**Resolved**, that a copy of this resolution be forwarded to the bank, and be it further

**Resolved**, that Resolution B-16-1995 (*Trans.*1995:482) be rescinded.

*Relief Fund Bank Account at The Northern Trust Company*

**B-11-1999. Resolved**, that effective February 16, 1999, any two of the following persons are hereby authorized to sign any and all checks, drafts and orders, including orders or directions in informal or letter form, for the payment of money drawn by the American Dental Association against its Relief Fund Account at The Northern Trust Company, Chicago, Illinois:

Treasurer  
Executive Director  
Director, Commission on Relief Fund Activities  
Chief Financial Officer  
Director of Finance/Controller  
Controller, ADA Health Foundation  
General Accounting Manager

and be it further

**Resolved**, that effective February 16, 1999, the bank as a designated depository of the American Dental Association, be and it is hereby requested, authorized and directed to honor any and all checks, drafts, and orders, including orders or directions in informal or letter form for the payment of money drawn by the American Dental Association against its Relief Fund Account, and be it further

**Resolved**, that the bank shall be entitled to honor and charge the American Dental Association for all such checks, drafts or other orders, regardless of by whom or what means the facsimile signatures thereon may have been affixed thereto, if such facsimile signatures resemble the facsimile specimens duly certified to and filed with the bank by the Executive Director or other officer of the Association, and be it further

**Resolved**, that The Northern Trust Company shall not in any way be responsible for, or have any obligation to inquire into, the circumstances of the issuance of any

check or other order for the payment of money, or other instrument signed, as herein provided or the application, disposition, or use of any such check, order, or instrument, or the proceeds thereof, or of any of the funds deposited with it or borrowed from it as herein provided; and shall honor, receive, certify, and pay any and all checks and other orders for the payment of money and other instruments signed as herein provided, whether or not payable or endorsed to the order of any officer or other person signing or countersigning the same, or of any other officer or employee of the American Dental Association, and whether or not deposited to the individual credit of or used in payment of the individual obligation of, or tendered for cashing by any officer or other person signing or countersigning the same, or of or by any of the other officers or employees of the American Dental Association, and be it further

**Resolved**, that each of the aforementioned officers or other persons authorized to act for the American Dental Association in any case aforesaid hereby is authorized without the concurrence of any officer or person:

- a. To identify, approve, and guarantee the endorsement of any payee or endorser of any checks or drafts by the American Dental Association;
- b. To waive presentment, demand, protest, and notice of dishonor or protest, and to give instructions in regard to the handling or delivery of any negotiable or non-negotiable papers or documents involved in any of said transaction;
- c. To guarantee the signature or signatures of registered holders on stock certificates, stock powers, bonds, bond powers, or receipts for same, or other instruments signed by any person or persons in an official, individual or fiduciary capacity; and
- d. To act for the American Dental Association in the transaction of all other business for its accounts with The Northern Trust Company.

and be it further

**Resolved**, That the Executive Director of the American Dental Association shall file with The Northern Trust Company a certified copy of this resolution under the Seal of the corporation, and also shall file with The Northern Trust Company a list of the persons at the present time holding the offices above mentioned in this corporation, and The Northern Trust Company as against this corporation shall be entitled to presume conclusively that the persons so certified as holding such offices respectively continue to hold the same until otherwise notified in writing by the Executive Director of the American Dental Association, and said Executive Director of the American Dental Association is authorized and directed to certify that the provisions hereof are in conformity with the articles and the bylaws of the American Dental Association, and be it further

**Resolved**, that this resolution shall be in full force and effect and binding upon the American Dental Association until it shall have been repealed, and until written notice of such repeal shall have been delivered to The Northern

Trust Company at its office in the city of Chicago, Illinois, and be it further

**Resolved**, that a copy of this resolution be forwarded to the bank, and be it further

**Resolved**, that Resolution B-17-1995 (*Trans.*1995:482) be rescinded.

*ADA Building Management Account at The Northern Trust Company*

**B-12-1999. Resolved**, that effective February 16, 1999, any two of the following persons are hereby authorized to sign any and all checks, drafts, and orders, including orders or directions in informal or letter form, for the payment of money drawn by the American Dental Association against its Building Management Account at The Northern Trust Company, Chicago, Illinois:

Executive Director  
Chief Financial Officer  
Director of Finance/Controller  
Vice Chairman, LaSalle Partners Management Services  
Vice President, LaSalle Partners Management Services  
Senior Controller (2), LaSalle Partners Management Services

and be it further

**Resolved**, that effective February 16, 1999, the bank as a designated depository of the American Dental Association, be and it is hereby requested, authorized and directed to honor any and all checks, drafts, and orders, including orders or directions in informal or letter form for the payment of money drawn by the American Dental Association against its Building Management Account, and be it further

**Resolved**, that the bank shall be entitled to honor and charge the American Dental Association for all such checks, drafts or other orders against the Building Management Account, regardless of by whom or what means the facsimile signatures thereon may have been affixed thereto, if such facsimile signatures resemble the facsimile specimens duly certified to and filed with the bank by the Executive Director or other officer of the American Dental Association, and be it further

**Resolved**, that The Northern Trust Company shall not in any way be responsible for, or have any obligation to inquire into, the circumstances of the issuance of any check or other order for the payment of money, or other instrument signed, as herein provided, or the application, disposition, or use of any such check, order, or instrument, or the proceeds thereof, or of any of the funds deposited with it or borrowed from it as herein provided; and shall honor, receive, certify, and pay any and all checks and other orders for the payment of money and other instruments signed as herein provided, whether or not payable or endorsed to the order of any officer or other person signing or countersigning the same, or of any other officer or employee of the American Dental Association, and whether or not deposited to the individual credit of or used in payment of the individual obligation of, or tendered for cashing by any officer or

other person signing or countersigning the same, or of or by any of the other officers or employees of the American Dental Association, and be it further

**Resolved**, that each of the aforementioned officers or other persons authorized to act for the American Dental Association in any case aforesaid regarding its Building Management Account hereby is authorized without the concurrence of any officer or person:

- a. To identify, approve, and guarantee the endorsement of any payee or endorser of any checks or drafts by the American Dental Association;
- b. To waive presentment, demand, protest, and notice of dishonor or protest, and to give instructions in regard to the handling or delivery of any negotiable or non-negotiable papers or documents involved in any of said transactions;
- c. To guarantee the signature or signatures of registered holders on stock certificates, stock powers, bonds, bond powers, or receipts for same, or other instruments signed by any person or persons in an official, individual or fiduciary capacity; and
- d. To act for the American Dental Association in the transaction of all other business for this account with The Northern Trust Company.

and be it further

**Resolved**, that the Executive Director of the American Dental Association shall file with The Northern Trust Company a certified copy of this resolution under the Seal of the American Dental Association, and also shall file with The Northern Trust Company a list of the persons at that present time holding the offices above mentioned in the American Dental Association, and The Northern Trust Company as against the American Dental Association shall be entitled to presume conclusively that the persons so certified as holding such offices respectively continue to hold the same until otherwise notified in writing by the Executive Director of the American Dental Association, and said Executive Director of the American Dental Association is authorized and directed to certify that the provisions hereof are in conformity with the articles and the bylaws of the American Dental Association, and be it further

**Resolved**, that this resolution shall be in full force and effect and binding upon the American Dental Association until it shall have been repealed, and until written notice of such repeal shall have been delivered to The Northern Trust Company at its office in the city of Chicago, Illinois, and be it further

**Resolved**, that a copy of this resolution be forwarded to the bank, and be it further

**Resolved**, that Resolution B-18-1995 (*Trans.*1995:483) be rescinded.

*Salable Materials Account at Old Kent Bank*

**B-13-1999. Resolved**, that Old Kent Bank (Bank) hereby is designated a depository of the American Dental Association (Association) for its salable materials activities and that the funds of the Association may be

deposited, subject to the rules and regulations of the Bank, in a demand, time, or savings deposit account at the bank, and be it further

**Resolved**, that any two of the following persons, whose signatures shall be certified to the Bank, are authorized to sign all checks, drafts, notes, orders, or written requests for payment or withdrawal ("Orders of Payment") drawn against such accounts, although the Bank will honor and guarantee orders of payment with only one signature:

Treasurer  
Executive Director  
Chief Financial Officer  
Director of Finance/Controller  
General Accounting Manager

and be it further

**Resolved**, that the Bank is hereby authorized and directed to honor and pay any Order for Payment drawn on the Association's accounts signed by the appropriate persons, regardless of the named payee or the disposition of the proceeds. The Bank may do so even if such Orders for Payment are payable to, or deposited into the individual account of, any person who signs or an officer of the Association. The Bank is authorized to supply any endorsement for the Association on any check or other instrument deposited for the accounts authorized hereby, and be it further

**Resolved**, that the Executive Director of the Association is authorized and directed to certify to the Bank the foregoing resolutions and that the provisions thereof conform to the articles of incorporation and bylaws of the Association and to certify the names of the persons at that present time holding the offices mentioned above in the Association and specimen signatures of the persons authorized to sign and that the bank may rely upon such certification until written notice to the contrary is delivered to the Bank, and be it further

**Resolved**, that the Association enter a Transfer Agreement between the Association and the Bank in the form provided by the Bank and that until such time as the Association revokes such authority and notifies the Bank as provided in the Transfer Agreement, the Bank is authorized, in connection with the Agreement, to honor the written or oral request of any one of the following persons as approved by a second authorized person, to make the transfers contemplated by the Transfer Agreement without inquiry into the circumstances of such transfers or the disposition of the transferred funds.

Treasurer  
Executive Director  
Chief Financial Officer  
Director of Finance/Controller  
General Accounting Manager

and be it further

**Resolved**, that the Executive Director of the Association is hereby authorized to execute the Transfer Agreement on behalf of the Association, and be it further

**Resolved**, that the Executive Director of the Association is authorized and directed to certify to the Bank the foregoing resolutions and that the provisions thereof conform to the articles of incorporation and bylaws of the Association and to certify the names of the persons at that present time holding the offices mentioned above in the Association and specimen signatures of the persons authorized to make the transfers contemplated by the Transfer Agreement and that the Bank may rely upon such certification until written notice to the contrary is delivered to the Bank, and be it further

**Resolved**, that a copy of this resolution be forwarded to the bank, and be it further

**Resolved**, that Resolution B-80-1996 (*Trans.* 1996:586) be rescinded.

**Report of the Executive Director on 1998 Corporate Funding of ADA Programs:** Dr. Zapp provided the Board with a report detailing the corporate funding for ADA programs and activities, as of December 31, 1998.

**Report on the Status of the 1999 Contingent Fund and Approval of Supplemental Appropriation Requests:** A Contingent Fund of \$630,600 was authorized in the 1999 budget. To date, the Board has approved supplemental requests in the amount of \$88,050, of which \$11,600 was funded from alternatives, leaving a Fund balance of \$554,050. The Board reviewed 12 supplemental requests at this session, considering each request separately. The Board subsequently adopted the following resolution.

**B-2-1999. Resolved**, that the following appropriations be made from the 1999 Contingent Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

*Division of Science*

(Cost center 090-0650-XXX) ..... \$5,700

This is a request for funding to convene an expert panel to discuss and recommend a course of action for the Association in studying evidence-based dentistry. The Council on Scientific Affairs recommended that a task force be convened to assess current scientific information as it relates to evidence-based dentistry and to determine research priorities that would further promote the evidence-based approach to dental care.

515101	Volunteer Airfare	\$3,150
515301	Volunteer Per Diem	550
515401	Volunteer Lodging	1,250
515501	Volunteer Meals	<u>750</u>
	Total Expenses	\$5,700

*Division of Administration and Policy*

(Cost center 090-0050-XXX) .....\$25,000

The Board's Future of Dentistry Project Task Force requests funds for temporary outside help to aid staff. Total cost represents one temporary person for approximately 250 hours at \$100 per hour.

501740	Temporary Help	<u>\$25,000</u>
	Total Expenses	\$25,000

*Division of Membership and Dental Society Services*

(Cost center 090-0300-XXX) .....\$20,000

Approval for an event to enhance the "13th National Conference on the New Dentist" in Nashville, to include transportation from the hotel to the Wild Horse Saloon, dinner and beverages, and dancing to a live country music band for all conference attendees. (Funding alternative submitted.)\*

505500	Special Events	\$18,000
510250	Shuttle Service	<u>2,000</u>
	Total Expenses	\$20,000

\*Alternate funding was accepted by the Board of Trustees with Source 3, ticket sales to the event, as the primary source of funding. Sources 1 and 2, corporate sponsorship (within Association guidelines) and dental society support, were chosen as secondary options for funding.

*Division of Dental Practice*

(Cost center 090-0500-XXX) .....\$3,200

The "1998 Dentistry as a Business Conference" attracted over 300 attendees. The 1999 Conference program is divided into three separate tracks, each meeting simultaneously in separate meeting rooms at the ADA Headquarters building on July 23-24, 1999. Room monitors are required for each room to introduce speakers, make announcements, direct attendees, and assist during the question and answer segment of each presentation. Three Council on Dental Practice members are needed for the two-day conference to perform this function. (Funding alternative submitted.)

515101	Volunteer Airfare	\$1,350
515301	Volunteer Per Diem	450
515401	Volunteer Lodging	1,100
515700	Miscellaneous Travel	<u>300</u>
	Total Expenses	\$3,200

\*Alternate funding was accepted by the Board of Trustees.

*Division of Legal Affairs*

(Cost center 090-0150-XXX) .....\$4,450

The Council on Ethics, Bylaws and Judicial Affairs requests \$4,450 to pay for unanticipated volunteer expenses associated with cancellation of the Council's first meeting in 1999. The meeting, originally scheduled for January 3-4, 1999, was cancelled on January 2 when it became evident that a quorum of members could not be assembled. A record snowstorm forced the closure of Chicago's O'Hare Airport. Three new Council members and the chairman who had traveled to Chicago for an orientation program on January 2 were stranded in Chicago until the airport was reopened on January 4. The funds requested would cover travel, lodging and per diem expenses for these four members. The Council meeting has been rescheduled for February 26-27, 1999. (Partial funding alternative submitted but was not accepted by the Board.)

515101	Volunteer Airfare	\$1,200
515301	Volunteer Per Diem	900
515401	Volunteer Lodging	<u>2,350</u>
	Total Expenses	\$4,450

*Division of Dental Practice*

(Cost center 090-0500-XXX) .....\$4,150

The Dental Indicators Committee has determined a need for two additional consultants to support its work in 1999. These consultants would be in addition to the three consultants presently named and working with the Committee. (Funding alternative submitted.)

515101	Volunteer Airfare	\$1,800
515301	Volunteer Per Diem	600
515401	Volunteer Lodging	1,450
515501	Volunteer Meals	<u>300</u>
	Total Expenses	\$4,150

\*Alternate funding was accepted by the Board of Trustees.

*Division of Administration and Policy*

(Cost center 090-0050-XXX) .....\$17,000

Please see accompanying Board report pertaining to Minority Recruitment and Retention. These funds will be used to support two meetings of the Joint ADA/AADS Task Force in 1999 and development of program materials. The amount requested represents one-half the

total amount needed to support the proposed program. This request is contingent upon an equal amount being provided by the American Association of Dental Schools to jointly support this activity.

515101	Volunteer Airfare	\$3,600
515103	Staff Airfare	1,800
515301	Volunteer Per Diem	1,200
515401	Volunteer Lodging	2,900
515403	Staff Lodging	1,450
515501	Volunteer Meals	700
515503	Staff Meals	350
520001	Consulting Fees	2,000
525020	Postage and Mailing	750
525200	Office Photocopy	1,500
525205	Stationery and Supplies	<u>750</u>
	Total Expenses	\$17,000

*Division of Administration and Policy*

(Cost center 090-0050-XXX) .....\$4,550

The DIT Committee is planning to hold a planning session the afternoon prior to its regular meeting on April 16, 1999. The DIT Committee plans to include three outside volunteers to assist in the planning process. Additional funds for this session were not included in the 1999 budget. This supplemental request will provide funding for travel, hotel, per diem and an honorarium for each of the three volunteers.

515101	Volunteer Airfare	\$1,350
515301	Volunteer Per Diem	250
515401	Volunteer Lodging	550
520200	Honoraria	<u>2,400</u>
	Total Expenses	\$4,550

*Division of Administration and Policy*

(Cost center 090-0050-XXX) .....\$2,150

This Board-appointed liaison from the DIT Committee would attend scheduled meetings of the Dental Informatics Standards Committee in order to provide the DIT Committee with necessary information. Additional funds for this liaison were not included in the 1999 budget. This supplemental request will provide funding for travel, hotel and per diem for the liaison to attend three one-day meetings.

515101	Volunteer Airfare	\$1,350
515301	Volunteer Per Diem	250
515401	Volunteer Lodging	<u>550</u>
	Total Expenses	\$2,150

*Division of Government Affairs*

(Cost center 090-0200-XXX) .....\$17,200

Last year the Council on Government Affairs (CGA) requested funding to attend the ADA's "1999 Grassroots Conference" in Washington, D.C. as a decision package in the Council's annual budget submission. That decision package was not approved. After being provided an update of the conference's agenda at its February meeting, the CGA very strongly believed that it was necessary for Council members to have an opportunity to attend the conference and directed staff to submit a supplemental budget request.

515101	Volunteer Airfare	\$ 4,950
515301	Volunteer Per Diem	3,600
515401	Volunteer Lodging	<u>8,650</u>
	Total Expenses	\$17,200

*Division of Health Policy Resources Center*

(Cost center 090-0550-XXX) .....\$15,000

The December Board approved supplemental funding for a brief, one-page survey that would be mailed to all nonowner employees identified by the most recent Distribution of Dentists census-type survey (approximate N=3,400). The DMSO Task Force reviewed several drafts of the survey instrument since then and finalized the survey just prior to the February Board meeting. It was originally thought that the questions would be the short, non-record-searching type regarding the dentists' association with DMSOs in an effort to locate dentists who have sold their practices to DMSOs or are now working in that environment. Additional detailed questions about the operation and effect of the sale to a DMSO are now included and it is now a three-page survey. Costs now include two follow-up mailings to nonrespondents to achieve a higher response rate. Phone calls will still be included. Total cost of the more detailed survey, including phone follow-up, would be approximately \$15,000 more than anticipated.

520020	Outside Printing	\$15,000
	Total Expenses	\$15,000

*Note:* The Board approved an additional \$1,000 to this supplemental appropriation request to fund a CND member to participate in the DMSO Task Force meeting.

*Division of Administration and Policy*  
(Cost center 090-0050-XXX) ..... \$16,300

Funding is requested for a Board task force to evaluate the effectiveness of the organizational structure and function of the agencies within the Division of Dental Practice. The Task Force will report back to the Board with a plan of action and any financial implications, as appropriate. Funding is for two one-day meetings of a nine-member task force, with additional funds to allow for invited guests/consultants to attend task force meetings.

515101	Volunteer Airfare	\$ 9,900
515301	Volunteer Per Diem	1,650
515401	Volunteer Lodging	3,950
515501	Volunteer Meal	<u>800</u>
	Total	\$16,300

**Total Approved Supplemental  
Appropriation Requests** **\$135,700**

**Total Alternative Funding Accepted** **\$ 43,350**

**Report of the 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.

## New Business

**Consideration of Draft Objectives Developed by the Special Forum on Membership Diversity:** The Board amended the Draft Objectives developed by the Special Forum and approved its circulation to the communities of interest.

**Draft Report of the DMSO Task Force:** Dr. Bletsas presented the report of the DMSO Task Force which included input from the following Association agencies:

- Division of Legal Affairs outlining the primary contracts and financial arrangements involved in DMSO affiliations;
- Council on Ethics, Bylaws and Judicial Affairs stating that the *ADA Principles of Ethics and Code of Professional Conduct* makes it clear that the dentist's primary obligation of service to the patient remains unchanged whether the dentist engages in fee-for-service, managed care or some other practice arrangement; and
- Division of Dental Practice developing an ADA White Paper on DMSOs and the DMSO resource packet; and an update from the Health Policy Resources Center on the 1999 DMSO Survey document.

After discussion, the Board adopted the following resolution.

**B-38-1999. Resolved,** that the Board of Trustees approve the recommendations of the DMSO Task Force.

1. That in response to Resolution 61H-1998, the Councils on Ethics, Bylaws and Judicial Affairs, Government Affairs, Division of Legal Affairs and the Council on Dental Practice study the need for legislation on the disclosure of DMSO affiliation.
2. That pursuant to Resolution 74H-1998, the Task Force members review the Council on Dental Practice's draft Constituent Dental Society Dental Practice Mentor Program, and return their comments to the Council within two weeks. Following review, the Council on Dental Practice should present its draft to the Board of Trustees for review at its June meeting.
3. That the Task Force members review the Council on Dental Practice's draft of the ADA White Paper on DMSOs and return their comments to the Council within two weeks. Following review, the Council on Dental Practice should present its draft to the Board of Trustees for review at its June meeting.
4. That in response to Resolution 55H-1998 calling for ADA assistance to members regarding DMSOs, the resource packet being developed by the Council on Dental Practice be presented to the Board of Trustees for review at its June meeting. The resource packet should include the publication, *What Every Dentist Should Know About DMSOs*, the ADA White Paper and Constituent Dental Society Mentor Program, discussed in items 2 and 3 above. The results of DMSO survey results should also be included, as soon as they are available.
5. That the DMSO Focus Group Report of the Council on Dental Practice be forwarded to all Association agencies that have use for the information.
6. That the Task Force supports the submission of supplemental appropriation requests by appropriate ADA agencies as needed for the continuation of the DMSO focus groups and the expansion of the 1999 DMSO Survey.
7. That the Health Policy Resources Center report the results of the 1999 DMSO Survey to the Board of Trustees at its August 1999 meeting.
8. That pursuant to Resolution 109H-1998, the ADA Publishing Company publish its Stock Listings for Publicly Traded DMSOs after finalization by staff.
9. That the next meeting of the DMSO Task Force take place on Saturday, June 12, 1999.

**Development of a Task Force to Study the Effectiveness of the Organization Structure of the Agencies within the Division of Dental Practice:** The Board considered a resolution requesting that a task force be developed to study the effectiveness of the organizational structure of the agencies within the Division of Dental Practice. After further discussion, the Board adopted the following resolution.

**B-37-1999. Resolved,** that the Board of Trustees authorize a task force composed of three members of the Board, a representative of each council within the Division of Dental Practice and three members at large to be appointed by the President, and be it further

**Resolved,** that the task force be charged to study the effectiveness of the organizational structure of the agencies within the Division of Dental Practice, utilizing material such as previous studies and reports, *Bylaws* responsibilities, interviews with current and/or former council members, and other appropriate resources, and be it further

**Resolved,** that a report with recommendations and any financial implications be brought to the August 1999 Board of Trustees for review and approval.

**Zero-Based Budgeting for the 2001 Fiscal Year:** The following resolution was presented for the Board's consideration.

**B-40. Resolved,** that the 2001 fiscal year ADA budget be prepared using the true zero-based budgeting method.

Noting that several Board members were not familiar with the current budgetary process, a motion was made, and subsequently adopted, to refer the resolution to the Board's June 1999 session. Further, it was specified that the Board will discuss the budget process with the Executive Director during the closed breakfast session on Tuesday, June 15.

**Pew Update:** In the absence of Dr. Edward H. O'Neil, director, The Center for Health Professions, University of California, who was scheduled to appear, Dr. Koelbl and Dr. Neumann provided the Board with an update on Pew which included background on the establishment of Pew, the issue of continued competency and recent activities.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 12:20 p.m.



# April 11-13, 1999

## Headquarters Building, Chicago

**Call to Order:** The fourth session of the Board of Trustees was called to order by President S. Timothy Rose on Sunday, April 11, 1999 at 9:45 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers were present: S. Timothy Rose, president; Richard F. Mascola, president-elect; Bettie R. McKaig, first vice president; Richard A. Smith, second vice president; Rene M. Rosas, treasurer; James T. Fanno, speaker of the House of Delegates; and John S. Zapp, executive director.

The following members of the Board of Trustees were present: Robert M. Anderton; George L. Bletsas; Steven M. Bruce; D. Gregory Chadwick; Ronald M. Chaput; Ross J. DeNicola, Jr.; Howard B. Fine; Henry W. Finger; Leo R. Finley, Jr.; T. Howard Jones; Chris Mangos; Patrick S. Metro; Myron L. Pudwill; Eugene Sekiguchi; Charles L. Siroky; and John W. Staubach.

The following staff members were present: L. Jackson Brown, associate executive director, Health Policy Resources Center; Brian M. Johnson, chief financial officer; James J. Koelbl, group associate executive director, Professional Services and associate executive director, Dental Practice; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications; Dorothy J. Moss, associate executive director, Government Affairs; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Laura M. Neumann, associate executive director, Education; Carol M. Overman, senior associate executive director, Member and Support Services and associate executive director, Administration and Policy; Robert L. Owens, associate executive director, Information Technology and president and CEO, ADA Electronic Commerce Co.; Alison Owings, assistant executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and James H. Sweeney, group associate executive director, Business, Technical and Meeting Services; associate executive director, Conference and Meeting Services and CEO, ADA Financial Services Co.

Also in attendance for all or portions of the session were: Beril L. Basman, director, Quality and Strategic Planning; Richard M. Berry, deputy general counsel; Laura A. Kosden, president and publisher, ADA Publishing Co., Inc.; and Lawrence Meskin, editor, *The Journal of the American Dental Association*.

In addition, the following individuals were present for the Sunday morning portion of the Board meeting: Dr. Connie Verhagen; Dr. Albert Guay; Ms. Sharon Stanford; and Ms. Deborah Szalkiewicz.

## Special Order of Business

**Appearance of Dr. Lance M. Rucker, Director of Clinical Simulation and Clinical Ergonomics, University of British Columbia:** Dr. Rucker presented the Board with an extensive presentation on issues related to ergonomics.

**Recess:** The Board recessed for lunch at 11:57 a.m. and reconvened at 1:10 p.m.

## Preliminary

**Approval of Agenda:** The Board of Trustees adopted the following resolution.

**B-66-1999. 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-54-1999. Resolved,** that the minutes of the February 14-16, 1999 session of the Board of Trustees as presented be approved.

## Dental Practice

**Report of the Council on Dental Practice: Ergonomics and Disability Support Advisory Committee:** The Board reviewed the Council's report which outlined the Association's involvement in ergonomics during the last five years and noted that the Association has become recognized as the legitimate representative of the dental profession as related to ergonomics. However, the Council reported that the Association lacks a broad-based panel of ergonomic experts to assist in the development of an effective ergonomics and disability program for its members. Such a group could provide valuable assistance in developing a well-defined agenda, provide sound responses to impending regulations and guidance to appropriate resources when ergonomic issues arise.

The Board was in agreement with the Council that the Association lacks a broad-based panel of ergonomic experts to assist in the development of an effective ergonomics and disability program for its members, but felt that the composition of the group as submitted should be expanded to include at least one member from the Council on Scientific Affairs and other technical experts as needed. After discussion, the Board adopted the following amended resolution.

**B-67-1999. Resolved**, that the following consultants to the Council on Dental Practice Ergonomics and Disability Support Advisory Committee be approved.

David J. Ahearn, D.D.S., Westport, Massachusetts  
 Scott W. Smith, B.S., Irvine, California  
 William J. Sullivan, M.D., Chicago

and be it further

**Resolved**, that the Council on Dental Practice be urged to consider expanding the composition of the Advisory Committee with additional members to include at least one from the Council on Scientific Affairs and other technical experts as needed.

Dr. Connie M. Verhagen, member of the Council on Scientific Affairs discussed her participation in the review of OSHA's draft ergonomics standards.

#### **Attorney-Client/Executive Meeting**

**Call to Order:** An attorney-client executive meeting of the Board of Trustees was called to order at 1:30 p.m., President Rose presiding.

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

Also in attendance were the Senior Associate Executive Director; the Group Associate Executive Directors for Professional Services and Business, Technical and Meeting Services; the Chief Counsel; all Associate and Assistant Executive Directors; and the Director of Quality and Strategic Planning. Also in attendance were: Dr. Connie Verhagen; Dr. Albert Guay; Ms. Sharon Stanford; and Ms. Deborah Szalkiewicz.

**Discussion:** Mr. Sfikas discussed legal issues related to ergonomics and other legal matters of interest to the Association.

**Adjournment:** The attorney-client executive meeting adjourned at 1:45 p.m.

#### **Regular Meeting**

##### **Reports of Officers**

**Report of the President:** Dr. Rose submitted a report on his activities since the last Board meeting which included addressing the following: Dental Manufacturers of America; Midwest Society of Periodontology; American College of Dentists; Arizona Dental Association House of Delegates; the Hinman Dental Society meeting; Louisiana Dental Association House of Delegates; Federation of Special Care Organizations Conference; and the Kentucky Dental Association House of Delegates. He met with Dr.

Anthony Volpe and Dr. Dominick P. DePaola, chair of Oral Health America; and Dr. Rolando Gonzalez, president of the Mexican Dental Association. He also participated in the following: an all-dental panel at the Department of Labor; the Sixth Invitational Conference for Clinical Testing Agencies; a FINCO Board conference call; Wisconsin Legislative Day; an ADPAC Board meeting; and the Fourth Annual Grassroots Conference. He met, along with Dr. Mascola and Dr. Zapp with the following: the Executive Council of the American Association of Dental Examiners including Dr. James D. Mendenhall, president; Dr. Dan Ray Clagett, president-elect; Dr. Newell H. Yapple, first vice president; Dr. James R. Cole, II, second vice president; and Ms. Molly Nadler, executive director. He met with officers of the American Association of Dental Schools, Dr. Mike Reed, former president; Dr. Lindsay Hunt, immediate past president; Dr. Patrick Ferrillo, president; Dr. Rowland Hutchinson, president-elect; and Dr. Richard W. Valachovic, executive director; and the Management Team of the Canadian Dental Association, Dr. Richard Sandilands, Dr. John Diggins, Dr. Burton Conrod and Mr. Jardine Neilsen. Dr. Rose also had a photo session with Dentsply student clinician winners; visited with the students and faculty at Louisiana State University School of Dentistry; appeared at a press conference to state the ADA's support for Representative Tom Campbell's (R-CA) Quality Health Care Coalition Act; testified before a House Education and the Workforce Committee hearing on latex allergy chaired by Representative Charlie Norwood (R-GA); and taped an interview for ABC-TV's "World News Tonight" on dental care across the border in Mexico.

**Report of the President-elect:** Dr. Mascola submitted a report on his activities since the last Board meeting which included attending: the American Association of Dental Examiners annual meeting; the Sixth Invitational Conference for Clinical Testing Agencies; the FINCO Board meeting; the American Association of Dental Schools Annual Session and Exposition; the American Student Dental Association Regional Meeting; the Nation's Capital Dental Meeting; and the ADPAC Board meeting. He also participated in a FINCO Board conference call; the Fourth Annual Grassroots Conference; the Administrative Review Committee; the Strategic Planning Committee; and visited with students at Northwestern University Dental School.

**Report of First Vice President:** Dr. McKaig submitted a report outlining her activities since the last Board meeting which included: attending the American Student Dental Association Board of Trustees meeting; chairing the Pew Task Force meeting; and participating in the Paul Revere Study Club and the ASDA Eastern Tri-Regional Conference.

**Report of the Second Vice President:** Dr. Smith reported his attendance and participation at the following: American Academy of Restorative Dentistry meeting; ADA Emergency Fund and Endowment and Assistance Fund meeting; Thomas P. Hinman Dental Meeting; the

Fourth Annual Grassroots Conference; and the Leadership Conference of the Alliance of the American Dental Association.

**Report of the Executive Director:** Dr. Zapp reported on his participation in the following activities since the last Board meeting: Industry Committee on Advertising meeting; Association Executives' Breakfast meeting with Ron Packard (R-CA), Charlie Norwood (R-GA), John Linder (R-GA) and Mike Simpson (R-ID). He met with Dr. Eli Schwarz, executive director, American Association for Dental Research; Dr. Richard Valachovic, executive director, American Association of Dental Schools; and staff from the congressmen's and associations' offices. He also attended the International College of Dentists Luncheon; the Democratic Senatorial Campaign Dinner; the International College of Dentists Leaders in Dentistry Series Videotaping; the Sixth Invitational Conference for Clinical Testing Agencies; AADS 76<sup>th</sup> Annual Session & Exposition and International Association for Dental Research 77<sup>th</sup> General Session; American Association of Orthodontists Breakfast with Dr. Harold Slavkin; Friends of NIDCR Board of Directors Annual Meeting; Chicago Convention and Tourism Bureau 56<sup>th</sup> Annual Meeting and Membership Luncheon; Academy of General Dentistry Open House; and the New England Leadership Conference. He met with the Texas Dental Association and the California Dental Association regarding TAMS; Mellon Bank; and FDI Officers. Dr. Zapp also made opening remarks and attended a panel discussion at the Fourth Annual Grassroots Conference and made introductions to the AADS House of Delegates. He also participated in various Association council, commission and task force meetings and conference calls.

#### Other/Subsidiary Reports

##### Report of the Department of Standards

##### Administration: ISO/TC106 Subcommittee 8

**Secretariat on Dental Implants:** Ms. Stanford, director of Standards Administration, reported that Sweden recently informed the ISO/TC106 Secretariat that it would be relinquishing the Secretariat of ISO/TC106 Subcommittee 8, Dental Implants at the end of 1999. It was reported that subcommittees are strategically very important as the country sponsoring the subcommittee has some influence on the direction of work.

Ms. Stanford reported that if one of the ISO/TC106 member bodies does not request this secretariat, one of the consequences is that ISO/TC150 for Medical Implants may assume the work. If this occurs, dentistry would lose its leadership role as well as representation in implant standards work. The costs associated with administering an ISO include ANSI dues, travel and miscellaneous expenses totaling approximately \$11,000 per year, with a minimum commitment of three years.

Thailand, it was reported, has indicated interest in assuming this secretariat.

It was noted that the chairman of the Council on Scientific Affairs supports the ADA assuming the Secretariat and will be consulting the Council at its May 1999 meeting relative to this issue.

The Board adopted the following resolution.

**B-47-1999. Resolved,** that the American Dental Association, in its support of international standards development in ISO/TC106, offer to assume the Secretariat of ISO/TC106 Subcommittee 8 Implants contingent upon support from the Council on Scientific Affairs and the dental industry, and be it further **Resolved,** that commitments be sought from industry for funding administration of the Secretariat through the U.S. TAG for ISO/TC106 Fund, and be it further **Resolved,** that a report be submitted to the Board at its June meeting.

#### Communications

##### Report of the Associate Executive Director,

##### Communications: Recent Divisional Activities:

Mr. Mickel reported on the success of the new members-only ADA ONLINE Discussion Forum; dental society support; and manuscripts completed for new and revised Salable Materials brochures. He also reported on media activities which included Dr. Rose's interviews with *The New York Times* and *Reader's Digest* regarding the House of Delegates resolution against oral piercing. Other stories on this topic also ran in the *Chicago Tribune*, *Chicago Sun-Times*, *USA Today*, *Los Angeles Times*, *Glamour* and *Cosmopolitan*, as well as smaller newspapers across the country.

##### Report of the Advisory Committee on the Alternative Public Awareness Campaign:

The Committee reported on the status of the Alternative Public Awareness Campaign. The Committee also reported that to explore opportunities for joint participation in and funding of public awareness activities, especially as these activities relate to consumer education as directed in Resolution 100H-1998, a letter inviting such participation was sent to 20 dental product manufacturers. To date, no responses had been received.

It was also reported that during the Advisory Group's discussion on corporate participation, the ADA's current corporate sponsorship policy as it relates to "specific product identification" was debated. Although the Advisory Group understood that the policy's prohibition against specific product identification in exchange for corporate sponsorship funding limits the appeal of such sponsorship among manufacturers, they also agreed that product identification cannot be allowed to undermine the integrity of the ADA Seal.

Mr. Mickel noted that the following five states have applied and been approved for participation in the campaign: Georgia, Indiana, Louisiana, Ohio and Oklahoma.

## Conference and Meeting Services

**Report of the Assistant Executive Director, Conference and Meeting Services:** The informational report provided the Board with an update on the 140<sup>th</sup> Annual Session to be held in Hawaii and plans for the 2000 annual session which will be held in Chicago. The report also noted the first meeting of the ADA/HVO Steering Committee which met on February 27 in Miami and listed meetings that will be held in the ADA Headquarters Building during April, May and June and those in the process of registration when the report was prepared.

**Report of the Council on ADA Sessions and International Programs: Nominations of Honorary Officers for the 1999 Committee on Local Arrangements:** The Board received the following nominees for approval as honorary officers for the 1999 Committee on Local Arrangements: Dr. Joseph A. Devine; Dr. Bert Y. Hayashi; Dr. Allen M. Ito; Dr. Kanemi Kanazawa; Dr. Robert L. Morrison; Dr. Masaichi Oishi; Dr. James H. Pearce; Dr. Charles L. Siroky; Dr. Mark S. Tajima; Dr. Fumio Tsuji; and Dr. Peter G. C. Wong.

The Board adopted the following resolution.

**B-41-1999. Resolved,** that the nomination for honorary officers of the 1999 Committee on Local Arrangements be approved.

**Report of the Council on ADA Sessions and International Programs: Nomination of General Chairman for the 2001 Committee on Local Arrangements:** After reviewing the report, the Board adopted the following resolution.

**B-42-1999. Resolved,** that the nomination of Dr. S. Stanley Hite to serve as general chairman of the 2001 Committee on Local Arrangements made by the Missouri Dental Association be approved.

## Dental Education

**Report of the Associate Executive Director, Education: Recent Divisional Activities:** Dr. Neumann reported on the number of increasing dental hygiene graduates, noting that the number has increased by 29.5% in the past ten years. The report provided an update on the activities of the Joint Commission on National Dental Examinations (JCND), which included revision of its eligibility requirements so that graduates of nonaccredited dental hygiene programs would be eligible to take the National Board Dental Hygiene Examination. The report also updated the Board on the status of applications for specialty recognition.

Dr. Neumann informed the Board that the Northeast Regional Board of Dental Examiners and the JCND have exchanged materials in preparation for the meeting of the committee to study the comparability of the NERB

Simulated Clinical Examination and the National Board Dental Examination Part II.

**Report of the Department of Library Services: Proposed Changes in Library Service Fees:** This report summarized proposed changes in pricing for journal article photocopying for both ADA member and nonmember clients. After discussion, the Board adopted the following resolution.

**B-43-1999. Resolved,** that the ADA Library fees for photocopying be established as follows: \$2 per article for members; \$10 per article for nonmembers; \$10 per book or article for interlibrary loan and that the member/nonmember differential of 400% be approved to provide nonmember pricing comparable to other professional and research libraries.

**Consideration of the Report of the Council on Dental Education and Licensure's Anesthesiology Task Force: Proposed Revisions to ADA Anesthesia Documents:** Dr. Neumann presented the report of the Task Force, which requested that the Board review the draft guidelines and policy statement and approve them for transmittal to the communities of interest for comment. The Board adopted the following resolution.

**B-53-1999. Resolved,** that the proposed changes to the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry and the Policy Statement on the Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry be circulated to the communities of interest for comment after review by the Council on Dental Education and Licensure, and be it further

**Resolved,** that the Council on Dental Education and Licensure Anesthesiology Task Force review the comments from the communities of interest and make appropriate revisions to the document, and be it further **Resolved,** that the proposed changes be reviewed by the Council and the Board for transmittal to the 1999 House of Delegates.

**Report of Dr. Chris Mangos, Liaison to the AADE Continued Competency Committee:** Dr. Mangos reported that the Committee is in the process of finalizing the primer that has been under development for many years. He said that a final document will be ready for debate and a vote by the American Association of Dental Examiners General Assembly in October in Hawaii. This document is intended for use by state licensing agencies to assess continued competency. If adopted, it will be made available to all interested parties.

## Dental Practice

**Report of the Associate Executive Director, Dental Practice: Recent Divisional Activities:** Dr. Koelbl reported on the recent activities of the Division which included an update on the diagnostic code project,

advising that the SNODENT codes would be available for purchase by July 1, 1999. Dr. Koelbl also reported on activities of: the Council on Access, Prevention and Interprofessional Relations; the Council on Dental Benefit Programs; the Council on Dental Practice; and the Department of Dental Informatics.

At its February meeting, the Board denied a request from the Council on Dental Practice to modify the composition of the Dental Team Advisory Panel. The Council subsequently requested that the Board provide further guidance to assist it in review of this issue. In response, the Board noted that one of the reasons for the current composition of all dental hygienists on the Panel is to provide a liaison mechanism with the dental hygiene community. The Board noted that the Council maintains a formal liaison relationship with the national organizations representing dental assistants and technicians but does not have a similar relationship with dental hygiene. The Board was of the opinion that for now the Council should retain the current composition of dental hygienists on the Dental Team Advisory Panel. However, the Board urged the Council to consider reestablishing a more formal relationship with ADHA.

**Report of the Council on Dental Benefit Programs: Discussions with the Health Care Financing Administration Regarding the Proposed Operational Protocols for the Dental Content Committee:**

Dr. Koelbl provided the Board with an update regarding the proposed operational protocols for the dental content committee. He reported that in addition to the Association holding the positions of chairman and vice chairman, that the revised protocol calls for a two-thirds majority vote on all data element decisions which would give the Association in effect, a veto power over certain issues. It was also reported that the next step in the process is for the Association to identify its representative to the committee and invite the organizations to identify their representatives for a meeting to be held at the ADA Headquarters.

**Government Affairs**

**Report of the Associate Executive Director, Government Affairs: Federal and State Legislation and Regulation Update:** The report provided the Board with an update on federal and state activities. Issues related to federal activities included: patient protection; the Occupational Safety and Health Administration's draft regulation intended to prevent repetitive stress injuries in the workplace; Dr. Rose's testimony at a recent House Education and the Workforce Committee hearing on latex sensitivity; antitrust; tax issues; appropriations; campaign finance reform; the Health Care Integrity and Protection Data Bank's proposed rule to establish a record system for the new fraud and abuse data bank; the National Practitioner Data Bank proposed rule on corporate shielding and regulatory reform; and the Fourth National ADA Grassroots Conference. Issues related to state activities included: dental amalgam; denturism, Children's

Health Insurance Program; Medicaid; dental auxiliaries; and dental student activities.

**Report of Dr. George L. Bletsas and Dr. Ross DeNicola, Liaisons to the American Dental Political Action Committee:** Dr. Bletsas and Dr. DeNicola provided the Board with a report of their attendance at the ADPAC meeting.

**Attorney-Client/Executive Meeting**

**Call to Order:** An attorney-client executive meeting of the Board of Trustees was called to order at 3:40 p.m., President Rose presiding.

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

Also in attendance were the Senior Associate Executive Director; the Group Associate Executive Directors for Professional Services and Business, Technical and Meeting Services; the Chief Counsel; all Associate and Assistant Executive Directors; the Director of Quality and Strategic Planning; Dr. Larry Meskin; and Mr. Richard Berry.

**Discussion:** Mr. Sfikas discussed legal matters of interest to the Association.

**Adjournment:** The attorney-client executive meeting adjourned at 4:20 p.m.

**Monday, April 12, 1999**

**Call to Order:** The Board of Trustees was called to order by President S. Timothy Rose at 8:35 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

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

President Rose acknowledged the recognition from the California Dental Association (CDA) to Dr. Eugene Sekiguchi, trustee, Thirteenth District. Dr. Rose noted that the CDA dedicated its annual session to Dr. Sekiguchi in recognition of his contributions to the CDA and organized dentistry.

Dr. Rose also recognized Dr. Larry Meskin, editor, ADA Publishing Co. Inc., as the recipient of the Thomas Jefferson Award granted to him from the University of Colorado. The Thomas Jefferson Award is bestowed upon those individuals who advance the ideals of Thomas Jefferson.

## Legal Affairs

**Report of Dr. Patrick S. Metro, Liaison to the Council on Ethics, Bylaws and Judicial Affairs:** Dr. Metro provided the Board with a report of his attendance at the meeting of the Council.

**Report of the Associate Executive Director, Legal Affairs: Board Action Between Meetings by Electronic Mail:** The Board discussed the report related to Board actions between meetings being conducted by electronic mail. The Board adopted the following resolution after confirming that the option to decide upon an issue via electronic mail takes a unanimous vote of the Board.

**B-52-1999. Resolved,** that the following *Bylaws* amendment be prepared for submission to the 1999 House of Delegates.

**Resolved,** that Chapter VII. BOARD OF TRUSTEES, Section 100. POWERS, Subsection J of the *Bylaws* be amended by deleting Subsection J in its entirety and by substituting in its place a new Subsection J to permit mail ballots to be circulated and returned by electronic mail, as well as by U.S. Mail, overnight courier and facsimile transmission, with the amended Subsection J reading as follows:

In accordance with the laws of the State of Illinois, it shall have the power to transact its business by unanimous consent via mail ballot, including electronic mail; to authorize the councils, commissions and committees of this Association to transact their business by mail ballot; and to establish rules and procedures for itself and for councils, commissions and committees of this Association to govern the use of mail ballots circulated and returned by U.S. mail, overnight courier, facsimile transmission or electronic mail.

## Membership and Dental Society Services

**Report of the Associate Executive Director, Membership and Dental Society Services: Recent Divisional Activities:** Ms. Newton submitted a written report on recent activities of the Division of Membership and Dental Society Services which included a summary of the President-Elect's Conference and updates on the following: the Golden Apple Awards; CSE/CEO Forum; Membership Services Outreach Program; and the National Conference on the New Dentist. The report also contained information on the *Connections* brochure; Office of Student Affairs speech kit; *Info-Pak* mailings; and distribution of membership cards.

Ms. Newton also clarified the discrepancy related to the issue of membership numbers and dues collected, advising that the discrepancy occurred when records were converted to the new TAMS system.

**Report of the Committee on the New Dentist: Local Arrangements Committee (2000):** The Board reviewed the report of the Committee on the New Dentist and the list of nominees proposed to serve as the Local Arrangements Committee for the 14<sup>th</sup> National Conference on the New Dentist. The Board adopted the following resolution.

**B-44-1999. Resolved,** that the following ADA member dentists be appointed to serve as consultants to the Committee on the New Dentist through annual session 2000 for the purpose of serving as the Local Arrangements Committee for the 14<sup>th</sup> National Conference on the New Dentist, July 20-22, 2000 in Orlando:

Dr. Gary Altschuler, Gainesville  
Dr. Wayne Bautista, Longwood  
Dr. Kenneth Begnoche, Boynton Beach  
Dr. Michael DeGrood, DeBary  
Dr. David Ferlita, West Palm Beach  
Dr. John Gammichia, Apopka  
Dr. Kim Jernigan, Pensacola  
Dr. Peter Lemieux, Orlando  
Dr. Richard Parent, Gainesville  
Dr. John Paul, Lakeland  
Dr. John Russo, Longwood  
Dr. Rene Schamp, Winter Park  
Dr. Tina Thomas, Sebring

## Report of the Council on Membership:

### Recommendations for Affiliate Member Approval

**Process:** The Board reviewed the report of the Council which included, as requested by the Board, the Council's review of the issue of non-U.S. citizen dentists applying for affiliate membership; the processing of those applications; and proposed bylaws for changing the affiliate membership approval process. After discussion, the Board adopted the following resolution with instruction that the Legal Department revise the *Bylaws* language to clarify the term "non-U.S. accredited dental school."

**B-45-1999. Resolved,** that the Board of Trustees approve the new affiliate member approval process recommended by the Council on Membership, and be it further

**Resolved,** that the proposed *Bylaws* amendment regarding affiliate membership be prepared for transmittal to the 1999 House of Delegates.

## Report of the Council on Membership: Proposed Mission Statement for Membership Benefit

**Development:** The Board reviewed the Council's report and recommendation that the Board discuss a Benefits Development Mission Statement that could serve as a framework for the Association and its agencies regarding the solicitation, review, development and management of member benefits. The report noted that a mission statement would provide a foundation for certain agency

activities and would be used to motivate and guide agencies to focus on enhancing the value of membership.

In discussing this issue, concern was expressed regarding the all-inclusiveness of the resolution submitted by the Council, and the effect on the for-profit entities, which are also charged with developing programs that would generate revenue. There was concern that the proposed resolution would be in conflict with missions of the for-profit subsidiaries. After further discussion, the Board referred the resolution back to the Council for further evaluation and input from the for-profit subsidiaries.

**B-46. Resolved**, that membership benefits programs entered into by the American Dental Association should provide, as their primary purpose, value-added benefits to the broadest possible segment of the membership, and be it further

**Resolved**, that every membership benefit program should:

- be consistent with the overall mission and values of the Association;
- maintain and enhance the value and image of the Association;
- satisfy documented membership needs; and
- be cost-effective for members.

**Report of the Division of Membership and Dental Society Services: Applications for Associate Membership:**

The Board adopted the following resolution regarding applicants for associate membership.

**B-50-1999. Resolved**, that the applicants for Associate membership be approved in accordance with Chapter VII, Section 110, of the *Bylaws*:

Ms. Ann Marie Corry  
Mr. Van Bancroft Afes

**Report of Dr. Myron Pudwill, Liaison to the Council on Membership:** Dr. Pudwill provided the Board with a report of his attendance at the Council meeting.

**Report of the Associate Executive Director, Membership and Dental Society Services: Status of End-of-Year Membership Statistics:** The report provided information on end-of-year 1998 membership statistics, showing membership by constituent society and a table indicating dues rate paid to the Association.

**Science**

**Report of the Associate Executive Director, Science: Recent Divisional Activities:** Dr. Meyer reported on recent Divisional activities which included: renovation of ADA laboratories within the Division of Science; an update on the 1999 Invitational Association for Dental Research meeting; an update on the FDI Commission meeting which included projects and issues of interest to the Association; and the National Institute of Dental and

Craniofacial Research's invitation to participate in the planning of an Oral Health Technology Forum which is tentatively scheduled for fall 1999.

**Report of the Council on Scientific Affairs: Recent Activities:** As requested by the Board, the Council is exploring ways of addressing issues of oral-systemic health interactions. The Council is requesting the Board's support in approving a planning committee comprised of representatives of medical, dental specialty and other allied health organizations to share current knowledge about the interplay between oral and systemic conditions and serve as a vehicle for identifying additional research needs. After discussion, the Board adopted the following resolution.

**B-49-1999. Resolved**, that a planning committee comprising representatives of medical, dental specialty and other allied health care organizations be convened to develop a strategy for organizing symposia to assess professional knowledge of relationships between oral diseases and systemic conditions, and be it further **Resolved**, that two representatives of the Council on Scientific Affairs, with one named as chairman, and one representative each from the Council on Access, Prevention and Interprofessional Relations, the Council on Dental Education and Licensure, the Council on Dental Practice and the Council on Ethics, Bylaws and Judicial Affairs be appointed to this planning committee and that their participation be funded by the Association, and be it further

**Resolved**, that the planning committee include as part of one symposium a section that would assess future research initiatives on oral-systemic relationships, and be it further

**Resolved**, that the planning committee report to the Board with a proposed outline of the symposia, complete with speakers and expenses.

The Council report also included information regarding the Novocol anesthetics recall and an update on the meeting of the Expert Panel on Dental Unit Waterlines which met October 5, 1998. The Panel was in agreement that sufficient evidence exists to warrant voluntary action to control the quality of dental unit water. A report to the profession will be prepared by the Panel, reviewed by the Council at its May 1999 meeting, and forwarded to the Board for consideration at its June meeting. In addition, the report contained an evidence-based dentistry update; response to resolutions from the 1998 House; and International standards activities.

In responding to the Council's recommendation to the Board in February that an interagency task force be convened to determine the Association's role in evidence-based dentistry, Dr. Rose informed the Board that because of his concerns regarding a task force approach to this issue, and a clear understanding of all of the aspects of evidence-based dentistry, he had not yet appointed the task force. During the June meeting, the Board will have a presentation from an expert in evidence-based science. At that time, the decision will be made whether to expand the

task force beyond council members to include individuals who have expertise and knowledge in evidence-based dentistry.

## Technology

**Report of the Associate Executive Director, Technology and the Associate Executive Director, Membership and Dental Society Services: Tripartite Association Management System:** The Board considered the TAMS report and adopted the following resolution calling for the Association to move forward with the implementation of TAMS by authorizing \$600,000 in funding from reserves for deployment of necessary software for state and local dental societies.

**B-68-1999. Resolved,** that the ADA move forward with the deployment of TAMS utilizing the thin client (remote server) for components, and on-site installation for constituents, and be it further

**Resolved,** that TAMS deployment costs of \$600,000 be funded from reserves.

**Report of the Associate Executive Director, Technology: Recent Divisional Activities:** Mr. Owens reported on activities of the Division which included an update on the mainframe and network infrastructure, Internet/Intranet system and ADA Online 2000.

**Report of Year 2000 Compliance:** Dr. Zapp provided the Board with an update on the Association's Y2K compliance issues reporting that the Association has addressed the issue internally; taken measures to promote membership awareness and assist members with compliance; communicated with contractors and participants in the ADA Seal of Acceptance Program; and arranged for the compiling of a list of dental claims processors, insurers and practice management vendors that have tested for Y2K issues.

## Other/Subsidiary Reports

**Report of the ADA Publishing Co., Inc.: Recent Activities:** The report submitted by Ms. Kosden included information on: ADAPCO's increased revenues; *JADA* reorganization which includes the addition of volunteer associate editors to assist in developing content for specific topic areas; and an update on the revised *ADA News* which will offer new or consolidated sections and a number of design changes. It was also reported that ADAPCO is exploring the possibility of expanding its foreign-language editions of *JADA* to include China, the Middle East, Japan, Italy, Germany and France.

Ms. Kosden announced that the *ADA News* won two 1999 Silver Excel Awards from the Society of National Association Publications, the largest organization of association publishers in the United States. The awards were as follows—*ADA News* (print) for excellence in

news writing and *ADA News Daily* (ADA ONLINE) for editorial content in electronic publications.

**Report of the ADA Financial Services Co.:** Mr. Sweeney provided the Board with pertinent information on the newly purchased ADA1PLAN portfolio with Citibank.

## Special Order of Business

**Appearance of Officers of the American Association of Dental Schools:** The Board heard reports by and discussed issues of mutual concern with Dr. Patrick J. Ferrillo, Jr., president; Dr. Rowland Hutchison, president-elect; and Dr. Richard W. Valachovic, executive director, American Association of Dental Schools.

**Recess:** The Board recessed for lunch at 12:15 p.m. and reconvened at 1:20 p.m.

## Other/Subsidiary Reports (continued)

**Report on Dentist Workforce Model: 1997-2020:** The Board reviewed the report which included information on the rate of growth in the number of licensed dentists which included improvements in the dental workforce model; projected number of professional active dentists and active private practitioners; projection of the age distribution of professionally active dentists; dental school applicants; dental school admissions; applicants per seat; and a sensitivity analysis.

**Report of Dental Economic Advisory Group Activities:** Dr. Brown provided a report on recent activities of the Dental Economic Advisory Group (DEAG). Minutes of the DEAG's February 4-5, 1999 meeting were made available to the Board.

**Report of Dr. John W. Staubach, Liaison to the Dental Economic Advisory Group:** Dr. Staubach provided the Board with a report of his attendance at the Dental Economics Advisory Group meeting.

**Report of the ADA Electronic Commerce Co.:** Mr. Owens presented a report on activities of ECCo which included: an update on the acquisition of ENVOY by Quintiles Transnational; new products and services; endorsement status of various states; market conditions; and data collection.

**Proposed Board of Trustees Meeting Dates:** The Board reviewed the report of proposed meeting dates for the year 2002 and adopted the following resolution.

**B-51-1999. Resolved,** that the following Board of Trustees meeting dates for the year 2002 be approved:

February 17-19, 2002

April 14-16, 2002



June 9-11, 2002  
 August 4-6, 2002  
 October 6-9, 2002  
 October 16, 2002  
 December 8-11, 2002

**Report of Dr. Patrick Metro, Seventh District Trustee: Development of Dental Exhibit for the 2000 Annual Session:** The Board reviewed the report submitted by Dr. Metro on the establishment of a task force to investigate the feasibility of developing an exhibit for the 2000 Chicago annual session which would highlight the development of dentistry in the 20<sup>th</sup> century, the role and contribution of the American Dental Association during this time and provide a glimpse of dentistry in the 21<sup>st</sup> century. After discussion, the Board adopted the following resolution.

**B-48-1999. Resolved,** that a task force with an appropriate number of members from the Council on ADA Sessions and International Programs (CASIP) be appointed by the President to investigate the feasibility of developing an exhibit for the 2000 Chicago annual session, which would highlight the development of dentistry in the 20<sup>th</sup> century, the role and contribution of the American Dental Association during this time and provide a glimpse of dentistry in the 21<sup>st</sup> century, and be it further

**Resolved,** that the President appoint a five-member task force chaired by a present or former CASIP member and that the task force report back to the Board no later than its August 1999 meeting, and be it further

**Resolved,** that in addition to cost, the task force consider project design and concept as well as engineering and time constraints.

**Report of the Ad Hoc Committee to Review Bylaws Responsibilities of Councils and Commission and Overlapping Roles of Task Forces:** The Board reviewed the report of the Ad Hoc Committee which was established by the House of Delegates through the adoption of Resolution 112H-1998. Resolution 112H-1998 directed that the *Bylaws* responsibilities of councils and commissions and the overlapping roles of task forces be reviewed by an ad hoc committee with a report to the Board in April and a report to the 1999 House of Delegates. The report contained several resolutions which were discussed by the Board of Trustees.

*Resolution B-55.* This resolution called for two meetings of council chairs annually, the first to be held in conjunction with the annual session and the second to be held in Chicago after all of the councils had held their first meeting with funding through the ADA budget.

In discussing this resolution, it was noted that a meeting of council chairmen has been scheduled annually by the ADA President and that this meeting allows new council chairmen to come together to discuss the plans and activities of their individual councils. President-elect Mascola announced this plan to have the council

chairmen participate in the Board of Trustees' December 1999 Planning meeting.

The Board believed that the intent of Resolution 112H-1998 was to open communications between councils, not create separate meetings for council chairmen.

Subsequently, the Board amended the resolution that funding for two meetings of council chairmen be at the discretion of the ADA president.

**B-55-1999. Resolved,** that funding be requested in the Year 2000 Budget for two meetings of the council chairs at the discretion of the President.

*Resolution B-56.* This resolution called for the creation of a discretionary fund of \$36,000 to facilitate intercouncil communications and activities. This request was based on the perceived need of council chairs to attend meetings of other councils. The Board determined that this request should be handled in the same manner as other non-funded requests, through supplemental appropriations. Therefore, Resolution B-56 was defeated.

**B-56. Resolved,** that funding be requested in the Year 2000 Budget for a discretionary fund to facilitate intercouncil communications and activities, as described in the Report of Ad Hoc Committee to Review Bylaws Responsibilities of Councils and Commissions and Overlapping Roles of Task Forces.

*Resolution B-57.* This resolution proposed an amendment to the *Standing Rules for Councils and Commissions* in the paragraph entitled "Relations with Other Councils." The resolution, as follows, was adopted by the Board of Trustees.

**B-57-1999. Resolved,** that the *Standing Rules for Councils and Commissions* be amended on page 16 by deleting the paragraph entitled "Relations with Other Councils" in its entirety and substituting in its place:

**Relations with Other Councils:** Councils, through their council chairs, are encouraged to initiate discussion, to interact freely with each other and other council directors and associate executive directors to share information on issues of mutual concern in order to facilitate the business of the Association.

*Resolution B-58.* This resolution proposed an amendment to the *Standing Rules for Councils and Commissions* by the addition of a paragraph entitled "Apprising Senior Staff" after the paragraph entitled "Relations with Other Councils." After discussion, it was determined that the appropriate reporting mechanism of issues of mutual concern between councils as contained in the new paragraph should be through the executive director. Therefore, the following amended resolution was adopted.

**B-58-1999. Resolved,** that the *Standing Rules for Councils and Commissions* be amended on page 16 by adding a new paragraph entitled "Apprising Senior Staff"

after the paragraph entitled "Relations with Other Councils" to read as follows:

**Apprising Senior Staff:** It shall be the duty of the Council chairs to promptly inform the Executive Director through the council directors of these communications and progress on these issues of mutual concern in order to ensure that: 1) a central historic record of interagency communications is kept; 2) existing ADA policy is not compromised; 3) areas of overlapping Council authority are resolved; and 4) the officers and Board of Trustees are informed of areas requiring their oversight.

*Resolution B-59.* This resolution proposed guidelines for special committees established by the Board of Trustees and House of Delegates. The Board determined that because of the timeframe surrounding emerging critical issues, it is not always possible to respond to these issues in a timely manner through a specific council. Therefore, Resolution 59 was defeated.

**B-59. Resolved,** that the Board of Trustees, in exercising its power under the ADA *Bylaws*, Chapter XI. SPECIAL COMMITTEES, Section 10. APPOINTMENT AND TERM to appoint special committees, will consider the following guidelines:

#### Guidelines for Special Committees

If the area of concern falls within the sole *Bylaws* responsibility of a council, the issue should be assigned to that council with necessary funding to accomplish the task. If overlapping responsibilities between councils are determined to exist, representatives from those councils should be appointed to the task force, as provided for in the *Organization and Rules of the Board of Trustees* (p. 36, Policies on Nominations, Appointments and Consultants, Appointment of Task Forces or Special Committees). Minutes of the task force meeting should be provided to Council chairs. The charge to the task force should specify the deadline for the submission of the task force report and to whom the report should be submitted. If the need for a task force activity is to extend beyond one year, consideration should be given to assigning those responsibilities to a council.

and be it further

**Resolved,** that the same guidelines be forwarded to the House of Delegates with the recommendation that they be used by the House in creating special committees.

*Resolution B-60.* This resolution called for the use of technology to facilitate intercouncil communications, e.g., access to public folders, e-mail capability and teleconferencing.

The Board discussed this issue and was advised by staff that in order to fulfill this resolution, each council chairman would have to possess a computer and

electronic mail capabilities with the computers configured to have remote dial-in to the Association's network.

After further discussion, the Board adopted the following amended resolution.

**B-60-1999. Resolved,** that the Executive Director investigate the feasibility of developing in the Members Only section of ADA ONLINE a secured page for Council chairmen communication.

*Resolution B-61.* This resolution encouraged a more effective communication between the councils and the Board by the use of electronic mail capabilities. The Board adopted the following resolution.

**B-61-1999. Resolved,** that the Board of Trustees urge current council members to acquire electronic mail capability, if they do not have it already, and be it further **Resolved,** that the criteria for the nomination of Council members by the Board of Trustees be amended to identify electronic mail capability as a desirable attribute for membership on Association councils.

*Resolution B-62.* This resolution was declared moot with the adoption of Resolution B-61-1999.

**B-62. Resolved,** that the Dental Informatics Technology Committee study the use of teleconferencing and chat room technology to facilitate communications between Association councils and report to the December 1999 Board its findings and recommendations.

*Resolution B-63.* This resolution urged the president-elect to attend one meeting of each council to which he or she had not previously served as a liaison or member. The Board adopted the following resolution.

**B-63-1999. Resolved,** that the president-elect of the American Dental Association be urged to attend one meeting of each council to which he or she has not previously served as liaison or member.

*Resolution B-64.* This resolution called for each Association chairman to be invited to present one council report a year to the Board of Trustees and that funding be requested in the 2000 budget for this purpose. The Board discussed this issue and determined that this resolution was already being fulfilled, with each council chairman having the prerogative to provide written reports to the Board or request, through the president, a special appearance to provide the Board with an oral report. Therefore, Resolution 64 was ruled out of order.

**B-64. Resolved,** that the chair of each Association council be invited to present one council report a year to the Board of Trustees, and be it further **Resolved,** that funding be requested in the Year 2000 Budget for this purpose.

*Resolution B-65.* This resolution called for an amendment in the *Standing Rules for Councils and Commission* regarding distribution of council minutes. After discussion, the Board determined that the current procedure of posting the unofficial report of council actions on the Association's Web page was a sufficient means of communicating pertinent council actions. It was also noted that any chairman could request the full set of council minutes. For these reasons, Resolution 65 was defeated.

**B-65. Resolved,** that the *Standing Rules for Councils and Commissions* be amended on page 12 under "Minutes" by adding the words "and to the chairs of other ADA councils" between the word "Trustees" and the word "immediately" in the sentence beginning, "Council minutes should be sent," so the amended sentence reads as follows:

Council minutes should be sent to the Board of Trustees and to the chairs of other ADA councils immediately following their approval.

**Report of the Strategic Planning Committee:** The Board reviewed the report of the Strategic Planning Committee which met April 7-8 in the ADA Headquarters.

**Update on Task Force and Committee Activities:** The Board reviewed the report on task force and committee activities.

Dr. Rose commented on the charge of the Alternate Pathways Committee which was to develop an alternate pathway workbook for dental hygiene. Dr. Rose noted that this book was to be complementary to the book the Association published last year related to conventional processes that are used for training dental hygienists. Dr. Rose informed the Board that there was concern among some members of the Committee that during its meeting, the discussion focused entirely on the Alabama program. Dr. Rose advised that the focus of this workbook is to encompass all of the alternative types of programs used for training dental hygienists both accredited and nonaccredited.

**Adjournment:** The Board of Trustees adjourned at 3:50 p.m.

## **Tuesday, April 13, 1999**

**Call to Order:** The Board of Trustees was called to order by President S. Timothy Rose at 8:15 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

**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. Richard Stewart, audit partner; and Mr. Tom Brean, audit manager, Grant Thornton:** The Board heard a report from the independent auditing firm of Grant Thornton, and, following consideration of each resolving clause separately, adopted the following resolution.

**B-71-1999. Resolved,** that the audit reports of the American Dental Association and Subsidiaries; American Dental Association Health Foundation; American Dental Real Estate Corporation; ADA Holding Company, Inc. and Subsidiaries; ADA Publishing Co., Inc.; ADA Financial Services Co.; ADA Electronic Commerce Co.; the ADA Endowment and Assistance Fund, Inc.; and the American Dental Association Relief Fund and the Headquarters Building Operating Expenses Report for the years ended December 31, 1998 and 1997; and the American Dental Association Health Foundation OMB Circular A-133 Audit Report for the year ended December 31, 1998; as audited by Grant Thornton, be accepted and placed on file, and be it further  
**Resolved,** that \$3,717,644 be transferred from the ADA General Fund to the Reserve Restricted Investment Account composed of a \$3,780,712 available surplus offset by \$63,068 of net spending on activities authorized by the Board, and be it further  
**Resolved,** that \$437,366 be transferred from the Reserve Restricted Investment Account to ADREC to fund its 1998 cash flow loss.

## **Financial Matters**

**Report of the Chief Financial Officer: Recent Divisional Activities:** Mr. Johnson provided the Board with an update on the 2000 budgeting process.

**Report of the Executive Director on 1999 Corporate Funding of ADA Programs:** Dr. Zapp provided the Board with a report detailing the corporate funding for ADA programs and activities as of March 31, 1999.

**Report of the 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.

**Report of Dr. Steven Bruce, Liaison to the Council on Insurance:** Dr. Bruce provided the Board with a report of his attendance at the March 26-27, 1999 meeting of the Council.

**Report of the Chief Financial Officer: New Bank Account for Outsourcing Annual Session Registration:** As a result of the 1999 annual session registration being outsourced to Galaxy Information Services, LLC, a bank account will need to be established to allow for depositing of cash receipts and processing of credit card payments. The Board adopted the following resolution authorizing

the opening of an account with Farmers & Mechanics Bank, Frederick, Maryland.

**B-69-1999. Resolved,** that Farmers & Mechanics Bank (Bank) hereby is designated a depository of the American Dental Association (Association) and that the funds of the Association may be deposited, subject to the rules and regulations of the Bank, in a demand, time, or savings deposit account at the bank, and be it further

**Resolved,** that any two of the following persons, whose signatures shall be certified to the Bank, are authorized to sign all checks, drafts, notes, orders, or written requests for payment or withdrawal ("Orders of Payment") drawn against such accounts, although the Bank will honor and guarantee orders of payment with only one signature:

Executive Director, American Dental Association  
Chief Financial Officer, American Dental Association  
Director of Finance/Controller, American Dental Association  
General Accounting Manager, American Dental Association

and be it further

**Resolved,** that the Bank is hereby authorized and directed to honor and pay any Order for Payment drawn on the Association's accounts signed by the appropriate persons, regardless of the named payee or the disposition of the proceeds. The Bank may do so even if such Orders for Payment are payable to, or deposited into the individual account of, any person who signs or an officer of the Association. The Bank is authorized to supply any endorsement for the Association on any check or other instrument deposited for the accounts authorized hereby, and be it further

**Resolved,** that the Executive Director of the Association is authorized and directed to certify to the Bank the foregoing resolution and that the provisions thereof conform to the articles of incorporation and bylaws of the Association and to certify the names of the persons at that present time holding the offices mentioned above in the Association and specimen signatures of the persons authorized to sign and that the Bank may rely upon such certification until written notice to the contrary is delivered to the Bank, and be it further

**Resolved,** that the Association enter a Transfer Agreement between the Association and the Bank in the form provided by the Bank and that until such time as the Association revokes such authority and notifies the Bank as provided in the Transfer Agreement, the Bank is authorized, in connection with the Agreement, to honor the written or oral request of any one of the following persons as approved by a second authorized person, to make the transfers contemplated by the Transfer Agreement without inquiry into the circumstances of such transfers or the disposition of the transferred funds.

Executive Director, American Dental Association  
Chief Financial Officer, American Dental Association  
Director of Finance/Controller, American Dental Association

General Accounting Manager, American Dental Association

and be it further

**Resolved,** that the Executive Director of the Association is hereby authorized to execute the Transfer Agreement on behalf of the Association, and be it further

**Resolved,** that the Executive Director of the Association is authorized and directed to certify to the Bank the foregoing resolutions and that the provisions thereof conform to the articles of incorporation and bylaws of the Association and to certify the names of the persons at that present time holding the offices mentioned above in the Association and specimen signatures of the persons authorized to make the transfers contemplated by the Transfer agreement and that the Bank may rely upon such certification until written notice to the contrary is delivered to the Bank.

**Report on the Status of the 1999 Contingent Fund and Approval of Supplemental Appropriation Requests:** A Contingent Fund of \$630,600 was authorized in the 1999 budget. The Board, to date, has approved total supplemental requests in the amount of \$223,750 of which \$54,850 are funded from alternate funding, leaving a balance of \$461,700. The Board reviewed seven supplemental requests at this session, considering each request separately. The Board subsequently adopted the following resolution.

**B-70-1999. Resolved,** that the following appropriations be made from the 1999 Contingent Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

*Division of Administration & Policy*

(Cost center 090-0050-XXX) ..... \$8,200

Environmental scanning is a systematic and continuous effort to search for important cues about how the world is changing and how these changes are likely to affect the Association. The Strategic Planning Committee needs to utilize "evidence-based" information to construct goals and objectives for the new planning cycle and the Y2001-04 ADA Strategic Plan. This project will help update the necessary information on association trends, general demographics, etc. The committee requests funds to complete this work with the help of an independent contractor. (Funding alternative of \$2,250 accepted.)

520001	Consulting Fees	\$7,500
525001	Publications/Subscriptions	200
525010	Telephone	200
525020	Postage, Mailings Freight	200
525200	Office Photocopy	<u>100</u>
	Total Expenses	\$8,200

*Division of Legal Affairs*

(Cost center 090-0150-XXX) .....\$3,050

The Council on Ethics, Bylaws and Judicial Affairs requests funding to develop and distribute to the constituent dental societies a judicial manual. This new publication would replace the Council's existing publication, Guidelines for Disciplinary Hearing, a bound booklet developed in 1990 which has become outdated due to changes in Association policies and the law. (Funding alternative of \$1,200 accepted.)

525010	Telephone	\$ 600
525020	Postage and Mailing	350
525205	Stationery and Supplies	1,300
505001	Inside Printing	500
505004	Artwork and Photography	<u>300</u>
	Total Expenses	\$3,050

*Division of Communications*

(Cost center 090-0250-XXX) .....\$80,100

This request would fund production of a five-minute video on the history of dentistry, ending with the current emerging technologies and services. If carried to its conclusion, this "millennium" project next year would include a second video including subject matter from the present into the future. The videos supplement possible annual session exhibits on similar subject matter in 1999 and 2000. The videos would be introduced at appropriate annual session venues, to include the opening ceremony, House of Delegates, awards ceremony and possibly others. The videos would be appropriate for use in conjunction with speeches and presentations by ADA leadership after the unveiling at annual session.

505300	Film & Slide Production	\$78,000
515103	Staff Airfare	900
515203	Staff Ground Transportation	250
515403	Staff Lodging	750
515503	Staff Meals	<u>200</u>
	Total Expenses	\$80,100

*Division of Conference and Meeting Services*

(Cost center 090-0350-XXX) .....\$100,800

The Division requests funds to implement registration for the annual session. The new registration system planned for implementation in 1999 will not be ready in time to be used for the 1999 annual session in Hawaii. The Division of Information Technology and the Division of Conference and Meeting Services agree that the only alternative is to outsource processing of this year's registration. Based on a competitive bidding process, Galaxy Information Systems

has offered the best price and capability.

(Funding alternative of \$72,750 accepted.)

520020	Outside Services	\$ 78,550
525030	Computer Equipment	
	Rental	<u>22,250</u>
	Total Expenses	\$100,800

*Division of Conference and Meeting Services*

(Cost center 090-0350-XXX) .....\$13,850

Funding is requested for the establishment of a task force, appointed by the President with an appropriate number of members from the Council on ADA Sessions and International Programs, to investigate the feasibility of developing an exhibit for the 2000 Chicago annual session. The exhibit would highlight the development of dentistry in the 20th century, the role and contribution of the American Dental Association during this time and provide a glimpse of dentistry in the 21st century. This supplemental request will fund the meeting and travel expenses for a task force of five members, outside services of a company to draft renderings and floor plans and the services of a consultant.

515101	Volunteer Airfare	\$ 4,500
515301	Volunteer Per Diem	750
515401	Volunteer Lodging	1,850
515501	Volunteer Meals	1,000
520020	Outside Services	3,500
520001	Consulting Fees	1,000
525020	Postage, Mailings and	
	Freight	500
525200	Office Photocopy	400
525205	Stationery & Supplies	<u>350</u>
	Total Expenses	\$13,850

*Division of Science*

(Cost center 090-0650-XXX) .....\$6,200

This request is for the purchase of a piece of Capital Equipment—the Hemostatis Electra 750 Blood Coagulation Analyzer—which is needed to initiate a new and innovative research project that will be used to elucidate the relationship between periodontal disease and systematic cardiovascular disease. Specifically, this equipment will help in understanding the underlying pathogenesis involved in the activation of different coagulation factors in the cascade reaction of blood coagulation. The Hemostatis Electra 750 Blood Coagulation Analyzer will provide a means to measure the many parameters of blood coagulation defects, such as prothrombin time and partial thromboplastin time.

Capital Equipment	\$6,200
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The Board opted to fund this request from the Association's reserves.

#### *Division of Science*

(Cost center 090-0650-XXX) ..... \$5,850

Recent research activities have shown that interactions between oral disease and systemic conditions are apparently more numerous than previously believed. Twelve organizations—mainly dental professional groups—expressed interest in collaborating with the Association to develop a symposium on Oral-Systematic Health Interactions. Three medical organizations are still deciding if they would like to participate. It is proposed that a planning committee, composed of two representatives of each interested party, be formed and convened at Association headquarters. Members of the Council on Access, Prevention and Interprofessional Relations, the Council on Dental Education and Licensure, the Council on Dental Practice and the Council on Ethics, Bylaws and Judicial Affairs would attend the meeting on the Association's behalf. Funding is requested to support travel for six volunteers (two members of the Council on Scientific Affairs, with one serving as committee chair, and one member from each of the other ADA agencies) as well as the other costs associated with this activity.

515101	Volunteer Airfare	\$2,700
515201	Volunteer Ground Transportation	600
515301	Volunteer Per Diem	450
515401	Volunteer Lodging	1,100
515501	Volunteer Meals	<u>1,000</u>
	Total Expenses	\$5,850

#### **Total Supplemental Appropriation**

**Requests for the 1999 Contingent Fund** **\$218,050**

**Total from Contingent Fund** **\$135,650**

**Total Alternative Funding Accepted** **\$ 76,200**

**Total Funding from Reserves** **\$ 6,200**

*Note:* As noted in Resolution B-68-1999, \$600,000 will be funded from Reserves for TAMS deployment.

**Report of Chief Financial Officer: License Agreement with the Travelers Bank:** The Board reviewed the report regarding the license agreement between the ADA and The Travelers Bank related to the continuation of the ADA1PLAN and adopted the following resolution.

**B-74-1999. Resolved,** that the \$1 million royalty payment from The Travelers Bank for the rights to use the

trademarks of the Association be transferred to the Reserve Restricted Account.

#### **Other/Subsidiary Reports (continued)**

##### **Report of the Standing Committee on International**

**Activities:** At its August 1998 session, the Board of Trustees established a Standing Committee on International Activities. This Committee, which is composed in part of members of the ADA/FDI Delegation, is charged with developing, monitoring and recommending to the Board of Trustees a comprehensive plan for efficient and effective Association involvement in the FDI. In establishing this Committee, a change in the composition of the ADA/FDI Delegation was also made. At the December 1998 Board meeting, a report and resolution was submitted that would amend the Board's *Rules* in the Section titled "FDI World Dental Federation Delegation" to reflect the Board's new composition. This resolution was postponed definitely to the February 1999 Board meeting and the Committee on International Activities was directed to meet and address the composition of the FDI delegation. The Board members serving on the Committee met on Saturday, April 10, 1999. The Board reviewed the report and recommendations of the Committee and adopted the following resolutions.

**B-72-1999. Resolved,** that the *Organization and Rules of the Board of Trustees*, section titled FDI World Dental Federation Delegation, be amended to read as follows:

**FDI World Dental Federation Delegation:** The ADA/FDI Delegation shall consist of the five delegates who are the current President, who shall serve as chairman and spokesperson, the President-elect, the Immediate Past President, a fourth-year trustee and a third-year trustee and five alternate delegates who are the Previous Immediate Past President, a second-year trustee (appointed for a three-year term), the ADA Executive Director, who shall also serve as the USA/FDI National Secretary, and two appointments at the discretion of the President.

In the event a delegate position becomes vacant, the President shall appoint a trustee for the unexpired portion of the term. In the event a delegate becomes a member of a Council or Commission of the FDI World Dental Federation, the President will make an interim appointment for the immediate forthcoming meeting of the Federation.

Within thirty (30) days following the close of the annual meeting of the FDI World Dental Federation, each delegate shall submit, through the Executive Director or the Board of Trustees, a written report containing observations and/or recommendations that will be of assistance to the Board of Trustees in guiding the course of the Association's future relationship to the FDI.

The Board shall annually appropriate a sum to finance the delegation.

**B-73-1999. Resolved,** that the *Organization and Rules of the Board of Trustees*, section titled Standing Committee on International Activities, be amended to read as follows: *Composition.* The Standing Committee on International Activities shall consist of the five ADA/FDI delegates who are the current President (who shall serve as chairman and spokesperson), the President-elect, the Immediate Past President, a fourth-year trustee and a third-year trustee and five alternate delegates who are the Previous Immediate Past President, a second-year trustee (appointed for a three-year term), the ADA Executive Director, who shall also serve as the USA/FDI National Secretary, and two appointments at the discretion of the President. In addition, no more than four at-large members including the ADA/FDI consultants and ADA members who serve as officers within the FDI may be appointed.

*Chairman.* The President shall serve as chairman of the Committee.

*Meetings.* The committee will meet twice a year (one meeting to be held following the FDI May/June Council meeting) and the other meeting to be held before the deadline for FDI annual nominations (July/August).

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

- to develop, monitor and recommend to the Board of Trustees a comprehensive plan for efficient and effective Association involvement in the FDI;
- to ensure that the Board of Trustees is kept fully informed on FDI issues and programs through regular written reporting;
- to ensure that at the FDI congress the ADA/FDI delegation focuses on international activities that are of importance to the ADA;
- to maximize U.S. influence in the FDI's efforts to improve global oral health; and
- to review and evaluate other international activities as assigned and make appropriate recommendations to the Board of Trustees.

*Appointment of the ADA/FDI Delegation.* Following are the appointments to the FDI World Dental Federation Congress, November 1999, based on the revised delegation composition.

#### *Delegates*

Dr. Richard F. Mascola, President  
President-Elect  
Dr. S. Timothy Rose, Immediate Past President  
Dr. Myron L. Pudwill, Fourth-Year Trustee  
Dr. T. Howard Jones, Third-Year Trustee

#### *Alternate Delegates*

Dr. David Whiston, Previous Immediate Past President  
Dr. Eugene Sekiguchi, Second-Year Trustee  
Dr. John S. Zapp, ADA Executive Director/USA/FDI National Secretary  
Dr. Steven M. Bruce, Appointment at Discretion of the President  
Dr. Jack H. Harris, Appointment at Discretion of the President

**Reduction of Official Association Meetings Occurring on Weekends:** The Board adopted the following resolution regarding weekend meetings.

**B-75-1999. Resolved,** that staff study the feasibility and financial implications of reducing the number of official Association meetings occurring on weekends for report to the Board of Trustees in June.

**Evaluation of ADA Endorsement Policies:** The Board adopted the following resolution regarding ADA endorsement policies.

**B-76-1999. Resolved,** that the ADA President appoint a Board committee to evaluate ADA Endorsement Policies, and be it further

**Resolved,** that the committee be composed of one trustee from each trustee class and the ADA President who shall serve as chairman.

#### **Special Order of Business**

**Appearance of Mr. Thomas G. Anderson, president, Affinity Banking and Mr. Eugene Oaksmith, vice president, Partnership Marketing, Citibank:** Mr. Anderson and Mr. Oaksmith presented the Board with an outline of the Citibank program and described the terms and conditions of the agreement. Mr. Anderson thanked the Board for the opportunity to meet with them and expressed his gratitude for FINCO's selection of Citibank to provide members with competitively priced, high quality financial services. The Board then directed questions to Messrs. Anderson and Oaksmith, some of which referred to the financial aspects of the Agreement, Citibank's marketing capabilities and their ability to provide a tailored program of financial products and services to ADA members.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 11:45 a.m.

# June 13-15, 1999

## Headquarters Building, Chicago

**Call to Order:** The fifth session of the Board of Trustees was called to order by President S. Timothy Rose on Sunday, June 13, 1999 at 9:05 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers were present: S. Timothy Rose, president; Richard F. Mascola, president-elect; Bettie R. McKaig, first vice president; Richard A. Smith, second vice president; Rene M. Rosas, treasurer; James T. Fanno, speaker of the House of Delegates; and John S. Zapp, executive director.

The following members of the Board of Trustees were present: Robert M. Anderton; George L. Bletsas; Steven M. Bruce; D. Gregory Chadwick; Ronald M. Chaput; Ross J. DeNicola, Jr.; Howard B. Fine; Henry W. Finger; Leo R. Finley, Jr.; T. Howard Jones; Chris Mangos; Patrick S. Metro; Myron L. Pudwill; Eugene Sekiguchi; Charles L. Siroky; and John W. Staubach.

The following staff members were present: L. Jackson Brown, associate executive director, Health Policy Resources Center; Brian M. Johnson, chief financial officer; James J. Koelbl, group associate executive director, Professional Services and associate executive director, Dental Practice; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications; Dorothy J. Moss, associate executive director, Government Affairs; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Laura M. Neumann, associate executive director, Education; Carol M. Overman, senior associate executive director, Member and Support Services and associate executive director, Administration and Policy; Robert L. Owens, associate executive director, Information Technology and president and CEO, ADA Electronic Commerce Co.; Alison Owings, assistant executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and James H. Sweeney, group associate executive director, Business, Technical and Meeting Services; and CEO, ADA Financial Services Co.

Also in attendance for all or portions of the session were: Richard M. Berry, deputy general counsel; Laura A. Kosden, president and publisher, ADA Publishing Co., Inc.; Lawrence Meskin, editor, *The Journal of the American Dental Association*; and Ms. Beril Basman, director, Quality and Strategic Planning.

### Preliminary

**Approval of Agenda:** The Board of Trustees adopted the following resolution.

**B-77-1999. 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-78-1999. Resolved,** that the minutes of the April 11-13, 1999 session of the Board of Trustees as presented be approved.

### Reports of Officers

**Report of the President:** Dr. Rose reported on the following activities since the last meeting of the Board which included interviewing with WLS-TV and WBBM-TV News regarding the toothbrush lawsuit. He also addressed numerous state and local society meetings and conferences including the Illinois State Dental Society Leadership Conference; the American Association of Women Dentists Meeting; and the New Mexico Dental Association. Dr. Rose attended the following meetings: the Michigan Dental Association Annual Meeting; the DIT Meeting; the ECCo Meeting; the Omicron Kappa Upsilon Honorary Dental Society Banquet; the Council on Dental Benefit Programs Meeting; the Macy Foundation Advisory Committee Meeting; the Milwaukee Forum; and the Joint Steering Committee to Study Resolution 58H-1998. In addition, Dr. Rose testified before the Indian Health Services House Committee on Appropriations, Subcommittee on Interior and Related Agencies and the House Committee on Appropriations, Subcommittee on Labor, Health and Human Services on dental education and research.

**Report of the President-elect:** Dr. Mascola participated in the following activities since the last Board meeting: the Michigan Dental Association House of Delegates; the 14th International Conference on Oral and Maxillofacial Surgery Planning Committee; the Indiana Dental Association House of Delegates; the Academy of Prosthodontics Meeting; the North Carolina Dental Association House of Delegates; and the American Association of Pediatric Dentists Annual Meeting. He also received the Dr. Harry Strusser Memorial Award at the College of Dentistry of New York and attended the Academy of General Dentistry of New York State Dinner.

**Report of the Executive Director:** Dr. Zapp reported on his participation in various activities since the last Board session which included giving remarks at Creighton University's Salute to Joe Devine, and at the Opening Ceremony, Young Professionals Meeting. He also met with representatives of the National Library of Medicine; Congressman Patrick Kennedy, chair, Democratic



Congressional Campaign Committee; the National Academies of Practice Membership; the American Society of Association Executives' Key Professional Associations; the American Association of Retired Persons; Dr. Harold Slavkin, director, NIDCR; and the Executive Committee of the American Association of Dental Schools; ADA officers and Washington Office staff were also in attendance. Dr. Zapp participated in the following conference calls: Friends of NIDCR; Dr. Rose, Dr. Mascola and Association staff regarding diagnostic codes; FINCO Board; ECCo Board; and the Administrative Review. He also participated in numerous Association council and commission meetings as well as an offsite senior management meeting, the Compensation Committee Meeting and the DMSO Task Force Meeting.

**Report of the First Vice President:** Dr. McKaig reported the following: attending the ADAPCO Board Meeting; the Council on Licensure, Enforcement, and Regulation Summit; and the North Carolina Dental Society Annual Session. She also addressed the American Student Dental Association Board of Trustees; participated in the Pew Task Force Continuing Competency Subcommittee; and delivered the Commencement Address at the University of North Carolina Dental School.

**Report of the Second Vice President:** Dr. Smith reported on the following activities since the last Board meeting which included: addressing the student body and faculty of the Medical College of Georgia School of Dentistry; meeting with the Executive Council of the Northern District Dental Society; and the Georgia Academy of Dental Practice Administration.

**Report of the Speaker of the House of Delegates:** Dr. Fanno submitted a report on his activities since the last Board meeting which included attending the Grassroots Conference; an OSHA Compliance Seminar; a meeting of the Cleveland Society of Orthodontics; and the Indiana Dental Association Annual Session. Dr. Fanno also presented a lecture on sleep apnea at the Stark County Dental Society.

## Financial Matters

**Review and Approval of the 2000 Budget:** The 2000 budget process again incorporated a modified zero-based budget technique, first utilized in developing the 1993 budget. This budget process requires a thorough review of all Association activities to prioritize those that would be of the most benefit to the general membership and the public.

Each Association council, commission and agency was directed to develop a base budget that reflects the minimum funding level necessary to achieve the mission of the program. These base-level budgets were supplemented by "decision packages," or requests for additional resources either for new programs or enhancements of current activities. Council and

commission chairmen, via conference call, actively participated in the budget process which focused on establishing priorities, assessing the relationship of activities to the ADA Strategic Plan, as well as sunseting or curtailing programs of lesser importance to the membership or the public.

The base budgets and decision packages were first ranked within the department and subsequently ranked with all budget packages within the respective division. Next, the Administrative Review Committee (made up of the President-elect, Treasurer, Executive Director and the members of the Finance Committee), considered all the proposed budgets. Each base budget and decision package was evaluated and assigned an "A," "B" or "C" category based on its importance to the overall activities of the Association. The "A" category contained budget packages essential to the operation of the Association; the "B" category contained budget packages considered to be somewhat discretionary; and the C category contained budget packages that should not be funded. All budget packages—"A," "B" and "C"—were part of the consent calendar, however, any package could be removed from the calendar and discussed.

At the onset of the meeting, the proposed 2000 budget included an operating budget of \$64,306,300 in revenues and \$1,100,000 in dividends, offset by \$64,182,025 in expenses with \$1,454,600 in funded depreciation, resulting in a net deficit of \$230,325. This revenue reflects a reduction in membership dues for the year 2000 from \$382 to \$343, consistent with the directive of the 1998 House of Delegates.

The Board previously determined that the most effective means to address the Association's financial needs is to conduct a thorough review of all Association activities and reallocate resources to the areas that most benefit the general membership and the public.

Consideration of the 2000 proposed budget began with the review of the budgets of the House, Board, Executive Director, Administration and Policy, Quality and Strategic Planning.

*House, Board, Executive Director, Administration and Policy, Quality and Strategic Planning.* Following discussion, the Board of Trustees made the following changes to the proposed budgets.

- Special Conferences and Meetings—The Board restored funding for the attendance of ADA officers and trustees at two, three-day major Association-sponsored conferences (\$24,600).
- Combining the February/April Board Meetings—The Board restored funding for separate February and April meetings rather than a combined March meeting (\$38,500).
- Strategic Planning Committee—The Board restored funding for a third meeting of the Committee (\$8,900).
- Tuition Assistance—The Board restored funding for this activity at a higher level (\$60,000 from \$32,000).

*Legal Affairs.* No changes were made to the proposed budgets.

*Government Affairs.* No changes were made to the proposed budgets.

*Communications.*

- Public Opinion Poll—The Board restored funding for this activity (\$49,500).
- Council Meetings—The Board restored funding for the Council Chairman for travel to two additional meetings (\$8,550).

**Recess:** The Board recessed for lunch at 12:06 p.m. and reconvened at 1:15 p.m.

**Financial Matters (continued)**

**Review and Approval of the 2000 Budget (continued):** The Board continued with its review and discussion of the proposed divisional budgets.

*Membership and Dental Society Services.*

- President's Conference—The Board restored funding for this activity (\$20,000).

*Conference and Meeting Services.* No changes were made to the proposed budgets.

*Salable Materials.* No changes were made to the proposed budgets.

*Headquarters Building.* No changes were made to the proposed budgets.

*Finance and Operations.*

- Council on Insurance—The Board deleted royalty revenue in the amount of \$1,370,100. It was noted that group insurance plans could only generate revenues if surpluses resulting from favorable claims experience are paid to the Association in the form of royalties, rather than being returned to the participants as reductions in the cost of coverage. The Board did not support this method for generating additional revenues.

*Central Administration.* No changes were made to the proposed budget.

*Information Technology.* No changes were made to the proposed budget.

*Dental Practice.*

- Dental Indicators—The Board removed funding for a one-day meeting of the Dental Indicators Committee (\$5,850).

*Health Policy Resources Center.* No changes were made to the proposed budgets.

*Education.*

- Licensure Conference—The Board restored funding for two one-day conferences—one to be held in conjunction with the AADE Mid-Year Meeting in March and the other a stand alone meeting in November (\$26,750).

*Science.* No changes were made to the proposed budgets.

*ADA Health Foundation.* No changes were made to the proposed budgets.

**Adjournment:** The Board of Trustees adjourned at 4:25 p.m.

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**Monday, June 14, 1999**

**Call to Order:** The Board of Trustees was called to order by President S. Timothy Rose at 8:15 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

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

**Financial Matters (continued)**

**Review and Approval of the 2000 Budget (continued):** The Board continued with its review and discussion of the proposed divisional budgets.

*FDI.*

- The Board allocated up to \$15,000 to be used only to pay for those expenses that would be incurred by the ADA North American Regional Organization (NARO) representative not funded by the FDI (\$15,000).

**Communications**

**Public Awareness Campaign Update:** Mr. Mickel presented the Board with an oral update on activities of the public awareness campaign.

## Conference and Meeting Services

**Report of the Assistant Executive Director, Conference and Meeting Services: Weekend Meetings:** The Board discussed the report which presented an analysis of weekend meetings sponsored by the Association. In its discussion, the Board acknowledged its interest in reducing the number of its own meetings scheduled over the weekend. Initially, the Board postponed consideration of Resolution B-94 until the August Board session and requested a survey of Council members on this issue. On Tuesday, June 15, the Board reconsidered this action and subsequently amended and adopted the following resolution.

**B-94-1999. Resolved,** that all Association councils, commissions and committees are urged to consider scheduling meetings within the regular work week (Monday through Friday), and be it further **Resolved,** that ADA councils, commissions and committees review currently approved meeting dates and, if feasible, amend those dates to eliminate weekend meetings, and be it further **Resolved,** that Resolution B-93-1995 (*Trans.* 1995:928), which encourages all Association councils, commissions and committees, when meeting on weekends, to schedule arrivals on Saturday and convene on Sunday, be rescinded.

The Board directed that council chairmen be polled to get their feedback regarding scheduling meetings Monday through Friday, as well as any other pertinent comments. These comments will be shared with the Board at its August 8-10 session.

**Report of Dr. Charles L. Siroky, Liaison to the Council on ADA Sessions and International Programs:** Dr. Siroky provided the Board with a report of his attendance at the meeting of the Council.

**Report of the Task Force to Develop a Dental Exhibit for the 2000 Annual Session:** The Board reviewed the Task Force report outlining the feasibility and projected costs of developing an exhibit for the 2000 annual session that would highlight dentistry of the past and of the future. In considering the estimated \$1.5 million needed to develop such an exhibit, the Board adopted the following resolution.

**B-92-1999. Resolved,** that the Task Force to Develop a Dental Exhibit for the 2000 Annual Session investigate available funding sources for this project and, based on the results of that effort, recommend to the Board of Trustees at its August session whether this project should proceed and, if so, what elements of this project can be produced.

**Report of the Council on ADA Sessions and International Programs: Recent Council Actions:** The Board considered the report of the Council and adopted the following resolutions.

*Nomination for Chairman-designate for 2001.*

**B-95-1999. Resolved,** that Dr. David J. Fulton be appointed chairman of the Council on ADA Sessions and International Programs for the year 2001 to serve as Chairman-designate immediately upon appointment.

*DentaLearn Project Proposal.* The Council presented for the Board's consideration a proposal from Health Volunteers Overseas (HVO) for the DentaLearn Project. The project would involve developing a series of interactive educational modules focused on local and global health issues. These modules would be available on ADA ONLINE to ADA members and the general public, and certain sections could be designated for ADA members only. There would be no direct financial implications for the ADA, as HVO will apply for grant support to the Development Education Program administered by the U.S. Agency for International Development.

**B-96-1999. Resolved,** that the American Dental Association, through the Council on ADA Sessions and International Programs and its Dentistry Overseas Steering Committee, express its support of the DentaLearn Project Proposal by furnishing a letter of intent from the ADA to HVO by July 15 and proceed to work with HVO to support its grant application by December 1, 1999.

*Annual Session Sites.* In response to a request made by the Board at its December 1998 meeting, the Council on ADA Sessions and International Programs developed a five region rotation plan for annual session sites for the Board's consideration. The Board approved the plan and annual session sites for years 2004-2009.

The rotation plan will enable the Association to meet the needs of members in terms of selecting popular destinations, providing equal opportunity to members in each region to attend annual session at a low cost in terms of transportation and housing expenses, and providing the meeting visibility in each region that is essential if the tripartite organization is to remain strong and viable. A popular but less financially viable location like Honolulu can be scheduled approximately every ten years.

It was noted that there may be a need for regions to switch years in the rotation plan due to difficulty in getting dates and space in cities in the designated year. However, each region will be represented in every five-year cycle.

The Board adopted the following resolution in two parts, first approving the rotation plan in first resolving clause and then the annual session sites for 2004-2009 in the second resolving clause.

**B-97-1999. Resolved,** that the Council's recommendation of the rotation plan as presented be approved, and be it further

**Resolved,** that the sites and dates for the Association's annual session recommended by the Council on ADA Sessions and International Programs for the years 2004-2009 be approved.

Following are the sites for years 2004-2009: Orlando, 2004; Philadelphia, 2005; Las Vegas, 2006; San Antonio 2007; San Francisco, 2008; and Honolulu, 2009.

*Request to Change Dates for the 2002 Annual Session in New Orleans.* The Board considered a request to change the dates of the 2002 annual session in New Orleans from October 12-16 to October 19-23. The new dates offer definite advantages in terms of preferred space at the convention center. The Board adopted the following resolution.

**B-98-1999. Resolved,** that Resolution B-79-1995 (*Trans.* 1995:509) be amended with new proposed annual session dates of October 19-23, 2002, so that the amended resolution reads as follows:

**Resolved,** that New Orleans, Louisiana be approved as the site of the 143rd ADA Annual Session to be held October 19-23, 2002, and be it further

**Resolved,** that the New Orleans Dental Association be financially compensated if it cancels the New Orleans Dental Conference in 2002 and that the amount of compensation be based on the average of the previous three years' net income of the New Orleans Dental Conference plus an estimate for the current year based on a trend of the previous three years.

## Dental Education

**Report of the Council on Dental Education and Licensure: Consideration of Proposed Draft Policy Statement on Lifelong Learning for Circulation to the Communities of Interest:** The Board reviewed the report and revised draft policy statement on lifelong learning. Following discussion and with a suggested editorial amendment to the statement, the Board adopted the following resolution.

**B-82-1999. Resolved,** that the draft policy statement on lifelong learning be circulated to the communities of interest for comment with the intent that a proposed draft policy statement be transmitted to the Board and the 2000 ADA House of Delegates for action.

The communities of interest include constituent dental societies, dental specialty organizations and certifying boards, the American Association of Dental Schools, the American Association of Dental Examiners and the Academy of General Dentistry.

## Report of the Associate Executive Director, Education:

**Recent Divisional Activities:** Dr. Neumann provided the Board with an update on activities of the Task Force to Study Dental School Facilities and Programs which included the Task Force conducting a comprehensive survey sent to 55 dental schools and 81 constituent and component societies to obtain information about the operation of dental school satellite clinics. The Task Force will meet by conference call to review and discuss the final survey data and to finalize its report and recommendations. A report will be provided to the Board for consideration at its August session.

It was reported that the Task Force to Study the Implications of the Pew Report finished its deliberations and that a report will be presented to the Board at its August meeting.

Dr. Neumann also reported that the ADA/AADS Oversight Committee on Minority Recruitment and Retention has reviewed proposed plans for selection of a grant writer; continued its development of a Request For Proposal (RFP) to secure foundation support for this activity; and reviewed information regarding foundations that will consider the RFP. A report will be provided to the Board during its August meeting.

Dr. Rose suggested that this activity could continue for several years and that consideration should be given to formalizing the diversity issue and placing it within the appropriate council.

## Financial Matters (continued)

**Review and Approval of the 2000 Budget (continued):** The Board continued with its review and discussion of the proposed divisional budgets.

### *Dental Practice.*

- **Fluoridation 2000**—The Board voted to fund the Council on Access, Prevention and Interprofessional Relations' decision package Fluoridation 2000. This new activity will position the Association and its constituents to augment its advocacy for water fluoridation. These funds will enhance the Council's technical assistance and expand current program materials for managing the changing and intensive political nature of fluoridation campaigns today (\$47,250).

## Dental Education (continued)

**Report of Dr. Ronald M. Chaput, Liaison to the Council on Dental Education and Licensure:** Dr. Chaput provided the Board with a report of his attendance at the meeting of the Council noting that a Council member had submitted a report outlining several concerns regarding procedural and policy issues pertaining to specialty recognition.

**Report of the Associate Executive Director, Education: Update on Implementation of Resolution 58H-1998 Regarding the Comparability of Written Licensure Examinations:** The Board reviewed and discussed a proposed Request for Proposal (RFP) for a study to compare the National Board Dental Examination Part II, administered by the Joint Commission on National Dental Examinations (JCND E), and the Northeast Regional Board of Dental Examiners (NERB) Written Simulated Clinical Examination.

Resolution 58H-1998 directed that a study be conducted by an independent consultant to determine the comparability of the written exams and that the study include such issues as the scope of the examinations, scoring methods utilized, comparative data on validity and reliability, and review and analysis of previous studies.

In December 1998, the Board directed the appointment of a committee consisting of one member each of the ADA Board of Trustees, JCND E and NERB. The committee was charged with establishing parameters for the study and criteria for selection of a consultant to conduct it, in addition to preparing the draft RFP.

In reviewing the draft RFP, the Board identified components of the proposed study that were consistent with Resolution 58H-1998, as well as additional components requested for inclusion by NERB that the Board deemed outside the intended scope of the study and funding allocated by the House of Delegates. The study results are to be reported to all appropriate agencies and to the 1999 ADA House of Delegates.

The Board adopted the following resolution.

**B-93-1999. Resolved,** that the proposed draft Request for Proposal for the study to compare the National Board Dental Examination Part II and the NERB Written Simulated Clinical Examination be approved for dissemination to potential vendors with the identification by the Board of 1) items considered to be essential to the conduct of the study, 2) items considered inappropriate or unacceptable for inclusion in the proposed study, and 3) items or issues that may be included in the proposed study based on further discussion by designated representatives of the ADA, NERB and the committee to oversee the study.

In reviewing the RFP, the Board identified the following sections of the RFP as essential to the conduct of the study:

Section A, Introduction and Purpose, page 2; Section A, Background, page 3; Section B; Sections C.1., C.2., C.3.a., C.3.b., C.4., C.5.(sentences 1-3); C.6., sentence 1; Section D; Section E, Contractual Information, items 3-9; Proposal Format, items 1-5; and Evaluation, items 1-3.

Items identified as inappropriate or unacceptable for the study included:

Section B. Scope and Objectives, the phrase, "real or perceived conflicts of interest"; Section C.3.c., Comparison of Examination Content Validity as Related to Purpose, determined that for this section of the RFP, existing task analyses be used to study the validity of the examinations, and that a separate proposal be developed regarding a new task analysis for the profession of dentistry on a national basis, identifying potential state and/or regional differences, and that costs for performing the new task analysis as part of the study be quoted separately; Section 5.c. from the fourth sentence to the end, the specification of the statutory basis for cut scores for licensure examinations in each licensing jurisdiction in the U.S. and the assessment of the use of examinations as outcomes assessment resources in education; Section 6, the last sentence requiring disclosure of any breaches of security within the past five calendar years; Section 7. Real or Perceived Conflicts of Interest Items 1 and 2 under Contractual Information requiring the use of an intermediary contracting agent between the consultant and the ADA/NERB.

## Dental Practice

**Report of the Council on Dental Practice: Update on DMSO Activities:** The Board reviewed and discussed an ADA resource packet on Dental Management Service Organizations (DMSOs) developed by the Council on Dental Practice and approved the packet for distribution upon request. As requested by the Board at its February meeting, the packet includes a White Paper on DMSOs; the publication *What Every Dentist Should Know About a Dental Management Service Organization: A Legal Perspective*; the results of a member survey concerning DMSOs, when completed; and other information, including a discussion of the options available for entering dental practice. Development of the White Paper and the Resource Packet were both directed by the 1998 House of Delegates.

The Board also reviewed and approved for distribution to constituent dental societies an outline for a mentor program that provides education on the potential advantages and disadvantages for new dentists participating in DMSOs and other alternatives for entering dental practice. The Mentor Program was developed by the Council on Dental Practice in response to a directive from the 1998 House of Delegates. The Board subsequently adopted the following amended resolution.

**B-83-1999. Resolved,** that the following materials be approved and included in the ADA resource packet on DMSOs:

- The White Paper on Dental Management Service Organizations;
- The Options Available for Entering Dental Practice; and

- *What Every Dentist Should Know Before Affiliating with a Dental Management Service Organization: A Legal Perspective*

and be it further

**Resolved**, that the ADA resource packet on DMSOs be approved and distributed upon request, and be it further

**Resolved**, that the Mentor Program document be approved and distributed to constituent dental societies.

**Report of the Council on Dental Practice: University of Utah School on Alcoholism:** At its February 1999 meeting, the Board reviewed the Council's report and request for ADA support of the Dental Section of the University of Utah School on Alcoholism and Other Drug Dependencies. The Board referred the resolution back to the Council for study, requesting that the Council develop a list of other institutions/schools that provide similar programs for the Board's consideration at the June meeting. After review, the Board again referred Resolution 17 back to the Council directing it to investigate other schools that have similar programs. It was also requested that guidelines or criteria be developed that could be used to evaluate any such requests for ADA endorsement.

**B-17. Resolved**, that the endorsement of the Dental Section of the University of Utah School on Alcoholism and Other Drug Dependencies be approved, with regular review of the school's activities by the Council on Dental Practice and an annual report made to the Board of Trustees.

**Report of the Council on Dental Practice:**

**Maintenance of the Dental Practice Parameters:** The Board reviewed the Council's report which included a recommended new parameter statement on the interface between oral and systemic health and adopted the following resolution. A report with resolutions will be submitted to the 1999 House of Delegates.

**B-88-1999. Resolved**, that each of the dental practice parameters, developed in 1994-1996 be amended by the addition of the following statement to be placed in an appropriate location of the parameters.

The dental and medical histories should be considered by the dentist to identify predisposing dental conditions that may affect the prognosis, progression and management of medical conditions and diseases.

and be it further

**Resolved**, that a report and resolution will be prepared for transmittal to the House of Delegates.

*Future of the Dental Practice Parameters Committee.* The Board requested a report from the Dental Practice Parameters Committee on its future for consideration at its August 1999 meeting.

**Report of the Council on Dental Practice: The Dental Team Advisory Panel:** At its February meeting, the Board denied a request from the Council on Dental Practice to modify the composition of the Dental Team Advisory Panel. The Council subsequently requested that the Board provide further guidance to assist it in review of this issue. In response, the Board noted that one of the reasons for the current composition of all dental hygienists on the panel is to provide a liaison mechanism with the dental hygiene community. The Board noted that the Council maintains a formal liaison relationship with the national organizations representing dental assistants and technicians but does not have a similar relationship with dental hygiene. The Board was of the opinion that the Council should retain the current composition of dental hygienists on the Dental Team Advisory Panel. However, the Board urged the Council to consider reestablishing a more formal relationship with American Dental Hygienists' Association (ADHA).

The Council felt very strongly that the liaison efforts of the Council with ADHA should not be the function of the Dental Team Advisory Panel, but rather it should be concerned with a more comprehensive purpose, i.e., the development of and efficient operation of the dental office team. This purpose can best be served by having the panel more accurately reflect the entire dental office team. The Council, therefore, requested that the Board reconsider changing the composition of the Dental Team Advisory Panel to one dental hygienist, one dental assistant, one business assistant, one laboratory technician and one of the members of the Council on Dental Practice as the chairman. All candidates would be nominated by the Council as consultants and approved by the Board of Trustees.

The Board defeated reconsideration of the resolution and referred the issue to the Council on Dental Practice to prepare a detailed proposal outlining the Panel's stated purpose, organizational structure and budget implications. It was further requested that the Council consider the possibility of expanding the panel to include two representatives from each group for greater input.

**B-16. Resolved**, that the Dental Team Advisory Panel of the Council on Dental Practice, to be reorganized and composed of one dental hygienist, one dental assistant, one business assistant, one laboratory technician, and one member of the Council on Dental Practice, who shall serve as chairman, be approved.

**Report of Dr. D. Gregory Chadwick, Liaison to the Council on Dental Benefit Programs:** Dr. Chadwick provided the Board with a report of his attendance at the meeting of the Council.

**Report of the Council on Dental Benefit Programs: Adoption of the Diagnostic Codes:** In an attorney-client session, the Board reviewed and discussed the report on the status of the introduction to the dental profession of new diagnostic codes known as SNODENT.

The Board concurred with a recommendation to confine the initial introduction of SNODENT to 50 sample diagnostic codes to be included in the new edition of CDT-3 to be published in July 1999. The Board also approved a motion to include SNODENT-related data elements in the new uniform dental claim form that is scheduled to become effective January 1, 2000.

Reports on plans for educating the membership about SNODENT and technological aspects of SNODENT data collection and analysis will be provided to the Board at its August meeting.

The Board also requested and received talking points on SNODENT.

**Report of the President: Introduction of SNODENT to the Membership:** The Board reviewed the informational report regarding the introduction of SNODENT to the membership which indicated that a well-structured member education program was called for prior to release of the full set of diagnostic codes.

**Report of Dr. John W. Staubach, Liaison to the Council on Dental Practice:** Dr. Staubach provided the Board with a report of his attendance at the meeting of the Council.

**Recess:** The Board recessed for lunch at 12:40 p.m. and reconvened at 1:40 p.m.

## Government Affairs

**Report of the Associate Executive Director, Government Affairs: Federal and State Legislation and Regulation Update:** Ms. Moss provided the Board with an update on federal and state activities. Issues related to federal activities included patient protection, access for the underserved, workplace safety, ergonomics, sharps injury prevention, appropriations, tax issues, military and VA dentistry. Issues related to state activities included dental hygiene initiatives, Medicaid, the AIM conference, the CHIP program, regulation of health insurers, licensure, latex and waste management.

**Report of Dr. Robert M. Anderton, Liaison to the Council on Government Affairs:** Dr. Anderton provided the Board with a report of his attendance at the meeting of the Council.

**Report of the Council on Government Affairs: Recent Activities:** The Council reported on its evaluation of two federal legislative proposals, the Consensus Managed Care Improvement Act (a patient protection proposal) and the Consensus Health Care Access and Choice Act (access/choice proposal). The Council provided its recommendations regarding the proposed legislation with a recommendation to refer the proposals to the appropriate councils for further review and consideration.

The Council also expressed its concern regarding the possibility that the Grassroots Conference would not be

funded next year due to budget constraints and the Congressional Fellowship Program for the same reason.

## Membership and Dental Society Services

### Report of the Division of Membership and Dental Society Services: Applications for Associate

**Membership:** The Board adopted the following resolution.

**B-81-1999. Resolved,** that the applicants for associate membership be approved in accordance with Chapter VII, Section 110, of the *Bylaws*:

Mr. Frank O. Mason  
Ms. Patricia F. Anderson  
Mr. Richard R. Fetchiet

### 1998 End of Year National Recruitment and Retention

**Report:** The Board reviewed and discussed a report indicating that at the end of the year 1998, the total number of active licensed members of the ADA decreased by 465, for a total number of 119,319 active licensed members. End-of-year active licensed market share is 71.4%, dropping 1.2% from the previous year. The total market for recruiting active licensed members increased by 2,140 to 167,080.

Two of the target markets, women and minority dentists, increased in the number of ADA members. The total number of women dentist members increased by 1,023; and the total number of minority dentists increased by 640. However, the market size also increased significantly in these target groups, resulting in a decrease in market share in both categories.

## Science

**Report of the Council on Scientific Affairs: Product Evaluations and the Seal of Acceptance Program:** The Board reviewed the report which examined the ADA Seal of Acceptance Program in areas relating to the evaluation of products outside the Seal Program; promotion of the Seal to the public and the profession; and use of the Seal for consumer products outside the United States. The Council reported that a meeting of the ADA/Industry Ad Hoc Committee will be held to consider the use of the Seal for consumer products outside the United States. The Committee will also be asked to comment on the draft Criteria for Use of the Seal for OTC Products Outside the United States and the concept of limiting such use of the Seal for a trial period to countries covered by the North American Free Trade Agreement. A report will be provided to the Board at its October 1999 meeting on these issues.

**Report of the Associate Executive Director, Science: Recent Divisional Activities:** Dr. Meyer reported that the Division is currently assembling a database of clinically

relevant scientific information that will be accessible not only to ADA staff but also to the Association's membership through ADA ONLINE. He also provided the Board with an update on the "International Collaborative Research on Fluoride: Research Needs Workshop" held May 10-12, 1999 in Washington, D.C.

**Report of the Council on Scientific Affairs: Dental Unit Waterlines, Report to the Profession:** The Board reviewed a report titled "Dental Unit Waterlines: Approaching the Year 2000." The report was prepared from the contributions of a Board-appointed Expert Panel on Dental Unit Waterlines, which met at ADA Headquarters in October 1998. Chaired by Dr. P. Gordon Trowbridge, a member of the Council on Scientific Affairs, the panel consisted of experts representing the academic and research communities; industry; allied public health and infection control organizations; and interested government agencies.

The report examines the clinical relevance of dental unit waterline contamination and presents advances in research and development toward improving the microbiological quality of dental unit water. The report also reflects ongoing research in the area of waterline biofilm and addresses future directions for research.

The Board adopted the following resolution.

**B-84-1999. Resolved,** that the report titled "Dental Unit Waterlines: Approaching the Year 2000" be approved, and be it further  
**Resolved,** that the report be offered to *The Journal of the American Dental Association* for publication as an Association report.

**Report of the Council on Scientific Affairs: Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry:** In October 1997, the Board created a task force to review the Association's policies on bloodborne pathogens, resolve any differences identified in those policies, and develop a clear, comprehensive and consistent policy statement. After developing a draft policy statement, the Board recommended that the policy be circulated to interested agencies of the Association for comment. These agencies included the Council on Access, Prevention and Interprofessional Relations; the Council on Dental Practice; the Council on Ethics, Bylaws and Judicial Affairs; the Council on Government Affairs; the Council on Insurance; and the Council on Scientific Affairs. The Council on Scientific Affairs was asked to compile and review comments offered and develop the final proposed policy statement.

The Council on Scientific Affairs presented the proposed Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry to the Board of Trustees. In its report, the Council noted that the Council on Dental Practice requested the following statement be included in the policy under the heading "Provider Issues."

The ADA opposes any requirement that individual practitioners' names be identified in the reporting of individuals infected with bloodborne pathogens.

The Council on Scientific Affairs reported its concerns with the proposed statement, noting it believed the "inclusion of the statement in the policy would place the Association not only in opposition to these state laws and regulations, but also in opposition to one of the CDC's primary HIV prevention programs."

The Board reviewed the proposed policy statement and accepted the Council on Scientific Affairs' recommendation regarding the language proposed by the Council on Dental Practice and subsequently adopted the following resolution.

**B-85-1999. Resolved,** that the proposed Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry be approved as presented by the Council on Scientific Affairs, and be it further  
**Resolved,** that the proposed Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry be forwarded to 1999 House of Delegates via a report outlining the existing ADA policies that were incorporated into the proposed policy, the existing Association policies that are recommended for rescission and the existing policies that should be retained or amended outside the proposed policy.

**Report of the Council on Scientific Affairs: Recent Activities:** The Board reviewed the report of the Council which included the Council's support of the Association assuming the role of Secretariat for ISO/TC Subcommittee 8, Dental Implants. The Board also adopted the following resolution relating to the possibility of developing educational materials on the oral benefits of sugar-free foods and medications in collaboration with the Calorie Control Council, a not-for-profit organization supported by organizations producing nonnutritive sweeteners.

**B-86-1999. Resolved,** that the possibility of developing educational materials on the oral benefits of sugar-free foods and medications in collaboration with the Calorie Control Council be investigated by the appropriate Association agencies.

The Board also adopted the following resolution relating to the Association's representatives to the United States Pharmacopeial Convention for the year 2000.

**B-87-1999. Resolved,** that Dr. Tommy Gage be appointed as the Association's alternate delegate to the United States Pharmacopeial Convention for the year 2000, and be it further

**Resolved,** that the Association submit the name of Dr. Sebastian Ciancio for consideration as a potential dental candidate for the United States Pharmacopeial Convention's Committee of Revision.



**Report of Dr. George L. Bletsas, Liaison to the Council on Scientific Affairs:** Dr. Bletsas provided the Board with a report of his attendance at the meeting of the Council.

#### **New Business**

**Contract of the Executive Director:** The Board adopted the following resolution regarding the contract of the Executive Director.

**B-100-1999a. Resolved,** that the Board of Trustees hereby adopts the following Addendum to the Employment Agreement of Executive Director dated June 16, 1998:

Addendum to Employment Agreement of  
Executive Director  
Dated June 16, 1998

The Addendum to the Employment Agreement of Executive Director dated June 16, 1998 (the "Agreement") is made and entered into this 14<sup>th</sup> day of June, 1999, by and between the Board of Trustees of the American Dental Association and John S. Zapp, D.D.S., executive director of the Association, as follows:

1. The term of the Agreement is hereby extended from March 31, 2000 through June 30, 2001.
2. Dr. Zapp's current salary of \$335,000 per year shall continue through March 31, 2000, and beginning April 1, 2000, his salary shall increase to \$347,500 per year and shall continue at that rate through June 30, 2001.
3. In all other respects, the Employment Agreement of Executive Director dated June 16, 1998 shall remain in full force and effect.

#### **Legal**

##### **Attorney-Client/Executive Meeting**

**Call to Order:** An attorney-client executive meeting of the Board of Trustees was called to order at 3:20 p.m., President Rose presiding.

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

Also in attendance were the Senior Associate Executive Director; the Group Associate Executive Directors for Professional Services and Business, Technical and Meeting Services; the Chief Counsel; all Associate and Assistant Executive Directors; and the Director of Quality and Strategic Planning.

**Discussion:** Mr. Sfikas discussed various legal matters of interest to the Association and the specialty recognition process.

**Adjournment:** The Board meeting adjourned at 4:05 p.m.

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#### **Tuesday, June 15, 1999**

**Call to Order:** the Board of Trustees was called to order by President S. Timothy Rose at 8:45 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

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

#### **Special Order of Business**

**Appearance of Dr. Michael G. Newman:** The Board heard a report on evidence-based science as it pertains to dentistry and dental practice.

#### **Technology**

**Report of the Associate Executive Director, Technology: Recent Divisional Activities:** Mr. Owens reported on recent divisional activities which included removal of the mainframe computer; the continuation of a comprehensive plan for all ADA Web-based activities; and an update on ADA Online 2000.

**Report of the Dental Information Technology Committee:** The Board reviewed the report of the Committee which included information on DIT's planning session held April 15, 1999.

**Report of the Associate Executive Director, Technology and the Associate Executive Director, Membership and Dental Society Services: Tripartite Association Management System:** This report updated the Board on the status of TAMS and included a risk analysis pertaining to TAMS deployment and the planned ADA strategy for minimizing the risks.

#### **Other/Subsidiary Reports**

**Report of the Strategic Planning Committee:** The Board reviewed the report of the Strategic Planning Committee and adopted the following resolutions.

*Definition of Dentistry and Professional Care.* In response to Resolution 98H-1998 (*Trans.*1998:742) which urged that the current Strategic Plan be examined for the purpose of developing language that would reflect the 1996 Definition of Professional Dental Care and the 1997 Definition of Dentistry, the Committee agreed with the intent of the resolution but believed that given the current plan has approximately 19 occasions where the intent of the definition is reflected, believed it was

unnecessary to undertake this task at this time. The Committee agreed that in the formulation of the next Strategic Plan, which is to begin in approximately two years, the review should take place.

The Board adopted the following resolution.

**B-79-1999. Resolved,** that the next ADA Strategic Plan development process include an examination of the first guiding principle to determine if it could be modified to better reflect the official ADA definitions of dentistry and professional dental care, and be it further **Resolved,** that all related language in the next Plan will be consistent with the 1996 House approved Definition of Professional Dental Care and the 1997 Definition of Dentistry.

*Member/Nonmember Survey.* The Board adopted the following resolution.

**B-80-1999. Resolved,** that pending inclusion in the 2000 budget, the appropriate parties be urged to expedite the planned ADA Member and Nonmember Opinion Surveys in 2000, providing preliminary results to the SPC within the second quarter of 2000 to help facilitate the next phase of the Plan development process.

**Report of the Task Force to Study the Agencies Within the Division of Dental Practice:** The Board-appointed Task Force reported on its study of the effectiveness of the organizational structure of the agencies within the Division of Dental Practice, as outlined in Resolution B-37-1999. The Task Force reported that it also reviewed activities of each of the councils within the Division to determine if the activities/programs reside in the appropriate agency, and that it viewed the cost of operating the councils in relation to the value they provided to the membership. While the Task Force did not recommend any structural changes for the agencies within the Division of Dental Practice, it encouraged the councils to "do business differently" than in the past by taking advantage of technological changes to better communicate and coordinate relevant activities. The Task Force also presented the following recommendations for the Board's consideration.

1. Maintain the current structure of the three councils of the Division of Dental Practice.
2. Consider the placement of ADA's HVO activities in a more appropriate area after further review of its function.
3. Encourage all councils that work with external organizations to inform the Board when an invitation to present to the Board by high level representatives of such organization could benefit a specific project or enhance relations between the organizations at the council level.

The Board acknowledged the Task Force recommendations and referred them to the president-elect

for review and suggestions on how some of the recommendations may or may not be implemented.

**Update on Task Force and Committee Activities:** The Board reviewed the report on task force and committee activities.

**Report of Nomination for the Distinguished Service Award:** The Board adopted the following resolution.

**B-90-1999. Resolved,** that the 1999 Distinguished Service Award be awarded to Dr. Rafael L. Bowen.

**Report of the DMSO Task Force:** The Board reviewed the report of the DMSO Task Force which included responses to resolutions from the 1998 House of Delegates; evolving marketplace issues; and the need for an additional meeting of the Task Force. Subsequently, the Board adopted the following resolution.

**B-99-1999. Resolved,** that the recommendations presented in the Report of the DMSO Task Force be approved.

1. That in response to Resolution 55H-1998 (*Trans.* 1998:701), the Task Force supports the submission of the ADA Resource Packet on DMSOs prepared by the Council on Dental Practice, with an amendment to one Council publication. The Task Force also supports the Council's recommendation to substitute in the resource packet "Options Available For Entering Dental Practice," dealing with individual business decisions, in place of the "Constituent Dental Society Dental Practice Mentor Program," developed for constituent societies. The Task Force further recommends that the resource packet include the publication, "What Every Dentist Should Know Before Affiliating With a Dental Management Service Organization: A Legal Perspective," by the Contract Analysis Service and information on the Association's survey results dealing with DMSOs, as soon as they are made available by the Health Policy Resources Center.
2. That in response to Resolution 61H-1998 (*Trans.* 1998:735), the Task Force does not support pursuit of legislation or regulation requiring dentists to disclose their DMSO status to the public.
3. That in response to Resolution 74H-1998 (*Trans.* 1998:701), Task Force supports submission of the Constituent Dental Society Dental Practice Mentor Program.
4. That in response to Resolution 109H-1998 (*Trans.* 1998:708), that the appropriate ADA agencies report to the House of Delegates that ADA Publishing Company has quarterly published stock listings for publicly traded DMSOs.
5. That the appropriate ADA agencies disseminate the Legislative/Regulatory Resource Packet on Corporate Practice to the constituent dental societies and that distribution be coordinated with the dissemination of

the Constituent Dental Society Dental Practice Mentor Program.

6. That the appropriate ADA agencies study and report to the Board of Trustees on the need for stimulating a market to bring together buyers and sellers of dental practices.
7. That the Task Force be authorized conduct a telephone conference meeting in conjunction with the August Board of Trustees' meeting to develop recommendations on the DMSO survey results and whether there is need to continue the Task Force.

**Zero-Based Budgeting for the 2001 Fiscal Year:** As noted in the February 1999 Board minutes, the issue of zero-based budgeting was discussed in a closed breakfast session with the Board and Executive Director.

After discussion in regular session, the following resolution was defeated.

**B-40. Resolved,** that the 2001 fiscal year ADA budget be prepared using the true zero-based budgeting method.

#### Financial Matters

**Report on the Status of the 1999 Contingent Fund and Approval of Supplemental Appropriation Requests:**  
**1999 Contingent Fund:** A Contingent Fund of \$630,600 was authorized in the 1999 budget. The Board of Trustees to date has approved total supplemental requests in the amount of \$435,600. At this session, the Board reviewed seven supplemental requests, considering each one separately. The Board subsequently adopted the following resolution.

**B-91-1999. Resolved,** that the following appropriations be made from the 1999 Contingent Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

#### *Division of Government Affairs*

(Cost Center 090-0200-XXX).....\$20,000

The ADA is working in collaboration with the AMA and a group of physician specialty societies (the Patient Access Coalition or PAC) to support passage of meaningful patient protection legislation. ADA Washington Communications staff has been asked to lead a work group to prepare for an advertising or media relations push should the issue reach a critical point in the legislative process over the next few months.

*Note:* No line-item breakout is available. The purpose of this request is to establish a \$20,000 reserve to be available on short notice for the activities mentioned above. Any funds actually spent will be accounted for by line item.

#### *Division of Government Affairs*

(Cost Center 090-0200-XXX).....\$1,700

In 1998, the Board approved a legislative grant to the Texas Dental Association (TDA) in the amount of \$2,500. The grant was to be used to pay expenses of expert witnesses for a hearing concerning anesthesia regulation. The request was supported by the Texas Society of Periodontists (TSP) and the Texas Academy of Pediatric Dentists (TDAPD).

The hearing was held in November 1998, and was judged successful by the TDA and its leaders. However, no request for reimbursement or documentation was ever submitted to the ADA. Recently, a request was received for reimbursement in the amount of \$1,700, which is one third of the total expenditures. The remainder is to be shared equally by the TDA and TSP.

515101	Volunteer Travel	\$550
515401	Volunteer Lodging	350
515501	Volunteer Meals	350
515002	Outside Printing	50
515700	Miscellaneous. Travel	50
520200	Honoraria	<u>350</u>
	Total Expenses	\$1,700

#### *Division of Communications*

(Cost Center 090-0250-XXX).....\$28,200

Two supplemental requests were submitted and approved in December 1998 for activities in response to the "60 Minutes II" broadcast on anesthesia. One request was for inserting the ADA's anesthesia guidelines in *ADA News* and totaled \$21,600. The second was for inserting a two-page fact sheet on anesthesiology in *ADA News* and for reprinting the consumer information booklet on anesthesia, totaling \$20,100. Because these activities were conducted so late in 1998, invoices for most of the services were not received until 1999. For bookkeeping purposes, an additional supplemental is required to cover the expenses not incurred until 1999.

505002	Outside Printing	<u>\$28,200</u>
	Total Expenses	\$28,200

#### *Division of Dental Practice*

(Cost Center 090-0500-XXX).....\$4,650

This supplemental budget request will permit three members and the chairman of the Council on Dental Practice to travel to the "1999 Dentistry as a Business Conference." Having a volunteer present at each session of the two-day conference will help to ensure a smooth, trouble free day and involve them in

an activity sponsored by the Council.  
(Funding alternative of \$4,650 accepted).

515101	Volunteer Travel (\$450x4)	\$1,800
515201	Volunteer Ground Transportation (\$100 x 4x2)	800
515301	Volunteer Per Diem (\$75 x 4x2)	600
515401	Volunteer Lodging (\$180 x 4x2)	<u>1,450</u>
	Total Expenses	\$4,650

#### *Division of Dental Practice*

(Cost Center 090-0500-XXX).....\$8,050

The request of \$8,050 is for funding for the first meeting of the Dental Content Committee. The Content Committee is responsible for reviewing data elements for the electronic transactions named in the Health Insurance Portability and Accountability Act. These transactions include the electronic claim form, eligibility transaction, claims status inquiry and claims payment and remittance advice. As the host of the Content Committee, the ADA will have a leading role in making decisions regarding the content of the electronic transactions. The first meeting is being held this year (date to be determined) in order to give the Committee time to agree on the operating procedures before the final regulations are published by HCFA.

515101	Volunteer Travel (\$450 x 9)	\$4,050
515301	Volunteer Per Diem (\$75 x 9)	700
515401	Volunteer Lodging (\$180 x 9)	1,700
515501	Volunteer Meals (\$45 x 25)	1,100
525200	Photocopy	250
525205	Stationery and Supplies	<u>250</u>
	Total Expenses	\$8,050

#### *Division of Dental Practice*

(Cost Center 090-0500-XXX).....\$9,150

The Council on Dental Benefit Programs is requesting supplemental funds to conduct an additional one-day meeting of the Council in 1999. This meeting is necessary in order to allow the Council to complete its work on the content of major reports to the Board of Trustees and ultimately to the House of Delegates in 1999. (Funding alternative of \$9,150 accepted.)

515102	Volunteer Travel (\$450 x 10)	\$4,500
515301	Volunteer Per Diem (\$75 x 16)	1,200

515401	Volunteer Lodging (\$180 x 16)	2,900
515501	Volunteer Meals (\$35 x 16)	<u>550</u>
	Total Expenses	\$9,150

#### *Division of Science*

(Cost Center 090-0650-XXX).....\$4,950

At its May 1999 meeting, the Council on Scientific Affairs adopted a resolution recommending that a meeting of the ADA/Industry Ad Hoc Committee be convened to consider and comment on the Council's draft criteria for use of the ADA Seal of Acceptance for over-the-counter products outside the United States. The Executive Director of the Association and a member of the Council on Scientific Affairs would be asked to attend the meeting, which would take place prior to the September 1999 Council meeting. A report of the meeting would be presented via conference call to the members of the Council's Seal subcommittee, who in turn, would report to the full Council in September for review and recommendations. A report of the Council's consensus regarding use of the ADA Seal of Acceptance outside the United States then would be presented to the Board of Trustees in October 1999. (Funding alternative of \$4,950 accepted.)

515501	Volunteer Meals	\$ 500
515101	Volunteer Travel	2,700
515301	Volunteer Per Diem	450
515401	Volunteer Lodging	1,100
525020	Postage	<u>200</u>
	Total Expenses	\$4,950

**Total Supplemental Appropriate Requests** **\$76,700**

**Total from Contingent Fund** **\$57,950**

**Total Alternative Funding Accepted** **\$18,750**

**Report of the 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.

**Proposed Dues Change:** After extensive review and discussion, the Board of Trustees arrived at a proposed 2000 budget which anticipates \$65.85 million in expenses against \$64.4 million in projected revenue for a net deficit of approximately \$1.45 million. Therefore, in order to balance the proposed budget, the Board voted to recommend a dues change in the amount of \$14.00 above the \$343.00 designated by the 1998 House of Delegates. If approved by the House, the dues of active members

would be established at \$357.00 effective January 1, 2000, which would be \$25.00 below the 1999 level. (Vote: 18 Yes—Drs. Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, McKaig, Mangos, Mascola, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 1 No—Dr. Anderton).

### **Executive Meeting**

**Call to Order:** An executive meeting of the Board of Trustees was called to order at 11:29 a.m., President Rose presiding.

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

Also in attendance were the Senior Associate Executive Director; the Group Associate Executive Directors for Professional Services and Business, Technical and Meeting Services; the Chief Counsel; all Associate and Assistant Executive Directors; and the Director of Quality and Strategic Planning.

**Discussion:** In accordance with the *Organization and Rules of the Board of Trustees*, the Board discussed nominations for ADA Honorary Membership.

**Adjournment:** The Executive Meeting adjourned at 11:32 a.m.

### **Regular Meeting (continued)**

**Nominations for ADA Honorary Membership:** The Board approved honorary membership in the Association for Mr. Jack Haber, vice president and general manager, U.S. Oral Care, Colgate-Palmolive Company; Mr. Michael R. Sudzina, director, Professional and Scientific Relations, Procter & Gamble Company; and Mr. Robert J. Sullivan, founder of Sullivan Dental Products and chairman emeritus of Sullivan-Schein Incorporated.

**B-89-1999. Resolved,** that in accordance with the ADA *Bylaws*, Chapter VII, Section 100(G), the following individuals be elected to Honorary Membership in the American Dental Association:

Mr. Jack Haber  
Mr. Michael R. Sudzina  
Mr. Robert J. Sullivan

**Adjournment:** The Regular Meeting of the Board of Trustees was adjourned at 11:36 a.m. for the purpose of convening a meeting of the Shareholder of the ADA Holding Company.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 11:45 a.m.

# August 8-10, 1999

## Headquarters Building, Chicago

**Call to Order:** The sixth session of the Board of Trustees was called to order by President S. Timothy Rose on Sunday, August 8, 1999 at 9:15 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers were present: S. Timothy Rose, president; Richard F. Mascola, president-elect; Bettie R. McKaig, first vice president; Richard A. Smith, second vice president; Rene M. Rosas, treasurer; James T. Fanno, speaker of the House of Delegates; and John S. Zapp, executive director.

The following members of the Board of Trustees were present: Robert M. Anderton; George L. Bletsas; Steven M. Bruce; D. Gregory Chadwick; Ronald M. Chaput; Ross J. DeNicola, Jr.; Howard B. Fine; Henry W. Finger; Leo R. Finley Jr.; T. Howard Jones; Chris Mangos; Patrick S. Metro; Myron L. Pudwill; Eugene Sekiguchi; Charles L. Siroky; and John W. Staubach.

The following staff members were present: L. Jackson Brown, associate executive director, Health Policy Resources Center; Brian M. Johnson, chief financial officer; James J. Koelbl, group associate executive director, Professional Services and associate executive director, Dental Practice; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications; Dorothy J. Moss, associate executive director, Government Affairs; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Laura M. Neumann, associate executive director, Education; Carol M. Overman, senior associate executive director, Member and Support Services and associate executive director, Administration and Policy; Robert L. Owens, associate executive director, Information Technology and president and CEO, ADA Electronic Commerce Co.; Alison Owings, assistant executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and James H. Sweeney, group associate executive director, Business, Technical and Meeting Services, and CEO, ADA Financial Services Co.

Also in attendance for all or portions of the session were: Richard M. Berry, deputy general counsel; Laura A. Kosden, president and publisher, ADA Publishing, Inc.; Lawrence Meskin, editor, *The Journal of the American Dental Association*; and Ms. Beril Basman, director, Quality and Strategic Planning.

### Special Orders of Business

**Presentation on the Macy Foundation by Dr. Howard L. Bailit, professor and director, University of Connecticut Health Center:** Dr. Bailit gave a presentation on the problems and benefits of community-based, dental education programs in patient-centered

dental care centers that can offer dental students hands-on experience and training in a community setting.

### Preliminary

**Approval of the Agenda:** The Board of Trustees adopted the following resolution.

**B-100-1999b. 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:** A consent calendar was developed to expedite the business of the Board of Trustees. Initially it was requested that all reports and resolutions contained on the consent calendar be removed and the Board adopted this motion. However, later in the session the Board reconsidered this action and subsequently adopted the following resolution after amending the list of resolutions contained on the consent calendar.

**B-160-1999. Resolved,** that the recommendations on resolutions contained on the Consent Calendar be approved.

### Communications and Membership Services

Resolution 25—Board of Trustees: Affiliate Member Approval Process. Recommendation: *Vote Yes*.

Resolution 39—Council on Membership: Amendment of ADA *Bylaws* Regarding Installment Dues Payment Option for Federal Dental Service Members. Recommendation: *Vote Yes*.

Resolution 40—Council on Membership: Amendment of ADA *Bylaws* Regarding Membership Category for Nonpracticing Dentists. Recommendation: *Vote Yes*.

### Dental Benefits, Practice and Health

Resolution 2—Council on Access, Prevention and Interprofessional Relations: Hospital Medical Staff Membership. Recommendation: *Vote Yes*.

Resolution 3—Council on Access, Prevention and Interprofessional Relations: Ground Water with Natural Levels of Fluoride Higher than 2.0 Parts Per Million. Recommendation: *Vote Yes*.

Resolution 4—Council on Dental Benefit Programs: Payment for Temporary Procedures. Recommendation: *Vote Yes*.

Resolution 24—Council on Access, Prevention and Interprofessional Relations: Use of State Tobacco Settlement Funds. Recommendation: *Vote Yes*.

Report 11 of the Board of Trustees to the House of Delegates: Update on Resolution 47H-1996—Direct Reimbursement Campaign.

Resolution 31—Council on Dental Practice: Recognition Program for Meritorious Service by Certified Dental Technologists. Recommendation: *Vote Yes*.

### **Dental Education and Related Matters**

Resolution 6—Council on Dental Education and Licensure: Rescission of Policy Regarding Dental Auxiliary Master Plans. Recommendation: *Vote Yes*.

Resolution 7—Council on Dental Education and Licensure: Rescission of Policy on Implementation of Recommendations Contained in the Institute of Medicine (IOM) Report. Recommendation: *Vote Yes*.

Resolution 26—Pennsylvania Dental Association: ADA CERP Recognition of Commercially Supported Continuing Education Providers. Recommendation: *Vote Yes*.

Resolution 32—Council on Dental Education and Licensure: Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry and Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists. Recommendation: *Vote Yes*.

Resolution 33—Council on Dental Education and Licensure: Policy Statement on the Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry. Recommendation: *Vote Yes*.

### **Legal and Legislative Matters**

Resolution 12—Council on Ethics, Bylaws and Judicial Affairs: Editorial Amendment to the ADA *Bylaws*, Chapter V. House of Delegates, Section 130. Rules of Order, Subsection A. Standing Rules and Reports, subsection (e). Recommendation: *Vote Yes*.

Resolution 14—Council on Ethics, Bylaws and Judicial Affairs: Editorial Amendment to the ADA *Bylaws*, Chapter I. Membership, Section 50A. Recommendation: *Vote Yes*.

Resolution 42—Council on Ethics, Bylaws and Judicial Affairs: Amendment to the ADA *Bylaws*, Chapter III. Component Societies, Section 10. Organization. Recommendation: *Vote Yes*.

Resolution 43—Council on Ethics, Bylaws and Judicial Affairs: Amendment to the ADA *Bylaws*, Chapter II. Constituent Societies, Section 40. Membership, Subsection D. Multiple Jurisdictions. Recommendation: *Vote Yes*.

Resolution 44—Council on Ethics, Bylaws and Judicial Affairs: Amendment of ADA *Principles of Ethics and Code of Professional Conduct*, Section 3.E. Child Abuse. Recommendation: *Vote Yes*.

### **President's Address and Administrative Matters**

Report 8 of the Board of Trustees to the House of Delegates: Annual Report of Strategic Planning Activities

### **Scientific Matters**

Resolution 16—Council on Scientific Affairs: Amendment of the *Provisions for Acceptance of Products by the Council on Scientific Affairs*—Use of Biodegradable Materials. Recommendation: *Vote Yes*.

Resolution 17—Council on Scientific Affairs: Use of ADA Name in Promotional and Educational Materials. Recommendation: *Vote Yes*.

Resolution 18—Council on Scientific Affairs: Association Policy on Research Funds. Recommendation: *Vote Yes*.

Resolution 47—Council on Scientific Affairs, Council on Dental Practice and Council on Ethics, Bylaws and Judicial Affairs: Scientific, Practice and Ethical Aspects of the Postexposure Evaluation and Follow-up Process. Recommendation: *Vote Yes*.

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

**Report of the Task Force to Study Dental School Facilities and Programs in Response to Resolution 84H-1997:** The Board of Trustees acknowledged receipt of the report of the Task Force which was convened to address Resolution 84H-1997 (*Trans.*1997:684). Resolution 84H-1997 called for an expanded survey of dental schools and dental associations to be conducted to obtain more specific information about the operation of dental school satellite clinics as well as the Task Force to Study Dental School Facilities and Programs be continued in order to receive and analyze responses from a follow-up study of dental school satellite clinics.

**Report 12 of the Board of Trustees to the House of Delegates: Study of Dental School Facilities and Programs in Response to Resolution 84H-1997** (*Supplement:366*): The Board of Trustees transmitted Report 12 and the following resolutions to the House of Delegates.

*Resolution 49—Dental School Satellite Clinics. The Board of Trustees transmitted Resolution 49 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 50—Dental Schools and Dental Societies Effectively Cooperating and Communicating with Regard to Satellite Dental Clinics. The Board transmitted Resolution 50 to the House of Delegates with the recommendation to vote yes. (Vote: 18 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 1 No—Dr. Jones)*

#### **Preliminary (continued)**

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

**B-144-1999. Resolved,** that the minutes of the June 13-15, 1999 session of the Board of Trustees be approved.

#### **Reports of Officers**

**Report of the President:** Since the last meeting of the Board, Dr. Rose was Keynote Speaker at the 1999 Annual Conference of National Association of Healthcare; addressed the "Conference on the New Dentist" in Nashville, TN, and the Medicaid/CHIP Conference in Chicago; and was interviewed by *Managed Dental Care* magazine regarding dental hygienists and managed dental care programs. Along with Dr. Mascola and Dr. Zapp, he met with Speaker Hastert in Washington, D.C. and Dr. Gordon Christensen, Dr. Howard Farran, Dr. Richard Madow and Dr. William Oakes in Chicago. He also attended the ADPAC meeting, the meeting of dental specialties in Chicago, the National Dental Association in Atlanta and participated in ADA Holding Company conference calls.

**Report of the President-elect:** Dr. Mascola, since the last Board meeting, participated in "Tooth or Consequences," a 30-minute talk show about the developments in the field of dentistry and medicine via telephone and participated in a meeting sponsored by the Milibank Memorial Fund to discuss policy for preventing and treating dental pain among children who obtain health coverage through Medicaid and the Children's Health Insurance Program, in Washington. He also participated in and addressed these meetings: the student body at the State University of New

York at Stony Brook, School of Dental Medicine; the Maine Dental Association; the Georgia Dental Association annual meeting in Hilton Head, SC; the Montana Dental Association; and the Conference on the New Dentist, Nashville, TN. He also attended a Children's Oral Health Initiative Workshop in Washington, D.C.; the Medicaid/CHIP Conference in Chicago; a site visit to Eagle Ridge, Galena, IL; and a FINCO meeting. He also participated in an ADAHC conference call.

**Report of the Executive Director:** Dr. Zapp was Keynote Speaker at the Ohio Dental Association Leadership Institute, in Columbus, OH; attended, made opening remarks and hosted the open forum at the Management Conference, Chicago; hosted an open forum for the Medicaid/CHIP conference, Chicago; made opening remarks at the "Dentistry as a Business Conference," Chicago, and "Conference on the New Dentist" in Nashville, TN; and addressed the Past Presidents Luncheon at the Pacific Northwest Dental Conference in Seattle. He also attended: the Future of Dentistry Committee Meeting, Chicago; the American Society of Constituent Dental Executives Meeting, Chicago; the Federal Dentists Dinner in Washington, D.C.; the Association of Component Society Executives Meeting, Chicago; the Executive Director's Advisory Committee Meeting; and various council, committee and Association meetings. He made site visits to Hawaii for the annual session and to McCormick Place in Chicago for the 2000 annual session; and participated in several conference calls. He also met with American Student Dental Association externs Cynthia Brito, Jeremy Loch and Connie Sedon in Chicago; and met with Dr. Jared Fine and Dr. Caswell Evans to discuss the Surgeon General's Report in Chicago.

**Report of the First Vice President:** Dr. McKaig attended the "Conference on the New Dentist," Nashville, TN.

**Report of the Second Vice President:** Dr. Richard A. Smith attended the Georgia Dental Association (GDA) annual meeting in Hilton Head, SC, where he received the GDA Award of Merit.

#### **Reports and Resolutions Relating to the Reference Committee on Budget and Business Matters**

**Report of the Council on Insurance** (*Reports:99*): The Board of Trustees acknowledged receipt of the annual report of the Council on Insurance.

**Report of the ADA Holding Company, Inc.** (*Reports:145*): The Board of Trustees acknowledged receipt of the annual report of the ADA Holding Company, Inc.



**Report 3 of the Board of Trustees to the House of Delegates: Compensation and Contract of the Executive Director** (*Supplement:565*): *The Board of Trustees transmitted Report 3 to the House of Delegates.* (Vote: 18 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith; 1 No—Dr. Staubach)

**Report 5 of the Board of Trustees to the House of Delegates: Funding for Renovation of ADA Headquarters Building** (*Supplement:569*): *The Board of Trustees transmitted Report 5 to the House of Delegates.* (Vote: Unanimous)

**Report 7 of the Board of Trustees to the House of Delegates: American Dental Real Estate Corporation, Financial Options Available for the Washington, D.C. Property** (*Supplement:582*): *The Board of Trustees transmitted Report 7 to the House of Delegates.* (Vote: Unanimous)

#### Special Orders of Business

**Appearance of Dr. Per Åke Zillén, executive director, FDI World Dental Federation:** Dr. Per Åke Zillén gave a presentation on the organization, background and current projects of the World Dental Federation. He also talked about worldwide “mega trends” facing the dental profession, such as: the growth and aging of the world population; the world economy; workforce trends; and dentistry financing trends, among others.

**Recess:** The Board recessed for lunch at 12:00 p.m. and reconvened at 12:55 p.m.

#### Reports and Resolutions Relating to the Reference Committee on Budget and Business Matters (continued)

**Report 2 of the Board of Trustees to the House of Delegates: ADA Operating Account Financial Affairs and Recommended Budget, Fiscal Year 2000** (*Supplement:456*): The Board of Trustees transmitted Report 2 and the following resolutions to the House of Delegates.

*Resolution 37—Recommended Dues Increase. The Board of Trustees transmitted Resolution 37 to the House of Delegates with the recommendation to vote yes.* (Vote: 18 Yes—Drs. Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 1 No—Dr. Anderton) (Vote recorded at June Board Session.)

*Resolution 38—Approval of 2000 Budget. The Board of Trustees transmitted Resolution 38 to the House of*

*Delegates with the recommendation to vote yes.* (Vote: 18 Yes—Drs. Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 1 No—Dr. Anderton)

#### Reports and Resolutions Relating to the Reference Committee on Communications and Membership Services

**Report of the Council on ADA Sessions and International Programs** (*Reports:11*): The Board of Trustees acknowledged receipt of the annual report of the Council on ADA Sessions and International Programs.

**Report of the Council on Communications** (*Reports:16*): The Board of Trustees acknowledged receipt of the annual report of the Council on Communications.

**Report of the Council on Membership** (*Reports:19*): The Board of Trustees acknowledged receipt of the annual report of the Council on Membership.

*Resolution 1—Amendment of the ADA Bylaws Regarding Mechanism for a Special Assessment. The Board transmitted Resolution 1 to the House of Delegates with the recommendation to vote yes.* (Vote: 16 Yes—Drs. Bletsas, Bruce, Chaput, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 3 No—Drs. Anderton, Chadwick, DeNicola)

**Report 4 of the Board of Trustees to the House of Delegates: Recommendations for Affiliate Member Approval Process** (*Supplement:567*): *The Board transmitted Report 4 with the appended Resolution 25 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Membership Supplemental Report 1 to the House of Delegates: Recent Council Activities** (*Supplement:375*): *The Board transmitted the supplemental report and the following resolutions to the House of Delegates.*

*Resolution 39—Amendment of ADA Bylaws Regarding Installment Dues Payment Option for Federal Dental Service Members. The Board transmitted Resolution 39 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

*Resolution 40—Amendment of ADA Bylaws Regarding Membership Category for Nonpracticing Dentists. The Board transmitted Resolution 40 to the House of Delegates with the recommendation to vote yes* (consent

calendar action—no Board discussion). (Vote: Unanimous)

**Council on Communications Supplemental Report 1 to the House of Delegates: Progress Report on the Alternative National Public Awareness Campaign**

(Supplement:311): *The Board transmitted the supplemental report and the appended Resolution 45 to the House of Delegates with the recommendation to vote yes.* (Vote: 17 Yes—Drs. Anderton, Bletsas, Chadwick, Chaput, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 2 No—Drs. Bruce, DeNicola)

**Delegate Emanuel W. Michaels, Virginia, Resolution 20: Need of Dental Public Health Education and Oral Health Services in Underserved Countries** (Reports:

155): *The Board of Trustees transmitted Resolution 20 to the House of Delegates with the following comment and the recommendation to vote no.* (Vote: 3 Yes—Drs. Bletsas, Chadwick, Staubach; 16 No—Drs. Anderton, Bruce, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith)

The Board agrees with the underlying spirit of this resolution regarding the obligation of the Association to provide oral health education and assistance to developing countries. However, the Board believes that the Association's current efforts in this area are appropriate to the level of resources that are available for such activities.

Through the years the ADA has been involved in a variety of international activities. However, in January 1990, the ADA made a real commitment to the developing world when it decided to affiliate with Health Volunteers Overseas (HVO). HVO was a relatively new organization dedicated to improving the quality of health care in developing countries through training and education of local personnel. Most developing countries lack the trained health professionals necessary to provide appropriate care. They also lack the financial resources to provide adequate training. There are many Non-government Organizations (NGOs) dedicated to service but HVO was and still is dedicated to making this training and education available to local personnel. The ADA determined that this was the approach the Association should take, abiding by the same Chinese proverb quoted in the background statement.

HVO works with the ADA to recruit highly qualified dental volunteers and places them overseas to teach. HVO dental volunteers work side by side with local counterparts giving lectures, demonstrating procedures and techniques in classrooms, clinics and operating rooms. HVO programs emphasize procedures and techniques, which are both practical, and realistic, and appropriate to the specific local environment. Volunteers encourage the use of readily available local materials whenever possible and often find resources for contributions of needed supplies and equipment. In addition, through its office in Washington, D.C., HVO

also maintains a liaison with the World Health Organization (WHO) and international and national Non-government Organizations through which it can assess the status and need for health care education and assistance in developing countries.

The Dentistry Overseas Steering Committee that manages the ADA component of HVO currently consists of six experienced volunteer dentists. The program has been quite a success story for the ADA and has heightened the participation of the ADA and its members around the world. There are currently programs in eight countries: Bangladesh, Brazil, Haiti, India, Jamaica, St. Lucia, Vietnam and Zimbabwe. Two hundred and forty placements have been made since 1990 and two national oral health care surveys have been completed. Recently, Dentistry Overseas was instrumental in helping developing countries in the Caribbean conduct international dental meetings. Through HVO, the ADA is involved in an effective, nonintrusive, culturally sensitive program that reviews and responds to any request for assistance that is received. Though it cannot always assist, it makes every effort to ensure that such requests are answered if not by the Association, then by the most appropriate organization or institution available.

Finally, in addressing the international status of oral health, the fact that the United States is not the only country with high standards of dental care and the ability of other countries to provide assistance in this area should not be overlooked. Western Europe, Canada, Australia, New Zealand, to name a few, also have NGOs offering service and education programs. There are also many United States-based NGOs offering service and education programs. Details of such programs can be found in the Association's publications *International Dental Volunteer Organizations: A Guide to Service and a Directory of Programs*.

The Board believes that given the many ongoing programs of this type, it would be difficult and not the best use of ADA resources to attempt to assess and coordinate worldwide assistance. Moreover, such efforts would be duplicative of those of the WHO and FDI World Dental Federation.

The estimated budget implication of \$50,000-\$100,000 is based on the form of survey and study called for in the resolution. The survey and study would require hiring personnel with a background in dental public health and meetings with representatives from WHO, FDI and NGO organizations.

**Reports and Resolutions Relating to the Reference Committee on Dental Benefits, Practice and Health**

**Report of the Council on Access, Prevention and Interprofessional Relations** (Reports:37): The Board of Trustees acknowledged receipt of the annual report of the Council on Access, Prevention and Interprofessional Relations.

*Resolution 2—Hospital Medical Staff Membership. The Board of Trustees transmitted Resolution 2 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

*Resolution 3—Ground Water with Natural Levels of Fluoride Higher than 2.0 Parts Per Million. The Board of Trustees transmitted Resolution 3 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

**Report of the Council on Dental Benefit Programs (Reports:49):** The Board of Trustees acknowledged the receipt of the annual report of the Council on Dental Benefit Programs.

*Resolution 4—Payment for Temporary Procedures. The Board transmitted Resolution 4 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

*Resolution 5—Prioritization of Dental Care in Governmentally Sponsored Health Care Programs. The Board transmitted Resolution 5 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 6 Yes—Drs. Chadwick, Finger, Finley, Mangos, Mascola, Siroky; 13 No—Drs. Anderton, Bletsas, Bruce, Chaput, DeNicola, Fine, Jones, McKaig, Metro, Pudwill, Sekiguchi, Smith, Staubach)*

The Board discussed Resolution 5 and concluded that having official Association policy describing priorities of dental care for use in underfunded government sponsored dental plans may have the effect of sanctioning such limited benefit programs and may, in fact, be in conflict with existing policy that recommends inclusion of a full range of dental services in dental benefit plans (Trans.1993:696).

Therefore, the Board recommends that Resolution 5 not be adopted.

**Report of the Council on Dental Practice (Reports:57):** The Board of Trustees acknowledged the receipt of the annual report of the Council on Dental Practice.

**Report of the Commission on Relief Fund Activities (Reports:64):** The Board of Trustees acknowledged the receipt of the annual report of the Commission on Relief Fund Activities.

**Delegate Emanuel W. Michaels, Virginia, Resolution 19: Dental Care for the Underserved Needy (Reports:155):** The Board transmitted Resolution 19 to the House of Delegates with the following comment and the recommendation to vote no. (Vote: Unanimous)

The Board of Trustees wholeheartedly agrees with the intent of Resolution 19. As noted in the Association's

Mission Statement, "The ADA promotes the public's health through commitment of member dentists to provide high-quality oral health care and promotes accessible oral health care for everyone."

As the House of Delegates recalls, in response to Resolution 116H-1998 (Trans.1998:747), Identifying Barriers to Care for Needy Children, the Association is currently undertaking two extensive literature reviews that should lend some perspective on current programs and level of care for individuals in need of dental care. Additionally, the Council on Access, Prevention and Interprofessional Relations is conducting a nationwide survey of access programs, which may also yield information which would relate to the sense of this resolution. Until these studies are completed and reviewed, the Board feels it would be premature to undertake additional studies.

Further, the financial implication of this resolution is difficult to determine. If the reviews under study answer many of the questions raised in Resolution 19, the financial implication would be minimal. However, if the studies indicate a need for additional research, a survey could cost \$200,000 to \$300,000 and to help evaluate these programs could cost an additional \$50,000.

Therefore, the Board recommends that Resolution 19 not be adopted.

**Council on Access, Prevention and Interprofessional Relations Supplemental Report 1 to the House of Delegates: Use of State Tobacco Settlement Funds (Supplement:304):** The Board transmitted the supplemental report and the appended Resolution 24 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Dental Benefit Programs Supplemental Report 1 to the House of Delegates: Maintenance of the Dental Practice Parameters (Supplement:321):** The Board referred the supplemental report and the appended Resolution 27 back to the Council on Dental Benefit Programs with the following comment and the recommendation to vote yes on referral. (Vote: Unanimous)

The Board expressed concern that the proposed amendment to the dental practice parameters may have the unintended effect of requiring the dentist to have a comprehensive knowledge of the prognosis, progression and management of medical conditions that may be identified in a patient's medical history. The Board, therefore, recommends that Resolution 27 be referred back to the Council on Dental Benefit Programs for its reconsideration.

**Report 10 of the Board of Trustees to the House of Delegates: Reassignment of the Development and Maintenance of Dental Practice Parameters (Supplement:591):** The Board transmitted Report 10 and the appended Resolution 34 to the House of Delegates

with the recommendation to vote yes. (Vote: 18 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 1 No—Dr. DeNicola)

**Council on Dental Benefit Programs Supplemental Report 2 to the House of Delegates: Proposed Continuation of the Direct Reimbursement Campaign** (Supplement:322): *The Board transmitted the supplemental report and the appended Resolution 35 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Report 11 of the Board of Trustees to the House of Delegates: Update on Resolution 47H-1996—Direct Reimbursement Campaign** (Supplement:594): *The Board of Trustees transmitted Report 11 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Dental Practice Supplemental Report 1 to the House of Delegates: Amendments to Association Policies Related to Dental Laboratories** (Supplement:356): *The Board of Trustees transmitted the supplemental report and the following comments and resolutions to the House of Delegates.*

*Resolution 30—Amendment to the Statement on Prosthetic Care and Dental Laboratories. The Board of Trustees transmitted Resolution 30 to the House of Delegates with the recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board is cognizant of the fact that there are wide variations in individual patient circumstances and restorative techniques and believes that the judgment of the attending dentist should be the determinant of what is identified for the laboratory technician on prosthetic models rather than a blanket statement that would apply to all cases. The Board, therefore, believes that the term “as appropriate” should be inserted before the words “the crown margins” in item number three in the dentist portion of the section on Working Relationships Between Dentists and Dental Laboratories and recommends adoption of the following substitute resolution.

**30B. Resolved**, that in the Statement on Prosthetic Care and Dental Laboratories (*Trans.*1990:543; 1996:623) the current section, Working Relationships Between Dentists and Dental Laboratories, be deleted in its entirety and a new section be substituted in its place to read as follows:

**Working Relationships Between Dentists and Dental Laboratories:** The current high standard of prosthetic dental care is directly related to, and remains dependent upon, mutual respect within the dental team for the abilities and contributions of each member. The following guidelines are designed to foster good

relations between dental laboratories, dental laboratory technicians and the dental profession.

Applicable laws shall take precedence if they are inconsistent with any of the following guidelines.

#### **The Dentist:**

1. The dentist should provide written instructions to the laboratory or dental technician. The written instructions should detail the work which is to be performed, describe the materials which are to be used and be written in a clear and understandable fashion. A duplicate copy of the written instructions should be retained for a period of time as may be required by law.
2. The dentist should provide the laboratory/technician with accurate impressions, casts, occlusal registrations and/or mounted casts.
3. The dentist should identify, as appropriate, the crown margins, post palatal seal, denture borders, any areas to be relieved and design of the removable partial dentures on all cases.
4. The dentist should furnish a shade (color) description, photograph, drawing, or shade button which matches the patient's teeth most closely.
5. The dentist should provide verbal or written approval to proceed with a laboratory procedure, or make any appropriate change(s) to the written instructions as the dentist deems necessary, when notified by a laboratory/dental technician that a case may have a questionable area with respect to paragraphs 2-4.
6. The dentist should clean and disinfect all items according to current infection control standards prior to sending them to the laboratory/technician. All prostheses and other materials which are forwarded to the laboratory/technician should be placed in an appropriate container, packed properly to prevent breakage, and transported according to current infection control standards.
7. The dentist should return all casts, registration and prostheses/appliances to the laboratory/technician if a prosthesis/appliance does not fit properly, or if shade selection is incorrect.

#### **The Laboratory/Technician:**

1. The laboratory/technician should fabricate dental prostheses/appliances which follow the guidelines set forth in the written instructions provided by the dentist, and should fit properly on the casts and mounting provided by the dentist. Original written instructions should be retained for a period of time as may be required by law.

When a laboratory provides written instructions forms to a dentist, the forms should contain the name of the laboratory, space for the instructions, expected delivery date, patient's name, signature line for the dentist, license number and other information requested by the laboratory.

2. The laboratory/technician should return the case to the dentist to check the mounting if there is any question of its accuracy or of the bite registration furnished by the dentist.
3. The laboratory/technician should match the shade which was described in the original written instructions.
4. The laboratory/technician should notify the dentist within two (2) working days after receipt of the case, if there is a reason for not proceeding with the work. Any changes or additions to the written instructions must be agreed to by the dentist and must be initialed by authorized laboratory personnel. A record of any changes shall be sent to the dentist upon completion of the case.
5. After acceptance of the written instructions, the laboratory/technician should fabricate and return the prostheses/appliances in a timely manner in accordance with the custom in the profession. If written instructions are not accepted, the laboratory/technician should return the work in a timely manner and include a reason for denial.
6. The laboratory should follow current infection control standards with respect to the personal protective equipment and disinfection of prostheses/appliances and materials. All materials should be checked for breakage and immediately reported if found.
7. The laboratory/technician should inform the dentist of the materials present in the case.
8. The laboratory/technician should clean and disinfect all incoming items from the dentist's office; e.g., impressions, occlusal registrations, prostheses, etc., according to current infection control standards.  
All prostheses and related items which are returned to the dentist should be cleaned and disinfected, placed in an appropriate container, packed properly to prevent breakage, and transported according to current infection control standards.
9. The laboratory/technician should inform the dentist of any subcontracting laboratory/technician employed for preparation of the case. The laboratory/technician should furnish a written order to the dental laboratory which has been engaged to perform some or all of the services on the original written instructions.
10. The laboratory/technician should not bill the patient directly unless permitted by the applicable law. The laboratory should not discuss or divulge any business arrangements between the dentist and the laboratory with the patient.

*Resolution 31—Recognition Program for Meritorious Service by Certified Dental Technologists. The Board of Trustees transmitted Resolution 31 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

#### **Report of the Council on Dental Benefit Programs:**

**Dental Indicators:** In 1996 the House of Delegates directed that the appropriate agencies of the Association draft a plan for developing dental indicators (*Trans.*1996:687). In 1997, a plan for indicator development was submitted and approved by the House of Delegates. Dental indicator development was planned as a two-year project and an interim progress report was presented to the 1998 House of Delegates (*Supplement* 1998:295). In accordance with the plan, the Council on Dental Benefit Programs forwarded for the Board's consideration and submission to the House of Delegates 12 resolutions. These resolutions included a dental indicators preamble and 11 indicators. The Board adopted Resolutions B-129 through B-140 and ordered them transmitted to the House of Delegates in Board Report 15.

**Report 15 of the Board of Trustees to the House of Delegates: Dental Indicators** (*Supplement*:677): The Board transmitted Report 15 and the following resolutions to the House of Delegates.

*Resolution 53—Preamble to the Dental Indicators. The Board transmitted Resolution 53 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 54—Dentists and Employees with Current CPR Training. The Board transmitted Resolution 54 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 55—Successful Biological and/or Sterilization Monitoring Tests. The Board transmitted Resolution 55 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 56—Completed Patient Medical and Dental Histories. The Board transmitted Resolution 56 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 57—Updated Patient Medical History. The Board transmitted Resolution 57 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 58—Periodontal Examination as Part of Comprehensive Oral Care. The Board transmitted Resolution 58 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 59—Periodontal Examination as Part of Periodic Oral Evaluation. The Board transmitted Resolution 59 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 60—Full Mouth Series of Radiographs or its Equivalent with Comprehensive Oral Evaluation. The Board transmitted Resolution 60 to the House of*

*Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 61—Documented Treatment Plan Based on Comprehensive Oral Evaluation. The Board transmitted Resolution 61 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 62—Patient Compliance with Recall Schedule. The Board transmitted Resolution 62 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 63—Permanent Teeth Extracted or Retreated Due to Endodontic Failure. The Board transmitted Resolution 63 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 64—Molars with Previously Placed Sealants, Requiring Sealant Replacement or Restoration. The Board transmitted Resolution 64 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

#### **Reports and Resolutions Relating to the Reference Committee on Dental Education and Related Matters (continued)**

**Report of the Commission on Dental Accreditation (Reports:69):** The Board of Trustees acknowledged receipt of the annual report of the Commission on Dental Accreditation.

**Report of the Council on Dental Education and Licensure (Reports:77):** The Board acknowledged receipt of the annual report of the Council on Dental Education and Licensure.

*Resolution 6—Rescission of Policy Regarding Dental Auxiliary Master Plans. The Board transmitted Resolution 6 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

*Resolution 7—Rescission of Policy on Implementation of Recommendations Contained in the Institute of Medicine(IOM)Report. The Board transmitted Resolution 7 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

**Report of the Joint Commission on National Dental Examinations (Reports:95):** The Board acknowledged receipt of the annual report of the Joint Commission on National Dental Examinations.

#### **Confidential Attorney-Client Meeting**

**Call to Order:** A confidential attorney-client meeting of the Board of Trustees was called to order at 2:30 p.m., President Rose presiding.

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

Also in attendance were the Associate and Assistant Executive Directors and appropriate legal counsel.

**Discussion:** Mr. Sfikas conducted a confidential attorney-client meeting.

**Adjournment:** The attorney-client meeting adjourned and the regular meeting reconvened at 3:04 p.m.

#### **Reports and Resolutions Relating to the Reference Committee on Dental Education and Related Matters (continued)**

*Resolution 11—Proposed Changes to the Association's Guidelines for Licensure. The Board of Trustees transmitted Resolution 11 to the House of Delegates with the recommendation to vote yes. (Vote: 18 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith; 1 No—Dr. Staubach)*

**Pennsylvania Dental Association Resolution 26: ADA CERP Recognition of Commercially Supported Continuing Education Providers (Supplement:390):** The Board transmitted Resolution 26 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Dental Education and Licensure Supplemental Report 1 to the House of Delegates: Proposed Revision to the Association's Anesthesiology Documents (Supplement:326):** The Board transmitted the supplemental report and the following resolutions to the House of Delegates.

*Resolution 32—Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry and Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists. The Board transmitted Resolution 32 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

*Resolution 33—Policy Statement on the Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry. The Board transmitted Resolution 33 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

**Commission on Dental Accreditation Supplemental Report 1 to the House of Delegates: Consideration of Resolution 81H-1998 Regarding Predoctoral Dental Education in Pain and Anxiety Control**  
(*Supplement:299*): *The Board transmitted the supplemental report to the House of Delegates.*

**Report of the Task Force to Review Implications of the Pew Report and Develop a Definition of Continuing Competency:** The Task Force, during its meetings in February and June, as directed by Resolution B-153-1998, was requested to: study the implications of the October 1998 Pew Report, "Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation" and any other such related reports; develop a proposed definition of continuing competency; and review and study Resolution 79RC-1998 (*Trans.1998:729*) regarding lifelong learning and opposition to mandated in-office audits referred by the 1998 House of Delegates. After extensive research, the Task Force drafted the following resolutions, which the Board adopted as amended. Resolutions B-147 and B-150 will be transmitted to the House of Delegates in October.

**B-147-1999. Resolved,** that the following definition of continuing competency be approved for transmittal to the 1999 House of Delegates:

**Continuing competency:** The maintenance of the appropriate knowledge and skills to maintain and improve the oral health care of the public and promote the ethical principles of dentistry.

**B-148-1999. Resolved,** that the appropriate agencies of the Association:

- promote the recognition of existing activities of the profession that support continuing competency; continue to monitor the environment and professional and regulatory activities relating to continuing competency;
- consider activities to strengthen the Association's advocacy and support systems for voluntary continuous professional development of its members; and
- recommend to the Association activities to keep members apprised of developments related to continuing competency.

**B-149-1999. Resolved,** that the President appoint a task force charged with the responsibility to develop an ADA position paper on the issues of regulatory boards, governance structure, professional authority, and

continuing competence and other appropriate issues focusing on the theme "Dentistry—The Model Profession," and be it further

**Resolved,** that the task force include representation from the Board of Trustees; the Council on Government Affairs; the Council on Dental Benefit Programs; the Council on Dental Practice; the Council on Dental Education and Licensure; and the Committee on the New Dentist, and be it further

**Resolved,** that the task force present its position paper to the April 2000 Board of Trustees meeting for approval.

**B-150-1999. Resolved,** that the following resolution be approved for transmittal to the 1999 House of Delegates in response to Resolution 79RC-1998:

**Resolved,** that the American Dental Association supports lifelong continuing education of its members and has encouraged various methods of demonstrating continuing competency through the oversight of dental practitioners by state boards of dentistry and peer review, and be it further

**Resolved,** that the Association encourage investigation of new methods of supporting continuing competency of its members while opposing methods, such as periodic mandated in-office audits and/or comprehensive written examinations as means of measuring or assessing the continuing competency of dentists or as a requirement for relicensure, and be further

**Resolved,** that the American Dental Association promote and defend this policy in any and all discussions concerning the issue of competency.

#### **The Dental Society of the State of New York**

**Resolution 23: Study of Improvements to the Dental School and Dental Residency Accreditation Processes**  
(*Supplement:389*): *The Board of Trustees transmitted Resolution 23 to the House of Delegates with the following comment and the recommendation to vote no. (Vote: 1 Yes—Dr. Fine; 18 No—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)*

A full comprehensive study of the accreditation process was completed only three years ago in 1996 and reported to the House of Delegates in Report 18: Study of the Commission on Dental Accreditation (*Supplement 1996:497*).

The Commission on Dental Accreditation (CDA) has recently completed the process of revising all of the standards for accreditation of advanced education programs in general dentistry and in the specialty disciplines. The new standards become effective in January 2000. The process spanned approximately two years and included opportunities for comment by the communities of interest, including the House of Delegates and the Council on Dental Education and Licensure.

There has been no opportunity to assess the impact of the revised standards on the quality of educational programs.

The CDA has also been involved in a process of strategic planning, including the establishment of mechanisms to evaluate its effectiveness in meeting its mission. The Commission will be reporting on these activities in its annual reports to the House of Delegates.

Interagency committees led by the Council on Dental Education and Licensure have prepared two comprehensive reports on related matters in response to previous directives of the Board of Trustees and House of Delegates. The reports of the Task Force to Study Dental School Facilities and Programs and the Joint Committee to Study Differences in the Dental and Medical Education Process in Response to Resolution 55H-1997 will provide information on these issues to the House.

Given the recent activities and effort directed at enhancing the system of accreditation and studying current issues in dental education, it is premature to conduct an evaluation of the present system of accreditation. Such a study may be warranted at some time in the future, but would not be a cost-effective and productive undertaking at this time.

**Adjournment:** The Board of Trustees adjourned at 3:45 p.m.

## Monday, August 9, 1999

**Call to Order:** The Board of Trustees was called to order by President S. Timothy Rose at 8:10 a.m.

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

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

**Report of the Council on Ethics, Bylaws and Judicial Affairs (Reports:108):** The Board of Trustees acknowledged receipt of the annual report of the Council on Ethics, Bylaws and Judicial Affairs.

*Resolution 12—Editorial Amendment to the ADA Bylaws, Chapter V. House of Delegates, Section 130. Rules of Order, Subsection A. Standing Rules and Reports, Subsection E. The Board transmitted Resolution 12 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

*Resolution 13—Amendment to the ADA Bylaws, Elimination of References to Panama Canal. The Board transmitted Resolution 13 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 14—Editorial Amendment of the ADA Bylaws, Chapter I. Membership, Section 50A. The Board transmitted Resolution 14 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

**Report of the Council on Government Affairs (Reports:115):** The Board of Trustees acknowledged receipt of the annual report of the Council on Government Affairs.

*Resolution 15—Health Information Privacy/Confidentiality. The Board transmitted Resolution 15 to the House of Delegates with the following comment and the recommendation to vote yes on the substitute. (Vote: Unanimous)*

The Board agrees that ADA policy on privacy and confidentiality of patient records is necessary to ensure that the Association is able to properly respond to federal legislative activity on these matters. The Board also agrees that the interim policy properly addresses the issues important to dentistry, with the exception of the third bullet under "Patients' Rights." The third bullet acknowledges a patient's right to access his or her own health records. The Board believes that ADA policy should reflect the concept that this right should be subject to limitations. This can be achieved by adding to the bullet the words "with appropriate limitations designed to protect the integrity of the attending doctor's records and to ensure against unauthorized disclosure or unduly burdensome requests" and by inserting the word "treatment" between the words "their" and "records."

Therefore the Board recommends the following substitute resolution:

**15B. Resolved,** that the following be adopted as the American Dental Association's policy on health information confidentiality and privacy:

### Federal legislation

- The Association supports federal legislation to protect the confidentiality and privacy of patient health information.
- In particular, the Association believes minimum national safeguards are needed to protect patients against wrongful disclosure and/or use of patient identifiable information, and to protect their providers as a result of wrongful disclosure or use by third parties who are properly given access to that information.

### Limits on disclosure and use of patient-identifiable information

- Generally, the disclosure and/or use of patient-identifiable information by health care providers should be limited to that which is necessary for the



proper care of the patient, or authorized by the patient and/or other applicable law.

- Use of patient-identifiable health information by an entity that receives that information from a patient's health care provider should be limited to that necessary for the proper care of the patient, except for research purposes as identified herein.
- Subsequent holders of patient information should be prohibited from changing health information or conclusions submitted by the patient's health care provider.

#### **Patients' rights**

- Patients should have the right to know who has access to their personally identifiable health information and how that information has been used.
- A patient's general consent to the release of confidential health information to a third party, such as a health plan, should not be legally sufficient to permit subsequent release by that third party of the information.
- With appropriate limitations designed to protect the integrity of the attending doctor's records and to ensure against unauthorized disclosure or unduly burdensome requests, patients should be afforded the opportunity to see their treatment records and obtain copies.

#### **Unauthorized disclosure of patient-identifiable health information**

- Patients should have a fair opportunity to seek legal redress if their personally identifiable health information has been willfully and wrongly released.
- No liability should arise against a provider who, in good faith and for the purpose of providing appropriate health care, unintentionally releases confidential health information in a manner not permitted by law.
- A health care provider who has properly disclosed patient-identifiable health information to a third party should be immune from liability for subsequent disclosure or misuse of that information by that third party.

#### **Use of health information for research**

- Generally, all identifying information should be removed when health records are used for research purposes.
- Identifiable data should be released only after approval of an Institution Review Board, pursuant to applicable review procedures and protocols.
- Legislative exemptions to patient consent requirements for research purposes should be narrowly drawn.

#### **Use of health information by law enforcement**

- Except as otherwise provided by applicable laws, law enforcement officials should be required to obtain a binding court order, warrant or subpoena before having access to patient records.

#### **Practice considerations**

- Dentists should know their ethical and legal obligations regarding patient confidentiality and privacy.
- Dentists should engage in sound risk management techniques to ensure compliance, including office protocols, record maintenance and training to protect such information.

**Council on Ethics, Bylaws and Judicial Affairs**  
**Supplemental Report 1 to the House of Delegates:**  
**Recent Council Activities** (*Supplement:359*): The Board transmitted the supplemental report and the following resolutions to the House of Delegates.

*Resolution 42—Amendment to the ADA Bylaws, Chapter III. Component Societies, Section 10. Organization. The Board transmitted Resolution 42 to the House of Delegates with the recommendation to vote yes (consent calendar—no Board discussion). (Vote: Unanimous)*

*Resolution 43—Amendment to the ADA Bylaws, Chapter II. Constituent Societies, Section 40. Membership, Subsection D. Multiple Jurisdiction. The Board transmitted Resolution 43 to the House of Delegates with the recommendation to vote yes (consent calendar—no Board discussion). (Vote: Unanimous)*

*Resolution 44—Amendment of ADA Principles of Ethics and Code of Professional Conduct, Section 3.E. Child Abuse. The Board transmitted Resolution 44 to the House of Delegates with the recommendation to vote yes (consent calendar—no Board discussion). (Vote: Unanimous)*

**Joint Report of the Council of Government Affairs and the American Dental Political Action Committee: Yearly Grassroots Legislative Conference**

(*Supplement:373*): The Board transmitted the Joint Report and Resolution 51 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

**Reports and Resolutions Relating to the Reference Committee on President's Address and Administrative Matters**

**Report of the Special Committee to Study the Office of the Treasurer** (*Supplement:431*): The Board transmitted the committee's report and the following resolutions to the House of Delegates.

*Resolution 21—Amendment of the ADA Bylaws Regarding the Office of Treasurer. The Board transmitted Resolution 21 to the House of Delegates with the recommendation to vote yes on the substitute. (Vote: Unanimous)*

The Board agrees with the recommendation to make the Office of the Treasurer an elected office. However, the Board also believes that the Treasurer of the Association has numerous responsibilities in managing the budget of the Association and feels adding the responsibility of chairing the Administrative Review would be excessive. Therefore, the President-elect should continue chairing this committee. Further, the Board believes that giving separate accountabilities for budgeting to the Treasurer and President-elect will serve the Association best. To this end, the Board submits the following substitute resolution.

**21B. Resolved**, that Article V • OFFICERS, Section 10. ELECTIVE OFFICERS of the *Constitution* be amended by adding a comma and the words “a Treasurer” following the words “a Second Vice President” and before the word “and” on line 49, so the amended Section 10 reads as follows:

*Section 10. ELECTIVE OFFICERS:* The elective officers of this Association shall be a President, a President-elect, a First Vice President, a Second Vice President, a Treasurer and a Speaker of the House of Delegates, each of whom shall be elected by the House of Delegates as provided in Chapter VIII of the *Bylaws*.

and be it further

**Resolved**, that Article V • OFFICERS, Section 20. APPOINTIVE OFFICERS of the *Constitution* be amended by making the word “officers” singular wherever it appears in the section title and text, by deleting the phrase “and a Treasurer, each of” from lines 53-54, and on line 54 changing the word “whom” to “who,” so the amended Section 20 reads as follows:

*Section 20. APPOINTIVE OFFICER:* The appointive officer of this Association shall be an Executive Director who shall be appointed by the Board of Trustees as provided in Chapter IX of the *Bylaws*.

and be it further

**Resolved**, that Chapter VII • BOARD OF TRUSTEES, Section 10. COMPOSITION of the *Bylaws* be amended in the last sentence on line 1183 by adding a comma and the words “the Treasurer” after the word “President,” and by deleting the words “the appointive officers” and substituting in their place the words “Executive Director,” so the amended Section 10 reads as follows:

*Section 10. COMPOSITION:* The Board of Trustees shall consist of one (1) trustee from each of the sixteen (16) trustee districts. Such sixteen (16) trustees, the President-elect and the two Vice Presidents shall

constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the *Bylaws* shall be *ex officio* members of the Board without the right to vote.

and be it further

**Resolved**, that Chapter VII • BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended in Subsection D by deleting the words “all appointive officers” and by substituting in their place the words and comma “the Treasurer, the Executive Director,” so the amended Subsection D reads as follows:

D. To cause to be bonded by a surety company the Treasurer, the Executive Director and employees of the Association entrusted with Association funds.

and be it further

**Resolved**, that Chapter VII • BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended in Subsection E by deleting from line 1352 the numbers and word “IX, Section 50B,” so the amended Subsection E reads as follows:

E. To provide guidelines and directives to govern the Treasurer’s custody, investment and disbursement of Association funds and other property as provided in Chapter VIII, Section 100E, of these *Bylaws*; and to cause all accounts of the Association to be audited by a certified public accountant at least once a year

and be it further

**Resolved**, that Chapter VII • BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended by relettering Subsections H through R as Subsections I through S and by adding a new Subsection H to read as follows:

H. To establish rules to govern its procedures in serving as the nominating committee for the office of Treasurer, and as provided in Chapter VIII of these *Bylaws*, to submit in printed form the names and curriculum vitae of the Board’s nominees to the House of Delegates in the first mailing to the House in the year that the incumbent Treasurer’s term is about to end.

and be it further

**Resolved**, that Chapter VII • BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended in Subsection M by deleting the words “appointive officers” from line 1381 and by substituting in their place the words “Treasurer and Executive Director,” so the amended Subsection M reads as follows:

M. To submit an annual report to the House of Delegates of its activities and those of the Treasurer and Executive Director.

and be it further

**Resolved**, that Chapter VIII • ELECTIVE OFFICERS, Section 10. TITLE of the *Bylaws* be amended by adding a comma and the word "Treasurer" on line 1487 immediately following the word "President," so the amended Section 10 reads as follows:

*Section 10. TITLE:* The elective officers of this Association shall be President, President-elect, First Vice President, Second Vice President, Treasurer and Speaker of the House of Delegates, as provided in Article V of the *Constitution*.

and be it further

**Resolved**, that Chapter VIII • ELECTIVE OFFICERS, Section 20. ELIGIBILITY of the *Bylaws* be amended by adding a new second sentence that states: "Trustees and elective officers may not apply for the office of Treasurer while serving in any of those offices," so the amended Section 20 reads as follows:

*Section 20. ELIGIBILITY:* Only an active, life or retired member, in good standing, of this Association shall be eligible to serve as an elective officer. Trustees and elective officers may not apply for the office of Treasurer while serving in any of those offices.

and be it further

**Resolved**, that Chapter VIII • ELECTIVE OFFICERS, Section 30. NOMINATIONS of the *Bylaws* be amended by designating the existing paragraph as Subsection A and adding the word "these" on line 1495 between the words "for" and "elective," and by adding a new Subsection B which states:

B. Nominations for the office of Treasurer shall be made in accordance with the order of business. If there is only one eligible candidate for the office of Treasurer, the Board of Trustees shall nominate that individual from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. If there are two or more eligible candidates for the office of Treasurer, the Board of Trustees shall nominate at least two and not more than three candidates from the floor of the House of Delegates by a simple declaratory statement for each nominee, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

so the amended Section 30 reads as follows:

### Section 30. NOMINATIONS:

A. 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. Candidates for these elective offices shall be nominated from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

B. Nominations for the office of Treasurer shall be made in accordance with the order of business. If there is only one eligible candidate for the office of Treasurer, the Board of Trustees shall nominate that individual from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. If there are two or more eligible candidates for the office of Treasurer, the Board of Trustees shall nominate at least two and not more than three candidates from the floor of the House of Delegates by a simple declaratory statement for each nominee, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

and be it further

**Resolved**, that Chapter VIII • ELECTIVE OFFICERS, Section 40. CONFLICT OF INTEREST of the *Bylaws* be amended by adding a comma and the word "Treasurer" on line 1503 between the words "President" and "and," so the amended Section 40 reads as follows:

*Section 40. CONFLICT OF INTEREST:* Each person nominated for the offices of President-elect, First Vice President, Second Vice President, Treasurer and Speaker of the House shall complete a conflict of interest statement as prescribed by the Board of Trustees and shall file such statement with the Secretary of the House of Delegates to be made available to the delegates prior to election.

and be it further

**Resolved**, that Chapter VIII • ELECTIVE OFFICERS, Section 60. TERM OF OFFICE of the *Bylaws* be amended by deleting the words "elective officers" from line 1510 and by substituting in their place the words "President, President-elect, First Vice President, Second Vice President and Speaker of the House of Delegates," and by adding a new second sentence in regard to the office of Treasurer which states: "The Treasurer shall serve one (1) term of four (4) years or until his or her

successor is elected and installed,” so the amended Section 60 reads as follows:

*Section 60. TERM OF OFFICE:* The President, President-elect, First Vice President, Second Vice President and Speaker of the House of Delegates shall serve for a term of one (1) year, except as otherwise provided in this chapter of the *Bylaws*, or until their successors are elected and installed. The Treasurer shall serve one (1) term of four (4) years or until his or her successor is elected and installed.

and be it further

**Resolved**, that Chapter VIII • ELECTIVE OFFICERS, Section 90. VACANCIES of the *Bylaws* be amended by adding three new sentences at the end of Section 90 which state:

A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive four (4) year term. The newly elected Treasurer shall serve a single term of four (4) years or until his or her successor is elected and installed.

so the amended Section 90 reads as follows:

*Section 90. VACANCIES:* In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the First Vice President shall become President for the unexpired portion of the term. A vacancy in the office of the Second Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read “President for the Ensuing Year.” A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive four (4) year term. The newly elected

Treasurer shall serve a single term of four (4) years or until his or her successor is elected and installed.

and be it further

**Resolved**, that Chapter VIII • ELECTIVE OFFICERS, Section 100. DUTIES of the *Bylaws* be amended by adding a new Subsection E. TREASURER to read as follows:

E. TREASURER. It shall be the duty of the Treasurer:

- a. To serve as custodian of all monies, securities and deeds belonging to the Association which may come into the Treasurer’s possession.
- b. To hold, invest and disburse all monies, securities and deeds, subject to the direction of the Board of Trustees.
- c. To design a budgetary process in concert with the Board of Trustees.
- d. To oversee Association finances and budget development.
- e. To serve as the principal resource person for the budget reference committee in the House of Delegates and to help interpret the Association’s finances for the membership.
- f. To review all financial information and data and report on financial matters to the Board of Trustees on a quarterly basis.
- g. To review travel reimbursement for the elective officers, trustees and Executive Director.
- h. To perform such other duties as may be provided in these *Bylaws*.

and be it further

**Resolved**, that Chapter IX • APPOINTIVE OFFICERS of the *Bylaws* be amended by deleting all references to the Treasurer as an appointive officer and by substituting in its place a new Chapter IX to read as follows:

#### CHAPTER IX • APPOINTIVE OFFICER

*Section 10. TITLE:* The appointive officer of this Association shall be an Executive Director, as provided in Article V of the *Constitution*.

*Section 20. CONFLICT OF INTEREST:* The appointive officer of this Association and each person seeking that office shall comply with Chapter VI, Conflict of Interest, of these *Bylaws*.

*Section 30. APPOINTMENTS:* While any active, life or retired member in good standing may be appointed to the office of Executive Director, the Board of Trustees may appoint a qualified individual who is not eligible for membership in this Association.

*Section 40. TERM OF OFFICE AND SALARY:* The Board of Trustees shall determine the salary, if any, and the tenure of the Executive Director, which shall not exceed three (3) years. The completion of the full term

of any appointment shall be at the discretion of the Board of Trustees.

*Section 50. DUTIES:* The Executive Director shall be the principal agent of the Board of Trustees and elective officers. As agent and under the direction of the Board of Trustees and elective officers, the Executive Director shall be the chief operating officer of this Association and all its branches. In this capacity, the Executive Director shall (a) preserve and protect the *Constitution* and *Bylaws* and the standing rules of this Association; (b) facilitate the activities of the officers and trustees of this Association in carrying out their respective administrative responsibilities under these *Bylaws*; (c) engage the staff of this Association and direct and coordinate their activities; (d) provide leadership in the formulation and recommendation of new policies to the Board of Trustees and elective officers; (e) oversee the management of Association policies that have been adopted by the Board of Trustees and/or the House of Delegates; (f) assist the Board of Trustees in supervising, monitoring and providing guidance to all Association councils, commissions and committees in regard to their administrative functions and specific assignments, and to systematize the preparation of their reports, and to encourage the exchange of information concerning mutual interests and issues between councils, committees and commissions; (g) maintain effective internal and external relationships through frequent and comprehensive communication with all officers and trustees of this Association, the leadership of related dental organizations, and representatives from other leading public and private organizations that interact with this Association; and (h) perform such other duties as are prescribed by these *Bylaws*.

and be it further

**Resolved**, that the Board of Trustees be urged to amend its *Rules* to correspond with the foregoing amendments to the *Constitution* and *Bylaws*.

*Resolution 22—Amendment of the Guidelines Governing the Conduct of Campaigns for ADA Offices. The Board transmitted Resolution 22 to the House of Delegates with the recommendation to vote yes on the substitute. (Vote: Unanimous)*

The Board editorially amended the resolution by eliminating the phrase “on Monday of” and replacing it with “during” to allow for the unforeseen scheduling changes in the future which may cause caucuses to not be scheduled on Mondays. Further, the Board recommends adding a tenth guideline to the Guidelines Governing the Conduct of Campaigns for ADA Offices. The following substitute is submitted.

**22B. Resolved**, that the Guidelines Governing the Conduct of Campaigns for ADA Offices be amended at the beginning of the second sentence of the first paragraph

by adding the phrase “Except for the office of Treasurer” and a comma so the amended first paragraph reads as follows:

In recent years, the House of Delegates established various guidelines and policies relating to campaign activities for ADA offices. Except for the office of Treasurer, the following incorporates House directives into one document which will be distributed to all candidates, delegates, alternate delegates and other parties of interest.

and be it further

**Resolved**, that the Guidelines Governing the Conduct of Campaigns for ADA Offices be amended by adding two new directives 9 and 10 immediately following directive 8 to read as follows:

9. The election process for the Office of Treasurer may be preceded by a campaign strictly limited to visiting the District Caucus Meetings during the annual session. Candidates shall not be permitted to distribute any tangible election material, including but not limited to printed matter, CD-ROMs, audiovisual materials, pens, pins, stickers or other accessory items. Candidates shall not use signs, posters or any electronic means of communication including but not limited to telephones, television, radio, electronic and surface mail or the Internet. Candidates shall not attempt to raise funds to support a campaign, nor to conduct any social functions, hospitality suites or other electioneering activities.

10. Any questions regarding the Guidelines should be directed to the Office of the Executive Director for clarification.

**Third Trustee District Resolution 97-1998: Election, Term and Tenure of the ADA Treasurer** (*Supplement 1998:341*): *The Board transmitted Resolution 97-1998 to the House of Delegates with the following comment and the recommendation to vote no. (Vote: Unanimous)*

The Board believes that Resolution 21B and Resolution 22B serve to address the intent of Resolution 97-1998 and therefore recommends that it not be adopted.

**Report 8 of the Board of Trustees to the House of Delegates: Annual Report of Strategic Planning Activities** (*Supplement:588*): *The Board transmitted Report 8 to the House of Delegates* (consent calendar action—no Board discussion) (Vote: Unanimous).

**Report of the Associate Executive Director, Education: Proposal to Cease Publication of Printed Index to Dental Literature:** This report provided extensive detail on the elimination of the printed *Index to Dental Literature* (IDL) due to changes in modern information access.

**Report 9 of the Board of Trustees to the House of Delegates: Proposal to Cease Publication of Printed Index to Dental Literature (Supplement:590):** *The Board transmitted Report 9 and the appended Resolution 28 to the House of Delegates with the recommendation to vote yes.* (Vote: 18 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith; 1 No—Dr. Staubach)

**Eighth Trustee District Resolution 29: Change in Allocation of ADA Delegates (Supplement:404):** *The Board transmitted Resolution 29 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: 13 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, Finger, Jones, Mangos, McKaig, Metro, Sekiguchi, Smith, Staubach; 6 No—Drs. DeNicola, Fine, Finley, Mascola, Pudwill, Siroky)

The Board of Trustees agrees with the intent of the resolution which is to simplify the ADA delegate allocation process. The Board believes however that the proposed methodology tends to favor larger states and thus would negatively affect certain districts. The Board also considers this to be an issue important enough to require the benefit of a wide range of input from various ADA agencies. Therefore, the Board has submitted a substitute resolution asking for a task force to be appointed by the President to be made up of the appropriate agency representatives and that a report of its findings with recommendations be forwarded to the House in 2000.

**29B. Resolved,** that a task force be appointed by the ADA President to study the allocation of delegates and the composition of the ADA House of Delegates, and be it further

**Resolved,** that the findings and specific recommendations be reported to the 2000 House of Delegates.

**Report of the Future of Dentistry Task Force:** The Board of Trustees in December 1998 established a task force to develop a detailed plan for a future of dentistry research project, including scope, full resource requirements and a project timetable. In accordance with the Board's directive, a proposal was presented for the Board's consideration and submission to the 1999 House of Delegates.

**Report 13 of the Board of Trustees to the House of Delegates: Proposal for a Future of Dentistry Project (Supplement:666):** *The Board transmitted Report 13 and the appended Resolution 46 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Report of the Ad Hoc Committee to Review Bylaws Responsibilities of Councils and Commissions and Overlapping Roles of Task Forces (Supplement:426):**

The Board transmitted the report to the House of Delegates.

**Board of Trustees Resolution 52: Bylaws Amendment to Authorize Board of Trustees Actions Between Meetings by Electronic Mail (Supplement:454):** *The Board transmitted Resolution 52 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

## **Reports and Resolutions Relating to the Reference Committee on Scientific Matters**

**Report of the Council on Scientific Affairs (Reports:123):** The Board of Trustees acknowledged receipt of the annual report of the Council on Scientific Affairs.

*Resolution 16—Amendment of the Provisions for Acceptance of Products by the Council on Scientific Affairs—Use of Biodegradable Materials. The Board transmitted Resolution 16 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion).* (Vote: Unanimous)

*Resolution 17—Use of ADA Name in Promotional and Educational Materials. The Board transmitted Resolution 17 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion).* (Vote: Unanimous)

*Resolution 18—Association Policy on Research Funds. The Board transmitted Resolution 18 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion).* (Vote: Unanimous)

**Report of the American Dental Association Health Foundation (Reports:132):** The Board of Trustees acknowledged receipt of the annual report of the American Dental Association Health Foundation.

**Report of the ADA Health Foundation Research Institute (Reports:139):** The Board of Trustees acknowledged receipt of the annual report of the ADA Health Foundation Research Institute.

**Report of the ADA Health Foundation Paffenbarger Research Center at the National Institute of Standards and Technology (Reports:141):** The Board of Trustees acknowledged receipt of the annual report of the ADA Health Foundation Paffenbarger Research Center.

**Joint Report of the Council on Scientific Affairs, Council on Dental Practice and Council on Ethics, Bylaws and Judicial Affairs: Scientific, Practice and Ethical Aspects of the Postexposure Evaluation and Follow-up Process (Supplement:373):** *The Board of Trustees transmitted the Joint Report and the appended*

*Resolution 47 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

**Report of the Council on Scientific Affairs: Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry:** After reviewing the report, the Board adopted the following resolution as amended.

**B-145-1999. Resolved,** that the draft Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry be amended by the addition of a new second paragraph under Provider Issues: Practice Restrictions/Disclosure to read as follows:

If the government mandates testing for bloodborne pathogen infection and disclosure for health care workers who test positive, the ADA Council on Government Affairs will investigate and pursue national legislative possibilities of a government-sponsored insurance program that would guarantee reasonable financial compensation to health care workers who may be discriminated against upon disclosure of their disease status.

**Report 14 of the Board of Trustees to the House of Delegates: Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry (Supplement:672):** *The Board transmitted Report 14 and the appended Resolution 48 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

#### **Miscellaneous House Matters**

**Nominations to Councils, Commissions and Standing Committee on the New Dentist:** The Board of Trustees reviewed the list of nominees for councils, commissions and the standing Committee on the New Dentist, along with the nominees' qualifications. The Board balloted on the four positions on the Council on Scientific Affairs open to any trustee district and subsequently approved the following nominees for transmittal to the House of Delegates.

#### **Access, Prevention and Interprofessional Relations**

Dr. Michael E. Biermann, OR  
Dr. Michael D. Cerveris, PA  
Dr. William W. Lander, PA, AMA  
Dr. Robert Seminara, NY  
Dr. Michael S. Swartz, MA  
Representative, American Hospital Association

#### **ADA Sessions and International Programs**

Dr. Ronald J. Kent, MN  
Dr. Gaetan J. Lavalla, PA  
Dr. Larry W. Nissen, FL  
Dr. Frank Williams, OH

#### **Communications**

Dr. Robert E. Bartro, RI  
Dr. Alan S. Marx, DC  
Dr. Sylvia Ross, MI  
Dr. Bruce H. Seidberg, NY  
Dr. Thomas E. Sullivan, IL

#### **Dental Accreditation**

Dr. Susan Jancar, NV

#### **Dental Benefit Programs**

Dr. Thomas P. Floyd, FL  
Dr. Michael D. Jennings, MI  
Dr. James C. Setterberg, CO  
Dr. Mark R. Stetzel, IN

#### **Dental Education and Licensure**

Dr. Robert M. Peskin, NY  
Dr. Gerald A. Smith, NH

#### **Dental Practice**

Dr. Daniel M. Bade, IN  
Dr. Aubrey Durr, LA  
Dr. Julian H. Fair, SC  
Dr. Charles L. Proesel, IL

#### **Ethics, Bylaws and Judicial Affairs**

Dr. Bryan Edgar, WA  
Dr. Jerome P. Hochstatter, IL  
Dr. Raymond R. Lancione, PA  
Dr. Mark R. Zust, MO

#### **Government Affairs**

Dr. Richard H. Carnahan, Jr., TX  
Dr. James A. Harrell, Jr., NC  
Dr. Ronald S. Mito, CA  
Dr. Roger W. Triftshauser, NY

#### **Insurance**

Dr. H. Todd Cubbon, IL  
Dr. Russell E. Haag, CA  
Dr. James D. Limestall, OK  
Dr. William D. Nally, TN

#### **Membership**

Dr. Cynthia K. Brattesani, CA  
Dr. Catherine W. Duckworth, NC  
Dr. Charles W. Hoffman, FL  
Dr. John G. Masak, WI  
Dr. Howard A. Schwartz, NJ

#### **National Dental Examinations**

Dr. Allen Hindin, CT

#### **New Dentist**

Dr. Nelson Daly, LA  
Dr. David J. Ferlita, FL  
Dr. Nicholas Papapetros, MA  
Dr. Charles A. Sadler, IN  
Dr. Hilda Yacoub, CA

**Relief Fund Activities**

Dr. Joseph B. Miller, KY  
Dr. Charles P. Procini, NJ

**Scientific Affairs**

Dr. Patricia Blanton, TX  
Dr. Deborah Greenspan, CA  
Dr. Larry Lawton, WA  
Dr. Michael A. Siegel, MD

**Report 1 of the Board of Trustees to the House of Delegates: Association Affairs and Resolutions**  
(Supplement:440): *The Board ordered Report 1 and the appended Resolution 41 transmitted to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Communications**

**Report of the Associate Executive Director, Communications: Recent Divisional Activities:** The report submitted by Mr. Mickel highlighted the division's activities. In June, ADA messages were dominant regarding a Consumer Alert segment on tooth whiteners for "DATELINE NBC." A considerable amount of national and international media coverage was given to the lawsuit filed against toothbrush manufacturers and the ADA for "failing to warn consumers about toothbrush abrasion." The Association distributed a news release explaining the nonsensical nature of the lawsuit, as well as defining and providing advice on how to avoid tooth abrasion, to nationwide newsrooms, the trade press, dental societies and spokespersons. It also appeared on ADA ONLINE. Other noteworthy divisional activities include: the production of a video, "100 Years of Dentistry," which will showcase the history of dentistry and the ADA throughout the 20<sup>th</sup> Century and be shown during this year's annual session in Hawaii; the upcoming launch of discounted on-line shopping and discounted personal Web sites for ADA members; and some content additions to ADA ONLINE such as a new members-only Government and Politics section and a new database for ADA Seal products, among others.

ADA ONLINE also received an award from Web search service AskJeeves.com, which put the Association's site in its select "knowledgebase" as a means of offering service to customers searching for health information. On Tuesday, August 10, 1999, Mr. Mickel addressed the Board, describing the visible placement of the Oklahoma Public Awareness ads in magazines such as *Newsweek*, *People* and *Southern Living*.

**Report of Dr. Henry W. Finger, Liaison to the Council on Communications:** This report provided information on recent Council activities such as: approval of proposed spokespersons for the year 2000; approval of a space theme artwork for next year's National Children's Dental Health Month; approval of revised print and on-line

"Facts For Communicators"; recommendation that ADA Dental Minutes be reviewed by Board of Trustees and House of Delegates when possible; and the nomination of future Council chairmen, among others.

**Report of the ADA ONLINE Task Force:** The Web site will soon venture into electronic commerce with the launch of discounted on-line shopping for members by BatNet (Business and Trade Network, Inc.) and discounted personal Web sites for ADA members by Netopia. On-line traffic statistics for June show about 2.6 million hits throughout the site and 5,000 user sessions per day, averaging more than 13 minutes each. Recent additions to ADA ONLINE include: a new members-only Government & Politics section; a revised and updated *Fluoridation Facts*; and a new database for ADA Seal products.

**Report of the Associate Executive Director, Communications: Annual Review of ADA Spokespersons:** In accordance with the protocol established by the Board of Trustees, all ADA spokespersons shall be evaluated annually by the Division of Communications in consultation with the Council on Communications and the Executive Director. It is the recommendation of the Council on Communications that the approval process for spokespersons should correspond with the Association's annual approval of dental consultants. The following individuals were presented, and after review, the Board adopted the following resolution.

**B-102-1999. Resolved,** that the following ADA National Spokespersons be invited to continue their service and participate as dental spokespersons through the 2000 annual session.

*Consumer Advisors*

Christine Dumas, D.D.S., Marina Del Rey, CA  
Kimberly A. Harms, D.D.S., Farmington, MN  
Maria Lopez-Howell, D.D.S., San Antonio, TX  
Matthew Messina, D.D.S., Berea, OH  
Richard Price, D.M.D., Newton Center, MA  
Leslie W. Seldin, D.D.S., New York, NY

*Technical Experts*

Joe H. Camp, D.D.S., Charlotte, NC (Endodontics)  
Greg Connolly, D.M.D., Belmont, MA (Tobacco)  
Terry E. Donovan, D.D.S., Los Angeles, CA  
(Amalgam)  
Michael W. Easley, D.D.S., M.P.H., Cincinnati, OH  
(Fluoride)  
Mary J. Hayes, D.D.S., Chicago, IL (Pediatric Dentistry)  
Marjorie Jeffcoat, D.M.D., Birmingham, AL  
(Periodontics)  
J. Rodway Mackert, D.M.D., Augusta, GA (Amalgam)  
Irwin D. Mandel, D.D.S., New York, NY (Fluoride)  
Chris Miller, Ph.D., Indianapolis, IN (Dental Unit Water Lines)



John A. Molinari, Ph.D., Detroit, MI (Infection Control)  
 Howard L. Needleman, D.M.D., Needham, MA (Child Abuse)  
 Roy C. Page, D.D.S., Seattle, WA (Periodontics)  
 Robert M. Pick, D.D.S., Aurora, IL (Lasers)  
 Heber Simmons, Jr., D.D.S., Jackson, MS (Pediatric Dentistry)  
 Sol Silverman, D.D.S., San Francisco, CA (Oral Cancer/HIV)  
 John W. Stamm, D.D.S., Chapel Hill, NC (Fluoride)  
 Barbara Steinberg, D.D.S., Philadelphia, PA (Women's Oral Health)  
 Joel Weaver, D.D.S., Columbus, OH (Anesthesia)

### Conference and Meeting Services

**Report of the Council on ADA Sessions and International Programs: Nominations of Chairpersons of the 2001 Committee on Local Arrangements:** The Council on ADA Sessions and International Programs submitted the nominations of chairpersons to serve on the 2001 Committee on Local Arrangements. After review, the Board adopted the following resolution.

**B-112-1999. Resolved,** that the nominations of the chairpersons to serve on the 2001 Committee on Local Arrangements made by Dr. D. Stanley Hite with the concurrence of the Kansas City Dental Association and the Greater Kansas Dental Society be approved.

**Report of the Assistant Executive Director, Conference and Meeting Services: Recent Divisional Activities:** Ms. Alison Owings reported that there is "continuing enthusiasm" and inquiries about annual session in Honolulu, and the number of annual session registrants and scientific programs are comparable to last year's percentages for the San Francisco meeting. The report also included information on the Committee on Local Arrangements' preparations for the 2000 annual session in Chicago and the listing of meetings that will take place in the Headquarters building during the months of September, October and November.

**Report of the Task Force to Develop a Dental Exhibit for the 2000 Annual Session:** At the April 1999 Board of Trustees meeting, Resolution B-48-1999 was adopted, establishing a task force to develop a dental exhibit for the 2000 annual session which would highlight dentistry of the 20th Century, contributions of the ADA and perhaps a glimpse into the future of dentistry. The Task Force, along with collaborating organizations and companies, agreed the exhibit would be a dynamic project, as well as a powerful public relations tool, educating the public and increasing business for dentists. However, the Task Force concluded that the project should be delayed until the 2001 annual session in Kansas City to ensure increased underwriting and funding. The exhibit scheduled for 2001 would be appropriate, since it is the first true year of the

millennium and it could boost attendance for the annual session, the Task Force report stated. After review, the Board adopted the following resolution.

**B-151-1999. Resolved,** that the Task Force to Develop a Dental Exhibit for the 2000 Annual Session take immediate action to determine the availability of funding for this project and report to the Board at its December 1999 meeting, and be it further

**Resolved,** that production of the proposed exhibit be postponed until December 1999 and, if approved, be included in the annual session in Kansas City 2001, and be it further

**Resolved,** that the President review the current composition of the Task Force and appoint representatives of the American Dental Trade Association and the Dental Manufacturers of America, and be it further

**Resolved,** that the task force be renamed the Task Force to Develop a Dental Exhibit for the 2001 Annual Session.

**Report of the Council on ADA Sessions and International Programs: Nomination of a Special Consultant to the Committee on Local Arrangements of the 2000 Annual Session:** The Council on ADA Sessions and International Programs submitted a report on the nominee for the position of special consultant to the Committee on Local Arrangements of the 2000 annual session. After review, the Board adopted the following amended resolution.

**B-113-1999. Resolved,** that Dr. Aloysius F. Kleszynski be appointed as special consultant to the 2000 Committee on Local Arrangements, and be it further,  
**Resolved,** that up to \$2,500 be added to the proposed 2000 budget to fund this position.

### Reports and Resolutions Relating to the Reference Committee on Dental Benefits, Practice and Health (continued)

**Illinois State Dental Society Resolution 36: Development of a Monitoring Mechanism for Dental Indicators (Supplement:388):** *The Board of Trustees transmitted Resolution 36 to the House of Delegates with the following comment and the recommendation to vote no.* (Vote: 1 Yes—Dr. Finley; 18 No—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

The Board notes that the intended use of approved dental indicators by practitioners does not require the existence or establishment of national norms for each indicator. Rather, dentists would have the prerogative of selecting whichever indicator or indicators they wish to use as well as determining what thresholds would be appropriate for their particular practice. Further, the Board believes that the Association should not be in the business of establishing national norms or standards of clinical

care. The Board, therefore, recommends that Resolution 36 not be adopted.

## Government Affairs

**Patient Protection Legislation:** Ms. Moss brought the Board up to date with patient protection legislation and the Board agreed they would support HR 2723, "The Bipartisan Consensus Managed Care Improvement Act of 1999" introduced by Rep. Charles Norwood (R-GA) and Rep. John Dingell (D-MI).

## Dental Education

**Report of the Council on Dental Education and Licensure: The 1998-99 Update of the January 1994 Report of the Cost of Higher Education and its Implication for Dental Education:** During the past year the Council updated its January 1994 Cost of Higher Education Report and its Implication for Dental Education. At its April 1999 meeting, the Council considered new recommendations in updating the report and discovered that there was an overlap in activities between the American Association of Dental Schools (AADS) and the ADA. The Council believed it would be helpful if the ADA and AADS could collaborate in developing initiatives to help reduce the cost of education and student debt. The Board considered the report and adopted the following resolution.

**B-106-1999. Resolved,** that the ADA Board of Trustees endorse the Council's efforts to collaborate with the AADS to forecast and develop intervention strategies to address the cost of dental education and the reduction of student debt.

**Report of the Joint Commission on National Dental Examinations: Plan for the Pilot of the Completely Case-Based Part II Examination:** This report summarized the plan for a pilot of a completely case-based Part II National Board Dental Examination to be conducted by the Joint Commission on National Dental Examinations. In 1999 the Joint Commission on National Dental Examinations reviewed a report of a validity study of the Part II examination. The study suggested that revisions in the structure, content and administration of the examination would further enhance its validity. In response to the study, the Joint Commission directed that steps be taken to revise test specifications and pilot a Part II examination that is completely case based. To fund this activity, the Joint Commission requests approval of the proposed expenditure of accumulated research and development funds. After review of the report, the Board adopted the following resolution.

**B-107-1999. Resolved,** that the Board of Trustees approves the expenditure of funds in the year 2000 in the amount of \$94,900 from the Joint Commission on

National Dental Examinations (JCND E) Test Development Fund for the purpose of implementing a pilot of a case-based Part II National Board Dental Examination as described in the August 1999 report of the JCND E to the Board.

## Progress Report of the Joint ADA/AADS Oversight Committee on Minority Recruitment and Retention:

This report summarized the 1999 activities associated with implementation of a joint ADA/AADS Minority Recruitment and Retention program, "Achieving Diversity: Partnerships for the Future," and the responsibilities of the Joint Oversight Committee. The Board was concerned that this committee was moving away from its original request to study minority recruitment in dental schools and had enlarged its scope to include access to dental care. Also, the Board felt other Association committees were already studying some of these issues. After discussion, the Board adopted the following resolution.

**B-174-1999. Resolved,** that the President of the American Dental Association write a letter to the ADA/AADS Joint Oversight Committee on Minority Recruitment and Retention suggesting that their expansion of scope and activities are not within their authority and are not consistent with the view and opinion of the ADA Board of Trustees.

The Board also reviewed and discussed the Committee's proposal for the structure and responsibilities of the Joint Oversight Committee. The Board subsequently approved several amendments to the proposal and adopted the following amended resolution.

**B-114-1999. Resolved,** that the ADA/AADS Joint Oversight Committee on Minority Recruitment and Retention be comprised of eight members; four members to be appointed by the American Dental Association and four members to be appointed by the American Association of Dental Schools, and be it further **Resolved,** that the four ADA appointees include one member nominated by the Council on Dental Education and Licensure who is an ADA-nominated member of the Council and three practitioners to be nominated by the President, and be it further **Resolved,** that the Joint Oversight Committee report to the Board of Trustees outlining its forthcoming agenda and cost implications.

## Special Orders of Business

**Presidential Citations:** Dr. Rose presented Presidential Citations to: the Executive Dining Room staff; the Department of Conference Services and Meeting Planning staff; the Division of Information Technology TAMS support staff; and the Division of Membership and Dental Society Services TAMS support staff. Employees were warmly recognized by the Board.

**Recess:** The Board recessed for lunch at 12:05 p.m. and reconvened at 1:15 p.m.

### New Business

**Proposed Bylaws Change to Designate the President-elect as Chairman of the Board of Trustees in the Absence of the President:** In response to a proposal to amend the ADA *Bylaws* to designate the president-elect as chairman of the Board of Trustees in the absence of the President, the Board agreed to consider transmitting an appropriate resolution with background to the House of Delegates at its October 1999 session.

### Dental Education (continued)

**Report of the Associate Executive Director, Education: Library Automation System:** This report highlighted ongoing activities and costs involved with converting to an automated library system. For the last four years, the Department of Library Services (DLS) has been planning a conversion from predominantly manual operations to an integrated library management system (ILS), including on-line catalog, on-line circulation and patron records and automated processing of acquisitions and serial holdings. The library automation project was originally mandated and funded by Resolution B-88-1994 (*Trans.* 1994:565). After review of the report the Board adopted the following resolution.

**B-115-1999. Resolved,** that, in accordance with the long-range plan outlined in the Report of the Associate Executive Director, Education: Library Automation System, an automated library management system be purchased and implemented.

**Joint Report of the Council on Dental Education and Licensure and the Council on Ethics, Bylaws and Judicial Affairs: Feasibility of Developing a Recognition Program for Credentialing Agencies for Non-Specialty Interest Areas that Meet the Educational and Other Requirements of Advisory Opinion 5.I.1:** This report was presented to the Board of Trustees in response to Resolution B-86-1998 (*Trans.* 1998:615), which directed the investigation of the feasibility of developing a recognition program for organizations that grant credentials that meet the educational and other training requirements of Advisory Opinion 5.I.1. The Councils reported that although no Association agency currently has the authority to recognize credentialing bodies in nonspecialty interest areas, it would be feasible for the authority to be granted to the appropriate agency of the Association by amending the ADA *Bylaws*. The report highlighted the advantages and disadvantages associated with the development of a recognition program for organizations that grant credentials in nonspecialty interest areas. The Councils concluded it was not desirable to develop a recognition

process at this time. The Councils recommended that CEBJA, with help from CDEL, develop educational materials/packets for use by the constituents and components. After review of the report, the Board adopted the following resolution.

**B-116-1999. Resolved,** that the Board of Trustees adopt the following recommendations from the Council on Dental Education and Licensure (CDEL) and the Council on Ethics, Bylaws and Judicial Affairs (CEBJA):

1. That the Board of Trustees support the Councils' recommendations not to develop a recognition process at this time for organizations that grant credentials that meet the educational and other requirements of Advisory Opinion 5.I.1. GENERAL PRACTITIONER ANNOUNCEMENT OF CREDENTIALS.
2. That CEBJA develop educational materials/resource packets to guide constituents and components on how to comply with Advisory Opinion 5.I.1. GENERAL PRACTITIONER ANNOUNCEMENT OF CREDENTIALS.

**Progress Report of the Interagency Committee to Address Resolutions 57H-1998 and 59H-1998: Allied Personnel Recruitment and Retention:** In 1998 the House of Delegates adopted Resolutions 57H-1998 (*Trans.* 1998:713) and 59H-1998 (*Trans.* 1998:728), directing the Association to address the challenge of dentists finding and retaining quality allied staff persons. This report highlighted the oversight and short- and long-term goals of the recruitment proposal associated with implementing the resolutions. The Committee reported that a national/local recruitment effort requires a long-term commitment before positive results can be realized. After review, the Board adopted the following amended resolution and transmitted the report to the House of Delegates.

**B-152-1999. Resolved,** that the Association provide ongoing support to implement and maintain an Association allied dental personnel recruitment and retention program, and be it further **Resolved,** that the program be funded in 2000 in the amount of \$72,150, and be it further **Resolved,** that an oversight recruitment and retention committee be established to include two representatives from the Council on Dental Education and Licensure and two representatives from the Council on Dental Practice to meet two times in 2000.

**Report of the ADA/AADS Joint Committee to Address Resolution 55H-1997: Differences in the Dental and the Medical Education Process:** This report summarized the activities of the Joint Committee composed of members of the Council on Dental Education and Licensure and the American Association of Dental Schools. This Committee was established to address Resolution 55H-1997 (*Trans.* 1997:695), which called for

the development and implementation of a program to: 1) help leaders of dental schools communicate to the leadership of the parenting institutions the differences in the dental and medical education process and 2) encourage the parent institution to fund the schools to the extent necessary to allow patient care in a dental school or affiliated facility to be of an educational nature. After reviewing the Committee's report, the Board believed that the intent of the first resolving clause was not met, noting shortcomings in the comparison of dental and medical education. The Committee developed resolutions for the Board's consideration that address communication issues relative to the value of dental education and its benefits to the public and that suggest development of a national endowment program for dental education. The Board of Trustees subsequently adopted the following three resolutions and transmitted the report to the House of Delegates.

**B-154-1999. Resolved,** that dental school deans be urged to:

- send the dental school's strategic plan and annual report to the ADA, AADS, state and local dental societies for their information as well as the parent institution;
- work with state societies with multiple dental schools to host an annual deans' meeting to discuss matters of mutual interest;
- utilize a one-page menu of suggested mechanisms to accompany the *AADS Trends in Dental Education* for dental school deans to use as a resource for communicating with their university leadership.

**B-155-1999. Resolved,** that the appropriate agency(s) of the ADA communicate with university presidents, academic health centers, state health departments and other constituencies on the value of dental education and its benefits to the public, demonstrating how it supports and corresponds to the ADA Strategic Plan initiatives.

**B-156-1999. Resolved,** that the ADA give further consideration to developing and implementing a national endowment program for dental education as called for in recommendation #8 of the 1994 Cost of Higher Education Report and its Implication on Dental Education.

**Report of Dr. Howard Jones, Liaison to the Commission on Dental Accreditation:** This report included information on proposed *Bylaws* amendments regarding CDA membership and self-governing practices, among others, to be submitted through or in cooperation with the Council on Dental Education and Licensure (CDEL) to the 2000 House of Delegates.

## Dental Practice

**Annual Report of the Department of Dental Informatics:** This report included activities of how the

Department of Dental Informatics continues to help improve patient care and increase dental office efficiency through the use of technology for information management. Computer-based health records, electronic insurance transactions and Year 2000 (Y2K) preparedness are some of the areas in which the department has been active.

**Report of the Council on Dental Practice: Proposed 2001 Conference on Forensic Odontology:** This report included information on a proposed dental forensic conference to be held in 2001. The Council on Dental Practice, the Council on Scientific Affairs, the Council on Access, Prevention and Interprofessional Relations and the American Board of Forensic Odontology would cosponsor this conference.

**Report of the Associate Executive Director, Dental Practice: Recent Divisional Activities:** This report included information on recent and upcoming activities such as: the announcement of the Community Preventive Dentistry Award winners; the development of the upcoming book, *Increasing Your Bottom Line With Effective Marketing*; updating and publication of the *Employee Office Manual: A Guide for the Dental Practice*; and the presentation of testimony by the director of Dental Informatics on behalf of the Association before the Computer-based Patient Record Work Group of the National Committee on Vital and Health Statistics. The Board adopted a motion requesting a more comprehensive, up-to-date report from the Department of Dental Informatics regarding computerized dental records to be presented at the 1999 December meeting.

**Report of the Committee to Develop Alternative Pathway Education Model Workbook for Dental Hygiene: Response to Resolution 31H-1998:** This report summarized the findings and recommendations of the Committee to Develop Alternative Pathways Educational Workbook for Dental Hygiene, as directed by Resolution 31H-1998 (*Trans.* 1998:714). The Board postponed discussion of the appended Resolution B-142 until Tuesday, August 10, 1999.

## Legal Affairs

### Attorney-Client Executive Meeting

**Call to Order:** An attorney-client executive meeting of the Board of Trustees was called to order at 2:25 p.m., President Rose presiding.

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

Also in attendance were the Associate and Assistant Executive Directors and appropriate legal counsel.

**Discussion:** Mr. Sfikas discussed various legal matters of interest to the Association.

**Adjournment:** The attorney-client executive meeting adjourned at 2:53 p.m.

#### **Regular Meeting (continued)**

**Report of the Associate Executive Director, Dental Practice: SNODENT Educational Programs:** This report offered information on fundamental strategies as to how to educate the Association membership on SNODENT diagnostic codes. These strategies include establishment of a task force that would provide oversight for an educational program; publicizing in the *ADA News* the history, rationale and potential uses and benefits of the codes and reprinting *News* articles on the ADA's Web site; field testing the diagnostic codes; and development of a white paper on diagnostic coding and SNODENT. After discussion, the Board divided the original Resolution B-143 and considered each resolving clause separately. The Board subsequently adopted the following resolutions.

**B-143a-1999. Resolved,** that a task force composed of two members of the Board of Trustees, three members of the Council on Dental Benefit Programs, and one member of the Council on Dental Practice be appointed to provide guidance and oversight to the effort to inform and educate the membership about SNODENT.

**B-143b-1999. Resolved,** that this task force also provide direction to a field-testing project to study practical applications of SNODENT in the private dental office, and be it further

**Resolved,** that a progress report, including a plan for field testing diagnostic codes with a time schedule and cost estimates, be presented to the Board at its December 1999 meeting.

**Report of the Associate Executive Director, Health Policy Resources Center: Analysis of the Claims Data and Outcomes Research:** This report was prepared at the request of the Board of Trustees and presents a plan for using SNODENT diagnostic codes, in conjunction with electronic claims data acquired by ECCo, to do outcomes research. The report outlined the issues involved in outcomes research and described needed resources (i.e., additional staff and computer equipment) should the Association decide to undertake the effort described.

**Report on Issues Involved with Outcome Research, Claims Data and Diagnostic Codes:** This report was provided as an appendix and discussed issues involved in outcomes research and utilization of claims data with or without diagnostic codes. The report described: types of research that can be undertaken using claims data; current activities with claims data at the Association; and options for management of the claims data.

#### **Government Affairs**

**Joint Report of the Divisions of Government Affairs, Legal Affairs and Science: Update on Chemical Waste Activities:** This report updated the Board on federal, state and local developments in the area of dental office waste management.

**Report of the Associate Executive Director, Government Affairs: Federal and State Legislation and Regulation Update:** This report updated the Board on federal and state legislation. The Patient Protection issue took "center stage" on the Senate floor in mid-July, the report stated. The report offered information on federal issues such as: tax burdens on dentists and dental students; workplace safety; and antitrust reform. State issues included: licensure, needlestick protection and the practice of denturism, among others.

**Addendum to the Report of the Associate Executive Director, Government Affairs: Recent Divisional Activities:** The Council on Government Affairs and the American Dental Political Action Committee are proposing to the 1999 House of Delegates that the Yearly Grassroots Conference, as mandated by Resolution 74H-1997, be changed to an expanded grassroots/public affairs conference. The Council and ADPAC have oversight of this activity, but necessary funding was not included in the 2000 budget. The Board, on Tuesday, August 10, 1999, adopted the following resolution.

**B-173-1999. Resolved,** that \$34,800 be added to the proposed 2000 budget to fund the attendance of the Council on Government Affairs and the ADPAC Board to the 2000 Spring Grassroots/Public Affairs Conference.

**Report of the Associate Executive Director, Government Affairs: Budgetary Handling of the Association's Congressional Fellowship Program:** During its June meeting, the Board requested that the Washington Office develop a budgetary plan to provide full funding of the Association's Congressional Fellowship Program. This has been a problem due to the fact the fellowship program runs from September to September, while the ADA budget cycle runs from January to December of each year. Administratively, it was determined that to ensure full funding for the program it would be necessary to budget the entire program annually and carry forward unexpended funds to the next year. After discussion, the Board adopted the following resolution.

**B-165-1999. Resolved,** that beginning the year 2001, the Congressional Fellowship Program be fully funded in the budget for the year in which the program begins.

**Report of Dr. George Bletsas and Dr. Ross DeNicola: Members of the ADPAC Board of Directors:** This report summarized activities of the American Dental Political Action Committee (ADPAC) meeting on August

16-18, 1999 in Chicago. Major goals were discussed and itemized.

**Adjournment:** The Board meeting adjourned at 4:28 p.m.

## **Tuesday, August 10, 1999**

**Call to Order:** The Board of Trustees was called to order by President S. Timothy Rose at 8:11 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

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

### **Reports and Resolutions Relating to the Reference Committee on Dental Education and Related Matters (continued)**

**Consideration of Applications for Specialty Recognition:** As part of its discussion of the three resolutions addressing specialty recognition applications, the Board of Trustees considered these resolutions in light of the six requirements for recognition of dental specialties. Applicants who want to be recognized as a dental specialty must include, on their application, information and documentation relating to the six requirements for dental specialty recognition as specified in the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*. The Board of Trustees decided to vote on each of the six criteria, or requirements, for the following three applications, as well as the following resolutions submitted by the Council on Dental Education and Licensure.

**Requirement 1:** In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the special area of dental practice; and (b) that demonstrates the ability to establish a certifying board.

**Requirement 2:** A specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the predoctoral accreditation standards.

**Requirement 3:** The scope of the specialty: (a) is separate and distinct from any recognized specialty or combination of recognized specialties; (b) cannot be accommodated through minimal modification of a recognized specialty or combination of recognized specialties.

**Requirement 4:** In order to be recognized as a specialty, substantial public need and demand for services which are not adequately met by general practitioners or dental specialists must be documented.

**Requirement 5:** A specialty must directly benefit some aspect of clinical patient care.

**Requirement 6:** Formal advanced education programs of at least two years beyond the predoctoral curriculum as defined by the Commission on Dental Accreditation's *Standards for Advanced Specialty Education Programs* must exist to provide the special knowledge and skills required for the practice of the specialty.

*Resolution 8—Individual voting record for the six Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists.*

**Requirement 1:** (Vote: 19 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

**Requirement 2:** (Vote: 19 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

**Requirement 3:** (Vote: 19 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

**Requirement 4:** (Vote: 15 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Mascola, McKaig, Pudwill, Sekiguchi, Siroky, Smith; 4 No—Drs. Jones, Mangos, Metro, Staubach)

**Requirement 5:** (Vote: 19 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

**Requirement 6:** (Vote: 19 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

*Resolution 8 (Reports:78)—The American Academy of Oral and Maxillofacial Radiology's Request for Recognition as a Dental Specialty. The Board transmitted Resolution 8 to the House of Delegates with the recommendation to vote yes. (Vote: 15 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Mascola, McKaig, Pudwill, Sekiguchi, Siroky, Smith; 4 No—Drs. Jones, Mangos, Metro, Staubach)*

### **Confidential Attorney-Client Session**

**Call to Order:** A confidential attorney-client meeting of the Board of Trustees was called to order at 8:30 a.m., President Rose presiding.

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

Also in attendance were the Associate and Assistant Executive Directors and appropriate legal counsel.

**Discussion:** Mr. Sfikas conducted a confidential attorney-client session.

**Adjournment:** The meeting adjourned at 8:35 a.m.

# **Reports and Resolutions Relating to the Reference Committee on Dental Education and Related Matters (continued)**

*Resolution 9 (Reports:81)—Individual voting record for the six Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists.*

**Requirement 1:** (Vote: 19 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

**Requirement 2:** (Vote: 19 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

**Requirement 3:** (Vote: 13 Yes—Drs. Anderton, Bletsas, Bruce, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mascola, McKaig, Pudwill, Siroky; 6 No—Drs. Chadwick, Mangos, Metro, Sekiguchi, Smith, Staubach)

**Requirement 4:** (Vote: 9 Yes—Drs. Anderton, Bletsas, Chaput, DeNicola, Fine, Finley, Mascola, Pudwill, Siroky; 10 No—Drs. Bruce, Chadwick, Finger, Jones, Mangos, McKaig, Metro, Sekiguchi, Smith, Staubach)

**Requirement 5:** (Vote: 19 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

**Requirement 6:** (Vote: 19 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

*Resolution 9—The American Society of Dentist Anesthesiologists' Request for Recognition as a Dental Specialty. The Board transmitted Resolution 9 to the House of Delegates with the following comment and the recommendation to vote no. (Vote: 9 Yes—Drs. Anderton, Bletsas, Chaput, DeNicola, Fine, Finley, Mascola, Pudwill, Siroky; 10 No—Drs. Bruce, Chadwick,*

*Finger, Jones, Mangos, McKaig, Metro, Sekiguchi, Smith, Staubach)*

Based on its review of the requirements for specialty recognition, the Board determined that the request of the American Society for Dentist Anesthesiologists' (ASDA) for recognition as a specialty should be denied. The Board believed that ASDA had not adequately demonstrated substantial public need and demand for anesthesiology services that are not adequately met by general practitioners or dental specialists as specified by Requirement 4.

*Resolution 10—Individual voting record for the six Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists.*

**Requirement 1:** (Vote: 18 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith; 1 No—Dr. Staubach)

**Requirement 2:** (Vote: 17 Yes—Drs. Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 2 No—Drs. Anderton, Finley)

**Requirement 3:** (Vote: 2 Yes—Drs. Bletsas, Staubach; 17 No—Drs. Anderton, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith)

**Requirement 4:** (Vote: 2 Yes—Drs. Bletsas, Staubach; 17 No—Drs. Anderton, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith)

**Requirement 5:** (Vote: 18 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 1 No—Dr. DeNicola)

**Requirement 6:** (Vote: 18 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 1 No—Dr. DeNicola)

*Resolution 10 (Reports:83)—The American Academy of Oral Medicine's Request for Recognition as a Dental Specialty. The Board transmitted Resolution 10 to the House of Delegates with the recommendation to vote yes. (Vote: 18 Yes—Drs. Anderton, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 1 No—Dr. Bletsas)*

## Legal Affairs

**Report of Dr. Patrick S. Metro, Liaison to the Council on Ethics, Bylaws and Judicial Affairs:** This report highlighted Council activities such as: the adoption of an action plan to prepare and publish a judicial manual for the constituent societies by year-end; the adoption of new advisory opinions dealing with advertising credentials; and using ADA ONLINE to give members and others easy access to the *ADA Principles of Ethics and Code of Professional Conduct*, among others.

**Report of the Council on Ethics, Bylaws and Judicial Affairs: Development of Codes of Ethics for Dental Society and Member Web Sites:** This report states the Council is aware that recent developments in electronic communication and technology will promote advertising and promotional opportunities, but sees no ethical justification to develop a specific code of ethics on Internet advertising at this time. The Council favors the simpler approach of reminding members of their ethical obligations. After review, the Board adopted the following resolution.

**B-141-1999. Resolved**, that the following recommendations regarding a code of ethics relative to Web site advertising be approved.

1. That the Association not develop codes of ethics relative to component, constituent and individual ADA members' Web sites.
2. That the appropriate ADA agencies be urged to include compliance with the *Code* as part of the Association's hypertext link policies, protocols and contracts.
3. That the appropriate ADA agencies be urged to use a disclaimer alerting users of the ADA ONLINE Member Directory that the linked sites have not been reviewed for compliance with the ADA *Code*.

## Confidential Attorney-Client Session

**Report of the Associate Executive Director, Legal Affairs: Recent Divisional Activities:** Mr. Sfikas conducted a confidential attorney-client session. Following the attorney-client session, the Board adopted the following amended resolution.

**B-158-1999. Resolved**, that the Board of Trustees authorizes the General Counsel to make matching expenditures up to a maximum of \$25,000 in litigation assistance to the Florida Dental Association in *Borgner v. Brooks*, on the condition that the FDA files an amicus brief and does not become a party.

## Membership and Dental Society Services

**Report of the Associate Executive Director, Membership and Dental Society Services: Report on the Special Forum on Membership Diversity:** On January 8, 1999, President Rose hosted the Special Forum on Membership Diversity. The meeting focused on diversity issues and its purpose was to enhance dialogue with those national dental organizations that represent diverse membership perspectives and needs. As a result, a document, "Exploring Common Ground: Objectives Developed at the Special Forum on Membership Diversity," was developed and distributed to all involved organizations. This report noted that, overall, responses received were supportive of the Common Ground objectives. However, the National Dental Association (NDA) offered a revision that supported the development of an interprofessional advisory council as opposed to a less-structured collaborative arrangement for pursuit of diversity initiatives in dentistry. After discussion, the Board decided these revisions should not be incorporated. A letter will be sent, thanking the National Dental Association for its input.

**Report of the Council on Membership: Proposed Mission Statement for Membership Benefit Development:** This report summarized the importance of a mission statement for membership benefits development. This mission statement would provide the Association and its agencies with a more consistent framework for soliciting, reviewing, evaluating and developing member benefits, the report stated. After discussion, the Board adopted the following amended resolution.

**B-105-1999. Resolved**, that membership benefits programs developed by or entered into by the American Dental Association should provide, as their primary purpose, value-added benefits to the broadest possible segment of the membership, and be it further **Resolved**, that every membership benefit program should:

- be consistent with the overall mission and values of the Association;
- maintain and enhance the value and image of the Association;
- satisfy documented membership needs; and
- be cost-effective for members.

**Report of the Council on Membership: Proposed Ad Hoc Advisory Committee on Membership Diversity:** This report reflects the Council's proposed efforts to promote and effectively represent an increased level of minority dentist representation in Association membership planning. The Council recommended the establishment of an ad hoc advisory committee on membership diversity to the Council on Membership for the year 2000. The Board concluded since many Association agencies address diversity issues, they should



be centralized for better manageability. After discussion, the Board adopted the following resolutions.

**B-169-1999. Resolved,** that a committee of the Board of Trustees be appointed by the President for the purpose of studying ADA involvement in diversity issues concerning the dental profession, and be it further

**Resolved,** that the committee report its findings along with a recommendation as to how activities regarding diversity issues can be centralized to the December 1999 Board of Trustees meeting.

**B-170-1999. Resolved,** that the Council on Membership present to the February 2000 Board meeting a specific plan with recommendations as to how it will proceed with diversity issues.

**Report of Dr. Myron L. Pudwill, Liaison to the Council on Membership:** The report submitted by Dr. Pudwill included recent activities and proposals of the Council such as: the resubmission of the Member Benefit Mission Statement to the Board for its reconsideration; the recommendation of establishing an ad hoc advisory committee on membership diversity for the year 2000 with appropriate funding; and the recommendation that a resolution containing *Bylaws* changes be transmitted to the 1999 House of Delegates to allow nonpracticing dentists engaged in dental-related activities within a constituent society jurisdiction other than where they are licensed to become active members of the Association, among others.

**Report of the Associate Executive Director, Membership and Dental Society Services: Recent Divisional Activities:** Ms. Newton reported that there were 361 registered attendees at the 1999 National Conference on the New Dentist. This number was up from last year's 337 attendees in Seattle. A new protocol has been established with constituent societies to help speed the process of new Association members receiving their materials in a more timely manner, she reported. A special phone number was also put in place to help these members in case they did not receive their materials on time. Ms. Newton also called attention to the section of the report dealing with the status of membership numbers for foreign-trained dentists.

**Joint Report of the Council on Communications and Council on Membership: Membership Awareness Initiatives:** At its February 1999 meeting, the Board of Trustees adopted Resolution B-3-1999, directing the Council on Membership and the Council on Communications to develop a program that is directed toward increasing membership awareness of ADA benefits. Some of the Councils' recommendations for putting this mechanism in place include: enhancing the role of the Membership Services Outreach Program in assisting state and local membership committees in forming messages for dentists in their area that convey the value of membership; feature articles and advertisements

in ADA publications which underscore the many and varied benefits of membership; and to utilize a proposed survey to learn more about how members receive information and what media are most effective in heightening member awareness of ADA programs and services, among others, the report stated.

**Report of Dr. Chris Mangos, Liaison to the Committee on the New Dentist:** Dr. Mangos provided a summary of major actions taken by the Committee at its recent meeting.

## Science

**Report of the Council on Scientific Affairs: Recent Activities:** The report offered updates and information on these Council issues: the recall of Astra's Citanest Forte local anesthetic and Novocol's selected lots of its lidocaine and mepivacaine local anesthetics; the Council's suggested action plan to encourage manufacturers to develop safety devices for needle systems; the current pilot study, in collaboration with the University of Washington, to research nitrous oxide levels in dental offices in Seattle; and liaison activities with the American Society of Heating, Refrigerating and Air-conditioning Engineers and the National Fire Protection Association.

**Report of the Associate Executive Director, Science: Recent Divisional Activities:** Recent divisional activities include: the review of the National Institute for Occupational Safety and Health's "Preventing Needlestick Injuries in Health Care Settings"; the ADA/Industry Ad Hoc Committee considering draft criteria proposed by the Council on Scientific Affairs for using the ADA Seal for over-the-counter products outside the United States; and working with guest researchers on projects identified in the Association's Research Agenda such as strength properties of dental ceramics and comparison's of protein levels and elastic properties between powderless and powdered latex gloves. The Division of Science is also working with the Department of Information Technology in establishing an electronic database of scientific information that may one day be available on-line.

## Technology

**Report of the Associate Executive Director, Technology, and the Associate Executive Director, Membership and Dental Society Services: Tripartite Association Management System:** Mr. Owens gave an update on the deployment of the Tripartite Association Management System (TAMS). Thirty-nine sites are deployed, which includes 17 states and 22 components, with an opportunity to obtain 62 total sites implemented by annual session. He also said they were still "on target" to roll out and implement version III of TAMS to the 39 sites.

**Report of the Associate Executive Director, Technology: Recent Divisional Activities:** This report summarized the activities of the division through August 1999. Updates were provided on the Association's network infrastructure, addressing Year 2000 compliance issues; development of a disaster recovery plan for the Association; additional technology functions for the Association's on-line environment (Internet/Intranet); and implementation of the PeopleSoft Asset Management module.

It was also reported that to maintain the current functionality of the Web environment, additional funds in the amount of \$95,000 would be required for the use of consultants. After discussion, the Board adopted the following resolution.

**B-157-1999. Resolved,** that up to \$95,000 be authorized from the Association reserves to fund 1999 Internet objectives.

**Report of the Dental Information Technology Committee:** The Committee reported to the Board of Trustees on its August 6 meeting and presented comments and recommendations on the following issues: Dental Office of the 21<sup>st</sup> Century Exhibit; on-line continuing education courses; informatics experts; and ADA Internet activities. The Committee also reported that at its recent meeting it received an update on the activities relating to the potential uses of the electronic claims data being received from ADA ECCo. The Committee informed the Board that it plans to continue to monitor the progress on this activity.

Subsequently, the Board adopted the following resolutions proposed by the DIT Committee.

**B-166-1999. Resolved,** that two members from the Council on Dental Education and Licensure, one member each from the Council on Dental Practice and the Council on Scientific Affairs and one member from the Standards Committee on Dental Informatics be appointed to a task force, and be it further

**Resolved,** that the task force explore the possible role of the ADA in assuring the quality of various modes of electronic learning, including certification of on-line continuing education, and be it further

**Resolved,** that the task force explore relationships between the ADA and dental schools in regards to electronic continuing education courses including potential for-profit arrangements, and be it further

**Resolved,** that a report be presented to the ADA Board of Trustees at the February 2000 Board meeting with its findings and recommendations.

**B-167-1999. Resolved,** that the Standards Committee on Dental Informatics maintain a current list of topical experts in the field of Dental Informatics.

**B-168-1999. Resolved,** that the ADA Board of Trustees urge that a monthly report on ADA Internet activities be provided to the ADA ONLINE Task Force.

**Report of the Committee to Develop Alternate Pathway Educational Model Workbook for Dental Hygiene: Response to Resolution 31H-1998:** Resolution 31H-1998 (*Trans.*1998:714) directed in part the development of an easy-to-follow, step-by-step workbook to help other states create an alternate pathway educational model for dental hygiene as used in Alabama which includes, but is not limited to, basic curriculum and clinical training guidelines and operations models, which may utilize such methods of institutionally based didactic course work, in-office clinical training or electronic distance education and that this workbook be periodically evaluated and updated. The Board believed the workbook should be dynamic and ongoing and that one of the only complete programs on which to base such a project is the existing Alabama Dental Hygiene Program. The Board agreed making available the Alabama Dental Hygiene Manual to those who wish to establish an alternate pathways dental hygiene training program would fulfill the intent of Resolution 31H-1998. After discussion, the Board adopted the following amended resolution.

**B-142-1999. Resolved,** that the Alabama Dental Hygiene Program Manual be made available to constituent and component societies, educational institutions and others who wish to establish an alternate pathways dental hygiene training program, and be it further

**Resolved,** that the appropriate agency or agencies of the ADA develop a legislative packet designed to provide guidance to interested state societies on the mechanism of changing dental practice acts to accommodate alternative dental hygiene training programs, and be it further

**Resolved,** that the Council on Dental Practice annually review progress being made in developing alternative pathway programs for dental hygiene education and make recommendations regarding additions and updates as appropriate.

#### Other/Subsidiary Reports

**Report on Nominations to the ADPAC Board of Directors:** The report noted the responsibility of the Association for appointing the Board of Directors of the American Dental Political Action Committee (ADPAC) with one director representing each ADA trustee district. The terms of the directors from the First, Ninth, Twelfth and Sixteenth Districts will expire December 31, 1999. The following individuals have been nominated for these positions. After review, the Board adopted the following resolution.

**B-101-1999. Resolved,** that the following nominees to the American Dental Political Action Committee (ADPAC) Board of Directors be approved for terms beginning January 1, 2000.

Dr. Jane A. Grover  
 Dr. Rodney J. Klima  
 Dr. Arthur L. McDermott  
 Dr. Tommy G. Roebuck

#### **Report of the Department of Standards**

##### **Administration: Recommendations for ADA**

**Representatives on Standards Committee:** The report stated the Association has several members who represent dentistry on various standards activities. There are currently openings for the Accredited Standards Committee MD156 for Dental Materials, Instruments and Equipment and on the Digital Imaging and Communication in Medicine (DICOM) Standards Committee. After review, the Board adopted the following resolutions.

**B-103-1999. Resolved,** that Dr. Jeffrey Hutter be appointed as the ADA representative on the Accredited Standards Committee MD156.

**B-104-1999. Resolved,** that Dr. Lawrence Emmott be appointed as the ADA representative on the DICOM Standards Committee.

#### **Report of ADA Publishing Co., Inc.: Recent Activities:**

The report submitted by Ms. Kosden provided the Board with information on ad sales of *JADA* and *ADA News*. Both publications are expected to break even with last year. Other ADAPCO activities include: marketing plans for boosting sales and editorial design changes for *JADA* and *ADA News*; the streamlining of *JADA*'s manuscript reviewers; and the foreign language editions of *JADA* being explored in additional countries in Europe and Asia. The *ADA Legal Adviser*'s subscription base was at its peak at 1,350 in December 1998, but dropped in mid-January to 680. After a promotional, month-long telemarketing effort in May to boost subscriptions, they have not increased, Ms. Kosden said, although the publication still operates at a profit.

#### **Report of the ADA Electronic Commerce Co. (ECCo):**

The report submitted by Mr. Owens provided the Board with information on recent activities such as contracting with Netopia to offer ADA members a discounted method to establish and maintain a personal Web site at preferred pricing and Business and Trade Network of America, Inc. (BatNet) to offer members, tripartite associations and their employees access to discounts for consumer products ordered on the ADA ECCo Marketplace. The ADA ECCo Marketplace was launched with 41 vendors and major marketing initiatives are taking place to promote it, Mr. Owens said.

**Report of the Strategic Planning Committee:** The report offered information on the importance of strategic planning. Organizations perform better overall and are better able to align themselves with their strategies (meeting member needs) when they assess internal activities in a systematic and ongoing basis. ADA

councils continue to implement activities based on the current Plan by providing annual action items, evaluating activities based on their own criteria/metrics and eliminating activities that no longer meet member needs or future trends and ADA budgets continue to reference the ADA Plan, the report noted. After review, the Board adopted the following resolutions.

**B-110-1999. Resolved,** that the Association councils apply the measurement criteria developed in 1999 to their key 1999-2000 activities, and be it further

**Resolved,** that the councils provide summary reports on the status of the same to the Board by the second quarter of 2000, and be it further

**Resolved,** that the councils consider, at their discretion, utilizing the data from such evaluations to support their budget packages, and be it further

**Resolved,** that the Office of Quality and Strategic Planning be available as a resource to the councils in this activity as well as for the councils' on-going annual action plan development process.

**B-111-1999. Resolved,** that the current ADA Budget Instructions, and any related templates, be modified to accommodate the use of evaluative criteria developed by councils.

**Report on Appointment of Consultants:** As stated in the *Standing Rules for Councils and Commissions* (page 8), "Each council shall have the privilege of nominating consultants for approval by the Board of Trustees when such consultants possess technical qualifications essential to the program of the council." This report provides the list of the proposed consultants for 1999-2000 submitted by various councils.

#### **Executive Session**

**Call to Order:** An Executive Session of the Board of Trustees was called to order at 11:15 a.m.

**Roll Call:** Those in attendance were the President, the President-elect, the First and Second Vice Presidents, the Treasurer, the Speaker of the House of Delegates, the Executive Director and all members of the Board of Trustees. Also in attendance was the Senior Associate Executive Director, Member and Support Services and the Associate and Assistant Executive Directors.

**Discussion:** The Board discussed the nominations for council consultants.

**Adjournment:** The Executive Session adjourned at 11:16 a.m.

## Other/Subsidiary Reports (continued)

**Report on Appointment of Consultants:** After the Executive Meeting discussion, the following resolutions were adopted.

**B-117-1999. Resolved,** that the consultants to the Council on Access, Prevention and Interprofessional Relations be approved for terms ending with the 2000 annual session.

**B-118-1999. Resolved,** that the consultants to the Council on ADA Sessions and International Programs be approved for terms ending with the 2000 annual session.

**B-119-1999. Resolved,** that Dr. William J. Tonne, Illinois, be approved as a consultant to the Council on Communications for a term ending with the 2000 annual session.

**B-120-1999. Resolved,** that the consultants to the Council on Dental Benefit Programs be approved for terms ending with the 2000 annual session.

**B-121-1999. Resolved,** that the consultants to the Council on Dental Education and Licensure be approved for terms ending with the 2000 annual session.

**B-122-1999. Resolved,** that the consultants to the Council on Dental Practice be approved for terms ending with the 2000 annual session.

**B-123-1999. Resolved,** that the consultants to the Council on Ethics, Bylaws and Judicial Affairs be approved for terms ending with the 2000 annual session.

**B-124-1999. Resolved,** that Debra Crumpton, California, be approved as a consultant to the Council on Membership for a term ending with the 2000 annual session.

**B-125-1999. Resolved,** that the consultants to the Council on Scientific Affairs be approved for terms ending with the 2000 annual session.

**B-126-1999. Resolved,** that the consultants to the Joint Commission on National Dental Examinations be approved for terms ending with the 2000 annual session.

**B-127-1999. Resolved,** that Dr. Raymond J. Patenaude, Augusta, Maine, be approved as a consultant to the Commission on Relief Fund Activities for a term ending with the 2000 annual session.

**B-128-1999. Resolved,** that the consultants to the Committee on the New Dentist be approved for terms ending with the 2000 annual session.

(See Appendix 1 for a list of consultants.)

## Annual Report of the Department of Standards

**Administration:** This annual report provided information on Association-sponsored standards and guidelines activities for dental materials, instruments and equipment and dental informatics. Standards activities of the following organizations were also noted: ANSI Accredited Standards Committee Z365 on Control of Cumulative Trauma Disorders; American Society for Testing and Materials; Association for the Advancement of Medical Instrumentation; American Society of Heating, Refrigeration and Airconditioning Engineers; National Fire Protection Association; and ANSI Z136 Committee on Lasers.

## Annual Report of the Health Policy Resources Center:

The report offered updated information on the Health Policy Resources Center (HPRC) activities such as: health policy and short term analyses; tasks of the Dental Economics Advisory Group (DEAG); and Survey Center projects, among others.

## Report of the Executive Director: Responses to Policy

**on Weekend Meetings:** In April staff was asked to prepare a report on the feasibility and financial implications of reducing the number of official Association meetings occurring on the weekends. During the June meeting the Board of Trustees discussed interest in reducing the number of its own meetings scheduled over the weekend and adopted Resolution B-94-1999 encouraging all Association councils, commissions and committees to consider scheduling meetings within the regular work week. The Board also called for feedback from councils regarding this issue. This report reflected the responses.

## Report of the ADA Financial Services Co.: Mr.

Sweeney updated the Board on recent FINCO activities such as: financial aspects of the Mellon Bank portfolio sale; the \$750,000 donation to the ADA Health Foundation to create an endowment and support for dental education; the state reendorsements of the ADA 1 PLAN; and the upcoming new credit card mailing solicitation in September, among others.

**Update on Task Force and Committee Activities:** This report updated the Board and summarized all Association task force and committee activities.

## Report of the Committee on International Activities:

The Committee reported that it reviewed documents from the FDI Finance Committee and informed the Board that the ADA's FDI dues will increase slightly in 2000. This will be the first increase in nearly ten years. It was also reported that it reviewed this year's list of nominations for open positions on the FDI Council and Commission. The Committee noted that it received the results of the audit of all current ADA international activities and that Dr. Mascola would appoint a subcommittee of the Committee on International Activities to review the audit and make recommendations to the full committee in February 2000.

After discussion of the Committee's report, the Board adopted the following resolutions.

**B-164-1999. Resolved**, that Dr. S. Timothy Rose be appointed to serve as FDI/USA Section National Secretary effective November 1999.

**B-146-1999. Resolved**, that Dr. Jack Harris be appointed to serve the three-year term as the ADA candidate for the FDI Councilor position from the North American Region.

**B-161-1999. Resolved**, that the FDI/USA Section National Secretary serve for a period of four years beginning each year immediately following the adjournment of the FDI Annual Session, and be it further **Resolved**, that beginning in the year 1999, and every four years thereafter, the Standing Committee on International Activities present to the ADA Board of Trustees at its August meeting a nomination for the position of FDI/USA Section National Secretary, and be it further **Resolved**, that the nomination procedure and duties of the FDI/USA Section National Secretary become part of the *Organization and Rules of the ADA Board of Trustees*, through presentation to the Board at its October 1999 session.

**B-162-1999. Resolved**, that the *Organization and Rules of the Board of Trustees*, section titled FDI World Dental Federation Delegation, be amended to read as follows:

**FDI World Dental Federation Delegation:** The ADA/FDI Delegation shall consist of the five delegates who are the current President, who shall serve as chairman and spokesperson, the President-elect, the Immediate Past President, a fourth-year trustee and a third-year trustee and five alternate delegates who are the Previous Immediate Past President, a second-year trustee (appointed for a three-year term), the ADA Executive Director, ~~who shall also serve as the USA/FDI National Secretary~~, and two appointments at the discretion of the President.

In the event a delegate position becomes vacant, the President shall appoint a trustee for the unexpired portion of the term. In the event a delegate becomes a member of a Council or Commission of the FDI World Dental Federation, the President will make an interim appointment for the immediate forthcoming meeting of the Federation.

Within thirty (30) days following the close of the annual meeting of the FDI World Dental Federation, each delegate shall submit, through the Executive Director or the Board of Trustees, a written report containing observations and/or recommendations that will be of assistance to the Board of Trustees in guiding the course of the Association's future relationship to the FDI.

The Board shall annually appropriate a sum to finance the delegation.

**B-163-1999. Resolved**, that the *Organization and Rules of the Board of Trustees*, section titled Standing Committee on International Activities, be amended to read as follows:

*Composition.* The Standing Committee on International Activities shall consist of the five ADA/FDI delegates who are the current President (who shall serve as chairman and spokesperson), the President-elect, the Immediate Past President, a fourth-year trustee and a third-year trustee and five alternate delegates who are the Previous Immediate Past President, a second-year trustee (appointed for a three-year term), the ADA Executive Director, ~~who shall also serve as the USA/FDI National Secretary~~, and two appointments at the discretion of the President. In addition, no more than four at-large members including the ADA/FDI consultants and ADA members who serve as officers within the FDI may be appointed.

*Chairman.* The President shall serve as chairman of the Committee.

*Meetings.* The committee will meet twice a year (one meeting to be held following the FDI May/June Council meeting) and the other meeting to be held before the deadline for FDI annual nominations (July/August).

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

1. to develop, monitor and recommend to the Board of Trustees a comprehensive plan for efficient and effective Association involvement in the FDI;
2. to ensure that the Board of Trustees is kept fully informed on FDI issues and programs through regular written reporting;
3. to ensure that at the FDI congress the ADA/FDI delegation focuses on international activities that are of importance to the ADA;
4. to maximize U.S. influence in the FDI's efforts to improve global oral health; and
5. to review and evaluate other international activities as assigned and make appropriate recommendations to the Board of Trustees.

### Special Orders of Business

**Appearance of Dr. Anthony Volpe, president and Dr. Walter Lamacki, vice president, ADA Health Foundation:** Dr. Volpe gave a presentation on the finances and projects of the ADA Health Foundation. He also highlighted a time line of contributions of the Paffenbarger Research Center to the dental profession.

**Recess:** The Board recessed for lunch at 11:50 a.m. and reconvened at 1:00 p.m.

## Financial Matters

**Report of the Executive Director on 1999 Corporate Funding of ADA Programs:** In keeping with the Board of Trustees' request for quarterly reporting on corporate funding activities, a report was presented to the Board from the Executive Director.

**Report of the Chief Financial Officer: Proposed Restructuring of the Finance and Administrative Review Committee:** This report stated, at the request of the President-elect and Treasurer, consideration is being given to combining the Administrative Review and Finance Committees to promote continuity of ideas and strategies within the committee structure while gaining a broader perspective on financial matters. After review, the Board postponed the following resolution and a proposed substitute resolution until the December Meeting.

**B-108. Resolved,** that the Finance and Administrative Review Committees be consolidated and renamed the Budget and Finance Committee, and be it further **Resolved,** that the Budget and Finance Committee shall be composed of the President-elect, the Treasurer, as chairman, the Executive Director, and four trustees, one from each class not also serving on either the Compensation Committee, or Audit Committee, with the President as an *ex officio* member of the Committee without the right to vote, and be it further **Resolved,** that the term of service for the trustee members of the Committee shall be one to four years depending upon their remaining years on the Board, and be it further **Resolved,** that the Committee shall meet at least once prior to the June Board meeting and at least one other time each year, and be it further **Resolved,** that the duties of the Committee shall be:

1. To assist the Treasurer in the review and development of the annual budget for consideration by the Board of Trustees;
2. to review Association investment policies and performance of investment portfolio and develop recommendations to the Board of Trustees;
3. to serve as a resource to the Board of Trustees, the Reference Committee on Budget and Business Matters and members on the annual budget

and be it further

**Resolved,** that the new composition and duties of the Budget and Finance Committee be reflected in the *Organization and Rules of the Board of Trustees*.

**Report of the Chief Financial Officer: Recent Divisional Activities:** This report noted the Division's activities such as: the preparation of Board reports and other budget-related materials intended for the House of Delegates; the Accounting and Purchasing departments' implementation of PeopleSoft to manage financial activities and the "year 2000 problem"; Central Services' enhancement of support services utilizing automated print

and mail processing technology; and internal audit reports, among others.

**Report of the Chief Financial Officer: Capital Budget for Operating Equipment and Furnishings:** It was reported that capital requests totaling \$1,363,425 have been submitted for the acquisition of office and technical equipment necessary to support programs and administrative activities. This amount exceeds the 2000 budgeted depreciation expenses of \$800,000 from which there is no outflow of cash that serves as the source of funding for those proposed purchases. The Finance Committee of the Board of Trustees suggested that the overage of \$563,425 be funded from reserves. The Board discussed the funding mechanism for these capital items and subsequently adopted the following amended resolution.

**B-159-1999. Resolved,** that capital purchases of \$563,425 be funded from reserves.

**Report of the Executive Director on Contracts:** In accordance with the *Organization and Rules of the Board of Trustees*, a report was provided to the Board from the Executive Director that listed the contracts signed since the June Board meeting.

**Report on the Status of the 1999 Contingent Fund and Approval of Supplemental Appropriation Requests:** The report began with a summary of supplemental funding approved to date and concluded with new supplemental appropriation requests. The Board discussed each supplemental request and alternative funding proposals separately and subsequently adopted the following resolution.

**B-153-1999. Resolved,** that the following appropriations be made from the 1999 Contingent Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

*Division of Administration & Policy*  
(Cost Center 090-0050-XXX).....\$6,750

This request is intended to support implementation of Resolution B-149 proposed at the August 1999 meeting of the Board of Trustees. This resolution calls for the appointment of an eight member work group including representation from the Board of Trustees, the Council on Government Affairs, the Council on Dental Benefit Programs, the Council on Dental Practice, the Council on Dental Education and Licensure and the Committee on the New Dentist to develop an ADA position paper on the issues of regulatory boards, governance structure, professional authority and

continuing competency, focusing on the theme "Dentistry—A Model Profession." This activity is consistent with the ADA strategic plan Goal I, Advocacy, and Goal III, Image.

515101	Volunteer Travel	\$3,600
515301	Volunteer Per Diem	600
515401	Volunteer Lodging	1,450
515501	Volunteer Meals	300
525010	Telephone (Conference Call)	500
525020	Postage & Mailing	150
525200	Office Photocopy	<u>150</u>
	Total Expenses	\$6,750

*Funding alternative (accepted)*

(Cost Center 090-0050-005)

Savings from meetings of Task Force to study the implications of the Pew Reports.

515101	Volunteer Travel	\$3,850
515301	Volunteer Per Diem	750
515401	Volunteer Lodging	1,800
515501	Volunteer Meals	150
525020	Postage & Mailing	100
525200	Office Photocopy	<u>100</u>
	Total Alternative Funding	\$6,750

*Division of Legal Affairs*

(Cost Center 090-0150-XXX)..... \$21,700

The Council on Ethics, Bylaws and Judicial Affairs requests \$21,700 to move its first regular meeting from January 2000 to December 1999. If approved, the Council would reschedule its second meeting from June 2000 to April 2000 and would continue to hold its meetings in November/December and April thereafter.

515101	Volunteer Airfare	\$7,200
515201	Volunteer Lodging	250
515301	Volunteer Per Diem	2,800
515401	Volunteer Lodging	6,850
515501	Volunteer Meals	1,700
515503	Staff Meals	350
520020	Outside Services	1,200
525010	Telephone	300
525020	Postage	400
525200	Office Photocopy	150
525205	Stationery & Supplies	<u>500</u>
	Total Expenses	\$21,700

No alternative funding submitted.

*Division of Communications*

(Cost Center 090-0250-XXX)..... \$124,500

This request is for a complete redesign and reorganization of ADA ONLINE.

From its inception, the ADA's Web site has paralleled its physical organization, resulting in a package often difficult for users to navigate. As additional content features and applications have been added to the site over the years, the home page has become cluttered and confusing, with an overwhelming array of choices facing visitors. Upon making a choice, visitors often become lost in the site's 6,000 files, which are not consistently organized. At the same time, the site's popularity has grown rapidly, especially in recent months, with some 40 new members registering for member-only content daily. Several new on-line applications are imminent, which will put additional organizational strains on the site.

520001	Consulting Fees	<u>\$124,500</u>
	Total Expenses	\$124,500

No alternative funding submitted.

*Division of Dental Practice*

(Cost Center 090-0500-XXX)..... \$ 4,450

Funds in the amount of \$4,450 are requested for a meeting of a SNODENT education program task force. Included are expenses for travel, lodging and meals related to the initial one-day meeting of this six-member task force. A report from the Associate Executive Director, Dental Practice is being presented to this Board session which includes information on the proposed task force. It is anticipated that the task force would meet once in 1999 and again in 2000. This request is for the 1999 meeting. A second supplemental budget request will be submitted next year for additional meetings of the task force in 2000 as needed.

515101	Volunteer Travel	\$2,700
515301	Volunteer Per Diem	450
515401	Volunteer Lodging	1,100
515501	Volunteer Meals	<u>200</u>
	Total Expenses	\$4,450

No alternative funding submitted.

*Division of Education*

(Cost Center 090-0600-XXX)..... \$28,950

The Department of Library Services proposes the purchase and implementation of the Q Series library management system, which will accommodate on-line staff functions,

including cataloging, serials, acquisitions, circulation, and reports, as well a Web-based catalog for remote patron access. The staff modules of the system will be loaded and tested by staff in the 3rd and 4th Quarters of 1999. The Web catalog will be launched in the 1st half of 2000, with other developments scheduled through 2001.

This funding level is in addition to the \$18,500 already reflected as a commitment against reserves and \$20,000 included in the Library's departmental budget.

170100	Computer Hardware	\$18,000
515103	Staff Airfare	900
515403	Staff Lodging	750
515503	Staff Meals	200
520001	Consulting Fees	2,000
525300	Computer Software	<u>7,100</u>
	Total Expenses	\$28,950

*Funding alternative (accepted)*

(Cost Center 160-0200-000)

The 1996 Board of Trustees, in Resolution B179-1996, authorized spending \$18,500 from reserves "for extension of the Library Automation Project." According to Accounting, that amount has been reported as a commitment against the reserve fund since that time.

In addition, some funds are available within the Library's FY1999 budget: \$5,000 from Computer Software; and \$6,000 in Consulting, which can be supplemented with an additional \$9,000 from Outside Services. These funds from the existing 1999 Library budget sources total \$20,000. (These funds were originally budgeted in anticipation of the library automation project).

*Note: These amounts have already been considered in the supplemental request above.*

520001	Consulting Fees	\$6,000
520020	Outside Services	9,000
525300	Computer Software	<u>5,000</u>
	Total Alternative Funding	\$20,000

*Division of Science*

(Cost Center 090-0650-XXX).....\$2,550

At the June 1999 Board of Trustees meeting, Dr. Rose indicated that he wished to expand the membership of the Interagency Task Force on the Association's Role in Evidence-Based

Dentistry. This request is for funding costs associated with three additional members for this Task Force.

515101	Volunteer Travel	\$1,350
515201	Ground Transportation	300
515301	Volunteer Per Diem	250
515401	Volunteer Lodging	550
515500	Volunteer Meals	<u>100</u>
	Total Expenses	\$2,550

No alternative funding submitted.

*Division of Science*

(Cost Center 090-0650-XXX).....\$3,350

At the June 1999 Board of Trustees meeting, Dr. Rose indicated that he wished to expand the membership of the Planning Committee on Oral Systemic Health Interactions. This request is for funding costs associated with four additional members for this Planning Committee.

515101	Volunteer Meals	\$1,800
515201	Volunteer Travel	400
515301	Volunteer Per Diem	300
515401	Volunteer Lodging	700
515501	Volunteer Meals	<u>150</u>
	Total Expenses	\$3,350

No alternative funding submitted.

**Total Supplemental Appropriation  
Requests for the 1999 Contingent  
Fund—August Session**

**\$192,250**

**Total from Contingent Fund**

**\$185,500**

**Total Alternative Funding Accepted**

**\$ 26,750**

**Contingent Fund Balance**

**\$ 82,600**

**Financial Recap:** Dr. Rosas addressed the Board regarding financial issues. As a matter of information, he noted that at the beginning of the August Board of Trustees meeting the proposed 2000 budget had a deficit of \$1,454,150. Based on Board actions affecting the 2000 budget, the deficit increased to \$1,497,950.

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

**Amendment of the ADA Bylaws Regarding the Office of Treasurer:** Upon reconsideration it was suggested that the proposal for the election of the Treasurer as presented in Resolutions 22 and 22B, does not allow time for the newly elected Treasurer to observe all aspects of the



budgetary process prior to assuming office. It was suggested that the resolution could be further amended to provide for the election of a Treasurer-elect, thereby allowing an individual to become acclimated to the office before the retiring Treasurer leaves. The Board agreed, due to extensive *Bylaws* revisions, to develop a more detailed proposal and postpone the discussion until the October Board meeting.

#### **Legal (continued)**

##### **Report of Committee to Evaluate Endorsement**

**Policies:** Mr. Sfikas discussed the Attorneys General report on endorsement issues and noted there is a growing trend of plaintiffs' lawyers suing Associations for standard-making types of activities.

#### **New Business**

**Departure of Dr. Koelbl, group associate executive director, Professional Services and associate executive director, Education:** The Board of Trustees warmly recognized the departure of Dr. Koelbl with a standing ovation.

**Appointment of Liaison to the Alliance of the American Dental Association:** It was noted that sometimes the President's schedule did not allow opportunities for meetings with the Alliance. As a way of strengthening the working relationship with the Alliance, it was proposed that the President appoint a Board member to serve as a liaison to the Alliance. The Board adopted the following resolution.

**B-171-1999. Resolved,** that annually the President appoint an ADA vice president as a liaison to the Alliance of the American Dental Association.

**Exit Interviews of Retiring Board Members:** The Board adopted the following resolution.

**B-172-1999. Resolved,** that annually at the pre-annual session Board of Trustees meeting, the President and President-elect conduct exit interviews with retiring Board members and their spouses.

**Depreciation Figures of Laptop Computers:** Noting that retiring officers and trustees are given the opportunity to purchase their laptop computers, it was requested that depreciation figures and information as to how the purchase price for the equipment is determined be presented at the October Board meeting.

**Adjournment:** The Regular Meeting of the Board of Trustees was adjourned at 2:33 p.m. for the purpose of convening meetings of the Shareholder of the ADA Holding Company, Inc.; the Stockholder of the American Dental Real Estate Corporation; the Shareholder of the ADA Risk Purchasing Group, Inc. and the Member of the ADA Health Foundation.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 2:40 p.m.

## Appendix 1

### List of Approved Consultants by Agency

#### Council on Access, Prevention and Interprofessional Relations

Bakemeier, Richard, M.D., Denver  
 Barker, Bruce F., D.D.S., Kansas City, MO  
 Berkey, Douglas B., D.M.D., Denver  
 Braun, Thomas W., D.M.D., Ph.D., Pittsburgh  
 Brunson, Diane, R.D.H., M.P.H., Denver  
 Carpenter, William M., D.D.S., M.S., San Francisco  
 Ceridan, Barry W., D.D.S., Louisville, KY  
 Christen, Arden, D.D.S., M.S.D., M.A., Indianapolis  
 Coffee, Larry M., D.D.S., Denver  
 Connolly, Gregory, D.M.D., M.P.H., Boston  
 Crawford, Robert N., D.D.S., Clearwater, FL  
 Crews, Karen M., D.M.D., Jackson, MS  
 Easley, Michael, D.D.S., M.P.H., Buffalo, NY  
 Edelstein, Burton L., D.D.S., New London, CT  
 Fenton, Sanford, D.D.S., M.D.S., Memphis, TN  
 Fine, Jared I., D.D.S., M.P.H., Oakland, CA  
 Glick, Michael, D.M.D., M.S., Philadelphia  
 Heintz, William, D.D.S., Columbus OH  
 Helfrick, John F., D.D.S., M.S., Houston  
 Henry, Robert, D.M.D., M.P.H., Lexington, KY  
 Horowitz, Herschel, D.D.S., M.P.H., Bethesda, MD  
 Hurst, Peter S., D.D.S., Chicago  
 Kleponis, Jerome, D.M.D., Danville, PA  
 Kramer, Randall, Ph.D., San Francisco  
 Kumar, Jayanth V., D.D.S., Clifton Park, NY  
 Lynch, Malcolm A., D.D.S., M.D., Philadelphia  
 Mecklenburg, Robert, D.D.S., M.P.H., Potomac, MD  
 Milner, William, D.D.S., Asheboro, NC  
 Mito, Ronald, D.D.S., Los Angeles  
 Mouden, Lynn D., D.D.S., M.P.H., Jefferson City, MO  
 Newbrun, Ernest, D.M.D., Ph.D., San Francisco  
 Palmer, Carole, R.D., Ph.D., Boston  
 Park, Barbara Z., R.D.H., M.P.H., Atlanta  
 Persons, Jeffrey E., D.D.S., Tustin, CA  
 Peterson, Douglas, D.M.D., Ph.D., Farmington, CT  
 Rankin, Kathleen Vendrell, D.D.S., Dallas  
 Redding, Spencer W., D.D.S., San Antonio  
 Reeves, Tom, P.E., Atlanta  
 Roser, Steven M., D.M.D., M.D., New York  
 Shields, Thomas E., II, D.D.S., Tallahassee, FL  
 Silverman, Sol, Jr., D.D.S., M.A., San Francisco  
 Stafne, Eric E., D.D.S., M.S.D., Minneapolis  
 Strayer, Michael S., D.D.S., M.S., Columbus, OH  
 Tempero, Richard, D.D.S., Omaha, NE  
 Tinanoff, Norman, D.D.S., Farmington, CT  
 Tucker, W. Mark, D.D.S., Tampa, FL  
 Winn, Deborah, Ph.D., Bethesda, MD

#### Council on ADA Sessions and International Programs

Berthold, Peter, L.D.S., D.M.D., Ph.D., Philadelphia  
 Chothia, Hashim, D.D.S., M.S.D., Seattle  
 Cohen, Lois, K., M.S., Ph.D., Bethesda, MD  
 Cooper, Hugh, D.D.S., Ann Arbor, MI  
 DeBiasi, Gilbert F., D.D.S., Richmond, VA  
 Di Mango, Anthony L., D.D.S., Brooklyn, NY  
 Dickinson, Terry D., D.D.S., Richmond, VA  
 Edwab, Robert R., D.D.S., Brooklyn, NY  
 Erickson, Jerome A., D.D.S., Minneapolis  
 Gartz, Roger C., D.D.S., Los Alamos, NM  
 Hagman, Gerrit C., D.D.S., M.S.D.; Atlanta  
 Hazlewood, Arther I., D.D.S., M.P.H., Brooklyn, NY  
 Kell, Kathryn A., D.D.S., M.H.C.A.; Davenport, IA  
 Kirk, Ann B., D.D.S., Sudbury, MA  
 Kondis, Stephen L., D.M.D., Pittsburgh  
 Kriegsman, Robert M., D.D.S., Greensboro, NC  
 Leff, Gary S., D.D.S., M.P.H., M.S., Falls Church, VA  
 Mackler, Stephen B., D.D.S., M.S., Greensboro, NC  
 Menell, Howard B., D.D.S., Scarsdale, NY  
 Richter, Neal B., D.D.S., Merrillville, IN  
 Serio, Francis G., D.M.D., M.S., Jackson, MS  
 Spohn, Eric E., D.D.S., M.S., Lexington, KY  
 Tom, Alan Y., D.D.S., Aiea, HI  
 Topazian, Richard G., D.D.S., Farmington, CT  
 Warpeha, Rosalie A., D.D.S., M.P.H., Arlington, MA  
 Woodside, Honore, D.D.S., Skokie, IL

#### Council on Communications

Tonne, William J., D.D.S., Savanna, IL

#### Council on Dental Benefit Programs

Bates, Bruce, D.D.S., Roseville, MN  
 Crall, James, D.D.S., Farmington, CT  
 Eschbach, Steven, F.S.A., Denver  
 Pfeifer, Philip, Cary, NC  
 Shugars, Daniel, D.D.S., Chapel Hill, NC  
 Webb, Leslie, Jr., D.D.S., Richmond, VA

#### Council on Dental Education and Licensure

Beemsterboer, Phyllis, Ph.D., Los Angeles  
 Boyle, Ann M., D.M.D., Alton, IL  
 Burton, John F., D.D.S., Columbia, SC  
 Chandler, John D., D.D.S., Huntsville, TX  
 Damm, Douglas D., D.D.S., Lexington, KY  
 Dolan, Teresa A., D.D.S., Gainesville, FL  
 Doyle, Peter K., D.D.S., Williamsville, NY  
 Epstein, Ralph H., D.D.S., Great Neck, NY  
 Feldman, Cecile, D.D.S., Newark, NJ

Finkbeiner, Betty Ladley, Ann Arbor, MI  
 Goldblatt, Lawrence I., D.D.S., Indianapolis  
 Harman, D. William, Ph.D., Dallas  
 Jastak, J. Theodore, D.D.S., Coupeville, WA  
 Krell, Keith V., D.D.S., Iowa City, IA  
 LeMaster, Sharon, Ph.D., Lawrenceville, GA  
 Lengowski, Thomas G., D.D.S., Mandan, ND  
 McIntyre, Edward W., D.D.S., Edmonton, Alberta,  
 Canada

McTigue, Dennis J., D.D.S., Columbus, OH  
 Mercuri, Louis G., D.D.S., Maywood, IL  
 Moore, A. Kenneth, Ph.D., Seattle  
 Nelson, Barbara, Las Vegas  
 Niccolai, Anne, R.D.H., Rochester, MN  
 Olson, Janet, R.D.H., Philadelphia, PA  
 Osterlind, Thomas R., D.D.S., Portland, OR  
 Parker, Dana Rafferty, D.M.D., Gainesville, FL  
 Patterson, E. C., D.D.S., Macon, GA  
 Revere, James H., Jr., D.D.S., Richmond, VA  
 Rude, Mary, D.D.S., Cleveland  
 Seaver, Daniel C., Lexington, KY  
 Setterberg, James C., D.D.S., Glenwood Springs, CO  
 Shapiro, Peter A., D.D.S., Seattle  
 Spohn, Eric E., D.D.S., Lexington, KY  
 Tibbetts, Leonard S., Jr., D.D.S., Dallas  
 Trummel, Clarence, D.D.S., Farmington, CT  
 Valentine, Bruce, D.D.S., Modesto, CA  
 Walls, Rose, Orlando, FL  
 Wathen, William F., D.D.S., Dallas  
 Weyant, Robert J., D.M.D., Pittsburgh  
 Williams, John N., D.D.S., Louisville, KY  
 Wilson, Stephen, D.M.D., Columbus, OH  
 Winkley, Gail, R.D.H., Augusta, GA  
 Winn, George H., D.D.S., New Prague, MN  
 Woldt, Janet L., R.D.H., Des Moines, IA

#### **Council on Dental Practice**

Abel, Stephen N., D.D.S., M.S., New York  
 Ahearn, David J., D.D.S., Westport, MA  
 Aurbach, Fred, D.D.S., Dallas  
 Barrett, Edward J., B.Sc., D.D.S., M.Sc., Toronto, Canada  
 Berman, Marvin H., D.D.S., Chicago  
 Berning, Randall K., J.D., Naples, FL  
 Bissell, Ben, Ph.D., Richmond, VA  
 Blaes, Joseph A., D.D.S., Chesterfield, MO  
 Bruce, Steven M., D.M.D., F.A.C.D., Boise, ID  
 Brucia, Jeff J., D.D.S., San Francisco  
 Burris, Michelle, R.D., Heath, TX  
 Canzona, Joseph E., D.D.S., M.S., M.D., Evanston, IL  
 Clarke, J. Henry, D.D.S., M.S., Portland, OR  
 Crossley, Harold L., D.D.S., Ph.D., Cockeysville, MD  
 Crumpton, Debra J., Elk Grove, CA  
 Danenberg, Alvin H., D.D.S., C.F.P., Charleston, SC  
 Doherty, Hugh F., D.D.S., C.F.P., Spring Lake Heights,  
 NJ  
 Donovan, Terry, D.D.S., Los Angeles

Eklund, Kathy J., R.D.H., M.P.H., Boston  
 Elliott, Anita, D.D.S., Chandler, AZ  
 Fetner, Alan E., D.M.D., Jacksonville, FL  
 Frazer, Robert L., Jr., D.D.S., Austin, TX  
 Freydsberg, Barry K., D.D.S., F.A.G.D., Skokie, IL  
 Goldstein, Jeffrey M., M.B.A., Los Angeles  
 Goldstep, Fay B., D.D.S., F.A.D.I., F.A.D.F.E., Markham,  
 Ontario, Canada  
 Govoni, Mary M., C.D.A., R.D.A., R.D.H., Okemos, MI  
 Gremillion, Henry A., D.D.S., M.A.G.D., Gainesville, FL  
 Harrison, Thomas C., D.D.S., Katy, TX  
 Hawkins, Diane S., Timonium, MD  
 Iczkovitz, Michael L., D.D.S., Fort Wayne, IN  
 Kearns, John R., D.D.S., M.B.A., Des Moines, IA  
 Kenny, David, J., B.Sc., D.D.S., Ph.D., Toronto, Canada  
 King, Robert H., Jr., D.D.S., Kennewick, WA  
 Ladov, Marvin J., D.D.S., New Brunswick, NJ  
 Lavine, Richard, M.D., Trenton, NJ  
 Levin, Mark, C.A.E., Columbia, MD  
 Levin, Roger P., D.D.S., M.B.A., Owings Mills, MD  
 Levy, Joseph V., Ph.D., Burlingame, CA  
 Lloyd, Joan, Milwaukee, WI  
 Low, Samuel B., D.D.S., M.S., M.Ed., Gainesville, FL  
 Madden, Robert, D.D.S., M.B.A., Littleton, CO  
 Mahan, Parker E., D.D.S., Ph.D., Gainesville, FL  
 Malamed, Stanley F., D.D.S., Los Angeles  
 Malcmacher, Louis J., D.D.S., F.A.G.D., Cleveland  
 Mattson, Rand T., D.D.S., Roy, UT  
 McKenzie, Sally, C.M.C., Fort Lauderdale, FL  
 McNeil, Kevin J., D.D.S., Wakefield, MA  
 Messina, Matthew J., D.D.S., Berea, OH  
 Miles, Dale A., D.D.S., M.S., F.R.C.D., Indianapolis  
 Miller, Chris H., Ph.D., Indianapolis  
 Minden, Nick, D.D.S., Gainesville, FL  
 Molinari, John A., Ph.D., Detroit  
 Morley, Jeff J., D.D.S., San Francisco  
 Oles, James F., D.D.S., Macomb, MI  
 Platt, George B., D.D.S., Little Rock, AR  
 Pollack-Simon, Risa, C.M.C., Scottsdale, AZ  
 Powell, G. Lynn, D.D.S., Salt Lake City  
 Pruden, Peter, D.D.S., P.C., Huntington, NY  
 Ranalli, Dennis N., D.D.S., M.D.S., Pittsburgh  
 Rossein, Keith, D.D.S., Malverne, NY  
 Schwab, David, Ph.D., Lake Mary, FL  
 Seltzer, Steven M., M.B.A., Harvard, MA  
 Sharifi, M. Nader, D.D.S., M.S., Chicago  
 Shay, Kenneth, D.D.S., M.S., Ann Arbor, MI  
 Sherman, Donald S., D.M.D., Arlington, MA  
 Shoup, Randolph K., D.D.S., Indianapolis  
 Smith, A. J., D.D.S., Salt Lake City  
 Smith, Scott W., B.Sc., C.P.E., C.I.E., Irvine, CA  
 Steinberg, Barbara J., D.D.S., Philadelphia  
 Stewart, Debra G., D.D.S., Houston  
 Stewart, Denice, D.D.S. M.H.S.A., Philadelphia  
 Stratigopoulos, George J., D.D.S., San Diego  
 Stromberg, M. Leif, D.D.S., M.A.G.D., Dallas

Sullivan, William J., M.D., Chicago  
 Svirsky, John A., D.D.S., M.Ed., Richmond, VA  
 Tekavec, Carol D., C.D.A., R.D.H., Pueblo, CO  
 Tracy, James, D.D.S., Las Vegas  
 Turbyfill, Walter F., D.M.D., West Columbia, SC  
 Turpin Seal, Teri L., Ph.D., Kansas City, MO  
 van Dyk, William, D.D.S., San Pablo, CA  
 Watson, David F., Jr., D.M.D., P.A., Greenville, SC  
 West, John D., D.D.S., M.S.D., P.S., Tacoma, WA  
 Wright, Robin, M.A., Evanston, IL  
 Yarnell, Kenneth, D.D.S., Madison, WI

#### **Council on Ethics, Bylaws and Judicial Affairs**

Bluitt-Foster, Juliann S., D.D.S., Chicago  
 Buford, Skip D., D.D.S., Shreveport, LA  
 Clark, Terrence A., D.M.D., Wilsonville, OR  
 Cutler, A. Riley, D.D.S., Boise, ID  
 Gallagher, William L., D.D.S., San Francisco  
 Gross, Ronald B., D.D.S., M.S., Pottstown, PA  
 Merritt, Grant W., D.D.S., Leawood, KS  
 Mitchell, G. Lewis, Jr., D.M.D., Gadsden, AL  
 Rosen, Robert, D.M.D., J.D., Wilmington, DE  
 Shapiro, Elizabeth, D.D.S., Amboy, IL

#### **Council on Membership**

Crumpton, Debra, Elk Grove, CA

#### **Council on Scientific Affairs**

Abel, Stephen, D.D.S., New York  
 Ahlstrom, Robert H., D.D.S., M.S., Reno, NV  
 Aquilino, Steven A., D.D.S., M.S., Iowa City, IA  
 Armitage, Gary C., D.D.S., M.S., San Francisco  
 Barsley, Robert E., D.D.S., J.D., New Orleans  
 Bayne, Stephen C., Ph.D., Chapel Hill, NC  
 Beck, James, Ph. D., Chapel Hill, NC  
 Boghosian, Alan A., D.D.S., Chicago  
 Boozer, Charles H., D.D.S., M.A., New Orleans  
 Brantley, William, Ph. D., Columbus, OH  
 Bronsky, Peter T., D.D.S., Endicott, NY  
 Brooks, Sharon, D.D.S., Ann Arbor, MI  
 Brunette, Donald, Ph.D., Vancouver, BC, Canada  
 Byrne, B. Ellen, D.D.S., Ph.D., Richmond, VA  
 Caffesse, Raul G., D.D.S., M.S., Houston  
 Carpenter, William M., D.D.S., M.S., San Francisco  
 Casamassimo, Paul, D.D.S., Columbus, OH  
 Chan, Jarvis T., D.D.S., Ph.D., Houston  
 Chang, Jeffrey C., D.D.S., M.S., Houston  
 Chee, Winston W. L., B.D.S., Los Angeles  
 Chilton, Neal W., D.D.S., M.S., Lawrenceville, NJ  
 Ciancio, Sebastian G., D.D.S., Buffalo, NY  
 Clark, Glenn T., D.D.S., Los Angeles  
 Clark, Morris S., D.D.S., F.A.C.D., Denver  
 Cleveland, Jennifer L., D.D.S., M.P.H., Chamblee, GA  
 Cohen, Mark, Ph.D., Great Lakes, IL  
 Cox, Charles F., D.M.D., M.S., Birmingham, AL  
 DePaola, Louis, D.D.S., Baltimore

Desjardins, Paul J., D.M.D., Ph.D., Austin, TX  
 Donovan, Terence E., D.D.S., Los Angeles  
 Douglas, Chester W., D.M.D., Ph.D., Boston  
 Feigal, Robert, D.D.S., Ann Arbor, MI  
 Ferracane, Jack L., Ph.D., Portland, OR  
 Ferraris, Daniel, D.M.D., South Burlington, VT  
 Fischman, Stuart L., D.D.S., Buffalo, NY  
 Fox, Philip C., D.D.S., Bethesda, MD  
 Fu, Karen, M.D., San Francisco  
 Fung, Eric, Ph.D., Lincoln, NE  
 Genco, Robert J., D.D.S., Ph.D., Buffalo, NY  
 Glick, Michael, D.M.D., Philadelphia  
 Goepp, Robert A., D.D.S., Ph.D., Chicago  
 Goodis, Harold E., D.D.S., San Francisco  
 Gorlin, Robert, D.D.S., M.S., Golden Valley, MN  
 Greenfield, William, D.D.S., New York  
 Greenspan, Deborah, B.D.S., San Francisco  
 Greenspan, John S., Ph.D., San Francisco  
 Hargreaves, Ken, D.D.S., San Antonio  
 Heymann, Harald O., D.D.S., Chapel Hill, NC  
 Horowitz, Herschel S., D.D.S., M.P.H. Bethesda, MD  
 Jacobsen, Peter L., D.D.S., Ph.D., San Francisco  
 Jacobson, Jed, D.D.S., Ann Arbor, MI  
 Jeffcoat, Marjorie K., D.M.D., Birmingham, AL  
 Jeske, Arthur H., B.S., D.M.D., Ph.D., Houston  
 Johnson, Glen H., D.D.S., M.S.E., M.S., Seattle  
 Kaplan, Edward L., M.D., Minneapolis  
 Keller, John C., Ph.D., Iowa City, IA  
 Kingman, Albert, Ph.D., Bethesda, MD  
 Kumar, Jayanth V., D.D.S., Albany, NY  
 Kyger, Billie Sue, D.D.S., Gallipolis, OH  
 Leary, J. Michael, D.D.S., Iowa City, IA  
 Lemons, Jack E., Ph.D., Birmingham, AL  
 Leonard, Daniel, D.D.S., San Antonio  
 Lingen, Mark W., D.D.S., Ph.D., Maywood, IL  
 Listgarten, Max A., D.D.S., Philadelphia  
 Mackenzie, Ian C., F.D.S., Ph.D., Ann Arbor, MI  
 Mackert, J. Rodway, Jr., D.D.S., Ph.D., Augusta, GA  
 Malamed, Stanley, D.D.S., Los Angeles  
 Mandel, Irwin D., D.D.S., New York  
 Marianos, Donald W., D.D.S., M.P.H., Pinetop, AZ  
 Mariotti, Angelo, D.D.S., Ph.D., Columbus, OH  
 Marshall, Milton, Ph.D., Houston  
 Marshall, Sally J., Ph.D., San Francisco  
 Matteson, Stephen, D.D.S., San Antonio  
 McGrath, Patricia A., M.S., Ph.D., London, Ontario, Canada  
 McNeill, Charles, D.D.S., San Francisco  
 Mealey, Brian, D.D.S., Niceville, FL  
 Mellonig, James, D.D.S., San Antonio  
 Miller, Arthur J., Ph.D., San Francisco  
 Miller, Chris H., Ph.D., Indianapolis  
 Mills, Shannon, D.D.S., Warner Robins, GA  
 Mitchem, John C., D.M.D., M.S., Portland, OR  
 Molinari, John A., Ph.D., Detroit  
 Moore, B. Keith, Ph.D., Indianapolis

Navia, Juan M., Ph.D., Birmingham, AL  
 Neiders, Mirdza E., D.D.S., S.M., Buffalo, NY  
 Newman, Michael G., D.D.S., Los Angeles  
 Norling, Barry, Ph.D., San Antonio  
 O'Brien, William, Ph.D., Ann Arbor, MI  
 Page, Roy C., D.D.S., Ph.D., Seattle  
 Pallasch, Thomas J., D.D.S., M.S., Los Angeles  
 Pashley, David H., D.M.D., Ph.D., Augusta, GA  
 Perdigão, Jorge, D.M.D., Ph.D., Chapel Hill, NC  
 Peterson, Larry J., D.D.S., M.S., Columbus, OH  
 Phero, James C., D.M.D., Cincinnati, OH  
 Powell, G. Lynn, D.D.S., Salt Lake City  
 Powers, John M., Ph.D., Houston  
 Progulsk-Fox, Ann, Ph.D., Gainesville, FL  
 Proskin, Howard M., Ph.D., Rochester, NY  
 Rees, Terry, D.D.S., M.S., Dallas  
 Reinhardt, John W., D.D.S., M.S., M.P.H., Iowa City, IA  
 Rekow, Diane, D.D.S., Newark, NJ  
 Ries, William, D.D.S., Charleston, SC  
 Roberts, W. Eugene, D.D.S., Indianapolis  
 Robinson, Peter J., D.D.S., Farmington, CT  
 Rothwell, Bruce R., D.M.D., M.S.D., Seattle  
 Rubenstein, Jeffrey E., D.M.D., M.S., Seattle  
 Rudd, Kenneth D., B.S., D.D.S., San Antonio  
 Schallhorn, Robert G., D.D.S., M.S., Aurora, CO  
 Schenkein, Harvey A., D.D.S., Ph.D., Richmond, VA  
 Schiff, Thomas, D.M.D., San Francisco  
 Sciubba, James, D.D.S., Ph.D., New Hyde Park, NY  
 Stamm, John W., D.D.S., D.D.P.H., M.Sc.D., Chapel Hill, NC  
 Stanford, Clark M., D.D.S., Ph.D., Iowa City, IA  
 Stanley, Harold R., D.D.S., M.S., Gainesville, FL  
 Stookey, George K., Ph.D., Indianapolis  
 Suzuki, Jon B., D.D.S., Ph.D., Pittsburgh  
 Swift, Edward J., D.M.D., M.S., Chapel Hill, NC  
 Taubert, Kathryn A., Ph.D., Dallas  
 Tibbets, Leonard, D.D.S., Arlington, TX  
 Toljanic, Joseph, D.D.S., Chicago  
 Triplett, Robert G., D.D.S., Ph.D., Dallas  
 Trummel, Clarence L., D.D.S., Ph.D., Farmington, CT  
 Van Dyke, Thomas E., D.D.S., M.S., Ph.D., Boston  
 Vigna, Edward, D.D.S., Lincoln, NE

Weaver, Joel M., II, D.D.S., Ph.D., Columbus, OH  
 Wefel, James S., Ph.D., Iowa City, IA  
 White, Joel, D.D.S., M.S., San Francisco  
 Wigdor, Harvey A., D.D.S., M.S., Chicago  
 Williams, Henry, Ph.D., Baltimore  
 Yagiela, John A., D.D.S., Ph.D., Los Angeles  
 Young, John M., D.D.S., San Antonio  
 Zambon, Joseph, D.D.S., Ph.D., Buffalo, NY  
 Zero, Domenick T., D.D.S., M.S., Rochester, NY

#### **Joint Commission on National Dental Examinations**

Haladyna, Thomas M., Ph.D., Phoenix  
 Littlefield, John, Ph.D., San Antonio  
 Ozar, David T., Ph.D., Chicago  
 Peltier, Bruce, Ph.D., San Francisco

#### **Commission on Relief Fund Activities/ADA Endowment and Assistance Fund, Inc.**

Patenaude, Raymond J., D.D.S., Augusta, ME

#### **Committee on the New Dentist**

Blakeslee, Kimberly C., D.D.S., Captain, Department of the  
Air Force  
 Kisella, John D., D.D.S., Major, Department of the Army  
 Mindiola, Michael J., D.D.S., Commander, U.S. Public  
Health Service  
 Shah, Reena, D.D.S., Chicago, IL

#### **Office of Related Groups/Student Affairs**

Collins, Charlotte, Medical University of South Carolina  
 Gill, Sean A., University of Pittsburgh  
 Hung, Cathy Y., Columbia University  
 Krische, Matt, University of Minnesota  
 Kupferman, Steven, Harvard University  
 Majumdar, Amith K., Temple University  
 Miner, Marcus R., University of Colorado  
 Richmond, Joni M., University of Iowa  
 Rosas, Reinaldo, University of Puerto Rico  
 Rouse, Christopher, Medical College of Georgia  
 Story, S. Hammond, IV, Medical College of Georgia  
 Tran, Nhu Q., Case Western Reserve University

# October 3-5, 1999

## Hilton Waikoloa Village, Waikoloa, Hawaii

**Call to Order:** The seventh session of the Board of Trustees was called to order by President S. Timothy Rose at 9:10 a.m. on Sunday, October 3, 1999, in Kona Ballroom 5 of the Hilton Waikoloa Village, Waikoloa, Hawaii.

**Roll Call:** The following officers were present: S. Timothy Rose, president; Richard F. Mascola, president-elect; Bettie R. McKaig, first vice president; Richard A. Smith, second vice president; Rene M. Rosas, treasurer; James T. Fanno, speaker of the House of Delegates; and John S. Zapp, executive director.

The following members of the Board of Trustees were present: Robert M. Anderton; George L. Bletsas; Steven M. Bruce; D. Gregory Chadwick; Ronald M. Chaput; Ross J. DeNicola, Jr.; Howard B. Fine; Henry W. Finger; Leo R. Finley, Jr.; T. Howard Jones; Chris Mangos; Patrick S. Metro; Myron L. Pudwill; Eugene Sekiguchi; Charles L. Siroky; and John W. Staubach.

The following staff members were present: L. Jackson Brown, associate executive director, Health Policy Resources Center; Brian M. Johnson, chief financial officer; James Y. Marshall, director, Council on Dental Benefit Programs and interim associate executive director, Dental Practice; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications; Dorothy J. Moss, associate executive director, Government Affairs; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Laura M. Neumann, associate executive director, Education; Carol M. Overman, senior associate executive director, Member and Support Services and associate executive director, Administration and Policy; Robert L. Owens, associate executive director, Information Technology and president and CEO, ADA Electronic Commerce Co.; Alison Owings, assistant executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and James H. Sweeney, group associate executive director, Business, Technical and Meeting Services, and CEO, ADA Financial Services Co.

Also in attendance for all or portions of the session were: Mr. James Berry, associate publisher, ADA Publishing Co., Inc.; Mr. Richard M. Berry, deputy general counsel; Dr. Lawrence Meskin, editor, *The Journal of the American Dental Association*; Ms. Laura Kosden, president and publisher, ADA Publishing Co., Inc.; and Ms. Beril Basman, director, Quality and Strategic Planning.

### Preliminary

**Approval of the Agenda:** The Board of Trustees adopted the following resolution.

**B-177-1999. 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-181-1999. Resolved,** that the minutes of the August 8-10, 1999 session of the Board of Trustees as presented be approved.

**Consent Calendar:** To expedite the business of the Board of Trustees, a consent calendar was presented that contained reports and resolutions with draft recommendations to adopt the original resolution or refer the resolution. Any member of the Board could ask for the removal of one or more of the reports or resolutions contained on the consent calendar. After several items were removed, the Board adopted the following resolution.

**B-182-1999. Resolved,** that the recommendations on resolutions contained on the Consent Calendar be approved.

### Budget and Business Matters

Report 25 of the Board of Trustees to the House of Delegates: Information Technology Project

Resolution 101—Sixteenth Trustee District: Inclusion of Programs and Projects Not Funded by the Association in Board Report 2. Recommendation: *Vote Yes*.

### Communications and Membership Services

Report 18 of the Board of Trustees to the House of Delegates: Status Report on the Alternative Public Awareness Campaign.

Report 20 of the Board of Trustees to the House of Delegates: ADA ONLINE Update.

Report 24 of the Board of Trustees to the House of Delegates: Update on 1998 and 1999 Membership Information.

Resolution 85—Fourth Trustee District: Allowable Income Level for Active Life Members. Recommendation: *Vote Yes*.

## Dental Benefits, Practice and Health

Report 19 of the Board of Trustees to the House of Delegates: Update on the Development of the Systematized Nomenclature of Dentistry.

Report 21 of the Board of Trustees to the House of Delegates: Findings and Results of an Updated Prediction Model.

Council on Access, Prevention and Interprofessional Relations Supplemental Report 2 to the House of Delegates: Response to Resolution 116H-1998—Identifying Barriers to Care for Needy Children.

Report 26 of the Board of Trustees to the House of Delegates: Update on the Study, Dentist and Patient Behavior in Response to Reimbursement Levels in Dental Benefit Plans.

Resolution 75—First Trustee District: Data Collection and Dissemination. Recommendation: *Vote Yes on Referral*.

## Dental Education and Related Matters

Resolution 71—Board of Trustees: Support for Lifelong Continuing Education for ADA Members. Recommendation: *Vote Yes*.

Report 17 of the Board of Trustees to the House of Delegates: Differences in the Dental and the Medical Education Process.

Report 23 of the Board of Trustees to the House of Delegates: Progress Report of the Joint Committee to Study the Comparability of the National Board Dental Examination Part II and the NERB Written Simulated Clinical Examination.

Resolution 89—Indiana Dental Association: Continuing Competency Position Paper. Recommendation: *Vote Yes on Referral*.

Resolution 82—Fifth Trustee District: Re-Evaluation of ADA Specialty Recognition Process. Recommendation: *Vote Yes on Referral*.

Resolution 96—Twelfth Trustee District: Timely National Board Examination Scores. Recommendation: *Vote Yes on Referral*.

## Legal and Legislative Matters

Resolution 92—Third Trustee District: Support for Fee-for-Service Models for Medicaid Programs. Recommendation: *Vote Yes*.

## Scientific Matters

Resolution 16S-1—Council on Scientific Affairs: Amendment of the Provisions for Acceptance of Products by the Council on Scientific Affairs—Use of Biodegradable and Recyclable Materials. Recommendation: *Vote Yes*.

Report 22 of the Board of Trustees to the House of Delegates: AIDS Update 1999.

## Reports and Resolutions Relating to the Reference Committee on Budget and Business Matters

**Report 25 of the Board of Trustees to the House of Delegates: Information Technology Project** (*Supplement:706*): The Board of Trustees transmitted Report 25 to the House of Delegates. (consent calendar action—no Board discussion). (Vote: Unanimous)

**Fifth Trustee District Resolution 86: Footnoting of Temporary Projects and Policies in Budget** (*Supplement:396*): The Board of Trustees transmitted Resolution 86 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: 18 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Sekiguchi, Siroky, Smith, Staubach; 1 No—Dr. Pudwill)

The Board supports a resolution that would codify current practices of denoting resolutions adopted by the House of Delegates with financial implications having a one-time expense. Such funding would be withdrawn in the subsequent year and removed from member dues.

Therefore the Board proposes the following substitute resolution.

**86B. Resolved**, that any resolution adopted by the House of Delegates which has a financial impact for a limited period of time be footnoted in the budget until such time as it reaches its conclusion, and be it further **Resolved**, that the cost per member for those resolutions be removed from the dues total when calculating the succeeding year's budget.

**Sixteenth Trustee District Resolution 101: Inclusion of Programs and Projects Not Funded by the Association in Board Report 2** (*Supplement:421*): The Board of Trustees transmitted Resolution 101 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)

**Sixteenth Trustee District Resolution 102: Budget Surplus** (*Supplement:422*): The Board of Trustees transmitted Resolution 102 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 8 Yes—Drs. Anderton, Chadwick, DeNicola,

Finger, Jones, McKaig, Smith, Staubach; 11 No—Drs. Bletsas, Bruce, Chaput, Fine, Finley, Mangos, Mascola, Metro, Pudwill, Sekiguchi, Siroky)

This resolution urges the Board to apply any surplus funds from the prior calendar year to the upcoming annual budget. Assuming surplus monies from previous years would have been transferred to the Reserve Restricted Account it would require Board authorization to release these funds for such purposes.

Reserve funds are enhanced by investment earnings and deposits of available surpluses. By essentially eliminating one source of reserve increases, these monies would only grow via favorable market results which are not assured and the reserve balance could be in jeopardy.

The proposed resolution does not define how an operating deficit would be treated in the upcoming budget. It would not seem unreasonable to authorize a dues increase in the event such a deficit should occur.

The Board does not favor this approach as the focus of the upcoming budget year would now be impacted by events two years in arrears. The Board believes that each budget year should be evaluated on its own merits and not subject to historical results. This adds another level of complexity that seems unnecessary.

**Sixteenth Trustee District Resolution 37S-1: Substitute for Resolution 37: Recommended Dues Increase (Supplement:421):** *The Board of Trustees transmitted 37S-1 to the House of Delegates with the following comment.*

The Board has been advised by the Speaker of the House of Delegates that Resolution 37S-1 is out of order. It is the opinion of the Speaker that the initial provision of the resolution, that is, the Board of Trustees take \$1.6 million from the reserves which is the net surplus from 1998 to offset the proposed deficit in the 2000 Budget is not in compliance with the *Rules of the House of Delegates*. This is a recommendation for a change in the 2000 budget which is properly phrased as follows:

**Resolved**, that the proposed budget be returned to the Board of Trustees for revision with the recommendation that the Board of Trustees take \$1.6 million from the reserves which is the net surplus from 1998 to offset the proposed deficit in the 2000 Budget.

In addition, Resolution 37S-1 not only combines two separate subjects but these subjects require different votes for adoption. The recommendation to revise the 2000 budget requires a simple majority vote, while the bylaw amendment to change the dues of active members requires a two-thirds majority vote. Only one subject should be considered at one time in a resolution.

## **Reports and Resolutions Relating to the Reference Committee on Communications and Membership Services**

### **Report of the Standing Committee on the New Dentist:**

**Recent Activities:** The Committee on the New Dentist (CND), a Board of Trustees standing committee, is charged through the ADA *Bylaws* mainly to provide the Board with expertise on issues affecting new dentists. This report summarized the Committee's January and July meetings and activities of 1999 such as: highlighting findings from the *1998 Survey on the Impact of Student Debt on New Dentists*, at the American Association of Dental Schools meeting for financial aid officers in January 1999; the ADA Office of Student Affairs' distribution and on-line posting of *Financial Planning Issues for Dental Students*; and the proposed development, with the Council on Dental Practice, of a financial management software product with corporate sponsorship funding as a new dentist member benefit, among others. The report also offered information on other Committee projects such as the New Dentist Committee Network, the New Dentist Transition Program and the transition-type seminar for first-year dental students, "Getting Off to a Smart Start." The 13<sup>th</sup> National Conference on the New Dentist, held July 29-31, 1999, was well attended with 359 registered new dentists, the report noted. After review, the Board unanimously transmitted the report to the House of Delegates as Report 28 of the Board of Trustees.

**Report 28 of the Board of Trustees to the House of Delegates: Recent Activities of the Standing Committee on the New Dentist (Supplement:715):** *The Board of Trustees ordered Report 28 transmitted to the House of Delegates. (Vote: Unanimous)*

**Sixteenth Trustee District Resolution 20S-1: Substitute to Resolution 20: Need of Dental Public Health Education and Oral Health Services in Underserved Countries (Supplement:420):** *The Board of Trustees transmitted Resolution 20S-1 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)*

The Board agrees with the spirit of this resolution. Recognizing that support does not necessarily mean financial support, the Board recommends deletion of this modification and adoption of the following substitute resolution.

**20S-1B. Resolved**, that the ADA recognizes the need for the education of providers of dental care in the underserved world and of its responsibility to support the efforts of legitimate organizations to assist in providing this service, and be it further  
**Resolved**, that the ADA remain pro-active in creating higher visibility and sensitivity in the needs of the underserved nationally and internationally with regard to oral health care.



**Report 18 of the Board of Trustees to the House of Delegates: Status Report on the Alternative Public Awareness Campaign** (*Supplement:695*): *The Board of Trustees ordered Report 18 transmitted to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 20 of the Board of Trustees to the House of Delegates: ADA ONLINE Update** (*Supplement:697*): *The Board of Trustees ordered Report 20 transmitted to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 24 of the Board of Trustees to the House of Delegates: Update on 1998 and 1999 Membership Information** (*Supplement:703*): *The Board of Trustees ordered Report 24 transmitted to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Fourth Trustee District Resolution 85: Allowable Income Level for Active Life Members:** *The Board of Trustees transmitted Resolution 85 to the House of Delegates with the following comment and recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

The Board appreciates the intent of the resolution to evaluate the impact of the requirement that any earned income, however modest, would place a dentist who achieves life member status into the active life member category. The Council on Membership has expressed similar concern regarding the potential loss of these dedicated members who have supported organized dentistry for so many years to achieve life member status. The Board notes that this year, 380 active life members did not renew their membership. As of September 10, 1999, the Association has a total of 27,052 life members, of which 7,650 are categorized as active life. The Board agrees that a study to consider the possible creation of an allowable income level (or hours worked) for active life members may need to be part of an overall discussion of the qualifications for both active and retired life membership. Therefore, the Board concurs with the Fourth District and supports a study and report to the 2000 House of Delegates.

**Third Trustee District Resolution 77: Funding for ADA Annual Session Opening Ceremony** (*Supplement:394*): *The Board of Trustees transmitted Resolution 77 with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The opening ceremonies of the annual session is an expense line item of the budget of the Council on ADA Sessions and International Programs. For the past two years this budget activity has been projected to be revenue neutral with expectation that corporate underwriting could be obtained to cover the cost of this event. Unfortunately,

under current Association sponsorship policy, such funding has not materialized to date. The time frame for planning and promoting the events which will occur during the annual session requires that a decision to include an activity must occur at least a year prior to the event. At that time, solicitation of sponsorship funding is just beginning, so a determination if funding for an activity will be forthcoming cannot be made.

As a part of its ongoing responsibility for the budget, the Board receives reports of what corporate sponsorship funding can be expected for annual session events. If it is determined that funding for the opening ceremonies will not be forthcoming, it must decide whether this event should still be scheduled and existing revenues be used to pay the cost or whether the opening ceremonies should be cancelled. The Board has in the past decided that canceling this event would reflect negatively on the reputation of the annual session.

**77B. Resolved**, that the Board of Trustees reevaluate the inclusion of the opening ceremonies in the Association budget, and be it further **Resolved**, that this evaluation should include a review of the cost of producing this event versus the benefit of scheduling it.

#### **Reports and Resolutions Relating to the Reference Committee on Dental Benefits, Practice and Health**

**First Trustee District Resolution 5S-1: Substitute for Resolution 5: Prioritization of Dental Care in Governmentally Sponsored Health Care Programs** (*Supplement:391*): *The Board of Trustees transmitted Resolution 5S-1 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: 11 Yes—Drs. Chadwick, Chaput, DeNicola, Finley, Mangos, Mascola, McKaig, Pudwill, Sekiguchi, Siroky, Smith; 8 No—Drs. Anderton, Bletsas, Bruce, Fine, Finger, Jones, Metro, Staubach)

The Board recognizes the concerns expressed by some of its members that a policy identifying possible prioritization of dental benefits under government sponsored programs may be used to justify benefit limitations in those programs. However, the amended wording in Resolution 5S-1 clearly states the Association's policy which calls for inclusion of a full range of dental services while at the same time allowing for the Association to provide guidance when prioritization of benefits in government programs is needed.

**5S-1. Resolved**, the Association recommends inclusion of a full range of dental services, but recognizes that prioritization of dental care in governmentally sponsored health care programs may be required in addressing the fiscal restraints under which these plans operate and recommends that, when dental benefits are prioritized, they be prioritized as follows:

1. Care of emergency oral conditions;
2. Diagnostic and preventive oral care;
3. Care for nonemergency oral diseases;
4. Treatment of nondisease related oral conditions.

**Sixteenth Trustee District Resolution 5S-2: Amendment to Resolution 5: Prioritization of Dental Care in Governmentally Sponsored Health Care Programs** (*Supplement:420*): *Based on its support for Resolution 5S-1, the Board believed Resolution 5S-2 to be moot. In its comment on Resolution 5S-2 the Board referred to its recommendation on Resolution 5S-1.*

**Fourteenth Trustee District Resolution 24S-1: Substitute for Resolution 24: Use of State Tobacco Settlement Funds** (*Supplement:415*): *The Board of Trustees transmitted Resolution 24S-1 to the House of Delegates with the following comment and recommendation to vote no on the substitute. (Vote: Unanimous)*

The Board understands the intent of Resolution 24S-1. However, the original focus of Resolution 24 by the Council on Access, Prevention and Interprofessional Relations was on the use of state tobacco settlement funds to reduce the morbidity and mortality associated with tobacco-related diseases. The Council notes, according to the Centers for Disease Control and Prevention, that tobacco use causes more than 430,000 deaths each year; one in three teen smokers will eventually die of smoking-related causes. The Board believes that Resolution 24 encompasses the desire of Resolution 24S-1 without diluting its intent.

Additionally, the Board believes that the Council used the term "underserved" populations deliberately in Resolution 24 and that, technically, underserved is the appropriate term for this policy. The Association's definition of "indigent" confines assistance to those at or below the federal poverty level (*Trans.1994:667*). Several state Child Health Insurance Programs, which were referred to in the original resolution, currently assist children from families that are 150-200% of the federal poverty level. Those families may be underserved (e.g., working poor) but they may not be indigent as defined in the proposed revisions.

It should be noted that there are several existing resources (e.g., the March 1999 Resource Packet on the Tobacco Settlement, ADA's Grassroots Action Team Network and *State Legislative Report*) available to assist state societies "lobby their respective state administrative and legislative branches to allocate the state's tobacco settlement funds to provide dental services for their indigent populations."

Regarding the proposed revisions to the last resolving clause of Resolution 24, there are existing policies and programs geared toward "designing additional strategies to fund indigent dental care." Examples of existing policies and program resources include the AIM for Change Conference Proceedings, Access program resource packet and program compendium, "Guidelines

for Dental Societies in Cooperating with Consumers" (*Trans.1971:51, 486*); "Access to Professional Dental Care" (*Trans.1996:869*); and "Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care" (*Trans.1979:357, 596*).

Therefore, the Board recommends that Resolution 24S-1 not be adopted.

**Fourteenth Trustee District Resolution 34S-1: Substitute for Resolution 34: Reassignment of the Development and Maintenance of Dental Practice Parameters** (*Supplement:416*): *The Board of Trustees transmitted Resolution 34S-1 to the House of Delegates with the following comment and recommendation to vote no on the substitute. (Vote: 1 Yes—Dr. Siroky; 18 No—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Smith, Staubach)*

The Board concurs with the sentiment that the issue of dental practice parameters has relevance to multiple agencies of the Association as evidenced by the composition of the original Dental Practice Parameters Committee (DPPC). In that regard, the Board notes that Council on Dental Benefit Programs' Office of Quality Assessment and Improvement operates with a Council subcommittee that is composed of representatives from four councils: Dental Practice, Dental Education and Licensure, Government Affairs and Dental Benefit Programs. It is to this subcommittee that the Board expects the Council on Dental Benefit Programs to assign the parameters activity and which would be guided by the protocols for maintaining the parameters as specified in Board Report 20 (*Trans.1996:502*). Further, the Board believes that the maintenance of the parameters is best conducted within the context of other practice assessment tools that the Office of Quality Assessment and Improvement Subcommittee oversees. For these reasons the Board recommends that Resolution 34S-1 not be adopted.

**Sixteenth Trustee District Resolution 34S-2: Amendment to Resolution 34: Reassignment of the Development and Maintenance of Dental Practice Parameters** (*Supplement:420*): *The Board of Trustees transmitted Resolution 34S-2 to the House of Delegates with the recommendation to vote yes on the substitute. (Vote: 17 Yes—Drs. Anderton, Bruce, Chadwick, Chaput, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach; 2 No—Drs. Bletsas, DeNicola)*

**Fourteenth Trustee District Resolution 35S-1: Substitute for Resolution 35: Proposed Continuation of the Direct Reimbursement Campaign** (*Supplement:417*): *The Board of Trustees transmitted Resolution 35S-1 to the House of Delegates with the following comment and recommendation to vote no on the substitute. (Vote: 5 Yes—Drs. Bletsas, Fine, Finger, Finley, Siroky; 14 No—Drs. Anderton, Bruce, Chadwick,*

Chaput, DeNicola, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Smith, Staubach)

The Association policy regarding the budget approval process precludes one House of Delegates from committing a future House to funding a particular program or project. Consequently, each year's funding for the current Direct Reimbursement campaign has been approved annually through the Association's normal budget process. The same will be true should Resolution 35 be adopted and the 2000 budget approved. Some members expressed a preference for having the DR Campaign voted on each year by the House of Delegates. However, it was pointed out that the overall campaign strategy benefits from having a long range plan and projected time frame for implementation. The Board, therefore, recommends that Resolution 35S-1 not be adopted.

**Delegate Fred E. Aurbach, Texas, Resolution 69: Dental Claims Processing** (*Supplement:423*): *The Board of Trustees transmitted Resolution 69 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: 18 Yes—Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Sekiguchi, Siroky, Smith, Staubach; 1 No—Dr. Pudwill)

The Board is sympathetic to the sentiment expressed in the background statement for Resolution 69 regarding the patient's ultimate responsibility for submitting claims and dealing with third-party payers. However, as a practical matter, the solution proposed in Resolution 69 may be unattainable and potentially detrimental to the continued existence of even well designed and administered dental benefit plans. The Board suggests that Resolution 69 could be improved by replacing the word "seek" in the first sentence with the word "support." The Board recommends that the following substitute resolution be adopted.

**69B. Resolved**, that the American Dental Association support legislation, and/or a directive through agency rules and/or regulations, that requires the purchaser of a dental benefit program to also provide a means, other than dental offices, through which the recipient of the benefit can process a claim.

**Report 19 of the Board of Trustees to the House of Delegates: Update on the Development of the Systematized Nomenclature of Dentistry** (*Supplement:696*): *The Board of Trustees ordered Report 19 transmitted to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 21 of the Board of Trustees to the House of Delegates: Findings and Results of an Updated Prediction Model** (*Supplement:698*): *The Board of*

*Trustees ordered Report 21 transmitted to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Access, Prevention and Interprofessional Relations Supplemental Report 2 to the House of Delegates: Response to Resolution 116H-1998—Identifying Barriers to Care for Needy Children** (*Supplement:306*): *The Board of Trustees transmitted the Council's Supplemental Report to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 26 of the Board of Trustees to the House of Delegates: Update on the Study, Dentist and Patient Behavior in Response to Reimbursement Levels in Dental Benefit Plans** (*Supplement:708*): *The Board of Trustees ordered Report 26 transmitted to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Fourteenth Trustee District Resolution 73: Development of a Dental Vocabulary for the XML Computer Language** (*Supplement:418*): *The Board of Trustees transmitted Resolution 73 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board recognizes the importance and complexities of this issue as well as the priority given to it by the ADA Standards Committee on Dental Informatics. The Committee already consists of the representatives named in Resolution 73 and has regular meetings that are open to all interested parties at their own expense. Also, the Board has been advised that the Committee notifies interested parties of their meeting schedule. For these reasons, the Board recommends that Resolution 73 not be adopted.

**First Trustee District Resolution 75: Data Collection and Dissemination** (*Supplement:392*): *The Board of Trustees transmitted Resolution 75 to the House of Delegates with the following comment and recommendation to vote yes on referral* (consent calendar action—no Board discussion). (Vote: Unanimous)

The Board believes that the potential scope of Resolution 75 is too vague as presently written to reasonably determine a financial implication. Further, the phrase "commercial exploitation" in the second resolving clause is undefined and may have unintended implications for the Association. Therefore, the Board feels that the issues raised in the background information provided with Resolution 75 should be referred to the appropriate Association agencies for further study and recommendations.

**Sixteenth Trustee District Resolution 99: Altering of a Dental Treatment Plan by a Third Party** (*Supplement:421*): *The Board of Trustees transmitted Resolution 99 to the House of Delegates with the*

*following comment and recommendation to vote no.*  
(Vote: Unanimous)

The Board believes that Resolution 99 does not completely address the issue and that Resolution 83B is a more comprehensive policy statement on inappropriate treatment plan review. Therefore, the Board recommends that Resolution 99 not be adopted.

**Third Trustee District Resolution 83: Alteration of Dental Treatment Plans by Third-Party Claims Analysis** (*Supplement:394*): *The Board of Trustees transmitted Resolution 83 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board believes that Resolution 83 should be amended to more clearly and completely address the issue of inappropriate claims review by third parties. The Board recommends that the word "altering" be changed to "challenge" and that reference to equivalent training be included. Finally, the Board believes that current policy on this issue should be cited in the resolution itself. Therefore, the Board proposes the following substitute resolution.

**83B. Resolved**, that in consideration of existing policy on standards for dental benefit plans (*Trans. 1993:696*), the challenge of a dental treatment plan by a third-party claims analysis is considered diagnosis and thereby constitutes the practice of dentistry, which can only be performed by a dentist who has equivalent training with that of the submitting dentist, and who is also licensed in the state in which the procedures are being performed, and be it further

**Resolved**, that the ADA encourage the adoption of this position by the American Association of Dental Examiners, all state dental associations, and all states' boards of dentistry, and be it further

**Resolved**, that the ADA urges the American Association of Dental Examiners, all state dental associations and all states' boards of dentistry to pursue legislation and/or regulations to meet this end.

**Eleventh Trustee District Resolution 100: Study of Denturty** (*Supplement:410*): *The Board of Trustees transmitted Resolution 100 to the House of Delegates with the recommendation to vote yes.* (Vote: 11 Yes—Drs. Bletsas, Bruce, Chadwick, Chaput, Fine, Finley, Mangos, Mascola, Metro, Siroky, Staubach; 8 No—Drs. Anderton, DeNicola, Finger, Jones, McKaig, Pudwill, Sekiguchi, Smith)

**Indiana Dental Association Resolution 79: Expansion of ADA Direct Reimbursement Activities to Include National Broker Education/Training Efforts** (*Supplement:388*): *The Board of Trustees transmitted Resolution 79 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: 12 Yes—Drs. Anderton, Bletsas,

Chadwick, Chaput, DeNicola, Finger, Finley, Jones, Mangos, McKaig, Siroky, Smith; 7 No—Drs. Bruce, Fine, Mascola, Metro, Pudwill, Sekiguchi, Staubach)

The Board is sympathetic to the intent of Resolution 79. It was advised that the Council on Dental Benefit Programs has already begun discussions of how broker contact and training can be maintained where necessary using existing staff and resources. In addition, the Council has been assured that ADRP will provide its resource files to the ADA. For this reason, the Board believes that Resolution 79 should be referred to the Council for further consideration of any additional resources that may be needed in the future.

**Fourth Trustee District Resolution 84: Systematized Nomenclature of Dentistry** (*Supplement:396*): *The Board of Trustees transmitted Resolution 84 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 1 Yes—Dr. Finger; 18 No—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

The Board notes that a SNODENT Education Task Force has been appointed by the ADA President to oversee the conduct of field testing of the diagnostic codes in order to evaluate their practical application in private dental offices. A progress report on this activity will be given to the Board in December. With regard to a new uniform dental claim form, it is already in production and circulation for implementation on January 1, 2000. While the new claim form contains space for diagnostic codes, the codes themselves have not been released for general use with the exception of a small number of examples that were published in *CDT-3* for informational purposes only. Therefore, the Board recommends that Resolution 84 not be adopted.

**Fifth Trustee District Resolution 87: Termination of the Dental Indicators Program** (*Supplement:398*): *The Board of Trustees transmitted Resolution 87 to the House of Delegates with the following comment and recommendation to vote yes.* (Vote: 15 Yes—Drs. Anderton, Bletsas, Bruce, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, Metro, Siroky, Smith, Staubach; 4 No—Drs. Chadwick, McKaig, Pudwill, Sekiguchi)

Upon further investigation, the Board shares the opinion that the indicators concept as presently conceived is problematic and may pose a potential risk to individual dentists and the profession. Additionally, the Board perceives the indicators to be in the realm of public health and have little benefit to dentists and the Association. Therefore, the Board recommends that Resolution 87 be adopted.

**Tenth Trustee District Resolution 88: Mathematical Analysis of Health Care Related Data**

(Supplement:410): *The Board of Trustees transmitted Resolution 88 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Seventh Trustee District Resolution 111: Third-Party Payers Overpayment Recovery Practices**

(Supplement:403): *The Board of Trustees transmitted Resolution 111 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Recess:** The Board recessed for lunch at 12:04 p.m. and reconvened at 1:00 p.m.

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

**Fourteenth Trustee District Resolution 11S-1: Substitute for Resolution 11: Proposed Changes to the Association's Guidelines for Licensure**

(Supplement:414): *The Board of Trustees transmitted Resolution 11S-1 to the House of Delegates with the following comment and recommendation to vote no on the substitute.* (Vote: 3 Yes—Drs. Finger, Finley, Staubach; 16 No—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith )

The objective of Resolution 11 is to support the licensure requirement that graduates of nonaccredited dental educational programs complete supplementary education in accredited dental schools, while giving state boards of dentistry the latitude to license by credentials those dentists licensed in other states, who have equivalent, but different, educational credentials. Some states grant initial licenses to dentists, who have graduated from nonaccredited dental schools, without requiring additional education in an accredited program. Resolution 11S-1 reduces the latitude of state boards to license these dentists, even though they have acceptable practice records. The Board, therefore, supports the original resolution as presented by the Council on Dental Education and Licensure and concurs with its rationale.

**First Trustee District Resolution 23S-1: Substitute for Resolution 23: Study of Improvements to the Dental Residency Accreditation Process** (Supplement:391): *The Board of Trustees transmitted Resolution 23S-1 to the House of Delegates with the following comment and recommendation to vote no on the substitute.* (Vote: 2 Yes—Drs. Chaput, Fine; 17 No—Drs. Anderton, Bletsas, Bruce, Chadwick, DeNicola, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

The Board believes that review of the accreditation program for postdoctoral general dentistry residency programs, i.e., general practice residency (GPR) and

advanced education in general dentistry (AEGD) programs, is premature at this time. The Commission initiated a revision of the current accreditation standards for GPR programs in January 1994; revision on the AEGD standards began in January 1996. Input from the communities of interest was sought during the revision period. The Commission adopted revised accreditation standards for GPR and AEGD programs in July 1998 with an implementation date of January 1, 2000.

In addition, the Commission has implemented new accreditation status terms and definitions which stipulate that a program found to have deficiencies must be in full compliance with the standards within specified periods of time (*Reports* 1999:72). Evidence of compliance with the cited standards must be demonstrated within 18 months if the program is between one and two years in length or two years if the program is at least two years in length. A program's failure to comply within the specified time will result in accreditation being withdrawn. In the past it was possible for a program with deficiencies to remain accredited for several years. This is no longer the case.

The Board believes that it is too soon to assess the impact of the revised standards and the new accreditation status definitions on the quality of the AEGD and GPR programs. Further, a comprehensive study of the accreditation process was conducted and reported to the House in 1996 (*Supplement* 1996:497). The Board does not believe that a second study at this time would be cost effective.

The Board also noted that a similar resolution, Resolution 117H-1998 (*Trans.* 1998:747), was adopted by the House last year. The Commission on Dental Accreditation's response to Resolution 117H-1998 is presented in its 1999 Annual Report to the House (*Reports* 1999:75). At its January 1999 meeting, the Commission affirmed that revision of accreditation standards is initiated when the need for such revision has been documented. In this case, there has been no documented evidence suggesting that further revisions of the AEGD or GPR standards are warranted at this time.

For these reasons, the Board believes that funding a study to evaluate the present system of accrediting AEGD and GPR programs is premature and that such an undertaking should be explored after the new accreditation standards have been implemented and their effectiveness can be evaluated.

**Report 6 of the Board of Trustees to the House of Delegates: Allied Personnel Recruitment and Retention** (Supplement:597): *The Board of Trustees ordered Report 6 and the appended Resolution 68 transmitted to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Report 16 of the Board of Trustees to the House of Delegates: Proposed Definition of Continuing Competency and Consideration of 1998 Resolution on In-Office Audits and Lifelong Learning** (Supplement:685): *The Board of Trustees ordered Report*

16 and the following resolutions transmitted to the House of Delegates.

*Resolution 70—Definition of Continuing Competency.* At its August 1999 session the Board of Trustees reviewed a proposed definition of continuing competency which it subsequently amended and adopted (Resolution B-147-1999). Upon review of the definition at this session, the Board of Trustees made further refinements which were reflected in Resolution 70. *Subsequently, the Board of Trustees transmitted Resolution 70 to the House of Delegates with the recommendation to vote yes.* (Vote: 17 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Sekiguchi, Siroky, Smith, Staubach; 2 No—Drs. DeNicola, Pudwill)

*Resolution 71—Support for Lifelong Continuing Education for ADA Members.* The Board of Trustees transmitted Resolution 71 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 17 of the Board of Trustees to the House of Delegates: Differences in the Dental and the Medical Education Process** (Supplement:688): *The Board of Trustees ordered Report 17 transmitted to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 23 of the Board of Trustees to the House of Delegates: Progress Report of the Joint Committee to Study the Comparability of the National Board Dental Examination Part II and the NERB Written Simulated Clinical Examination** (Supplement:702): *The Board of Trustees ordered Report 23 transmitted to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Indiana Dental Association Resolution 80: Opposition to Pew Report Recommendations** (Supplement:389): *The Board of Trustees transmitted Resolution 80 to the House of Delegates with the following comment and recommendation to vote yes on the substitution.* (Vote: Unanimous)

The Board supports the intent of this resolution. However, the Board believes that the resolution should be revised to appropriately reflect the role of the constituent societies in matters related to state legislative initiatives. In addition, the Board wished to note that it takes exception with the last statement in item number 4 of the background statement. The Board recommends adoption of the following substitute resolution:

**80B. Resolved**, that the American Dental Association vigorously opposes the use of the October 1998 Pew Report, "Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation" in developing federal legislation and or regulations, and be it further

**Resolved**, that the Association urge its constituent societies to vigorously oppose use of the 1998 Pew Report in developing state legislation and or regulations.

**Indiana Dental Association Resolution 89: Continuing Competency Position Paper** (Supplement:389): *The Board of Trustees transmitted Resolution 89 to the House of Delegates with the recommendation to vote yes on referral* (consent calendar action—no Board discussion). (Vote: Unanimous)

The Board concurs with the intent of this resolution. The Board noted that activities proposed by the first resolving clause of this resolution are consistent with actions taken by the Board at its August 1999 meeting in conjunction with its consideration of the Report of the Task Force to Review Implications of the Pew Report and Develop a Definition of Continuing Competency. Specifically, Resolution B-148 directs the appropriate agencies of the Association to: "...continue to monitor the environment and professional and regulatory activities related to continuing competency..."

In considering the second resolving clause of this resolution, the Board carefully reviewed the proposed position paper on continuing competency that accompanied the resolution. The Board noted that the paper highlights important issues and perspectives associated with this matter. The Board believes the draft position paper presents perspectives and contains other valuable information that would be useful to the recently appointed Task Force. The Board noted that the Task Force has been charged with the responsibility to develop an ADA position paper on the issues of regulatory boards, government structure, professional authority, and continuing competency and other appropriate issues focusing on the theme "Dentistry – The Model Profession." The position paper will be presented to the Board of Trustees at its April 2000 meeting for approval. In light of the actions taken by the Board in August 1999, the Board recommends that the resolution and its proposed position paper be referred to the Task Force to Develop a Position Paper – "Dentistry – The Model Profession."

**Indiana Dental Association Resolution 78: Student Recruitment** (Supplement:388): *The Board of Trustees transmitted Resolution 78 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board agrees that there is a need to develop a recruitment strategy for recruiting qualified students into dentistry. Establishment and implementation of an ongoing recruitment effort requires that the Association commit resources to be used in implementing the identified recruitment strategies, e.g., career brochures, fact sheets on careers in dentistry, videos, tabletop exhibits, media releases, publications and other career promotion materials, and information and links through the ADA ONLINE. The Board noted that in 1985, the

Association, in a joint effort with the AADS, established the SELECT Program to encourage highly qualified individuals to consider careers in dentistry. Through actions of both organizations, SELECT was discontinued after calendar year 1993. In 1994, ADA career guidance activities were under the purview of the Council on Dental Education and Licensure and implemented through the Department of Career Guidance rather than the SELECT program (*Reports* 1994:78). During 1995 and early 1996, the Department of Career Guidance was phased-out when the proposed funding for this activity was reduced in 1995 and eliminated in 1996 during the budgeting process. For this reason, the Board believes that the financial implications of implementing a recruitment program should be considered by the ADA House before implementation of the activity. The one-time financial implication of \$7,200 noted above applies to both Resolutions 78 and 78B and covers the cost of a six-member task force meeting once in the year 2000 to develop a detailed proposal for a recruitment campaign.

In 1998, the House adopted a similar resolution related to the recruitment of allied personnel (Resolution 57H-1999, *Trans.*1998:713). The implementation of the 1998 allied recruitment resolution included a meeting involving representatives from the appropriate ADA agencies for the purpose of developing a proposed program, including ongoing financial implications, for submission to the 1999 ADA House of Delegates. The 1999 House will consider Resolution 68. The Board is of the opinion that Resolution 78 should be addressed in the same fashion. Accordingly, the Board recommends adoption of the following substitute resolution:

**78B. Resolved**, that the appropriate ADA agencies develop an aggressive campaign for the recruitment of qualified students into dentistry targeted at the high school level and to other groups promoting health care careers, and be it further

**Resolved**, that the proposed recruitment program, including ongoing financial implications, be submitted to the 2000 ADA House of Delegates for consideration.

After discussion, the Board of Trustees suggested that in the future all student recruitment-related programs be consolidated into and managed by one entity.

**Fifth Trustee District Resolution 82: Re-Evaluation of ADA Specialty Recognition Process** (*Supplement*:397): *The Board of Trustees transmitted Resolution 82 to the House of Delegates with the recommendation to vote yes on referral* (consent calendar action—no Board discussion). (Vote: Unanimous)

The Board concurs with the intent of this resolution. However, the Board also noted that the Council on Dental Education and Licensure has already begun a comprehensive study of the specialty recognition process and procedures as well as a review of the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* (*Reports*

1999:85). Additionally, the Council's study of the specialty recognition process and procedures will be conducted in conjunction with its study of specialty education and practice as directed by the 1992 ADA House (*Trans.*1992:620). The Council's timetable for review of the specialty recognition process and procedures includes drafting proposed revisions to the *Requirements* in 2000 and providing the broad communities of interest with sufficient opportunity to comment on the draft document. Additionally revisions to the specialty recognition application and identification of information to be included in the application will be considered along with review of policies associated with the application process, including application fees and time intervals for reconsideration of specialty recognition applications. The Board noted that the Council's *Annual Report* indicates that the Council will transmit its report and recommendations to the 2001 House of Delegates (*Reports* 1999:85). The Board believes that the items identified for study in this resolution will be beneficial to the Council in the conduct of its study. For these reasons, the Board recommends referral of this resolution to the Council on Dental Education and Licensure for study with a report to the 2001 House of Delegates.

**Twelfth Trustee District Resolution 96: Timely National Board Examination Scores** (*Supplement*:412): *The Board of Trustees transmitted Resolution 96 to the House of Delegates with the recommendation to vote yes on referral* (consent calendar action—no Board discussion). (Vote: Unanimous)

Reporting scores for the National Board Dental and Dental Hygiene Examinations in a timely fashion is one of the duties of the Joint Commission on National Dental Examinations as stipulated in the *Bylaws* of the Joint Commission (Article II, Section 5, A.5.). This is further clarified in the Joint Commission's *Examination Regulations* (Article VII.E.2.), where it is stated that reports of scores are mailed approximately eight weeks after the testing date.

The issue raised by this resolution is whether the Joint Commission can reduce the time taken to report scores while continuing to fulfill another of its duties: protecting the integrity of the examination scores. Rather than adopting a resolution that contains such a specific recommendation, the Board advises requesting that the Joint Commission study this matter and provide a report to the 2000 House. Therefore, the Board recommends that Resolution 96 be referred to the Joint Commission on National Dental Examinations for study and report to the 2000 House.

**Eleventh Trustee District Resolution 105: Amendment to the Comprehensive Policy Statement on Dental Auxiliary Personnel: Local Anesthesia** (*Supplement*:411): *The Board of Trustees transmitted Resolution 105 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 2 Yes—Drs. Bruce, Sekiguchi; 17 No—Drs.

Anderton, Bletsas, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Siroky, Smith, Staubach)

Although the Board understands the intent of the proposed resolution, it noted that the background statement acknowledges that almost half of the states do not have laws that allow dentists to delegate the administration of local anesthesia to dental hygienists. A change in the policy at this time could adversely affect legislative efforts in those states. The Board thus believed that a change in the Comprehensive Policy Statement would be inappropriate at this time.

**Eleventh Trustee District Resolution 106: Amendment to the Comprehensive Policy Statement on Dental Auxiliary Personnel: Dental Hygiene Education** (*Supplement:411*): *The Board of Trustees transmitted Resolution 106 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 2 Yes—Drs. Bruce, Pudwill; 17 No—Drs. Anderton, Bletsas, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Sekiguchi, Siroky, Smith, Staubach)

The Board noted that the House had considered the Comprehensive Policy Statement in each of the last three years and made its position on the Policy clear through previous action. The Board further noted members believe that a serious shortage of dental hygienists exists and that alternate pathway programs approved by state boards offers a mechanism that has been effective in one state for dealing with this problem. The Board further indicated that support of alternate pathway programs approved by state boards does not in any way diminish ADA support for accredited programs.

#### **Confidential Attorney-Client Meeting**

**Call to Order:** A confidential attorney-client meeting of the Board of Trustees was called to order at 2:05 p.m., President Rose presiding.

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

Also in attendance were the Associate and Assistant Executive Directors and appropriate legal counsel.

**Discussion:** Mr. Sfikas conducted a confidential attorney-client meeting.

**Adjournment:** The attorney-client meeting adjourned and the regular meeting reconvened at 2:08 p.m.

#### **Reports and Resolutions Relating to the Reference Committee on Dental Education and Related Matters (continued)**

**Fifth Trustee District Resolution 107: Mission of Dental School Satellite Clinics** (*Supplement:401*): *The Board of Trustees transmitted Resolution 107 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: 12 Yes—Drs. Bletsas, Bruce, Chadwick, Chaput, Fine, Finley, Mangos, Mascola, McKaig, Pudwill, Sekiguchi, Siroky; 7 No—Drs. Anderton, DeNicola, Finger, Jones, Metro, Smith, Staubach)

While the Board concurred with the intent of Resolution 107, it also believed that the various issues of concern are complex and require more in-depth study. Questions were raised regarding implications of individual resolving clauses regarding the current status of clinical educational programs. The Board also had concerns about the potential for unintended consequences related to federal and/or state intervention in dental practice. In addition, the Board identified potential legal concerns that it believed should be investigated. The Board thus believed that further study is required to clarify the issues of concern and more fully evaluate an appropriate course of action.

#### **Reports and Resolutions Relating to the Reference Committee on Legal and Legislative Matters**

**Eighth Trustee District Resolution 51S-1: Substitute for Resolution 51: Yearly Grassroots Legislative Conference** (*Supplement:408*): *The Board of Trustees transmitted Resolution 51S-1 to the House of Delegates with the recommendation to vote yes on the substitute.* (Vote: 11 Yes—Drs. Anderton, Chadwick, DeNicola, Finger, Finley, Jones, Mangos, McKaig, Metro, Smith, Staubach; 8 No—Drs. Bletsas, Bruce, Chaput, Fine, Mascola, Pudwill, Sekiguchi, Siroky)

**Council on Government Affairs Supplemental Report 1 to the House of Delegates: Recent Council Activities** (*Supplement:369*): The Board of Trustees acknowledged receipt of the Council's Supplemental Report.

**Report of Task Force to Study the Implications of the Advisory Opinion on the Announcement of Credentials by General Dentists** (*Supplement:437*): *The Board of Trustees transmitted the report of the Task Force to the House of Delegates.* (Vote: Unanimous)

**Third Trustee District Resolution 76: Implications of a National Labor Organization for Dentists** (*Supplement:393*): *The Board of Trustees transmitted Resolution 76 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)



The Board would like to clarify that the bill referred to in the background statement (H.R.1304, "Campbell Bill") applies to dentists, as well as physicians. The Association currently supports this legislation in the belief that, if enacted, it will level the playing field by allowing dentists to collectively negotiate with health care plans, something they cannot do now as independent practitioners. The Board believes it would be best to frame the scope of the proposed study in more general terms to avoid foreclosing any opportunities. For this reason, the Board recommends the following, substitute resolution.

**76B. Resolved**, that should proposed legislation pass through the U.S. Congress and be signed into law by the President, granting health care practitioners, including dentists, a special exemption from antitrust law to engage in collective negotiations with health plans, the appropriate agencies of the Association study the best way to provide information and guidance to members wishing to engage in such negotiations and report its findings to the year 2000 House of Delegates.

**Fourth Trustee District Resolution 81: Volunteer Member Indemnification Insurance** (*Supplement:395*): *The Board of Trustees transmitted Resolution 81 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)*

The Board agrees that volunteers should be indemnified for their service at the Association. In general, the ADA *Bylaws* currently do provide indemnification for claims arising from actions taken as volunteers in good faith. Association assets would be used to pay for this indemnification.

Specifically, the *Bylaws* indemnification covers claims to which a trustee, officer, council member, committee member, employee or other agent of the Association may be made a party by reason of an action taken or omitted in good faith in such person's role with the Association. According to *Black's Law Dictionary*, "good faith" is "that state of mind denoting honesty of purpose, freedom from intention to defraud, and, generally speaking, means being faithful to one's duty or obligation."

The *Bylaws* also provide that, to the extent available, the Association insure against any potential liability incurred as part of its indemnification obligation. The Association currently has a directors and officers liability insurance policy which, to the extent reasonably available on the market, reimburses the Association for its indemnification obligations. The Board notes that the Association's obligation to indemnify volunteers must be honored pursuant to the *Bylaws*, regardless of the extent of the insurance coverage available to the Association.

The Board believes that a report can be provided, in an attorney-client session, to clarify the Association's indemnification obligation to volunteers and the extent to which the Association's insurance policy would reimburse the Association for such obligation. Therefore,

the Board recommends adoption of the following substitute resolution.

**81B. Resolved**, that a report be provided to the House of Delegates in 2000, in an attorney-client session, which clarifies the Association's indemnification obligation to volunteer members who serve on the Board of Trustees, commissions, councils, task forces, committees and in the House of Delegates, and be it further **Resolved**, that such report also clarify the extent to which the Association's insurance policy would reimburse the Association for the aforementioned indemnification obligation.

**Fourteenth Trustee District Resolution 103: H.R. 1304—Quality Health Care Coalition Act of 1999** (*Supplement:420*): *The Board of Trustees transmitted Resolution 103 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 2 Yes—Drs. Anderton, Sekiguchi; 17 No—Drs. Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Siroky, Smith, Staubach)*

The Board understands and is sympathetic to the concerns expressed by the Fourteenth District in this resolution but disagrees with the purpose of the first resolving clause. The ADA is on record supporting H.R. 1304 because it would help dentists use their strength of numbers to gain leverage in negotiating with health plans and insurance companies. The bill would also limit liability under antitrust laws by providing protections for good faith actions. Current ADA policy states that the Association supports changes in the federal antitrust laws that will enable dentists to compete effectively, including negotiating with health plans (*Trans.1994:637*) and health care purchasers (*Trans.1994:643*). The last two resolving clauses are unnecessary because they are covered by current policy. Regarding the second resolving clause, long-standing ADA policy takes the position that "unionization is not in the best interest of dentists" (*Trans.1973:346, 655*). H.R. 1304 would not require dentists to form unions. The third resolving clause is also addressed in current ADA policy, which requires the Association to work for increased flexibility in the antitrust safe harbor guidelines for dental networks, including independent practice associations (IPAs) (*Trans.1995:648*) and has been the ADA's position in lobbying efforts with the Federal Trade Commission.

**Third Trustee District Resolution 92: Support for Fee-For-Service Models for Medicaid Programs** (*Supplement:394*): *The Board of Trustees transmitted Resolution 92 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

**First Trustee District Resolution 74: Activity to Stop Unlicensed Dental or Dental Hygiene Practice** (*Supplement:391*): *The Board of Trustees transmitted Resolution 74 to the House of Delegates with the following comment and recommendation to vote yes.* (Vote: Unanimous)

The Board agrees with the intent of this resolution, which is that every state dental board should clearly and unambiguously have jurisdiction over all persons practicing dentistry—even if they do not have a dental license. Most states do, however, have authority to prosecute illegal actions, and in 1999 two or three state legislatures considered bills to strengthen their dental practice act in this regard.

The First District points out a legitimate problem in that sometimes it is difficult to enforce the statute when the resources or willingness do not exist at the Attorney General or local District Attorney offices. Therefore, the Board concurs with the approach taken by the First District in its resolution and urges every constituent dental society to undertake a review of its act to see if the public would be better served with a change in the practice act.

#### **Reports and Resolutions Relating to the Reference Committee on President's Address and Administrative Matters**

**Fourteenth Trustee District Resolution 22BS-1: Substitute for Resolution 22B: Amendment of the Guidelines Governing the Conduct of Campaigns for ADA Offices** (*Supplement:415*): *The Board of Trustees transmitted Resolution 22BS-1 to the House of Delegates with the recommendation to vote yes on the substitute.* (Vote: Unanimous)

**First Trustee District Resolution 46S-1: Substitute for Resolution 46: Proposal for a Future of Dentistry Project** (*Supplement:391*): *The Board of Trustees transmitted Resolution 46S-1 to the House of Delegates with the following comment and recommendation to vote no on the substitute.* (Vote: 9 Yes—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, Fine, Mangos, Mascola, McKaig; 10 No—Drs. DeNicola, Finger, Finley, Jones, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

The Board of Trustees supports the Future of Dentistry Project. However, the Board believes the Project should be treated the same as other projects and be voted by the House of Delegates and, if approved, be funded as part of the Association budget.

**First Trustee District Resolution 46S-2: Substitute for Resolution 46: Proposal for a Future of Dentistry Project** (*Supplement:408*): *The Board of Trustees transmitted Resolution 46S-2 to the House of Delegates with the recommendation to vote yes on the substitute.* (Vote: Unanimous)

**Fourteenth Trustee District Resolution 90: Guidelines for Special Committees/Task Forces** (*Supplement:418*): *The Board of Trustees transmitted Resolution 90 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board appreciates the intent of the resolution which is to include those most qualified and readily available persons for addressing key emerging issues on a timely basis. As noted by the makers of the resolution, the Board has fully considered this issue and determined that as each trustee district can only assign one individual at a time to a council, the necessary expertise for new and emerging issues may not always be available on councils. The Board does look to existing councils for such expertise when formulating special committees and task forces but would like not to be restricted to that option. The Board believes its ability to select the best qualified individuals from the largest possible member pool to address special issues serves the Association best. Demonstrating its support of the intent of Resolution 90 while maintaining the necessary flexibility, the Board offers the following substitute.

**90B. Resolved**, that Chapter XI. SPECIAL COMMITTEES, Section 10. APPOINTMENT AND TERM of the ADA *Bylaws* be amended by inserting a new second and third sentence beginning on line 2116 to read: "Duties otherwise assigned by these *Bylaws* solely to one council, commission or other agency may be assigned to that council, commission or other agency with the necessary funding to accomplish the task. If duties are assigned to a special committee that are also assigned under these *Bylaws* to more than one council, commission or other agency, members of the relevant councils, commissions or other agencies shall be appointed to serve on the special committee," so the amended section reads as follows:

Section 10. APPOINTMENT AND TERM. Special committees of this Association may be created at any session of the House of Delegates or, when the House is not in session, by the Board of Trustees, for the purpose of performing duties not otherwise assigned by these *Bylaws*. Duties otherwise assigned by these *Bylaws* solely to one council, commission or other agency may be assigned to that council, commission or other agency with the necessary funding to accomplish the task. If duties are assigned to a special committee that are assigned under these *Bylaws* to more than one council, commission or other agency, members of the relevant councils, commissions or other agencies shall be appointed to serve on the special committee. Such special committees may serve until adjournment *sine die* of the next annual session of the House of Delegates. The authority for appointing the members of a special committee and their number shall be set forth in the resolution creating such committee.

**Board of Trustees Resolution 97: Temporary Incapacity of the President** (Supplement:422): *The Board of Trustees ordered Resolution 97 transmitted to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Board of Trustees Resolution 98: Presiding Officer at Board of Trustees Meetings When the President is Called Away** (Supplement:423): *The Board of Trustees ordered Resolution 98 transmitted to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Fifth Trustee District Resolution 108: Recording of Votes at ADA Council Meetings** (Supplement:402): *The Board of Trustees transmitted Resolution 108 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 1 Yes—Dr. Jones; 18 No—Drs. Anderton, Bletsas, Bruce, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

The Board appreciates the importance of volunteer deliberation on issues to which they are assigned as council members. The Board is concerned, however, that tracking individual council votes would require substantial administrative effort given the nature and volume of the business before each council and committee. The Board is sensitive to the resources necessary to track, record and disseminate votes. The Board is concerned that the resolution would require votes on all business before these agencies, including routine housekeeping which would be unduly cumbersome. According to *Sturgis: The Standard Code of Parliamentary Procedure*, the recording of individual committee votes is not required.

**Eleventh Trustee District Resolution 109: Summary of the Current Policies Manual** (Supplement:412): *The Board of Trustees transmitted Resolution 109 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 1 Yes—Dr. Bruce; 18 No—Drs. Anderton, Bletsas, Chadwick, Chaput, DeNicola, Fine, Finger, Finley, Jones, Mangos, Mascola, McKaig, Metro, Pudwill, Sekiguchi, Siroky, Smith, Staubach)

The Board believes that the summary document for ADA policies would create the potential for circulating incorrect information on ADA policies. Many of the ADA policies are complex and it would be impossible to summarize them in a meaningful way or to fully capture the care with which they were formulated. The Board appreciates the intent of the resolution but believes that it would not serve the ADA well. The Board believes that with the evolving nature of Internet technology, these types of documents might eventually be posted on-line without the undue effort required currently to do so both on paper and on-line.

**Fourth Trustee District Resolution 104: Conflict of Interest** (Supplement:396): *The Board of Trustees transmitted Resolution 104 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Fifth Trustee District Resolution 110: Waiver of Dues for Dentists Serving as Elected Officials** (Supplement:402): *The Board of Trustees transmitted Resolution 110 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 7 Yes—Drs. Anderton, Chadwick, Chaput, Finger, Jones, Metro, Smith; 12 No—Drs. Bletsas, Bruce, DeNicola, Fine, Finley, Mangos, Mascola, McKaig, Pudwill, Sekiguchi, Siroky, Staubach)

The Board understands the intent of the resolution to support dentists who are serving the profession through their positions in the legislative arena. However, the Board feels that it would not reflect well on the Association to provide special privileges for one group of members while not doing so for others who may be providing equally valuable contributions to the Association and the profession. Therefore the Board recommends that Resolution 110 not be adopted.

**Fifth Trustee District Resolution 91: Formation of the Seventeenth Trustee District** (Supplement:398): *The Board of Trustees transmitted Resolution 91 to the House of Delegates with the following comment.*

The Speaker advises that since this resolution involves an amendment to the ADA *Constitution*, it requires a lay over to the 2000 House of Delegates.

#### **Reports and Resolutions Relating to the Reference Committee on Scientific Matters**

**Fourteenth Trustee District Resolution 16S-1: Amendment of the Provisions for Acceptance of Products by the Council on Scientific Affairs—Use of Biodegradable and Recyclable Materials** (Supplement:415): *The Board of Trustees transmitted Resolution 16S-1 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 22 of the Board of Trustees to the House of Delegates: AIDS Update 1999** (Supplement:700): *The Board of Trustees transmitted Report 22 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Fourteenth Trustee District Resolution 72: Composition of ADA Council on Scientific Affairs** (Supplement:418): *The Board of Trustees transmitted Resolution 72 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board cannot identify a problem with the current means of selecting representatives to the Council on Scientific Affairs. The Board of Trustees has always recognized the importance of clinical insight into scientific issues. The Board consequently selects members of the Council on Scientific Affairs who have clinical expertise in addition to research interests and experience. Careful Council member selection results in a group that is consistently sensitive to the needs of the practicing dentist. For example, the ADA's Research Agenda focuses on clinical problems that require scientific inquiry. The Board also nominates members according to the need at hand. When it is necessary to have more collective expertise in one area of dentistry, the Board responds by nominating experts in that area. If the need arises for more full-time practicing dentists, the Board makes those nominations to the Council.

**Council on Scientific Affairs Supplemental Report 1 to the House of Delegates: Revision of Association Policies Relating to Dental Product Labeling, Acupuncture and Provisions for Acceptance of Products (Supplement:382):** The Board of Trustees transmitted the Council's Supplemental Report and the following resolutions to the House of Delegates.

*Resolution 93—Revision of Association Policy on Dental Product Labeling. The Board of Trustees transmitted Resolution 93 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 94—Revision of Association Policy on Acupuncture. The Board of Trustees transmitted Resolution 94 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 95—Revision of the Provisions for Acceptance of Products. The Board of Trustees transmitted Resolution 95 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

**Adjournment:** The Board of Trustees adjourned at 4:13 p.m.

#### **Monday, October 4, 1999**

**Call to Order:** The Board of Trustees was called to order by President S. Timothy Rose at 8:05 a.m.

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

**Presentation of Kachinas:** In keeping with tradition, Dr. Siroky presented kachinas to the retiring Board members: Dr. Rose, Dr. Mascola, Dr. McKaig, Dr. Smith, Dr. Anderton, Dr. Chaput and Dr. DeNicola and himself.

#### **Report of the Dental Management Service**

**Organization (DMSO) Task Force:** This report offers recommendations to the Association from the DMSO Task Force regarding DMSO-related activities. Resolution 55H-1998 (*Trans.*1998:701) asks in part for the appropriate ADA agency to be expanded to research, compile data on and educate members on DMSOs and consolidation in dentistry, and utilizing professionals with expertise in economics, trends and management. In April 1999, the Association began gathering information about DMSOs from dentists through the *1999 Dental Management Service Organization Survey* (DMSO Survey). The goal was to learn more about DMSOs, including the organizational and business arrangements, the perceived benefits of affiliation and the impact that DMSOs may have on dentists. The target audience was employed dentists, or dentists whose practice ownership status was nonowner. The results of the survey were taken into account and incorporated into the development of a final survey report. The Task Force believed that the *1999 Dental Management Service Organization Survey* provided valuable information and recommended that it be forwarded to the appropriate ADA agencies for their future use. The Task Force, having completed its assignment from the 1998 House of Delegates and Board of Trustees, considered where the future investigation and management of DMSO matters could be housed. The Council on Dental Practice is suggested as the appropriate ADA agency. The Task Force also recognizes that DMSO issues overlap with other Association agencies and the Council should be advised to consult with these agencies when issues arise in their respective subject matters. After review, the Board adopted the following resolution.

**B-183-1999. Resolved,** that the following recommendations of the DMSO Task Force be approved:

1. That the American Dental Association Publishing Company (ADAPCO) be urged to continue publishing the stock prices of publicly held DMSOs in the *ADA News* for another year.
2. That the ADA Contract Analysis Service be widely promoted through the ADA communications media as an objective, informational tool for the benefit of the membership.
3. That the appropriate ADA agencies use the data from the *1999 Dental Management Service Organization Survey*, the related responses from the *1999 Survey on Dental Practice*, and other pertinent information from the Dental Economics Advisory Group, to formulate and report to the Board of Trustees a plan to inform the membership on the options that can be availed in the sale of dental practices. Further, in recognition of the marketplace conditions which are continuing to change, that the appropriate ADA agencies provide the Board of Trustees with interim reports on their progress with this activity and changes in the marketplace.

4. That the future investigation and management of DMSO matters be housed with the Council on Dental Practice, with recommendations that they receive a high priority. Further, that the Council be advised to provide regular status reports to the Board of Trustees on evolving DMSO issues and other marketplace trends and to consult with the appropriate Association agencies when DMSO issues arise in their respective subject matter areas.

**Report 27 of the Board of Trustees to the House of Delegates: Dental Management Service Organization (Supplement:711):** *The Board of Trustees ordered Report 27 transmitted to the House of Delegates.* (Vote: Unanimous)

### Reports of Officers

**Report of the President:** Dr. Rose, since the August Board meeting, was interviewed by *Catalog Age Magazine* regarding dental industry trends and by the Academy of General Dentistry's *Impact* regarding minorities and their involvement within organized dentistry. He hosted the President's Conference in Chicago and, along with Dr. Mascola and Dr. Zapp, met with Charles Jeffress of OSHA regarding needle-sticks. He addressed the following groups: the Dental Manufacturers of America summer meeting in Asheville, NC; the Virginia Dental Association meeting in Reston, VA; the Ohio Dental Association meeting in Columbus, OH; and participants in DR Days in Chicago. He also attended: a reception and dinner for Canadian Dental Association President Dr. Sandilands; a press conference on the Norwood-Dingell bill in Washington, D.C.; and various council, committee and Association meetings. He also taped a video to be used by Convention Broadcast for viewing in Honolulu hotels.

**Report of the President-elect:** Since the August Board meeting, Dr. Mascola addressed: the American Student Dental Association's House of Delegates in Denver; the Vermont Dental Association's annual meeting in Killington, VT; and participated in the President's Conference in Chicago. He also attended the Andersen/ADAHC Evaluation Steering Committee in Chicago and various council, committee and Association meetings.

**Report of the Executive Director:** Dr. Zapp, since the August Board meeting, was inducted into the Pierre Fauchard Academy. He attended these numerous meetings: awards dinner for Dr. Anthony S. Fauci, director, National Institute of Allergy and Infectious Diseases, National Institutes of Health, in Washington, D.C.; American Society of Association Executives (ASAE) Annual Meeting in San Diego and the ASAE Breakfast Roundtable for CEOs in Washington, D.C.; the Senior Management Retreat, the President's Conference, the Oral/Systemic Health Interactions Planning

Committee meeting; and the JCAHO Summit Meeting, along with Dr. Whiston, in Chicago. He also met with: Dr. Lynn Jensen, COO of the American Medical Association in Chicago; the International College of Dentists; the American Association of Dental Schools (AADS) staff; and Senator Bingaman. He participated in several conference calls and attended various council, committee and Association meetings.

**Report of the First Vice President:** Since the August Board meeting, Dr. McKaig addressed the Opening Session of the ASDA Annual Session in Denver and attended the ADA Sixteenth District Caucus in Charlottesville, Virginia.

**Report of the Second Vice President:** Dr. Smith, since the August Board meeting, attended the Fifth Trustee District Caucus in Atlanta and these meetings in Chicago: the meeting of the Board of Directors, Alliance for Dental Reimbursement Plans; the Commission on Relief Fund Activities; the ADA Endowment and Assistance Fund, Inc.; and the DR Days. The report also contained two recommendations for the Board to consider in the future concerning the two offices of Vice President. Dr. Smith noted that the offices could be used more for public relations activities and recommended that these offices should be changed to two-year terms.

**Report of the Speaker of the House of Delegates:** Dr. Fanno attended these meetings since the August Board meeting: SCDS fund-raiser for Representative Kirk Schuring; SCDS continuing education course with Dr. Harold Crossley; and the SCDS Delegates to ODA meeting, all in Canton, Ohio. He also participated in these activities: acted as invocator and parliamentarian for the annual session of the Ohio Dental Association in Columbus, Ohio; attended the Ohio Section of the American College of Dentists in Columbus, Ohio; and the CWRU Alumni Board of Trustees and Past Presidents meeting in Cleveland.

### Communications

**Report of the Associate Executive Director, Communications: Recent Divisional Activities:** Mr. Mickel reported that ADA ONLINE is "exploding" with 2,000 new members registering per month and e-commerce "taking off." He updated the Board on the reorganization and redesign of ADA ONLINE. A launch date of January 1, 2000 was dismissed in exchange for more careful attention to this process—transforming a "cluttered look" to a simpler home page with fewer choices through the targeting of particular Web audiences. Mr. Mickel also mentioned the success of a recent ADA ONLINE project in which users could click on a "Patient Protection Coalition" button to send e-mail to Congress regarding this issue.

The report Mr. Mickel submitted noted that, for the first time, hits throughout ADA ONLINE exceeded three

million and daily user sessions peaked at more than 6,000 in August. Increased traffic was partly due to the launch of discounted on-line shopping and the members' dental office Web sites in the ADA ECCo Shopping Mall. The ADA ECCo Marketplace, which had 50 vendors at the beginning of September, is currently being promoted through an on-line sweepstakes and an upcoming nationwide direct mailing. There were also content additions to ADA ONLINE such as a members-only service for checking out new books from the ADA Library. SpinPoint, Inc., of Chicago, was the Web design firm selected for the reorganization of ADA ONLINE, the report noted.

Results of an ADA Survey (43% response rate) of dental editors, conducted last spring, revealed high use of electronic media, some interest in a dental journalism training program leading to certification and continued heavy use of both print and on-line versions of the ADA's *Dental Editor's Digest*, the report noted.

The report also offered information on media interviews and activities such as ADA Consumer Advisor Dr. Christine Dumas' appearance and discussion on NBC's "Today Show" about root canal therapy and *American Health's* story on periodontal disease featuring President S. Timothy Rose, among others. Annual session press kits were distributed to more than 800 newspapers, magazines and broadcast outlets across the country, and media staff conducted desk-side meetings with reporters, editors and producers of various New York City-based television shows and publications pitching story ideas such as the annual session and video news releases (VNRs), the report noted.

## Conference and Meeting Services

### Report of the Assistant Executive Director, Conference and Meeting Services: Recent Divisional Activities:

Ms. Owings reported that 26,000 was the final preregistration number for annual session attendees, with a final attendance of 32,000-34,000 projected. It was reported that due to annual session, hotel rooms and airlines were just about sold out, and a record number of 15,000 tour tickets had been sold. Events such as the Miss Saigon fund-raiser and the President's Dinner Dance had been sold out as well.

The report Ms. Owings submitted noted the scientific program for the 2000 annual session at McCormick Place in Chicago has been completed with over 200 programs in place. The report also included the listing of meetings that will take place in the Headquarters building during the months of December, January and February.

## Dental Education

**Report of the ADA/AADS Joint Oversight Committee on Minority Recruitment and Retention Outlining its December 1999 Meeting Agenda and Cost Implications:** At the August 1999 meeting, the Board

voiced concern that this committee was moving away from its original request to study minority recruitment in dental schools and had enlarged its scope to include access to dental care. The Board adopted Resolution B-174-1999, which let it be known (and through a letter to the committee) these views were not consistent with the Board. Dr. Neumann reported that the committee is considering returning to their original directive and mission of the project.

Resolution B-114-1999 was also adopted at the August 1999 meeting, which gave direction to the composition of the Committee membership and requested that the group submit its forthcoming agenda. The report submitted noted the next meeting of the Joint Committee is scheduled for December 9-10, 1999 at the ADA Headquarters. Agenda items include plans for the Technical Assistance Workshop in 2000 and review of 1998 dental school and underrepresented minorities enrollment figures, among others, the report noted. The report also offered information on the anticipated upcoming expenses of the December meeting.

### Report of the Associate Executive Director, Education: Subsequent Steps in the Specialty Recognition Process:

The 1999 House of Delegates will consider resolutions related to the recognition of specialty status for three areas of dental practice. This report, in a question/answer format, included information regarding the process and the events that must occur before any dentist will be eligible to announce his/her status in a newly recognized specialty. The Council on Dental Education and Licensure (CDEL) will keep all interested parties informed of this process with periodic updates through ADA publications, ADA ONLINE and specific CDEL mailings, the report noted. After discussion, the Board approved the distribution to the House of Delegates of the information contained in this report.

## Confidential Attorney-Client Meeting

**Call to Order:** A confidential attorney-client meeting of the Board of Trustees was called to order at 8:55 a.m., President Rose presiding.

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

Also in attendance were the Associate and Assistant Executive Directors and appropriate legal counsel.

**Discussion:** Mr. Sfikas conducted a confidential attorney-client meeting.

**Adjournment:** The attorney-client meeting adjourned and the regular meeting reconvened at 9:10 a.m.

## Regular Meeting (continued)

### Dental Practice

**Report of the Council on Dental Practice: Request of the Canadian Dental Association to Participate in Dental Assistants Recognition Week:** Since 1990, the American Dental Association has cosponsored Dental Assistants Recognition Week (DARW) with the American Dental Assistants Association (ADAA). In 1998, the Board of Trustees granted permission to the Canadian Dental Assistants Association (CDAA) to become a cosponsor of DARW and the 1999 DARW carried the cosponsorship of the three organizations. Now, the Council on Dental Practice is asking the Board of Trustees to permit the Canadian Dental Association (CDA) to cosponsor DARW, along with the ADA, the ADAA and the CDAA. The only cost involved to include the CDA is to have additional ad slicks printed. This cost would be covered in the existing Association budget, the report noted. After review, the Board adopted the following resolution.

**B-178-1999. Resolved,** that the Canadian Dental Association be approved as a cosponsor of Dental Assistants Recognition Week, together with the American Dental Association, the American Dental Assistants Association and the Canadian Dental Assistants Association, and be it further **Resolved,** that the Canadian Dental Association's cosponsorship be shown by and limited to affixing the name or symbol of the organization to promotional materials connected to the event.

**Report of the Associate Executive Director, Dental Practice: Recent Divisional Activities:** This report included information on divisional activities such as: the Council on Access, Prevention and Interprofessional Relations' (CAPIR) liaison activities with the Joint Commission on Accreditation of Healthcare Organizations; the Council on Dental Benefits Programs' involvement with "DR Days 1999"; and the Council on Dental Practice's work with "Dentistry as a Business Conference," "The Eighth National Institute on Dentist Well-Being, Professional Challenges and Obligations" and "HIV and Dentistry: The Calm After the Storm" conferences; and the Ergonomics and Disability Support Advisory Committee meeting, among others. A council member of CAPIR also attended a water fluoridation engineering course taught by staff of the Centers for Disease Control and Prevention's Division of Oral Health to improve the Council's ability to provide information to state dental societies regarding this issue, the report stated.

It was also suggested that the Board of Trustees prepare information regarding the provisions and availability of The ADA Emergency Fund, Inc., to assist practitioners who were adversely affected by Hurricane Floyd.

**Report of Dr. D. Gregory Chadwick, Liaison to the Council on Dental Benefit Programs:** This report provided information on the August 28-29 meeting and recent Council activities and issues such as: the planning process for coding seminars to introduce *CDT-3* and *SNODENT*; the technical aspects of dental claims data; and the DR program and broker training. The primary focus of the meeting was to finalize the Council's justification to extend the DR Campaign beyond 1999, the report noted.

### Government Affairs

**Report of Dr. Robert M. Anderton, Liaison to the Council on Government Affairs:** This report updated the Board on the September 10-12, 1999 meeting and recent Council activities and issues such as: patient protection and antitrust legislation; OSHA compliance and rulemaking; the National Institute for Occupational Safety and Health (NIOSH) comments on needlestick injuries and proposals regarding bloodborne pathogen standards; and the planning of the 2000 Grassroots and Public Affairs meeting.

**Report of the Associate Executive Director, Government Affairs:** Ms. Moss brought the Board up to date with the following congressional issues: patient protection legislation; appropriations and funding for dental activities; and needlesticks.

### Membership and Dental Society Services

**Report of the Committee on the New Dentist: Proposed Golden Apple Award for Outstanding Leadership in Mentoring:** At its January 1999 meeting, the Committee on the New Dentist explored the idea of recognizing individuals for outstanding achievements in mentorship. At its July 1999 meeting, the Committee revisited the idea and determined that the establishment of a Golden Apple Award for Outstanding Leadership in Mentoring would be the most effective avenue of recognizing an individual and encouraging member involvement in mentor programs. This report included information on the draft description, eligibility and entry guidelines for the proposed award. After review, the following resolution was adopted.

**B-175-1999b. Resolved,** that the Golden Apple Awards incorporate an award recognizing Outstanding Leadership in Mentoring beginning in the year 2000 and thereafter, and be it further **Resolved,** that the proposed criteria be approved.

The Board also suggested, for better management, that a group/committee within the Association be charged with oversight and the distribution process of dentistry awards. At the new Board session, Dr. Mascola appointed Dr.

Pudwill to oversee the review/inventory of awards presented by the ADA.

**Report of the Associate Executive Director, Membership and Dental Society Services: Recent Divisional Activities:** This report included information on divisional activities such as: the updating and revisions of the ADA directory *Connections* and the ADA Member Window Decal for 2000; gearing up for the upcoming "1999 Annual Conference on Membership Recruitment and Retention" scheduled November 5-6 at the ADA Headquarters; the Office of Student Affairs' mailings and initiatives to dental schools to welcome the 1999-2000 incoming freshmen; a recruitment mailing conducted in July to 1,500 nonmember dentists in the military and government; the production of the *End of Year 1998 Membership Statement*, which provides a record of membership numbers; and ongoing projects of the TAMS user support team, among others. Membership market share for dental students for the 1998-1999 school year was 82.8%. This represents a three percentage point increase in market share for students over the previous year, the report noted.

## Science

**Report of the Council on Scientific Affairs: Recent Activities:** Dr. Meyer submitted a report that updated the Board on recent Council activities such as: meetings with OSHA and the FDA regarding safety devices in dental practices to reduce the risk of exposure to bloodborne pathogens; the meeting and agenda of the Oral/Systemic Interaction Planning Committee; the efforts of the Evidence-Based Dentistry Task Force; the cosponsorship, along with the Council on Dental Practice, of the daylong program "Dentistry and HIV: The Calm After the Storm"; and the Council-prepared report "Dental Unit Waterlines: Approaching the Year 2000" which will appear in the November issue of *The Journal of the American Dental Association*. Dr. Meyer and Mr. Mickel also provided information on working with "CBS This Morning" on an upcoming dental unit waterlines story. An insert will appear in the *ADA News* to provide dentists with information regarding this issue, Mr. Mickel reported. Dr. Meyer also commented that the FDA and the National Institute of Dental and Craniofacial Research have recognized the ADA as a collaborative organization that brings science and research together to solve industry-wide problems.

**Report of Dr. George L. Bletsas, Liaison to Council on Scientific Affairs:** This report provided information on the September 14-16, 1999 meeting of the Council on Scientific Affairs. Some of the agenda activities included: the awarding of the Seal of Acceptance to products; discussion regarding the ADA Research Agenda; discussions on the use of safety devices for the prevention of needlestick injuries in the dental office; discussions of rubber latex exam glove claims; and the adoption of the

criteria for the use of the Seal for Over-the-Counter Products Outside the United States.

## Technology

**Report of the Associate Executive Director, Technology: Recent Divisional Activities:** Mr. Owens reported that the division has "doubled the technology" on ADA ONLINE due to the increased volume of traffic. He also called attention to a budgetary spreadsheet highlighting monetary requests for upcoming technology projects such as software upgrades and the redesign of ADA ONLINE.

The report also noted that the ADA Year 2000 compliance for all telecommunications and core applications (TAMS, PeopleSoft) has been addressed by the Division of Information Technology (IT) through testing and hardware upgrading. IT has implemented: a server for the Division of Legal Affairs to obtain quick access to information from Westlaw; a marketing sales database for the Department of Salable Materials; and the first phase of an electronic disaster recovery plan for the Association, including a tape back-up to protect all network data. Additional technology has also been implemented on the Internet environment such as: push technology for member news alerts; a student dental survey which allows for on-line data collection; and an on-line exhibit hall and attendee planner. Because of the rapid speed of technology, IT initiatives such as PeopleSoft, the Internet and the Data Warehouse, require funding outside the normal budgeting process, the report noted. A table outlining the projected amount of monies needed for the next three years for these IT plans was included in the report.

During discussions regarding the IT budget, a motion was adopted for the Division of Information Technology to provide a more comprehensive, supplemental report detailing monies that should be allocated for divisional initiatives for the year 2000 and all future budgets. The report was submitted, as directed, near the end of the Board meeting.

**Report of the Associate Executive Director, Technology and the Associate Executive Director, Membership and Dental Society Services:** Mr. Owens reported that the ADA has completed the data-synchronization of TAMS for the first time in production at the ADA, the Wisconsin Dental Association and the Greater Milwaukee Dental Association. It was further reported that additional issues would be found and addressed throughout the data-synchronization process. Deployment of version 3.0, including an upgrade of earlier deployed sites and newly scheduled sites, is scheduled for completion by the end of October 1999, the report noted. This version provides enhanced support for dues billing in time for the upcoming billing cycle. Currently, several societies have chosen not to implement TAMS. The ADA will provide data submission formats for societies not using TAMS or Y2K Micromembership



to process year 2000 dues payment information to the Association, the report noted.

## Legal Affairs

### Confidential Attorney-Client Meeting

**Call to Order:** A confidential attorney-client meeting of the Board of Trustees was called to order at 11:30 a.m., President Rose presiding.

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

Also in attendance were the Associate and Assistant Executive Directors and appropriate legal counsel.

**Discussion:** Mr. Sfikas conducted a confidential attorney-client meeting.

**Adjournment:** The attorney-client meeting and the regular meeting adjourned at 12:10 p.m.

## Tuesday, October 5, 1999

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**Call to Order:** The Board of Trustees was called to order by President S. Timothy Rose at 8:00 a.m.

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

### Reports and Resolutions Relating to the Reference Committee on Legal and Legislative Matters (continued)

**Thirteenth Trustee District Resolution 112: Antitrust Relief for Health Care Professionals (Supplement:413):** *The Board of Trustees transmitted Resolution 112 to the House of Delegates with the recommendation to vote yes on the substitute. (Vote: Unanimous)*

The Board is sympathetic to the concerns expressed in this resolution. However, the Board believes these issues need to be addressed in a broader manner. Therefore, the Board recommends adoption of the following substitute resolution.

**112B. Resolved,** that the ADA Board of Trustees be urged to investigate the financial, political and administrative consequences encountered by the ADA, its constituents and components regarding H.R. 1304 and/or similar bills, and be it further

**Resolved,** that the results of the investigation along with recommendations be reported to the April 2000 meeting of the Board of Trustees.

### Reports and Resolutions Relating to the Reference Committee on Budget and Business Matters (continued)

**Board of Trustees Resolution 37: Recommended Dues Increase:** At its June 1999 budget meeting, the Board originally proposed a dues increase of \$14 to cover the proposed 2000 budget deficit which included operational increases and new program initiatives. During review of the report of the Division of Information Technology (IT), additional financial implications were taken into consideration for IT initiatives that included investments in PeopleSoft, the Data Warehouse and the Internet. These requests for funds were not available during the normal budgeting process due to the nature and speed of changes in technology. IT detailed these initiatives in a supplemental report to Board Report 2, which the Board transmitted to the House of Delegates. In order to cover these additional expenses, the Board amended the dues increase to \$26.

*The Board of Trustees transmitted Resolution 37 as amended to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

### Other/Subsidiary Reports

**Report of the ADA Publishing Co., Inc.: Recent Activities:** Following an exceptional year in 1998 of \$10 million in total sales, 1999 was solid in a market suffering the loss of German advertising, the report noted. *JADA* will most likely end the year with a 15-20 page loss compared to 1998, however, the *ADA News* is forecast to hold its gains and stay in line with 1998's performance. To increase revenues in the current market, ADAPCO has increased its direct mail marketing campaign and volume of site visits from sales representatives. The company is also exploring other revenue possibilities such as *JADA* supplements and on-line advertising. ADAPCO will produce a daily edition of *ADA News/Convention Daily*, covering the scientific, social and business programs of the annual session as well as the *Guide*, an ADA-reference publication to help annual session visitors navigate the exhibition floor. ADAPCO will also showcase ADA publications, as well as upcoming *JADA* design changes, at its annual session exhibit booth, the report noted.

**Report of the ADA Electronic Commerce Co.: Mr. Owens** updated the Board on the state endorsement program. The submitted report noted that since the last report, ADA ECCo has completed the implementation of two contracts: Netopia, Inc., offering ADA members a discounted method to maintain personal Web sites and

Business and Trade Network of America, Inc. (BatNet), offering access to discounts for consumer products ordered on the ADA ECCo Marketplace (which currently offers over 55 vendors). Mr. Owens offered statistics related to the sites of the Marketplace, such as amount of traffic and buying trends. The report also offered information on claims data collection and state endorsements.

**Report of the Executive Director: Association Support for the Proposed Macy Foundation Community Dental Education Demonstration Project:** The American Dental Association has been asked to support efforts to obtain foundation funding for a community Dental Education Demonstration Project. Dr. Howard Bailit, principal investigator, has asked President Timothy Rose and Dr. Richard Valachovic, executive director, American Association of Dental Schools, to cosign letters that will be sent to foundations seeking support, the report noted. The report also contained an appended sample letter with description of the project, that will be sent to the foundations. After review, the Board adopted the following amended resolution.

**B-176-1999. Resolved,** that the Board of Trustees supports the proposed Community Dental Education Project and that this support be reflected by the ADA President's signature on solicitation letters for project funding.

**Report of the ADA Financial Services Co.:** This report included information on the formal transition from Mellon to the Citi/Travelers Bank system and management changes such as the marketing and relaunching of products FINCO will incorporate now that it oversees the three vendors of the ADA 1 PLAN. The report also noted that FINCO is exploring the climate to offer a Medical Savings Account (MSA) and working with Citibank on developing new products for educational loans and home mortgages. Information was also provided regarding the FINCO Board of Directors meeting in August. Significant actions of the Board included the reelection of officers and the distribution of the proceeds from the credit card sale.

**Report on the Appointment of Council Chairmen:** As directed by the ADA *Bylaws*, a duty of the Board of Trustees is "To appoint annually the chairman of each council...." As a means of increasing involvement of council members in the selection of their respective chairmen, the Board annually requests members to nominate an individual to serve as chairman based on the Guidelines for the Selection of Council Chairmen (these Guidelines were appended to this report). Also, in accordance with the ADA *Bylaws*, the Commission on Dental Accreditation, the Commission on Relief Fund Activities and the Joint Commission on National Dental Examinations elect their own chairmen. This report listed individuals nominated and elected to serve as chairmen of

their agencies. After review, the Board adopted the following resolution.

**B-175-1999a. Resolved,** that the following appointments to chairmanships of Association councils and the Committee on the New Dentist be approved.

**Council on Access, Prevention and Interprofessional Relations**

Dr. Peter L. Paulson, Illinois

**Council on ADA Sessions and International Programs**

Dr. Nona Breeland, North Carolina

**Council on Communications**

Dr. Richard F. Hewitt, South Carolina

**Council on Dental Benefit Programs**

Dr. Michael D. Vaclav, Texas

**Council on Dental Education and Licensure**

Dr. Donald E. Demkee, Ohio

**Council on Dental Practice**

Dr. Jeffery W. Smith, California

**Council on Ethics, Bylaws and Judicial Affairs**

Dr. Richard A. Eklund, Texas

**Council on Government Affairs**

Dr. Arthur F. Eddy, Massachusetts

**Council on Insurance**

Dr. Mark J. Feldman, New York

**Council on Membership**

Dr. Maria Smith, Connecticut

**Council on Scientific Affairs**

Dr. Van P. Thompson, New Jersey

**Committee on the New Dentist**

Dr. R. Mark Hinrichs, Nebraska

*Note:* The following individuals have been elected to serve as chairmen for these Association commissions:

**Commission on Dental Accreditation**

Dr. Joseph W. Rossa, Illinois

**Commission on Relief Fund Activities**

Dr. C. J. Cavalaris, Ohio

**Joint Commission on National Dental Examinations**

Dr. W. Lynn Campbell, South Carolina

**Report on Duties of the FDI/USA Section National**

**Secretary:** At the August 1999 Board of Trustees meeting, a resolution was adopted concerning the term of office and selection procedures for the Federation Dentaire Internationale (FDI)/USA Section National Secretary. The actual nomination procedure and duties of the FDI/USA National Secretary would have to become part of the *Organization and Rules of the Board of Trustees*, through presentation to the Board of Trustees at its October 1999 session. As the nomination procedure was approved at the August Board meeting, the following resolution reaffirms this procedure and delineates the duties of this office. After discussion, the Board adopted the following amended resolution.

**B-179-1999. Resolved,** that the *Organization and Rules of the Board of Trustees*, section titled "FDI World Dental Federation Delegation," be amended to read as follows:

**FDI/USA National Secretary:** The following guidelines and procedures will govern the nomination, selection and duties of the FDI/USA National Secretary:

1. The FDI/USA National Secretary will serve for a period of four years beginning each year immediately following adjournment of the FDI World Dental Congress.
2. Beginning in the year 1999, and every four years thereafter, the Standing Committee on International Activities will present to the ADA Board of Trustees at its August meeting one or more nominations for the position of the FDI/USA Section National Secretary.
3. The FDI/USA National Secretary will serve as the personal contact and link between the Individual Members and the FDI, will be the driving force in the recruitment of new members and shall promote the FDI Annual World Dental Congress and the FDI publications.

**Proposal for Use of Retiring Treasurer as a**

**Consultant:** In August the Board of Trustees transmitted its recommendations related to the election of the Treasurer by the House of Delegates. Late in the meeting a suggestion was made that the action being recommended did not allow for the incoming Treasurer to become familiar with all aspects of the budgetary process prior to taking office. It was suggested that it might be advisable to amend the proposed bylaws resolution to allow for a Treasurer-elect, which would thereby allow an individual to become acclimated to the office before the retiring Treasurer leaves. At that time, the Board agreed to postpone the discussion to the October Board meeting due to the extensive *Bylaws* revisions this would necessitate.

At this session, the Board of Trustees considered a proposal to amend its *Organization and Rules of the Board of Trustees* and to permit the appointment of the retiring Treasurer as a consultant.

**Use of Retiring Treasurer as Consultant:**

To facilitate the transition in the office of the Treasurer, the Board, at its discretion, may choose to invite the retiring treasurer as a consultant to assist the incoming treasurer in familiarization of all aspects of the budgetary process. The duration of such a relationship could extend through the first budget cycle of the ensuing year.

The Board subsequently adopted the proposal.

**Moment of Silence in Memory of E. Bud Tarrson:**

Dr. Rose called for the Board to observe a moment of silence regarding the death of E. Bud Tarrson. Mr. Tarrson, 85, contributed in sponsoring and encouraging dental research in the United States and abroad. He was also a founding director of the ADA Health Foundation, the agency devoted to raising funds for dental research, education and oral health improvement.

**Financial Matters****Report of Dr. Steven Bruce, Liaison to the Council on**

**Insurance:** This report offered information on the August 27-28, 1999 meeting and recent Council activities. A majority of the report focused on the strategic planning process of the Council and the use of ADA ONLINE to assist larger numbers of members manage their future insurance and retirement needs. Other Council activities the report noted included: the decision to offer Invesco Blue Chip Growth Fund as another option to participants of the Member retirement plan; the election to offer a Great West Life estate planning seminar for ADA members; and the exploration of developing a relationship with the National Endowment for Financial Education.

**Report on the Status of the 1999 Contingent Fund and Approval of Supplemental Appropriation Requests:**

The report began with a summary of supplemental funding approved to date and concluded with new supplemental appropriation requests. The Board discussed each supplemental request and alternative funding proposals separately and subsequently adopted the following resolution.

**B-180-1999. Resolved,** that the following appropriations be made from the 1999 Contingent Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

*Division of Administration and Policy*

(Cost Center 090-0600-XXX).....\$11,150

*Taskforce on Electronic Learning.*

This request is intended to support the implementation of Resolution B-166-1999 that was adopted at the August 1999 meeting of the Board of Trustees.

515101	Volunteer Travel	\$5,850
515301	Volunteer Per Diem	1,000
515401	Volunteer Lodging	2,400
515501	Volunteer Meals	700
525020	Postage & Mailing	600
525200	Office Photocopy	<u>600</u>
	Total Expenses	\$11,150

No funding alternative submitted.

#### *Division of Science*

(Cost Center 090-0650-XXX)..... \$31,150

#### *Automated Enzyme-Linked*

*Immunosorbent Assay Plate Reader System.* This supplemental request is for the purchase of Capital Equipment—Automated Enzyme-Linked Immunosorbent Assay (ELISA) Plate Reader System—which is needed to verify micro-amounts of protein in latex gloves submitted to the ADA's Seal of Acceptance Program.

Capital Equipment	<u>\$31,150</u>
Total Expenses	\$31,150

**Funding Alternative:** Due to the capital nature of the request, it is suggested that this item costing \$31,150 be funded from reserves.

*Note:* Funding alternative was not accepted.

#### **Total Supplemental Appropriation Requests from the**

**1999 Contingent Fund** \$42,300

#### **New Business**

**Public Awareness and Millennium Videotapes:** Mr. Mickel reported that to ensure that all Association members, delegates and council members are familiar with the public awareness efforts, a 30-minute, continuous-loop videotape showcasing Association Dental Minutes, video news releases (VNRs) and public service announcements (PSAs) will run on monitors throughout various locations (exhibitors' booths, the ADA Headquarters hotel in-house television programming, etc.) at the annual session.

Dr. Rose reported that the Millennium Video, displaying a historical overview of dentistry over the past century, will be shown during the first meeting of the House of Delegates. The video will also be of use to constituent societies, dental schools or any other group of interest, he said.

**CDT-3 Code Update:** Mr. Marshall updated the Board regarding the revisions of CDT-3 codes. There have been backorders and a heavy demand for CDT-3 from Salable Materials, he said. Half-day workshops are planned at annual session to exhibit the code changes and the Association Legal Department continues to work on copyright issues and license agreements in relation to these codes, he said.

**Legal Recap:** Mr. Sfikas recapped legal issues discussed in an attorney-client meeting.

**Depreciation Figures of Laptop Computers:** Retiring Board members are given the opportunity to purchase their computers. Due to a request at the August 1999 meeting, information was given to the Board on the depreciation and computation of the net book value of laptop computers.

**Reevaluation of Association Financial Consultants and Portfolio Investments:** A motion was made and adopted that urged the Finance Committee to reevaluate the performance of the Association's financial consultants as well as portfolio investments.

**Adjournment:** The Regular Meeting of the Board of Trustees was adjourned at 10:30 a.m. for the purpose of convening meetings of the Member of the ADA Health Foundation and the Shareholder of the ADA Holding Company, Inc.

#### **Board of Trustees Regular Meeting (continued)**

**Call to Order:** The Board of Trustees was called to order by President S. Timothy Rose at 10:45 a.m.

**Roll Call:** The Board of Trustees and staff were in attendance as previously recorded.

**Board of Trustees: Supplement to Board Report 2 of the Board of Trustees to the House of Delegates** (*Supplement:562*): Financial Affairs and Recommended Budget for Fiscal Year 2000, Amendment of the Proposed Budget: *The Board of Trustees transmitted the Supplement to Report 2 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Comments From Retiring Board Members:** Several retiring Board members offered heartfelt thanks and well wishes to the Association and staff, which were received with warm applause.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 10:55 a.m.

# October 13, 1999

## Hilton Hawaiian Village, Honolulu, Hawaii

**Call to Order:** The first session of the new Board of Trustees was called to order by President Richard F. Mascola on Wednesday, October 13, 1999 at 1:05 p.m., in Coral Ballroom II of the Mid-Pacific Conference Center, Hilton Hawaiian Village, Honolulu, Hawaii.

**Roll Call and Introduction of New Officers and Trustees:** The following officers were in attendance: Richard F. Mascola, president; Robert M. Anderton, president-elect; J. Kendall Dillehay, first vice president; Ronald B. Gross, second vice president; Rene M. Rosas, treasurer; James T. Fanno, speaker of the House of Delegates; and John S. Zapp, executive director.

The following members of the Board of Trustees were present: George L. Bletsas; Steven M. Bruce; D. Gregory Chadwick; Frank K. Eggleston; Howard B. Fine; Henry W. Finger; Leo R. Finley, Jr.; Richard Haught; T. Howard Jones; Edward Leone, Jr.; Chris Mangos; Edwin S. Mehlman; Patrick S. Metro; Myron L. Pudwill; Eugene Sekiguchi; and John W. Staubach.

Staff members present were: L. Jackson Brown, associate executive director, Health Policy Resources Center; Brian M. Johnson, chief financial officer; James Marshall, interim associate executive director, Dental Practice; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications; Laura Neumann, acting group associate executive director, Professional Services and associate executive director, Dental Education; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Carol M. Overman, senior associate executive director, Member and Support Services and associate executive director, Administration and Policy; Robert L. Owens, associate executive director, Information Technology and president and CEO, ADA Electronic Commerce Co.; Alison Owings, assistant executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and James H. Sweeney, group associate executive director, Business, Technical and Meeting Services and president and CEO, ADA Financial Services Co.

Also in attendance were Beril L. Basman, director, Quality and Strategic Planning; James Berry, associate publisher, ADA Publishing Co., Inc.; Richard Berry, deputy general counsel; Laura A. Kosden, president and publisher, ADA Publishing Co., Inc.; and Michele Thorne, associate general counsel.

**Approval of Agenda:** The Board adopted the following resolution.

**B-184-1999. Resolved,** that the agenda on page 1 of the Board Manual be approved as the official order of business for the current session.

### Special Order of Business

**ADA Subsidiary and Shareholder Meetings:** The Board of Trustees adjourned its regular meeting to convene a meeting of the Shareholder of the ADA Holding Company, Inc.; the annual meeting of the Board of Trustees as the Sole Member of the ADA Emergency Fund, Inc.; the annual meeting of the Board of Trustees as the Sole Member of the ADA Endowment and Assistance Fund, Inc.; and a special meeting of the Stockholder of the American Dental Real Estate Corporation.

These meetings adjourned at 1:15 p.m. and the regular session of the ADA Board of Trustees reconvened.

**Future Board Meeting Schedule:** In his introductory remarks, President Mascola indicated that for the February and April Board meetings the meetings will begin on Sunday afternoon and will initially include the Board, the Executive Director and Senior Management, only as needed. He envisioned that the balance of each meeting would require two full days.

**Structure and Operation of 1999-2000 Board of Trustees:** The Board was provided with a revised copy of the *Organization and Rules of the Board of Trustees*. The following amendments to the document were brought to the Board's attention.

- Amendment of the composition of the Standing Committee on International Activities.
- Amendment of the composition of the FDI World Dental Federation Delegation.
- Amendment of stipends for officers and trustees.
- Addition of a provision to allow the use of the retiring Treasurer as a consultant.

The Board also approved a motion further amending the *Organization and Rules* by eliminating the need to second motions.

Consequently, the Board adopted the following resolution.

**B-185-1999. Resolved,** that the *Organization and Rules of the Board of Trustees*, as amended, be approved.

**Liaison Assignments:** The *Organization and Rules of the Board of Trustees* provides that the President of the Association shall assign members of the Board to serve as council liaisons, with the responsibility of reviewing the programs and activities of a specified Association council/commission.

The *Rules* also provide that the President, subject to the approval of the Board of Trustees, shall make appointments to the standing committees of the Board of Trustees. All other appointments of representatives to

other organizations and members of other committees may be made by the President without approval of the Board.

Based upon these *Rules*, the President has made the following appointments.

*Council/Commission Liaison Assignments.*

**Council on Access, Prevention and Interprofessional Relations**

Dr. Howard B. Fine

**Council on ADA Sessions and International Programs**

Dr. Eugene Sekiguchi

**Council on Communications**

Dr. Chris Mangos

**Council on Dental Benefit Programs**

Dr. Patrick S. Metro

**Council on Dental Education and Licensure**

Dr. Myron L. Pudwill

**Commission on Dental Accreditation**

Dr. George L. Bletsas

**Council on Dental Practice**

Dr. T. Howard Jones

**Council on Ethics, Bylaws and Judicial Affairs**

Dr. Richard Haught

**Council on Government Affairs**

Dr. D. Gregory Chadwick

**Council on Insurance**

Dr. Edwin S. Mehlman

**Council on Membership**

Dr. Henry Finger

**Council on Scientific Affairs**

Dr. John W. Staubach

**Joint Commission on National Dental Examinations**

Dr. Frank K. Eggleston

**Commission on Relief Fund Activities**

Dr. Ronald B. Gross

**Standing Committee on the New Dentist**

Dr. Steven M. Bruce

*Appointment of Delegation to the FDI World Dental Federation.* The following delegation was appointed by President Mascola in accordance with the *Organization and Rules of the Board of Trustees*.

**FDI Delegates (1999)**

Dr. Richard F. Mascola, chairman

Dr. Robert M. Anderton

Dr. S. Timothy Rose

Dr. Myron L. Pudwill

Dr. T. Howard Jones

**Alternates**

Dr. David A. Whiston

Dr. Steven M. Bruce

Dr. Eugene Sekiguchi

Dr. John S. Zapp

Dr. Jack Harris

**FDI Delegates (2000)**

Dr. Robert M. Anderton, chairman

President-elect (2000-2001)

Dr. Richard F. Mascola

Dr. T. Howard Jones

Dr. Eugene Sekiguchi

**Alternates**

Dr. S. Timothy Rose

Dr. Edwin S. Mehlman

Dr. John S. Zapp

Dr. Steven M. Bruce, presidential appointee

First-year trustee elected at 2000 year House who is a presidential appointee

**Appointment of Standing Committees:** The Board of Trustees has seven standing committees: Audit, Compensation, Dental Information Technology, Finance, International Activities, New Dentist and Strategic Planning. Appointments to all standing committees, with the exception of the Committee on the New Dentist, shall be made by the President, subject to the approval of the Board of Trustees. (In accordance with the *Bylaws*, the Committee on the New Dentist shall consist of one member from each trustee district who is an active member selected by the Board of Trustees and confirmed by the House of Delegates.)

**Audit Committee.** The Audit Committee shall consist of the Treasurer, as chairman, the President-elect, and four trustees, one from each class not also serving on either the Finance Committee or Compensation Committee. The President shall be an *ex officio* member of the Committee. The term of service for the trustee members of the Committee shall be one year.

Dr. Rene M. Rosas, treasurer, chairman

Dr. Richard F. Mascola, president, *ex officio*

Dr. Robert M. Anderton

Dr. Myron L. Pudwill

Dr. John W. Staubach

Dr. Steven M. Bruce

Dr. Frank K. Eggleston

**Compensation Committee.** The Compensation Committee shall consist of the President-elect, as chairman, the Treasurer without the right to vote, and four trustees, one from each trustee class, who are not serving on the Finance Committee or Audit Committee. Each year the President shall appoint one first-year trustee to this Committee. The President shall be an *ex officio* member of the Committee. The term of service for the trustee members of the Committee shall be four years.

Dr. Robert M. Anderton, president-elect, chairman  
 Dr. Richard F. Mascola, president, *ex officio*  
 Dr. D. Gregory Chadwick  
 Dr. T. Howard Jones  
 Dr. Leo R. Finley, Jr.  
 Dr. Edwin S. Mehlman  
 Dr. Rene M. Rosas, treasurer

**Dental Information Technology Committee.** The Dental Information Technology Committee shall consist of four trustees with expertise in the area of technology, representing each trustee class, the ADA Executive Director, the Chief Information Officer, and the Associate Executive Directors of Dental Practice and Science. The term of office for the trustee members of the Committee shall be for one year.

Dr. T. Howard Jones, chairman  
 Dr. D. Gregory Chadwick  
 Dr. Eugene Sekiguchi  
 Dr. Frank K. Eggleston  
 Dr. Daniel M. Meyer  
 Mr. Robert L. Owens  
 Dr. John S. Zapp  
 Associate Executive Director, Dental Practice

**Finance Committee.** The Finance Committee shall be composed of the President-elect; the Treasurer, as chairman, without the right to vote; and four trustees, one from each class not also serving on either the Compensation Committee or Audit Committee. The President shall be an *ex officio* member of the Committee. The term of service for the trustee members of the Committee shall be one year.

Dr. Rene M. Rosas, treasurer, chairman  
 Dr. Richard F. Mascola, president, *ex officio*  
 Dr. Robert M. Anderton  
 Dr. Patrick S. Metro  
 Dr. George L. Bletsas  
 Dr. Howard B. Fine  
 Dr. Edward Leone, Jr.

**Committee on International Activities.** The Committee on International Activities shall consist of the five ADA/FDI delegates who are the current President (who shall serve as chairman and spokesperson), the President-elect, the Immediate Past President, a fourth-year trustee and a third-year trustee and five alternate delegates who are the Previous Immediate Past President, a second-year

trustee (appointed for a three-year term), the ADA Executive Director, and two appointments at the discretion of the President. In addition, no more than four at-large members including the ADA/FDI consultants and ADA members who serve as officers within the FDI may be appointed.

#### 1999-2000 Committee

Dr. Richard F. Mascola, chairman  
 Dr. Robert M. Anderton\*  
 Dr. John S. Zapp, executive director  
 Dr. S. Timothy Rose, immediate past president  
 Dr. David A. Whiston, previous immediate past president  
 Dr. Myron L. Pudwill, fourth-year trustee\*  
 Dr. T. Howard Jones, third-year trustee\*  
 Dr. Eugene Sekiguchi, second-year trustee\*  
 Dr. Edwin S. Mehlman, presidential appointee  
 Dr. Steven M. Bruce, presidential appointee\*  
 Dr. Jack Harris, at-large member  
 Dr. Lois Cohen, at-large member  
 Professor Stephen J. Moss, at-large member  
 Professor Douglas B. Berkey, at-large member  
 Dr. Kathryn Kell, consultant  
 Dr. Stephen B. Mackler, consultant  
 Dr. Guillermo C. Vicuna, consultant

\*member, Subcommittee to Review the Audit of International Activities

**Strategic Planning Committee.** The President requests the Board's consideration of a proposal to expand the at-large member composition of the Strategic Planning Committee (SPC) and to establish their respective terms, and to consider new rules for the term and appointment of the SPC chairman.

The strategic planning process benefits most from a chairman who can devote time to leading the process through a full planning cycle of four years. At the same time, it has been recognized that the objectives of the SPC are best served by a chairman who is not a member of the Board of Trustees or staff. As a result, the SPC chairman will most likely be chosen from the two at-large appointments. The current system for selecting these at-large members does not promote the introduction of new members into the process without adversely affecting the pool of potential candidates for chairman.

The current composition of the Committee allows for only two annual at-large appointments made by the President in addition to one who must be an incumbent or past member of the Committee on the New Dentist. The balance of the Committee is composed of four trustees, the President-elect, the Executive Director and a senior staff member appointed by the Executive Director. The Director of Quality and Strategic Planning serves as staff and facilitator.

Therefore, in an effort to improve the Committee's ability to introduce new members into the process, while maintaining a viable pool of experienced candidates for

chairman, the following recommendations were presented for the Board's consideration:

1. Increase the SPC membership by adding two additional at-large members;
2. Select at-large members with strategic planning experience at the constituent level and from diverse backgrounds; and
3. Establish staggered terms for at-large members that allow for effective experienced members to be selected to chair the Committee.

The following resolution amending the *Organization and Rules of the Board of Trustees* to accomplish these changes was adopted.

**B-186-1999. Resolved**, that the Section on "Standing Committees," subsection "Strategic Planning Committee" of the *Organization and Rules of the Board of Trustees* be deleted in its entirety and replaced with the following new Section on "Strategic Planning Committee":

#### **Strategic Planning Committee**

*Composition.* The Strategic Planning Committee shall consist of one trustee from each class; the President-elect; four at-large members with strategic planning experience selected from diverse populations and with new to mid-careers in dentistry, appointed by the President; one member of the Committee on the New Dentist; the ADA Executive Director; and one senior manager selected by the Executive Director. The Director of Quality and Strategic Planning will serve as facilitator and staff to the Committee.

*Term.* The terms of service for members of the Committee are as follows: the trustee members of the Committee shall serve until the conclusion of their term as trustees; the President-elect shall serve one year; the four at-large members shall initially be appointed to staggered terms of one to four years; the Committee on the New Dentist member shall serve a one-year term and not be eligible for reappointment; and the senior manager will be appointed annually by the Executive Director.

*Chairman.* The chairman of the Strategic Planning Committee shall be appointed by the Board of Trustees from the Committee's at-large members who shall have served at least two years on the Committee prior to appointment as chairman. The term of chairman shall be coterminous with the duration of the planning cycle, subject to the discretion of the Board of Trustees.

*Meetings.* The Committee shall meet at least twice annually. Additional meetings may be called at the discretion of the Board of Trustees.

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

1. to formulate the Strategic Plan of the Association and present that plan for review, modification and approval by the Board of Trustees;
2. to monitor in collaboration with Senior Management, the Association's action plans that support the Strategic Plan goals and objectives and report these findings to the Board of Trustees;
3. to note current and future trends which might impact the future of the Association and report those trends to the Board of Trustees;
4. to provide, with the support of Senior Management, guidance to Association agencies in meeting the goals of the Strategic Plan; and
5. to provide information to the Association constituencies about the Strategic Plan as appropriate to encourage tripartite support and involvement.

#### **1999-2000 Committee members (updated):**

Dr. Michael J. Koufos, chairman  
 Dr. Steven M. Bruce  
 Dr. D. Gregory Chadwick  
 Dr. Mark R. Hinrichs, CND Member  
 Dr. Henry W. Finger  
 Dr. Edward Leone  
 Ms. Patricia Newton  
 Dr. Marie C. Schweinebraten, Georgia, at-large member  
 Dr. John S. Zapp  
 Dr. Robert M. Anderton

Dr. Mascola requested recommendations, from each trustee, for the two new SPC at-large member positions and the Future of Dentistry Oversight Committee. These nominees will be presented to the Board at its December session. Selection criteria will be provided to the Board for the Oversight Committee.

In accordance with *Organization and Rules of the Board of Trustees*, the Board adopted the following resolution.

**B-187-1999. Resolved**, that the appointments to the standing committees of the Board of Trustees as made by the President be approved.

#### **New Dentist Liaison Appointments to ADA**

**Councils/Commissions:** In accordance with the ADA *Bylaws*, the duties of the New Dentist Committee include serving as *ex officio* members, without the power to vote, on councils and commissions of the Association. Based on appointments presented by President Mascola, the Board adopted the following resolution.

**B-188-1999. Resolved**, that members of the Standing Committee on the New Dentist be approved as *ex officio* members of ADA councils and commissions and the American Dental Political Action Committee, without the power to vote, as follows:



**Council on ADA Sessions and International Programs**

Dr. Mark Holifield

**Council on Communications**

Dr. Russell Mosher

**Council on Dental Benefit Programs**

Dr. Randall Ogata

**Council on Dental Education and Licensure**

Dr. Julia Golden

**Council on Dental Practice**

Dr. Mark McConnell

**Council on Ethics, Bylaws and Judicial Affairs**

Dr. Eugene Shoemaker

**Council on Government Affairs**

Dr. Paul Swinney

**Council on Membership**

Dr. Wendy Brown

**American Dental Political Action Committee**

Dr. Mark Hinrichs

**Appointment of Representatives to Other Organizations and Activities:** All appointments of representatives to other organizations and members of other committees may be made by the President.

**Official Observer to American Medical Association House of Delegates**

Dr. David A. Whiston

**Official Observer to American Hospital Association Annual Meeting**

Dr. Peter Paulson, chairman, CAPIR

**American Dental Political Action Committee**

Dr. Leo R. Finley, Jr., ADPAC Director and Executive Committee member, one-year term

Dr. John W. Staubach, ADPAC Director

**AADE Competency Committee**

Dr. Myron L. Pudwill

**Liaison to ADA ONLINE Task Force**

Dr. D. Gregory Chadwick

Dr. Eugene Sekiguchi

**Liaison to Dental Economics Advisory Group**

Dr. John W. Staubach

**Critical Issues Task Force**

Dr. Robert M. Anderton

**Presenter of Board Reports to House of Delegates**

Dr. Myron L. Pudwill

**ADA/Industry Ad Hoc Committee**

Dr. John W. Staubach

**Norton M. Ross Selection Committee**

Dr. Henry Finger, Fourth District Trustee

**Alliance of the American Dental Association**

Dr. Leo R. Finley, Jr.

**Gold Medal Award Selection Committee**

Dr. Myron L. Pudwill\*

**American Student Dental Association**

Dr. J. Kendall Dillehay

**National Foundation of Dentistry for the Handicapped**

Dr. Richard Haught

\*Assigned to review Association awards.

**Sessions of the Board of Trustees, 1999-2000:** The Board approved the following meeting dates for 1999-2000.

**B-189-1999. Resolved,** that the sessions of the 1999-2000 Board of Trustees be as follows:

December 5-8, 1999  
February 20-22, 2000  
April 16-18, 2000  
June 11-13, 2000  
August 6-8, 2000  
October 8, 10 and 11, 2000  
October 18, 2000  
December 10-13, 2000

**October 2000 Pre-Annual Session Board Meeting:** The Board requested staff to investigate other possible locations for the pre-annual session Board meeting in 2000 and to determine cost implications, if any, of changing from the current location in Galena, Illinois.

**Adjournment:** The Board of Trustees adjourned *sine die* at 2:00 p.m.

# December 6-7, 1999

## Headquarters Building, Chicago

**Call to Order:** The second session of the Board of Trustees was called to order by President Richard F. Mascola on Monday, December 6, 1999, at 2:15 p.m., in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers were in attendance: Richard F. Mascola, president; Robert M. Anderton, president-elect; J. Kendall Dillehay, first vice president; Ronald B. Gross, second vice president; Rene M. Rosas, treasurer; James T. Fanno, speaker of the House of Delegates; and John S. Zapp, executive director.

The following members of the Board of Trustees were present: George L. Bletsas; Steven M. Bruce; D. Gregory Chadwick; Frank K. Eggleston; Howard B. Fine; Henry W. Finger; Leo R. Finley, Jr.; Richard Haught; T. Howard Jones; Edward Leone, Jr.; Chris Mangos; Edwin S. Mehlman; Patrick S. Metro; Myron L. Pudwill; Eugene Sekiguchi; and John W. Staubach.

Staff members present were: L. Jackson Brown, associate executive director, Health Policy Resources Center; Brian M. Johnson, chief financial officer; Peter S. Hasiakos, associate executive director, Dental Practice; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications; Laura M. Neumann, group associate executive director, Professional Services and associate executive director, Dental Education; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Carol M. Overman, senior associate executive director, Member and Support Services and associate executive director, Administration and Policy; Robert L. Owens, associate executive director, Information Technology and president and CEO, ADA Electronic Commerce Co.; Alison Owings, assistant executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and James H. Sweeney, group associate executive director, Business, Technical and Meeting Services, associate executive director, Conference and Meeting Services and president and CEO, ADA Financial Services Co.

Also in attendance were Beril L. Basman, director, Quality and Strategic Planning; Richard M. Berry, deputy general counsel; Laura A. Kosden, president and publisher, ADA Publishing Co., Inc.; and Lawrence Meskin, editor, *The Journal of the American Dental Association*.

**Board Planning Session:** Prior to this meeting, Dr. Mascola conducted a planning session for members of the Board of Trustees and senior management. The planning session was held December 5 in the Versailles Room of the Ritz Carlton Hotel, Chicago.

## Preliminary

**Approval of Agenda:** The Board adopted the following resolution.

**B-198-1999. Resolved,** that the agenda be approved as the official order of business for the current session of the Board except that the President may alter the order of the agenda when necessary to expedite business.

**Adoption of Minutes of Previous Sessions:** The Board adopted the following resolutions.

**B-205-1999. Resolved,** that the minutes of the October 3-5, 1999 session of the Board of Trustees be approved.

**B-206-1999. Resolved,** that the minutes of the October 13, 1999 session of the Board of Trustees be approved.

## Reports of Officers

**Report of the President:** Dr. Mascola submitted a report on his activities since the last Board meeting which included presenting at the 1999 Freddie Awards International Health & Medical Film Competition. He attended and spoke at the following meetings: the Southern New Jersey Dental Society 50<sup>th</sup> Anniversary Dinner; the Indian Dental Association (USA) Annual Convention; the Minority Recruitment and Retention Conference; the American Dental Trade Association meeting; the 1999 General Meeting of the 9<sup>th</sup> District Dental Society; the California Dental Association annual meeting; and the FDI World Dental Congress. Dr. Mascola, Dr. Anderton, Dr. Zapp and staff also met with representatives of Delta Dental Plans in Chicago.

**Report of the President-elect:** Since the October Board meeting, Dr. Anderton attended: the Dallas County Dental Society meeting; the FDI World Dental Congress; the Recruitment and Retention Conference; the meeting of the Twelfth District Dental Society; the Dental Information Technology Committee meeting; and the Texas Dental Association Board of Directors meeting. He also met with members of the Council on Dental Education and Licensure; and members of the Council on Dental Practice in Chicago; and participated in a FINCO conference call.

**Report of the Executive Director:** Dr. Zapp, since the last meeting of the Board of Trustees, reported meeting with the following: Friends of NIDCR Symposium/Annual Awards Dinner and Board meeting; Tom Croft, director, National Practitioner Data Bank; Dr. Susan Goodman, Suzy Leous and Steve Permison of the Health and Services Administration; and Dr. Dennis O'Leary,

president, Joint Commission on Accreditation of Healthcare Organizations in Chicago. Dr. Zapp also met with the American Student Dental Association (ASDA) leaders during the ASDA fall Leadership Conference; participated in the FDI World Dental Congress and various council, committee and Association meetings.

**Report of the Second Vice President:** Dr. Gross reported participating in the following: the Orientation Meeting and meeting of the Commission on Relief Fund Activities and ADA Endowment and Assistance Fund, Inc., and the Board meeting of the ADA Publishing Company, Inc., Chicago.

## Communications

**Report of the Associate Executive Director, Communications: Recent Divisional Activities:** Mr. Mickel reported on the outstanding media coverage during the 140<sup>th</sup> Annual Session in Honolulu. Newspapers, radio and television stations and the Hawaii Tourism & Convention Bureau highlighted events and activities of the scientific and business meetings, in addition to stories on the economic impact of the ADA convention for the Hawaiian Islands.

In response to the CBS "This Morning" broadcast of a story on water in dental unit waterlines, aired October 11 and 12, Mr. Mickel reported that a media alert was issued to dental societies and that background and consumer information was made available on ADA ONLINE. Extensive background materials and the Association's policy statement, reiterating that there is no existing scientific evidence revealing a public health risk associated with dental unit waterlines, were provided to CBS. Details regarding other activities in response to this story were reported.

Mr. Mickel also informed the Board of Trustees of an upcoming ABC "20/20" story regarding dental unit waterlines that may possibly air during the February "sweeps."

A brief description of on-line activities was provided.

**Report of the Associate Executive Director, Communications: Status Report on the Alternative Public Awareness Program:** Mr. Mickel provided an update on the alternative public awareness program noting that during the past year, three constituent dental societies (Georgia, Louisiana and Oklahoma) elected to join the program as full participants. It was also reported that two states, Nebraska and Rhode Island, used ADA creative product in small-scale campaigns, and two Louisiana component societies ran somewhat larger campaigns using ADA product.

Mr. Mickel reported that all of the campaigns mentioned above include TV and used ADA's existing TV spots. However, Georgia is expected to use radio advertising almost exclusively next year, with little or no

TV. Because of this, the approximately \$300,000 budgeted for production of two or more spots has not been spent and the Board was asked to consider a carry forward request of these funds in the event that additional campaign partners emerge. Discussion on the carry forward request was postponed definitely until all of the carry forward requests were considered. Upon discussion, the Board denied the \$300,000 carry forward request due to the limited number of states participating in the program.

## Conference and Meeting Services

**Report of the Council on ADA Sessions and International Programs: Replacement of Chairmen of the 2001 Committee on Local Arrangements:** The Board was advised that the individuals previously nominated and approved as chairmen of the Hospitality Committee, Dr. Wayne Thompson and Dr. Edward Kendrick, would not be available during the 2001 annual session to fulfill the responsibilities of these positions. Dr. James Hobbs, II, and Dr. Nevin K. Waters were subsequently nominated by Dr. D. Stanley Hite, general chairman of the 2001 Committee on Local Arrangements, to fill these positions. The Board adopted the following resolution.

**B-191-1999. Resolved,** that the nominations of Dr. James Hobbs, II, and Dr. Nevin K. Waters submitted by Dr. Hite to be co-chairmen of the Hospitality Committee for the 2001 Committee on Local Arrangements, be approved.

**Report of the Assistant Executive Director, Conference and Meeting Services: Recent Divisional Activities:** Ms. Owings provided the Board with an update on the final registration figures for the 140<sup>th</sup> Annual Session held in Honolulu; plans for the 141<sup>st</sup> Annual Session in Chicago; and a list of meetings that will be held in the ADA Headquarters Building in January and February.

**Report of the Assistant Executive Director, Conference and Meeting Services: October 2000 Board of Trustees Meeting Location:** This report outlined the status of planning activities for the 2000 Board of Trustees meeting scheduled prior to the annual session. It provided, for the Board's consideration, five possible sites for the October 2000 pre-annual session Board meeting. After discussion, the Board approved a motion confirming the Galena, Illinois site for its 2000 pre-annual session Board meeting.

**Oral Report of Dr. Eugene Sekiguchi on Council on ADA Sessions and International Programs Liaison Activities:** Dr. Sekiguchi provided the Board with an oral report on his participation in the Dental Manufacturers of America meeting in New York.

## Dental Education

**Report of the Council on Dental Education and Licensure: Request to Appoint a Task Force to Study the Specialty Recognition Process:** Dr. Neumann presented the Council's report which included a request for the Board to consider the appointment of a task force to study the specialty recognition process. At its April 1999 meeting, in conjunction with its discussion of applications for specialty recognition, the Council determined that the specialty recognition process and procedures should be reevaluated. It was noted that Resolution 82-1999, referred to the Council on Dental Education and Licensure by the 1999 House, called for the same type of study. After discussion, the Board adopted the following amended resolution.

**B-202-1999. Resolved,** that the Board of Trustees appoint a task force to study the specialty recognition process and the rerecognition process of existing specialties, and be it further

**Resolved,** that the task force be comprised of at least three members of the Council on Dental Education and Licensure and include two representatives from the Board of Trustees, one of whom shall serve as chairman, two general dentists and two specialists from the membership-at-large, and be it further

**Resolved,** that the task force present a report and recommendations to the Board for consideration by the 2001 House of Delegates.

**Report of the Associate Executive Director, Education: Recent Divisional Activities:** This report included information on House-adopted Resolution 58H-1998 (*Trans.* 1998:728) which directed that an independent study to determine the comparability of the National Board Dental Examination Part II, administered by the Joint Commission on National Dental Examinations, and the Simulated Clinical Examination, administered by the Northeast Regional Board of Dental Examiners, be conducted. Dr. Neumann reported that two Request for Proposals have been received and will be evaluated by the joint committee. It is anticipated that a report of the joint committee, including the results of the study will be presented to the 2000 House of Delegates.

Dr. Neumann reported on the Commission on Dental Accreditation's interim report to the United States Department of Education (USDE) regarding its compliance with the USDE Procedures and Criteria for the Recognition of Accrediting Agencies. Specifically, the Commission was asked to modify its policies to clearly state that programs must demonstrate compliance with the accreditation standards within the specified time and, if not, accreditation would be withdrawn unless the time was extended by the Commission for good cause. The Board was also provided an update on activities of the Department of Testing Services.

Other issues addressed in this report included: an update on CDEL and the Commission's activities to implement oral and maxillofacial radiology as a dental

specialty; the study of ADA recognized specialties; revision of allied dental education documents; and the American Academy of Orofacial Pain's application for specialty recognition.

**Report of Dr. Myron Pudwill, Liaison to the Council on Dental Education and Licensure:** Dr. Pudwill provided the Board with a report of his attendance at the meeting of the Council.

## Dental Practice

**Report of the Department of Dental Informatics: The Electronic Health Record:** Dr. Robert Lapp, director, Department of Dental Informatics, provided the Board with a presentation on the status of the ADA's model of the electronic health record. This model was designed around the patient, the treatment plan and the services provided to the patient. The purpose is to allow the integration of different components into one system in order to provide for all of a clinician's information needs. The result of these efforts will be a computer-based health record standard or a "blueprint" against which commercial vendors can build uniform practice management systems.

Dr. Lapp also reported that on May 17, 1999, the ADA presented testimony before the Computer-based Patient Record Work Group of the National Committee on Vital and Health Statistics. This work group is preparing a report to the Department of Health and Human Services on uniform standards for patient medical record information (PMRI). As a designated consultant in the Health Insurance Portability and Accountability Act (HIPAA) law, the ADA was invited to help the Committee formulate its report.

**Report of the SNODENT Information and Education Task Force:** The Task Force was charged with providing guidance and oversight to an effort to inform and educate the membership about SNODENT and directing a field-testing project designed to study the practical applications of SNODENT in the private dental office. As further charged, the Task Force submitted a report to the December Board meeting, which presented its opinions pertaining to the current acceptance and understanding of SNODENT by the membership. The Task Force recommended the continued use of all communication vehicles to inform the membership of SNODENT. In addition, the Task Force recommended that the SNODENT issue be discussed directly with national third-party carrier organizations and all communities of interest should be approached with information about SNODENT.

In its report, the Task Force discussed the goals and objectives of field-testing; however, it concluded that the specifics, including potential costs of this activity, would require more study. The Task Force suggested that the Association might need to consider multiple test models.

The Task Force discussed the ongoing management and promotion of SNODENT and concluded that both the Council on Dental Practice and the Council on Dental Benefit Programs have different but essentially equal interests and responsibilities with regard to SNODENT. Further, the Task Force suggested that the two councils form a new joint committee that would be charged with finalizing the scope and details of the field-testing project and other long-term issues. Upon discussion, the Board adopted the following amended resolution.

**B-192-1999. Resolved,** that the Council on Dental Practice and the Council on Dental Benefit Programs form a joint committee to manage the education of the profession about SNODENT as well as a project to field test it, and be it further

**Resolved,** that one Board of Trustees member of the SNODENT Information and Education Task Force be appointed as an *ex officio* member of the joint committee, and be it further

**Resolved,** that educational efforts begin immediately to address questions about the purpose and function of SNODENT, using the *ADA News* and other Association communications vehicles, and be it further

**Resolved,** that the SNODENT Information and Education Task Force prepare a report for the April 2000 Board of Trustees meeting summarizing the status of these activities.

In another action, the Board approved funding for an additional meeting of the SNODENT Task Force with the newly formed joint committee.

**Report of the Associate Executive Director, Dental Practice: Recent Divisional Activities:** Dr. Hasiakos provided the Board with an update on recent divisional activities which included an accounting of the distribution of funds from the ADA Endowment and Assistance Fund and ADA Emergency Fund for 1999. The report also included liaison activities of the Council on Access, Prevention and Interprofessional Relations with the Joint Commission on Accreditation of Healthcare Organizations; plans for the year 2000 campaign to market direct reimbursement which include developing new print advertisements, refining mailing lists and inviting new constituent societies to join the campaign; and Council on Dental Practice activities.

Dr. Hasiakos also reported that the ADA Standards Committee on Dental Informatics held a meeting on October 7, 1999 in Honolulu where operating procedures were reviewed, a request for participation in the Health Informatics Standards Board Data Registry Project was considered; project proposals reviewed; and the working group's scope statements were developed and approved. The next meeting of the Committee is scheduled for April 12-13, 2000, in Anaheim, California.

**Report of The ADA Endowment and Assistance Fund, Inc., and The ADA Emergency Fund, Inc.: The Association's Disaster Assistance Programs:** At its October 1999 meeting, the Board requested a report on the Association's disaster and assistance programs. The Board postponed consideration of the issue in order to develop a resolution encouraging more activity and increased funding of the programs. On Tuesday, December 7, the Board discussed the report and adopted the following resolution.

**B-219-1999. Resolved,** that the Commission on Relief Fund Activities develop and publicize, with the assistance of the appropriate Association agencies, information about the resources available to dentists, from the Association and other national organizations, who suffer losses due to national disasters, and seek to have constituent dental societies do the same for resources available at the local level, and be it further

**Resolved,** that the ADA Endowment and Assistance Fund be urged to undertake fund-raising activities related to assistance to dentists suffering losses from natural disasters, and be it further

**Resolved,** that the ADA Endowment and Assistance Fund and the ADA Emergency Fund be urged to review the current limits on disaster loans and emergency grants made to dentists who suffer losses due to natural disasters.

**Report of Dr. Patrick S. Metro, Liaison to the Council on Dental Benefit Programs:** Dr. Metro provided the Board with a report of his attendance at the meeting of the Council.

**Report of Dr. T. Howard Jones, Liaison to the Council on Dental Practice:** Dr. Jones provided the Board with a report of his attendance at the meeting of the Council.

#### Government Affairs

**Report of the Associate Executive Director, Government Affairs: Federal and State Legislative and Regulatory Update:** Ms. Moss provided the Board with an overview of the activities of the 106<sup>th</sup> Congress and an update on the following federal issues: appropriations; ergonomics; needle safety; bloodborne pathogens; the National Practitioner Data Bank; antitrust and tax issues; and grassroots activities. She also reported on the following state activities: Medicaid; dental hygiene; dental assisting; and the Council on Licensure, Enforcement and Regulation's meeting in Portland, Oregon, in September 1999. Ms. Moss also discussed House Bill H.R. 2990 and Senate Bill S.1344 regarding patient protection and provided the Board with the key differences between those two bills.

**Adjournment:** The Board of Trustees adjourned at 4:48 p.m.

**Tuesday, December 7, 1999**

### **Attorney-Client/Executive Meeting**

**Call to Order:** An attorney-client meeting of the Board of Trustees was called to order at 7:30 a.m., President Mascola presiding.

**Roll Call:** Those in attendance were the President, President-elect, the First Vice President, the Second Vice President, the Treasurer, the Speaker of the House of Delegates, Members of the Board of Trustees and the Executive Director. Also in attendance was the Associate Executive Director for Legal Affairs.

**Discussion:** Mr. Sfikas discussed issues pending before the Board.

**Adjournment:** The attorney-client meeting adjourned and the regular meeting convened at 9:05 a.m.

### **Regular Meeting (continued)**

#### **Dental Practice**

**Report of the Council on Dental Practice: University of Utah School on Alcoholism:** The Board, in an earlier executive session, discussed the Council's report and proposed resolution that the Board support the Association's continued participation, through the Council on Dental Practice, in the Dental Section of the University of Utah School on Alcoholism. During the regular meeting, the Board adopted the following amended resolution.

**B-200-1999. Resolved,** that continued participation by the Association, through the Council on Dental Practice, in the Dental Section of the University of Utah School on Alcoholism and Other Drug Dependencies, be approved for a two-year period, with regular review of the school's activities by the Council and an annual report made to the Board of Trustees, and be it further **Resolved,** that such participation would include the following:

- acknowledgement of the American Dental Association's participation in the program booklet;
- provision of mailing labels for the Well-Being Programs' mailing list, constituent society executive directors, dental boards and dental schools; and
- assistance in liaison with other Association agencies (CERP, the Committee on the New Dentist, etc.) where appropriate.

#### **Membership and Dental Society Services**

**Report of the Associate Executive Director, Membership and Dental Society Services: Recent**

**Divisional Activities:** Ms. Newton reported on recent divisional activities which included: distribution of 2000 membership cards; an update on the ADA Annual Conference on Membership Recruitment and Retention; distribution of ADA New Member Welcome Kits which have been sent to more than 3,000 dentists who joined organized dentistry in 1999; the ASDA Leadership Conference held October 22; recruitment of new graduates; and TAMS user support.

In discussing TAMS support, Ms. Newton informed the Board that two of the 23 states utilizing the TAMS system chose another association management software solution. The Board requested that it be provided with TAMS usage and trends for those constituents and components using the system to identify why states may choose other software solutions.

#### **Report of the Division of Membership and Dental**

##### **Society Services: Affiliate Membership Applications:**

The Board reviewed applications for affiliate membership status and adopted the following resolution.

**B-193-1999. Resolved,** that the applicants for affiliate membership be approved in accordance with Chapter I, Section 20, of the *Bylaws*:

Dr. Gerhard Bachler  
 Dr. Andrew Arthur Baderski  
 Dr. Ki Chun Jeong  
 Dr. Anne-Maree Cole  
 Dr. Samir Kassem  
 Dr. Lucia Salles De Faria Belliboni  
 Dr. Joselito Adal Muncada  
 Dr. Joseph Seow  
 Dr. Kwang-Hua Tay  
 Dr. Jose Vicente Contatore  
 Dr. Mohamed Seleit  
 Dr. Al Harbi Yousef Bandar  
 Dr. Sally Suheil Issa

Because the information contained in some of the applications was not clear or incomplete, the Board directed that all applications, current and future, received for affiliate membership status, be completed in full before being processed and submitted to the Board for consideration.

#### **Science**

##### **Report of the Council on Scientific Affairs: Research**

**Agenda:** The Board reviewed the revised Research Agenda submitted by the Council on Scientific Affairs. The Council annually reviews the Research Agenda and revises it to accurately reflect research issues that impact the practice of dentistry. The revised agenda retains as research priorities issues on which additional research is warranted, eliminates as priorities issues on which significant scientific information is already emerging, upgrades certain issues to higher priorities, and adds as

priorities new issues on which research initiatives should be focused.

Subsequently, the Board adopted the following resolution.

**B-201-1999. Resolved**, that the Research Agenda "Research Issues of Importance to the Practicing Dentist" as revised by the Council on Scientific Affairs at its September 1999 meeting be approved.

The revised Research Agenda is appended.

**Report of the Planning Committee on Oral and Systemic Health Interactions:** The Board reviewed the report and Resolution B-203 of the Planning Committee on Oral and Systemic Health Interactions. After extensive discussion and based on its belief that the report did not present the information as requested in Resolution B-49-1999, the Board referred this issue to the Council on Scientific Affairs, and appropriate Association agencies. The Council is to review the issue at its January 2000 meeting with a report to the Board at its June 2000 meeting.

The Board also expressed concern and was not supportive of the proposed action of the Planning Committee as outlined in the following Resolution B-203 regarding development of a Web site containing information relating to oral and systemic health.

**B-203. Resolved**, that the American Dental Association establish a repository for existing information on oral and systemic interactions and develop means, either via the American Dental Association's Web site or via an independent Web site devoted to these issues, that would allow the efficient capture of information, and be it further **Resolved**, that an ad hoc committee be appointed composed of two members of the Council on Scientific Affairs and one member from each of the following bodies: the Council on Access, Prevention and Interprofessional Relations, the Council on Dental Education and Licensure, the Council on Dental Practice, the Council on Ethics, Bylaws and Judicial Affairs, the American Medical Association, the National Institute of Dental and Craniofacial Research, the American Academy of Periodontology, the American Academy of Pediatric Dentistry, the Federation of Special Care Organizations in Dentistry and the American Academy of Oral Medicine, and be it further **Resolved**, that the ad hoc committee be charged to explore the development of:

- a petition to congressional policy makers, that dentists could circulate to their patients, requesting additional funding to research oral and systemic health interactions;
- educational materials for health care professionals (dental and medical students, residents, dentists, physicians, etc.);
- therapeutic recommendations, as the research allows, relating to oral and systemic health;

- a Web site containing information relating to oral and systemic health interactions; and
- strategies for obtaining necessary funds for research, guideline development and educational/informational support.

#### **Report of the Associate Executive Director, Science:**

**Recent Divisional Activities:** Dr. Meyer provided the Board with an update on the ADA Health Foundation Health Screening Program conducted during the October 1999 annual session. Approximately 1,100 dentists, dental hygienists and dental assistants participated in the program.

#### **Attorney-Client/Executive Meeting**

##### **Legal Affairs**

**Call to Order:** An attorney-client meeting of the Board of Trustees was called to order by President Mascola presiding.

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

Also in attendance were the Associate and Assistant Executive Directors and appropriate legal counsel.

**Discussion:** In an attorney-client session, pending legal issues were discussed. Subsequently, the following resolution was defeated.

**B-209. Resolved**, that the Board of Trustees supports the recommendation of the Council on Scientific Affairs to allow for use of the ADA Seal of Acceptance outside the United States for over-the-counter products, and be it further

**Resolved**, that the Criteria for Use of the Seal for Over-the-Counter Products Outside the United States as proposed by the Council on Scientific Affairs be adopted.

#### **Regular Meeting (continued)**

##### **Science**

#### **Report of the Task Force on Evidence-Based**

**Dentistry:** The Board of Trustees, at its February 1999 meeting, adopted the following resolution in an effort to address the Association's role in evidence-based dentistry.

**B-18-1999. Resolved**, that a task force be convened to determine the Association's role in evidence-based dentistry as it relates to patient care, and be it further **Resolved**, that the task force be comprised of two members of the Council on Scientific Affairs, with one CSA member serving as chairman, and one member

each from the Council on Dental Benefit Programs, Council on Dental Practice and Council on Access, Prevention and Interprofessional Relations, and be it further

**Resolved**, that the task force report its findings to the Board at its August 1999 meeting.

The task force met on September 3, 1999 and submitted its report and recommendations to the Board for consideration. After discussion, the Board adopted the following amended resolution.

**B-210-1999. Resolved**, that the Association adopt the following working definition of EBD:

Evidence-Based Dentistry is an approach to treatment planning and subsequent dental therapy that requires the judicious melding of systematic assessments of scientific evidence relating to the patient's medical condition and history, the dentist's clinical experience, training and judgment and the patient's treatment needs and preferences.

and be it further

**Resolved**, that the following agencies of the Association be requested to consider the recommendations of the Task Force on Evidence-Based Dentistry and to report to the Council on Scientific Affairs by June 2000: the Councils on Dental Practice; Dental Benefit Programs; Education and Licensure; Ethics, Bylaws and Judicial Affairs; Access, Prevention and Interprofessional Relations; Government Affairs; and Scientific Affairs, and be it further

**Resolved**, that the Council on Scientific Affairs convene a meeting of one member from each of these agencies, as identified by the respective council chairmen, and two ADA trustees, to be held in Chicago in the summer of 2000 to share information on evidence-based dentistry and develop further recommendations for Association action to submit to the Board of Trustees at its August 2000 meeting.

## Technology

**Report of the Associate Executive Director, Technology: Recent Divisional Activities:** This report summarized the activities of the Division of Information Technology through December 1999. Specifically, Mr. Owens reported that all ADA telecommunications and core applications (TAMS, PeopleSoft), were Y2K compliant. In addition, all desktop software has been updated to include the latest Y2K updates available.

A list of Internet/Intranet technology accomplishments was also provided.

**Report of the Dental Information Technology Committee:** This report gave the Board an overview of the Dental Information Technology Committee meeting held November 12, 1999 and provided an update on

information technology projects; 2000 Technology Day; and planning activities for the year 2000.

One of the issues discussed during the Committee's November 12 meeting was the development of national account contracts for member products and services such as the dental products used for patient care. The Committee received a draft white paper from the Executive Director outlining information on the development of a national contracts program and its potential impact on Association activities such as advertising revenues, ADA Health Foundation donations and the ADA Seal of Acceptance program.

The Board considered the Committee's recommendation that the Board move forward with appropriate actions to ensure that the Association develop internet portal initiatives to allow it to become *the* dentistry internet portal and subsequently adopted a resolution in support of the recommendation (see Resolution B-204 on page 871).

**Report of the Associate Executive Director, Technology and the Associate Executive Director, Membership and Dental Society Services: Tripartite Association Management System:** Mr. Owens provided the Board with an update on the Tripartite Association Management System.

## Other/Subsidiary Reports

**Report of the Department of Standards Administration and the Councils on Dental Practice and Scientific Affairs: Recommendations for ADA Representatives to Standards Committees and Standards Organizations:** The Board reviewed the report and resolution nominating representatives to the ADA Standards Committee on Dental Informatics and five outside standards organizations which included the American Society of Testing and Materials; the Association for the Advancement of Medical Instrumentation; the American Society of Heating, Refrigeration, and Air-conditioning Engineers; the National Fire Protection Association; and the Laser Institute of America. The credentials of the nominees were discussed in an attorney-client session. Subsequently, the Board adopted the following amended resolution.

**B-190-1999. Resolved**, that Dr. Julian Fair be appointed as the 2000-2003 ADA representative on the ADA Standards Committee for Dental Informatics as recommended by the Council on Dental Practice, and be it further

**Resolved**, that the following volunteers be appointed as recommended by the Council on Scientific Affairs to represent the American Dental Association in the dental related, standard-setting activities of the following organizations from January through December 2000:



Association for the Advancement of Medical Instrumentation: Dr. Michael P. Rethman  
 American Society of Testing and Materials: Dr. James Drummond and Dr. Jarvis Chan  
 National Fire Protection Association: Dr. Fred Quarnstrom  
 Laser Institute of America (Z136 Subcommittee): Dr. Joel M. White

The Board decided not to appoint a volunteer representative to the American Society of Heating, Refrigeration and Air-conditioning Engineers at this time. In the interim, Dr. Zapp indicated that Dr. P. L. Fan, senior director, Division of Science, would serve as a staff representative.

**Report of the ADA Financial Services Co.:** Ms. Sue Moseley, chief operating officer of FINCO, provided the Board with an overview of the recent activities of FINCO which included updates on the ADA I PLAN; products such as student loans and medical savings accounts; and residential mortgage providers.

**Report of the ADA Publishing Co., Inc.: Recent Activities:** Ms. Kosden reported that 1999 was a year of solid performance for ADAPCO in spite of a retrenching market. It was also reported that ADAPCO was active and visible during the Association's 140<sup>th</sup> Annual Session in Hawaii producing its daily edition of *ADA News*, as well as on-line coverage, which included the scientific, social and business programs of the annual meeting. Ms. Kosden also informed the Board that ADAPCO is exploring the possibility of expanding its foreign-language editions of *JADA* to Asia and Europe.

**Amendment to the Organizations and Rules of the Board of Trustees:** Several actions occurring during the 1999 House of Delegates and new Board of Trustees meeting required the Board to consider changes to its *Organization and Rules*. Subsequently, the Board adopted the following resolutions.

**B-194-1999. Resolved,** that the *Organization and Rules of the Board of Trustees*, page 4, Section on Officers, subsection "Chairman and Secretary," second paragraph, be amended by deletion of the paragraph in its entirety and insertion of the following new paragraph:

In the absence of the President, the office of Chairman shall be filled by the President-elect and, in his or her absence, by the First or Second Vice President in that order, and, in their absence, a voting member of the Board shall be elected Chairman *pro tem*.

**B-195-1999. Resolved,** that the *Organization and Rules of the Board of Trustees*, page 38, Section on Policies on Nominations, Appointments and Consultants, be amended by deletion of the Subsection "Appointment of Task Forces or Special Committees" and insertion of a new subsection that reads as follows:

#### **Appointment of Task Forces or Special Committees:**

Task forces or special committees formed by the Board of Trustees or the President to address issues otherwise assigned by the *Bylaws* solely to one council, commission or other agency should be assigned to that council, commission or other agency with the necessary funding to accomplish the task in a timely manner. If the *Bylaws* assign the issues to more than one council, commission or other agency, members of the relevant councils, commissions or other agencies shall be appointed to serve on the task force or special committee. Such task forces and special committees may serve until adjournment *sine die* of the next annual session of the House of Delegates.

**B-196-1999. Resolved,** that the *Organization and Rules of the Board of Trustees*, page 21, Section on Conflict of Interest, subsection "Conflict of Interest," be amended in the first paragraph by the addition of a new last sentence that reads:

The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

so that the amended paragraph reads:

**Conflict of Interest:** It is the policy of this Association that individuals who serve in elective, appointive or employed offices or positions do so in a representative or fiduciary capacity that requires loyalty to the Association. At all times while serving in such offices or positions, these individuals shall further the interests of the 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.

The Board of Trustees shall approve the compliance activities that will implement the requirements of Chapter VI of the *Bylaws*. The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

and be it further

**Resolved,** that the *Standing Rules for Councils and Commissions*, page 14, Section on General Rules, subsection "Conflict of Interest" be amended in the first paragraph by the addition of a new last sentence that reads:

The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

so the amended paragraph reads:

**Conflict of Interest:** It is the policy of this Association that individuals who serve in elective, appointive or employed offices or positions do so in a representative or fiduciary capacity that requires loyalty to the Association. At all times while serving in such offices or positions, these individuals shall further the interests of the Association as a whole. In addition, they shall avoid:

- a. Placing themselves in a position where personal or professional interest may conflict with their duty to this Association.
- b. Using information learned through such office or position for personal gain or advantage.
- c. Obtaining by a third party an improper gain or advantage.

The Board of Trustees shall approve the compliance activities that will implement the requirements of Chapter VI of the *Bylaws*. The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

**B-197-1999. Resolved,** that the *Organization and Rules of the Board of Trustees*, page 11, Section on Rules of Procedure, be amended between the subsections "Rules of Order" and "Disapproved Motions" by the addition of a new subsection entitled "Seconding of Motions," which reads as follows:

**Seconding of Motions:** Following the proper movement of a motion, a second is not required.

**Report of Dr. John W. Staubach, Liaison to the Dental Economics Advisory Group:** Dr. Staubach provided the Board with a report of his attendance at the Dental Economics Advisory Group. Based on the information contained in the report regarding earlier exiting of dentists, earlier retirement, reduced number of dental students being accepted to dental schools and an anticipated shortage of dentists, it was suggested that the Council on Dental Practice investigate the possibility of matching young practitioners with seasoned practitioners to help strengthen practices. Dr. Bletsas was requested to contact Council staff to discuss this concept and develop a report for consideration by the Board at its February meeting.

**Report of the Associate Executive Director, Health Policy Resources Center: Dental Economics Advisory Group Activities:** Dr. Brown provided the Board with an informational report of the Dental Economics Advisory Group's August 26-29, 1999 meeting. The Committee's meeting minutes were provided for the Board's review.

*Dentist and Patient Behavior in Response to Reimbursement Levels in Dental Benefit Plans. Resolutions 62H-1995 and 119H-1995 (Trans. 1995:619,*

650) adopted by the 1995 House of Delegates, called for an independent study of the effect of underfunding and low reimbursement levels on dental health care delivery. A Coordinating Committee on Resolutions 62H and 119H was appointed by the Association President to implement these resolutions. The Committee designed the study and retained the RAND Corporation to conduct it. At its October 1999 meeting, the Board reviewed the report: "Update on the Study, Dentist and Patient Behavior in Response to Reimbursement Levels in Dental Benefit Plans" and transmitted the report to the 1999 House of Delegates. At its December meeting, the Board reviewed the final report and approved the publication of the RAND study with the request that a story of its findings be included in the *ADA News*.

**Report of the ADA Electronic Commerce Co.:** Mr. Owens reported on the ADA ECCo Board of Directors' review of Envoy's renewal proposal and provided information on the new agreement. Other information contained in the report pertained to the number of "hits" per day on the ADA ECCo home page; ADA ECCo participation in a new ADA/for-profit product and service development protocol; state endorsements; electronic claims market conditions; revision of the ADA ECCo education program; and data collection.

**Report of the Department of Standards Administration and the Council on Scientific Affairs: Recommendation for Chairman of ISO/TC106 Subcommittee 8, Dental Implants:** The Board considered the recommendation of the Council on Scientific Affairs to appoint Dr. Albert D. Guckes as Chairman of the ISO/TC106 Subcommittee 8, Dental Implants, and adopted the following resolution.

**B-199-1999. Resolved,** that Dr. Albert D. Guckes be recommended as the Chairman of ISO/TC106 Subcommittee 8, Implants.

**Report of the Executive Director on "ada.org": A Discussion of Issues:** This report addressed the Internet environment and its impact on how the Association conducts business and specifically highlighted the potential implications of marketing dental products on-line. It provided the Board with an overview of issues and outlined a means for tracking relevant market changes and gathering the necessary information to make the most informed decisions possible in the quickest manner.

After discussion, The Board adopted the following resolution.

**B-204-1999. Resolved,** that the Association conduct the necessary research with members, the dental industry, experts in the field of portal development, e-commerce and association management to fully explore all relevant issues of becoming a successful portal for dentistry, and be it further

**Resolved**, that the results of this research, with strategies as appropriate, be presented for consideration to the Board of Trustees in April 2000.

A supplemental appropriation request in the amount of \$60,000 was submitted to support outside research activities needed to gather essential information on member needs and on the proposed ventures.

(*Note:* Prior to consideration of this report, the Board heard a presentation at its Planning Session on Sunday, December 5, by Mr. Shikhar Ghosh, president, CEO and cofounder of iBelong, Inc. Mr. Ghosh described the importance of Internet portals in building relationships with members.)

**Report on ADA Task Forces and Committees, 1999-2000:** The Board reviewed the report on task force and committee activities. Several of the committees/task forces appointed by Dr. Mascola required Board action. Subsequently, the following resolutions were adopted.

**B-213-1999. Resolved**, that the nominees to the Strategic Planning Committee be approved.

**B-214-1999. Resolved**, that the nominees to the Future of Dentistry Project Oversight Committee be approved.

**Report on the FDI World Dental Federation 1999 Annual World Dental Congress:** This report provided an update on the 87<sup>th</sup> Annual World Dental Congress of the FDI World Dental Federation held in Mexico City, October 28-November 1, 1999.

The Board discussed the Association's role in this Congress and noted its support of continued participation. However, it requested that the Committee on International Affairs provide the Board with a report outlining the long-term effectiveness of Association participation in light of the ADA strategic plan and possible reduction in costs based on alternative funding for Association participation.

Dr. Robert Anderton, Dr. Steven Bruce and Dr. Jack Harris also provided written reports on their activities as members of the ADA delegation to the 1999 Congress.

#### **Attorney-Client/Executive Meeting**

#### **Legal Affairs**

**Call to Order:** An attorney-client/executive meeting of the Board of Trustees was called to order at 12:05 p.m., President Mascola presiding.

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

Also in attendance were the Associate and Assistant Executive Directors and appropriate legal counsel.

**Report of the Associate Executive Director, Legal Affairs: Recent Divisional Activities:** Mr. Sfikas discussed various legal matters of interest to the Association.

**Report of the Associate Executive Director, Legal Affairs: "DR" Service Mark:** The Board discussed the ownership of the "DR" service mark.

**Removal of Members of Councils or Commissions:** The Board discussed the provisions of the *Organization and Rules of the Board of Trustees* regarding removal of members of councils or commissions.

**Adjournment:** The attorney-client/executive meeting adjourned and the regular meeting convened at 12:25 p.m.

#### **Regular Meeting (continued)**

#### **Legal Affairs**

After the confidential attorney-client/executive meeting, the Board adopted the following resolutions.

*Litigation Assistance to the Connecticut State Dental Association.*

**B-208-1999. Resolved**, that the General Counsel be authorized to make matching expenditures up to a maximum of \$5,000 in litigation assistance to the Connecticut State Dental Association in connection with *In re Mark Breiner, D.D.S.*

*"DR" Service Mark.*

**B-215-1999. Resolved**, that the Association be authorized to continue to pursue the application of the "DR" service mark by the ADA, and to take action to protect against applications or inappropriate uses by others of that mark, and be it further

**Resolved**, that the ADA request the California Dental Association to vacate their application for the "DR" service mark and support the ADA's application for the "DR" service mark.

*Removal of Members of Councils or Commissions.*

**B-220-1999. Resolved**, that the President appoint a committee of two members of the Board of Trustees and the officers of the House of Delegates to work with the Division of Legal Affairs to determine whether the Board of Trustees should utilize the procedures provided on pages 20-21 of the *Organization and Rules of the Board of Trustees* with reference to the members of the Council on Dental Education and Licensure and report its recommendations to the Board of Trustees at its February 2000 meeting.

(Note: Dr. Mascola announced the following Board appointments to this committee: Dr. Anderton and Dr. Gross.)

## Financial Matters

**Report of the Chief Financial Officer: Recent Divisional Activities:** Mr. Johnson provided the Board with an update on the 2000 budget process which included the development of budget packages for new program initiatives approved by the 1999 House. He also informed the Board that the auditing firm of Grant Thornton had begun the planning phase of the 1999 annual audit and reported on activities of the Council on Insurance and the Department of Central Services.

**Report of the Chief Financial Officer: Prepayment of Loan on the Washington D.C. Property:** Mr. Johnson reported on the payment of the Washington, D.C. property debt and provided a schedule summarizing disbursements for three prepayments that have already taken place, as well as estimates for the remaining two installments.

**Report of the Executive Director on 1999 Corporate Funding of ADA Programs:** Dr. Zapp provided the Board with a report detailing the corporate funding for ADA programs and activities, as of September 30, 1999.

**Report on the Status of the 1999 Contingent Fund and Approval of Supplemental Appropriation Requests from the 2000 Contingent Fund:** The Board reviewed requests for funding from the 2000 Contingent Fund. The Board discussed each request separately and subsequently adopted the following amended resolution.

**B-207-1999. Resolved,** that the following appropriations be made from the 2000 Contingent Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

*Division of Administration & Policy*  
(Cost Center 090-0050-XXX)..... \$6,400  
Funding is requested for the Board approved addition of two volunteers to the Strategic Planning Committee. The Committee will meet three times during 2000. The total amount requested is \$6,400.

515101	Volunteer Airfare	\$2,700
515401	Volunteer Lodging	2,250
515301	Volunteer Per Diem	900
515501	Volunteer Meals	<u>550</u>
	Total	\$6,400

No funding alternative submitted.

*Division of Administration & Policy*  
(Cost Center 090-0050-XXX)..... \$60,000

**ADA On-line Portal Development:** Funding is requested to conduct research with members, the dental industry, experts in the field of portal development, e-commerce and association management to fully explore relevant issues of becoming a successful portal for dentistry. The total amount requested is \$60,000.

520001	Consulting Fees	\$55,000
520200	Honoraria	<u>5,000</u>
	Total	\$60,000

No funding alternative submitted.

*Division of Legal Affairs*  
(Cost Center 090-0150-XXX)..... \$4,900

**Judicial Hearings:** The Council on Ethics, Bylaws and Judicial Affairs requests \$4,900 to fund an extra meeting day at its April 2000 session. This will expand the Council's last meeting of the 1999-2000 term from a two-day to a three-day session.

515301	Volunteer Per Diem	\$1,200
515401	Volunteer Lodging	2,950
515501	Volunteer Meals	<u>750</u>
	Total	\$4,900

*Funding alternative.* A portion of the funds requested could be partially offset from funds in the Council's Year 2000 budget by canceling its speakers' training program for new members, which amount to \$1,200. This would reduce amount of funding requested from \$4,900 to \$3,700.

520020	Outside Services	\$1,200
	Total Funding Alternative	\$1,200

Funding alternative accepted.

*Division of Education*  
(Cost Center 090-0600-XXX)..... \$20,450\*  
During its November 7-8, 1999 meeting, the Council on Dental Education and Licensure recommended that the ADA Board of Trustees appoint a task force to review and analyze the current specialty recognition process; address how the process could be restructured and present a preliminary report to the Board and House of Delegates for review in 2000 with a final report submitted in 2001. The Council recommended that the task force be comprised of at least three members from the Council, including a past or current member of the Committee on Specialty Recognition (Committee G), representation from the Board of Trustees

and from the members at large to include an equal number of general dentists and specialists. Further, the Council recommended that 2000 supplemental funding be requested for this task force to meet in 2000.

515101	Volunteer Airfare	\$7,200
515201	Volunteer Ground	900
515301	Volunteer Per Diem	2,700
515401	Volunteer Lodging	6,650
515501	Volunteer Meals	1,000
525020	Postage & Mailing	1,000
525200	Office & Photocopy	<u>1,000</u>
	Total	\$20,450

\*Note: This request was increased to \$20,450 to include funding for an additional trustee member. Also, the scope of activity for this task force was expanded to include the rerecognition process of existing specialties. No funding alternative submitted.

The following supplemental requests from the Division of Dental Practice totaling \$104,000 were deferred to the February 2000 meeting.

*Division of Dental Practice*  
(Cost Center 090-0500-XXX)..... \$24,400

The Council on Dental Benefit Programs is requesting funds to purchase two laptop computers and two LCD projectors with a resolution of 800x600 to use in PowerPoint presentations. The PowerPoint presentations are used to educate members regarding the newly revised procedure codes (CDT-3), which have been developed by the Council. This equipment would also be used for Council sponsored peer review workshops where instructional audiovisuals are an integral part of the training, and in presentations of the DR program to dental societies and employer groups. Total cost \$24,400.

170100	Computer Hardware	\$24,400
	Total Expenses	\$24,400

*Funding alternative.* The Council proposes that funding be offset by unexpended funds from cost center 150-0200-005, Code and Third-Party Issues, using the following line items:

520002	Consulting Fees	\$20,000
520200	Outside Services	<u>4,400</u>
	Total	\$24,400

*Division of Dental Practice*  
(Cost Center 090-0500-XXX)..... \$80,000

The Council on Dental Benefit Programs is requesting funds to update the slide and video presentations, which are used to conduct peer review workshops. This request includes funding for costs associated with use of professional talent, director and film crew, for the production of an updated peer review video. The medium recommended for this update is a CD-ROM with a total cost of \$80,000.

505300	Film and Slide Production	<u>\$80,000</u>
	Total Expenses	\$80,000

No funding alternative submitted.

In a separate action the Board approved the following two requests:

*Division of Dental Practice*  
(Cost Center 090-XXXX-XXX)..... \$4,250

Funds are requested for travel and meeting expenses for the Board's SNODENT Task Force to meet with the new joint committee of the Council on Dental Practice and Dental Benefit Programs. The new joint committee is charged with managing the field testing of SNODENT and the education effort aimed at the membership regarding SNODENT. The total amount requested is \$4,250.

515101	Volunteer Airfare	\$ 2,250
515201	Volunteer Ground	500
515301	Volunteer Per Diem	400
515401	Volunteer Lodging	900
515501	Volunteer Meals	<u>200</u>
	Total	\$4,250

No funding alternative submitted.

*Division of Science*  
(Cost Center 090-XXXX-XXX)..... \$8,850

The Board-convened Task Force on Evidence-based Dentistry met on September 3, 1999 to discuss the Association's role in addressing evidence-based dentistry. Representatives from the Councils on Scientific Affairs; Dental Practice; Dental Benefit Programs; Education and Licensure; Ethics, Bylaws and Judicial Affairs; Access Prevention and Interprofessional Relations; and Government Affairs attended the meeting. The task force proposed a number of recommendations to the Board including a joint meeting of one representative from each of the Councils listed above and two Board

liaisons to share information and develop a report and recommendations to the Board of Trustees. This meeting is anticipated to take place during the year 2000. The total amount requested is \$8,850.

515103	Volunteer Travel	\$4,050
515201	Volunteer Ground	900
515301	Volunteer Per Diem	700
515401	Volunteer Lodging	1,700
515501	Volunteer Meals	<u>1,500</u>
	Total	\$8,850

No funding alternative submitted.

**Final 1999 Contingent Fund Balance: \$ 40,300**

**Total Approved Supplemental Requests  
for the 2000 Contingent Fund: \$104,850**

**Total Alternative Funds Accepted: \$ 1,200**

**2000 Contingent Fund Balance Through  
December 1999 Meeting: \$534,650**

**Report of the 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.

**Report of the Chief Financial Officer: Request to Carry Forward Budgeted Funds from 1999 to 2000:** In accordance with the *Organization and Rules of the Board of Trustees*, the Executive Director reviewed 12 requests to carry forward unexpended funds from the 1999 budget to the 2000 budget. Following a review of these requests, the Board adopted the following resolution as amended.

**B-211-1999. Resolved,** that the following 1999 budgeted funds be carried forward to the 2000 budget and be allocated to line items in separately listed cost centers, subject to adjustment in light of a final determination of actual spending during 1999, with these funds only being available through December 2000.

*Division of Administration & Policy*  
(Cost Center 010-0105-XXX).....\$341,800\*  
The Alternative Public Awareness Campaign (cost center 105-0000-005) was funded at \$982,000 for 1999. It was anticipated that five to six constituent societies would elect to run statewide public awareness campaigns in 1999. Funds in this cost center were allocated for pre- and post-campaign research; creative development of TV spots; creative development for cobranding of existing TV and print components; and services from Jordan Associates. During

the past year, only three constituent dental societies elected to join the program as full participants. Two other constituent societies and one component used some program components. A second year will be required for the program to reach its conclusion.

515101	Volunteer Airfare	\$21,600
515103	Staff Airfare	16,200
515203	Ground Transportation	500
515301	Volunteer Per Diem	150
515401	Volunteer Lodging	17,750
515403	Staff Lodging	13,300
515501	Volunteer Meals	4,300
515503	Staff Meals	3,250
520001	Consulting Fees	563,450
525010	Telephone	500
515020	Postage, Mail, Freight	<u>800</u>
	Total Expenses	\$641,800*

\*Note: This request initially included development of new TV spots which the Board decided not to fund due to the limited number of states participating in the program. Thus, the carry forward request was reduced by \$300,000.

*Division of Communications*  
(Cost Center 010-0125-XXX).....\$96,000  
This request is to continue the complete redesign and reorganization of ADA ONLINE. The Board of Trustees approved a supplemental appropriation in the amount of \$124,500 at its August meeting. The total amount included \$74,500 for design, production, programming and illustration photography, and \$50,000 to be used for implementation, if needed. Work began in late August. The required funding will allow work on the redesign to proceed.

520001	Consulting Fees	<u>\$96,000</u>
	Total Expenses	\$96,000

*Headquarters Building*  
(Cost Center 010-0136-XXX).....\$200,000  
This request seeks authorization to carry forward \$200,000 from the 1999 Headquarters Building expense budget to cover anticipated shortfall in the year 2000 for property tax payments. At the time the 2000 budget was prepared, real estate tax assessment appeals were pending with the Cook County Assessor's office. Based upon the results of the 1998 tax appeal and 1999 actual tax bills, the 2000 property taxes have been reforecast and are estimated to be greater than originally budgeted.

Therefore, a carry forward of \$200,000 in funds remaining in the 1999 expense budget is requested to offset the anticipated variance.

530100	Property Tax Expense	<u>\$200,000</u>
	Total Expenses	\$200,000

*Division of Health Policy Resources Center*  
(Cost Center 010-0155-XXX).....\$25,500

The purpose of this request is to assist in gathering relevant ADA survey data and existing data from outside agencies that are important for ADA policy analysis and ADA policy advocacy positions into a repository that is being developed. The repository contains numerous files concerning dental practice characteristics, oral health, dental expenditures, and patient behavior and attitudes towards dental care. There is an inventory of variables in the files. The files are integrated with one another and queried for information. The repository supports the need for quick information to various components of the ADA to help their advocacy positions and to develop reasoned policy on relatively quick breaking policy issues. Work towards creation of an ACCESS database, containing questions asked, began mid-year. A pilot project is underway, with surveys and data being added on an ongoing basis. Additional time will be required to fully implement the data repository.

520020	Outside Services	<u>\$25,500</u>
	Total Expenses	\$25,500

*Division of Health Policy Resources Center*  
(Cost Center 010-0155-XXX).....\$115,400

The purpose of this request is to support the analysis of different markets with different concentrations of third-party buyers of dental care and different concentrations of dentists. Generally, market concentration means the number and size of the different actors in the local economic market. Concentration, in turn, will influence the economic performance of the market. Markets with a few large buyers are considered concentrated. The extreme in concentration is when only a single buyer of dental care exists in the market. This would occur if government were the only buyer, but private buyers could approach this level of market power. With substantial market concentration and

power, buyers potentially can negotiate prices that are lower than market prices. Dentists have little market power to effectively counter the power of the buyers. Another measure of power is when there are few dentists in an area or the dentists negotiate as a group in order to increase their market power. Under conditions of high concentration, providers of care can potentially negotiate with third-party buyers from a more powerful position. The Market Concentration RFP and competitive bidding process was completed in late 1999. The contractor is currently working on the survey to be conducted in 2000. The contractor chosen will utilize the data for a final report due in 2000.

HPRC Funds

520020	Outside Services	\$ 60,400
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Survey Center Funds

525010	Telephone Expense	\$ 47,000
525020	Postage & Freight	<u>8,000</u>
	Total Expenses	\$115,400

*Division of Health Policy Resources Center*  
(Cost Center 010-0155-XXX).....\$60,000

The purpose is to gather relevant ADA survey data, which are important for ADA policy analysis and ADA policy advocacy positions, into a repository that is readily available. The repository will contain numerous files concerning dental practice characteristics, oral health, dental expenditures, and patient behavior and attitudes towards dental care. There will be an inventory of variables in the files. The files will be able to be integrated with one another and queried for information. The database may be indexed by question subject, survey, report and key words, etc. The repository will support the needs for quick information to various components of the ADA to help their advocacy positions and to develop reasoned policy on relatively quick-breaking policy issues. This project was approved as part of the base budget in the department. Work towards creation of an ACCESS database, containing questions asked, began mid-year. A pilot project is underway, with surveys being added on an ongoing basis. Unused 1999 funds are requested to be carried over to 2000 to continue work on this ongoing research project.

520020 Outside Services	<u>\$60,000</u>
Total Expenses	<u>\$60,000</u>

*Division of Education*

(Cost Center 010-0160-XXX).....\$6,750

At the August 1999 Board meeting a \$6,750 supplemental (105-0050-501) was approved. This request is intended to support implementation of a resolution proposed at the August 1999 meeting of the Board of Trustees. This resolution calls for the appointment of an eight member work group including representation from the Board of Trustees, the Council on Government Affairs, the Council on Dental Benefit Plans, the Council on Dental Practice, the Council on Dental Education and Licensure and the Committee on the New Dentist to develop an ADA position paper on the issues of regulatory boards, governance structure, professional authority and continuing competency, focusing on the theme "Dentistry—A Model Profession." This activity is consistent with the ADA Strategic Plan Goal I, Advocacy, and Goal III, Image.

Funds were approved for 1999 to support a one-day meeting of an eight-member work group and one separate conference call of the work group. Because of scheduling conflicts these activities will not occur until 2000.

515101 Volunteer Travel	\$3,600
515301 Volunteer Per Diem	600
515401 Volunteer Lodging	1,450
515501 Volunteer Meals	300
525010 Telephone (Conference Call)	500
525020 Postage & Mailing	150
525200 Office Photocopy	<u>150</u>
Total Expenses	<u>\$6,750</u>

*Division of Education*

(Cost Center 010-0160-XXX).....\$5,150

At the October 1999 Board meeting an \$11,150 supplemental (090-0600-025) was approved to support the implementation of Resolution B-166-1999 that was approved at the August 1999 meeting of the Board.

Funds were approved for 1999 to support two one-day meetings of the six-member Task Force on Electronic Learning. Only one of the two required meetings can be held in 1999 because of scheduling conflicts of committee members.

515101 Volunteer Travel	\$2,700
515301 Volunteer Per Diem	450

515401 Volunteer Lodging	1,100
515501 Volunteer Meals	300
525020 Postage & Mailing	300
525200 Office Photocopy	<u>300</u>
Total Expenses	<u>\$5,150</u>

*Division of Education*

(Cost Center 010-0160-XXX).....\$14,000

The Department of Library Services proposes the purchase and implementation of the Q Series library management system, which will accommodate on-line staff functions, including cataloging, serials, acquisitions, circulation, and reports, as well a Web-based catalog for remote patron access. The staff modules of the system will be loaded and tested by staff in the third and fourth quarters of 1999. The Web catalog will be launched in the first half of 2000, with other developments scheduled through 2001.

Carry forward from 090-0600-024

525300 Computer Software	\$ 5,000
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Carry forward from 160-0200-501

520020 Outside Services	<u>\$ 9,000</u>
Total Expenses	<u>\$14,000</u>

*Division of Education*

(Cost Center 010-0160-XXX).....\$78,000

This request is intended to support the continued implementation of Resolution 58H-1998 in 2000.

The intent of Resolution 58H-1998 is for appropriate agencies to work with the Northeast Regional Board of Dental Examiners (NERB) to conduct an independent study to determine the comparability of the National Board Dental Examination Part II, administered by the Joint Commission on National Dental Examinations and the Written Simulated Clinical Examination, administered by NERB.

520001 Consulting Fees	<u>\$78,000</u>
Total Expenses	<u>\$78,000</u>

*Division of Science*

(Cost Center 010-0165-XXX).....\$22,500

In the 1999 budget for Research and Laboratory, \$22,500 was allocated to conduct a pilot study on nitrous oxide levels in dental offices. A research protocol was developed and reviewed by the Council on Scientific Affairs and its expert consultants. There were several modifications and suggestions to the



original protocol in order to strengthen the clinical significance and statistical power of the study. Among the suggestions was a more accurate means of monitoring nitrous oxide exposure by utilizing state-of-the-art infrared spectrometers to evaluate the contribution of ambient nitrous oxide levels in dental offices after ADA recommendations are utilized. Because of the modification to the research design, the clinical protocol is scheduled to undergo additional review by the Institutional Review Board. This has resulted in unanticipated delays in formalizing relationships with extramural dental offices. Consequently, the budgeted amount will not be utilized in 1999. This carry forward request would enable the research project on nitrous oxide levels in dental offices to be conducted and completed in the year 2000.

515101	Volunteer Airfare	\$800
515103	Staff Airfare	900
515301	Volunteer Per Diem	300
515401	Volunteer Lodging	600
515403	Staff Lodging	700
515503	Staff Meals	200
515700	Miscellaneous Travel	400
520030	Outside Laboratory Services (Monitors)	8,400
525110	Laboratory Supplies	<u>10,200</u>
	Total Expenses	\$22,500

#### *Division of Science*

(Cost Center 010-0165-XXX)..... \$10,000

In the 1999 budget for the Council on Scientific Affairs, \$10,000 was allocated to accredit the Division of Science Laboratories. Division staff met with the American Association for Laboratory Accreditation (A2LA) to discuss the process. Construction delays resulted in disruption of the scheduled move to the permanent location on the 4th floor. The laboratory made the move approximately six months after the administrative offices started conducting business on the 4th floor. Although much progress was made toward initiating the accreditation process, it was felt it would be advantageous if the application for the accreditation process were to commence in 2000.

510200	Fees, Registration	\$4,000
525200	Office Photocopy	1,000
520020	Outside Services	<u>5,000</u>
	Total Expenses	\$10,000

**Total Approved Carry Forward Requests: \$975,100.**

**Report of the Group Associate Executive Director, Business, Technical and Meeting Services: Reforecast of 1999 and 2000 Funded Depreciation for the Headquarters Building:** This report provided a reforecast of 1999 and 2000 capital project expenditures. Based on an underspending of approximately \$335,000 in 1999, authorization was sought to reallocate that amount to offset anticipated project activity in 2000. The report further suggested that the 2000 capital budget be increased from \$890,000 to an estimated \$1.8 million, to support budget revisions for prioritized building improvement projects. It was noted that this request to increase the 2000 budget will not require any additional fund appropriations to be made to the Building Fund. As of October 31, 1999, the Building Fund Account had a balance of approximately \$3.3 million.

The Board adopted the following resolution.

**B-212-1999. Resolved,** that \$335,000 in 1999 approved budgeted Funded Depreciation be reallocated to support building improvement project costs in the year 2000, and be it further

**Resolved,** that additional funds of \$605,955 be appropriated from the Building Fund Account to support planned capital projects in the year 2000.

**Priority Budget System:** The Board adopted the following resolution for formulating the Association's 2001 operating budget, as recommended by the Finance Committee at its December 1999 meeting. The key component of the new system is to base the 2001 budget on 1999 actual expenditures, adding an inflationary factor to compensate for the two-year time frame between 1999 and 2001.

**B-218-1999. Resolved,** that the ADA Budget for the year 2001 be prepared using the Priority Budget System as adopted by the Finance Committee at its December 1999 meeting.

#### **New Business**

**Licensure of Dental Assistants:** The Board discussed the issue of licensure of dental assistants and referred the following resolution to the appropriate agency for study and report back to the Board of Trustees with the ramifications of not having a licensure policy for dental assistants included. The Board also requested information on the number of states that license dental assistants.

**B-217. Resolved,** that it is the policy of the American Dental Association that licensure of dental assistants is not warranted.

**National Foundation of Dentistry for the**

**Handicapped:** The Board considered a request from the National Foundation of Dentistry for the Handicapped (NFDH) to nominate an additional member of the ADA Board of Trustees to the NFDH Board of Directors. After discussion, the Board determined that current trustee representation was sufficient and declined to increase its representation on the NFDH Board.

**Vision Statement:** The Board requested that Dr. Zapp's report, "A Vision for the ADA: 2000-2003," which was considered during the Board's planning session, be distributed to ADA councils, committees and commissions as well as constituent societies.

**Guidelines for Governing the Conduct of Campaigns**

**for ADA Offices:** Dr. Mascola assigned Dr. Fanno, Dr. Leone, Dr. Bruce and Dr. Zapp to review the criteria contained in the Guidelines and to submit recommendations to the Board for consideration and transmittal to the 2000 House of Delegates.

**Adjournment:** The Regular Meeting of the Board of Trustees was adjourned at 2:30 p.m. for the purpose of convening a Member Meeting of the ADA Health Foundation.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 2:35 p.m.

## Appendix

### Research Agenda

#### Research Issues of Importance to the Practicing Dentist

An important role of the American Dental Association in scientific research is to serve as a facilitator of the national dental research effort, including promotion of adequate funding for the research, research training and science transfer programs conducted by the ADA Health Foundation (ADAHF), the National Institute of Dental and Craniofacial Research (NIDCR), the Agency for Health Care Policy and Research (AHCPR) and by other national foundations and institutions which support or conduct research related to the oral health sciences. In fulfilling this function, it is essential that the ADA work closely with the American and International Associations for Dental Research (AADR, IADR), the American Association of Dental Schools (AADS), professional specialty groups, government agencies and industry.

The ADA should maintain scientific expertise on its staff and in the Research Institute (RI) to conduct, evaluate and anticipate new research of importance to the practitioner; to test new methodologies, develop standards and establish guidelines for acceptance of various dental products; to resolve issues relative to acceptance and safety; and to address other critical issues. The RI and the Paffenbarger Research Center (PRC) serve as models of effective public and private collaboration and should continue their research into technologies and materials of greatest benefit to the public and the profession. As needed, other research should be carried out through extramural contractual arrangements.

It is the consensus of the Council on Scientific Affairs that the most vital role and important responsibilities of the ADA are in the area of knowledge and technology transfer, and in assuring that the profession is continuously kept abreast of scientific and technological advancements. The Council believes the quality of the ADA scientific sessions should be enhanced to promote practice procedures consistent with the advancing frontiers of the oral health sciences.

With these thoughts in mind, the Council has reviewed issues of patient and provider safety, including governmental alerts and ethical/legal topics; health services research, including social behavioral issues; and treatment-oriented research of immediate and emerging importance in the management of oral diseases. The Council believes that these are the issues that have short- and long-term impact on the quality of patient care, "best practice" guidelines and the continuing development of

dental practice. Finally, this agenda enumerates specific procedures for enhancing the process by which science is transferred into clinical application.

The following list of critical research issues is not exhaustive, and should be reviewed and modified periodically. While the Council feels that all of the issues listed are important, certain items are marked with an asterisk(\*) to indicate greater urgency.

#### Issues of Infection Control and Patient and Provider Safety

1. \*Promote studies on the use of safety devices to prevent percutaneous injuries in the dental setting.
2. \*Promote studies aimed at determining what are the health implications for patients, practitioners and allied health personnel from exposure to aerosols generated during dental procedures.
3. \*Investigate the acceptable and attainable levels of nitrous oxide in the dental office.
4. \*Promote studies aimed at gathering further data on the health implications for patients, practitioners and allied health personnel from exposure to dental materials such as dental amalgam, nitrous oxide, resins, latex and other chemicals in the work place.
5. Continue research to improve procedures for the protection of patients and providers against air- and blood-borne pathogens (TB, HIV, etc.)
6. Study the need for and the cost-effectiveness of chemical collection devices and other aspects of waste management in dental practice.
7. Study the quality of water in waterlines in dental equipment and develop methodologies to assure high quality water in coolant and irrigant systems.
8. Promote studies on ergonomics as it relates to the health of practitioners and allied health personnel.

#### Issues of Health Services Research

1. \*Study the socioeconomic, geographical and cultural barriers to oral health care and develop strategies for extending quality care to all Americans.
2. Develop further research on the clinical management of patients who may have particular problems in obtaining access to appropriate regular care.
3. Develop simulation models to compare various oral health care delivery systems such as solo practice, multi-specialty and institution and hospital practices, as well as utilizing various combinations of auxiliary personnel, for assessment of long-term efficacy.
4. Evaluate the electronic patient record and other aspects of oral health informatics, and their application to dental practice.
5. Study the social and economic impacts of oral diseases and treatments with special reference to quality of life functions.

6. Evaluate the effectiveness of oral health promotion strategies employed by organized dentistry to reach various public audiences.

#### **Issues in Research on Management of Oral Diseases**

1. \*Study the use of antibiotics, the development of antibiotic resistance, and promote development of guidelines for the use of antibiotics in dental practice.
2. \*Expand research on the infectious nature of caries and periodontal disease.
3. \*Continue research on the mechanisms of action of fluorides and the total fluoride exposure.
4. \*Promote research of the early detection, diagnosis, prevention and treatment of oral and pharyngeal cancer.
5. \*Promote studies into the interrelationship between oral and systemic health, and on the clinical management of the acutely/chronically ill patient.
6. Encourage research for the diagnosis, classification and effectiveness of TMDs and orofacial pain.
7. Promote research and development of sealants, adhesives and effective mercury-free biocompatible dental materials for posterior restorations.
8. Expand the research on anxiety control and alternative approaches to local anesthesia and pain control.
9. Study the application of novel biologics and technologies in dental practice. This includes:
  - Diagnostics
  - The use of lasers
  - CAD/CAM
  - Technology/genetic engineering
  - Smart materials with diagnostic, restorative, and controlled release capabilities

10. Promote research on the development of optimal methods for the replacement of missing teeth.
11. Develop research for evidenced-based indications, treatment protocols, benefits and risks of placement, replacement or repair of dental restorations.
12. Promote research on cost effectiveness of dental treatment versus survival time to assist clinicians in treatment decisions.
13. Promote research on biomimetic materials and other novel materials that minimize tooth loss or replace missing tissues.
14. Promote studies into the detection and treatment of early and "hidden" caries.
15. Develop clinically relevant test methodologies to assist in standards development.

#### **Issues of Science Transfer**

1. \*Explore methods by which the ADA can disseminate research findings and other information available from ADA, AADS, NIDCR, AADR, CDC and other relevant agencies/organizations.
2. \*Explore methods to disseminate currently existing protocols for various regimens for the prevention of oral diseases.
3. \*Explore methods to disseminate pertinent information on dental issues to the public.
4. Initiate research to determine the process(es) through which oral health care practitioners gain new knowledge from the point of view of life-long learning.

## Notes

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# Minutes of House of Delegates

October 9-13, 1999

## Notes

# October 9-13, 1999

## Hawaii Convention Center, Honolulu, Hawaii

**Call to Order:** The first meeting of the 140<sup>th</sup> Annual Session of the American Dental Association House of Delegates was called to order by the Speaker of the House of Delegates, Dr. James T. Fanno, at 3:09 p.m. on Saturday, October 9, 1999, at the Hawaii Convention Center, Honolulu.

**Pledge of Allegiance:** The Pledge of Allegiance was recited by members of the House of Delegates.

**Invocation:** Following a moment of silence, Dr. Bettie R. McKaig, ADA first vice president, presented an invocation.

**Introduction of Officers:** The Speaker introduced the officers of the American Dental Association who were seated on the dais.

**Introduction of Former Presidents:** The Speaker introduced former 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: Representative Charlie Norwood (R-GA); Dr. John Diggins, president, and Mr. Jardine Neilson, executive director, Canadian Dental Association; and Dr. Harold C. Slavkin, director, National Institute of Dental and Craniofacial Research.

The Speaker also recognized the following individuals who participated in the American Dental Association's invitational forum on membership diversity: Dr. Rebecca De La Rosa, president of the American Association of Women Dentists; Dr. Raj Singla, president of the Indian Dental Association; and Dr. Cynthia Hodge, president of the National Dental Association.

**Introduction of the General Chairman, Committee on Local Arrangements:** The Speaker introduced Dr. Alan Tom, who presented welcoming remarks to the members of the House of Delegates.

**Presentation of Dr. Katsuo Tsurumaki, president, World Dental Federation:** Dr. Tsurumaki, addressed and thanked the members of the House of Delegates for their support, and spoke of key issues of the FDI such as the globalization of dentistry.

### Report of the Standing Committee on Credentials, Rules and Order

Dr. Alfred T. Bean, Illinois, chairman, presented the report of the Standing Committee on Credentials, Rules

and Order. Other members of the Standing Committee on Credentials, Rules and Order were: Victor L. Andrews, Oklahoma; Robert J. Jakoubek, Iowa; James C. Kelly, Kentucky; Carmine J. Lo Monaco, New Jersey; Robert M. Peskin, New York; Martyn F. Rosa, California; and Andrew F. Shuler, Wisconsin.

Dr. Bean reported that the Committee had received requests to waive the rules regarding credentialing new and alternate delegates, acting secretaries and acting executive directors. The requests were considered by the Committee to be the result of extenuating circumstances. Accordingly, the Committee requested that the rules be waived and the following individuals be credentialed.

#### *New Delegates*

Dr. John S. Davis, Army  
Dr. Patrick D. Scully, Army

#### *New Alternate Delegates*

Dr. Lawrence J. Cook, Army  
Dr. Ralph Epstein, New York  
Dr. William M. Frazier, Montana  
Dr. Christopher L. Halliday, Public Health Service  
Mr. Zacharias Calarico, North Carolina, ASDA  
Dr. Edwin S. Mehlman, Rhode Island  
Dr. Maria Melendez, Puerto Rico  
Dr. Donna J. Rumberger, New York  
Dr. Margaret Tapia-Quiller, Colorado  
Dr. Joseph G. Webb, Jr., Army  
Dr. Leonard P. Weiss, Ohio

#### *Acting Secretaries*

Dr. Ken Crawley, Mississippi  
Mr. David Gottlieb, Pennsylvania  
Dr. Vicky Hodnick, Alaska  
Dr. Susan Jancar, Nevada  
Dr. Robert Lauf, North Dakota  
Dr. Raymond Maddox, Indiana  
Dr. William Ralston, Delaware

#### *Acting Executive Directors*

Mr. Ward Blackwell, Louisiana  
Dr. James Towle, Colorado

Hearing no objection from the House of Delegates, the Speaker announced that the rules had been waived and the above listed individuals credentialed.

Dr. Bean announced the presence of a quorum. Continuing, Dr. Bean presented the balance of the report of the Standing Committee on Credentials, Rules and Order (*Supplement:287*).



**Approval of Minutes of the 1998 Session of the House of Delegates** (Standing Committee on Credentials, Rules and Order Resolution 65): On motion by Dr. Bean, the following resolution was adopted by the House of Delegates.

**65H-1999. Resolved**, that the minutes of the 1998 annual session of the House of Delegates, as published in *Transactions, 1998*, pages 673-764, be approved.

**Adoption of Agenda and Order of Agenda Items** (Standing Committee on Credentials, Rules and Order Resolution 66): On motion by Dr. Bean, the following resolution was adopted by the House of Delegates.

**66H-1999. Resolved**, that the agenda as printed in the *1999 Manual of the House of Delegates and Supplemental Information* 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.

**Referrals of Reports and Resolutions** (Standing Committee on Credentials, Rules and Order Resolution 67): Dr. Bean moved the adoption of Resolution 67.

**67. Resolved**, that the preliminary and supplemental list of referrals submitted by the Speaker of the House of Delegates be approved.

The Speaker noted the following changes to the list of referrals.

*Ruled Out of Order*

**Resolution 37S-1: Recommended Dues Increase, Sixteenth Trustee District** (*Supplement:421*)

**Resolution 27: Maintenance of the Dental Practice Parameters, Council on Dental Benefit Programs** (*Supplement:321*)

*Withdrawn by Sponsor*

**Resolution 23: Study of Improvements to Dental School and Dental Residency Accreditation Processes, Second Trustee District** (*Supplement:389*)

**Resolution 24S-1: Use of State Tobacco Settlement Funds, Fourteenth Trustee District** (*Supplement:415*)

**Resolution 72: Composition of the ADA Council on Scientific Affairs, Fourteenth Trustee District** (*Supplement:418*)

**Resolution 73: Development of a Dental Vocabulary for the XML Computer Language, Fourteenth Trustee District** (*Supplement:418*)

**Resolution 103: H.R. 1304 Quality Health Care Coalition Act of 1999, Fourteenth Trustee District** (*Supplement:420*)

**Resolution 5S-2: Prioritization of Dental Care in Government Sponsored Health Care Programs, Sixteenth Trustee District** (*Supplement:420*)

*Referral of Resolutions to the 2000 House of Delegates*

**Resolution 91: Formation of the 17th Trustee District, Fifth Trustee District** (*Supplement:398*)

**Resolution 113: Renovation of the ADA Headquarters Building—Dues Increase, Ninth Trustee District** (*Supplement:409*)

On vote, Resolution 67 was adopted by the House of Delegates.

**67H-1999. Resolved**, that the preliminary and supplemental list of referrals submitted by the Speaker of the House of Delegates be approved.

The Speaker noted, that in order to reduce disruptions during proceedings of the first session of the House, newly submitted resolutions would be available for the delegates outside the meeting room following adjournment of this meeting and at the Reference Committee hearings.

## Report of the President

President S. Timothy Rose addressed the members of the House of Delegates. The Speaker referred the report (*Supplement:293*) to the Reference Committee on President's Address and Administrative Matters. Following his report, President Rose introduced Dr. Charlie Norwood, who addressed the members of the House of Delegates and thanked supporters of the recently passed patient protection legislation.

## Reports of the Board of Trustees to the House of Delegates

**Report 1 of the Board of Trustees to the House of Delegates: Association Affairs and Resolutions** (*Supplement:440*): Dr. Ronald Chaput, First District trustee, presented Report 1 of the Board of Trustees to the House of Delegates.

The members of the House of Delegates recognized the Council on ADA Sessions and International Programs and the Committee on Local Arrangements for planning the annual session and observed a moment of silence in memory of former ADA officials and colleagues who had passed away since last session.

**Nominations to ADA Councils and Commissions:** (Board of Trustees Resolution 41—*Supplement:453*): The Speaker called for additional nominations to councils, commissions and the Committee on the New Dentist; there were none. On vote, the House of Delegates adopted the following resolution.

**41H-1999. Resolved,** that the nominees for membership on ADA councils and commissions and the Committee on the New Dentist, submitted by the Board of Trustees in accordance with Chapter VII, Section 110(H) of the *Bylaws*, be elected.

The members of the House of Delegates recognized the retiring members of councils and commissions who were seated in the House.

**Report 2 of the Board of Trustees to the House of Delegates: ADA Operating Account Financial Affairs and Recommended Budget Fiscal Year 2000** (*Supplement:456*): Report 2 and the Supplement to Report 2 (*Supplement:562*) were referred to the Reference Committee on Budget and Business Matters.

**Report 3 of the Board of Trustees to the House of Delegates: Compensation and Contract of Executive Director** (*Supplement:565*): Report 3 was referred to the Reference Committee on Budget and Business Matters.

**Report 4 of the Board of Trustees to the House of Delegates: Recommendations for Affiliate Member Approval Process** (*Supplement:567*): Report 4 was referred to the Reference Committee on Communications and Membership Services.

**Report 5 of the Board of Trustees to the House of Delegates: Funding for Renovation of ADA Headquarters Building** (*Supplement:569*): Report 5 was referred to the Reference Committee on Budget and Business Matters.

**Report 6 of the Board of Trustees to the House of Delegates: Allied Personnel Recruitment and Retention** (*Supplement:577*): Report 6 was referred to the Reference Committee on Dental Education and Related Matters.

**Report 7 of the Board of Trustees to the House of Delegates: American Dental Real Estate Corporation, Financial Options Available for the Washington, D.C. Property** (*Supplement:577*): Report 7 was referred to the Reference Committee on Budget and Business Matters.

**Report 8 of the Board of Trustees to the House of Delegates: Annual Report of Strategic Planning Activities** (*Supplement:588*): Report 8 was referred to the Reference Committee on President's Address and Administrative Matters.

**Report 9 of the Board of Trustees to the House of Delegates: Proposal to Cease Publication of Printed Index to Dental Literature** (*Supplement:590*): Report 9 was referred to the Reference Committee on President's Address and Administrative Matters.

**Report 10 of the Board of Trustees to the House of Delegates: Reassignment of the Development and Maintenance of Dental Practice Parameters** (*Supplement:591*): Report 10 was referred to the Reference Committee on Dental Benefits, Practice and Health.

**Report 11 of the Board of Trustees to the House of Delegates: Update on Resolution 47H-1996—Direct Reimbursement Campaign** (*Supplement:594*): Report 11 was referred to the Reference Committee on Dental Benefits, Practice and Health.

**Report 12 of the Board of Trustees to the House of Delegates: Study of Dental School Facilities and Programs in Response to Resolution 84H-1997** (*Supplement:602*): Report 12 was referred to the Reference Committee on Dental Education and Related Matters.

**Report 13 of the Board of Trustees to the House of Delegates: Proposal for a Future of Dentistry Project** (*Supplement:666*): Report 13 was referred to the Reference Committee on President's Address and Administrative Matters.

**Report 14 of the Board of Trustees to the House of Delegates: Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry** (*Supplement:672*): Report 14 was referred to the Reference Committee on Scientific Matters.

**Report 15 of the Board of Trustees to the House of Delegates: Dental Indicators** (*Supplement:677*): Report 15 was referred to the Reference Committee on Dental Benefits, Practice and Health.

**Report 16 of the Board of Trustees to the House of Delegates: Proposed Definition of Continuing Competency and Consideration of 1998 Resolution on In-Office Audits and Lifelong Learning** (*Supplement:685*): Report 16 was referred to the Reference Committee on Dental Education and Related Matters.

**Report 17 of the Board of Trustees to the House of Delegates: Differences in the Dental and the Medical Education Process** (*Supplement:688*): Report 17 was referred to the Reference Committee on Dental Education and Related Matters.

**Report 18 of the Board of Trustees to the House of Delegates: Status Report on the Alternative Public Awareness Campaign** (*Supplement:695*): Report 18

was referred to the Reference Committee on Communications and Membership Services.

**Report 19 of the Board of Trustees to the House of Delegates: Update on the Development of the Systematized Nomenclature of Dentistry** (*Supplement:696*): Report 19 was referred to the Reference Committee on Dental Benefits, Practice and Health.

**Report 20 of the Board of Trustees to the House of Delegates: ADA ONLINE Update** (*Supplement:697*): Report 20 was referred to the Reference Committee on Communications and Membership Services.

**Report 21 of the Board of Trustees to the House of Delegates: Findings and Results of an Updated Prediction Model** (*Supplement:698*): Report 21 was referred to the Reference Committee on Dental Benefits, Practice and Health.

**Report 22 of the Board of Trustees to the House of Delegates: AIDS Update 1999** (*Supplement:700*): Report 22 was referred to the Reference Committee on Scientific Matters.

**Report 23 of the Board of Trustees to the House of Delegates: Progress Report of the Joint Committee to Study the Comparability of the National Board Dental Examination Part II and the NERB Written Simulated Clinical Examination** (*Supplement:702*): Report 23 was referred to the Reference Committee on Dental Education and Related Matters.

**Report 24 of the Board of Trustees to the House of Delegates: Update on 1998 and 1999 Membership Information** (*Supplement:703*): Report 24 was referred to the Reference Committee on Communications and Membership Services.

**Report 25 of the Board of Trustees to the House of Delegates: Information Technology Project** (*Supplement:706*): Report 25 was referred to the Reference Committee on Budget and Business Matters.

**Report 26 of the Board of Trustees to the House of Delegates: Update on the Study, Dentist and Patient Behavior in Response to Reimbursement Levels in Dental Benefit Plans** (*Supplement:708*): Report 26 was referred to the Reference Committee on Dental Benefits, Practice and Health.

**Report 27 of the Board of Trustees to the House of Delegates: Dental Management Service Organizations** (*Supplement:711*): Report 27 was referred to the Reference Committee on Legal and Legislative Matters.

**Report 28 of the Board of Trustees to the House of Delegates: Recent Activities of the Standing**

**Committee on the New Dentist** (*Supplement:715*): Report 28 was referred to the Reference Committee on Communications and Membership Services.

### Election of Officers

**President-elect:** The Speaker called for nominations for the office of president-elect. Dr. Robert M. Anderton, Texas, was nominated by Dr. O.V. Cartwright, Texas; and Dr. Charles L. Siroky, Arizona, was nominated by Dr. A. J. Smith, Utah.

The Speaker called for additional nominations for the office of president-elect. Hearing none, the Speaker announced the polls would be open, Tuesday, October 12 from 7:00 to 9:00 a.m. in Room 303A in the Convention Center for voting for the office of president-elect.

On Tuesday, October 12, the names of Dr. Anderton and Dr. Siroky were placed on the voting machines. At the second meeting of the House of Delegates, Dr. Robert M. Anderton was declared elected.

**First Vice President:** Dr. J. Kendall Dillehay, Kansas, was nominated for the office of first vice president by Dr. Gary Newman, Kansas. Hearing no other nominations, the Speaker declared Dr. Dillehay duly elected.

**Second Vice President:** Dr. Ronald B. Gross, Pennsylvania, was nominated for the office of second vice president by Dr. Ronald Bushick, Pennsylvania. Hearing no other nominations, the Speaker declared Dr. Gross duly elected.

**Speaker of the House of Delegates:** President S. Timothy Rose called for nominations for the office of speaker of the House of Delegates. Dr. James T. Fanno, Ohio, was nominated by Dr. Ronald Lemmo, Ohio. Hearing no other nominations, Dr. Rose declared Dr. Fanno duly elected.

**Trustees of Districts 1, 12, 14 and 15:** The Secretary of the House of Delegates announced the following caucus results.

The First District caucus nominated Dr. Edwin S. Mehlman, Rhode Island, as trustee.

The Twelfth District caucus nominated Dr. Richard W. Haught, Oklahoma, as trustee.

The Fourteenth District caucus nominated Dr. Edward Leone, Jr., Colorado, as trustee.

The Fifteenth District caucus nominated Dr. Frank K. Eggleston, Texas, as trustee.

The Speaker called for additional nominations. Hearing none, the Speaker declared Dr. Mehlman, Dr. Haught, Dr. Leone and Dr. Eggleston duly elected.

**Presentation of Millennium Videotape:** The ten-minute video, "100 Years of Dentistry," which showcases the history of dentistry and the ADA throughout the 20<sup>th</sup> Century, was shown to the House of Delegates. President Rose said the videotape would be available to all interested parties, such as constituent and component societies and dental schools.

#### Announcements

**Referral of Additional Resolutions:** The Secretary of the House of Delegates announced the following additional referrals of resolutions to reference committees.

**Resolution 35S-2:** Amendment to Resolution 35: Proposed Continuation of the Direct Reimbursement Campaign, Second District, referred to the Reference Committee on Dental Benefits, Practice and Health.

**Resolution 114:** Funding for Renovation of ADA Headquarters Building, Ninth District, referred to the Reference Committee on Budget and Business Matters.

**Resolution 115:** Nobel Prize for Dentistry, Second District, referred to the Reference Committee on Scientific Matters.

**Resolution 116:** U.S. Postal Stamp Commemorating Children's Dental Health Month, Second Trustee District, referred to the Reference Committee on Communications and Membership Services.

**Resolution 117:** Reduced Dues for Dental School Faculty, Thirteenth Trustee District, referred to the Reference Committee on Communications and Membership Services.

**ADPAC Century Club:** Dr. Leo R. Finley, Eighth District, and Dr. Eugene Sekiguchi, Thirteenth District, announced their districts had a 100% participation in making contributions to the ADPAC Century Club and challenged other districts to do the same.

#### Attorney-Client Executive Session

**Call to Order:** An attorney-client executive session of the House of Delegates was convened at 4:57 p.m. by the Speaker of the House of Delegates.

Mr. Peter Sfikas, ADA general counsel and associate executive director, Legal Affairs, advised the members of the House of Delegates on pending resolutions.

**Adjournment:** The attorney-client executive session adjourned at 5:26 p.m.

**Adjournment of the First Meeting:** The first meeting of the House of Delegates adjourned at 5:30 p.m.

**Tuesday, October 12, 1999**

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#### Second Meeting of the House of Delegates

**Call to Order:** The second meeting of the House of Delegates was called to order at 8:04 a.m. by the Speaker of the House of Delegates, Dr. James T. Fanno.

**Introduction of Trustees:** The Speaker introduced the 16 trustees of the American Dental Association.

#### Report of the Standing Committee on Credentials, Rules and Order

Dr. Alfred T. Bean, Illinois, chairman, reported that the Committee had received requests to waive the rules relating to the credentialing of acting secretaries and acting executive directors. The requests were considered by the Committee to be the result of extenuating circumstances. Accordingly, the Committee requested that the rules be waived and the following individuals be credentialed.

*Acting Executive Directors*  
Dr. Lynn Fujimoto, Hawaii

*New or Acting Secretaries*  
Dr. Edward Ho, Hawaii  
Dr. John Olmsted, North Carolina

Hearing no objections from the House of Delegates, the Speaker declared the rules waived. Dr. Bean reported a quorum present.

**Announcements:** Dr. Bean reminded the House of Delegates that voting for the Association office of president-elect continued until 9:00 a.m. in Room 303A.

*Counting of Abstentions in Determining Majority Votes.* The Speaker commented on the current practice in the House of Delegates of counting abstentions in determining a majority vote. Speaking against this practice was Dr. J. Thomas Soliday, Maryland, who appealed the interpretation of the chair.

Dr. Michael B. Rogers, Georgia, suggested that in accordance with *Sturgis*, an abstention is not a vote that is counted.

On vote, the ruling of the chair was defeated. The Speaker noted that abstentions would not be included in the total vote.

*Withdrawn Resolutions.* The Speaker announced that the following resolutions had been withdrawn by their sponsors.

**Resolution 35S-2:** Proposed Continuation of the Direct Reimbursement Campaign, Second Trustee District

**Resolution 108:** Recording of Votes at ADA Council Meetings, Fifth Trustee District

**Resolution 110:** Waiver of Dues for Dentists Serving as Elected Officials, Fifth Trustee District

**Resolution 109:** Summary of *Current Policies*, Eleventh Trustee District

**Presentation of Executive Director:** Dr. John S. Zapp brought the House of Delegates up to date on the current state of the Association in three areas: finances, legislation and information technology.

**Financial Update:** Dr. Rene Rosas brought the House of Delegates up to date on the current state of the Association financial affairs.

#### Priority Agenda Items

The Speaker announced that the following items would be considered before other items of business:

1. Entire Report of the Reference Committee on Budget and Business Matters; and
2. Report of the Reference Committee on Dental Education and Related Matters, Resolutions 8, 9 and 10.

#### Report of the Reference Committee on Budget and Business Matters

The report of the Reference Committee on Budget and Business Matters was read by Dr. James M. Harris, Iowa, chairman. The other members of the Committee were: Dr. Alan E. Friedel, Florida; Dr. Ronald P. Lemmo, Ohio; Dr. Jeffrey L. Parrish, Washington; Dr. Timothy Rosin, Wisconsin; Dr. Richard M. Smith, Texas; Dr. Harry A. Snyder, Pennsylvania; and Dr. Patrick F. Stranahan, Colorado.

**Inclusion of Programs and Projects Not Funded by the Association in Board Report 2** (Sixteenth Trustee District Resolution 101): The Reference Committee reported as follows:

The Reference Committee concurs with the Board and recommends that Resolution 101 (*Supplement:421*) be adopted.

Dr. Harris moved the adoption of Resolution 101. On vote, Resolution 101 was adopted.

**101H-1999. Resolved**, that Board Report 2 of the Board of Trustees to the House of Delegates: ADA Operating

Account Financial Affairs and Recommended Budget annually include a list of budget requests which were not approved for funding, as well as existing programs or projects which were reduced in funding or eliminated.

**Recommended Dues Increase** (Board of Trustees Resolution 37): The Reference Committee reported as follows:

The Reference Committee supports the need for a dues increase to fund the budget proposed for the 2000 fiscal year and recommends that Resolution 37 (*Supplement:561*) be adopted. The Standing Committee on Constitution and Bylaws noted several editorial corrections.

The resolution with these corrections reads as follows [editorial marks are the Board's]:

**37. Resolved**, that Chapter I. MEMBERSHIP, Section 50. DUES AND REINSTATEMENT, Subsection A. ACTIVE MEMBERS, of the *Bylaws* be amended by deleting the words and numbers "three hundred forty-three dollars (\$343.00)" (line 319) and by substituting in their place the words and number "three hundred ~~forty~~ seventy ~~sixty-nine~~ sixty-nine dollars (~~\$357.00~~) (\$369.00)," to make the amended first sentence up to but not including the word "except" (line 320) read as follows:

A. ACTIVE MEMBERS. The dues of active members shall be three hundred ~~fifty-seven~~ sixty-nine dollars (~~\$357.00~~) (\$369.00) due January 1 of each year...

and be it further

**Resolved**, that the increased active member dues become effective January 1, 2000.

Dr. Harris moved the adoption of Resolution 37.

Dr. Mark J. Feldman, New York, moved to postpone definitely Resolution 37 to the last item of business of the House of Delegates.

On vote, the motion to postpone definitely was adopted (see page 981 for discussion).

**Approval of 2000 Budget** (Board of Trustees Resolution 38): The Reference Committee reported as follows:

The Reference Committee heard extensive testimony on the proposed budget. The majority of the testimony focused on alternatives to a dues increase to fund the budget deficit projected for 2000. These alternatives included the use of money set aside for funded depreciation and the use of reserves. With respect to funded depreciation, the Committee was advised of building projects that will require use of a significant portion of the funds accumulated in the Building Fund account. Given these pending expenditures, the Committee rejected a suggestion that the 2000 budget

provision for funded depreciation be used in lieu of a dues increase.

During the hearing, the \$516,000 allocation from the Building Fund to renovate the Science floor was questioned. It was suggested this money should have been appropriated from the Capital Improvement Account, which has been used to fund the remaining renovation of the Science floor. As these infrastructure expenditures would have been necessary regardless of the renovation of scientific space, the Committee did not believe that the suggested reallocation was warranted.

The Committee was also not persuaded that the deficit should be funded from reserves. Reserves are currently approximately 32% of the annual budget. There is a commitment to fund ADREC's debt repayment of approximately \$3.5 million over two more years in addition to unanticipated expenditures. The Committee is concerned that funding the deficits with reserves will cause them to fall below the 30% goal. To further reduce reserves to cover the projected budget shortfall for 2000 would not be fiscally prudent.

Considerable interest was expressed regarding the cost of information technology, both in the 2000 budget and future years. The Committee believes the need for these technology-related expenditures was substantiated in the hearing. Beyond the up to 12% commitment each year for information technology, it should be noted that, as a separate expenditure, there will be ongoing costs in maintaining and updating the TAMS software.

The Committee heard many favorable comments about Board Report 2 and agrees the Report represented an enhancement over past years. However, it does suggest that further improvement might be achieved by including an explanation of the process for budgeting savings resulting from unfilled staff positions. Additionally, the Committee recommends further explanation of the process for carrying forward funding for significant activities that cannot be completed in the fiscal year. It should be noted that such funding is retained in the operating account for one additional year and then, if still unspent, is transferred to reserves.

For these reasons, the Committee believes the budget proposed by the Board of Trustees is necessary to support the activities and programs that are needed by the membership, and recommends its acceptance.

**38. Resolved,** that the 2000 Annual Budget of revenues and expenses, including funded depreciation and capital expenditures, be approved.

Dr. Harris moved the adoption of Resolution 38.

Dr. Suhayl Rafeedie, Georgia, moved that the proposed 2000 budget be rejected and returned to the Board of Trustees for revision with the recommendation to eliminate funded depreciation. Speaking on the motion Dr. Rafeedie said, "...I would explain the fact that in 1993, a separate fund was developed by the Board of Trustees to fund to the tune of \$1,454,000....This is a separate fund that has nothing to

do with asbestos abatement within the reserve funds. It's a separate fund that is in reserves on its own to take care of the capital improvements of the internal parts of the building, like elevators, boilers, pressure washing, exterior space; not in the renovation of anything.

Utilizing the House projection system, Dr. Rafeedie showed a summary of funded depreciation vs. capital expenditures for the years 1994 through 2000, noting projected amounts for 1999 and 2000. Continuing his comments on the motion, he said, "Now, the year 2000 is the one I want you to focus on. This is the year, if you did not fund this particular thing to the tune of \$1.4 million, you still have \$2.5 million that you can spend on anything for capital improvements. All these projections were done by engineers, recommended to the Board of Trustees back in 1993. As you can see it from the first slide, that none of this, all this money hasn't been spent, so it's accumulating. So with the idea of minimizing our dues increase for our members to help retention and recruitment, all I'm asking is that we postpone funding for one year, which doesn't jeopardize any aspect of this fund."

Dr. Patrick F. Stranahan, Colorado, member of the Reference Committee, spoke against the motion, stating, "The Reference Committee was advised that there is a significant amount of money that will need to be expended on the building for which this capital improvement fund will be needed. I also would recommend that we vote this down because funded depreciation is there to pay for what needs to be replaced."

Dr. Mark J. Feldman, New York, spoke against the pending motion, stating, "I would urge the House to understand that the building fund is a very important part of our budget. Expenses come up in this building. I believe that there will be other ways to fund the deficit of the budget that will be discussed, I believe, from additional speakers after this is defeated in regards to taking money out of the actual reserves of the account. Deleting the building fund is a dangerous precedent, and I would hope that we defeat this recommendation."

Dr. Richard Mascola, president-elect, spoke against the motion, stating, "You do not deplete your resources, especially when you know that you have large expenses that may come our way or will definitely come our way in the immediate future. One of the problems that we're having in the building is the electrical service with the expansion of technology. We need to put in new electrical systems, not only to supply our tenants, but for our own needs. We are aware that the boilers need to be replaced; we are aware that the elevators that we have in the building are old systems and need to be not updated, but completely changed. There are large expenses that we will face over the next few years, and were we to deplete this fund, it only means that we are going to come back and ask for more money at some point in time. So I urge you not to support this resolution. Thank you."

Dr. Denny W. Homer, Washington, spoke against the motion, stating, "...I live in a very small rural area in

north central Washington, served on a fire department for seven years. For over 20 years the fire chiefs would go to the city council every year and ask for \$5,000 for replacement of the fire truck, every year just keep going back. And pretty soon by getting that \$5,000 each year and investing it over a period of many years, when it came time to replace the trucks, they just went and bought the truck. It was a very, very simple thing. Very, very painless for the city. No bond issues were involved. We gained interest rather than paid interest on bonds. So I think it's really important for us to incrementally take care of those things that need to be done rather than wait until we have a big disaster and then try to deal with a big budget increase in five years to pay for all of these things."

Dr. Harris said, "The Reference Committee spent considerable time discussing the opportunity to use funds from funded depreciation to balance this year's budget. For all the reasons you have heard and for reasons more specific to the projects that may become necessary to do in the near future, we felt like that was inappropriate."

Dr. Idalia Lastra, Florida, spoke in favor of the motion, stating, "...This building fund is not considered part of our reserves and so we are not depleting reserves if we use it. And already he has taken into account \$890,000 for those things that we planned on improving in the building this year."

Dr. Suhayl Rafeedie, Georgia, said, "This is only for one year...and all these projections were based on engineering studies. So they told you in 1993 that you need this amount of money, but, as you can see in the thing in the right-hand column, that's what has been spent. We are not really jeopardizing. We are overfunding this temporarily. And this is only for one year. In the year 2001 when you get another million four, that fund is going to be close to \$4 million. So you don't replace all these things in one year. I mean, you don't replace your roof, your plumbing and all that in one year; it's all ongoing. So we are not doing away with the fund. We're just putting a stop to it for one year. I think—I know we used scare tactics on these, but if you figure what we spent on the asbestos abatement and what we are going to spend on the renovation of the occupied space plus this fund, we are talking about close to \$50 million. We could have torn that building down and built a new one. I'm not being facetious. But I think this is an opportunity for the Board of Trustees to show goodwill to the members, to the delegates, that they are flexible enough to see black and white figures that show you that this is not really jeopardizing the Association and its programs."

Dr. Edward C. Fox, Indiana, spoke against the motion, stating, "I feel that the depreciation fund that we...established in 1993 should probably have been established many, many years ago because R and R funds, or depreciation funds, are called replacement and repair. And we wouldn't have had the dues increase for asbestos abatement at that time because of the fact that we would have had that money in a depreciation

account. We also know that in future years we are going to be doing a great expenditure on the ADA central office, that they think the whole building needs to be relooked at and there's a resolution coming up to get hard numbers so we know where we are going to be going. And I think monies in this account can be used towards total renovation of the building and let's get the building completed. I'm against the resolution and would like to call for the question."

The Speaker noted that the motion to vote immediately was not in order since Dr. Fox had debated the issue prior to making the motion.

Dr. Ronald P. Lemmo, Ohio, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the motion to return the budget to the Board with the recommendation to eliminate funded depreciation was defeated.

Dr. Antonio J. Venezia, Jr., Illinois, moved to return the proposed budget to the Board of Trustees for downward revision with special attention to merit increases, reserves and other opportunities for administrative economies. He said, "...Last year we appropriated 4% of our budget, administrative budget, for merit increases. Now, we were told that our budget over the last five years has increased by \$17 million. It occurs that 4% of 50 million or 4% of 66 million is quite a difference. Perhaps the time has arrived when we should consider reducing the merit increase fund to 2 or 3%. Additionally...we are told that we will have a million dollar savings due to unfilled positions. Perhaps it's time for our leadership to look at some of these positions. Apparently they were unfilled last year because we had an \$800,000 savings. Perhaps some of these positions should be permanently unfilled. We are also told that we have a million dollar compensation or a million dollar item for this merit reserve compensation increase...We have an item called 'Agency Compensation Adjustment,' which is a fund to be used exclusively by the Executive Director to provide compensation increases. It seems we have some redundancy and I'm not sure that there aren't perhaps some opportunities throughout the budget for other economies. We're in a milieu where our product is not selling. And if you are a company where your product is not selling, you don't raise the price; you look to leadership to increase economies, increase attractiveness of your product, and if possible, reduce the price. And if our leadership fails, the company may fail."

President Rose said, "I take strong exception to the comment that was made that our product doesn't sell. I think all you have to do is look at what this Association, this profession, did for the American people with patient protection. Our product sells. I want to speak to the issue of merit increases and the question of unfilled positions. It's a situation that I've seen as a member of the House and as a member of the Board and as one of the officers over the last, I guess, better part of 12 years. We are always going to have unfilled positions and you

all know that. People come and go in the association world. We have 415 employees scattered over two offices. We can't—we have not been able, in some cases, to hire the appropriate people to work for this Association because of the wage levels and the benefits that we pay in the Chicago environment. It's a simple statement of fact. And if we are going to deliver the types of services that our members want and require of us, then, in fact, we are going to have to step up to the table, hire the best people we can hire and pay them appropriately. And I believe it would be wrong for us to get rid of the merit increase system that the Association uses."

Dr. Ronald G. Tietz, Texas, spoke in favor of the motion, stating, "Last year the House asked the Board to review the budget, to come back with a balanced budget to remove, at that point in the discussion, a \$2 dues increase. The staff compensation increase last year in 1998 was 4%. The Board came back...with a balanced budget but they did so by cutting member programs. They didn't look at the 4% staff increase. And the amount, the \$2, was only, I think, \$170,000, and if they had taken that off the merit increase, the 4%, they still had 3¼%."

Dr. Idalia Lastra, Florida, as a point of information, stated, "I would like the House to note that the 4% merit increase means a minimum of at least \$9 dues increase every year from now on."

Dr. Patrick F. Stranahan, Colorado, Reference Committee member, spoke against the motion stating, "...I think we have to have the best people we can in these positions. And, quite frankly, I don't think 4% is enough in the Chicago area."

Dr. C. Kip Beals, Ohio, spoke against the motion stating, "In the city I practice, the EPA came down hard on the city government for wastewater. The city government consequently came down on the dentists. The ADA came...to bat for us with highly technically-aware people that we could not have fought this without. And those people are at a premium out in this marketplace. Without the compensation, they are going to go elsewhere and they are going to leave, at least the 90% membership in my town, in the lurch."

Dr. Donald R. Toso, Louisiana, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the motion to return the proposed budget to the Board of Trustees for downward revision with special attention to merit increases, reserves and other opportunities for economies was defeated.

Dr. William M. Lawson, Alabama, moved to return the proposed budget to the Board of Trustees with the recommendation that the proposed budget be balanced with the 1998 budget surplus. He said, "On this floor last year the projection by the Board was that there would be a \$3.5 million surplus. When it was suggested that some of that surplus be used to balance that small deficit, they rightly and correctly probably said you could not base a budget on anticipated funds. And they

continued by saying that year-end projections could very well be wrong. Well, they in their wisdom were correct. Their projection was wrong, it wasn't a \$3.5 million operating surplus; there was a \$5.5 million operating surplus. Of that surplus money, though, when you pay off a lot of items at the end of the operating budget, it still ended up down there. Before they paid the losses on the Washington building, they still ended up with a three-something million surplus. Now, the Board itself had moved earlier to fund up to \$1.7 million from reserves to support the continuing losses in Washington, D.C. They also took out \$1.7 million to...pay off the Washington, D.C. [building] early. Even with all of that being removed, there is still \$1.5 or so left in there as surplus. I move that we return the budget to the Board with a recommendation that any surplus, not only just that \$1.5 million, but if they considered taking, as they had passed in their resolution, money from reserves, let them take it from reserves and use the actual surplus money to balance the budget this year. That surplus is precollected dues. That's members back home, they paid it, there's \$3.5 million. They paid \$35 for that. We ought to be able to use that money this year to balance the budget."

Dr. Mark J. Feldman, New York, opposed the motion, stating, "I would rise to oppose this referral back to the Board and I would argue it on the basis that the only source currently of revenues for our reserve fund are surpluses from one year or investment income. So it's very dangerous to take that and just decide that you are going to use a surplus to reduce dues. What I would tell the House is that we will have a mechanism when Resolution 37 comes back to us for funding at the end of this session that will enable us to decide whether we want to take a portion of the reserves to fund a potential dues increase. And I would think that it would be better for us to wait until that time."

On vote, the motion to return the proposed budget to the Board of Trustees with the recommendation that the proposed budget be balanced with 1998 budget surplus was defeated.

On vote, Resolution 38 was adopted.

**38H-1999. Resolved**, that the 2000 Annual Budget of revenues and expenses, including funded depreciation and capital expenditures, be approved.

**Budget Surplus** (Sixteenth Trustee District Resolution 102): The Reference Committee reported as follows:

Limited testimony was presented on the inclusion of prior surpluses in the upcoming budget. The Committee did not favor this approach since surpluses are not assured and this strategy might compromise the future strength of the reserve fund. Therefore, the Committee does not recommend adoption of this resolution.

**102. Resolved**, that in preparing the proposed Budget, the Board of Trustees be urged to add a new item in revenue "surplus from previous year" to the category of



Operating Revenues reflecting the net surplus of the last completed year.

Dr. Harris moved Resolution 102 (*Supplement:422*).

Dr. Lawrence I. Lipton, Connecticut, moved to amend Resolution 102 by adding the following sentence: "These funds can then be allocated between operating budget and reserves as appropriate." Dr. Lipton said, "This goes back to the former discussion of Dr. Lawson about what happens with our surpluses and how we see them and don't see them and how the money is allocated back to the membership, whether it goes back into an operating budget or whether it be spent for placement in reserves for the future."

On vote, the proposed amendment was adopted.

Dr. Mark J. Feldman, New York, spoke against the amended resolution stating, "...I would urge the House to support the Reference Committee recommendation. I really don't think it's a good idea to talk about operating surpluses and put that in the same category as potential revenues for us to consider. We have other mechanisms to handle that."

Dr. William M. Lawson, Alabama, said, "This is a follow-up on what I failed on a minute ago. But if it did nothing else, it at least informed the delegates of that surplus, of that ending of the year and what happened to it. So I think for informational value, it's worth its weight in gold."

On vote, Resolution 102 as amended was adopted.

**102H-1999. Resolved**, that in preparing the proposed Budget, the Board of Trustees be urged to add a new item in revenue "surplus from previous year" to the category of Operating Revenues reflecting the net surplus of the last completed year. These funds can then be allocated between operating budget and reserves as appropriate.

**Election Results:** The Speaker announced that Dr. Robert M. Anderton was elected to the office of ADA President-elect.

Dr. Charles L. Siroky congratulated Dr. Anderton and thanked his family and supporters who worked on his campaign for president-elect.

Dr. Robert M. Anderton thanked his family and his supporters who worked on his campaign for president-elect.

**Footnoting of Temporary Projects and Policies in Budget** (Fifth Trustee District Resolution 86 and Board of Trustees Resolution 86B): The Reference Committee reported as follows:

The Committee heard limited testimony on this issue and believes that initiatives to enhance disclosure of budgetary matters are always welcome. It supported the identification of any resolutions adopted by the House of Delegates with financial impact for a limited period of time. This mechanism is most clearly stated in Resolution 86B.

**86B. Resolved**, that any resolution adopted by the House of Delegates which has a financial impact for a limited period of time be footnoted in the budget until such time as it reaches its conclusion, and be it further **Resolved**, that the cost per member for those resolutions be removed from the dues total when calculating the succeeding year's budget.

Dr. Harris moved that Resolution 86B be substituted for Resolution 86 (*Supplement:397*).

On vote, Resolution 86B was substituted for Resolution 86.

Dr. Harris moved the adoption of substitute Resolution 86B.

Dr. C. Kip Beals, Ohio, moved that substitute Resolution 86B be postponed definitely until after consideration of Resolution 1, Amendment of the ADA *Bylaws* Regarding Mechanisms for Special Assessment.

On vote, the motion to postpone definitely was defeated.

On vote, Resolution 86B was adopted.

**86H-1999. Resolved**, that any resolution adopted by the House of Delegates which has a financial impact for a limited period of time be footnoted in the budget until such time as it reaches its conclusion, and be it further **Resolved**, that the cost per member for those resolutions be removed from the dues total when calculating the succeeding year's budget.

**Funding for Renovation of ADA Headquarters Building** (Ninth Trustee District Resolution 114 and Reference Committee Resolution 114RC): The Reference Committee reported as follows:

The Reference Committee was persuaded by testimony that there is a need to complete an architectural and design plan before the House of Delegates can consider substantial expenditures for renovation of the ADA Headquarters Building. The Committee further believes that, when the Board reports the result of the plan, it should propose to the House of Delegates the source of funding for the cost of the proposed renovation. In addition, the Board's report could include an estimate of how the costs for these renovations might enhance the future value of the building and rental income. Therefore, the Reference Committee recommends that Resolution 114 (*Supplement:114*) be amended by substitution as follows:

**114RC. Resolved**, that up to \$400,000 be appropriated from the ADA Capital Improvement Program account to prepare all appropriate architectural and interior design plans and to solicit bids for the possible completion of the renovation of the Chicago Headquarters Building, and be it further **Resolved**, that the Board of Trustees report the projected costs and proposed funding to the 2000 House of Delegates.

Dr. Harris moved that Resolution 114RC be substituted for Resolution 114 (*Supplement:409*).

On vote, Resolution 114RC was substituted for Resolution 114.

Dr. Harris moved the adoption of substitute Resolution 114RC.

Dr. Donald R. Toso, Louisiana, as a point of clarification, asked, "My understanding is that this—this does not have a \$400,000 financial impact for this year's budget because it's coming out of restricted funds for renovations. Is that correct?"

Dr. Harris said, "That is correct."

On vote, Resolution 114RC was adopted.

**114H-1999. Resolved**, that up to \$400,000 be appropriated from the ADA Capital Improvement Program account to prepare all appropriate architectural and interior design plans and to solicit bids for the possible completion of the renovation of the Chicago Headquarters Building, and be it further **Resolved**, that the Board of Trustees report the projected costs and proposed funding to the 2000 House of Delegates.

**Announcements:** The following district trustees and representatives announced that they had a 100% participation in the ADPAC Capital Club: Dr. Howard B. Fine, Second District; Dr. Steven M. Bruce, Eleventh District; Dr. Ronald M. Chaput, First District; Dr. Myron L. Pudwill, Tenth District; Dr. George L. Bletsas, Ninth District; Dr. Charles L. Siroky, Fourteenth District; Dr. Ronald Tankersley, Sixteenth District; Dr. Ross J. DeNicola, Twelfth District; and Dr. Joseph F. Diaz, Fifth District.

#### **Report of the Reference Committee on Dental Education and Related Matters**

The priority items in the Report of the Reference Committee on Dental Education and Related Matters were read by Dr. Joel Glover, Nevada, chairman. The other members of the Committee were: Dr. Martin A. Alfano, Pennsylvania; Dr. Andrew L. Allen, Maine; Dr. William Canon, New York; Dr. Josef N. Kolling, Michigan; Dr. Niclaus H. Marineau, Oregon; Dr. Charles S. Willis, II, North Carolina; and Dr. Bruce B. Wright, Delaware.

The following items from the Report of the Reference Committee on Dental Education and Related Matters were presented as priority items:

**Resolution 8 and Resolution 8RC:** The American Academy of Oral and Maxillofacial Radiology's Request for Recognition as a Dental Specialty;

**Resolution 9 and Resolution 9RC:** The American Society of Dentist Anesthesiologists' Request for Recognition as a Dental Specialty; and

**Resolution 10 and Resolution 10RC:** The American Academy of Oral Medicine's Request for Recognition of Oral Medicine as a Dental Specialty.

Dr. Michael B. Rogers, Georgia, moved to limit debate on Resolutions 8, 9 and 10 to 30 minutes per resolution and one minute per speaker, allowing 15 minutes each for pro and con discussion, with any unused time not being reallocated to the opposing side.

Speaking on the motion, Dr. Rogers said, "It is in the best interest of this House to limit debate to 30 minutes for we have thoroughly discussed these questions at the state level, the caucus level and the Reference Committee level, as well as having received many mailings. It is important to note that all of the 30 minutes does not have to be utilized. While we have a ceiling of 30 minutes, there is no minimum, for some of these resolutions may only require five to ten minutes...."

Dr. Paul M. Flynn, Michigan, requested that when Resolutions 8RC, 9RC and 10RC were considered, that votes be taken individually on each resolving clause.

Dr. W. Paul Radman, as a point of order, asked if the 30-minute debate limit referred to the resolutions, or to each of the six criteria for each resolution.

The Speaker called the maker of the motion, Dr. Rogers, to the microphone and it was affirmed that the 30-minute debate limit referred to the resolutions.

Dr. William T. Spruill, Pennsylvania, moved to amend the motion by extending the time for each speaker to two minutes, instead of one, stating, "It is simply impossible to make a cogent argument in one minute. And from the experience of this House had last year with the public awareness debate, as an example, you simply need two minutes to make a cogent thought."

Dr. Perry K. Tuneberg, Illinois, spoke in favor of the amended motion, stating, "...I think if anyone would like to present any documentation and then speak on that evidence, two minutes would be more than adequate time. It does not increase the total time allowed, but would probably just decrease the number of speakers."

Dr. Charles H. Perle, New Jersey, spoke in favor of the amended motion, stating, "...We travel long distances to get here. It becomes extremely frustrating when you can't get your point done, and I think two minutes is an appropriate time to give enough bullets to let people know how you feel."

On vote, the time limit for debate was amended to two minutes per speaker.

The Speaker noted that a motion to call the question could occur.

On vote, the motion to limit debate on Resolutions 8, 9 and 10 to 30 minutes per resolution and two minutes per speaker was adopted.

Dr. Paul M. Flynn, Michigan, as a point of personal privilege, requested that each resolving clause be voted on individually.

The Speaker granted the request of dividing the question without a vote; and explained the debating and voting procedures.

Dr. Robert M. Peskin, New York, as a point of clarification, asked, "Are we going to vote on the main motion of approval or disapproval and then vote on the six items, if need be, or...going to do all six items?"

The Speaker responded, stating, "...I have granted the request for dividing the question. We are going to go on criteria 1 or resolution 1 and then we're going to go to two and then we're going to take a vote on three and then we're going to go on to four....Now if any one of those criteria fails, I am going to obviously proclaim the last resolving clause moot. Because you have to pass all six. If all six pass, we can do one of two things and this House can decide. I can either proclaim the specialty as recognized or we can vote on the last—resolving clause, the enabling one...."

Dr. Gregory M. Karr, Illinois, challenged the Speaker on dividing the question, stating, "I think we should vote for these each individually as they stand. We're an Association. We have a precedent of setting order of business. The order of business is that these specialties completed the application, presented it to us. We have three resolutions, 8, 9 and 10. Each of us is not capricious. We're not random. We know the information; we've heard it multitudes of times. We can get up and discuss the issue as it is as an issue, not individually. If you think that each one of us is afraid of any kind of a lawsuit or confrontation, I'm not. I'm willing to pay triple dues to defend my right as an Association to defend my process. My process is: The resolution is before you. Let's not divide the question. Let's vote it up or down and get on with business."

The Speaker said, "If you make a motion to vote on the bottom only, we'll entertain it, but I have the right under *Sturgis*...to grant the wish of dividing the question. It's a nondebatable motion."

Dr. Michael B. Rogers, Georgia, spoke in support of the ruling of the Speaker.

Dr. Kevin R. Doring, Maryland, spoke in favor of a final vote after the six criteria, stating, "...Let's just take a simple mathematical formula. Suppose 10% of people are opposed to each criteria. In and of itself, that is not a majority, but if each one of them feels strongly enough, a vote at the end would mean 60% of the people may be opposed. And I think the House has that right to vote on this as an entire package once each of the resolutions has been acted upon individually."

In response to a question about the 30-minute discussion, the Speaker noted that the 30-minute discussion was not per criteria but on the entire issue.

Dr. John S. Buchheister, Michigan, spoke against taking a vote after the criteria, stating, "...Certainly if this House votes yes on all six, it would not be in the best interest of this Association to give themselves a chance of voting no on the last part of the resolution. Therefore, I do not think it's in the best interest of this Association to vote if all six have been a positive. I do,

in fact, think that if there is a negative vote, the rest of the votes would be moot."

Dr. Thomas J. Hughes, Wisconsin, also spoke against taking a vote after the criteria, stating, "ADA policy states that if an organization wanting to be a specialty...meets all six criteria, they are a specialty...."

Dr. Alan E. Friedel, Florida, said, "I believe that the best way to determine the cumulative effect of the various votes would be to collect them at the end should we need to and vote on them. I would recommend that we, in fact, do leave the last resolving clause and vote on all of them at the end."

Dr. Arthur I. Schwartz, Massachusetts, spoke against voting on the specialty as an entire issue, stating, "...Once the criteria have been decided by the House, if, in fact, all six criteria pass for any specialty, I would assume that the issue has been answered and the House should move on."

Dr. Allen Hindin, Connecticut, said, "I would like to ask whether it would be appropriate to go into executive session before this discussion takes place to discuss criteria four with Mr. Sfikas as to whether or not the criteria might constitute an arbitrary and unreasonable process on its face, regardless of whether it's a discussion about any of these specialties."

The Speaker said, "Your request for executive session is an appropriate one, but not at this point in time. We are debating whether or not this House wants to vote on the last resolving clause of 8RC, 9RC and 10RC, and I would like to have that decision, and then if you request an executive session...we can go into it. If the majority of these folks agree with you, we can go into it."

On vote, the motion to vote on the last resolving clause after voting separately on each of the six criteria, failed.

Based on this action, the Speaker said, "...If any one of the six criteria fail, the resolving clause is moot. If all six pass, I will proclaim...the applicant has been granted recognition as a dental specialty by the American Dental Association."

The Speaker recognized Dr. Hindin to discuss criteria four.

Dr. Allen Hindin, Connecticut, speaking to criteria four, said, "As I read criteria four, I related to the conversation we had the other day as to what constitutes arbitrary and capricious, and when I see a system that has a criteria that requires the demonstration of substantial need without any measurement mechanism whatsoever applied to it, it is a definition of arbitrary. It is a purely emotional concept, and I think if this organization has anything that will put it at risk, it is using processes like this."

On vote, the request to convene an attorney-client executive session failed.

Dr. Frederic C. Sterritt, New Jersey, said, "...I appreciated the time to question the attorney [Peter Sfikas] on his remarks the other day....I appreciate and understand his efforts as our attorney to set the American Dental Association on firm ground in any future actions that may or may not develop from our

deliberations. The problem that I have is that in his efforts to safeguard our rights, he may have passed...a doom or gloomy appearance over this vote so that the weaker wills of our membership may decide rather than get involved in a lawsuit, they may vote a certain way. And I asked the attorney if there is a way that he could present our rights in a more positive manner so that those of us that want to vote in a certain manner may not unintentionally feel intimidated to vote one way or another. It's not how you say it, but what you say."

Mr. Peter Sfikas, ADA legal counsel, said, "I don't think I painted a picture of gloom and doom, but if you follow the suggestions that have been made by the Speaker with reference to how you vote, I think we will have a defensible position."

**The American Academy of Oral and Maxillofacial Radiology's Request for Recognition as a Dental Specialty** (Council on Dental Education and Licensure Resolution 8 and Reference Committee Resolution 8RC): The Reference Committee reported as follows:

The Reference Committee heard testimony concerning the American Academy of Oral and Maxillofacial Radiology's (AAOMR) request to recognize oral and maxillofacial radiology as a dental specialty. The majority of testimony presented supported adoption of this resolution.

In addition, the Reference Committee carefully reviewed the Council on Dental Education and Licensure's detailed report to the House on the AAOMR application (*Reports:78*) and all other written information provided by the AAOMR. The Reference Committee evaluated the testimony as it pertains to the six requirements for specialty recognition specified in the Association's *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*. Following discussion, the majority of the Reference Committee members concurred with the decisions reached by Committee G, the Council on Dental Education and Licensure and the Board of Trustees that the AAOMR has met the six requirements for recognition of a dental specialty. The Reference Committee unanimously concluded that Requirements 1, 2, 3, 5 and 6 have been met. With respect to Requirement 4, the majority of the Reference Committee believed that this requirement has been met.

The Reference Committee was of the opinion that its decisions regarding each of the six requirements for specialty recognition and its decision regarding Resolution 8 should be presented to the House in a manner consistent with the report of the Council and the comment from the Board of Trustees. For these reasons, the Reference Committee recommends adoption of the following substitute resolution. This resolution supports the Association's Strategic Plan Goal 1. Advocacy.

**8RC. Resolved**, that the AAOMR has met Requirement 1: In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization: (a)

whose membership is reflective of the special area of dental practice; and (b) that demonstrates the ability to establish a certifying board, and be it further **Resolved**, that the AAOMR has met Requirement 2: A specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the predoctoral accreditation standards, and be it further

**Resolved**, that the AAOMR has met Requirement 3: The scope of the specialty: (a) is separate and distinct from any recognized specialty or combination of recognized specialties; (b) cannot be accommodated through minimal modification of a recognized specialty or combination of recognized specialties, and be it further

**Resolved**, that the AAOMR has met Requirement 4: In order to be recognized as a specialty, substantial public need and demand for services, which are not adequately met by general practitioners or dental specialists, must be documented, and be it further

**Resolved**, that the AAOMR has met Requirement 5: A specialty must directly benefit some aspect of clinical patient care, and be it further

**Resolved**, that the AAOMR has met Requirement 6: Formal advanced education programs of at least two years beyond the predoctoral curriculum as defined by the Commission on Dental Accreditation's *Standards for Advanced Specialty Education Programs* must exist to provide the special knowledge and skills required for the practice of the specialty, and be it further

**Resolved**, that the American Academy of Oral and Maxillofacial Radiology's request for the recognition of oral and maxillofacial radiology as a dental specialty be approved.

Dr. Glover moved to substitute Resolution 8RC for Resolution 8 (*Reports:78*).

On vote, Resolution 8RC was substituted for Resolution 8.

Dr. Glover moved the adoption of substitute Resolution 8RC.

Dr. T. Bob Davis, Texas, spoke in favor of the substitute resolution, stating, "...I feel like we need a peer-to-peer radiologist specialty who can help us progress. We need our own imaging types. The physicians, I have found, can't even read a 'pantolipse.' They probably couldn't read the regular x-rays we take because they're not trained that way and they're not interested...."

On vote, Requirement 1 was adopted.

**Requirement 1:** In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the special area of dental practice; and (b) that demonstrates the ability to establish a certifying board.

On vote, Requirement 2 was adopted.

**Requirement 2:** A specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the predoctoral accreditation standards.

On vote, Requirement 3 was adopted.

**Requirement 3:** The scope of the specialty: (a) is separate and distinct from any recognized specialty or combination of recognized specialties; (b) cannot be accommodated through minimal modification of a recognized specialty or combination of recognized specialties.

On vote, Requirement 4 was adopted.

The Speaker indicated there were no abstentions related to Requirement 4; 212 voted "yes" and 207 voted "no."

**Requirement 4:** In order to be recognized as a specialty, substantial public need and demand for services which are not adequately met by general practitioners or dental specialists must be documented.

On vote, Requirement 5 was adopted.

**Requirement 5:** A specialty must directly benefit some aspect of clinical patient care.

On vote, Requirement 6 was adopted.

**Requirement 6:** Formal advanced education programs of at least two years beyond the predoctoral curriculum as defined by the Commission on Dental Accreditation's *Standards for Advanced Specialty Education Programs* must exist to provide the special knowledge and skills required for the practice of the specialty.

In accordance with the rules established by the House, the Speaker announced the recognition of Oral and Maxillofacial Radiology as a dental specialty.

**8H-1999. Resolved,** that the AAOMR has met Requirement 1: In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the special area of dental practice; and (b) that demonstrates the ability to establish a certifying board, and be it further

**Resolved,** that the AAOMR has met Requirement 2: A specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as

defined by the predoctoral accreditation standards, and be it further

**Resolved,** that the AAOMR has met Requirement 3: The scope of the specialty: (a) is separate and distinct from any recognized specialty or combination of recognized specialties; (b) cannot be accommodated through minimal modification of a recognized specialty or combination of recognized specialties, and be it further

**Resolved,** that the AAOMR has met Requirement 4: In order to be recognized as a specialty, substantial public need and demand for services, which are not adequately met by general practitioners or dental specialists, must be documented, and be it further

**Resolved,** that the AAOMR has met Requirement 5: A specialty must directly benefit some aspect of clinical patient care, and be it further

**Resolved,** that the AAOMR has met Requirement 6: Formal advanced education programs of at least two years beyond the predoctoral curriculum as defined by the Commission on Dental Accreditation's *Standards for Advanced Specialty Education Programs* must exist to provide the special knowledge and skills required for the practice of the specialty, and be it further

**Resolved,** that the American Academy of Oral and Maxillofacial Radiology's request for the recognition of oral and maxillofacial radiology as a dental specialty be approved.

**The American Society of Dentist Anesthesiologists' Request for Recognition as a Dental Specialty** (Council on Dental Education and Licensure Resolution 9 and Reference Committee Resolution 9RC): The Reference Committee reported as follows:

The Reference Committee heard testimony concerning the American Society of Dentist Anesthesiologists' (ASDA) request to recognize dental anesthesiology as a dental specialty.

In addition, the Reference Committee carefully reviewed the Council on Dental Education and Licensure's detailed report to the House on the ASDA application (*Reports*: 81) and all other written information provided by the ASDA. The Reference Committee evaluated the testimony as it pertains to the six requirements for specialty recognition specified in the Association's *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*. The majority of the testimony presented at the hearing focused on compliance with Requirement 4.

Following careful review of all information presented, the Reference Committee members unanimously concurred that the ASDA has met Requirements 1, 2, 3, 5 and 6. With respect to Requirement 4, the majority of the Reference Committee believed that the requirement has been met.

The Reference Committee was of the opinion that its decisions regarding each of the six requirements for

specialty recognition and its decision regarding Resolution 9 should be presented to the House in a manner consistent with the report of the Council and the comment from the Board of Trustees. For these reasons, the Reference Committee recommends adoption of the following substitute resolution. This resolution supports the Association's Strategic Plan Goal 1. Advocacy.

**9RC. Resolved**, that the ASDA has met Requirement 1: In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the special area of dental practice; and (b) that demonstrates the ability to establish a certifying board, and be it further

**Resolved**, that the ASDA has met Requirement 2: A specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the predoctoral accreditation standards, and be it further

**Resolved**, that the ASDA has met Requirement 3: The scope of the specialty: (a) is separate and distinct from any recognized specialty or combination of recognized specialties; (b) cannot be accommodated through minimal modification of a recognized specialty or combination of recognized specialties, and be it further **Resolved**, that the ASDA has met Requirement 4: In order to be recognized as a specialty, substantial public need and demand for services, which are not adequately met by general practitioners or dental specialists, must be documented, and be it further

**Resolved**, that the ASDA has met Requirement 5: A specialty must directly benefit some aspect of clinical patient care, and be it further

**Resolved**, that the ASDA has met Requirement 6: Formal advanced education programs of at least two years beyond the predoctoral curriculum as defined by the Commission on Dental Accreditation's *Standards for Advanced Specialty Education Programs* must exist to provide the special knowledge and skills required for the practice of the specialty, and be it further

**Resolved**, that the American Society of Dentist Anesthesiologists' request for the recognition of dental anesthesiology as a dental specialty be approved.

Dr. Glover moved that Resolution 9RC be substituted for Resolution 9.

On vote, Resolution 9RC was substituted for Resolution 9.

Dr. Glover moved the adoption of substitute Resolution 9RC.

As a point of information, a delegate said, "In our caucus there was some confusion. I would like to know in this particular specialty, the scope of the specialty. Could I have it defined please? The confusion was: If a person decides to hold themselves out as a practice limited to anesthesiology, they would no longer be able to perform dental procedures. Their practice would strictly be limited to anesthesia only. Is that correct?"

The Speaker replied, "I think that is a legitimate question and before we start this debate, I would either like to call upon the Reference Committee chairman, or if he does not feel that he would like to address that, the president of the American Society of Dental Anesthesiologists for that answer...."

Dr. Glover said, "The Reference Committee worked under the code of ethics of the American Dental Association and we assumed that once specialty recognition is taken by a member, they can only practice that specialty. Possibly the president of the Anesthesiology Association may wish to add to that."

President of the American Society of Dentist Anesthesiologists Dr. John A. Yagliela said, "That is exactly correct. We will follow ADA policy, which recognizes that when you specialize, you specialize in your profession. If dentists continue on to do general dentistry, they will make that decision for themselves."

Beginning the 30-minute debate on Resolution 9RC, the following individuals spoke in favor of adoption: Dr. James W. Chancellor, Texas; Dr. Robert M. Peskin, New York; Mr. Clint Herzog, president of the American Student Dental Association; Dr. William T. Spruill, Pennsylvania; Dr. Lawrence I. Lipton, Connecticut; Dr. Paul A. Kennedy, Texas; Dr. Allen Hindin, Connecticut; Dr. Ralph Epstein, New York; and Dr. John D. Chandler, Texas.

Dr. James W. Chancellor, Texas, said, "I think with the vote on requirement four for radiology, we can see that radiology has demonstrated a substantial need and demand. And I think, at least in my practice and I'm sure in everyone else's...that I have a lot more people in my practice asking...to be put to sleep rather than for MRIs and computer tomography scans. I would also say that the...Academy of General Dentistry with over 35,000 members; the American Academy of Pediatric Dentistry with almost 4,000 members; and the American Academy of Periodontology with almost 4,000 members, plus the Federation of Special Care Organizations, endorse the specialty on anesthesiology. That's...over 45,000 dentists in this Association that support anesthesiology as a specialty and I would encourage this House to not be afraid of a new specialty, a small specialty in anesthesia and will serve the best interests of our patients."

Dr. Robert M. Peskin, New York, said, "...I would like to address the issues of need and demand. I believe that since this last application was submitted, there were concerns about the fact that perhaps there wasn't enough new information submitted. However, our own journal, *The Journal of the American Dental Association*, in February of 1998, the *Journal of Special Care* in April of 1998, both have come up with conclusions that substantiate the fact that need and demand has been an existing problem for anesthesia services in the United States. In addition, we have to look no further than the application for the radiologists. In that particular document, the background statement from the Council on Dental Education, it says that most new techniques and procedures in dentistry evolve from

an academic environment and that academic need translates into public need and demand. Our Guidelines for Teaching the Comprehensive Control of Pain and Anxiety requires that people are proficient in anxiety and pain control; it's in your literature that you have. I can't see of a better reason why need and demand has...been substantiated in this document and urge the House to follow suit and pass Resolution 9RC."

Mr. Clint Herzog, president of the American Student Dental Association, said, "...As students, we need this opportunity to better our education. Just as previously approved specialties have increased our education in those areas, this, too, will increase our education in dental anesthesiology."

Dr. William T. Spruill, Pennsylvania, said, "I have been a practicing dentist for 23 years and I've never used a radiologist or a dental anesthesiologist. And when I came to Hawaii, my thinking was that there was no compelling need, but as the debate progressed I realized that this is not about us. It probably will not affect the way most of us practice, since we're senior or twilight years of our practice. This specialty will be in universities, for the most part, and affiliated with hospitals. And dentists five, ten and 20 years from now will be graduating with a better knowledge base in emergency medicine and in drug interactions when they see those patients that all too commonplace who are on eight to ten chronic medications... What I'm suggesting to you is that this is not about us. This is about doing what's right for the profession, this is about making better dental school graduates a decade or two from now. And this is about keeping our profession strong in the future and I can't see a downside from that."

Dr. Lawrence I. Lipton, Connecticut, said, "...I've been a practicing pediatric dentist for over 25 years. I've sat in this House for the last ten years and listened to the debates back and forth. I can only share with you my experience as a pediatric dentist. There is a definite need for pain control and anesthesia for the patients that I treat.... Many of the patients can't afford a hospital surrounding. I bring them into my office with [the] aid of a dental anesthesiologist who is trained in rendering my patients in a state that they no longer feel pain and no longer complain. Their parents are very happy. We've come to a time now where parents come into dental offices, particularly pediatric offices, and expect that we practice care that relieves pain from their children and gives them no pain whatsoever. Without the aid and the help of people that render our patients in a less than conscious state, I can't do it. I treat these patients everyday. Not every patient I treat needs anesthesia... but there are enough of them out there that really do need these services. And I can't see how anybody can tell me that there is not a perceived need for this service. I treat them, and I couldn't work without an anesthesiologist, and I think we ought to give our colleagues who chose to practice anesthesia the benefit of recognizing them as specialists."

Dr. Paul A. Kennedy, Texas, said, "...We feel like that this specialty is going to bring a body of knowledge

along that will help us deliver this to our patients and all the patients that we treat...."

Dr. Allen Hindin, Connecticut, said, "...I am a general dentist. I've had 29 years experience, a good part of it in hospitals and good part of it in private practice. There must be others of you out here who are someone like me. At least one day a week I spend with handicapped patients in a cerebral palsy facility at the very edges of my ability to both treat the patient and manage the problem.... We are addressing issues relating to access in our organization on a daily basis. This aspect of it will open up access to many people who historically have been underserved or unserved. I also have to point out that hospital access is extremely limited and incredibly expensive. I also point out how we are seeing in medicine, particularly in ophthalmology and other similar services, that anesthesia is now being provided in their office, not in hospitals. We will have the opportunity to create directions like that for ourselves as well, with people who will understand and know how we work. I urge you to strongly consider these issues. The other thing I point out is in the application for radiology which we have just passed, the fellows in those organizations that were made specialties in the past, with seven in pathology; 12 in public health; 15 in pediatric dentistry; 34 in endo; 69 in pros; and seven in the original group of oral maxillofacial surgeons, so if we are going to debate the issue of public demand, we must look at long-distance, not just yesterday."

Dr. Ralph Epstein, New York, asked the Speaker, "Would it be appropriate to have the Chairman of Committee G come to the microphone and explain the comparison between the two applications?"

The Speaker replied, "No it would not.... This application, this applicant, has to stand on its own.... A comparison between the two applications is not relevant to the discussion at hand. This has to stand on its own merit...."

Dr. Epstein said, "...I want you to imagine yourself as a parent of an autistic, mentally and physically challenged patient, a very young parent of a very young child who cannot receive care. If they go to the hospital, they may have to wait four to five months; they may have to pay \$4,000 to \$6,000 for their care, which is much more than they would receive in the office. By voting 'yes' now, you're allowing them to gain access to care by you. Dentist anesthesiologists will be going to your office to provide that care. And you should appreciate that, its opening access to care for patients and increasing your patient population...."

The following individuals spoke against the adoption of Resolution 9RC: Dr. Charles H. Perle, New Jersey; Dr. Perry K. Tuneberg, Illinois; Dr. Steven R. Nelson, Colorado; Dr. David C. Anderson and Dr. Andrew J. Zimmer, Virginia; Dr. Frederic C. Sterritt, New Jersey; Dr. Alan H. Singer, District of Columbia; and Dr. John F. Freihaut, Georgia.

Dr. Charles H. Perle, New Jersey, said, "For those of you who don't know me, I am a recognized leader of the

Academy of General Dentistry and I disagree with their policy. I have not seen need. We have over 270 million people in 1998; we have projected 320 million in 2020. Yet, since the last application, we have had a decrease in the programs of anesthesiology and not an increase in the residents. There is no need. It has to be substantial."

Dr. Perry K. Tuneberg, Illinois, said, "...There is no question in my mind that there has not been a proven situation of a substantial public need and demand for services. Not once in 17 years in a practice with 11,000 patients have we ever witnessed a public need, let alone a substantial public need or demand for services that couldn't be met already. Nor have I had a dentist comment to me they are having trouble procuring anesthesia needs. If need translates into a shortage of anesthesiologists, why do one-third of all dental anesthesiologists still have to practice general dentistry to make a living? I would like to quote from an April 1999 *AGD Impact* article quoting Dr. Howard Glaser and a few others, leaders in anesthesia. Quote, 'There is a great need for the dentist/anesthesiologist to be recognized in the hospital. Making anesthesia a specialty would credential it to the public...Specialty status is the way to alter negative perceptions about dental anesthesiology in both the patient population and the medical community.' I read 'need' from that article not as a need by the public, but a bruised self-perception as to how they are perceived by the public and the medical community. Now, stroking a group ego and altering the negative perception by giving specialty status is not part of the criteria. The criteria is substantial need and demand by the public...And it hasn't been met."

Dr. Steven R. Nelson, Colorado, said, "I have practiced our profession now for nearly a decade and that includes the safe administration of anesthesia to my patients. I am opposed to Resolution 9 and the judicial fragmentation of our profession. Specifically requirement "1a," the sponsoring organization. The perception of the sponsoring organization of this application represents only those dedicated to anesthesia is false. Many of the members of ASDA are general dentists, oral surgeons [and] periodontists. They do not restrict themselves only to the area of anesthesia. There is another organization, the ASDA, which has nearly 3,000 members and is a long-standing established organization for those professionals with specific interest in anesthesia. To date, the ASDA has not elected to support a specialty in anesthesiology. This House should not..."

Dr. David C. Anderson, Virginia, said, "...Two years ago we were in this position and we voted down the specialty. What was the reason? There was not a demonstrable need. In two years' time, look at your bibliography, look at your citations. The anesthesiologists have not substantially documented the need for the specialty. The reason why this is before us is because it can be put before us... If I were an anesthesiologist and wanted this as a specialty, I would have had all my clinical programs run trials and

document this and publish it. Why hasn't it been done? There is either one of two reasons: Either it's been done and unproven, or it hasn't been done, or I will throw the third in, no need to."

Dr. Andrew J. Zimmer, Virginia, said, "...Regarding requirement four, almost two-thirds of the states do not currently have an ABDA diplomate. Chaos would surely result if states attempt to secure the services of an out-of-state dental anesthesiologist. One city, one state utilization experience is flawed as proof that this model would work across the 50 states. Lack of utilization in the real world as evidenced by the prevailing tendency of...diplomates continuing to practice other dental disciplines and lack of participation in existing training programs is further proof of unsubstantiated public need or demand. Genuine need for these specialists would result in increasing numbers of qualified practitioners, not decrease it..."

Dr. Frederic C. Sterritt, New Jersey, spoke against the resolution, stating, "I would ask the House to consider two points: Advisory Opinion 5.I.1. allows any member the right to practice and advertise his expertise. Point number two: I would ask each member of the House to consider his own personal practice activities. If, in fact, you require the needs of this specialty or have demonstrated a substantial number of times in the lifetime of your career that you have needed this specialty, by all means, vote in favor of it. But if you have not needed the services of this specialty organization in the lifetime of your career, multiple times, in good conscience, you cannot vote in favor of this recognition."

Dr. John F. Freihaut, Georgia, said, "...I believe in the American Dental Association, I believe in its constitution and bylaws, I believe in the rules and regulations and I believe in the code of ethics and professional conduct. Section 5.H. states clearly that for an individual to list himself as a specialist, he must limit himself exclusively to that specialty area. The majority of the members of the American Society of Dental Anesthesiologists do not because there is not enough need or demand. Page 77 of their application states that 24 of their members are physician anesthesiologists who practice their medical specialty. Many are general dentists; some are members of the Academy of General Dentistry and some of those are members of their House of Delegates and, yes, even some of them are oral surgeons. If this application is passed, these people would be practicing in violation of this code. The alternative is not acceptable..."

Dr. Paul M. Flynn, Michigan, said, "I would like to make two brief points. One...we dealt with the anesthesia issue twice so far in the five years that I have been a member of this House and we've defeated it both times on the issue of need. Quite frankly, I don't see any additional evidence put forth that would support this application. The other point I would like to make is that I understand the pediatric dentists, the general dentists who have handicapped patients, autistic patients or other patients that have special needs that need to be



anesthetized and it's not a question of need where dental anesthesiologists are going to fill that need. There are medical anesthesiologists, anesthesiologists, oral surgeons, other people that can put the patients to sleep...."

Dr. Howard I. Mark, Connecticut, called the question.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Requirement 1 was adopted.

**Requirement 1:** In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the special area of dental practice; and (b) that demonstrates the ability to establish a certifying board.

On vote, Requirement 2 was adopted.

**Requirement 2:** A specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the predoctoral accreditation standards.

On vote, Requirement 3 was adopted.

**Requirement 3:** The scope of the specialty: (a) is separate and distinct from any recognized specialty or combination of recognized specialties; (b) cannot be accommodated through minimal modification of a recognized specialty or combination of recognized specialties.

On vote, Requirement 4 failed.

**Requirement 4:** In order to be recognized as a specialty, substantial public need and demand for services which are not adequately met by general practitioners or dental specialists must be documented.

On vote, Requirement 5 was adopted.

**Requirement 5:** A specialty must directly benefit some aspect of clinical patient care.

On vote, Requirement 6 was adopted.

**Requirement 6:** Formal advanced education programs of at least two years beyond the predoctoral curriculum as defined by the Commission on Dental Accreditation's *Standards for Advanced Specialty Education Programs* must exist to provide the special knowledge and skills required for the practice of the specialty.

The Speaker announced that the American Society of Dental Anesthesiologists' request for the recognition of dental anesthesiology as a dental specialty was denied.

**The American Academy of Oral Medicine's Request for Recognition of Oral Medicine as a Dental Specialty** (Council on Dental Education and Licensure Resolution 10 and Reference Committee Resolution 10RC): The Reference Committee reported as follows:

The Reference Committee heard limited testimony concerning the American Academy of Oral Medicine's (AAOM) request to recognize oral medicine as a dental specialty.

In addition, the Reference Committee carefully reviewed the Council on Dental Education and Licensure's detailed report to the House on the AAOM application (*Reports*:83) and all other written information provided by the AAOM. The Reference Committee evaluated the testimony as it pertains to the six requirements for specialty recognition specified in the Association's *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*. Following review of all information, the Reference Committee members unanimously concurred with Committee G, the Council on Dental Education and Licensure and the Board that AAOM has met Requirements 1, 2, 5 and 6. A majority of the Reference Committee members believed that Requirements 3 and 4 have not been met.

The Reference Committee was of the opinion that its decisions regarding each of the six requirements for specialty recognition and its decision regarding Resolution 10 should be presented to the House in a manner consistent with the report of the Council and the comment from the Board of Trustees. For these reasons, the Reference Committee recommends adoption of the following substitute resolution. This resolution supports the Association's Strategic Plan Goal 1. Advocacy.

**10RC. Resolved**, that the AAOM has met Requirement 1: In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the special area of dental practice; and (b) that demonstrates the ability to establish a certifying board, and be it further

**Resolved**, that the AAOM has met Requirement 2: A specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the predoctoral accreditation standards, and be it further

**Resolved**, that the AAOM has not met Requirement 3: The scope of the specialty: (a) is separate and distinct from any recognized specialty or combination of recognized specialties; (b) cannot be accommodated through minimal modification of a recognized specialty or combination of recognized specialties, and be it further

**Resolved**, that the AAOM has not met Requirement 4: In order to be recognized as a specialty, substantial public need and demand for services, which are not adequately met by general practitioners or dental specialists, must be documented, and be it further

**Resolved**, that the AAOM has met Requirement 5: A specialty must directly benefit some aspect of clinical patient care, and be it further

**Resolved**, that the AAOM has met Requirement 6: Formal advanced education programs of at least two years beyond the predoctoral curriculum as defined by the Commission on Dental Accreditation's *Standards for Advanced Specialty Education Programs* must exist to provide the special knowledge and skills required for the practice of the specialty, and be it further

**Resolved**, that the American Academy of Oral Medicine's request for the recognition of oral medicine as a dental specialty be denied.

Dr. Glover moved to substitute Resolution 10RC for Resolution 10.

On vote, Resolution 10RC was substituted for Resolution 10.

Dr. Glover moved the adoption of substitute Resolution 10RC.

On vote, Requirement 1 was adopted.

**Requirement 1:** In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the special area of dental practice; and (b) that demonstrates the ability to establish a certifying board.

On vote, Requirement 2 was adopted.

**Requirement 2:** A specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the predoctoral accreditation standards.

Prior to calling the vote on criteria three and four, the Speaker said, "...the American Dental Association's tradition is not to vote 'yes,' to vote 'no.' Meaning that to have an affirmative vote to vote no is not parliamentarily good policy. So I am going to hold the manner in which we are voting...on the paper is the Reference Committee's opinion, but you're going to vote in the positive...."

On vote, Requirement 3 failed.

**Requirement 3:** The scope of the specialty: (a) is separate and distinct from any recognized specialty or combination of recognized specialties; (b) cannot be accommodated through minimal modification of a recognized specialty or combination of recognized specialties.

On vote, Requirement 4 failed.

**Requirement 4:** In order to be recognized as a specialty, substantial public need and demand for services which are not adequately met by general

practitioners or dental specialists must be documented.

On vote, Requirement 5 was adopted.

**Requirement 5:** A specialty must directly benefit some aspect of clinical patient care.

On vote, Requirement 6 was adopted.

**Requirement 6:** Formal advanced education programs of at least two years beyond the predoctoral curriculum as defined by the Commission on Dental Accreditation's *Standards for Advanced Specialty Education Programs* must exist to provide the special knowledge and skills required for the practice of the specialty.

The Speaker announced that the American Academy of Oral Medicine's request for the recognition of oral medicine as a dental specialty was denied.

**10H-1999. Resolved**, that the American Academy of Oral Medicine's request for the recognition of oral medicine as a dental specialty be denied.

Dr. Allen Hindin, Connecticut, requested that an attorney-client executive session take place.

On vote, the motion was defeated.

Dr. Thomas J. Schripsema, New Mexico, moved that Resolution 87 (Termination of the Dental Indicators Program) be considered as a priority item, and said, "This is an item that has garnered hot debate...it's very polarized in the debate and because of that, it makes sense that that be an issue that be considered early on. Secondly, it's also an easy resolution to make a decision on. You either feel one way or the other about it and will guide your actions. And for that reason it makes sense to take that as the first one in this package of resolutions concerning indicators...."

Dr. Teri-Ross Icyda, Florida, spoke in favor of the motion, stating, "...this will expedite the process of the House and will make [Resolution]124 a moot situation."

Dr. Justin L. Brink, California, spoke against the motion, stating, "I think we should take it in the correct order."

Dr. Mary Krempasky Smith, Washington, also spoke against the motion, stating, "...The indicators was a project that was decided upon, the embarkment, by this House and the House has a right to see that information."

Dr. Joseph F. Hagenbruch, Illinois, spoke against the motion, stating, "...I think that would be...a situation where we would be throwing the baby out with the bathwater. I think we need to address these things individually."

Dr. Robert J. Gherardi, New Mexico, spoke in favor of the motion, stating, "This motion will let us decide if this House wants to consider indicators or not. Otherwise, we will go through the whole process of

deciding [Resolution]124 and all the individual indicators and it will be a waste of time...."

Dr. Carlos M. Interian, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the motion to make Resolution 87 a priority item was adopted.

### **Report of the Reference Committee on Dental Benefits, Practice and Health**

Dr. Marie Schweinebraten, Georgia, chairman of the Reference Committee on Dental Benefits, Practice and Health presented Resolution 87.

**Termination of the Dental Indicators Program** (Fifth Trustee District Resolution 87): The Reference Committee reported as follows:

The Reference Committee heard considerable testimony both for and against Resolution 87 (*Supplement*:398). Strong arguments were offered on both sides of the issue. Due to apparent confusion and misunderstanding among members of the intent of the dental indicators program, the Reference Committee recommends that Resolution 87 not be adopted.

**87. Resolved**, that the Dental Indicators Committee be disbanded and the Dental Indicators Program be abandoned.

Dr. Schweinebraten moved the adoption of Resolution 87.

Dr. Samuel B. Low, Florida, spoke in favor of Resolution 87, stating, "...I would ask the House to consider point one, mission. If you read the background statement, there are two missions indicators. One is voluntary, in-your-practice assessment; however, number two is a situation by which the Association can use indicators in the future. Why do I say that? In the background statement, the reference on the institutions. Of all three, two of those are managed care institutions. Point number two: Indicators from the standpoint of the nature of the word 'indicator,' is a quantitative measurement of a qualitative assessment. These are not parameters of care. Parameters of care are subjective; indicators are objective. They can be subpoenaed in your practice and, as an example, if you use the indicator that is sterilization and you do not have a score of one, that indicates that your practice is substandard in the area of sterilization. I ask this House to be responsible to the folks back home and kill this project."

Dr. Charles H. Norman, III, North Carolina, chairman of the Indicators Committee, spoke against Resolution 87 stating, "In 1997, this House asked that the Indicator Committee develop a set of indicators that could be used in our individual offices. The Committee has done that and I believe at this point we've developed a set of

indicators that are good assessment tools to be used as individual practitioners to evaluate clinical care in practice. I will take a lot of responsibility for a lot of confusion that's occurred at this annual session... There is a lot of misunderstanding about what this project has developed into... I think the appropriate thing to do is what the Reference Committee has suggested, is to refer this back, allow us to educate you about what this project is about, answer your concerns and your questions, return it next year so you can make an educated vote about adoption or defeat of this indicators project."

Dr. Leslie S. Webb, Jr., Virginia, spoke against Resolution 87 and in support of Resolution 124, stating, "...I think these are good indicators. I think these have been well thought out. Indicators are going to be present in dentistry. I think the ADA needs to have a presence here and I urge you to vote against the motion."

Dr. Bruce B. Wright, Delaware, spoke in favor of the resolution, stating, "...First thing you tried to do was make a cookbook out of my profession and you voted in parameters. Now you are trying to make a ratio out of my profession and you want indicators, and I can tell you my profession can neither be described in a cookbook or by a ratio. Once you start to develop indicators, somebody is going to collect the data and that's where you're going to get in trouble. I urge you to defeat indicators at this point...."

Dr. George J. Stratigopoulos, California, moved to refer Resolution 87 back to the Council on Dental Benefit Programs for further review.

Dr. Bruce B. Wright, Delaware, spoke against the motion to refer.

Dr. Michael Vaclav, Texas, spoke in support of referral, stating, "...I think the education process that needs to occur with indicators needs to be reviewed and I think this referral will allow that to occur."

Dr. Mary Krempasky Smith, Washington, member of Council on Dental Benefit Programs, spoke in favor of the motion, stating, "...If you read Resolution 71RC, which is 'Support of Lifelong Continuing Education,' we support lifelong continuing education and yet we're saying one of the mechanisms we can use to see how we are doing within our offices, we're not going to support...."

Dr. Grant W. Merritt, Missouri, spoke against the motion, stating, "Ladies and Gentlemen, if you participate in any third-party programs, you are already actively participating in indicators. The only difference is the insurance companies are keeping the records. And it's already on big computer disks at this time. It's time that we decide that the American Dental Association is going to take responsibility for indicators for our members...."

In response to a delegate's question, the Speaker ruled that if the motion to refer Resolution 87 is adopted, the referral would be limited to Resolution 87 only. The other related resolutions would still be before the House.

Speaking against the motion to refer Resolution 87 were Dr. Thomas P. Floyd and Dr. Frank M. Addabbo, Florida.

Dr. Sherwin Z. Rosen, California, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the motion to refer Resolution 87 to the Council on Dental Benefit Programs was defeated.

Dr. Teri-Ross Icyda, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 87 was adopted.

**87H-1999. Resolved**, that the Dental Indicators Committee be disbanded and the Dental Indicators Program be abandoned.

#### **Report of the Reference Committee on Communications and Membership Services**

The Report of the Reference Committee on Communications and Membership Services was read by Dr. Daniel W. Shaw, Minnesota, chairman. The other members of the Committee were: Dr. Julie Ann Barna, Pennsylvania; Dr. Olin A. Elliott, II, Kentucky; Dr. Dennis W. Engel, Wisconsin; Dr. Thomas J. Schripsema, New Mexico; Dr. David B. Solomon, Vermont; Dr. George J. Stratigopoulos, California; and Dr. Thomas E. Sullivan, Illinois.

**Consent Calendar** (Reference Committee Resolution 121): The Reference Committee reported as follows:

Attached are resolutions referred to the Reference Committee on Communications and Membership Services which either received no testimony or all positive testimony. Therefore, the Committee recommends adoption of the following resolution.

It should be noted that the original Resolution 116 and its title referred to Children's Dental Health Month. The resolution has been edited to reflect the correct name of the program, National Children's Dental Health Month.

The Standing Committee on Constitution and Bylaws reviewed Resolution 39. Current *Bylaws* style refers to the American Dental Association as the "Association," rather than the "ADA." To conform to current style, the Standing Committee redrafted Resolution 39 and is appended to this report (new material is underlined; deleted material is struck through).

Dr. Shaw moved the adoption of Resolution 121.

On vote, Resolution 121, as follows, was adopted by a two-thirds (2/3) majority.

**121H-1999. Resolved**, that the following resolutions be adopted.

**Resolution 39:** Amendment of ADA *Bylaws* Regarding Installment Dues Payment Option for Federal Dental Service Members (*Supplement:376*)

**Resolution 85:** Allowable Income Level for Active Life Members (*Supplement: 396*)

**Resolution 116:** U.S. Postal Stamp Commemorating National Children's Dental Health Month (*Supplement: 393*)

*Note:* For the purpose of a fully documented record, the complete text of the resolutions included in Resolution 121H-1999 follows.

#### *Adopted Resolutions.*

**39H-1999. Resolved**, that Chapter I. MEMBERSHIP, Section 50. DUES AND REINSTATEMENT, Subsection N. DUES PAYMENT DATE be amended by adding the words "or by this Association if the dentist is an active or active life member in the exclusive employ of, or is serving on active duty in, one of the federal dental services." after the words "component dental societies." (line 486) and by deleting the words "A constituent- or component-" (line 486) and by substituting in their place the words "An ADA Association or constituent or component society" to make the amended Subsection N read as follows:

N. DUES PAYMENT DATE. Dues of all members are payable January 1 of each year, except that active and active life members may participate in an installment dues plan sponsored by their respective constituent or component dental societies, or by this Association if the dentist is an active or active life member in the exclusive employ of, or is serving on active duty in, one of the federal dental services. An ADA Association or constituent or component society sponsored plan shall require monthly installment payments that conclude with the current dues amount fully paid by June 30. Fees for transactional costs may be imposed, prorated to this Association and the constituent or component dental society. The installment dues plan shall provide for expeditious transfer of each member's dues to this Association and his or her constituent or component dental society, if such exists, as soon as commercially feasible.

**85H-1999. Resolved**, that the appropriate ADA agency conduct a study of the Active Life member category to consider the possible creation of an allowable income level (or hours worked) for Active Life members that would permit them to pay no dues and yet maintain their membership status, and be it further **Resolved**, that a report be presented to the 2000 House of Delegates.

**116H-1999. Resolved**, that in an effort to increase awareness about the importance of positive oral health care habits in children, that the American Dental Association seek the issuance of a U.S. postal stamp commemorating National Children's Dental Health Month.

**Funding for the ADA Annual Session Opening Ceremony** (Third Trustee District Resolution 77 and Board of Trustees Resolution 77B): The Reference Committee reported as follows:

The Reference Committee heard limited testimony in support of Resolution 77 (*Supplement:394*). The Reference Committee considered the positive opportunity the event presents to bring together leadership and members at an open event. Further, the Opening Session provides an opportunity for annual session publicity. The Reference Committee also was aware that the event requires a significant expense and that the Association's corporate sponsorship policy contains limitations that could preempt the necessary funds being raised if the event were to be entirely underwritten. The Reference Committee concurred with the Board that reevaluation of the costs and relative benefits merit further study and therefore recommends that Resolution 77B be adopted. The resolution supports Association Strategic Plan Goal 5. The Association: Member and Support Services.

Dr. Shaw moved that Resolution 77B be substituted for Resolution 77.

On vote, Resolution 77B was substituted for Resolution 77.

Dr. Shaw moved the adoption of substitute Resolution 77B.

On vote, Resolution 77B was adopted.

**77H-1999. Resolved**, that the Board of Trustees reevaluate the inclusion of the opening ceremonies in the Association budget, and be it further **Resolved**, that this evaluation should include a review of the cost of producing this event versus the benefit of scheduling it.

**Need of Dental Public Health Education and Oral Health Services in Underserved Countries** (Delegate Emanuel W. Michaels, Virginia, Resolution 20; Sixteenth Trustee District Resolution 20S-1 and Board of Trustees Resolution 20S-1B): The Reference Committee reported as follows:

The Reference Committee agrees with the changes made to the original resolution and supports Resolution 20S-1B. The resolution supports the Association Strategic Plan Goal 1. Advocacy.

Dr. Shaw moved that Resolution 20S-1B be substituted for Resolutions 20 (*Supplements:155*) and 20S-1 (*Supplements:420*).

Dr. Emanuel W. Michaels, Virginia, spoke in favor of the resolution, stating, "...I urge the support of everyone in this House for this resolution. It doesn't ask for very much on the part of the ADA, but we certainly need to have a policy statement, we need to be on record of supporting the part of the world that does not have the advantages we have...."

On vote, Resolution 20S-1B was substituted for Resolutions 20 and 20S-1.

Dr. Shaw moved the adoption of substitute Resolution 20S-1B.

On vote, Resolution 20S-1B was adopted.

**20H-1999. Resolved**, that the ADA recognizes the need for the education of providers of dental care in the underserved world and of its responsibility to support the efforts of legitimate organizations to assist in providing this service, and be it further **Resolved**, that the ADA remain proactive in creating higher visibility and sensitivity in the needs of the underserved nationally and internationally with regard to oral health care.

**New and Enhanced Public Relations Programs** (Council on Communications Resolution 45): The Reference Committee reported as follows:

Representatives of both the American Academy of Pediatric Dentistry and the American Academy of Geriatric Dentistry spoke in favor of the resolution. Another individual pointed out that the new and enhanced programs put forward in the resolution meet the challenge offered by President S. Timothy Rose during his President's Address, namely that "our profession needs to expand and increase availability to talk to the public, our patients, on a regular basis about those issues that affect their oral and general health."

Several members urged the Reference Committee to divide the four public relations programs in the resolution into separate resolutions so the House of Delegates could vote on the programs individually. The Reference Committee discussed that issue in detail but decided that the four programs should remain a package, in part because they believed that no valid reason for dividing the issue had been presented. Additionally, the chairman of the Council on Communications urged the Reference Committee not to divide the issue because of potential synergies among the four programs and other communications initiatives. This resolution supports Association Strategic Plan Goal 3. Image.

Dr. Shaw moved the adoption of Resolution 45 (*Supplement:314*).

Dr. William J. Tonne, Illinois, spoke in favor of the resolution, stating, "Of all the PR enhancements that we considered pursuant to last year's Resolution 100, these are the four that are the most effective and inexpensive of all we considered and together as a group, they provide synergistic support to all five goals of our

Strategic Plan. They definitely advocate and educate. They support our members and their practices. They are informational and they help our image, and, finally, they support the Association in its mission....”

On vote, Resolution 45 was adopted.

**45H-1999. Resolved**, that the following new or enhanced public relations programs be implemented, in consultation with the Council on Communications: National Media Conference, Expanded National Children’s Dental Health Month, an annual event targeted to seniors, and Live Webcast, subject to legal and insurance considerations.

#### **Amendment of the ADA Bylaws Regarding Mechanism for a Special Assessment**

(Council on Membership Resolution 1): The Reference Committee reported as follows:

The Reference Committee heard limited testimony on the resolution to amend the *Bylaws* to include a provision for special assessments. The Committee concurs with the Board and Council on Membership that this provision would allow the House of Delegates the option to fund projects that are of a specific nature and that have a specific time frame for completion. The Committee discussed concerns that although many state societies have successfully implemented a special assessment, the use of this mechanism to fund special projects has not received universal membership support. However, the Committee believes that given the criteria and guidelines contained in Resolution 1 (Reports:20), the membership will be more receptive to funding projects of a limited duration through a special assessment rather than increasing member dues. Therefore, the Committee recommends Resolution 1 with the changes recommended by the Standing Committee on Constitution and Bylaws be adopted. The resolution supports the Association Strategic Plan Goal 5. The Association: Member and Support Services.

*Standing Committee Comments.* The Standing Committee believes that the resolution, as proposed, may not reflect the intent of the maker in one respect. The resolution would, among other things, amend Chapter I. MEMBERSHIP, Section 50. DUES AND REINSTATEMENT, Subsection A. ACTIVE MEMBERS, paragraph (2) to provide that when a member, who has been paying reduced dues of \$30.00 (and no special assessment) while he or she is engaged full-time in an advanced training course, residency or education program, completes that course, residency or program, the member may, depending on the circumstances, be entitled to the graduated reduction in dues enjoyed by new graduates under paragraph (1) of the same subsection. The resolution says nothing about whether this member is entitled to a graduated reduction in special assessments. Believing that this was probably the intent of the maker, the Standing Committee has revised the third sentence of Chapter I, Section 50A,

paragraph (2) to read as follows [new material is underlined]: “Upon completing the program, the dentist shall pay dues and special assessment for active members at the next period-in-time level that is applicable under condition (1).”

In addition the Standing Committee editorially corrected the resolution to reflect existing *Bylaws* style for numbers, which uses the word, followed by the numeral in parentheses.

The resolution with these changes reads as follows [new material is underlined]:

**1. Resolved**, that Chapter XVII. FINANCES of the *Bylaws* be amended by the addition of a new Section 50. SPECIAL ASSESSMENTS to read as follows:

*Section 50. SPECIAL ASSESSMENTS:* In addition to the payment of dues required in Chapter I, Section 50 of these *Bylaws*, a special assessment may be levied by the House of Delegates upon active, active life, retired, affiliate and associate members of this Association as provided in Chapter I, Section 50 of these *Bylaws*, for the purpose of funding a specific project of limited duration. Such an assessment may be levied at any annual or special session of the House of Delegates by a two-thirds (2/3) majority vote of the delegates present and voting, provided notice of the proposed assessment has been presented in writing at least ninety (90) days prior to the first day of the session of the House of Delegates at which it is to be considered. Notice of such a resolution shall be sent by a certifiable method of delivery to each constituent society not less than ninety (90) days before such session to permit prompt, adequate notice by each constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of this Association at least sixty (60) days in advance of the session. The specific project to be funded by the proposed assessment, the time frame of the project, and the amount and duration of the proposed assessment shall be clearly presented in giving notice to the members of this Association. Revenue from a special assessment and any earnings thereon shall be deposited in a separate fund as provided in Chapter XVII, Section 40 of these *Bylaws*. The House of Delegates may amend the main motion to levy a special assessment only if the amendment is germane and adopted by a two-thirds (2/3) majority vote of the delegates present and voting. The House of Delegates may consider only one (1) specific project to be funded by a proposed assessment at a time. However, if properly adopted by the House of Delegates, two (2) or more special assessments may be in force at the same time. Any resolution to levy a special assessment that does not meet the notice requirements set forth in the previous paragraph

also may be adopted by a unanimous vote of the House of Delegates, provided the resolution has been presented in writing at a previous meeting of the same session.

and be it further

**Resolved**, that Chapter I. MEMBERSHIP of the *Bylaws* be amended by deleting Section 50 in its entirety and substituting in its place a new Section 50. DUES, SPECIAL ASSESSMENTS AND REINSTATEMENT to read as follows:

*Section 50. DUES, SPECIAL ASSESSMENTS AND REINSTATEMENT:*

A. ACTIVE MEMBERS.\* The dues of active members shall be three hundred eighty-two dollars (\$382.00) due January 1 of each year.\*\* In addition to their annual dues, active members shall pay any special assessments levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*, due January 1 of each year. Notwithstanding the foregoing, any dentist, who satisfies the eligibility requirements for active membership under Chapter I, Section 20A of these *Bylaws* and who satisfies any of the following conditions shall be entitled to pay the reduced active member dues and special assessment listed under such satisfied condition so long as that dentist maintains continuous membership, subject to the further reductions permitted under the provisions of Chapter I, Section 50H, of these *Bylaws*:

(1) On a one-time basis, the dentist, when awarded a D.D.S. or D.M.D. degree, shall be exempt from the payment of active member dues and any special assessment for the remaining period of that year, and shall pay twenty-five percent (25%) of active member dues and special assessment for the first full calendar year following the year in which the degree was awarded, fifty percent (50%) of active member dues and special assessment in the second year, seventy-five percent (75%) in the third year and one hundred percent (100%) in the fourth year and thereafter.

(2) The dentist who is engaged full-time in (a) an advanced training course of not less than one (1) 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 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 and any special assessments for active members at the next period-in-time level that is applicable under condition (1). The dentist who is engaged full-time in (a) an advanced training course of not less than one (1) 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 shall be exempt from the payment of any active member special assessment then in effect through December 31 following completion of such course or program.

(3) An active member who is serving dentistry full-time for a charitable organization and is receiving neither income nor a salary for such charitable service other than a subsistence amount which approximates a cost of living allowance shall pay dues of five dollars (\$5.00) due January 1 of each year, and shall be exempt from the payment of any special assessment then in effect through December 31 following completion of such service; provided that such charitable service is being performed continuously for not less than one year and provided further that such member does not supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.

(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 jurisdiction in which there is a constituent dental society of the American Dental Association shall be exempt from payment of active member dues and any special assessment for the remaining period of the year in which the license was issued. The newly licensed graduate of a non-accredited school shall pay twenty-five percent (25%) of active member dues and any special assessment the first full calendar year following the year in which the license was

\* Effective January 1, 2000 the dues of active members shall be reduced by twenty-five dollars (\$25.00) from the level of active members dues in effect in 1999.

\*\* Effective January 1, 2000 the dues of active members shall be reduced by fourteen dollars (\$14.00) from the level of active members dues in effect in 1999.

obtained, fifty percent (50%) of active member dues and any special assessment in the second year, seventy-five percent (75%) in the third year and one hundred percent (100%) in the fourth year and thereafter.

(5) On a one-time basis, a licensed dentist applying for membership, who has never been an active member of this Association and is not otherwise eligible as a new graduate under this Section of the *Bylaws*, shall pay fifty percent (50%) of active member dues and any special assessment in the first year, and shall pay one hundred percent (100%) of active member dues and any special assessment in the second year and each year thereafter.

#### B. LIFE MEMBERS.

a. Active Life Members. Regardless of a member's previous classification of membership, the dues of life members who have not fulfilled the qualifications of Chapter I, Section 20G of these *Bylaws* with regard to income related to dentistry shall be fifty percent (50%) of the dues of active members, due January 1 of each year. In addition to their annual dues, active life members shall pay fifty percent (50%) of any active member special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*, due January 1 of each year.

b. Retired Life Members. Life members who have fulfilled the qualifications of Chapter I, Section 20G of these *Bylaws* with regard to income related to dentistry shall be exempt from payment of dues and any special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*.

C. STUDENT MEMBERS. The dues of predoctoral 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) an advanced training course of not less than one (1) 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 shall pay thirty dollars (\$30.00) due January 1 of each year. Predoctoral student members and dentists who are engaged full-time in (a) an advanced training course of not less than one (1) 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 shall be exempt from payment of any special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*. Student membership terminates on December 31 after graduation or after completion of a residency or graduate work as provided in Chapter I, Section 20C of these *Bylaws*.

D. HONORARY MEMBERS. Honorary members shall be exempt from payment of dues and any special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*.

E. AFFILIATE MEMBERS. The dues of affiliate members shall be fifty percent (50%) of the dues of active members, due January 1 of each year. In addition to their annual dues, affiliate members shall pay fifty percent (50%) of any active member special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*, due January 1 of each year.

F. ASSOCIATE MEMBERS. The dues of associate members shall be twenty-five percent (25%) of the dues of active members, due January 1 of each year. In addition to their annual dues, associate members shall pay twenty-five percent (25%) of any active member special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*, due January 1 of each year.

G. RETIRED MEMBERS. The dues of retired members shall be twenty-five percent (25%) of the dues of active members, due January 1 of each year. In addition to their annual dues, retired members shall pay twenty-five percent (25%) of any active member special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*, due January 1 of each year.

H. MEMBERS SELECTED AFTER JULY 1 AND OCTOBER 1. Those members selected to active membership in this Association after July 1, except for those whose membership has lapsed for failure to pay the current year's dues and/or special assessments, shall pay one half (1/2) of the current year's dues and one half (1/2) of any active member special assessment then in effect, and those selected after October 1, shall pay one-quarter (1/4) of the current year's dues and one quarter (1/4) of any active member special assessment then in effect; except that a student member, upon classification as an active member by a constituent society shall pay no further dues or special assessments for the remainder of the calendar year in which the member was entitled to the benefits of student membership.



# I. LOSS OF MEMBERSHIP AND REINSTATEMENT.

a. An active, active life, student, affiliate or retired member whose dues have not been paid by March 31 of the current year shall cease to be a member of this Association. An active, active life, affiliate or retired member who has not paid his or her special assessment(s) by March 31 of the current year shall cease to be a member of this Association.

b. Reinstatement of active, life, retired, student or affiliate membership may be secured on payment of dues and/or special assessments of this Association by a former active member in accordance with Chapter I, Section 50A, by a former life member in accordance with Chapter I, Section 50Ba, by a former retired member in accordance with Chapter I, Section 50G, by a former student member in accordance with Chapter I, Section 50C, and by a former affiliate member in accordance with Chapter I, Section 50E, and on compliance by a former active, life or retired member with the pertinent bylaws and regulations of the constituent and component societies involved.

c. An associate member whose dues and/or any special assessment have not been paid by March 31 of the current year shall cease to be a member of this Association. An associate member who terminates full-time employment in dentally-related education or research at an accredited institution of higher education shall cease to be an associate member of this Association December 31 of that calendar year.

J. ACCEPTANCE OF BACK DUES AND SPECIAL ASSESSMENTS. Back dues and/or special assessments, except as otherwise provided in these *Bylaws*, shall be accepted for not more than the three (3) years of delinquency prior to the date of application for such payment. The rate of such dues and/or special assessments, except as otherwise provided in these *Bylaws*, shall be in accordance with Chapter I, Section 50A of these *Bylaws*.

An active member, who had been such when entering upon active duty in one of the armed services or equivalent duty in the Public Health Service but who, during such military or equivalent duty, interrupted the continuity of active membership because of failure to pay dues and/or special assessments and who, within one year after separation from such military or equivalent duty, resumed active membership, may pay back dues and/or special assessments for any missing period of active membership at the rate of dues and/or special assessments current during the missing years of membership for the purpose of establishing continuity

of active membership in order to qualify for life membership.

K. DUES AND SPECIAL ASSESSMENTS OF MEMBERS WHO SUFFER FINANCIAL HARDSHIP. Those members who have suffered a significant financial hardship that prohibits them from payment of their full dues and/or special assessments may be excused from the payment of fifty percent (50%), seventy-five percent (75%) or all of the current year's dues and/or special assessment(s) as determined by their constituent and component dental societies. The constituent and component society secretaries shall certify the reason for the waiver, and the constituent and component societies shall provide the same proportionate waiver of their dues as that provided by this Association.

L. PROVISIONAL MEMBER. The dues and/or special assessments of provisional members shall be the same as the dues and/or special assessments of active members.

M. PERCENTAGE DUES OR SPECIAL ASSESSMENTS. In establishing the dollar rate of dues or special assessments in this chapter expressed as a percentage of active member dues or special assessments, computations resulting in fractions of a dollar shall be rounded up to the next whole dollar.

N. PAYMENT DATE FOR DUES AND SPECIAL ASSESSMENTS. Dues and special assessments of all members are payable January 1 of each year, except that active and active life members may participate in an installment payment plan sponsored by their respective constituent or component dental societies. A constituent- or component-sponsored plan shall require monthly installment payments that conclude with the current dues and/or special assessment amount fully paid by June 30. Fees for transactional costs may be imposed, prorated to this Association and the constituent or component dental society. The installment dues and/or special assessment plan shall provide for expeditious transfer of each member's dues and/or special assessments to this Association and his or her constituent or component dental society, if such exists, as soon as commercially feasible.

and be it further

**Resolved**, that Chapter II. CONSTITUENT SOCIETIES, Section 30. POWERS AND DUTIES of the *Bylaws* be amended in Subsection E by adding the phrase "and special assessments" between the words "dues" and "for" in line 524, so the amended Subsection E reads as follows:

E. It shall be its duty to collect membership dues and special assessments for this Association in conformity with Chapter I, Section 50, of these *Bylaws*.

Dr. Shaw moved the adoption of Resolution 1.

Dr. William J. Tonne, Illinois, chairman of the Council on Communications, spoke in favor of the resolution, stating, "...I am sure we all remember the debate last year on public awareness and the two-thirds bar in place now might allow a discussion more on the merits of public awareness or asbestos removal or litigation defense. I think it's fair that money be at the same level in voting two-thirds...."

Dr. Richard V. Brodoski, Michigan, chairman of the Council on Membership, spoke in favor of the resolution, stating, "...what we are looking at here is to allow one more option to the House of Delegates for similar programs, as Dr. Tonne just explained, that have been there before and will be there again. The benefit to our members is they have a clearer understanding of just exactly where their dollars are going, for what, for how long and when it ends. The only other thing that we are concerned about is that any assessments, should this pass, any assessments that are put forth be in the same ratio as our dues equity plans...."

Dr. Richard F. Hewitt, South Carolina, spoke against Resolution 1 and moved that it be referred to the appropriate agencies for further review and evaluation, stating, "We...fully agree with the intent of the Council of Membership to inform the members about where their dues are going and to make that payment as palatable as possible. We have some serious concerns...that if you set up your payment structure so that you have dues and then below that you itemize line-by-line assessments, you can create a menu mentality for your membership whereby they feel like they can order their membership from a menu line-by-line. We don't want our members to choose the entree and then feel like they can do without the appetizer or the dessert. In effect, you give each member the temptation to create their own line-item veto. That would create havoc for the states as they try to collect the dues and certainly create anger in the members when they are informed that they've got to submit another check to cover an item that they, perhaps, did not agree with...."

The Speaker asked, "...Can you share with this House what you hope to accomplish by referring this motion? What do you want the appropriate agency to produce for you?"

Dr. Richard F. Hewitt, South Carolina, replied, "We would like for them to evaluate the psychological impact on the membership of line itemizing any assessment. We think that it's good to inform the membership of where their dues are going, but to give them on a line-by-line basis we think is going to create a real problem and a negative impact on our membership."

Dr. Richard V. Brodoski, Michigan, chairman, Council on Membership, spoke against referral, stating, "... We did discuss the psychological impacts, the image

to our members. We have done some history with states who have this in place. It's not overused, it's not a lot of lines down there, it's from one or two programs where this is significant, and it has worked well in most states, including Michigan. But to refer it back...probably will not create any more or new information."

Dr. Thomas C. Harrison, Texas, spoke against referral, stating, "...I agree with everything the prior speaker from the Sixteenth Trustee District stated and those were all the reasons why we should vote against it."

Dr. John S. Buchheister, Michigan, spoke against referral, stating, "...Number one, if the House recalls, this was referred last year to an appropriate committee and the committee did come back with a positive. The second is that if psychologically the word "assessment" bothers anyone, District Nine would have an amendment to this to maybe have words that would assuage the fears of this House."

Dr. Bruce B. Wright, Delaware, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the motion to refer Resolution 1 to the appropriate agencies for further review and evaluation was defeated.

Dr. John R. Jordan, Jr., Florida, moved to vote immediately on the main motion.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 1 was adopted by a two-thirds (2/3) majority.

**1H-1999. Resolved,** that Chapter XVII. FINANCES of the *Bylaws* be amended by the addition of a new Section 50. SPECIAL ASSESSMENTS to read as follows:

*Section 50. SPECIAL ASSESSMENTS:* In addition to the payment of dues required in Chapter I, Section 50 of these *Bylaws*, a special assessment may be levied by the House of Delegates upon active, active life, retired, affiliate and associate members of this Association as provided in Chapter I, Section 50 of these *Bylaws*, for the purpose of funding a specific project of limited duration. Such an assessment may be levied at any annual or special session of the House of Delegates by a two-thirds (2/3) majority vote of the delegates present and voting, provided notice of the proposed assessment has been presented in writing at least ninety (90) days prior to the first day of the session of the House of Delegates at which it is to be considered. Notice of such a resolution shall be sent by a certifiable method of delivery to each constituent society not less than ninety (90) days before such session to permit prompt, adequate notice by each constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of this Association at least sixty (60) days in advance of the

session. The specific project to be funded by the proposed assessment, the time frame of the project, and the amount and duration of the proposed assessment shall be clearly presented in giving notice to the members of this Association. Revenue from a special assessment and any earnings thereon shall be deposited in a separate fund as provided in Chapter XVII, Section 40 of these *Bylaws*. The House of Delegates may amend the main motion to levy a special assessment only if the amendment is germane and adopted by a two-thirds (2/3) majority vote of the delegates present and voting. The House of Delegates may consider only one (1) specific project to be funded by a proposed assessment at a time. However, if properly adopted by the House of Delegates, two (2) or more special assessments may be in force at the same time. Any resolution to levy a special assessment that does not meet the notice requirements set forth in the previous paragraph also may be adopted by a unanimous vote of the House of Delegates, provided the resolution has been presented in writing at a previous meeting of the same session.

and be it further

**Resolved**, that Chapter I. MEMBERSHIP of the *Bylaws* be amended by deleting Section 50 in its entirety and substituting in its place a new Section 50. DUES, SPECIAL ASSESSMENTS AND REINSTATEMENT to read as follows:

*Section 50. DUES, SPECIAL ASSESSMENTS AND REINSTATEMENT:*

A. ACTIVE MEMBERS.\* The dues of active members shall be three hundred eighty-two dollars (\$382.00) due January 1 of each year.\*\* In addition to their annual dues, active members shall pay any special assessments levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*, due January 1 of each year. Notwithstanding the foregoing, any dentist, who satisfies the eligibility requirements for active membership under Chapter I, Section 20A of these *Bylaws* and who satisfies any of the following conditions shall be entitled to pay the reduced active member dues and special assessment listed under such satisfied condition so long as that dentist maintains continuous membership, subject to the further reductions permitted under the provisions of Chapter I, Section 50H, of these *Bylaws*:

\* Effective January 1, 2000 the dues of active members shall be reduced by twenty-five dollars (\$25.00) from the level of active members dues in effect in 1999.

\*\* Effective January 1, 2000 the dues of active members shall be reduced by fourteen dollars (\$14.00) from the level of active members dues in effect in 1999.

(1) On a one-time basis, the dentist, when awarded a D.D.S. or D.M.D. degree, shall be exempt from the payment of active member dues and any special assessment for the remaining period of that year, and shall pay twenty-five percent (25%) of active member dues and special assessment for the first full calendar year following the year in which the degree was awarded, fifty percent (50%) of active member dues and special assessment in the second year, seventy-five percent (75%) in the third year and one hundred percent (100%) in the fourth year and thereafter.

(2) The dentist who is engaged full-time in (a) an advanced training course of not less than one (1) 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 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 and any special assessments for active members at the next period-in-time level that is applicable under condition (1). The dentist who is engaged full-time in (a) an advanced training course of not less than one (1) 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 shall be exempt from the payment of any active member special assessment then in effect through December 31 following completion of such course or program.

(3) An active member who is serving dentistry full-time for a charitable organization and is receiving neither income nor a salary for such charitable service other than a subsistence amount which approximates a cost of living allowance shall pay dues of five dollars (\$5.00) due January 1 of each year, and shall be exempt from the payment of any special assessment then in effect through December 31 following completion of such service; provided that such charitable service is being performed continuously for not less than one year and provided further that such member does not

supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.

(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 jurisdiction in which there is a constituent dental society of the American Dental Association shall be exempt from payment of active member dues and any special assessment for the remaining period of the year in which the license was issued. The newly licensed graduate of a non-accredited school shall pay twenty-five percent (25%) of active member dues and any special assessment the first full calendar year following the year in which the license was obtained, fifty percent (50%) of active member dues and any special assessment in the second year, seventy-five percent (75%) in the third year and one hundred percent (100%) in the fourth year and thereafter.

(5) On a one-time basis, a licensed dentist applying for membership, who has never been an active member of this Association and is not otherwise eligible as a new graduate under this Section of the *Bylaws*, shall pay fifty percent (50%) of active member dues and any special assessment in the first year, and shall pay one hundred percent (100%) of active member dues and any special assessment in the second year and each year thereafter.

#### B. LIFE MEMBERS.

a. Active Life Members. Regardless of a member's previous classification of membership, the dues of life members who have not fulfilled the qualifications of Chapter I, Section 20G of these *Bylaws* with regard to income related to dentistry shall be fifty percent (50%) of the dues of active members, due January 1 of each year. In addition to their annual dues, active life members shall pay fifty percent (50%) of any active member special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*, due January 1 of each year.

b. Retired Life Members. Life members who have fulfilled the qualifications of Chapter I, Section 20G of these *Bylaws* with regard to income related to dentistry shall be exempt from payment of dues and any special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*.

C. STUDENT MEMBERS. The dues of predoctoral 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) an advanced training course of not less than one (1) 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 shall pay thirty dollars (\$30.00) due January 1 of each year. Predoctoral student members and dentists who are engaged full-time in (a) an advanced training course of not less than one (1) 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 shall be exempt from payment of any special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*. Student membership terminates on December 31 after graduation or after completion of a residency or graduate work as provided in Chapter I, Section 20C of these *Bylaws*.

D. HONORARY MEMBERS. Honorary members shall be exempt from payment of dues and any special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*.

E. AFFILIATE MEMBERS. The dues of affiliate members shall be fifty percent (50%) of the dues of active members, due January 1 of each year. In addition to their annual dues, affiliate members shall pay fifty percent (50%) of any active member special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*, due January 1 of each year.

F. ASSOCIATE MEMBERS. The dues of associate members shall be twenty-five percent (25%) of the dues of active members, due January 1 of each year. In addition to their annual dues, associate members shall pay twenty-five percent (25%) of any active member special assessment levied by the House of Delegates in accordance with Chapter XVII, Section 50 of these *Bylaws*, due January 1 of each year.

G. RETIRED MEMBERS. The dues of retired members shall be twenty-five percent (25%) of the dues of active members, due January 1 of each year. In addition to their annual dues, retired members shall pay twenty-five percent (25%) of any active member special assessment levied by the House of Delegates

in accordance with Chapter XVII, Section 50 of these *Bylaws*, due January 1 of each year.

H. MEMBERS SELECTED AFTER JULY 1 AND OCTOBER 1. Those members selected to active membership in this Association after July 1, except for those whose membership has lapsed for failure to pay the current year's dues and/or special assessments, shall pay one half (1/2) of the current year's dues and one half (1/2) of any active member special assessment then in effect, and those selected after October 1, shall pay one-quarter (1/4) of the current year's dues and one quarter (1/4) of any active member special assessment then in effect; except that a student member, upon classification as an active member by a constituent society shall pay no further dues or special assessments for the remainder of the calendar year in which the member was entitled to the benefits of student membership.

#### I. LOSS OF MEMBERSHIP AND REINSTATEMENT.

a. An active, active life, student, affiliate or retired member whose dues have not been paid by March 31 of the current year shall cease to be a member of this Association. An active, active life, affiliate or retired member who has not paid his or her special assessment(s) by March 31 of the current year shall cease to be a member of this Association.

b. Reinstatement of active, life, retired, student or affiliate membership may be secured on payment of dues and/or special assessments of this Association by a former active member in accordance with Chapter I, Section 50A, by a former life member in accordance with Chapter I, Section 50Ba, by a former retired member in accordance with Chapter I, Section 50G, by a former student member in accordance with Chapter I, Section 50C, and by a former affiliate member in accordance with Chapter I, Section 50E, and on compliance by a former active, life or retired member with the pertinent bylaws and regulations of the constituent and component societies involved.

c. An associate member whose dues and/or any special assessment have not been paid by March 31 of the current year shall cease to be a member of this Association. An associate member who terminates full-time employment in dentally-related education or research at an accredited institution of higher education shall cease to be an associate member of this Association December 31 of that calendar year.

J. ACCEPTANCE OF BACK DUES AND SPECIAL ASSESSMENTS. Back dues and/or special assessments, except as otherwise provided in these

*Bylaws*, shall be accepted for not more than the three (3) years of delinquency prior to the date of application for such payment. The rate of such dues and/or special assessments, except as otherwise provided in these *Bylaws*, shall be in accordance with Chapter I, Section 50A of these *Bylaws*.

An active member, who had been such when entering upon active duty in one of the armed services or equivalent duty in the Public Health Service but who, during such military or equivalent duty, interrupted the continuity of active membership because of failure to pay dues and/or special assessments and who, within one year after separation from such military or equivalent duty, resumed active membership, may pay back dues and/or special assessments for any missing period of active membership at the rate of dues and/or special assessments current during the missing years of membership for the purpose of establishing continuity of active membership in order to qualify for life membership.

K. DUES AND SPECIAL ASSESSMENTS OF MEMBERS WHO SUFFER FINANCIAL HARDSHIP. Those members who have suffered a significant financial hardship that prohibits them from payment of their full dues and/or special assessments may be excused from the payment of fifty percent (50%), seventy-five percent (75%) or all of the current year's dues and/or special assessment(s) as determined by their constituent and component dental societies. The constituent and component society secretaries shall certify the reason for the waiver, and the constituent and component societies shall provide the same proportionate waiver of their dues as that provided by this Association.

L. PROVISIONAL MEMBER. The dues and/or special assessments of provisional members shall be the same as the dues and/or special assessments of active members.

M. PERCENTAGE DUES OR SPECIAL ASSESSMENTS. In establishing the dollar rate of dues or special assessments in this chapter expressed as a percentage of active member dues or special assessments, computations resulting in fractions of a dollar shall be rounded up to the next whole dollar.

N. PAYMENT DATE FOR DUES AND SPECIAL ASSESSMENTS. Dues and special assessments of all members are payable January 1 of each year, except that active and active life members may participate in an installment payment plan sponsored by their respective constituent or component dental societies. A constituent- or component-sponsored plan shall require monthly installment payments that conclude with the current dues and/or special assessment amount fully paid by June 30. Fees for transactional costs may be imposed, prorated to this Association

and the constituent or component dental society. The installment dues and/or special assessment plan shall provide for expeditious transfer of each member's dues and/or special assessments to this Association and his or her constituent or component dental society, if such exists, as soon as commercially feasible.

and be it further

**Resolved**, that Chapter II. CONSTITUENT SOCIETIES, Section 30. POWERS AND DUTIES of the *Bylaws* be amended in Subsection E by adding the phrase "and special assessments" between the words "dues" and "for" in line 524, so the amended Subsection E reads as follows:

E. It shall be its duty to collect membership dues and special assessments for this Association in conformity with Chapter I, Section 50, of these *Bylaws*.

**Amendment of ADA *Bylaws* Regarding Membership Category for Nonpracticing Dentists** (Council on Membership Resolution 40 and Reference Committee Resolution 40RC): The Reference Committee reported as follows:

The Standing Committee on Constitution and Bylaws believes that the resolution, as proposed, may not reflect the intent of the maker in one respect. The Council on Membership states in its Supplemental Report about this resolution: "Only dentists residing in states that do not offer a nonpracticing membership category will be eligible for the ADA's direct member category" (*Supplement:377*). This concept is not reflected in the resolution. To correct this apparent oversight, the Standing Committee redrafted the resolution as follows [new material is underlined]:

**40. Resolved**, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, Subsection A. ACTIVE MEMBER of the *Bylaws* be amended by deleting this subsection in its entirety and by substituting in its place the following new Subsection A that will add a provision permitting a dentist to be an active member who is not a retired member of a federal dental service but is serving on a dental school faculty or is receiving compensation as a dental administrator or consultant in a jurisdiction other than one in which the dentist is licensed:

A. ACTIVE MEMBER. To be an active member of the Association, the person shall be a dentist who is licensed to practice dentistry (or medicine if the physician has a D.D.S. or D.M.D. dental degree) in a state, the District of Columbia, the Commonwealth of Puerto Rico or a dependency of the United States (including until December 31, 1999, the Panama Canal area where citizens of the United States are assigned by the United States Government and reside) and shall be a member in good standing of this

Association as that is defined in these *Bylaws*. In addition, a dentist shall be a member in good standing of this Association's constituent and component societies, if such exist. A dentist need not be a member of a constituent or component society if the dentist is in the exclusive employ of, or is serving on active duty in, one of the federal dental services or is practicing in a country other than the United States and consequently not accepted for membership in a constituent or component society. A dentist is considered to be in the exclusive employ of one of the federal dental services when the dentist is under contract to provide dental services to the beneficiaries of the federal agency on a full-time basis and does not engage in private practice within the jurisdiction of a constituent or component society. However, a retired member of a federal dental service who is serving on a faculty of a dental school, or is receiving compensation as a dental administrator or consultant, or is engaged in any activity for which a license to practice dentistry or dental hygiene is required by the appropriate agency or board of local government shall obtain and maintain membership in this Association through its component and constituent societies, if such exist, for the duration of such activity. If a dentist who is not a retired member of a federal dental service is serving on the faculty of a dental school, or is receiving compensation as a dental administrator or consultant, in a jurisdiction other than one in which the dentist is licensed, that person shall be eligible to be an active member of this Association, provided all other qualifications and membership requirements are met. Such dentist need not be a member of a constituent or component society if the dentist is ineligible for membership in the constituent or component society because the dentist serves on the faculty of a dental school or receives compensation as a dental administrator or consultant in a jurisdiction other than one in which the dentist is licensed.

*Explanatory Note:* The term "federal dental services" as used in this *Constitution and Bylaws* shall mean the dental departments of the Air Force, the Army, the Navy, the Public Health Service, the Department of Veterans Affairs and other federal agencies.

and be it further

**Resolved**, that Chapter II. CONSTITUENT SOCIETIES, Section 40. MEMBERSHIP, Subsection A of the *Bylaws* be amended by adding the phrase and semicolon "dentists serving on the faculty of a dental school or receiving compensation as a dental administrator or consultant within the jurisdiction of the constituent society but are licensed in another jurisdiction;" on line 537 between the semicolon and the word "and" so the amended Subsection A reads as follows:

A. The active, life, and retired membership of each constituent society, except as otherwise provided in these *Bylaws*, shall consist solely of dentists who are practicing within the territorial jurisdiction of the constituent society; dentists retired from active practice; dentists engaged in activities furthering the object of this Association; dentists serving on the faculty of a dental school or receiving compensation as a dental administrator or consultant within the jurisdiction of the constituent society but are licensed in another jurisdiction; and dentists in the federal dental service (provided that the federal dentist is either licensed in or serving within the confines of the constituent society's jurisdiction), provided that such dentists are active, life or retired members in good standing of a component of the constituent (except for the federal dentists), if such exists, and this Association.

*Explanatory Note:* A dentist who has retired from active practice or who is engaged in activities furthering the object of this Association shall be considered to be practicing dentistry within the meaning of this section.

In consultation with the Speaker, the Reference Committee agreed with the Standing Committee that Resolution 40, as proposed, might not reflect the intent of the maker in one respect and also agrees with the changes made by the Standing Committee with one exception. The Reference Committee recommends replacement of the final two sentences of the active member definition, which deal with constituent and component society membership, with a single sentence. This would not affect the intent of the Standing Committee's revision but merely make it more understandable. In addition, the Reference Committee felt that the Standing Committee language did not adequately reflect the needs of the non-practicing dentist as expressed by the Council on Membership report, and added language to address this concern. The resolution supports the Association Strategic Plan Goal 5. The Association: Member and Support Services.

The wording of Resolution 40RC has been approved by the Speaker of the House of Delegates and Chairman of the Council on Ethics, Bylaws and Judicial Affairs.

**40RC. Resolved**, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, Subsection A. ACTIVE MEMBER of the *Bylaws* be amended by deleting this subsection in its entirety and by substituting in its place the following new Subsection A that will add a provision permitting a dentist to be an active member who is a non-retired member of a federal dental service, or a non practicing dentist, but is serving on a dental school faculty or is receiving compensation as a dental administrator or consultant in a jurisdiction other than one in which the dentist is licensed:

A. ACTIVE MEMBER. To be an active member of the Association, the person shall be a dentist who is licensed to practice dentistry (or medicine if the physician has a D.D.S. or D.M.D. dental degree) in a state, the District of Columbia, the Commonwealth of Puerto Rico or a dependency of the United States (including until December 31, 1999, the Panama Canal area where citizens of the United States are assigned by the United States Government and reside) and shall be a member in good standing of this Association as that is defined in these *Bylaws*. In addition, a dentist shall be a member in good standing of this Association's constituent and component societies, if such exist. A dentist need not be a member of a constituent or component society if the dentist is in the exclusive employ of, or is serving on active duty in, one of the federal dental services or is practicing in a country other than the United States and consequently not accepted for membership in a constituent or component society. A dentist is considered to be in the exclusive employ of one of the federal dental services when the dentist is under contract to provide dental services to the beneficiaries of the federal agency on a full-time basis and does not engage in private practice within the jurisdiction of a constituent or component society. However, a retired member of a federal dental service who is serving on a faculty of a dental school, or is receiving compensation as a dental administrator or consultant, or is engaged in any activity for which a license to practice dentistry or dental hygiene is required by the appropriate agency or board of local government shall obtain and maintain membership in this Association through its component and constituent societies, if such exist, for the duration of such activity. Provided that all other qualifications and membership requirements are met, a non-retired member of a federal dental service, or a non-practicing dentist, serving in such capacity (as dental school faculty, dental administrator or consultant) in a jurisdiction other than where the dentist is licensed, who is ineligible for active membership in the constituent or component society because the dentist is not licensed in that constituent's jurisdiction, shall be eligible to be an active member of this Association.

*Explanatory Note:* The term "federal dental services" as used in this *Constitution and Bylaws* shall mean the dental departments of the Air Force, the Army, the Navy, the Public Health Service, the Department of Veterans Affairs and other federal agencies.

and be it further

**Resolved**, that Chapter II. CONSTITUENT SOCIETIES, *Section 40. MEMBERSHIP*, Subsection A of the *Bylaws* be amended by adding the phrase and semicolon "dentists serving on the faculty of a dental school or receiving compensation as a dental administrator or consultant within the jurisdiction of the constituent society but are licensed in another

jurisdiction;" on line 537 between the semicolon and the word "and" so the amended Subsection A reads as follows:

A. The active, life, and retired membership of each constituent society, except as otherwise provided in these *Bylaws*, shall consist solely of dentists who are practicing within the territorial jurisdiction of the constituent society; dentists retired from active practice; dentists engaged in activities furthering the object of this Association; dentists serving on the faculty of a dental school or receiving compensation as a dental administrator or consultant within the jurisdiction of the constituent society but are licensed in another jurisdiction; and dentists in the federal dental service (provided that the federal dentist is either licensed in or serving within the confines of the constituent society's jurisdiction), provided that such dentists are active, life or retired members in good standing of a component of the constituent (except for the federal dentists), if such exists, and this Association.

*Explanatory Note:* A dentist who has retired from active practice or who is engaged in activities furthering the object of this Association shall be considered to be practicing dentistry within the meaning of this section.

Dr. Shaw moved that Resolution 40RC be substituted for Resolution 40.

Dr. Thomas C. Harrison, Texas, as a point of order, asked if the student members of the House were allowed to vote on Resolution 1.

The Speaker replied, "The students ...that are delegates to the American Dental Association's House of Delegates enjoy all rights and privileges of any delegate."

On vote Resolution 40RC was substituted for Resolution 40.

Dr. Shaw moved the adoption of substitute Resolution 40RC.

On vote, Resolution 40RC was adopted by a two-thirds (2/3) majority.

**40H-1999. Resolved,** that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, Subsection A. ACTIVE MEMBER of the *Bylaws* be amended by deleting this subsection in its entirety and by substituting in its place the following new Subsection A that will add a provision permitting a dentist to be an active member who is a non-retired member of a federal dental service, or a non practicing dentist, but is serving on a dental school faculty or is receiving compensation as a dental administrator or consultant in a jurisdiction other than one in which the dentist is licensed:

A. ACTIVE MEMBER. To be an active member of the Association, the person shall be a dentist who is licensed to practice dentistry (or medicine if the

physician has a D.D.S. or D.M.D. dental degree) in a state, the District of Columbia, the Commonwealth of Puerto Rico or a dependency of the United States (including until December 31, 1999, the Panama Canal area where citizens of the United States are assigned by the United States Government and reside) and shall be a member in good standing of this Association as that is defined in these *Bylaws*. In addition, a dentist shall be a member in good standing of this Association's constituent and component societies, if such exist. A dentist need not be a member of a constituent or component society if the dentist is in the exclusive employ of, or is serving on active duty in, one of the federal dental services or is practicing in a country other than the United States and consequently not accepted for membership in a constituent or component society. A dentist is considered to be in the exclusive employ of one of the federal dental services when the dentist is under contract to provide dental services to the beneficiaries of the federal agency on a full-time basis and does not engage in private practice within the jurisdiction of a constituent or component society. However, a retired member of a federal dental service who is serving on a faculty of a dental school, or is receiving compensation as a dental administrator or consultant, or is engaged in any activity for which a license to practice dentistry or dental hygiene is required by the appropriate agency or board of local government shall obtain and maintain membership in this Association through its component and constituent societies, if such exist, for the duration of such activity. Provided that all other qualifications and membership requirements are met, a non-retired member of a federal dental service, or a non-practicing dentist, serving in such capacity (as dental school faculty, dental administrator or consultant) in a jurisdiction other than where the dentist is licensed, who is ineligible for active membership in the constituent or component society because the dentist is not licensed in that constituent's jurisdiction, shall be eligible to be an active member of this Association.

*Explanatory Note:* The term "federal dental services" as used in this *Constitution and Bylaws* shall mean the dental departments of the Air Force, the Army, the Navy, the Public Health Service, the Department of Veterans Affairs and other federal agencies.

and be it further

**Resolved,** that Chapter II. CONSTITUENT SOCIETIES, Section 40. MEMBERSHIP, Subsection A of the *Bylaws* be amended by adding the phrase and semicolon "dentists serving on the faculty of a dental school or receiving compensation as a dental administrator or consultant within the jurisdiction of the constituent society but are licensed in another jurisdiction;" on line 537 between the semicolon and the word "and" so the amended Subsection A reads as follows:



A. The active, life, and retired membership of each constituent society, except as otherwise provided in these *Bylaws*, shall consist solely of dentists who are practicing within the territorial jurisdiction of the constituent society; dentists retired from active practice; dentists engaged in activities furthering the object of this Association; dentists serving on the faculty of a dental school or receiving compensation as a dental administrator or consultant within the jurisdiction of the constituent society but are licensed in another jurisdiction; and dentists in the federal dental service (provided that the federal dentist is either licensed in or serving within the confines of the constituent society's jurisdiction), provided that such dentists are active, life or retired members in good standing of a component of the constituent (except for the federal dentists), if such exists, and this Association.

*Explanatory Note:* A dentist who has retired from active practice or who is engaged in activities furthering the object of this Association shall be considered to be practicing dentistry within the meaning of this section.

**Reduced Dues for Dental School Faculty** (Thirteenth Trustee District Resolution 117): The Reference Committee reported as follows:

The Reference Committee heard limited testimony both for and against this resolution. The Reference Committee agreed that perceived membership value may have more impact than the cost of dues on faculty recruitment and retention. Further, the Reference Committee noted that market share for all faculty was 74.9% and for full-time faculty 67.5%, as compared to 71.4% market share for active licensed dentists overall. For these reasons, the Reference Committee believed that further study of this issue was not warranted at this time. Therefore, the Reference Committee recommends that Resolution 117 (*Supplement:414*) not be adopted. The resolution supports the Association Strategic Plan Goal 5. The Association: Member and Support Services.

**117. Resolved**, that the Council on Membership be directed to study the possibility of enacting a reduced dues membership category for dental school faculty members, and be it further

**Resolved**, that a report and accompanying recommendations be reported to the 2000 ADA House of Delegates.

Dr. Shaw moved Resolution 117.

Dr. Joseph P. Sciarra, California, moved to amend Resolution 117 by inserting the words "full-time" before the words "dental school faculty" in the first resolving clause.

Dr. Dennis E. Manning, Illinois, as a point of information, asked, "What is the market share of full-

time versus part-time faculty members as members of our Association?"

Dr. Shaw replied that the "percentage of faculty members of the Association, including part-time and full-time, was 74.9%. The market share of full-time faculty members of the Association was 67.5%."

Dr. Richard P. Perry, member of the Council on Membership, spoke against the amendment, stating, "...I don't believe that reducing dues for faculty is going to make a big difference. I am a full-time faculty member. I was part-time before and the reduction in dues would not have made me consider joining or not joining. It's the perceived value of the membership that makes people join or not join."

On vote, the proposed amendment was defeated.

Dr. Arthur A. Dugoni, former ADA president and dean of a dental school for 22 years, spoke in support of Resolution 117, stating, "...Your faculty are role models...they need to be and must be members of the American Dental Association...There's a strong economy out there. And if you don't think that's affecting dental schools, then you haven't spoken to your deans. It's very difficult to get full-time faculty, especially in the specialties. The widening disparity between clinical income and faculty salaries is widening significantly...The Thirteenth District did this years ago in the San Francisco Bay Area, the Los Angeles Bay Area. Component societies have done this, and it's a great recruiting tool utilized by the deans to influence their faculty to become members..."

Dr. Samuel O. Dorn, Florida, spoke against the resolution, stating, "...This organization must support education, but this is not the way to do it...Although there are educators that are making a low salary, there are also practitioners making a very low salary...I am a faculty member and I would resent being a second class citizen by being made to pay lower dues."

Dr. James A. Cerney, Alaska, spoke in favor of the resolution, stating, "I have two young students in my practice...These people are not being encouraged by the faculties of their schools...I think we need to encourage the faculty to become members and then we need to go further than that. We need to demonstrate to the faculty the advantage of being a member of the ADA. They can look up things on the Web site, they can call the Council on Science...We need to give them a value for their membership and they can pass that on to the students. I think this is a start in a way to get these people involved in the tripartite system..."

Dr. Thomas E. Sullivan, Illinois, member of the Reference Committee, spoke against the resolution, stating, "If it was up to me, to be a faculty member at an institution, you should be a member of the ADA, first."

Dr. Kenneth E. Lange, California, spoke in favor of the resolution, stating, "California has five dental schools and that disparity in income is getting greater and greater for faculty members...California has offered reduced dues to them at the component and the state level and the faculty has responded. I would encourage you to support this study to see if it will actually help

the rest of the country and the other educators to stay and become part of the American Dental Association...."

Dr. Kevin Sessa, Colorado, as a point of order, questioned the financial impact of the resolution.

Dr. Shaw indicated that the study would be done by the Council on Membership as part of its normal business.

Dr. Fred S. Margolis, Illinois, spoke against the resolution, stating, "I am a part-time faculty member. And I volunteer my services as a part-time faculty member and I am proud to pay 100% dues."

Dr. Donald O. Nordstrom, Montana, spoke in favor of the resolution, stating, "...I believe that there's a good reason that dental supply companies want to have their product in the dental school. These people, the faculty, are handling the seed corn of tomorrow for this Association and this profession. I believe that the people that are handling the seed corn should be in our camp 100%...."

Dr. Joseph Hagenbruch, Illinois, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 117 was defeated.

**Recommendations for Affiliate Member Approval Process** (Board of Trustees Resolution 25 and Reference Committee Resolution 25RC): The Reference Committee reported as follows:

The Reference Committee noted that the discussion about the approval process mechanism was distinct from concerns raised during Reference Committee testimony about eligibility requirements for affiliate membership, and decided to consider each of these issues separately. Regarding the approval process itself, the Reference Committee was supportive of the streamlined approval process outlined in Resolution 25 (*Supplement:567*). However, the Reference Committee agreed with the Standing Committee on Constitution and Bylaws that one of the suggested qualifications would unintentionally disqualify some dentists from affiliate membership. Therefore, the Reference Committee recommends eliminating the requirement that the dentist be a graduate of a dental school not accredited by the Commission on Dental Accreditation. The Reference Committee recommends that the following resolution be adopted. The resolution supports the Association Strategic Plan Goal 5. The Association: Member and Support Services.

The wording of Resolution 25RC has been approved by the Speaker of the House of Delegates and Chairman of the Council on Ethics, Bylaws and Judicial Affairs.

**25RC. Resolved**, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, Subsection E. AFFILIATE MEMBER, of the *Bylaws* be amended by deleting the phrase "and who is practicing in a country other than the United States may be classified as an

affiliate member upon application and approval by the Board of Trustees." and substituting in its place a new phrase "who is a graduate of a dental school who is not licensed to practice anywhere in the United States and who is practicing in a country other than the United States may be classified as an affiliate member upon application and approval." so that the new Subsection E reads as follows:

E. AFFILIATE MEMBER. A dentist who is not a citizen of the United States, who is a graduate of a dental school, who is not licensed to practice anywhere in the United States and who is practicing in a country other than the United States may be classified as an affiliate member upon application and approval.

Dr. Shaw moved that Resolution 25RC be substituted for Resolution 25.

Dr. Richard H. Carnahan, Jr., Texas, moved that Resolution 130 (Affiliate Membership Eligibility) be considered prior to Resolution 25 or Resolution 25RC, stating, "...If you look very carefully at 130 and 25 and 25RC, you will see that mechanically and as far as intent is concerned, they are irrevocably linked, and I think if we voted the Reference Committee's suggestion to vote 'yes' on 130, in fact, 25 and 25RC would be inclusive and become moot."

Dr. Shaw replied, "No...Resolution 25 and 25RC deal with the process of affiliate member approvals as opposed to...criteria for affiliate member membership. There are two issues here and that's why the Reference Committee chose to split them into two and to offer a new Resolution 130."

On vote, the motion to consider Resolution 130 before Resolutions 25 and 25RC was defeated.

On vote, Resolution 25RC was substituted for Resolution 25.

Dr. Gustav E. Gates, Texas, moved that Resolution 25RC be referred to the Council on Membership, stating, "I think that the Council on Membership...came out with a good decision, but unfortunately, there was information at that time that they did not have. During the Reference Committee there was a lot of discussion, especially from Texas...that discussed the problem we have along the border, unfortunately. To allow an affiliate membership to dentists that are not legally dentists, would affect us along the border areas. And so we're concerned about these people advertising the ability to be an affiliate member of the ADA."

Dr. Richard A. Simms, California, as a point of order, asked, "I would like to inquire if legal counsel could give us some information relative to applicability of the...NAFTA agreement, the North American Free Trade Agreement, with respect to the moving of dentists across the border, either the Canadian border or our border...."

Mr. Sfikas also replied, "...I don't believe that NAFTA has any applicability to your determination of an associate membership. NAFTA has to do with

Mexico and the United States, not the American Dental Association...NAFTA does permit some movement of Mexican and Canadian dentists into the United States and vice versa, but that has nothing to do with how you determine the parameters of your [affiliate] membership."

Dr. Richard V. Brodoski, Michigan, chairman of the Council on Membership, spoke against the motion to refer, stating, "The intention of the Council in this resolution...was to change the approval process so that these applications could be processed more timely. We are not creating a new category. This membership category has existed as long as any of us who have been talking have known...If you refer this, there's one more year that the approval process is going to still have to go through the Board of Trustees and be delayed for that reason and take up valuable time from them..."

Dr. Shaw addressed the House of Delegates to clarify that Resolution 25RC was basically a way for the *Bylaws* to be consistent with the application approval process for affiliate membership—as it is now being done.

Dr. James A. Person, Texas, spoke in favor of referral, stating, "I practice on the border in south Texas...In Mexico they have dentists that are technicians that set up on every corner and they are not truly dentists. They might have rules and regulations, but they are not enforced in Mexico and we need the help there. To me, my contingency down there will feel like we've just been hung out to dry by the ADA and just forgotten, and I think this needs to be referred and looked at..."

Dr. Sherwin Z. Rosen, California, as a point of order, said, "...We're debating issues that really aren't relative to what we should be discussing."

The Speaker replied, "...We want to limit our comments on the motion to refer...Is there anyone else who wishes to speak to the issue of referring Resolution 25RC?"

Dr. Samuel O. Dorn, Florida, spoke in favor of referral, stating, "Although we were originally in favor of 25RC, being sympathetic with the Fifteenth District and their problems, we see the problems of just having staff approve these applications as they come in, and we think this approval process should be looked at by the Council..."

Dr. Olin A. Elliott, Kentucky, member of the Reference Committee, spoke against referral, stating, "...With 25RC we are trying to solve the process and 130 takes care of...what you're asking to do in referral without hindering the ADA from going ahead and approving those acceptable affiliate members, which accounts for about \$250,000 of revenue for the Association."

On vote, the motion to refer Resolution 25RC to the Council on Membership for further review was defeated.

Dr. Salvatore J. Squatrito, Connecticut, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 25RC was defeated since it failed to receive a two-thirds (2/3) majority.

**Affiliate Membership Eligibility** (Reference Committee Resolution 130): The Reference Committee reported as follows:

The Reference Committee heard considerable testimony from members who were concerned about the eligibility requirements for affiliate membership. While the Reference Committee is supportive of a streamlined approval process as proposed by its Resolution 25RC, it agreed that a reevaluation of affiliate membership criteria would be appropriate in light of the concerns raised. Therefore, the Reference Committee submitted the following resolution. The resolution supports the Association Strategic Plan Goals 5. Member and Support Services.

**130. Resolved**, that the appropriate agencies of the Association reevaluate the qualifications for affiliate membership, and be it further

**Resolved**, that this be reported to the 2000 House of Delegates.

Dr. Shaw moved the adoption of Resolution 130, stating, "...This resolution comes forth from the Reference Committee because of the testimony heard at the Reference Committee hearing regarding problems or potential problems with the affiliate membership category, so this resolution would direct that the appropriate agencies investigate that issue and develop possibly other criteria or whatever seem to be appropriate."

On vote, Resolution 130 was adopted.

**130H-1999. Resolved**, that the appropriate agencies of the Association reevaluate the qualifications for affiliate membership, and be it further

**Resolved**, that this be reported to the 2000 House of Delegates.

**Adjournment of Second Meeting:** The second meeting of the House of Delegates adjourned at 12:00 p.m.

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**Tuesday, October 12, 1999**

### **Third Meeting of the House of Delegates**

**Call to Order:** The third meeting of the House of Delegates was called to order at 1:14 p.m. by the Speaker of the House of Delegates, Dr. James T. Fanno.

**Financial Update:** Dr. Rosas brought the House of Delegates up to date on the financial impact of the resolutions adopted so far. He said, "Currently...the

total deficit stands at \$3,389,650, of which \$2,931,500 is ongoing. One time is \$458,150.”

Dr. Thomas J. Schripsema, New Mexico, stated that in times past the custom was to use the front microphone for debate on amendments and the back microphones for the main motions. He requested that the House continue to follow that policy.

The Speaker said he would consider the request with a “heavy” amendment.

**Report of the Standing Committee on Credentials, Rules and Order:** The chairman of the Standing Committee, Dr. Alfred T. Bean, reported that the Committee on Credentials, Rules and Order had received a request to waive the rules relating to the credentialing of a new alternate delegate and caucus secretaries. The requests were considered by the Committee to be the result of extenuating circumstances. Accordingly, the Committee requested the rules be waived and the following individuals be credentialed.

*New Alternate Delegate*

Dr. Chanderpaul Kahani, New York

*New Acting Secretaries*

Dr. Dale Siemer, Ohio

Dr. John Thompson, Kentucky

Hearing no objections from the House of Delegates, the Speaker declared the rules waived. Dr. Bean reported a quorum present.

**Electronic Commerce Co. Presentation:** Dr. James Hall, president of ECCo., brought the House of Delegates up to date regarding the profession’s involvement in electronic commerce and gave an on-line presentation of navigating and shopping within the ADA ECCo. Marketplace.

**Report of the Reference Committee on Dental Benefits, Practice and Health**

The Report of the Reference Committee on Dental Benefits, Practice and Health was read by Dr. Marie C. Schweinebraten, Georgia, chairman. The other members of the Committee were: Dr. Morris Antonelli, Maryland; Dr. John D. Chandler, Texas; Dr. Trucia A. Drummond, Illinois; Dr. Richard F. Hewitt, South Carolina; Dr. Jeanne M. Nicolette, Ohio; Dr. William D. Powell, Tennessee; and Dr. Bruce G. Toy, California.

**Consent Calendar** (Reference Committee Resolution 119): The Reference Committee reported as follows:

Appended are resolutions referred to the Reference Committee on Dental Benefits, Practice and Health

which either received no testimony or all positive testimony and resolutions proposed for referral.

Therefore, the Committee recommends adoption of the following resolution.

Dr. Schweinebraten moved the adoption of Resolution 119.

On vote, Resolution 119, as follows, was adopted.

**119H-1999. Resolved,** that the following resolutions be adopted.

**Resolution 3:** Ground Water with Natural Levels Higher Than Two Parts Per Million (*Reports:45*)

**Resolution 4:** Payment for Temporary Procedures (*Reports:55*)

**Resolution 31:** Recognition Program for Meritorious Service by Certified Dental Technologists (*Supplement:357*)

**Resolution 88:** Mathematical Analysis of Health Care Related Data (*Supplement:410*)

**Resolution 100:** Study of Denturity (*Supplement:410*)

and be it further

**Resolved,** that the following resolution be referred as proposed:

**Resolution 75:** Data Collection and Dissemination (*Supplement:392*)

*Note:* For the purpose of a fully documented record, the complete text of the resolutions included in Resolution 119H-1999 follows.

*Adopted Resolutions.*

**3H-1999. Resolved,** that the American Dental Association urge state dental societies to continue efforts to educate professionals and consumers about the role of fluoride in community oral health, and be it further

**Resolved,** that the Association urge state dental societies to encourage state and local dental public health and drinking water authorities to identify the state’s groundwater sectors with natural fluoride levels that exceed 2.0 parts per million, and be it further **Resolved,** that the Association encourage state and local dental societies to communicate with local health and drinking water authorities regarding standards for fluoride levels, and be it further

**Resolved,** that the Association urge dentists to become familiar with the water fluoride concentrations in their area of practice that exceed 2.0 parts per million and provide appropriate counseling to parents and caregivers

of young children to reduce the risk of dental fluorosis in permanent teeth, and be it further

**Resolved**, that the Association encourage dentists to educate pediatric health care workers about groundwater sectors and water systems with fluoride levels that exceed 2.0 parts per million so that parents and caregivers of young children receive appropriate counseling to reduce the risk of dental fluorosis in permanent teeth.

**4H-1999. Resolved**, that provisional or interim restorations and prostheses are valid treatment modalities that should be reimbursable, and be it further **Resolved**, that the American Dental Association urge third-party payers to accept this policy.

**31H-1999. Resolved**, that Resolution 28H-1987 (*Trans.* 1987:496), Recognition Program for Meritorious Service by Certified Dental Technologists, be amended by deleting the phrase "the anniversary of their 25 years" and substituting in its place the phrase "appropriate anniversaries"; and by adding the phrase "as determined by the Council on Dental Practice" after the words "dental profession," so that the amended resolution reads as follows:

**Resolved**, that the American Dental Association endorse and support a program, conducted by the state and local dental societies, recognizing the meritorious service performed by individual Certified Dental Technologists on appropriate anniversaries of service to the dental profession, as determined by the Council on Dental Practice.

**88H-1999. Resolved**, that the American Dental Association supports the concept for documentation of methods, data and supporting analysis that may be performed on health care related data, and which may affect the delivery or practice of health care, and be it further

**Resolved**, that such analysis must be made public and reviewed by interested parties to ensure the quality, integrity and validity of such analysis methodology.

**100H-1999. Resolved**, that the American Dental Association, through its appropriate agencies, study the activity of denturists in the United States and Canada, including but not limited to demographics, education, licensure, scope of practice and accreditation, and be it further

**Resolved**, that the aforementioned activities be reported to the 2000 ADA House of Delegates.

*Referred Resolution.*

**75. Resolved**, that the appropriate agencies of the American Dental Association examine the practices of collection, analysis and resale of dental health care related data, and be it further

**Resolved**, that the agencies shall report their findings to the 2000 House of Delegates along with recommendations for protection against commercial exploitation of this data.

**Hospital Medical Staff Membership** (Council on Access, Prevention and Interprofessional Relations Resolution 2 and Reference Committee Resolution 2RC): The Reference Committee reported as follows:

The Reference Committee heard testimony in support of the proposed policy on hospital medical staff membership. The policy statement would provide support for qualified dentists seeking active hospital medical staff membership. Testimony was heard to include an additional resolving clause regarding scope of practice and licensure issues. The Reference Committee felt that the suggested additional resolving clause was a separate issue from hospital medical staff membership. Other testimony was concerned about the word "legal" in the fifth resolving clause. The Reference Committee believes that this resolving clause should be modified to have the Board of Trustees take appropriate action, including legal action. The Committee therefore, recommends the adoption of Resolution 2RC. These resolutions support Association Strategic Plan Goal 5. The Association: Member and Support Services.

**2RC. Resolved**, that the American Dental Association supports active hospital medical staff membership for qualified dentists that request such appointment, and be it further

**Resolved**, that active medical staff membership for these dentists conveys upon them all appropriate rights and privileges of any other active medical staff member, including but not limited to: the right to vote, hold office, apply for clinical privileges and if necessary, the right to a fair hearing and appellate review, and be it further

**Resolved**, that the process and general criteria for medical staff membership and privileges for dentists should be the same as for any other medical staff member, and be it further

**Resolved**, that dentists who receive such membership be encouraged to be active in the hospital and in its related committees in order to raise the profile of dentists as contributing medical staff members, and be it further

**Resolved**, that should cases of national significance concerning denial or revocation of privileges for qualified dentists be brought to the attention of the Association, the Board of Trustees be urged to take appropriate action, including legal action.

Dr. Schweinebraten moved that Resolution 2RC be substituted for Resolution 2.

On vote, Resolution 2RC was substituted for Resolution 2.

Dr. Schweinebraten moved the adoption of substitute Resolution 2RC.

On vote, Resolution 2RC was adopted.

**2H-1999. Resolved**, that the American Dental Association supports active hospital medical staff membership for qualified dentists that request such appointment, and be it further

**Resolved**, that active medical staff membership for these dentists conveys upon them all appropriate rights and privileges of any other active medical staff member, including but not limited to: the right to vote, hold office, apply for clinical privileges and if necessary, the right to a fair hearing and appellate review, and be it further

**Resolved**, that the process and general criteria for medical staff membership and privileges for dentists should be the same as for any other medical staff member, and be it further

**Resolved**, that dentists who receive such membership be encouraged to be active in the hospital and in its related committees in order to raise the profile of dentists as contributing medical staff members, and be it further

**Resolved**, that should cases of national significance concerning denial or revocation of privileges for qualified dentists be brought to the attention of the Association, the Board of Trustees be urged to take appropriate action, including legal action.

**Use of State Tobacco Settlement Funds** (Council on Access, Prevention and Interprofessional Relations Resolution 24 and Reference Committee Resolution 24RC): The Reference Committee reported as follows:

The Reference Committee heard testimony in support of the proposed policy regarding the use of state tobacco settlement funds. Resolution 24 (*Supplement*:304) proposes a policy revision in the 1998 ad interim policy concerning the use of state tobacco settlement funds (*Trans*.1998:670). The Reference Committee also heard testimony that urged the addition of the words "tobacco control programs that reduce" in the third resolving clause. The Reference Committee agreed with the addition and, therefore, recommends adoption of the following substitute resolution. These resolutions support Association Strategic Plan Goal 1. Advocacy.

**24RC. Resolved**, that the American Dental Association urges that state tobacco settlement funds be targeted toward improving health and reducing the morbidity and mortality associated with tobacco-related diseases, especially oral diseases, in collaboration with health-related organizations and agencies, and be it further **Resolved**, that the American Dental Association urges that state tobacco settlement funds be used to improve access to care for underserved populations by increasing funding to dental programs such as Medicaid and the State Child Health Insurance Program, and be it further

**Resolved**, that the American Dental Association urges that a portion of state tobacco settlement funds be targeted toward tobacco control programs that reduce tobacco use, particularly in children and adolescents, and be it further

**Resolved**, that the American Dental Association continue to assist constituent dental societies in designing strategies to promote the use of state tobacco settlement funds in a manner consistent with Association policy.

Dr. Schweinebraten moved that Resolution 24RC be substituted for Resolution 24.

On vote, Resolution 24RC was substituted for Resolution 24.

Dr. Schweinebraten moved the adoption of substitute Resolution 24RC.

Dr. Mark Stetzel, Indiana, moved to amend Resolution 24RC by the deletion of the second resolving clause, stating, "...the adequate funding of such programs is an ongoing concern that is quite important to the population involved. And to advocate funding it in a temporary source such as the tobacco company, we feel is a bit inappropriate...."

On vote, the proposed amendment was defeated.

On vote, Resolution 24RC was adopted.

**24H-1999. Resolved**, that the American Dental Association urges that state tobacco settlement funds be targeted toward improving health and reducing the morbidity and mortality associated with tobacco-related diseases, especially oral diseases, in collaboration with health-related organizations and agencies, and be it further

**Resolved**, that the American Dental Association urges that state tobacco settlement funds be used to improve access to care for underserved populations by increasing funding to dental programs such as Medicaid and the State Child Health Insurance Program, and be it further **Resolved**, that the American Dental Association urges that a portion of state tobacco settlement funds be targeted toward tobacco control programs that reduce tobacco use, particularly in children and adolescents, and be it further

**Resolved**, that the American Dental Association continue to assist constituent dental societies in designing strategies to promote the use of state tobacco settlement funds in a manner consistent with Association policy.

**Dental Care for the Underserved Needy** (Delegate Emanuel W. Michaels, Virginia, Resolution 19): The Reference Committee reported as follows:

The Reference Committee heard testimony both for and against Resolution 19 (*Reports*:155). The Reference Committee agreed with the Board of Trustees, that ongoing efforts of the Association address the spirit of Resolution 19. Therefore, the Reference Committee recommends that Resolution 19 not be adopted. This

resolution supports Association Strategic Plan Goal 1. Advocacy.

**19. Resolved**, that the American Dental Association discover the level of dental care given to the needy population through the respective state programs, with the term *needy* being defined as at poverty level or below for social service purposes, and be it further **Resolved**, that the ADA then offer to help evaluate these programs, and that with its expertise, and that of its constituents, offer to help the states construct meaningful programs where such do not exist in order to provide such dental services as may be appropriate, and be it further

**Resolved**, that the Association should accept from the states no less a commitment than relief of pain and acute infection through state programs for the dentally involved needy population, and be it further

**Resolved**, that failing to receive such a commitment, the ADA, with the help of the constituent societies, regularly lobby the respective state administrative and legislative branches until they provide such services, and be it further

**Resolved**, that a report on these activities and dental care provided to the indigent by state programs be submitted annually to the House of Delegates.

Dr. Schweinebraten moved Resolution 19.

Dr. Emanuel W. Michaels, Virginia, moved to amend Resolution 19 by deleting the first resolving clause, and by amending the second resolving clause to read as follows:

**Resolved**, that the ADA offer to help evaluate the state programs related to dental care for the underserved needy, and that with its expertise, and that of its constituents, offer to help the states construct meaningful programs where such do not exist in order to provide such dental services as may be appropriate, and be it further

He said, "The first resolving clause asks for a study of care for the underserved needy, and I have since learned that the study has been done in several instances...."

On vote, the proposed amendment was adopted.

Dr. Emanuel W. Michaels, Virginia, speaking on the amended Resolution 19, said, "Most states, in their programs to the indigent, do not cover the adult needy. The Medicaid program directs and mandates that the children be taken care of but the adults are not mandated in most states. And this is an underserved population, a population that I think needs care, a population that cries for care."

Dr. Michael S. Swartz, Massachusetts, said, "I would speak in favor of this amended resolution...but I would ask one question where this whole tenor of this resolution has changed: What is the financial impact?"

Dr. Schweinebraten indicated that by removing the first resolving clause the financial impact of the resolution was eliminated.

Dr. David M. Perry, California, spoke against the amended resolution stating, "I sit on the Council on Access, Prevention and Interprofessional Relations...That Council is currently dealing with all the topics that are in this resolution...."

Dr. Terry Grubb, Washington, chairman, Council on Access, Prevention and Interprofessional Relations, also spoke against the amended resolution, stating, "...I believe that the Association...is already addressing the elements that Dr. Michaels brings forth in this resolution."

On vote, Resolution 19 as amended was defeated.

#### **Prioritization of Dental Care in Underfunded Government Sponsored Health Care Programs:**

(Council on Dental Benefit Programs Resolution 5, First Trustee District Resolution 5S-1 and Reference Committee Resolution 5RC): The Reference Committee reported as follows:

The Reference Committee heard considerable testimony regarding Resolutions 5 (*Reports*:56) and 5S-1 (*Supplement*:391). The Committee feels that the amendment as expressed in Resolution 5S-1 addresses the concerns expressed for having such a policy but recommends the term "underfunded" be incorporated in the body of the resolution as well as the title of the resolution. Therefore, the Reference Committee recommends adoption of the following substitute resolution. These resolutions support Association Strategic Plan Goal 1. Advocacy.

**5RC. Resolved**, the Association recommends inclusion of a full range of dental services in governmental sponsored health care programs, but recognizes that when such programs are underfunded, prioritization of dental care may be required. If so, they should be prioritized as follows:

1. Care of emergency oral conditions;
2. Diagnostic and preventive oral care;
3. Care for nonemergency oral diseases;
4. Treatment of nondisease related oral conditions.

Dr. Schweinebraten moved that Resolution 5RC be substituted for Resolutions 5 and 5S-1.

On vote, Resolution 5RC was substituted for Resolutions 5 and 5S-1.

Dr. Schweinebraten moved the adoption of substitute Resolution 5RC.

Dr. Trucia A. Drummond, Illinois, moved to amend Resolution 5RC by reversing priorities two and three and by deleting the words "diagnostic and" from the new number three.

**5RCS-1. Resolved**, the Association recommends inclusion of a full range of dental services in governmental sponsored health care programs, but recognizes that when such programs are underfunded,

prioritization of dental care may be required. If so, they should be prioritized as follows:

1. Care of emergency oral conditions;
2. Care for nonemergency oral diseases;
3. Preventive oral care;
4. Treatment of nondisease related oral conditions.

Dr. Drummond said, "In Illinois, we find that the monies provided by the government sponsored programs are more forthcoming if they pay for what they consider actual dental work. While we, in our private practices, would prefer to do preventative and diagnostic first, that is not what is paid for in the real world."

The Speaker accepted an editorial correction proposed by Dr. Jeanne M. Nicolette, Ohio, to the title of Resolution 5RC. "Governmentally" was changed to "Government."

Dr. Mary Krempasky Smith, Washington, spoke against the amendment stating, "I think that Illinois brought up a very good point. This is a states' rights issue. To do a national prioritization takes away the ability of the states to negotiate what they feel is fair in their state...."

Dr. William J. Simpson, Illinois, spoke in support of Resolution 5RCS-1.

Dr. T. Carroll Player, South Carolina, chairman, Council on Government Affairs, spoke in favor of the amendment, stating, "...The primary reason this resolution came before you, it came from the Board last year as an interim resolution...We've spent several years trying to get federal agencies and state agencies to upgrade funding for Medicaid. Now that we're at the table and we start running into problems with the implementation of this, those same agencies are looking to the dental profession to be able to efficiently manage this and the states need the backup of the ADA on a particular policy like this. There are some specific reasons in some states where general dentists can do their examinations, diagnoses, treatment planning, charge for that and not do any treatment. They don't want to treat the child; they send them on to a pediatric dentist who has to do the exact same thing and we start getting into duplication...The federal agencies are...coming to us right now, and asking us to help them out...We can either help them out for prioritization or not, or they'll set their own prioritization. I think it would be wise for this House to have some type of order to show these people that we, in good faith, want to be able to efficiently spend that kind of money. And I realize that it's a state's rights issue but lots of issues can be state's rights. We can look to the ADA to help us. It's also not only that issue, but it's the issue of care of the children and since we're at the table right now, I think it would be to our benefit to be able...to speak from the voice of dentistry to help the children who need this particular care."

Speaking against the proposed amendment were: Dr. Leslie S. Webb, Jr., Virginia; Dr. Justin L. Brink, California; and Dr. Bryan C. Edgar, Washington.

Dr. Thomas E. Sullivan, Illinois, spoke in favor of the amendment, stating, "...With limited funds being available to be paid...number one, care of emergency oral conditions should be the first thing. Number two, shouldn't you take care of the disease and...why spend dollars on the preventative before you get the disease?...."

Dr. Dennis A. Burns, Ohio, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the proposed amendment as presented in Resolution 5RCS-1 was defeated.

Dr. Ray F. Gist, Michigan, spoke against Resolution 5RC, stating, "...the only priority that we should consider in this type of situation is to encourage the administrators of the program to seek adequate funding so that our patients can receive the care that they deserve."

Dr. Myron J. Bromberg, California, also spoke against the resolution, stating, "...I believe this sets a very bad precedent...We have a policy of not prioritizing treatment. If we do this...what is to stop the carriers from saying, 'This is an ADA-endorsed concept. This is the order in which they feel treatment should be rendered and we're going to set up health plans that do the same thing?'"

Dr. Monica Hebl, Wisconsin, spoke against the resolution, stating, "...I think it leads to decreased funds for government programs overall. In Wisconsin, the concept of prioritization led to the removal of dentures from our government program and it took us months to get them back into the program...I think prioritization gets us into trouble when we go in and negotiate with the legislators...you shouldn't ask for less than you want. You should always ask for more."

Speaking against Resolution 5RC were: Dr. Patrick S. Metro, Ohio; Dr. William J. Simpson, Illinois; and Dr. Salvatore J. Squatrito, Jr., Connecticut.

Dr. Bruce Hutchison, Virginia, spoke in favor of the resolution, stating, "...I don't know about you, but I prioritize every day in my practice. I have patients that can't afford all the treatment I think they should have. And when it has to be prioritized...I think it should be the dentists who decide that and not somebody else."

Dr. Robert D. Richards, Michigan, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 5RC was defeated.

**Continuation of the Direct Reimbursement Campaign:** (Council on Dental Benefit Programs Resolution 35 and Fourteenth Trustee District Resolution 35S-1): The Reference Committee reported as follows:



The Reference Committee heard only favorable comments on the Direct Reimbursement (DR) Campaign. There were, however, negative comments relative to Resolutions 35S-1 (*Supplement*:417) and 35S-2 (*Supplement*:392). The Reference Committee concurs with the opinion expressed at the hearing that the DR Campaign benefits from a multi-year strategy, and with the Board of Trustees, and therefore recommends adoption of Resolution 35 (*Supplement*:325). These resolutions support Association Strategic Plan Goal 5. The Association: Member and Support Services.

**35. Resolved**, that the ADA conduct a second three-year national marketing campaign to promote direct reimbursement (DR) and continue the growth of DR plan implementations funded at \$2.5 million annually, and be it further

**Resolved**, that this campaign build on the successful program implemented in response to Resolution 47H-1996 (*Trans*.1996:690), and be it further

**Resolved**, that the ADA continue to provide support for constituent dental societies in their own promotional campaigns, and be it further

**Resolved**, that an annual statistical report be provided to the House of Delegates.

Dr. Schweinebraten moved the adoption of Resolution 35.

Dr. Kathleen Geipe, Maryland, moved to amend Resolution 35 by adding the following new resolving clause:

**Resolved**, that members of the federal dental services be exempt from a dues increase arising as a result of the adoption of the marketing campaign to promote direct reimbursement.

In accordance with the rules established by the House, the Speaker ruled the amendment out of order due to the fact that such an action would require a 90-day notice to amend the *Bylaws* and provisions for dues. The Speaker indicated that the House could be properly notified about the issue and a resolution created for the 2000 House.

Dr. Sigmund Barow, New Jersey, spoke against the resolution, stating, "...Dental reimbursement is a great idea, but it's a theory and it's not going anywhere. Nobody has come up with the way to get this into the marketplace and people to make money at it...I think we've spent more than enough time on this already. We have other expensive projects that are coming along and I think we should spend that money on the other projects...."

Dr. William M. Lawson, Alabama, as a point of information regarding the dues increase for federal services, asked if the matter could be addressed at the end of the session during consideration of the dues.

The Speaker replied, "...The amendment that was suggested by the delegate was to amend the dues of a

subsection...a specific group of members. And there would be those who would argue that notice has not been given, that this subset group of members would have their dues raised or lowered in a different way than any other active member of the American Dental Association. And, therefore, I would contend, as a parliamentarian, that the 90-day notice requirement has not been met."

Dr. W. Paul Radman, Texas, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 35 was adopted.

**35H-1999. Resolved**, that the ADA conduct a second three-year national marketing campaign to promote direct reimbursement (DR) and continue the growth of DR plan implementations funded at \$2.5 million annually, and be it further

**Resolved**, that this campaign build on the successful program implemented in response to Resolution 47H-1996 (*Trans*.1996:690), and be it further

**Resolved**, that the ADA continue to provide support for constituent dental societies in their own promotional campaigns, and be it further

**Resolved**, that an annual statistical report be provided to the House of Delegates.

The Speaker declared the following resolutions moot:

**Resolution 35S-1:** Continuation of the Direct Reimbursement Campaign (*Supplement*:417)

**Resolution 36:** Development of a Monitoring Mechanism for Dental Indicators (*Supplement*:388)

**Resolution 124:** Further Study of Dental Indicators

**Resolution 53:** Preamble to the Dental Indicators (*Supplement*:679)

**Resolution 54:** Dentists and Employees with CPR Training (*Supplement*:679)

**Resolution 55:** Successful Biological and/or Sterilization Monitoring Tests (*Supplement*:679)

**Resolution 56:** Completed Patient Medical and Dental Histories (*Supplement*:680)

**Resolution 57:** Updated Patient Medical History (*Supplement*:680)

**Resolution 58:** Periodontal Examination as Part of Comprehensive Oral Evaluation (*Supplement*:680)

**Resolution 59:** Periodontal Examination as Part of Periodic Oral Evaluation (*Supplement*:681)

**Resolution 60:** Full Mouth Series of Radiographs or its Equivalent with Comprehensive Oral Evaluation (*Supplement:681*)

**Resolution 61:** Documented Treatment Plan Based on Comprehensive Oral Evaluation (*Supplement:682*)

**Resolution 62:** Patient Compliance with Recall Schedule (*Supplement:682*)

**Resolution 63:** Permanent Teeth Extracted or Retreated Due to Endodontic Failure (*Supplement:682*)

**Resolution 64:** Molars with Previously Sealants, Requiring Sealant Replacement or Restoration (*Supplement:683*)

**Expansion of ADA Direct Reimbursement Activities to Include National Broker Education Training Efforts:** (Indiana Dental Association Resolution 79): The Reference Committee reported as follows:

The Reference Committee heard testimony supporting the concept of the American Dental Association addressing the need for broker training regarding direct reimbursement after the Alliance for Dental Reimbursement Plans goes out of business at the end of 1999. Representatives of the Council on Dental Benefit Programs commented that the Council has anticipated this need and stated that the necessary resources exist within the Council's proposed 2000 budget to accomplish this objective. The Council recommends referral of Resolution 79 (*Supplement:388*) so that actual needs for broker training can be evaluated for the year 2000 and beyond. The Reference Committee concurs that referral would facilitate the intent of Resolution 79 while allowing the Council the necessary flexibility to respond in an appropriate fashion.

**79. Resolved,** that the American Dental Association, through the Council on Dental Benefit Programs, integrate appropriate activities of a national broker education/training effort with ongoing Direct Reimbursement promotion efforts, and be it further **Resolved,** that plans be coordinated with the Alliance for Dental Reimbursement Plans to phase transfer of that entity's activities to the ADA program at a mutually agreeable date.

Dr. Schweinebraten moved that Resolution 79 be referred to the Council on Dental Benefit Programs for study and report to the 2000 House of Delegates.

Dr. Daniel M. Bade, Indiana, indicated that the Seventh District was in favor of the referral.

On vote, the referral of Resolution 79 to the Council on Dental Benefit Programs for study and report to the 2000 House of Delegates was adopted.

**Alteration of Dental Treatment Plans by Third-Party Claims Analysis:** (Third Trustee District Resolution 83 (*Supplement:394*), Board of Trustees Resolution 83B, Sixteenth Trustee District Resolution 99 (*Supplement:421*) and Reference Committee Resolution 83RC): The Reference Committee reported as follows:

The Reference Committee heard testimony about the difficulties that have arisen where insurance consultants have been required to be licensed in the state where proposed dental procedures will be performed and feels that this requirement will not be practical in many areas of the country. The Committee also feels that, in the spirit of patient protection, when a dental treatment plan is altered as a result of challenges to the treatment plan by a third party, the third party should carry full liability. Therefore, the Reference Committee recommends adoption of the following substitute resolution. These resolutions support Association Strategic Plan Goal 1. Advocacy.

**83RC. Resolved,** that in consideration of existing policy on standards for dental benefit plans (*Trans. 1993:696*), the challenge of a dental treatment plan by a third-party claims analysis is considered diagnosis and thereby constitutes the practice of dentistry, which can only be performed by a licensed dentist who has equivalent training with that of the submitting dentist, and carries with it full liability, and be it further

**Resolved,** that the ADA encourage the adoption of this position by the American Association of Dental Examiners, all state dental associations, and all states' boards of dentistry, and be it further

**Resolved,** that the ADA urges the American Association of Dental Examiners, all state dental associations and all states' boards of dentistry to pursue legislation and/or regulations to meet this end.

Dr. Schweinebraten moved that Resolution 83RC be substituted for Resolutions 83 (*Supplement:394*), 83B and 99 (*Supplement:421*).

On vote Resolution 83RC was substituted for Resolutions 83, 83B and 99.

Dr. Schweinebraten moved the adoption of substitute Resolution 83RC.

Dr. Jerrold H. Axler, Pennsylvania, moved to amend substitute Resolution 83RC, the first resolving clause, by deleting the word "licensed" and adding after the word "dentist" the words "licensed within the United States and its territories." So the amended first resolving clause would read:

**Resolved,** that in consideration of existing policy on standards for dental benefit plans (*Trans. 1993:696*), the challenge of a dental treatment plan by a third-party claims analysis is considered diagnosis and thereby constitutes the practice of dentistry, which can only be performed by a dentist licensed within the United States and its territories, who has

equivalent training with that of the submitting dentist, and carries with it full liability, and be it further

On vote, the proposed amendment was adopted.

Dr. William H. Schneider, Maryland and Dr. Bryan C. Edgar, Washington, spoke in support of Resolution 83RC.

Dr. Frederic Sterritt, New Jersey, moved to further amend the Resolution 83RC, first resolving clause, by deleting the words "licensed" and "and carries with it full liability," and adding after the word "dentist," the following clause: "licensed in the state in which the procedures are being performed" so the amended resolving clause would read:

**Resolved**, that in consideration of existing policy on standards for dental benefit plans (*Trans.* 1993:696), the challenge of a dental treatment plan by a third-party claims analysis is considered diagnosis and thereby constitutes the practice of dentistry, which can only be performed by a dentist licensed in the state in which the procedures are being performed, and who has equivalent training with that of the submitting dentist, and be it further

He said, "...The way the insurance laws are written in each individual state varies tremendously and that just having a dentist licensed in just the United States doesn't adequately answer the local problems...."

Dr. Schweinebraten indicated those issues were discussed in the Reference Committee hearings. She said, "...the licensure within the state we felt put some very strong constraints on states that would have problems with that...Some states have specialty licensure, and this has created problems getting consultants within that state to review cases. A second case in point for that is that some of the smaller states with a lower number of dentists would also have a problem finding a dentist licensed in that state to provide consultation services for insurance companies. So we felt that it tied their hands too much that's why that was not put in there. As far as full liability goes, the Reference Committee felt that was an important part of what we were trying to get across."

Dr. Ralph J. Attanasio, New Jersey, spoke in favor of the proposed amendment, stating, "Without this requirement for state licensure, this resolution is practically useless. The only recourse we have when there's a wrong decision by a consultant is through our state board."

Dr. Joel L. Leizer, New Jersey, spoke in favor of the proposed amendment, stating, "...I'm not saying a dentist has to reside in this state. What I am saying is a dentist has to meet the same standards that we have to so that we have conformity of treatment for our patients. Let's not lose sight of the fact that the patient is the most important thing here and...not the insurance company."

Dr. William H. Schneider, Maryland, spoke in favor of the amendment, stating, "...We must have people

reviewing our work who are licensed in our state and who know what the situation is in our area and can review our cases...in person and not on an x-ray."

Dr. David G. Logan, Alaska, spoke in favor of the amendment, stating, "...As one of the smallest states in terms of number of dentists, being from Alaska, while we appreciate the Reference Committee looking out for us, thank you, we'll take care of our own problems."

Dr. Murray Malinoski, Michigan, as a point of order, asked why the maker of the motion was removing the phrase, "and carries with it full liability," from the resolution.

Dr. Frederic Sterritt replied, "Each member dentist has full liability with his own local state board."

Dr. Alan E. Friedel, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

Dr. Schweinebraten requested that the question be divided.

The Speaker granted Dr. Schweinebraten's request to divide the question on the two parts of the amendment to Resolution 83RC.

On vote, the first part of the amendment to Resolution 83RC, to delete the word "licensed" and inserting after the word "dentist" the following clause: "licensed in the state in which the procedures are being performed," was adopted.

On vote, the second part of the amendment to Resolution 83RC, to delete the words "and carries with it full liability," was defeated.

Dr. Mark W. Jurkovich, Minnesota, moved that amended substitute Resolution 83RC be referred to the Council on Dental Benefit Programs.

Dr. Donald I. Cadle, Jr., Florida, indicated that the House may not have had adequate opportunity to debate the second portion of the amendment prior to voting.

At the request of the Speaker, the delegates utilized the voting machines to indicate whether they agreed or disagreed that they had ample opportunity to debate the amendment.

The results indicated that 89.6% of the delegates assembled felt they had adequate opportunity for debate.

Dr. Lawrence J. Singer, Connecticut, as a point of information, said, "In the 83RC...first 'resolved' clause, a statement is made that...third-party claims analysis personnel performing contractual analysis is actually performing a diagnosis and, therefore, that is constituted as the practice of dentistry. Has that been supported with legal precedent? I would ask attorney Sfikas if...the processing of legal claims—insurance claims is an actual practice of dentistry."

Mr. Sfikas replied, "I'm not aware of any cases dealing with dentists. There are some cases dealing with medicine and they are split on this. So the authority is on both sides of the issue. The way this is drafted, this was the belief of the American Dental Association."

Dr. Schweinebraten, addressing Mr. Sfikas, indicated that during the Reference Committee discussions, it was not so much the processing of the dental claims that was

practicing dentistry, but rather when the insurance company changed treatment plans.

Mr. Sfikas replied, "I think that's arguably a good position."

Dr. Joel E. Leizer, New Jersey, said that according to the legal counsel of the Fourth District, there was a case in Arizona that determined "that it is the practice of dentistry for a consultant to decide these things."

Dr. Frederic C. Sterritt, New Jersey, spoke against referral, stating, "...This was the intent of the amendment and this is the way we would like to see it. We apologize for clouding the issue on liability. The point of the amendment was licensed in the state in which the procedure is performed."

Dr. Perry M. Opin, Connecticut, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

Dr. Mark W. Jurkovich, Minnesota, spoke on the referral of the amended substitute Resolution 83RC. He said, "...My concern is that this will consolidate the power of the major insurance carriers. Look at a standpoint of saying a Delta Dental or a Delta U.S.A. can have a dentist licensed in every single state without a problem...If we go ahead and do something like this, I can very seriously see a state Delta association coming to our dental association and asking us to go jointly to the legislature to ask this to be passed."

On vote, the motion to refer Resolution 83RC to the Council on Dental Benefit Programs was defeated.

Dr. Harold J. Haering, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 83RC, as amended was adopted.

**83H-1999. Resolved**, that in consideration of existing policy on standards for dental benefit plans (*Trans.* 1993:696), the challenge of a dental treatment plan by a third-party claims analysis is considered diagnosis and thereby constitutes the practice of dentistry, which can only be performed by a dentist licensed in the state in which the procedures are being performed, who has equivalent training with that of the submitting dentist, and carries with it full liability, and be it further

**Resolved**, that the ADA encourage the adoption of this position by the American Association of Dental Examiners, all state dental associations, and all states' boards of dentistry, and be it further

**Resolved**, that the ADA urges the American Association of Dental Examiners, all state dental associations and all states' boards of dentistry to pursue legislation and/or regulations to meet this end.

**Systematized Nomenclature of Dentistry:** (Fourth Trustee District Resolution 84): The Reference Committee reported as follows:

The Reference Committee heard limited testimony in favor of Resolution 84 (*Supplement*:396). Testimony in opposition to Resolution 84 pointed out that a task force had been appointed by the Association President to oversee education of the members about the Systematized Nomenclature of Dentistry and field testing of its practical use in private dental offices before implementation. In addition, it was noted that the new universal claim form is already in production for use beginning in 2000. Consequently, the Reference Committee concurs with the Board and recommends that Resolution 84 not be adopted.

**84. Resolved**, that the ADA delay implementation of the new Systematized Nomenclature of Dentistry and the 1998 ADA approved insurance claim form with newly developed diagnostic codes until a dental health and economic impact study can be performed to determine the oral health, dental benefit and economic ramifications.

Dr. Schweinebraten moved Resolution 84

Dr. John J. Graeber, New Jersey, spoke in favor of the resolution, stating, "...While we support the diagnostic codes and the value of outcomes, we don't think this question has been given adequate study by the Council because we are very concerned about the cost to implement in the dental office..."

Dr. Thomas J. Hughes, Wisconsin, spoke against the resolution, stating, "...This is actually the first step, and if you ever want to have outcomes, we need this..."

American Dental Association President S. Timothy Rose said, "I share the Fourth District's concern, and...that concern surfaced at the Board level this summer and we immediately took some action to try and speak to some of those issues...we appointed a special committee of folks to start to look at three or four different things...how we would implement the codes...we only rolled out 55...we didn't want to inundate the profession with a coding system that they had not had an opportunity to be trained to use...Second, we asked then...Associate Executive Director, Dr. Koebel, to put together a program to go out and begin the education process with the members...The third concern was how would the American Dental Association manage the data that would come in...We asked Dr. Brown... to develop a program to do that. All of those things are in the works...we think there's an adequate period of time to speak to all those issues...I encourage you to let the process continue on because I think we do have a plan to roll this process out."

On vote, Resolution 84 was defeated.

**Third-Party Payers Overpayment Recovery Practices:** (Seventh Trustee District Resolution 111 and Reference Committee Resolution 111RC): The Reference Committee reported as follows:

There was no testimony heard on Resolution 111 (*Supplement:403*), but the Reference Committee was advised that the Seventh Trustee District was interested in having legislation on both the state and federal level so as to deal with ERISA plans. Therefore, the Reference Committee recommends adoption of the following substitute resolution.

**111RC. Resolved**, that the American Dental Association seek or support legislation opposing all inappropriate third-party payer overpayment recovery practices, and be it further  
**Resolved**, that the American Dental Association encourage state dental societies to seek or support legislation to prevent third-party payers from withholding fully assigned benefits to a dentist when an incorrect payment has been made to the dentist on behalf of a previous patient with the same third-party payer.

Dr. Schweinebraten moved that Resolution 111RC be substituted for Resolution 111.

On vote, Resolution 111RC was substituted for Resolution 111.

Dr. Schweinebraten moved the adoption of substitute Resolution 111RC.

Dr. Donald R. Tamplen, Texas, as a point of order, requested a definition of the word "inappropriate" in the first resolving clause.

Mr. James Y. Marshall, director of the Council on Dental Benefit Programs replied, "...The resolution is talking about with regard to inappropriate claims review was when benefits were denied—were being withheld to compensate for benefits that had been previously paid for a patient and subsequently that patient was determined to be, for example, ineligible. The recovery of the payments were then applied to subsequent payments on different payments, in other words, withheld from bulk payment..."

On vote, Resolution 111RC was adopted.

**111H-1999. Resolved**, that the American Dental Association seek or support legislation opposing all inappropriate third-party payer overpayment recovery practices, and be it further

**Resolved**, that the American Dental Association encourage state dental societies to seek or support legislation to prevent third-party payers from withholding fully assigned benefits to a dentist when an incorrect payment has been made to the dentist on behalf of a previous patient with the same third-party payer.

**Dental Claims Processing:** (Delegate Fred E. Aurbach, Texas, Resolution 69, Board of Trustees Resolution 69B and Reference Committee Resolution 69RC ): The Reference Committee reported as follows:

The Reference Committee understands the sentiment behind Resolution 69 (*Supplement:423*) but agrees with

the Board that the action called for is only remotely possible. Therefore, the Committee believes the language found in its Resolution 69RC most appropriately addresses this issue and, therefore, recommends its adoption. These resolutions support Association Strategic Plan Goal 1. Advocacy.

**69RC. Resolved**, that the American Dental Association seek or support legislation, and/or a directive through agency rules and/or regulations, that requires the purchaser of a dental benefit program to also provide a means, other than dental offices, through which the recipient of the benefit can process a claim.

Dr. Schweinebraten moved that Resolution 69RC be substituted for Resolutions 69 and 69B.

On vote, Resolution 69RC was substituted for Resolutions 69 and 69B.

Dr. Schweinebraten moved the adoption of substitute Resolution 69RC.

Dr. Thomas C. Harrison, Texas, moved to amend substitute Resolution 69RC by the deletion of the words "seek or." He said, "...When you put in 'seek' on this legislation...it opens it up to all kinds of problems...I think that the cost behind seeking legislation are not mentioned here. I think that if we support legislation...those people that are in favor in legislation, as the Reference Committee has adopted, are going to say that there is no legislation out there right now for us to support. So that's why it's important for us to seek it. If some legislation should come about that it could tag on to, then I think that's okay. But for our Council on Government Affairs and our Board of Directors to enter in some sort of legislative process to do this, I don't think, would be in the best benefits of the majority of the members."

Dr. Fred E. Aurbach, Texas, spoke against the amendment, stating, "...It is my understanding in the legislative arena the term 'seek' means that we must write such legislation. 'Support' means we support something that's already been there. To give us the opportunity to seek it or support it gives us great flexibility."

On vote, the proposed amendment was defeated.

On vote, Resolution 69RC was adopted.

**69H-1999. Resolved**, that the American Dental Association seek or support legislation, and/or a directive through agency rules and/or regulations, that requires the purchaser of a dental benefit program to also provide a means, other than dental offices, through which the recipient of the benefit can process a claim.

**Reassignment of the Development and Maintenance of Dental Practice Parameters:** (Board of Trustees Resolution 34, Fourteenth Trustee District Resolution 34S-1 and Sixteenth Trustee District Resolution 34S-2): The Reference Committee reported as follows:

The Reference Committee heard limited debate on Resolution 34 (*Supplement*:591). Those speaking in favor of Resolution 34 concurred with the point made in the background for Resolution 34S-1 (*Supplement*:416) that this project requires ongoing consideration by several Association agencies. The Reference Committee believes that the Council on Dental Benefit Programs' Subcommittee on Quality Assessment and Improvement is the logical committee to handle maintenance of the parameters since it addresses the full spectrum of topics related to dental practice and quality assessment resources. Further, the Subcommittee is composed of representatives from four councils: the Council on Dental Practice, the Council on Dental Education and Licensure, the Council on Government Affairs and the Council on Dental Benefit Programs. The Reference Committee believes that the composition of this Subcommittee should provide the necessary broad-based oversight and feels that Resolution 34S-2 (*Supplement*:420) captures the essence of both Resolutions 34 and 34S-1. Finally, the Committee wishes to express its appreciation to the Dental Practice Parameters Committee for its work in developing the parameters. The Committee recommends the adoption of Resolution 34S-2. These resolutions support Association Strategic Plan Goal 5. The Association: Member and Support Services.

**34S-2. Resolved**, that the development and maintenance of dental practice parameters, and the attention to policy issues relating to practice parameters be assigned to the Council on Dental Benefit Programs with consultation from the appropriate councils, and be it further **Resolved**, that the Dental Practice Parameters Committee be disbanded effective December 31, 1999, and be it further **Resolved**, that new parameters or substantial editing of existing parameters continue to be submitted for approval to the Association's House of Delegates, as specified in Board Report 9 to the 1993 House of Delegates (*Supplement* 1993:392) and Board Report 20 to the 1996 House of Delegates (*Supplement* 1996:502).

Dr. Schweinebraten moved that Resolution 34S-2 be substituted for Resolutions 34 and 34S-1.

On vote, Resolution 34S-2 was substituted for Resolutions 34 and 34S-1.

Dr. Schweinebraten moved the adoption of substitute Resolution 34S-2.

Dr. A. J. Smith, Utah, moved to substitute Resolution 34S-3 (*Supplement*:417) for Resolution 34S-2.

**34S-3. Resolved**, that the Dental Practice Parameters Committee be continued as established by Resolution 62H-1993 (*Trans.*1993:697), Board Report 9 to the 1993 House of Delegates (*Supplement* 1993:392) and Board Report 20 to the 1996 House of Delegates (*Supplement* 1996:502), and be it further **Resolved**, that the Dental Practice Parameters Committee meet by conference call, or other electronic

means, except when significant issues or challenges to the parameters process arise, as determined by the Committee, and be it further

**Resolved**, that in addition to computer software systems, publications and presentations, the parameters documents be made available in the "Members Only" section of ADA ONLINE, and be it further

**Resolved**, that the Dental Practice Parameters Committee develop ways and means to educate the dental community regarding the value of parameters and their use.

Dr. Smith said, "...the resolution to disband the Parameters Committee was brought forth to save the cost of bringing the Committee together. Resolution 34S-3 addresses that by, in the second resolving clause, having the Dental Practice Parameters Committee meet by conference call or other electronic means...."

Dr. Murray Malinoski, Michigan, as a point of clarification, said, "...I see two...different resolutions here. This 34S-2 is a resolution to disband the Parameters Committee and this...substitute is one to continue it."

The Speaker replied, "...The amendment is germane. It may be hostile, but it is germane."

Dr. Leslie S. Webb, Jr., Virginia, spoke in favor of substitute Resolution 34S-3, stating, "...I feel this gives the best format to maintain the practice parameters and also addresses the concern of cost of that process."

Dr. Charles H. Norman, III, North Carolina, also spoke in favor of substitute Resolution 34S-3, stating, "...I concur with Dr. Smith's comments earlier. Please maintain equal representation on parameters maintenance. They served us well in development; they'll serve us well in maintenance."

Dr. Schweinebraten spoke on the Reference Committee's position. She said, "It's true that most of the testimony in the Reference Committee hearing was towards what you see before you as 34S-3. I would like to point out, though, that all of this testimony was from people or members who were on the Parameters Committee...Parameters have been established. At this point, they need to be maintained, and in order to maintain them, they should be sent back to where they can be compared to other things and kept in perspective and we felt that was what S-2 provided. It was time to sunset it."

Dr. Mary Krempasky Smith, chairman of Dental Practice Parameters Committee, spoke against Resolution 34S-2, stating, "...The Committee on Practice Parameters was not consulted regarding this, the original resolution. When we have had this discussion at the Parameters Committee meetings, we are against this...This is a committee of the House. It's a stand-alone committee and to move it into a council, you are changing the way the committee will function...putting it into Quality Assurance is not the best answer for this...."

Dr. Michael D. Vaclav, Texas, chairman, Council of Dental Benefit Programs, spoke in favor of Resolution

34S-3, stating, "...I think it does provide the continuity that's needed for the parameters, but it also makes sure that we are not wasting money in that maintenance...."

Dr. Justin L. Brink, California, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 34S-3 was substituted for Resolution 34S-2.

Dr. Myron L. Pudwill, trustee, Tenth District, spoke against Resolution 34S-3, stating, "...At this point the parameters have been developed and I believe the maintenance can be handled by a council rather than another committee to carry it forward. And I think we could do it very well under the Council on Dental Benefit Programs and given the economics of not having to have another subcommittee...."

Dr. Jerold W. Miller, Pennsylvania, said, "I rise to speak against the resolving clause that includes parameters, indicators or anything like that. We just defeated that. Now we're bringing it back in the form of parameters. What are we doing here?"

Dr. Steven M. Bruce, trustee, Eleventh District, spoke in favor of Resolution 34S-3, stating, "I personally think that S-3 is a good compromise...it addresses the issue of the financial implication...it puts the proper people on this committee to deal with the issues of parameters when necessary."

Dr. Fred E. Aurbach, Texas, spoke in favor of Resolution 34S-3, stating, "...it maintains the diversity of the committee...It keeps it looked at every year...This is a dynamic document, one that does not need to sit on the shelf...We must maintain it...."

Dr. W. Paul Radman, Texas, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 34S-3 was adopted.

**34H-1999. Resolved,** that the Dental Practice Parameters Committee be continued as established by Resolution 62H-1993 (*Trans.*1993:697), Board Report 9 to the 1993 House of Delegates (*Supplement* 1993:392) and Board Report 20 to the 1996 House of Delegates (*Supplement* 1996:502), and be it further **Resolved,** that the Dental Practice Parameters Committee meet by conference call, or other electronic means, except when significant issues or challenges to the parameters process arise, as determined by the Committee, and be it further **Resolved,** that in addition to computer software systems, publications and presentations, the parameters documents be made available in the "Members Only" section of ADA ONLINE, and be it further **Resolved,** that the Dental Practice Parameters Committee develop ways and means to educate the dental community regarding the value of parameters and their use.

**Amendment to the Statement on Prosthetic Care and Dental Laboratories:** (Council on Dental Practice Resolution 30, Board of Trustees Resolution 30B and Reference Committee Resolution 30RC ): The Reference Committee reported as follows:

The Reference Committee is in general agreement with Resolution 30B, but feels that the relationship between the dentist and the dental laboratory regarding shade determination should allow for more flexibility for the dentist by adding new language under item no. 4 in the section "The Dentist." The Committee, therefore, recommends adoption of the following substitute resolution. These resolutions support Association Strategic Plan Goal 2. Practice Support.

**30RC. Resolved,** that in the Statement on Prosthetic Care and Dental Laboratories (*Trans.*1990:543; 1996:623) the current section, Working Relationships Between Dentists and Dental Laboratories, be deleted in its entirety and a new section be substituted in its place to read as follows:

**Working Relationships Between Dentists and Dental Laboratories:** The current high standard of prosthetic dental care is directly related to, and remains dependent upon, mutual respect within the dental team for the abilities and contributions of each member. The following guidelines are designed to foster good relations between dental laboratories, dental laboratory technicians and the dental profession.

Applicable laws shall take precedence if they are inconsistent with any of the following guidelines.

#### **The Dentist:**

1. The dentist should provide written instructions to the laboratory or dental technician. The written instructions should detail the work which is to be performed, describe the materials which are to be used and be written in a clear and understandable fashion. A duplicate copy of the written instructions should be retained for a period of time as may be required by law.
2. The dentist should provide the laboratory/ technician with accurate impressions, casts, occlusal registrations and/or mounted casts.
3. The dentist should identify, as appropriate, the crown margins, post palatal seal, denture borders, any areas to be relieved and design of the removable partial dentures on all cases.
4. The dentist should furnish instructions regarding coloration of fixed or removable prostheses which may include a description, photograph, drawing or shade button.
5. The dentist should provide verbal or written approval to proceed with a laboratory procedure, or make any appropriate change(s) to the written

instructions as the dentist deems necessary, when notified by a laboratory/dental technician that a case may have a questionable area with respect to paragraphs 2-4.

6. The dentist should clean and disinfect all items according to current infection control standards prior to sending them to the laboratory/technician. All prostheses and other materials which are forwarded to the laboratory/technician should be placed in an appropriate container, packed properly to prevent breakage, and transported according to current infection control standards.
7. The dentist should return all casts, registration and prostheses/appliances to the laboratory/technician if a prosthesis/appliance does not fit properly, or if shade selection is incorrect.

#### **The Laboratory/Technician:**

1. The laboratory/technician should fabricate dental prostheses/appliances which follow the guidelines set forth in the written instructions provided by the dentist, and should fit properly on the casts and mounting provided by the dentist. Original written instructions should be retained for a period of time as may be required by law.

When a laboratory provides written instructions forms to a dentist, the forms should contain the name of the laboratory, space for the instructions, expected delivery date, patient's name, signature line for the dentist, license number and other information requested by the laboratory.

2. The laboratory/technician should return the case to the dentist to check the mounting if there is any question of its accuracy or of the bite registration furnished by the dentist.
3. The laboratory/technician should match the shade which was described in the original written instructions.
4. The laboratory/technician should notify the dentist within two (2) working days after receipt of the case, if there is a reason for not proceeding with the work. Any changes or additions to the written instructions must be agreed to by the dentist and must be initialed by authorized laboratory personnel. A record of any changes shall be sent to the dentist upon completion of the case.
5. After acceptance of the written instructions, the laboratory/technician should fabricate and return the prostheses/appliances in a timely manner in accordance with the custom in the profession. If written instructions are not accepted, the laboratory/technician should return the work in a timely manner and include a reason for denial.

6. The laboratory should follow current infection control standards with respect to the personal protective equipment and disinfection of prostheses/appliances and materials. All materials should be checked for breakage and immediately reported if found.
7. The laboratory/technician should inform the dentist of the materials present in the case.
8. The laboratory/technician should clean and disinfect all incoming items from the dentist's office; e.g., impressions, occlusal registrations, prostheses, etc., according to current infection control standards.

All prostheses and related items which are returned to the dentist should be cleaned and disinfected, placed in an appropriate container, packed properly to prevent breakage, and transported according to current infection control standards.

9. The laboratory/technician should inform the dentist of any subcontracting laboratory/technician employed for preparation of the case. The laboratory/technician should furnish a written order to the dental laboratory which has been engaged to perform some or all of the services on the original written instructions.
10. The laboratory/technician should not bill the patient directly unless permitted by the applicable law. The laboratory should not discuss or divulge any business arrangements between the dentist and the laboratory with the patient.

Dr. Schweinebraten moved that Resolution 30RC be substituted for Resolutions 30 and 30B.

On vote, Resolution 30RC was substituted for Resolutions 30 and 30B.

On vote, Resolution 30RC was adopted.

**30H-1999. Resolved,** that in the Statement on Prosthetic Care and Dental Laboratories (*Trans.*1990:543; 1996:623) the current section, Working Relationships Between Dentists and Dental Laboratories, be deleted in its entirety and a new section be substituted in its place to read as follows:

**Working Relationships Between Dentists and Dental Laboratories:** The current high standard of prosthetic dental care is directly related to, and remains dependent upon, mutual respect within the dental team for the abilities and contributions of each member. The following guidelines are designed to foster good relations between dental laboratories, dental laboratory technicians and the dental profession.

Applicable laws shall take precedence if they are inconsistent with any of the following guidelines.



**The Dentist:**

1. The dentist should provide written instructions to the laboratory or dental technician. The written instructions should detail the work which is to be performed, describe the materials which are to be used and be written in a clear and understandable fashion. A duplicate copy of the written instructions should be retained for a period of time as may be required by law.
2. The dentist should provide the laboratory/technician with accurate impressions, casts, occlusal registrations and/or mounted casts.
3. The dentist should identify, as appropriate, the crown margins, post palatal seal, denture borders, any areas to be relieved and design of the removable partial dentures on all cases.
4. The dentist should furnish instructions regarding coloration of fixed or removable prostheses which may include a description, photograph, drawing or shade button.
5. The dentist should provide verbal or written approval to proceed with a laboratory procedure, or make any appropriate change(s) to the written instructions as the dentist deems necessary, when notified by a laboratory/dental technician that a case may have a questionable area with respect to paragraphs 2-4.
6. The dentist should clean and disinfect all items according to current infection control standards prior to sending them to the laboratory/technician. All prostheses and other materials which are forwarded to the laboratory/technician should be placed in an appropriate container, packed properly to prevent breakage, and transported according to current infection control standards.
7. The dentist should return all casts, registration and prostheses/appliances to the laboratory/technician if a prosthesis/appliance does not fit properly, or if shade selection is incorrect.

**The Laboratory/Technician:**

1. The laboratory/technician should fabricate dental prostheses/appliances which follow the guidelines set forth in the written instructions provided by the dentist, and should fit properly on the casts and mounting provided by the dentist. Original written instructions should be retained for a period of time as may be required by law.

When a laboratory provides written instructions forms to a dentist, the forms should contain the name of the laboratory, space for the instructions, expected delivery date, patient's name, signature line for the dentist, license number and other information requested by the laboratory.

2. The laboratory/technician should return the case to the dentist to check the mounting if there is any question of its accuracy or of the bite registration furnished by the dentist.
3. The laboratory/technician should match the shade which was described in the original written instructions.
4. The laboratory/technician should notify the dentist within two (2) working days after receipt of the case, if there is a reason for not proceeding with the work. Any changes or additions to the written instructions must be agreed to by the dentist and must be initialed by authorized laboratory personnel. A record of any changes shall be sent to the dentist upon completion of the case.
5. After acceptance of the written instructions, the laboratory/technician should fabricate and return the prostheses/appliances in a timely manner in accordance with the custom in the profession. If written instructions are not accepted, the laboratory/technician should return the work in a timely manner and include a reason for denial.
6. The laboratory should follow current infection control standards with respect to the personal protective equipment and disinfection of prostheses/appliances and materials. All materials should be checked for breakage and immediately reported if found.
7. The laboratory/technician should inform the dentist of the materials present in the case.
8. The laboratory/technician should clean and disinfect all incoming items from the dentist's office; e.g., impressions, occlusal registrations, prostheses, etc., according to current infection control standards.

All prostheses and related items which are returned to the dentist should be cleaned and disinfected, placed in an appropriate container, packed properly to prevent breakage, and transported according to current infection control standards.

9. The laboratory/technician should inform the dentist of any subcontracting laboratory/technician employed for preparation of the case. The laboratory/technician should furnish a written order to the dental laboratory which has been engaged to perform some or all of the services on the original written instructions.
10. The laboratory/technician should not bill the patient directly unless permitted by the applicable law. The laboratory should not discuss or divulge any business arrangements between the dentist and the laboratory with the patient.

**Financial Update:** Dr. Rosas addressed the House of Delegates and presented the financial impact of the resolutions adopted thus far. He said, "...Last year this House directed us to build a budget on \$343. The

administrative review in doing that...had to reduce \$5.3 million in budget requests. It's ironic that our current budget deficit is \$5.8 million, \$5,896,650 at this point. You have just approved...\$2,507,000; \$7,000 which is a one-time budget item, and the \$2.5 million, which is ongoing."

#### **Report of the Reference Committee on Dental Education and Related Matters (continued)**

**Consent Calendar** (Reference Committee Resolution 118): The Reference Committee reported as follows:

Appended are resolutions referred to the Reference Committee on Dental Education and Related Matters which either received no testimony or all positive testimony and resolutions proposed for referral. Therefore, the Committee recommends adoption of the following resolution:

**118. Resolved**, that the following resolutions be adopted:

**Resolution 6:** Rescission of Policy Regarding Dental Auxiliary Master Plans (*Reports:77*)

**Resolution 7:** Rescission of Policy on Implementation of Recommendations Contained in the Institute of Medicine Report (*Reports:78*)

**Resolution 26:** ADA CERP Recognition of Commercially Supported Continuing Education Providers (*Supplement:390*)

**Resolution 32:** Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry and Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists (*Supplement:326*)

**Resolution 33:** Policy Statement on the Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry (*Supplement:326*)

**Resolution 49:** Dental School Satellite Clinics (*Supplement:604*)

**Resolution 68:** Allied Personnel Recruitment and Retention (*Supplement:580*)

and be it further

**Resolved**, that the following resolutions be referred as proposed:

**Resolution 82:** Reevaluation of ADA Specialty Recognition Process (*Supplement:397*)

**Resolution 89:** Continuing Competency Position Paper (*Supplement:389*)

Dr. Glover moved the adoption of Resolution 118. On vote, Resolution 118, as follows, was adopted.

**118H-1999. Resolved**, that the following resolutions be adopted:

**Resolution 6:** Rescission of Policy Regarding Dental Auxiliary Master Plans (*Reports:77*)

**Resolution 7:** Rescission of Policy on Implementation of Recommendations Contained in the Institute of Medicine Report (*Reports:78*)

**Resolution 26:** ADA CERP Recognition of Commercially Supported Continuing Education Providers (*Supplement:390*)

**Resolution 32:** Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry and Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists (*Supplement:326*)

**Resolution 33:** Policy Statement on the Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry (*Supplement:326*)

**Resolution 49:** Dental School Satellite Clinics (*Supplement:604*)

**Resolution 68:** Allied Personnel Recruitment and Retention (*Supplement:580*)

and be it further

**Resolved**, that the following resolutions be referred as proposed:

**Resolution 82:** Reevaluation of ADA Specialty Recognition Process (*Supplement:387*)

**Resolution 89:** Continuing Competency Position Paper (*Supplement:389*)

*Note:* For the purpose of a fully documented record, the complete text of the resolutions included in Resolution 118H-1999 follows.

#### *Adopted Resolutions.*

**6H-1999. Resolved**, that Resolution 88-1973-H (*Trans. 1973:726*), Dental Auxiliary Master Plans, be rescinded.

**7H-1999. Resolved**, that Resolution 91H-1995 (*Trans. 1995:643*), Implementation of Recommendations Contained in the Institute of Medicine Report, be rescinded.

**26H-1999. Resolved**, that the recognition of commercially supported continuing education providers

by the ADA CERP Program be referred for further study to the appropriate ADA council, and be it further **Resolved**, that its findings be reported to the 2000 House of Delegates.

**32H-1999. Resolved**, that the revised Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry (Teaching Guidelines), be adopted, and be it further

**Resolved**, that the Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists (Guidelines for Dentists) be amended to incorporate the revised definition of "combined inhalation-enteral conscious sedation (combined conscious sedation)" as contained in the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry (Teaching Guidelines), and be it further

**Resolved**, that Resolution 21H-1992 (*Trans.*1992:610) which approves the previous Teaching Guidelines, be rescinded.

**33H-1999. Resolved**, that the revised Association policy, the Use of Conscious Sedation, Deep Sedation and General Anesthesia, be adopted, and be it further **Resolved**, that Resolution 38H-1998 (*Trans.*1998:724) which approves the previous policy, be rescinded.

**49H-1999. Resolved**, that the appropriate Association agencies continue to monitor issues associated with the operation of dental school satellite clinics on a periodic basis, and be it further.

**Resolved**, that the results of the *1998 Survey of Dental School Satellite Clinics* and the *1998 Dental Society Survey of Dental School Satellite Clinics* be distributed to the communities of interest.

**68H-1999. Resolved**, that the Association provide ongoing support to implement and maintain an Association allied dental personnel recruitment and retention program, and be it further

**Resolved**, that the program be funded in 2000 in the amount of \$72,150, and be it further

**Resolved**, that the appropriate agencies of the Association establish an oversight recruitment and retention committee for the purpose of immediate implementation of the proposed programs.

#### *Referred Resolutions.*

**82-1999. Resolved**, that the Council on Dental Education and Licensure re-evaluate the process and criteria for specialty recognition and make recommendations for appropriate changes, which should include:

1. Determining what specific scientific and demographic information is needed to substantiate an application.

2. Definition of ambiguous terms such as "separate and distinct from any recognized specialty or combination of recognized specialties," "substantial public need and demand for services," and other terms that are not clear.
3. Recommendation of an appropriate time interval prior to resubmission of a previously denied application, to allow for substantive, new scientific and demographic information to be gathered to support the reconsideration of the application.

and be it further

**Resolved**, that this resolution shall not affect any application for specialty recognition currently submitted and under consideration by the Council on Dental Education and Licensure or this 1999 House of Delegates, and be it further

**Resolved**, that a report of this study and appropriate recommendations shall be submitted to the 2000 House of Delegates.

**89-1999. Resolved**, that the American Dental Association closely monitor any and all activities in the area of continuing competency, and be it further **Resolved**, that the American Dental Association adopt the Position Paper on the Subject of Continuing Competency.

**Proposed Changes to the Association's Guidelines for Licensure** (Council on Dental Education and Licensure Resolution 11 and Fourteenth Trustee District Resolution 11S-1): The Reference Committee reported as follows:

The Reference Committee heard considerable testimony on these resolutions. Those speaking in support of Resolution 11 emphasized the importance of providing access to licensure in another state for licensed competent dentists who have not attended accredited predoctoral dental educational programs. Those supporting Resolution 11S-1 emphasized that there is no mechanism to assure a state board that education in a non-accredited program is equivalent to the education received in an accredited program. This testimony requested that the last phrase of Resolution 11 be deleted.

Although the Committee was divided, it chose to uphold Association policy supporting specific licensure requirements and emphasized that dentists who did not receive dental education in an accredited program should have access to licensure by credentials after receiving supplemental education in an accredited program. The majority of the Committee believed that state boards could not be assured that other dental education would be equivalent to that received in accredited programs. This substitute resolution supports the Association's Strategic Plan Goal 1: Advocacy. Therefore, the Committee recommends the adoption of substitute Resolution 11S-1.

**11S-1. Resolved,** that the Guidelines for Licensure (*Trans.*1992:632) be amended as follows to incorporate language into the Section on "Licensure by Credentials," item a, related to the educational qualifications required of candidates for licensure by credentials that is consistent with the 1984 Policy on Licensure of Graduates of Nonaccredited Dental Schools (*Trans.*1984:539), while at the same time provides sufficient latitude to state boards in granting licensure by credentials to foreign-trained dentists.

All candidates for licensure by credentials are required to fulfill basic education and practice requirements. Further, it is recommended that licensure by credentials be available only to a candidate who:

a. has graduated from a dental school accredited by the Commission on Dental Accreditation, or has completed a supplementary predoctoral education program of at least two academic years in an accredited dental school and has been certified by the dean of an accredited dental school as having achieved the same level of didactic and clinical competence as expected of a graduate of the school. ~~or has completed an educational experience that is recognized by the respective state dental board as equivalent to the above.~~

Dr. Glover moved that Resolution 11S-1 be substituted for Resolution 11 (*Reports*:88).

Speaking in support of the substitution were: Dr. Richard D. Wilson, Virginia; Dr. Douglas S. Hadnot, Montana; and Dr. Frederic C. Sterritt, New Jersey.

Dr. Richard D. Wilson, Virginia, said, "...To expect a state dental board to substitute for a Commission on Dental Accreditation which, in spite of abundant funding, still has trouble covering all the bases is...to invite political pressures that are generated by special interest groups that would be in favor of approving what we might term inadequate educational programs. This issue...considers two conflicting sides...the convenience of a few practitioners and the protection of the public."

Dr. Frederic C. Sterritt, New Jersey, said, "...State boards now have the right to give anyone in the world a dental license. All that this resolution does is it changes ADA policy so that now the state boards can look at ADA policy and see that there is justification from the American Dental Association for lowering the educational standards...."

Speaking against substitution were: Dr. Mary J. Hayes, Illinois; Dr. Lidia M. Epel, New York; Dr. Robert M. Peskin, New York; Dr. Russell I. Webb, California; Dr. Chanderpaul Kahani, New York; and Dr. Bryan C. Edgar, Washington.

Dr. Mary J. Hayes, Illinois, said, "...It is very important for all of us here to distinguish in this language between first-time candidates who are trying to get their license...we've had the policy for several

years now of requiring two years of education or certification of a dean from a dental school. The second point, however, is that licensure by credentials is not the same creature. Licensure by credentials implies that the candidate for licensure moving into a new jurisdiction is looking for being judged on competency, by having been granted a license in good faith by a previous jurisdiction and plus the experience of having practiced for at least five years. While the two-year rule does bring continuity between new grads and candidates to licensure...it is patently unfair to retrospectively require these two years to our fellows, who have had licenses from five to ten to 20 to 30 years because their licenses were granted in good faith by their jurisdictions under valid rules at the time of that licensure...There are members of this House whom we have all worked for many, many years who stand to have their licenses diminished by this action."

Dr. Lidia M. Epel, New York, said, "...I'm one of those members the previous speaker was referring to...I fulfill every single requirement, and now I am being told by my colleagues that their state boards are not able to review my New York state license?...I think there is a misunderstanding between original licensees and the license by credentials. This is a membership issue. There are more than 600 members of this organization that fall under that category, and we don't want to be treated as second-class citizens...."

Dr. Robert M. Peskin, New York, said, "...This is not about individuals who are seeking licensure initially. This is about individuals who already have licensure. And to discriminate against them because they may have gotten their initial education in a school that is not within the United States or Canada I think is inappropriate...."

Dr. Russell I. Webb, California, said, "Resolution 11 allows each state the latitude to interpret licensure and licensure by credential. [Resolution] 11S-1 would interfere with these rights...."

Dr. Bryan C. Edgar, Washington, said, "...We're not talking about lowering the bar here, we're talking about licensing dentists who have demonstrated competencies in other states. There are other ways that we measure licensure by credentials...go to the National Practitioner Data Bank...to the American Association of Dental Examiners...to their states...."

Dr. Lois L. Weiss, New York, member, Council on Membership, called the question.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the motion to substitute Resolution 11S-1 for Resolution 11 was defeated.

The Speaker noted Resolution 11 was before the House for discussion.

Dr. Kenneth H. Young, Georgia, moved to amend the appendix of Resolution 11 by adding under the section "Licensure by Credentials," an amended Guideline b. which reads: "b. Is currently licensed in another jurisdiction," to have it read, "Is currently licensed by a

licensing jurisdiction within the United States or its protectorates.”

Dr. Young said, “The current term, ‘another jurisdiction,’ ...has not defined the exact geographic boundaries which, in the process of credentialing, is really essential. This amendment clarifies boundaries.”

Dr. Robert M. Peskin, New York, said, “...It’s my understanding that the section we are addressing with Resolution...11 is a subsection of a broader area in a document that already addresses the licensing requirements, and it is assumed in that section that the individual is already licensed in the United States or one of its protectorates. So while this language is not distasteful, I think it’s redundant based upon where this particular section exists....”

Dr. Carlos E. Justiniano-Garcia, Puerto Rico, moved to amend the amendment to have it read, “Is currently licensed by a licensing jurisdiction within the United States, its territories or its protectorates.”

On vote, the proposed amendment to insert the words “its territories” in the pending amendment failed.

Dr. Louis J. Cortegiano, New York, moved to amend the amendment for consistency with the *ADA Bylaws*, by deleting the word “protectorates” and inserting the words, “in a state, the District of Columbia, the Commonwealth of Puerto Rico or a dependency of the United States.”

On vote, the proposed amendment was adopted.

A delegate from the floor called the question.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 11 as amended was adopted.

**11H-1999. Resolved**, that the Guidelines for Licensure (*Trans.*1992:632) be amended as follows to incorporate language into the Section on “Licensure by Credentials,” item a, related to the educational qualifications required of candidates for licensure by credentials that is consistent with the 1984 Policy on Licensure of Graduates of Nonaccredited Dental Schools (*Trans.*1984:539), while at the same time provides sufficient latitude to state boards in granting licensure by credentials to foreign-trained dentists; and by amending item b as follows.

All candidates for licensure by credentials are required to fulfill basic education and practice requirements. Further, it is recommended that licensure by credentials be available only to a candidate who:

a. has graduated from a dental school accredited by the Commission on Dental Accreditation, or has completed a supplementary predoctoral education program of at least two academic years in an accredited dental school and has been certified by the dean of an accredited dental school as having achieved the same level of didactic and clinical competence as expected of a graduate of the school, or has completed an educational experience

that is recognized by the respective state dental board as equivalent to the above.

b. is currently licensed by a licensing jurisdiction in a state, the District of Columbia, the Commonwealth of Puerto Rico or a dependency of the United States.

**Study of Improvements to the Dental School and Dental Residency Accreditation Processes** (Dental Society of the State of New York Resolution 23 [Withdrawn] and First Trustee District Resolution 23S-1): The Reference Committee reported as follows:

The Reference Committee heard no testimony on this resolution. The Reference Committee noted that the newly-adopted Accreditation Standards for Advanced Education in General Dentistry Programs and the Accreditation Standards for General Practice Residency Programs become effective January 1, 2000. In addition, the Reference Committee noted that the Commission has implemented new accreditation status terms and definitions which stipulate that a program found to have deficiencies must be in full compliance with the standards within specified periods of time (*Reports*:72). Evidence of compliance with the cited standards must be demonstrated within 18 months if the program is between one and two years in length or two years if the program is at least two years in length. A program’s failure to comply within the specified time will result in accreditation being withdrawn. In the past it was possible for a program with deficiencies to remain accredited for several years. This is no longer the case.

The Reference Committee also noted that the reports of the Task Force to Study Dental School Facilities and Programs, and the Joint Committee to Study Differences in the Dental and Medical Education Process provided relevant information on these issues to the House. Further, a comprehensive study of the accreditation process was conducted and reported to the House in 1996 (*Supplement* 1996:497).

The Reference Committee agrees with the resolution in that the practice of dentistry and dental education have sustained many changes in recent years. It appears that the Association and the Commission have taken steps to address these changes. However, the Reference Committee also agrees with the Board that it is too soon to assess the impact of the revised standards and the new accreditation status definitions on the quality of the AEGD and GPR programs. The Reference Committee concurred with the Board that a second study at this time would not be cost effective. For these reasons, the Reference Committee does not support Resolution 23S-1.

**23S-1. Resolved**, that the appropriate ADA agencies evaluate the present system of accreditation of general dentistry and AEGD residency programs, and be it further

**Resolved**, that a report and recommendations be forwarded to the 2000 ADA House of Delegates.

Dr. Glover moved Resolution 23S-1  
(*Supplement*:391).

Dr. Allen Hindin, Connecticut, moved to amend Resolution 23S-1, the first resolving clause, by deleting the word "accreditation" and substituting the words "management and function." Explaining the amendment, Dr. Hindin said, "An evaluation of the past ten years of the Survey Center's document, *Survey of Advanced Dental Education*, will demonstrate a rather significant growth in the areas of advanced education in general dentistry programs specifically. If we look at the growth patterns that have occurred in the areas where we have had the greater numbers of resolutions coming out of states and districts relating to problems in the community health service areas particularly. While these growth patterns have been ongoing, the community centers in which these students have found themselves employed have represented serious problems, both from an educational and a community perspective. So what I'm asking the ADA to do with this resolution is to have the appropriate agency...look at both the process of the development and methodologies of their existence and the funding patterns that have evolved in order to make them viable..."

The Speaker ruled that the amendment was not germane, stating, "The accreditation process, as I understand it, is not a management and funding activity."

Dr. Hindin withdrew the proposed amendment.  
On vote, Resolution 23S-1 was defeated.

**Dental Schools and Dental Societies Effectively Cooperating and Communicating with Regard to Satellite Dental Clinics:** (Board of Trustees Resolution 50): The Reference Committee reported as follows:

The Reference Committee heard testimony regarding Resolution 50 that expressed concerns about the problems frequently caused for local dentists when dental schools establish these clinics. The testimony supported only the final clause in the resolution. After considering this testimony and reviewing the comments of the Board, the Reference Committee believes that identifying successful models of cooperation between societies and schools would have the best possibility of enhancing cooperative efforts regarding these clinics. This resolution supports the Association's Strategic Plan Goal 1: Advocacy. Therefore, the Committee concurs with the Board and recommends the adoption of Resolution 50 (*Supplement*:604).

Dr. Glover moved the adoption of Resolution 50.  
On vote, Resolution 50 was adopted.

**50H-1999. Resolved**, that with regard to satellite dental school clinics, the American Association of Dental Schools is requested to encourage individual dental schools to work with ADA constituent and component dental societies to identify successful models of dental

schools and dental societies effectively cooperating and communicating with regard to a satellite dental clinic, and be it further

**Resolved**, that these successful models be publicized locally and nationally when appropriate, and be it further

**Resolved**, that the AADS and the ADA encourage dental schools and dental societies to work together in matters relative to satellite dental school clinics and meet regularly to enhance communication on matters of mutual importance and continue efforts to find ways to jointly address access to care issues.

**Definition of Continuing Competency:** (Board of Trustees Resolution 70 and Reference Committee Resolution 70RC): The Reference Committee reported as follows:

The Reference Committee heard testimony that offered revisions in the wording of the definition. After considering the testimony, the Committee chose to provide a substitute resolution that would simplify and clarify the definition. After the words "and improve the oral health care of his or her patients," the Committee deleted the words "and the adherence to" and added "in accordance with." The last phrase of the revised definition thus reads, "and improve the oral health care of his or her patients in accordance with the ethical principles of dentistry." The resolution supports the Association's Strategic Plan Goal 1: Advocacy. Therefore the Reference Committee recommends the adoption of substitute Resolution 70RC.

**70RC. Resolved**, that the following definition of continuing competency be adopted.

**Continuing competency:** The continuance of the appropriate knowledge and skills by the dentist in order to maintain and improve the oral health care of his or her patients in accordance with the ethical principles of dentistry.

Dr. Glover moved that Resolution 70RC be substituted for Resolution 70 (*Supplement*:685).

On vote, Resolution 70RC was substituted for Resolution 70.

Dr. Glover moved the adoption of substitute Resolution 70RC.

On vote, Resolution 70RC was adopted.

**70H-1999. Resolved**, that the following definition of continuing competency be adopted.

**Continuing competency:** The continuance of the appropriate knowledge and skills by the dentist in order to maintain and improve the oral health care of his or her patients in accordance with the ethical principles of dentistry.

**Support of Lifelong Continuing Education for ADA Members:** (Board of Trustees Resolution 71 and Reference Committee Resolution 71RC): The Reference Committee reported as follows:

The Reference Committee heard testimony in support of amending Resolution 71. The Committee discussed the fact that little evidence supports the value of mandated continuing competency measures and that voluntary methods are to be encouraged.

After discussing the testimony and reviewing the rationale expressed in Board Report 16 (*Supplement:685*), the Reference Committee supported a revised resolution. This resolution supports the Association's Strategic Plan Goal 1: Advocacy. Therefore, the Reference Committee recommends the adoption of substitute Resolution 71RC.

**71RC. Resolved**, that the American Dental Association supports lifelong continuing education of its members and encourages various methods of demonstrating continuing competency through the oversight of dental practitioners by state boards of dentistry and peer review, and be it further

**Resolved**, that the Association discourages methods such as mandated periodic in-office audits and/or comprehensive written examinations as a means of measuring or assessing the continuing competency of dentists or as a requirement for license renewal, and be it further

**Resolved**, that the Association encourages the investigation of new methods of supporting continuing competency of its members, and be it further

**Resolved**, that the American Dental Association promote and defend this policy in any and all discussions concerning the issue of competency.

Dr. Glover moved that Resolution 71RC be substituted for Resolution 71 (*Supplement:686*).

On vote, Resolution 71RC was substituted for Resolution 71.

Dr. Glover moved the adoption of substitute Resolution 71RC.

Dr. Jerold W. Miller, Pennsylvania, moved to substitute the following resolution for Resolution 71RC.

**Resolved**, that the American Dental Association supports continuing education to maintain continuing competency, and be it further

**Resolved**, that the American Dental Association discourages methods such as audits and/or examinations as a means of measuring or assessing the continuing competency of dentists or as a requirement for license renewal.

Regarding the first resolving clause, Dr. Miller said, "...we do not want to encourage further state board oversight." Speaking on the second resolving clause, he said, "The purpose of this is to discourage a broader range of testing for license renewal."

Dr. Carl B. Vorhies, Oregon, spoke against the substitute resolution, stating, "My concern...is we're leaving out the benefits of peer review and state boards which we wanted to make mention of as being part of the process of continuing competency. This, as I read it, says that continuing education is the only method...."

Dr. Bryan C. Edgar, Washington, also spoke against the substitute resolution. He said, "The original resolution was well written. I have had enough experience with all of these issues to realize that there are many missing factors in the substitute."

Dr. Bruce B. Wright, Delaware, said, "The third and fourth resolving clauses are very important. In-office review is very important; that's left out of this one. This resolution has had a lot of study and a lot of work and the substitute that you see really guts all of that and really weakens us."

On vote, the substitute resolution was defeated.

Dr. Charles L. Proesel, Jr., Illinois, moved to amend Resolution 71RC, by deleting the word "discourages" in the second resolving clause and inserting the word "opposes." He said the amendment would "make this a stronger statement."

Dr. Glover, as a point of order, said, "...this was originally provided with the word 'opposes' and the feeling of the Reference Committee was that the word 'discourages' is more palatable to state boards and states' rights, encouraging rather than trying to strongly direct in policy."

Dr. Robert M. Peskin, New York, spoke in favor of the amendment, stating, "...I think the stronger language is more appropriate for this entire resolution."

Dr. Bruce B. Wright, Delaware, member of the Reference Committee on Dental Education and Related Matters, said, "...If my memory serves me correctly...legal counsel advised us not to use the word 'opposes' in this context and to use the word 'discourages'...."

Mr. Sfikas, ADA general counsel, replied, "We try to be positive rather than negative when we choose our language, but certainly there's no legal reason why you couldn't substitute 'oppose' for 'discourage'...we used 'discourage'...."

Dr. Bryan C. Edgar, Washington, spoke against the amendment, stating, "While I oppose mandated in-office audits, I do not support this amendment. I believe that when state boards look to...make rules, they're going to look at the word 'discourages' and they're going to know clearly what that means...they're going to follow that lead, that the American Dental Association does not endorse in-office audits."

Dr. Steven E. Schonfeld and Dr. Terrance C. McCarthy, California, also spoke against the proposed amendment.

Dr. Joseph F. Hagenbruch, Illinois, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the proposed amendment failed.

Dr. Kurt A. Butzin, Michigan, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 71RC was adopted.

**71H-1999. Resolved**, that the American Dental Association supports lifelong continuing education of its members and encourages various methods of demonstrating continuing competency through the oversight of dental practitioners by state boards of dentistry and peer review, and be it further **Resolved**, that the Association discourages methods such as mandated periodic in-office audits and/or comprehensive written examinations as a means of measuring or assessing the continuing competency of dentists or as a requirement for license renewal, and be it further

**Resolved**, that the Association encourages the investigation of new methods of supporting continuing competency of its members, and be it further

**Resolved**, that the American Dental Association promote and defend this policy in any and all discussions concerning the issue of competency.

**Student Recruitment:** (Indiana Dental Association Resolution 78; Board of Trustees Resolution 78B and Reference Committee Resolution 78RC): The Reference Committee reported as follows:

The Reference Committee heard limited testimony regarding this resolution. The Reference Committee concurred with the Board that there is a need to develop a strategy for recruiting qualified students into dentistry. Further, the Reference Committee also noted that previous career recruitment efforts were eliminated during the budgeting process and, for this reason, supports the Board in believing that the financial implications of implementing a recruitment program should be considered by the House before implementation of the activity. Additionally, the Reference Committee supported the inclusion of an additional resolving clause to the resolution to address the recruitment of qualified underrepresented minorities. This resolution supports the Association's Strategic Plan Goal 2. Practice Support. For these reasons, the Reference Committee recommends adoption of substitute Resolution 78RC.

**78RC. Resolved**, that the appropriate ADA agencies develop an aggressive campaign for the recruitment of qualified students into dentistry targeted at the high school level and to other groups promoting health care careers, and be it further

**Resolved**, that the campaign be sensitive to the recruitment of qualified underrepresented minorities, and be it further

**Resolved**, that the proposed recruitment program, including ongoing financial implications, be submitted to the 2000 ADA House of Delegates for consideration.

Dr. Glover moved that Resolution 78RC be substituted for Resolutions 78 (*Supplement:388*) and 78B.

On vote, Resolution 78RC was substituted for Resolutions 78 and 78B.

Dr. Glover moved the adoption of substitute Resolution 78RC.

On vote, Resolution 78RC was adopted.

**78H-1999. Resolved**, that the appropriate ADA agencies develop an aggressive campaign for the recruitment of qualified students into dentistry targeted at the high school level and to other groups promoting health care careers, and be it further

**Resolved**, that the campaign be sensitive to the recruitment of qualified underrepresented minorities, and be it further

**Resolved**, that the proposed recruitment program, including ongoing financial implications, be submitted to the 2000 ADA House of Delegates for consideration.

**Opposition to Pew Report Recommendations:** (Indiana Dental Association Resolution 80 and Board of Trustees Resolution 80B): The Reference Committee reported as follows:

The Reference Committee heard no testimony regarding Resolutions 80 and 80B. The Committee concurred with the Board in support of the substitute resolution that reflects the role that constituent societies have in matters related to state legislative initiatives. This resolution supports the Association's Strategic Plan Goal 1: Advocacy. Therefore, the Reference Committee recommends the adoption of substitute Resolution 80B.

**80B. Resolved**, that the American Dental Association vigorously opposes the use of the October 1998 Pew Report, "Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation" in developing federal legislation and or regulations, and be it further **Resolved**, that the Association urge its constituent societies to vigorously oppose use of the 1998 Pew Report in developing state legislation and/or regulations.

Dr. Glover moved that Resolution 80B be substituted for Resolution 80 (*Supplement:389*).

On vote, Resolution 80B was substituted for Resolution 80.

Dr. Glover moved the adoption of substitute Resolution 80B.

Dr. Joel B. Goodman, Connecticut, spoke against adopting Resolution 80B, stating, "We all have to recognize that this document is already in the hands of state...and federal legislators; it is a document that they have available to them. For us as an association to feel that we can go then to those legislators and suggest that we have items of importance to us with regard to health care legislation and then have those legislators look to



the ADA's record as vigorously opposing the entire document, I think, speaks poorly to our principles and our ethics in terms of how we should approach these problems."

Dr. Douglas S. Hadnot, Montana, member of the Council on Government Affairs, spoke in favor of the resolution. He said, "Our Council has reviewed the Pew Report extensively. I think that there are many things that are wrong; they're wrong for our Association, wrong for our profession, most of all, wrong for our patients...."

Dr. W. Paul Radman, Texas, spoke in favor of the resolution, stating, "...If we don't go on record as vigorously opposing this, then we are giving a tacit approval. And I think the last thing this House wants to do is approve that report."

Dr. Dean P. Nicholas, Illinois, moved to amend Resolution 80B by deleting the word 'opposes' and inserting the word 'discourages' in the first and second resolving clauses

Dr. Myron J. Bromberg, California, spoke against the amendment. He said, "...This time we must oppose, not discourage. I have read the document. I was offended by it...It is an indictment of our profession that is unnecessary. The only power that it has is that of recommendation. We need to clearly make our position known that we oppose this...."

Dr. Bryan C. Edgar, Washington, also spoke against the amendment. He said, "In the previous resolution we were setting out policy and we were discouraging. In this one we are stating a position and we are opposing."

Dr. Carlos M. Interian, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the proposed amendment was defeated.

Dr. Grant W. Merritt, Missouri, said, "Just because you have a billion dollars does not make you right. This Pew Report is strictly sour grapes. You have to remember who these people were. These were the people that brought you Hillary's health plan. They were smarting and now they are trying to get retribution and that's all this is about."

Dr. Harold J. Haering, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 80B was adopted.

**80H-1999. Resolved**, that the American Dental Association vigorously opposes the use of the October 1998 Pew Report, "Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation" in developing federal legislation and/or regulations, and be it further

**Resolved**, that the Association urge its constituent societies to vigorously oppose use of the 1998 Pew Report in developing state legislation and/or regulations.

**Timely National Board Examination Scores:** (Twelfth Trustee District Resolution 96): The Reference Committee reported as follows:

The Reference Committee heard testimony in support of Resolution 96 and in support of referral. Testimony questioned the necessity of the length of time it takes to report scores for the National Board Dental and Dental Hygiene Examinations. Other testimony emphasized the importance of accurate score reporting. The Committee recognized the importance of timely reporting of scores for all licensure examinations. While understanding the concerns expressed in the resolution, the Committee recognized that a certain period of time is required to ensure accurate and reliable examination scores and that the most appropriate agency to make a judgment on this matter is the Joint Commission on National Dental Examinations. After considering the testimony and the Board comment, the Committee concurred with the Board that this is a matter that will be addressed most effectively by the Joint Commission. The resolution supports the Association's Strategic Plan Goal 1: Advocacy. Therefore the Reference Committee recommends that Resolution 96 be referred to the Joint Commission on National Dental Examinations for study and report to the 2000 House.

**96. Resolved**, that a review be commenced to determine the timeliness of the reporting schedule of the testing services of the American Dental Association, and be it further

**Resolved**, that the goal of this review will be to expedite the reporting of scores on examinations given to dentists and dental hygienists by the Joint Commission on National Dental Examinations, and be it further

**Resolved**, that the American Dental Association is hereby encouraged and requested to shorten the time for the grading of National Board Examinations in order to provide a more suitable service to persons seeking licensure as dentists and dental hygienists throughout the United States of America.

Dr. Glover moved that Resolution 96 (*Supplement:412*) be referred to the Joint Commission on National Dental Examinations for study and report to the 2000 House of Delegates.

On vote, Resolution 96 was referred to the Joint Commission on National Dental Examinations for study and report to the 2000 House of Delegates.

**Amendment to the Comprehensive Policy Statement on Dental Auxiliary Personnel: Local Anesthesia** (Eleventh Trustee District Resolution 105): The Reference Committee reported as follows:

The Reference Committee heard testimony both for and against this resolution. Those testifying in support of the resolution stated that the policy is in need of revision because over half of the states now have laws

which allow dentists to delegate to dental hygienists under direct supervision the administration of local anesthesia. They believed that deletion of the term "local" from the policy statement would reflect a neutral position of the Association. Those who did not support the resolution indicated that such a change could have an adverse effect on some states' legislative efforts.

Following careful consideration of the testimony, the Reference Committee supported the Board and concluded that the Association's current position that the administration of local anesthesia is a non-delegable function, should remain unchanged. The Reference Committee believes that the Comprehensive Policy Statement allows sufficient latitude for those states which wish to support delegation of this function to individuals who have received the appropriate education and experience. Accordingly, the Reference Committee concurs with the Board and does not support Resolution 105.

**105. Resolved,** that the Comprehensive Policy Statement on Dental Auxiliary Personnel (*Trans.* 1998:714) be amended in the section titled "Delegation of Functions," by deleting the word "local" in the second paragraph so the amended paragraph would read in part:

In meeting these responsibilities, dentists must also identify those functions or procedures that require the knowledge and skill of a dentist and therefore must be performed only by a licensed dentist. These functions and procedures include, but are not limited to: examination, diagnosis and treatment planning; prescribing work authorization; surgical or cutting procedures on hard or soft tissues; prescribing drugs and other medications; and administering parenteral, inhalation, or general anesthesia.

Dr. Glover moved Resolution 105 (*Supplement*:411).

Speaking in support of Resolution 105 were: Dr. Timothy E. Wandell, Dr. Mary Krempasky Smith and Dr. Bryan C. Edgar, Washington; Dr. Steven E. Schonfeld, California; and Dr. Leo R. Finley, Jr., Illinois.

Dr. Timothy E. Wandell, California, said, "Presently in Washington state you can delegate local anesthesia to your dental hygienist. That is in violation of ADA policy and it's frustrating to have a policy that doesn't allow us to be in compliance. Half the states have this policy, and I would expect that all those states would vote in favor of this and all it does is take out the word 'local anesthesia,' or take out 'local' and make it silent. And it recognizes the reality that most of this country allows its delegation."

Dr. Steven E. Schonfeld, California, said, "I would like to point out again that over half the states in the United States currently allow the administration of local anesthetics by dental hygienists. I would like to point out this has occurred without significant morbidity or mortality on the part of our patients. Furthermore, the

proposed resolution as written does not preclude any state from disallowing local anesthetic by a hygienist...By approving this resolution, it would allow all states to be in compliance with ADA policy."

Dr. Clifford Marks, Florida and Dr. Allen Hindin, Connecticut, spoke against Resolution 105.

Dr. Clifford Marks, Florida, said, "The violation of policy of the American Dental Association in those states that allow the administration of local anesthesia by dental hygienists is not a violation on the part of the dentists; it's rather a violation on the part of the legislators of those states. In most of those states the dentists' feelings and position was in compliance with the policy of the American Dental Association to not encourage local anesthesia to be administered by other than dentists..."

Dr. Allen Hindin, Connecticut, said, "...A neutral statement is the best direction to go in...I think these things ought to be handled at the state level and that to use the ADA as the club to hold things down in the face of all the other issues we're talking about with hygienists and assistants may not be rational..."

Dr. Sherwin Z. Rosen, California, said, "I believe the gentleman from Florida was incorrect in stating that the policy would be against the hygienists. I am responsible for what my hygienists do in the office and it is my responsibility whether or not they deliver local anesthetic and I think that was an error."

To clarify his earlier comments, Dr. Clifford Marks, Florida, said, "I did not state that the violation was on the part of the dentist. I said that the violation was on the part of the legislators who voted against the policy that was existent within the ADA. I can tell you that those states which have been opposed to the administration of local anesthetic on the part of dental hygienists have been doing this and fighting it in the legislature. A 'yes' vote on [Resolution] 105 will make it extremely difficult for those states that oppose the administration of local anesthesia by dental hygienists and give a tremendous boost to the opposing forces that wish to implement it in those states. I would strongly suggest that we stick with the existing policy that exists within the American Dental Association. It does not preclude those states that wish to allow the administration from doing so...But it will...make it very difficult for those states that oppose the administration of local anesthesia to do so with a change in this policy if you vote yes on [Resolution] 105."

Dr. Grant W. Merritt, Missouri, as a point of clarification regarding the Comprehensive Policy Statement on Dental Auxiliary Personnel, the last sentence of the section titled "Delegation of Functions," asked, "Are parenteral and inhalation only to be general anesthesia or do they actually refer to analgesia?"

Dr. Laura M. Neumann, group associate executive director, Professional Services, replied, "I believe that the terms 'parenteral' and 'inhalation' refer—are adjectives for the word 'anesthesia.' This was written a few years ago and since that time the Association has revised some of its terminology which is now in the

guidelines and the policy statements that were actually approved today.”

Dr. Burton W. Job, Ohio, said, “I would like to encourage the delegates to vote their conscience on this issue and not be swayed by what various states have decided to do....”

Dr. Perry K. Tuneberg, Illinois, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 105 was defeated.

**Amendment to the Comprehensive Policy Statement on Dental Auxiliary Personnel: Dental Hygiene Education** (Eleventh Trustee District Resolution 106): The Reference Committee reported as follows:

The Reference Committee heard testimony in support of and in opposition to this resolution.

The Reference Committee noted that since the Comprehensive Policy Statement on Dental Auxiliary Personnel: Dental Hygiene Education was adopted in 1996, revisions to the policy were proposed and adopted in 1997 and 1998. The focus of the revisions has been related to the accreditation and/or state board approval of dental hygiene education programs.

The Reference Committee heard members urge that the policy be amended to specify that dental hygiene education programs must be accredited by the Commission on Dental Accreditation. Some believe that the Association’s commitment to dental hygiene training programs accredited by the Commission on Dental Accreditation appears questionable when the Association’s policy also urges state boards of dental examiners to review and approve programs that are not accredited by the Commission. Others testified that legislative initiatives have been negatively impacted by this support for board-approved programs.

On the other hand, the Reference Committee heard from a member who opposed change to the current policy statement. It was pointed out that the issues raised in Resolution 106 were thoroughly discussed and debated at the 1998 House of Delegates. At that time the House of Delegates adopted language believed to provide a reasonable balance between the need to support Commission-accredited dental hygiene programs and the opportunity for states to consider other types of innovative programs.

The Reference Committee recognized the difficulties some practitioners have had in trying to recruit and employ dental hygienists. However, the majority of Reference Committee members believed that personnel shortages can be addressed by supporting the accreditation of innovative programs. For these reasons, the Reference Committee concluded that the Comprehensive Policy Statement on Dental Auxiliary Personnel should be revised as proposed by Resolution 106 to clearly demonstrate the Association’s commitment to dental hygiene training programs accredited by the Commission on Dental Accreditation.

In addition, the Reference Committee recommended editorial corrections to ensure the accuracy of the wording in both the original statement and the proposed revision by inclusion of the phrase “by the Commission on Dental Accreditation” on lines 11 and 23. The Reference Committee supports the modification to the statement as presented in Resolution 106 (recommended additions are underlined and recommended deletions are ~~strikethroughs~~):

Dental hygiene education programs are designed to prepare a dental hygienist to provide preventive dental services under the direction and supervision of a dentist. Two academic years of study or its equivalent in an education program accredited by the Commission on Dental Accreditation ~~typically~~ prepares the dental hygienists to perform clinical dental hygiene services. ~~However, other p~~Programs, ~~accredited by the Commission on Dental Accreditation or approved by the respective state’s board of dental examiners~~, which utilize such methods as institutionally-based didactic coursework, in-office clinical training, career laddering or electronic distance education can be an acceptable means to train dental hygienists. Boards of dentistry are urged to review such innovative programs for acceptance.

This resolution supports the Association’s Strategic Plan Goal 1. Advocacy and Goal 2. Practice Support. In summary, the Reference Committee supports Resolution 106.

**106. Resolved**, that the Comprehensive Policy Statement on Dental Auxiliary Personnel (*Trans.* 1998:714) be amended in the third paragraph of the section titled “Dental Auxiliary Education” by deletion of the word “typically” after the word “Accreditation”; by the deletion of the words “However, other” before the word “programs”; by the deletion of the phrase “accredited by the Commission on Dental Accreditation or approved by the respective state’s board of dental examiners”; and by the addition of the words “career laddering” after the words “clinical training,” so that the third paragraph of the section “Dental Auxiliary Education” would read:

Dental hygiene education programs are designed to prepare a dental hygienist to provide preventive dental services under the direction and supervision of a dentist. Two academic years of study or its equivalent in an education program accredited by the Commission on Dental Accreditation prepares the dental hygienists to perform clinical dental hygiene services. Programs, which utilize such methods as institutionally-based didactic coursework, in-office clinical training, career laddering or electronic distance education can be an acceptable means to train dental hygienists. Boards of dentistry are urged to review such innovative programs for acceptance.

Dr. Glover moved the adoption of Resolution 106 (*Supplement:411*).

Dr. Robert G. Plage, North Carolina, spoke against Resolution 106, stating, "... We've recently had a lot of flooding...yet today we still have a drought when it comes to hygiene. The problem is that in our state the community college system hygiene programs are run by hygienists for financial reasons. Current ADA policy has allowed us a window of opportunity to help make some inroads when we go to talk to them. In the past, they haven't listened. They have not increased the classes as we would like them to. Policy today that you approved here in this House last year and the year before, has allowed our state boards to look at innovative ways to get other programs for hygiene education. This has allowed us to speak to these people finally. In Charlotte, they're right now talking about increasing the class size or doubling it. Greensboro has increased their class size by 20%. Other programs are hoping to come on-line in Raleigh. I'm in Wilmington. We have a program that came on-line last month. Please don't pull the rug out from underneath us. This has really helped us...."

Dr. Matthew S. Brennan, Indiana, moved to amend Resolution 106 by inserting at the end of the third sentence of the section "Dental Auxiliary Education," a comma and the phrase, "so long as they comply with Commission on Dental Accreditation accreditation standards," so that the amended section would read:

Dental hygiene education programs are designed to prepare a dental hygienist to provide preventive dental services under the direction and supervision of a dentist. Two academic years of study or its equivalent in an education program accredited by the Commission on Dental Accreditation prepares the dental hygienists to perform clinical dental hygiene services. Programs, which utilize such methods as institutionally-based didactic coursework, in-office clinical training, career laddering or electronic distance education can be an acceptable means to train dental hygienists, so long as they comply with Commission on Dental Accreditation accreditation standards. Boards of dentistry are urged to review such innovative programs for acceptance.

Dr. Brennan said, "...The Seventh District feels strongly that this language is necessary, both to comply with the original intent of this resolution and to insure that the CDA accreditation standards are met. We don't feel that compromising accreditation is good for the ADA."

Dr. A. J. Smith, Utah, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the proposed amendment was adopted.

Speaking in support of Resolution 106 as amended were: Dr. Richard A. Crinzi, Washington; Dr. Donald O. Nordstrom, Montana; and Dr. Carl B. Vorhies, Oregon.

Dr. Richard A. Crinzi, Washington, said, "I feel very strongly that the ADA for years has been on record in supporting the accreditation process. For us to pick and choose who we want to accredit when we do not feel that we can accredit some hygiene programs but we require dentists, for in-training dentists, to graduate from accredited programs, I think, is very inconsistent. I think it leaves the ADA open for a feeling that we are being unjust with regard to this issue. I speak...for the need for the accreditation process and that the accreditation process for these innovative programs should be included as part of these distance learning or alternate or innovative ways for dental hygienists to be trained...."

Dr. Donald O. Nordstrom, Montana, said, "...I believe this...certainly allows alternative pathways. We have taken some steps, I think, in this Association to step away from accreditation. I believe that those steps are a mistake and I would like to give you briefly a little bit of the history that we have in Montana...The experience that we've had is in dentistry. Dentistry was forced upon us by initiative process. The education requirements were then not given to the dental arena; they were given to the general education arena. And so our higher education Board of Regents was allowed to determine which educational processes for dentistry were permitted. They basically don't know anything about dental health and they chose to ignore all the advice they got and recently they've taken the step to rubber-stamp five dentistry schools in Canada and will allow those dentistry people to come into Montana...if you do not stick with CODA accreditation, I believe this will occur in other areas in the dental health field."

Dr. Carl B. Vorhies, Oregon, said, "...I think it's important to note that the...report on the Commission on Dental Accreditation newly revised standards...emphasize the importance of student achievement and program outcomes while encouraging innovation and flexibility. It also goes on to state that the Commission will provide technical assistance and consulting services in developing programs that will be accredited and helping to put these together. There has been an increase in programs, an increase in graduates, and...if we believe that accreditation has value and purpose, then we must support it...this resolution supports alternate pathways without undermining accreditation."

Speaking against Resolution 106 as amended were: Dr. Jeanne P. Altieri, Connecticut; Dr. Richard J. Chichetti and Dr. Edmund I. Parnes, Florida; Dr. A. J. Smith, Utah; Dr. Bruce B. Wright, Delaware; and Dr. Robert M. Anderton, Texas.

Dr. Jeanne P. Altieri, Connecticut, said, "Board Report 6 states that the number one issue facing practicing dentists today is the ability to find and retain qualified personnel. The ADA has attempted to address this with our support of alternate pathways. Current policy, which has been made clear at each of the last three Houses of Delegates, in no way diminishes the American Dental Association's support of the accreditation process. But it gives our members the

message that the ADA supports other pathways to help meet the personnel needs of today."

Dr. Richard J. Chichetti, Florida, said, "This House over the last several years has passed several major and innovative resolutions. We formed a committee to study alternate pathways. From that...we promulgated another committee that was to come forth with a workbook on how to bring forth alternate training methods. We recognized that there existed...an excellent alternative to conventional accredited programs and we, last year in Resolution 80...agreed that both accredited programs are important, but there are other alternatives that are also excellent. We have belabored this issue for the last three years. This House has sent its strong message last year that it supported the concept of alternative training and yet, each time we come back, it's the same issue. The Board...and the Reference Committee in 1998 both supported Resolution 80 where this language originated from and I would urge this body to show its support for our previous decision...."

Dr. A. J. Smith, Utah, said, "...In 1997 this House passed an alternative pathways resolution and they gave to the Council on Dental Practice the assignment to implement that will of the House. I served on the Council at that time and I saw the innovation that took place as a result of that resolution. Within a few months...the Commission on Dental Accreditation broadened their standards to include innovative programs. Innovation has flourished and as that has happened...we have a number of programs developing in the country now utilizing those innovative standards. Probably most of those programs will end up being accredited. But it was the allowance of the alternate pathways that encouraged the innovation...if we change the policy of the ADA now, that...door will be slammed on that innovation...."

Dr. Bruce B. Wright, Delaware, said, "...If you're not from an area where there is a shortage of hygienists, please either abstain from voting...or leave the room. You can't appreciate what these people are going through...A lot of these programs, if you allow them to get started, eventually will become accredited. Please don't confuse the issue of accreditation of dentists with accreditation of hygienists. Hygienists work under your supervision...."

Dr. Robert M. Anderton, Fifteen District trustee, said, "I served as chairman of the original committee to study alternative pathways concerning dental hygienists. That committee...found that there was a severe perceived shortage of dental hygienists in this country. We came up with the idea that there was one plan that adequately trained hygienists in a state where there was no shortage. We recommended this policy change; it was amended last year and covered the situation. There was nothing in this original policy that had anything to do with us denouncing our approval of accreditation programs. It allowed those states who wished to do so set up programs that were not accredited but yet adequately trained dental hygienists and still remain within ADA policy. I think those shortages of dental

hygienists still exist. I would urge us to stay with our existing policy."

Dr. George J. Stratigopolous, California, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 106 as amended was defeated.

**Mission of Dental School Satellite Clinics: (Fifth Trustee District Resolution 107):** The Reference Committee reported as follows:

Testimony was heard encouraging the Association to be cognizant of the purposes of dental school satellite clinics. After discussing the testimony, the Reference Committee concurred with the Board and suggested further study of this matter. This resolution supports the Association's Strategic Plan Goal 1. Advocacy. Therefore, the Reference Committee recommends that Resolution 107 be referred for further study.

**107. Resolved**, that the ADA advocates legislation that will establish education and service as the sole mission of dental school satellite clinics, and that revenue generated should support only the respective satellite educational programs not the parent institution, and be it further

**Resolved**, that the ADA advocates legislation that will discourage advertising of any nature by dental school satellite clinics so as not to cause a disruption in the continuity of private patient care, and be it further

**Resolved**, that the ADA believes that stringent supervision of pre- and post-doctoral students must exist in these facilities especially in patient therapies that are complex in nature to ensure the safety of the patient, and be it further

**Resolved**, that for the foregoing reasons, the ADA advocates legislation that precludes the respective institutions from entering into contractual relationships with entities that treat patients outside the targeted underserved population.

Dr. Glover moved that Resolution 107 (*Supplement:401*) be referred to the appropriate agency for further study.

Dr. Ronald D. Bushick, Pennsylvania, spoke against referral, stating, "...I think the resolutions as they are now presented are adequate and I don't see where a year of study would do anything further."

Dr. Howard C. Bell, Florida, also spoke against referral and in support of adopting Resolution 107. He said, "...I think we learned from 1998 Board Report 12 that there is a great disparity between dental school and private sector perception of the mission and purpose of satellite clinics. We know that many dental schools depend on their satellite clinics to be self-sufficient financially. We know that more and more of these satellite clinics are opening, and we also know that 51% of the patients treated in these clinics are outside of the Medicaid, Medicare low-income framework...I am from

a city where a dental satellite clinic has opened two blocks from the hospital that works with the Mayo Clinic. If you don't think that's a stamp of approval on a dental satellite clinic, you are wrong. The dental satellite clinic faculty has already solicited general practitioners for their oral surgery patients, their fee-for-service patients, and we have a very unhappy oral surgery community in our area."

Dr. Myron L. Pudwill, Tenth District trustee, speaking in support of the referral, said, "I think there's a lot of issues here that are being discussed in this resolution that until you make any further address to these, you need to take a look at those... There are some implications here that really need to be examined."

Dr. Ronald G. Tietz, Texas, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the motion to refer Resolution 107 to the appropriate agency for further study was adopted.

**Financial Update:** Dr. Rene Rosas, ADA Treasurer, reported that based on actions taken by the House during the Report of the Reference Committee on Dental Education and Related Matters, \$79,350 has been added to the budget, of which \$22,800 is a one-time expense and \$56,500 is an ongoing expense. At this point in the House proceedings the total deficit was \$5,976,000.

#### **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. Richard A. Crinzi, Washington, chairman. The other members of the Committee were: Dr. Wallace L. Huff, Virginia; Dr. Curtis R. Johnson, South Dakota; Dr. David A. Kestel, Louisiana; Dr. Douglas D. Kirk, Illinois; Dr. Howard I. A. Lieb, New York; Dr. Theodore R. Pope, Ohio; and Dr. Joel L. Strom, California.

**Consent Calendar** (Reference Committee Resolution 122): 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.

The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 12, 13, 14, 42, and 43 as submitted.

**122. Resolved**, that the following resolutions be adopted:

**Resolution 12:** Editorial Amendment to the ADA Bylaws, Chapter V. House of Delegates, Section 130.

Rules of Order, Subsection A. Standing Rules and Reports, subsection (e). (*Reports:110*)

**Resolution 13:** Amendment to the ADA Bylaws, Elimination of References to Panama Canal (*Reports:110*)

**Resolution 14:** Editorial Amendment to the ADA Bylaws, Chapter I. Membership, Section 50a (*Reports:111*)

**Resolution 42:** Amendment to the ADA Bylaws, Chapter III. Component Societies, Section 10. Organization (*Supplement:361*)

**Resolution 43:** Amendment to the ADA Bylaws, Chapter II. Constituent Societies, Section 40. Membership, Subsection D. Multiple Jurisdictions (*Supplement:361*)

**Resolution 74:** Activity to Stop Unlicensed Dental or Dental Hygiene Practice (*Supplement:391*)

**Resolution 92:** Support for Fee-For-Service Models for Medicaid Programs (*Supplement:394*)

Dr. Crinzi moved the adoption of Resolution 122.

Dr. Douglas Hadnot, Montana, requested that Resolution 92 be removed from the consent calendar.

The Speaker noted that Resolution 92 would be considered as the last item of business of this report.

On vote, Resolution 122, as amended, was adopted by a two-thirds (2/3) majority.

**122H-1999. Resolved**, that the following resolutions be adopted:

**Resolution 12:** Editorial Amendment to the ADA Bylaws, Chapter V. House of Delegates, Section 130. Rules of Order, Subsection A. Standing Rules and Reports, Subsection e. (*Reports:110*)

**Resolution 13:** Amendment to the ADA Bylaws, Elimination of References to Panama Canal (*Reports:110*)

**Resolution 14:** Editorial Amendment to the ADA Bylaws, Chapter I. Membership, Section 50a (*Reports:111*)

**Resolution 42:** Amendment to the ADA Bylaws, Chapter III. Component Societies, Section 10. Organization (*Supplement:361*)

**Resolution 43:** Amendment to the ADA Bylaws, Chapter II. Constituent Societies, Section 40. Membership, Subsection D. Multiple Jurisdictions (*Supplement:361*)

**Resolution 74:** Activity to Stop Unlicensed Dental or Dental Hygiene Practice (*Supplement*:391)

*Note:* For the purpose of a fully documented record, the complete text of the resolutions included in Resolution 122H-1999 follows.

*Adopted Resolutions.*

**12H-1999. Resolved,** that the ADA *Bylaws*, Chapter V. HOUSE OF DELEGATES, Section 130. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, Subsection e. RESOLUTIONS be amended by deleting the words “for consideration by” on lines 1070-1071 and substituting in their place the word “to” and by adding the words “for consideration” after the words “ADA House of Delegates” and before the period on line 1071, so the amended subsection reads as follows:

e. RESOLUTIONS. A resolution becomes the property of the American Dental Association when submitted to the ADA House of Delegates for consideration. If adopted by the House of Delegates, this Association shall be the sole owner of the resolution which shall constitute “work made for hire” under copyright laws. This Association shall have the exclusive right to seek copyright registration for the resolution and to secure copyrights and retain ownership of such copyrights in its own name.

**13H-1999. Resolved,** that the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, Subsection A. ACTIVE MEMBER be amended by deleting on lines 87-89 the punctuation and words “(including until December 31, 1999, the Panama Canal area where citizens of the United States are assigned by the United States Government and reside),” and be it further

**Resolved,** that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, Subsection G. RETIRED MEMBER be amended by deleting on lines 184-187 the punctuation and words “(including until December 31, 1999, the Panama Canal area where citizens of the United States are assigned by the United States Government and reside),” and be it further

**Resolved,** that Chapter II. CONSTITUENT SOCIETIES, Section 10. ORGANIZATION be amended by deleting on lines 500-502 the punctuation and words “(including until December 31, 1999, the Panama Canal area where citizens of the United States are assigned by the United States Government and reside),” and be it further

**Resolved,** that Chapter II. CONSTITUENT SOCIETIES, Section 40. MEMBERSHIP, Subsection B. REMOVAL FROM ONE JURISDICTION TO ANOTHER, be amended by deleting on lines 563-565 the punctuation and words “(including until December 31, 1999, the Panama Canal area where citizens of the

United States are assigned by the United States Government and reside),” and be it further

**Resolved,** that Chapter II. CONSTITUENT SOCIETIES, Section 110. CHARTERED CONSTITUENT SOCIETIES, be amended by deleting on line 686 the words “Panama Canal Dental Society,” and be it further

**Resolved,** that Chapter IV. TRUSTEE DISTRICTS, Section 30. COMPOSITION be amended on line 786 by deleting the words “Panama Canal Dental Society,” and be it further

**Resolved,** that these amendments take effect on January 1, 2000.

**14H-1999. Resolved,** that the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 50. DUES AND REINSTATEMENT, Subsection A. ACTIVE MEMBERS, paragraph (4) be amended by substituting the word “member” for the word “members” on line 382, and be it further

**Resolved,** that the first footnote to Chapter I, Section 50A be amended by substituting the words “level of active member dues” for the words “level of active members dues,” and be it further

**Resolved,** that the second footnote to Chapter I, Section 50A be amended by substituting the words “level of active member dues” for the words “level of active members dues.”

**42H-1999. Resolved,** that the ADA *Bylaws* be amended in Chapter III. COMPONENT SOCIETIES, Section 10. ORGANIZATION by inserting on line 708 a new sentence to read: “The plan adopted by the constituent society may or may not limit active membership in a component society to dentists who reside or practice within the geographic area of that component society,” so the amended section reads as follows:

Section 10. ORGANIZATION: Component societies may be organized in conformity with a plan approved by the constituent society of which they shall be recognized entities provided, however, that the active, life or retired members of each component society shall consist of dentists who are members in good standing of their respective constituent societies and of this Association. The plan adopted by the constituent society may or may not limit active membership in a component society to dentists who reside or practice within the geographic area of that component society. Each component society shall adopt and maintain a constitution and bylaws, which shall not be in conflict with, or limit, the *Constitution and Bylaws* of this Association or that of its constituent society, and shall file a copy thereof and any changes which may be made thereafter with the Executive Director of this Association.

**43H-1999. Resolved,** that the ADA *Bylaws* be amended in Chapter II. CONSTITUENT SOCIETIES, Section 40. MEMBERSHIP, Subsection D. MULTIPLE

**JURISDICTIONS** by: deleting the first sentence in its entirety and inserting in its place a new sentence to read, "A member may hold membership in more than one constituent society with the consent of the constituent society involved"; by deleting the words "component and" on line 586; by deleting the word "uses" on line 588 and inserting the words "practices dentistry at" in its place; and by inserting a new sentence on line 588 to read, "In order to meet the requirement of tripartite membership, a member must also maintain active membership in one component society of each constituent society into which the member is accepted, if such exist," so the amended subsection reads as follows:

**D. MULTIPLE JURISDICTIONS.** A member may hold membership in more than one constituent society with the consent of the constituent society involved. A member is required to maintain active membership in the constituent society, if accepted therein, in whose jurisdiction the member maintains or practices dentistry at a secondary or "branch" office. In order to meet the requirement of tripartite membership, a member must also maintain active membership in one component society of each constituent society into which the member is accepted, if such exist. If such a member is accused of unethical conduct and disciplinary proceedings are brought, then those proceedings shall be instituted in the component or constituent society where the alleged unethical conduct occurred. A disciplinary ruling affecting membership in one constituent society shall affect membership in both societies and in the Association. A member shall have the right of appeal as provided in Chapter XII of the *Bylaws*. Such member shall pay dues in this Association only through the constituent society in whose jurisdiction the member conducts the major part of the member's practice.

**74H-1999. Resolved**, that each constituent dental society be urged to support enactment of legislation which gives each Board of Dental Examiners the means to stop the illegal practice of dentistry or dental hygiene by an unlicensed person.

**Advisory Opinion on Advertising Credentials in General Dentistry** (Reference Committee Resolution 126): The Reference Committee reported as follows:

The Reference Committee received testimony from the Academy of General Dentistry (AGD) on the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) Supplemental Report 1 to the House of Delegates: Recent Council Activities (*Supplement*:359). Specifically, the AGD voiced concern about the position taken by CEBJA in its advisory opinion on advertising credentials in general dentistry (Advisory Opinion 5.1.2) concerning the use of abbreviations with disclosures. The Chairman of CEBJA testified that CEBJA had

considered these comments when it drafted the advisory opinion. CEBJA has the *Bylaws* authority to adopt advisory opinions, which represent CEBJA's interpretation of the *ADA Principles of Ethics and Code of Professional Conduct*. However, the Reference Committee believes that in the interest of professional comity, it would be desirable for CEBJA to look at the question again. Therefore, the Reference Committee recommends the following resolution:

**126. Resolved**, that the Council on Ethics, Bylaws and Judicial Affairs be urged to revisit the issue of the use of abbreviations to announce credentials under Advisory Opinion 5.1.2. **GENERAL DENTIST ANNOUNCEMENT OF CREDENTIALS**, to the *ADA Principles of Ethics and Code of Professional Conduct*.

Dr. Stanton Deitch, New Jersey, member of the Council on Ethics, Bylaws and Judicial Affairs, spoke against the resolution, stating, "This resolution has come from the AGD and I think there is a misunderstanding. The Council has visited and revisited this many times...the report and the Advisory Opinion 5.1.2 refers to some portions of the canon and our ethics concerning...advertising of superiority—of claims of superiority and false and misleading. Not in the minds of us, as dentists, but in the minds of the public...when we would advertise John Jones, DDS, FAGD or MAGD. We know what that means as dentists. The public will perceive that, though, as an additional degree which may relate to superiority...."

Dr. Richard A. Eklund, Texas, Council on Ethics, Bylaws and Judicial Affairs, spoke against the resolution, stating, "...In consultation with some of the members of the AGD...I have assured them that their concerns will be addressed by the Council. This motion is unnecessary and ill-advised...."

Dr. Bryan C. Edgar, Washington, spoke in favor of the resolution, stating, "As I read Advisory Opinion 5.1.2, it is flawed. It conflicts with our current state laws on advertising of superiority."

On vote, Resolution 126 was defeated.

**Health Information Privacy/Confidentiality** (Council on Government Affairs Resolution 15; Board of Trustees Resolution 15B and Reference Committee Resolution 15RC): The Reference Committee reported as follows:

There was relatively little testimony on this resolution but the Reference Committee heard from an ADA member who was concerned that the express reference to "federal" legislation and "national" safeguards in the resolution could be misinterpreted as the Association encouraging federal government intrusion in matters affecting dentists. In deference to that concern, the Committee submits a substitute resolution that eliminates these references.

The Committee also heard from another individual who asked that no patient data (identifiable or



otherwise) be released for research purposes without the patient's permission. The Committee did not adopt this proposed change because it believes the wording of Resolution 15B (as reflected in Resolution 15RC) on this matter best balances the patient's right to privacy with a researcher's need for information in that this Resolution limits the disclosure of only identifiable patient information.

**15RC. Resolved**, that the following be adopted as the American Dental Association's policy on health information confidentiality and privacy:

#### **Federal legislation**

- The Association supports legislation to protect the confidentiality and privacy of patient health information.
- In particular, the Association believes minimum safeguards are needed to protect patients against wrongful disclosure and/or use of patient identifiable information, and to protect their providers as a result of wrongful disclosure or use by third parties who are properly given access to that information.

#### **Limits on disclosure and use of patient-identifiable information**

- Generally, the disclosure and/or use of patient-identifiable information by health care providers should be limited to that which is necessary for the proper care of the patient, or authorized by the patient and/or other applicable law.
- Use of patient-identifiable health information by an entity that receives that information from a patient's health care provider should be limited to that necessary for the proper care of the patient, except for research purposes as identified herein.
- Subsequent holders of patient information should be prohibited from changing health information or conclusions submitted by the patient's health care provider.

#### **Patients' rights**

- Patients should have the right to know who has access to their personally identifiable health information and how that information has been used.
- A patient's general consent to the release of confidential health information to a third party, such as a health plan, should not be legally sufficient to permit subsequent release by that third party of the information.
- With appropriate limitations designed to protect the integrity of the attending doctor's records and to ensure against unauthorized disclosure or unduly burdensome requests, patients should be

afforded the opportunity to see their treatment records and obtain copies.

#### **Unauthorized disclosure of patient-identifiable health information**

- Patients should have a fair opportunity to seek legal redress if their personally identifiable health information has been willfully and wrongly released.
- No liability should arise against a provider who, in good faith and for the purpose of providing appropriate health care, unintentionally releases confidential health information in a manner not permitted by law.
- A health care provider who has properly disclosed patient-identifiable health information to a third party should be immune from liability for subsequent disclosure or misuse of that information by that third party.

#### **Use of health information for research**

- Generally, all identifying information should be removed when health records are used for research purposes.
- Identifiable data should be released only after approval of an Institution Review Board, pursuant to applicable review procedures and protocols.
- Legislative exemptions to patient consent requirements for research purposes should be narrowly drawn.

#### **Use of health information by law enforcement**

- Except as otherwise provided by applicable laws, law enforcement officials should be required to obtain a binding court order, warrant or subpoena before having access to patient records.

#### **Practice considerations**

- Dentists should know their ethical and legal obligations regarding patient confidentiality and privacy.
- Dentists should engage in sound risk management techniques to ensure compliance, including office protocols, record maintenance and training to protect such information.

Dr. Crinzi moved that Resolution 15RC be substituted for Resolutions 15 (*Reports:116*) and 15B. On vote, Resolution 15RC was substituted for Resolutions 15 and 15B.

Dr. Crinzi moved the adoption of Resolution 15RC. The Speaker granted the request of Dr. Michael T. Rainwater, Georgia, to editorially amend Resolution 15RC by deleting the word "federal" in the title of the first subsection.

Dr. Crinzi replied, "...We were sympathetic with the discussion of leaving 'federal' out, but when you have a title that says 'legislation,' it seemed to make very little sense to the Reference Committee, hence, the reason for slashing it in the worded part of it but leaving it in the title. I give you that as a clarification of the Reference Committee's intent."

Dr. Harold J. Haering, Florida, replied, "...The Association is not seeking federal legislation in this area. We feel like once we get federal legislation and Health and Human Services and Donna Shalala deciding what records to release and how to do them, it's going to be much more difficult. We want to keep it in states' hands, this type of issue."

On vote, Resolution 15RC was adopted as editorially amended.

**15H-199. Resolved,** that the following be adopted as the American Dental Association's policy on health information confidentiality and privacy:

#### **Legislation**

- The Association supports legislation to protect the confidentiality and privacy of patient health information.
- In particular, the Association believes minimum safeguards are needed to protect patients against wrongful disclosure and/or use of patient identifiable information, and to protect their providers as a result of wrongful disclosure or use by third parties who are properly given access to that information.

#### **Limits on disclosure and use of patient-identifiable information**

- Generally, the disclosure and/or use of patient-identifiable information by health care providers should be limited to that which is necessary for the proper care of the patient, or authorized by the patient and/or other applicable law.
- Use of patient-identifiable health information by an entity that receives that information from a patient's health care provider should be limited to that necessary for the proper care of the patient, except for research purposes as identified herein.
- Subsequent holders of patient information should be prohibited from changing health information or conclusions submitted by the patient's health care provider.

#### **Patients' rights**

- Patients should have the right to know who has access to their personally identifiable health information and how that information has been used.

- A patient's general consent to the release of confidential health information to a third party, such as a health plan, should not be legally sufficient to permit subsequent release by that third party of the information.
- With appropriate limitations designed to protect the integrity of the attending doctor's records and to ensure against unauthorized disclosure or unduly burdensome requests, patients should be afforded the opportunity to see their treatment records and obtain copies.

#### **Unauthorized disclosure of patient-identifiable health information**

- Patients should have a fair opportunity to seek legal redress if their personally identifiable health information has been willfully and wrongly released.
- No liability should arise against a provider who, in good faith and for the purpose of providing appropriate health care, unintentionally releases confidential health information in a manner not permitted by law.
- A health care provider who has properly disclosed patient-identifiable health information to a third party should be immune from liability for subsequent disclosure or misuse of that information by that third party.

#### **Use of health information for research**

- Generally, all identifying information should be removed when health records are used for research purposes.
- Identifiable data should be released only after approval of an Institution Review Board, pursuant to applicable review procedures and protocols.
- Legislative exemptions to patient consent requirements for research purposes should be narrowly drawn.

#### **Use of health information by law enforcement**

- Except as otherwise provided by applicable laws, law enforcement officials should be required to obtain a binding court order, warrant or subpoena before having access to patient records.

#### **Practice considerations**

- Dentists should know their ethical and legal obligations regarding patient confidentiality and privacy.
- Dentists should engage in sound risk management techniques to ensure compliance, including office protocols, record maintenance and training to protect such information.

**Amendment of ADA Principles of Ethics and Code of Professional Conduct, Section 3.E Child Abuse** (Council on Ethics, Bylaws and Judicial Affairs Resolution 44): The Reference Committee reported as follows:

Resolution 44, as worded, would tie a dentist's ethical obligation to report all suspected cases of abuse and neglect to the legal requirements of the individual dentist's state. The Reference Committee is uncomfortable with this change for three reasons.

First, state laws that mandate reporting of abuse and neglect may be inconsistent with limits in the state's dental practice act on the dentist's authority to evaluate evidence manifested outside the perioral area.

Further, the Committee believes this concept would have the effect of making ethics vary from state to state. For example, a dentist might have an ethical obligation to report a suspected case of spousal abuse in State A but no ethical obligation to report the same case in State B.

The Reference Committee also heard testimony questioning whether a dentist would have an ethical duty to report a case of abuse involving a competent adult if the abused individual objected to a report being made. This could create a conflict between the ethical obligation to report and the ethical obligation to respect the patient's autonomy.

The Reference Committee respects and agrees with other testimony presented by, for example, the American Academy of Pediatric Dentistry, which strongly supports the concept that dentists have an important role to play with physicians and other health care professionals in addressing this public health issue. However, the Reference Committee believes that the resolution should be referred back to the Council on Ethics, Bylaws and Judicial Affairs for further study of the best way to achieve this laudable goal consistent with the Reference Committee's concerns.

**44. Resolved**, that the *ADA Principles of Ethics and Code of Professional Conduct*, Section 3.E. be amended by deleting the words "perioral" and "child," adding the words "and neglect" after the word "abuse," adding a comma after the word "authorities" and by renaming the section "3.E. ABUSE AND NEGLECT," so the amended section reads as follows:

#### 3.E. ABUSE AND NEGLECT.

Dentists shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.

and be it further

**Resolved**, that the constituent societies be urged to educate their members about the legal requirements for reporting abuse and neglect in their states.

Dr. Crinzi moved that Resolution 44 (*Supplement:366*) be referred back to the Council on Ethics, Bylaws and Judicial Affairs for further study and report to the 2000 House of Delegates.

Dr. Morton L. Divack, New York, spoke in favor of referral. He said, "... While it's well intentioned, I think it's going to open up a Pandora's box for attorneys out there who will see it as a means of litigating against dentists who did not or did, in fact, report what they suspected to be abuse that turned out not to be abuse... Everyone in this House is opposed to child abuse and what isn't broke shouldn't be fixed... This sets a double standard of ethics in that some states don't require it by law, and I don't know why we would want to invite state legislators to look at our ethics code to change those laws...."

Speaking in support of Resolution 44 and against referral were: Dr. Arthur I. Schwartz, Massachusetts; Dr. Ronald B. Gross, Pennsylvania; Dr. Richard J. Chichetti, Florida; Dr. Kim U. Jernigan, Florida; Dr. Edwin S. Mehlman, Rhode Island; Dr. Thomas E. Sullivan, Illinois; Dr. Shanon T. Kirchhoff, Missouri; and Dr. Michael S. Swartz, Massachusetts.

Dr. Arthur I. Schwartz, Massachusetts, said, "The Reference Committee had certain concerns. The first was that any fear of inconsistencies in the Dental Practice Act... already exist and have existed for years since we already all are mandated to report suspected cases of child abuse and use our knowledge and use our judgment and our skills to do so. The Reference Committee's second concern that ethics would vary from state to state is invalid. The law already varies from state to state. Most troubling, in some areas our code is now less demanding than the local law. Our code of ethics should be a guiding beacon for us as professionals and for those who make our laws. Third, the House should be aware that the Council shares the Reference Committee's concern regarding potential abuse situations in competent adults. There is no doubt that some clarification is needed in this situation. But please remember that the Council cannot create an advisory opinion to make this clarification if the issue is not in the code."

Dr. Robert H. Buchholz, Ohio, moved to amend Resolution 44.

The Speaker declared the motion to amend Resolution 44 out of order since the pending motion is to refer and amendments would be restricted to the specifics of referral.

Dr. Ronald B. Gross, Pennsylvania, chairman, Council on Ethics, Bylaws and Judicial Affairs, said, "... We need this in our code at this point in time. We are not at the same level as the law and all of you know that ethics has to be a step higher than the law. Give us the ability to answer the questions by advisory opinions and a report that will come and we'll take care of it for you."

Dr. Richard J. Chichetti, Florida, member of the Council on Ethics, Bylaws and Judicial Affairs, said, "... We already have an existing policy on child abuse.

So all we're doing as a Council is broadening it to include other forms of abuse...The thing that makes me most proud of the American Dental Association is the fact that our code of ethics has always been a step higher than the laws applied to it. We've always taken the high road and if you compare your state laws to our code of ethics, I will guarantee you will find numerous areas where our code holds us to a higher standard. And that's something that we should be very proud of and continue to do...."

Dr. Kim U. Jernigan, Florida, said, "...All we're asking this resolution to do is bring our ADA House *Bylaws* consistent with state laws. I don't see where that's going to pose a problem for folks in the area of abuse because spouse abuse is not required to be reported in all the states; it's consistent with state laws. Child abuse, however, is."

Dr. Edwin S. Mehlman, Rhode Island, said, "We're not setting state law; we're setting a code of ethics. We have a committee that studied this for a full year and has come up with this statement. The statement says that if a child in Hawaii at any time of the year or if [a child in] Rhode Island during the summer comes in with shorts on and has bruises all over his legs, that I should be suspicious of something...."

Dr. Michael S. Swartz, Massachusetts, said, "...We cannot wait another year. This profession has to be above a few scares from lawyers. We have to not wait another year to protect the disabled, the spouses and the women and the elderly who are abused in this nation. They rely on us...."

Dr. Ronald B. Gross, Pennsylvania, said, "...Someone alluded to the fact that we would encourage suits against our members, and I've been assured that goodwill reporting in...all the states that have these kind of laws give immunity to suits. So don't be concerned about putting our members in a position of being sued."

On vote, the motion to refer Resolution 44 to the Council on Ethics, Bylaws and Judicial Affairs for further study and report to the 2000 House of Delegates was defeated.

Dr. Crinzi moved the adoption of Resolution 44.

Dr. Robert H. Buchholz, Ohio, moved to amend Resolution 44 by deleting the second resolving clause and adding a new second resolving clause that reads as follows:

and be it further

**Resolved**, that the American Dental Association be urged to educate their members about abuse and neglect and that constituent societies be urged to educate their members about the legal requirements for reporting abuse and neglect in their states.

Dr. Buchholz said, "...What I would like to see, because there is so much information about child abuse from here and there, as well as neglect and abuse of the elderly, I would like to see ADA address this issue with a special insert in one of the issues of *JADA*. The

advertisements can certainly be gleaned from many of the drug companies that treat the geriatric public. I'm sure that it would be more than enough to meet the cost of this special publication. I am suggesting, folks, that we need some education in abuse and neglect, whether it be the elderly or the young. We're young and then we become old and then we become young again."

Dr. Harold J. Haering, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the proposed amendment was adopted.

Dr. Harold J. Haering, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 44 as amended was adopted.

**44H-1999. Resolved**, that the *ADA Principles of Ethics and Code of Professional Conduct*, Section 3.E. be amended by deleting the words "perioral" and "child," adding the words "and neglect" after the word "abuse," adding a comma after the word "authorities" and by renaming the section "3.E. ABUSE AND NEGLECT," so the amended section reads as follows:

3.E. ABUSE AND NEGLECT.

Dentists shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.

and be it further

**Resolved**, that the American Dental Association be urged to educate their members about abuse and neglect and that constituent societies be urged to educate their members about the legal requirements for reporting abuse and neglect in their states.

**New Business:** The Speaker announced that the following resolutions have been submitted as items of new business and that they would be considered at the last meeting of the House:

**Resolution 131:** AEGD Management and Funding Study; and

**Resolution 132:** Procedures for Voting by the House of Delegates.

**Announcement:** The Speaker announced that, as a standing order of business, the installation of officers and trustees would take place at 8 a.m., October 13, 1999.

**Adjournment of Third Meeting:** The third meeting of the House of Delegates adjourned at 5:12 p.m.

## Wednesday, October 13, 1999

### Fourth Meeting of the House of Delegates

**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. James T. Fanno.

**Report of the Standing Committee on Credentials, Rules and Order:** Dr. Andrew Shuler reported that the Standing Committee had not received any requests to waive the rules of the House relating to credentialing. Dr. Shuler reported the presence of a quorum.

**Announcements:** Dr. Shuler announced that Dr. Patricia Blanton, Texas, chairman of the Reference Committee on Scientific Matters and Dr. Cynthia E. Sherwood, Kansas, would not be in attendance due to family emergencies.

### Special Order of Business

#### Installation of Officers and Trustees

**Recognition of Retiring Officers and Trustees:** The Speaker recognized the following retiring ADA officers and trustees:

Dr. Betty R. McKaig, first vice president  
Dr. Richard A. Smith, second vice president  
Dr. Ronald M. Chaput, trustee, First District  
Dr. Ross J. DeNicola, Jr., trustee, Twelfth District  
Dr. Charles L. Siroky, trustee, Fourteenth District

The continuing members of the Board of Trustees and officers were introduced.

Dr. Howard B. Fine, trustee, Second District  
Dr. John W. Staubach, trustee, Third District  
Dr. Henry M. Finger, trustee, Fourth District  
Dr. T. Howard Jones, trustee, Fifth District  
Dr. Chris Mangos, trustee, Sixth District  
Dr. Patrick S. Metro, trustee, Seventh District  
Dr. Leo R. Finley, Jr., trustee, Eighth District  
Dr. George L. Bletsas, trustee, Ninth District  
Dr. Myron L. Pudwill, trustee, Tenth District  
Dr. Steven M. Bruce, trustee, Eleventh District  
Dr. Eugene Sekiguchi, trustee, Thirteenth District  
Dr. D. Gregory Chadwick, trustee, Sixteenth District  
Dr. James T. Fanno, speaker of the House of Delegates  
Dr. Rene Rosas, treasurer  
Dr. John S. Zapp, executive director

**Installation of New Officers and Trustees:** The following new trustees and new officers were introduced and installed into office:

Dr. Edwin S. Mehlman, trustee, First District  
Dr. Richard Haught, trustee, Twelfth District  
Dr. Edward Leone, Jr., trustee, Fourteenth District  
Dr. Frank K. Eggleston, trustee, Fifteenth District  
Dr. J. Kendall Dillehay, first vice president  
Dr. Ronald Gross, second vice president

**Presentation to Dr. S. Timothy Rose:** Dr. David Whiston, ADA past president, presented Dr. S. Timothy Rose with the insigne of the office of past president. A certificate of appreciation was also presented to Dr. Rose.

**Installation of Dr. Richard F. Mascola:** Dr. S. Timothy Rose introduced incoming president of the American Dental Association, Dr. Richard Mascola. Dr. Richard Mascola addressed the House of Delegates.

**Installation of Dr. Robert M. Anderton:** President Richard Mascola introduced incoming president-elect Dr. Robert Anderton.

**Report of the Chairman of the American Dental Political Action Committee:** Dr. Michael Donohoo spoke of the activities of ADPAC, such as involvement in the patient protection issues and overseeing the grassroots network. He also announced that as a result of overwhelming participation in the Capital Club, a record amount of money was raised at the meeting.

**ADPAC Century Club:** Dr. John W. Staubach, Third District, and Dr. Patrick S. Metro, Seventh Trustee District, announced their districts had a 100% participation in making contributions to the ADPAC Century Club.

**Presentation of Legal Counsel:** The Speaker introduced Mr. Peter Sfikas to provide clarification on the issues of immunity and reporting abuse and neglect (in reference to earlier discussions of Resolution 44: Amendment of *ADA Principles of Ethics and Code of Professional Conduct*, Section 3.E Child Abuse). Mr. Sfikas said, "When this provision...was prepared, we researched the states and you notice what you did adopt ends with the four words 'consistent with state laws.' And most states have a statute that does provide immunity. Now, we did hear testimony with reference to a particular case...regarding a dentist who was sued because he did call to the attention abuse and neglect...It appears generally...the states do have immunity provisions and this provision is written consistent with state laws. So it dovetails with those states that do have immunity provisions. Now, if you are in a state that doesn't have immunity provisions, this ethical pronouncement would not apply to you because...it is only consistent with state law and we don't know...what jurisdiction the lawsuit was...brought out here in connection with testimony on this issue."

## Report of the Reference Committee on Legal and Legislative Matters (continued)

**Yearly Grassroots Legislative Conference** (Council on Government Affairs/American Dental Political Action Committee Resolution 51; Eighth Trustee District Resolution 51S-1 and Reference Committee Resolution 51RC): The Reference Committee reported as follows:

The Reference Committee agrees with the Joint Report's rationale that the grassroots/public affairs conference should provide both grassroots advocacy training and issues training with an eye toward attracting the correct mix of new and experienced action team leaders (ATLs). The conference also affords action team leaders and other members of the ADA leadership an opportunity to lobby their Members of Congress on Capitol Hill and provide an enhanced political presence in Washington. One member who testified called the grassroots program the most successful activity the ADA has undertaken.

The Reference Committee agrees with the majority of those who testified that everything should be done to make the conference as open as possible and specifically that all ATLs should be invited. The Committee also concurred that Resolution 51 would discourage the attendance of many ATLs. Therefore, the Reference Committee is submitting its own resolution in an effort to take the best from both Resolution 51 and Resolution 51S-1, while also making it clear that the ADA should fund ATLs or their alternates to attend the conference.

The 2000 budget presently contains an appropriation for the conference of approximately \$145,000. To fund the program at the 1999 level, an additional \$100,000 should be added to the budget. Therefore, the Committee recommends the adoption of substitute Resolution 51RC.

**51RC. Resolved**, that beginning in 2000, the ADA will hold a grassroots/public affairs conference on an annual basis, and be it further

**Resolved**, that all action team leaders or their alternates be invited and funded as determined by the Association's budgeting process to attend this conference, and be it further

**Resolved**, that Resolution 74H-1997 (*Trans.*1997:708), Yearly Grassroots Legislative Conference, be rescinded.

Dr. Crinzi moved that Resolution 51RC be substituted for Resolutions 51 (*Supplement*:373) and 51S-1 (*Supplement*:408).

On vote, Resolution 51RC was substituted for Resolutions 51 and 51S-1.

Dr. Crinzi moved the adoption of substitute Resolution 51RC.

Dr. David J. Fulton, Jr., Illinois, spoke in favor of the resolution, stating, "[Resolution] 51RC does three things for us. One, it ensures the continuation of the

grassroots conference. Two, it broadens its scope to include public affairs. And three...it puts a realistic hard dollar amount into our budget to allow our Association not only to invite all our team leaders, but to take responsibility and to help fund their travels to that conference each year."

Dr. Murray D. Sykes, Maryland, also spoke in favor of the resolution, stating, "...I implore everybody. There are plenty of places to cut money in this budget, but this is one place where we want to add money and we never want to cut money. This is the most important and successful venture the American Dental Association does, and I would like to see a 100% vote on this."

Dr. Thomas J. Hughes, Wisconsin, moved to substitute Resolution 51RCS-1 for Resolution 51RC "to basically tighten up some of the language." Dr. Hughes indicated this substitution would have the same financial impact as 51RC—\$100,000. The proposed substitution would read:

**51RCS-1. Resolved**, that beginning in 2000, the ADA will hold a grassroots/public affairs conference on an annual basis. The meeting will be a grassroots and issues oriented format, and be it further

**Resolved**, that each constituent be encouraged to rotate attendees, and be it further

**Resolved**, that transportation costs for Action Team Leaders or their designated alternates from each district be funded by the budgeting process of the American Dental Association, and be it further **Resolved**, that constituent societies or their state PACs be strongly encouraged to underwrite the other expenses of the Action Team Leaders, and be it further

**Resolved**, that Resolution 74H-1997 (*Trans.*1997:708), Yearly Grassroots Legislative Conference, be rescinded.

On vote, Resolution 51RCS-1 was substituted for Resolution 51RC.

Dr. Martin D. Craven, California, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote Resolution 51RCS-1 was adopted.

**51H-1999. Resolved**, that beginning in 2000, the ADA will hold a grassroots/public affairs conference on an annual basis. The meeting will be a grassroots and issues oriented format, and be it further

**Resolved**, that each constituent be encouraged to rotate attendees, and be it further

**Resolved**, that transportation costs for Action Team Leaders or their designated alternates from each district be funded by the budgeting process of the American Dental Association, and be it further

**Resolved**, that constituent societies or their state PACs be strongly encouraged to underwrite the other expenses of the Action Team Leaders, and be it further

**Resolved**, that Resolution 74H-1997 (*Trans.*1997:708), Yearly Grassroots Legislative Conference, be rescinded.

**Antitrust Relief for Health Care Professionals** (Third Trustee District Resolution 76; Board of Trustees Resolution 76B; Thirteenth Trustee District Resolution 112 and Board of Trustees Resolution 112B): The Reference Committee reported as follows:

Recognizing the similarities among the resolutions, the Reference Committee heard testimony on Resolutions 76, 76B, 112 and 112B simultaneously. The Reference Committee agrees with the specific concerns raised in Resolution 112, which reinforce the general issues raised in Resolution 76 concerning the implications of passing legislation such as H.R. 1304.

As the Board recognized in its comment on Resolution 112, the Reference Committee agrees that there is a need for study of these concerns and that they should be addressed in a broad manner to assure that the interests of the membership are properly considered. The Reference Committee, therefore, supports the Board's substitute Resolution 112B and recommends that it be substituted for Resolution 76, 76B and 112.

**112B. Resolved**, that the ADA Board of Trustees be urged to investigate the financial, political and administrative consequences encountered by the ADA, its constituents and components regarding H.R. 1304 and/or similar bills, and be it further

**Resolved**, that the results of the investigation along with recommendations be reported to the April 2000 meeting of the Board of Trustees.

Dr. Crinzi moved that Resolution 112B be substituted for Resolutions 76 (*Supplement*:393), 76B and 112 (*Supplement*:413).

Dr. Mark J. Feldman, New York, requested clarification regarding the financial implication of \$50,000 in Resolution 76B.

Dr. Crinzi replied, "...That was the fee that was on it initially when we reviewed it at the Reference Committee...I have been advised that an outside consultant could probably be the most appropriate person to look at his type of legislation...."

On vote, Resolution 112B was substituted for Resolutions 76, 76B and 112.

Dr. Crinzi moved the adoption of the substitute Resolution 112B.

On vote, Resolution 112B was adopted.

**112H-1999. Resolved**, that the ADA Board of Trustees be urged to investigate the financial, political and administrative consequences encountered by the ADA, its constituents and components regarding H.R. 1304 and/or similar bills, and be it further

**Resolved**, that the results of the investigation along with recommendations be reported to the April 2000 meeting of the Board of Trustees.

**Volunteer Member Indemnification** (Fourth Trustee District Resolution 81; Board of Trustees Resolution 81B; and Reference Committee Resolution 81RC): The Reference Committee reported as follows:

The Reference Committee supports the intent of Resolution 81B as clarified by the American Dental Association General Counsel. However, since some members of ADA councils and commissions may not be present when the information is provided to the House of Delegates in 2000, the same information should be provided at council and commission meetings. Therefore, the Reference Committee recommends adoption of Resolution 81RC.

**81RC. Resolved**, that a report be provided to the House of Delegates in 2000, in an attorney-client session, which clarifies the Association's insurance indemnification obligation to volunteer members who serve on the Board of Trustees, commissions, councils, task forces, committees and in the House of Delegates, and be it further

**Resolved**, that this information also be provided to councils and commissions in attorney-client session after it is presented to the House of Delegates, and be it further

**Resolved**, that such report also clarify the extent to which the Association's insurance policy would reimburse the Association for the aforementioned indemnification obligation.

Dr. Crinzi moved that Resolution 81RC be substituted for Resolutions 81 (*Supplement*:395) and 81B.

On vote, Resolution 81RC was substituted for Resolutions 81 and 81B.

Dr. Crinzi moved the adoption of the substitute Resolution 81RC.

Dr. Carol E. Williamson, Florida, moved to amend substitute Resolution 81RC by deleting the words "after it is presented to the House of Delegates" in the second resolving clause. She said, "...I think the people that need it are the council and commission members. And there is really no reason to wait until after the 2000 House."

Mr. Crinzi replied, "...It is, however, the House of Delegates' ultimate responsibility to receive information of this House prior to distributing it to other councils or commissions. We felt very strongly that we did not want to wait a year to do this, and I am strongly supporting this resolution with House's awareness that others would receive this information prior to the House."

Dr. Harold J. Haering, Florida, spoke in favor of the amendment, stating, "...It is important for council members who are going to be meeting the rest of the fall and winter to get this information before next year. It is of very, very high importance to those members that are serving and making decisions...."

On vote, the proposed amendment was adopted.

Dr. Perry M. Opin, Connecticut, spoke in favor of the resolution, stating, "...Each of us who sits here is an

official representative of the American Dental Association... We need to be protected... to make sure that as long as we are acting ethically and in the best interest of this Association, we are protected by insurance, as it is not unusual for class action suits to shotgun and sue everyone, including the individuals involved...."

On vote, Resolution 81RC as amended was adopted.

**81H-1999. Resolved**, that a report be provided to the House of Delegates in 2000, in an attorney-client session, which clarifies the Association's insurance indemnification obligation to volunteer members who serve on the Board of Trustees, commissions, councils, task forces, committees and in the House of Delegates, and be it further

**Resolved**, that this information also be provided to councils and commissions in attorney-client session, and be it further

**Resolved**, that such report also clarify the extent to which the Association's insurance policy would reimburse the Association for the aforementioned indemnification obligation.

**Support for Fee-for-Service Models for Medicaid Programs** (Third Trustee District Resolution 92): Resolution 92 (*Supplement*:394) was removed from the Consent Calendar at the request of Dr. Douglas Hadnot, Montana.

**92. Resolved**, that Resolution 68H-1979 (*Trans*.1979:637), Bids for Dental Part of Medicaid Programs, and Resolution 68H-1983 (*Trans*.1983:584), Government Subsidies for Health Care Systems, be rescinded, and be it further

**Resolved**, that the ADA support and encourage states to adopt fee-for-service models for Medicaid programs to increase dentist participation and increase access to care for Medicaid participants.

Dr. Crinzi moved the adoption of Resolution 92.

Dr. Michael Biermann, Oregon, moved to amend Resolution 92 by inserting the words "adequately funded" after the word "adopt" in the second resolving clause. He said, "There is no question that a fee-for-service model helps the access for [the] underserved population. It does not help it if it is not adequately funded, and we would like to make that clear."

On vote, the proposed amendment was adopted.

On vote, Resolution 92 as amended was adopted.

**92H-1999. Resolved**, that Resolution 68H-1979 (*Trans*.1979:637), Bids for Dental Part of Medicaid Programs, and Resolution 68H-1983 (*Trans*.1983:584), Government Subsidies for Health Care Systems, be rescinded, and be it further

**Resolved**, that the ADA support and encourage states to adopt adequately funded fee-for-service models for Medicaid programs to increase dentist participation and increase access to care for Medicaid participants.

**Financial Update:** Dr. Rene Rosas, ADA Treasurer, reported that based on actions taken by the House during the report of the Reference Committee on Legal and Legislative Matters, \$150,000 has been added to the budget, of which \$50,000 is a one-time expense and \$100,000 is an ongoing expense. At this point in the House proceedings the total deficit was \$6,126,000. Dr. Rosas also noted the deficit would equal a \$58 dues increase.

### **Report of the Reference Committee on President's Address and Administrative Matters**

The report of the Reference Committee on President's Address and Administrative Matters was read by Dr. Robert T. Ferris, Florida, chairman. The other members of the Committee were: Dr. William G. Glecos, Pennsylvania; Dr. George T. Goodis, Michigan; Tamara J. Goodman, Connecticut (ASDA); Dr. James A. Harrell, Jr., North Carolina; Dr. Timothy E. Thompson, Idaho; Dr. Lawrence E. Volland, New York; and Dr. Philip S. Zivnuska, Kansas.

**Consent Calendar** (Reference Committee Resolution 120): The Committee reported as follows:

Appended are resolutions referred to the Reference Committee on President's Address and Administrative Matters which either received no testimony or all positive testimony.

The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 28, 52, 97 and 98.

Therefore, the Committee recommends adoption of the following resolution.

**120. Resolved**, that the following resolutions be adopted:

**Resolution 28:** Proposal to Cease Publication of Printed *Index to Dental Literature* (*Supplement*:590)

**Resolution 52:** *Bylaws* Amendment to Authorize Board of Trustees Actions Between Meetings by Electronic Mail (*Supplement*:454)

**Resolution 97:** Temporary Incapacity of the President (*Supplement*:422)

**Resolution 98:** Presiding Officer at Board of Trustees Meetings When the President is Called Away (*Supplement*:423)

Dr. Ferris moved the adoption of Resolution 120.

Dr. Jerrold H. Axler, Pennsylvania, requested that Resolution 28 be removed from the consent calendar.

The Speaker noted that Resolution 28 would be considered as the last item of business of this report.

On vote, Resolution 120, as amended, was adopted by a two-thirds (2/3) majority.



**120H-1999. Resolved**, that the following resolutions be adopted:

**Resolution 52:** *Bylaws* Amendment to Authorize Board of Trustees Actions Between Meetings by Electronic Mail (*Supplement:454*)

**Resolution 97:** Temporary Incapacity of the President (*Supplement:422*)

**Resolution 98:** Presiding Officer at Board of Trustees Meetings When the President is Called Away (*Supplement:423*)

*Note:* For the purpose of a fully documented record, the complete text of the resolutions included in Resolution 120H-1999 follows.

*Adopted Resolutions.*

**52H-1999. Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 100. POWERS, Subsection J of the *Bylaws* be amended by deleting Subsection J in its entirety and by substituting in its place a new Subsection J to permit mail ballots to be circulated and returned by electronic mail, as well as by U.S. mail, overnight courier and facsimile transmission, with the amended Subsection J reading as follows:

J. In accordance with the laws of the State of Illinois, it shall have the power to transact its business by unanimous consent via mail ballot, including electronic mail; to authorize the councils, commissions and committees of this Association to transact their business by mail ballot; and to establish rules and procedures for itself and for councils, commissions and committees of this Association to govern the use of ballots circulated and returned by U.S. mail, overnight courier, facsimile transmission or electronic mail.

**97H-1999. Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 90. VACANCIES of the *Bylaws* be amended by designating the existing text of Section 90 as Subsection A. VACANCY OF ELECTIVE OFFICE, and by adding a new Subsection B. TEMPORARY INCAPACITY OF THE PRESIDENT, so the amended Section 90 reads as follows:

A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the First Vice-President shall become President for the unexpired portion of the term. A vacancy in the office of the Second Vice-President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of

Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year."

B. TEMPORARY INCAPACITY OF THE PRESIDENT: Whenever the President notifies the Board of Trustees that he or she is unable to discharge the duties of the office of President due to temporary incapacity, the President-elect shall assume the duties of the office of President, as Acting President, until the President notifies the Board of Trustees that he or she is prepared to resume the duties of the office of President. Whenever the voting members of the Board of Trustees of this Association determine by majority vote that the President is unable to discharge the duties of his or her office due to temporary incapacity, the President-elect shall assume the duties of the office of President, as Acting President, until the President satisfies the voting members of the Board of Trustees that he or she is prepared to resume the duties of the office of President.

**98H-1999. Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 140. OFFICERS, Subsection A. CHAIRMAN AND SECRETARY of the *Bylaws* be amended in the second paragraph by adding the phrase: "President-elect and, in his or her absence, by the" between the words "the" and "First" on line 1422, so the amended second paragraph reads as follows:

In the absence of the President, the office of Chairman shall be filled by the President-elect and, in his or her absence, by the First or Second Vice President in that order and, in their absence, a voting member of the Board shall be elected Chairman *pro tem*.

so the amended Subsection A reads as follows:

A. CHAIRMAN AND SECRETARY. The officers of the Board of Trustees shall be the President of the Association who shall be the Chairman, and the Executive Director of the Association who shall be the Secretary.

In the absence of the President, the office of Chairman shall be filled by the President-elect and, in his or her absence, by the First or Second Vice President in that order and, in their absence, a voting member of the Board shall be elected Chairman *pro tem*.

In the absence of the Secretary, the Chairman shall appoint a Secretary *pro tem*.

**Report of the President:** The Reference Committee reported as follows.

On behalf of the Association, the profession, and the public, the Reference Committee wishes to commend Dr. Rose for his tireless efforts on behalf of organized dentistry. Dr. Rose's service as the profession's spokesman before Congress, OSHA and in many media appearances reflected his "hands on approach" and dedication to champion the position best suited for the profession's growth and the welfare of the public. Dr. Rose's insightful report dealt with many substantive issues faced by the profession from a historic perspective, offering perspective approaches and solutions well within organized dentistry's capabilities. The Committee recognizes that the options and observations offered by Dr. Rose, again reflect his vision and management approach: identify the issue, analyze its components, assess available resources and deal directly to correct the problem.

The Committee also acknowledges those potential gains referenced by Dr. Rose as he spoke in support of the Future of Dentistry project. Finally, the Committee supports Dr. Rose's call for unity and encourages efforts to strengthen the Association so that it will continue to serve the public and the profession with the dedication to excellence that characterized Dr. Rose's presidential year.

**Association Governance** (Reference Committee Resolution 127): The Reference Committee reported as follows:

The Reference Committee appreciates the observations made by Dr. Rose relative to governance issues within the Association. Following its discussion the Committee believed that Dr. Rose's comments relative to the Association's governance structure merited action by this House. To assure that the Association was in position to manage the outcomes of the Future of Dentistry report as well as address the future needs of the Association, the Committee believes that the Board of Trustees should initiate a study of the Association's governance structure with a report of this study made available to the 2000 House of Delegates. As a result the Reference Committee recommends that Resolution 127 be adopted.

**127. Resolved**, that the Board of Trustees conduct a study of the Association's governance structure to assure the positioning of the Association to address emerging technologies and future trends in dentistry, and be it further **Resolved**, that a report of this study be presented to the 2000 House of Delegates.

Dr. Ferris moved the adoption of Resolution 127.

Dr. Tyrus N. Ivey, Georgia, moved to amend Resolution 127, the second resolving clause, by replacing the words "a report of this study" with the words "resolution for implementation." Dr. Ivey said, "It is very difficult and awkward to deal with Board reports and Dr. Rose and I have discussed this and he doesn't have a problem with us bringing back this governance study to the House."

On vote, the proposed amendment was adopted.

On vote, Resolution 127 as amended was adopted.

**127H-1999. Resolved**, that the Board of Trustees conduct a study of the Association's governance structure to assure the positioning of the Association to address emerging technologies and future trends in dentistry, and be it further

**Resolved**, that a resolution for implementation be presented to the 2000 House of Delegates.

**Public Awareness Program Coordination** (Reference Committee Resolution 128): The Reference Committee reported as follows:

The Committee calls attention to the public awareness activities that are being recommended by the Reference Committee on Communications and Membership Services and urges their serious consideration. In support of those activities and consistent with Dr. Rose's recommendations in his President's Address, the Committee recommends that the Association coordinate, to the extent possible, information on public awareness activities by the dental profession. As a result, the Reference Committee recommends that Resolution 128 be adopted.

**128. Resolved**, that the Board of Trustees of the American Dental Association refer to the appropriate agencies of the Association the task of coordinating information on public awareness and electronic activities by the dental profession, and be it further **Resolved**, that the results of this activity be reported to the House of Delegates in 2000.

Dr. Ferris moved the adoption of Resolution 128 with an editorial amendment by adding the word "available" after the word "coordinating" in the first resolving clause. Dr. Ferris said, "That simply allows the staff, those who have to put together these packages of material for the Board, to deal with information that they can find. There may be...information that is not available to the American Dental Association."

On vote, Resolution 128 as editorially amended was adopted.

**128H-1999. Resolved,** that the Board of Trustees of the American Dental Association refer to the appropriate agencies of the Association the task of coordinating available information on public awareness and electronic activities by the dental profession, and be it further

**Resolved,** that the results of this activity be reported to the House of Delegates in 2000.

**Cost of Dental Education** (Reference Committee Resolution 129): The Reference Committee reported as follows:

The Committee understands Dr. Rose's vision regarding the profession's need to address the cost of dental education. The \$750,000 grant to the ADA Health Foundation to support dental education in the future will certainly serve to address some of the issues raised by Dr. Rose. The Committee urges state societies to follow the Association's lead. To this end, the Committee recommends that Resolution 129 be adopted.

**129. Resolved,** that the American Dental Association urge state dental societies to commit a portion of for-profit income to help support dental education in their states.

Dr. Ferris moved the adoption of Resolution 129.

Dr. Martin J. Rutt, Connecticut, moved to amend Resolution 129 by deleting the words "a portion of for-profit income" and inserting the word "funds." Dr. Rutt said, "This amendment will ...give the state's society the ability to use alternative mechanisms for funding dental education in their states."

Dr. Perry M. Opin, Connecticut, spoke in support of the amendment, stating, "This body needs to also understand there are organizations that do not have for-profit funds and no way that they have an ability to access funds such as for-profit because they have no mechanism for same."

On vote, the proposed amendment was adopted.

On vote, Resolution 129 as amended was adopted.

**129H-1999. Resolved,** that the American Dental Association urge state dental societies to commit funds to help support dental education in their states.

**Amendment of the ADA Bylaws Regarding the Office of the Treasurer** (Special Committee to Study the Office of Treasurer Resolution 21 and Board of Trustees Resolution 21B): The Reference Committee reported as follows:

The Reference Committee wishes to acknowledge the work extended by the Special Committee to Study the Office of the Treasurer in their review of the office, its responsibilities and tenure. Supporting the Special Committee's concerns regarding the consistency needed in managing the Association's finances, the Reference

Committee disagrees with the Board's perception that the responsibilities of the Treasurer are such that the workload associated with chairing the Administrative Review Committee would prove excessive. Therefore, the Committee recommends the adoption of Resolution 21. This resolution supports Association Strategic Plan Goal 5. The Association: Member and Support Services.

The Standing Committee on Constitution and Bylaws noted several omissions in this resolution. Chapter VII. BOARD OF TRUSTEES, Section 100. DUTIES, Subsection B of the *Bylaws* would need to be amended if the Treasurer became an elective officer to delete appointment of the Treasurer from the duties of the Board of Trustees. In the fifth resolving clause, the introduction states what would be deleted, but it does not state what would be substituted in its place. The sixth resolving clause should have parentheses around the letters "s" in the words "names" and "nominees" to reflect the fact that the Board of Trustees may submit only one nominee for Treasurer.

The Standing Committee has redrafted the resolution to make these and several technical changes needed to conform the language to current *Bylaws* style. As revised by the Standing Committee, Resolution 21 reads [new material is underlined; deleted material is struck through]:

**21. Resolved,** that Article V. OFFICERS, Section 10. ELECTIVE OFFICERS of the *Constitution* be amended by adding a comma and the words "a Treasurer" following the words "a Second Vice President" and before the word "and" on line 49, so the amended Section 10 reads as follows:

*Section 10. ELECTIVE OFFICERS:* The elective officers of this Association shall be a President, a President-elect, a First Vice President, a Second Vice President, a Treasurer and a Speaker of the House of Delegates, each of whom shall be elected by the House of Delegates as provided in Chapter VIII of the *Bylaws*.

and be it further

**Resolved,** that Article V. OFFICERS, Section 20. APPOINTIVE OFFICERS of the *Constitution* be amended by making the word "officers" singular wherever it appears in the section title and text, by deleting the phrase "and a Treasurer, each of" from lines 53-54, and on line 54 changing the word "whom" to "who," so the amended Section 20 reads as follows:

*Section 20. APPOINTIVE OFFICER:* The appointive officer of this Association shall be an Executive Director who shall be appointed by the Board of Trustees as provided in Chapter IX of the *Bylaws*.

and be it further

**Resolved,** that Chapter VII. BOARD OF TRUSTEES, Section 10. COMPOSITION of the *Bylaws* be amended in the last sentence on line 1183 by adding a comma and

the words "the Treasurer" after the word "President," and by deleting the words "the appointive officers" and substituting in their place the words "Executive Director," so the amended Section 10 reads as follows:

*Section 10. COMPOSITION:* The Board of Trustees shall consist of one (1) trustee from each of the sixteen (16) trustee districts. Such sixteen (16) trustees, the President-elect and the two Vice Presidents shall constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the *Bylaws* shall be *ex officio* members of the Board without the right to vote.

and be it further

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended in Subsection B by deleting the words "and Treasurer" in the first sentence on line 1340 and deleting the second sentence in its entirety, so the amended Subsection B reads as follows:

B. To appoint the Executive Director of the Association.

and be it further

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended in Subsection D by deleting the words "all appointive officers" and by substituting in their place the words and comma "the Treasurer, the Executive Director," so the amended Subsection D reads as follows:

To cause to be bonded by a surety company the Treasurer, the Executive Director and employees of the Association entrusted with Association funds.

and be it further

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended in Subsection E by deleting from line 1352 the ~~numbers and word~~ words and numbers "Chapter IX, Section 50B," and substituting in their place the words and numbers "Chapter VIII, Section 100E," so the amended Subsection E reads as follows:

E. To provide guidelines and directives to govern the Treasurer's custody, investment and disbursement of Association funds and other property as provided in Chapter VIII, Section 100E, of these *Bylaws*; and to cause all accounts of the Association to be audited by a certified public accountant at least once a year.

and be it further

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended by relettering Subsections H through R as Subsections I through S and by adding a new Subsection H to read as follows:

To establish rules to govern its procedures in serving as the nominating committee for the office of Treasurer, and as provided in Chapter VIII of these *Bylaws*, to submit in printed form the name(s) and curriculum vitae of the Board's nominee(s) to the House of Delegates in the first mailing to the House in the year that the incumbent Treasurer's term is about to end.

and be it further

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended in Subsection M by deleting the words "appointive officers" from line 1381 and by substituting in their place the words "Treasurer and Executive Director," so the amended Subsection M reads as follows:

M. To submit an annual report to the House of Delegates of its activities and those of the Treasurer and Executive Director.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 10. TITLE of the *Bylaws* be amended by adding a comma and the word "Treasurer" on line 1487 immediately following the word "President," so the amended Section 10 reads as follows:

*Section 10. TITLE:* The elective officers of this Association shall be President, President-elect, First Vice President, Second Vice President, Treasurer and Speaker of the House of Delegates, as provided in Article V of the *Constitution*.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 20. ELIGIBILITY of the *Bylaws* be amended by adding a new second sentence that states: "Trustees and elective officers may not apply for the office of Treasurer while serving in any of those offices," so the amended Section 20 reads as follows:

*Section 20. ELIGIBILITY:* Only an active, life or retired member, in good standing, of this Association shall be eligible to serve as an elective officer. Trustees and elective officers may not apply for the office of Treasurer while serving in any of those offices.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 30. NOMINATIONS of the *Bylaws* be amended by designating the existing paragraph as Subsection A and adding the word "these" on line 1495 between the words "for" and "elective," and by adding a new Subsection B which states:

B. Nominations for the office of Treasurer shall be made in accordance with the order of business. If there is only one (1) eligible candidate for the office

of Treasurer, the Board of Trustees shall nominate that individual from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. If there are two (2) or more eligible candidates for the office of Treasurer, the Board of Trustees shall nominate at least two (2) and not more than three (3) candidates from the floor of the House of Delegates by a simple declaratory statement for each nominee, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

so the amended Section 30 reads as follows:

*Section 30. NOMINATIONS:*

A. 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. Candidates for these elective offices shall be nominated from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

B. Nominations for the office of Treasurer shall be made in accordance with the order of business. If there is only one (1) eligible candidate for the office of Treasurer, the Board of Trustees shall nominate that individual from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. If there are two (2) or more eligible candidates for the office of Treasurer, the Board of Trustees shall nominate at least two (2) and not more than three (3) candidates from the floor of the House of Delegates by a simple declaratory statement for each nominee, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 40. CONFLICT OF INTEREST of the *Bylaws* be amended by adding a comma and the word

“Treasurer” on line 1503 between the words “President” and “and,” so the amended Section 40 reads as follows:

*Section 40. CONFLICT OF INTEREST:* Each person nominated for the offices of President-elect, First Vice President, Second Vice President, Treasurer and Speaker of the House shall complete a conflict of interest statement as prescribed by the Board of Trustees and shall file such statement with the Secretary of the House of Delegates to be made available to the delegates prior to election.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 60. TERM OF OFFICE of the *Bylaws* be amended by deleting the words “elective officers” from line 1510 and by substituting in their place the words “President, President-elect, First Vice President, Second Vice President and Speaker of the House of Delegates,” and by adding a new second sentence in regard to the office of Treasurer which states: “The Treasurer shall serve one (1) term of four (4) years or until his or her successor is elected and installed,” so the amended Section 60 reads as follows:

*Section 60. TERM OF OFFICE:* The President, President-elect, First Vice President, Second Vice President and Speaker of the House of Delegates shall serve for a term of one (1) year, except as otherwise provided in this chapter of the *Bylaws*, or until their successors are elected and installed. The Treasurer shall serve one (1) term of four (4) years or until his or her successor is elected and installed.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 90. VACANCIES of the *Bylaws* be amended by adding three new sentences at the end of Section 90 which state:

A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive four (4) year term. The newly elected Treasurer shall serve a single one (1) term of four (4) years or until his or her successor is elected and installed.

so the amended Section 90 reads as follows:

*Section 90. VACANCIES:* In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the First Vice President shall become President for

the unexpired portion of the term. A vacancy in the office of the Second Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive four (4) year term. The newly elected Treasurer shall serve ~~a single one (1)~~ term of four (4) years or until his or her successor is elected and installed.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 100. DUTIES of the *Bylaws* be amended by adding a new Subsection E. TREASURER to read as follows:

E. TREASURER. It shall be the duty of the Treasurer:

- a. To serve as custodian of all monies, securities and deeds belonging to the Association which may come into the Treasurer's possession.
- b. To hold, invest and disburse all monies, securities and deeds, subject to the direction of the Board of Trustees.
- c. To design a budgetary process in concert with the Board of Trustees.
- d. To oversee Association finances and budget development.
- e. To serve as the principal resource person for the budget reference committee in the House of Delegates and to help interpret the Association's finances for the membership.
- f. To review all financial information and data and report on financial matters to the Board of Trustees on a quarterly basis.
- g. To review travel reimbursement for the elective officers, trustees and Executive Director.
- h. To perform such other duties as may be provided in these *Bylaws*.

and be it further

**Resolved**, that Chapter IX. APPOINTIVE OFFICERS of the *Bylaws* be amended by deleting all references to the Treasurer as an appointive officer and by

substituting in its place a new Chapter IX to read as follows:

## CHAPTER IX • APPOINTIVE OFFICER

*Section 10.* TITLE: The appointive officer of this Association shall be an Executive Director, as provided in Article V of the *Constitution*.

*Section 20.* CONFLICT OF INTEREST: The appointive officer of this Association and each person seeking that office shall comply with Chapter VI, Conflict of Interest, of these *Bylaws*.

*Section 30.* APPOINTMENTS: While any active, life or retired member in good standing may be appointed to the office of Executive Director, the Board of Trustees may appoint a qualified individual who is not eligible for membership in this Association.

*Section 40.* TERM OF OFFICE AND SALARY: The Board of Trustees shall determine the salary, if any, and the tenure of the Executive Director, which shall not exceed three (3) years. The completion of the full term of any appointment shall be at the discretion of the Board of Trustees.

*Section 50.* DUTIES: The Executive Director shall be the principal agent of the Board of Trustees and elective officers. As agent and under the direction of the Board of Trustees and elective officers, the Executive Director shall be the chief operating officer of this Association and all its branches. In this capacity, the Executive Director shall (a) preserve and protect the *Constitution* and *Bylaws* and the standing rules of this Association; (b) facilitate the activities of the officers and trustees of this Association in carrying out their respective administrative responsibilities under these *Bylaws*; (c) engage the staff of this Association and direct and coordinate their activities; (d) provide leadership in the formulation and recommendation of new policies to the Board of Trustees and elective officers; (e) oversee the management of Association policies that have been adopted by the Board of Trustees and/or the House of Delegates; (f) assist the Board of Trustees in supervising, monitoring and providing guidance to all Association councils, commissions and committees in regard to their administrative functions and specific assignments, and to systematize the preparation of their reports, and to encourage the exchange of information concerning mutual interests and issues between councils, committees and commissions; (g) maintain effective internal and external relationships through frequent and comprehensive communication with all officers and trustees of this Association, the leadership of related dental organizations, and representatives from other leading public and private organizations that

interact with this Association; and (h) perform such other duties as are prescribed by these *Bylaws*.

and be it further

**Resolved**, that the Board of Trustees be urged to amend its *Rules* to designate the Treasurer as chairman of the Administrative Review Committee, and be it further **Resolved**, that the Board of Trustees be urged to amend its *Rules* to correspond with the foregoing amendments to the *Constitution and Bylaws*.

Dr. Ferris moved the adoption of Resolution 21.

Dr. Michael J. Koufos, Indiana, moved to amend Resolution 21 by recommending a five-year treasurers' term. Dr. Koufos said, "With a four-year treasurer's term, the same four districts would enjoy potentially the opportunity of running two candidates at the same time for high office in the ADA. We thought that all districts might like to share in this opportunity."

Dr. Andrew J. Zimmer, Virginia, spoke in favor of the amendment.

Those speaking against the amendment were: Dr. Murray D. Sykes, Maryland; Dr. Mark J. Feldman, New York; and Dr. Kent Farnsworth, California.

Dr. Kent Farnsworth, California, member of Special Committee to Study the Office of Treasurer, said, "The problem with a five-year term...is that in the event that the performance of the treasurer may not be to the satisfaction of this Association, we are locked into a fairly long term. So I would suggest that if we want to get it out of sync with the Board of Trustees, we may want to consider a three-year initial term with a two-year second term as the office."

Dr. Frederick Nolting, Minnesota, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the proposed amendment to change the term of office of treasurer from a four-year term to a five-year term was defeated.

Dr. Jon J. Johnston, Pennsylvania, moved to amend Resolution 21 by adding, in the ADA *Bylaws*, Section 30. NOMINATIONS, Subsection A., the word "treasurer" after the words "second vice president" and by deleting Subsection B in the same section. Dr. Johnston said, "The treasurer, being an elected position, should be nominated from the floor of the House of Delegates and not limited to Board selection. And while this may mean another election, that gives us all the chance to make a democratic choice."

Dr. Rene R. Bousquet, Massachusetts, as a point of information, asked if nominations from the floor of the House for the office of treasurer would be permitted if Resolution 21 was adopted prior to the pending amendment.

The Speaker replied, "...We all know that *Sturgis* says you can nominate from the floor unless the bylaws specifically says you cannot...If this passes as it is written, nominations from the floor for the office of treasurer would be permitted."

Dr. Mark J. Feldman, New York, said, "Your ruling is exactly the ruling that our committee had been informed was going to be the situation whereby the Board of Trustees were going to be able to submit nominees to this House, but a nomination from the floor would be possible...."

Dr. Murray Sykes, Maryland, said, "The Committee studied this at length. We feel as though we do not need another large election as you will see in the next resolution, also about the campaign guidelines."

Dr. Dennis J. Charlton, Pennsylvania, said, "I think that it's clear that the original writers of Resolution 97, which is where this all started from...really want to have a treasurer that is elected from the House of Delegates. And in order to do that, we need to keep the nominations in order to follow the same pattern as it does for all the other elected offices. Why should we have a separate procedure for treasurer than we have for president-elect, first and second vice presidents? This way, we also will be able to get the credentials of the treasurers that may be nominated a full year in advance. Like today, we got information put in front of us those folks that are running next year...."

Dr. Jerrold H. Axler, Pennsylvania, said, "The original idea of the study of treasurer was to open this up and allow to trust this officer more and not feel as though the Board of Trustees is spoon feeding us information, and I believe by them appointing the candidates, that is again spoon feeding it. If we're smart enough to elect our president-elect...our vice president and second vice president, we're obviously smart enough to figure out which would be the best treasurer."

Dr. Mark W. Jurkovich, Minnesota, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

Dr. Paul W. Radman, Texas, requested clarification on the nomination procedure for treasurer. Dr. Radman said he was concerned there were *Bylaws* provisions for nominations from the Board, but not for the House of Delegates.

The Speaker replied, "It doesn't have to. It has no provision prohibiting it and that's the key. The key is that *Sturgis* is our bylaw authority. And *Sturgis* says that for any office of the Association you can nominate from the floor except if the *Bylaws* prohibit such activity. And although it is silent, there is no sentence that says there shall be no nominations from the floor. So there isn't a prohibition against it...Unless the *Bylaws* provide otherwise, nominations from the floor are always permitted even if the initial nominations are made by a nominating committee or Board of Trustees or any like that...."

On vote the proposed amendment to Resolution 21 was defeated.

Dr. Kent Farnsworth, California, moved to amend Resolution 21 by changing the term of office of treasurer to a three-year term, which would stand for reelection, followed by a two-year term. He said, "Obviously, there is some concern among the members

of this House that to have a term that would coincide with the same class of trustees could have some problems. By offering a three-year and then a two-year term, it will get it out of sync. It would give an opportunity to evaluate the performance of that treasurer after three years...A three/two is something different from this House than they have been used to. But I see no policy or *Bylaws* problem by having a staggered term...I think that would be the cleanest and simplest way to effect what we would like to do."

Dr. Alan E. Friedel, Florida, spoke against the amendment, stating, "...With a three-year term, we would not, I believe, have sufficient enough time to evaluate the performance of our new treasurer. As well, if we then bring him to the floor of the House to vote for the renewal of his term, should someone choose to run against him, we would be in a situation where one person would be running for a two-year post against someone running for a three-year post, and I think that might create confusion among the members of the House as to exactly what they were electing...."

Dr. Philip S. Zivnuska, Kansas, requested clarification on the election process for treasurer regarding the situation when an incumbent candidate would be standing for reelection for a two-year term against a new candidate standing for election for a three-year term.

The Speaker helped to clarify by noting that a situation could occur whereby candidates would be running for the same office, but with two different terms.

Dr. Bryan C. Edgar, Washington, spoke against the amendment, stating, "...If you look at someone going into this office on a three-year term and let's say they are elected to a two-year term to fulfill the full five and then a new person comes in for three, you are back to that same even numbered year cycle. Three plus two is five plus three is eight. That is the whole reason for this amendment in the first place and you are right back to where you started."

Dr. Mark Jurkovich, Minnesota, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the proposed amendment to Resolution 21 was defeated.

Dr. Edward J. Weisberg, Virginia, moved to amend Resolution 21 by replacing all references to "four-year term" with "two consecutive three-year terms." The Reference Committee chair noted that his amendment basically incorporated the intent of Resolution 97-1998. Dr. Weisberg acknowledged the information and confirmed that he wanted a vote on his amendment.

Dr. Mark J. Feldman, New York, spoke against the amendment, stating, "...The entire document is best handled as a whole rather than trying to wordsmith it today...Two three-year terms or a six-year term could prove awkward if that particular person in not the type of treasurer this House is totally comfortable with...."

Speaking in support of the amendment were: Dr. Dennis M. Moody, Ohio; Dr. Morton L. Divack, New York; and Dr. Andrew J. Zimmer, Virginia.

Dr. Dennis M. Moody, Ohio, said, "...I realize that the Committee recommended this, but 12 districts are not impacted by this, four will be. And four will be ad infinitum. So putting it on an odd year and this consideration two three-year terms, it does spread it around. So strictly from the sense of fairness and to colleagues in those four districts that will always be impacted...I ask you to vote in support of this amendment."

Dr. Morton L. Divack, New York, said, "I think it speaks to fairness. I want to remind this House that we have a mechanism, where the Speaker is concerned, that he is reelected every year. So the fact that we don't have a tried and true system just for one office doesn't prove anything...If we have a treasurer that we like, we will reelect him for three more years. If not, we will get someone else. Please allow the House and all of the members of the American Dental Association the opportunity in the future to be involved. Just allowing four districts to be involved is not quite fair."

Dr. Frederick W. Nolting, Minnesota, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the proposed amendment to Resolution 21 by replacing all references to "four-year term" with "two consecutive three-year terms" was adopted.

Dr. Idalia Lastra, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 21 as amended was adopted by a two-thirds (2/3) majority.

**21H-1999. Resolved**, that Article V. OFFICERS, Section 10. ELECTIVE OFFICERS of the *Constitution* be amended by adding a comma and the words "a Treasurer" following the words "a Second Vice President" and before the word "and" on line 49, so the amended Section 10 reads as follows:

Section 10. ELECTIVE OFFICERS: The elective officers of this Association shall be a President, a President-elect, a First Vice President, a Second Vice President, a Treasurer and a Speaker of the House of Delegates, each of whom shall be elected by the House of Delegates as provided in Chapter VIII of the *Bylaws*.

and be it further

**Resolved**, that Article V. OFFICERS, Section 20. APPOINTIVE OFFICERS of the *Constitution* be amended by making the word "officers" singular wherever it appears in the section title and text, by deleting the phrase "and a Treasurer, each of" from lines 53-54, and on line 54 changing the word "whom" to "who," so the amended Section 20 reads as follows:



Section 20. APPOINTIVE OFFICER: The appointive officer of this Association shall be an Executive Director who shall be appointed by the Board of Trustees as provided in Chapter IX of the *Bylaws*.

and be it further

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 10. COMPOSITION of the *Bylaws* be amended in the last sentence on line 1183 by adding a comma and the words "the Treasurer" after the word "President," and by deleting the words "the appointive officers" and substituting in their place the words "Executive Director," so the amended Section 10 reads as follows:

Section 10. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each of the sixteen (16) trustee districts. Such sixteen (16) trustees, the President-elect and the two Vice Presidents shall constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the *Bylaws* shall be *ex officio* members of the Board without the right to vote.

and be it further

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended in Subsection B by deleting the words "and Treasurer" in the first sentence on line 1340 and deleting the second sentence in its entirety, so the amended Subsection B reads as follows:

B. To appoint the Executive Director of the Association.

and be it further

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended in Subsection D by deleting the words "all appointive officers" and by substituting in their place the words and comma "the Treasurer, the Executive Director," so the amended Subsection D reads as follows:

D. To cause to be bonded by a surety company the Treasurer, the Executive Director and employees of the Association entrusted with Association funds.

and be it further

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended in Subsection E by deleting from line 1352 the words and numbers "Chapter IX, Section 50B" and substituting in their place the words and numbers "Chapter VIII, Section 100E," so the amended Subsection E reads as follows:

E. To provide guidelines and directives to govern the Treasurer's custody, investment and disbursement of Association funds and other property as provided in

Chapter VIII, Section 100E, of these *Bylaws*; and to cause all accounts of the Association to be audited by a certified public accountant at least once a year.

and be it further

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended by relettering Subsections H through R as Subsections I through S and by adding a new Subsection H to read as follows:

H. To establish rules to govern its procedures in serving as the nominating committee for the office of Treasurer, and as provided in Chapter VIII of these *Bylaws*, to submit in printed form the name(s) and curriculum vitae of the Board's nominee(s) to the House of Delegates in the first mailing to the House in the year that the incumbent Treasurer's term is about to end.

and be it further

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES of the *Bylaws* be amended in Subsection M by deleting the words "appointive officers" from line 1381 and by substituting in their place the words "Treasurer and Executive Director," so the amended Subsection M reads as follows:

M. To submit an annual report to the House of Delegates of its activities and those of the Treasurer and Executive Director.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 10. TITLE of the *Bylaws* be amended by adding a comma and the word "Treasurer" on line 1487 immediately following the word "President," so the amended Section 10 reads as follows:

Section 10. TITLE: The elective officers of this Association shall be President, President-elect, First Vice President, Second Vice President, Treasurer and Speaker of the House of Delegates, as provided in Article V of the *Constitution*.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 20. ELIGIBILITY of the *Bylaws* be amended by adding a new second sentence that states: "Trustees and elective officers may not apply for the office of Treasurer while serving in any of those offices," so the amended Section 20 reads as follows:

Section 20. ELIGIBILITY: Only an active, life or retired member, in good standing, of this Association shall be eligible to serve as an elective officer. Trustees and elective officers may not apply for the office of Treasurer while serving in any of those offices.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 30. NOMINATIONS of the *Bylaws* be amended by designating the existing paragraph as Subsection A and adding the word “these” on line 1495 between the words “for” and “elective,” and by adding a new Subsection B which states:

B. Nominations for the office of Treasurer shall be made in accordance with the order of business. If there is only one (1) eligible candidate for the office of Treasurer, the Board of Trustees shall nominate that individual from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. If there are two (2) or more eligible candidates for the office of Treasurer, the Board of Trustees shall nominate at least two (2) and not more than three (3) candidates from the floor of the House of Delegates by a simple declaratory statement for each nominee, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

so the amended Section 30 reads as follows:

Section 30. NOMINATIONS:

A. 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. Candidates for these elective offices shall be nominated from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

B. Nominations for the office of Treasurer shall be made in accordance with the order of business. If there is only one (1) eligible candidate for the office of Treasurer, the Board of Trustees shall nominate that individual from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. If there are two (2) or more eligible candidates for the office of Treasurer, the Board of Trustees shall nominate at least two (2) and not more than three (3) candidates from the floor of the House of Delegates by a simple declaratory statement for each nominee, which may

be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 40. CONFLICT OF INTEREST of the *Bylaws* be amended by adding a comma and the word “Treasurer” on line 1503 between the words “President” and “and,” so the amended Section 40 reads as follows:

Section 40. CONFLICT OF INTEREST: Each person nominated for the offices of President-elect, First Vice President, Second Vice President, Treasurer and Speaker of the House shall complete a conflict of interest statement as prescribed by the Board of Trustees and shall file such statement with the Secretary of the House of Delegates to be made available to the delegates prior to election.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 60. TERM OF OFFICE of the *Bylaws* be amended by deleting the words “elective officers” from line 1510 and by substituting in their place the words “President, President-elect, First Vice President, Second Vice President and Speaker of the House of Delegates,” and by adding a new second and third sentence in regard to the office of Treasurer which state: “The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each.” so the amended Section 60 reads as follows:

Section 60. TERM OF OFFICE: The President, President-elect, First Vice President, Second Vice President and Speaker of the House of Delegates shall serve for a term of one (1) year, except as otherwise provided in this chapter of the *Bylaws*, or until their successors are elected and installed. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 90. VACANCIES of the *Bylaws* be amended by adding three new sentences at the end of Section 90 which state:

A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be

eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each.

so the amended Section 90 reads as follows:

Section 90. VACANCIES: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the First Vice President shall become President for the unexpired portion of the term. A vacancy in the office of the Second Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each.

and be it further

**Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 100. DUTIES of the *Bylaws* be amended by adding a new Subsection E. TREASURER to read as follows:

E. TREASURER. It shall be the duty of the Treasurer:

- a. To serve as custodian of all monies, securities and deeds belonging to the Association which may come into the Treasurer's possession.
- b. To hold, invest and disburse all monies, securities and deeds, subject to the direction of the Board of Trustees.
- c. To design a budgetary process in concert with the Board of Trustees.
- d. To oversee Association finances and budget development.
- e. To serve as the principal resource person for the budget reference committee in the House of

Delegates and to help interpret the Association's finances for the membership.

f. To review all financial information and data and report on financial matters to the Board of Trustees on a quarterly basis.

g. To review travel reimbursement for the elective officers, trustees and Executive Director.

h. To perform such other duties as may be provided in these *Bylaws*.

and be it further

**Resolved**, that Chapter IX. APPOINTIVE OFFICERS of the *Bylaws* be amended by deleting all references to the Treasurer as an appointive officer and by substituting in its place a new Chapter IX to read as follows:

#### CHAPTER IX • APPOINTIVE OFFICER

Section 10. TITLE: The appointive officer of this Association shall be an Executive Director, as provided in Article V of the *Constitution*.

Section 20. CONFLICT OF INTEREST: The appointive officer of this Association and each person seeking that office shall comply with Chapter VI, Conflict of Interest, of these *Bylaws*.

Section 30. APPOINTMENTS: While any active, life or retired member in good standing may be appointed to the office of Executive Director, the Board of Trustees may appoint a qualified individual who is not eligible for membership in this Association.

Section 40. TERM OF OFFICE AND SALARY: The Board of Trustees shall determine the salary, if any, and the tenure of the Executive Director, which shall not exceed three (3) years. The completion of the full term of any appointment shall be at the discretion of the Board of Trustees.

Section 50. DUTIES: The Executive Director shall be the principal agent of the Board of Trustees and elective officers. As agent and under the direction of the Board of Trustees and elective officers, the Executive Director shall be the chief operating officer of this Association and all its branches. In this capacity, the Executive Director shall (a) preserve and protect the *Constitution and Bylaws* and the standing rules of this Association; (b) facilitate the activities of the officers and trustees of this Association in carrying out their respective administrative responsibilities under these *Bylaws*; (c) engage the staff of this Association and direct and coordinate their activities; (d) provide leadership in the formulation and recommendation of new policies to the Board of Trustees and elective officers; (e) oversee the management of Association policies that have been adopted by the Board of Trustees and/or the House of Delegates; (f) assist the Board of

Trustees in supervising, monitoring and providing guidance to all Association councils, commissions and committees in regard to their administrative functions and specific assignments, and to systematize the preparation of their reports, and to encourage the exchange of information concerning mutual interests and issues between councils, committees and commissions; (g) maintain effective internal and external relationships through frequent and comprehensive communication with all officers and trustees of this Association, the leadership of related dental organizations, and representatives from other leading public and private organizations that interact with this Association; and (h) perform such other duties as are prescribed by these *Bylaws*.

and be it further

**Resolved**, that the Board of Trustees be urged to amend its *Rules* to designate the Treasurer as chairman of the Administrative Review Committee, and be it further **Resolved**, that the Board of Trustees be urged to amend its *Rules* to correspond with the foregoing amendments to the *Constitution and Bylaws*.

With the adoption of Resolution 21, the Speaker declared moot Resolution 21B and Resolution 97-1998.

**Amendment of the Guidelines Covering the Conduct of Campaigns for ADA Offices** (Special Committee to Study the Office of Treasurer Resolution 22; Board of Trustees Resolution 22B and Fourteenth Trustee District Resolution 22BS-1): The Reference Committee reported as follows:

The Reference Committee appreciates the intent of the substitute Resolution 22BS-1 which would assure that adequate candidate background information would be provided those delegates participating in the election of the Association Treasurer. For this reason, the Reference Committee concurs with the Board recommendation that Resolution 22BS-1 be substituted for Resolutions 22 and 22B and that Resolution 22BS-1 be adopted. This resolution supports Association Strategic Plan Goal 5. The Association: Member and Support Services.

Dr. Ferris moved that Resolution 22BS-1 (*Supplement:415*) be substituted for Resolutions 22 (*Supplement:435*) and 22B.

On vote, Resolution 22BS-1 was substituted for Resolutions 22 and 22B.

Dr. Ferris moved the adoption of substitute Resolution 22BS-1.

On vote, Resolution 22BS-1 was adopted.

**22H-1999. Resolved**, that the Guidelines Governing the Conduct of Campaigns for ADA Offices be amended at the beginning of the second sentence of the first paragraph by adding the phrase "Except for the office of

Treasurer" and a comma so the amended first paragraph reads as follows:

In recent years, the House of Delegates established various guidelines and policies relating to campaign activities for ADA offices. Except for the office of Treasurer, the following incorporates House directives into one document which will be distributed to all candidates, delegates, alternate delegates and other parties of interest.

and be it further

**Resolved**, that the Guidelines Governing the Conduct of Campaigns for ADA Offices be amended by adding two new directives 9 and 10 immediately following directive 8 to read as follows:

9. The candidates' names and curriculum vitae will be submitted to the House of Delegates in the first mailing in the year of the election. The election process for the office of Treasurer may be preceded by a campaign strictly limited to visiting the District Caucus Meetings during the annual session. Candidates shall not be permitted to distribute any tangible election material, including but not limited to printed matter, CD-ROMs, audiovisual materials, pens, pins, stickers or other accessory items. Candidates shall not use signs, posters or any electronic means of communication including but not limited to telephones, television, radio, electronic and surface mail or the Internet. Candidates shall not attempt to raise funds to support a campaign, nor to conduct any social functions, hospitality suites or other electioneering activities.

10. Any questions regarding the Guidelines should be directed to the Office of the Executive Director for clarification.

**Proposal for a Future of Dentistry Project** (Board of Trustees Resolution 46; First Trustee District Resolution 46S-1; and Ninth Trustee District Resolution 46S-2): The Reference Committee reported as follows:

The Committee heard testimony on all sides of the issue pertaining to the Future of Dentistry Project. The Committee concurs with the recommendation of the Board of Trustees and supports both the Future of Dentistry Project and agrees that the resulting report be widely disseminated. Resolution 46S-2 supports Association Strategic Plan Goal 4: Information.

**46S-2. Resolved**, that the Future of Dentistry Project as presented in Report 13 of the Board of Trustees to the House of Delegates be approved, and be it further **Resolved**, that the Future of Dentistry Project will include specific recommendations regarding utilization and dissemination of this information, and be it further

**Resolved**, that a progress report on the Future of Dentistry Project be submitted to the 2000 ADA House of Delegates.

Dr. Ferris moved that Resolution 46S-2 (*Supplement:408*) be substituted for Resolutions 46 (*Supplement:671*) and 46S-1 (*Supplement:391*).

On vote, Resolution 46S-2 was substituted for Resolutions 46 and 46S-1.

Dr. Ferris moved the adoption of substitute Resolution 46S-2.

Dr. Keith D. Clemence, Wisconsin, spoke in favor of the resolution, stating, "This Association can act more efficiently, less expensively and can accomplish more if we act proactively rather than reactively. This report will give us the information if widely disseminated and used properly to act proactively...It will in the long run save us money and allow us to serve our members and the public better."

Dr. Tyrus N. Ivey, Georgia, moved to amend substitute Resolution 46S-2 by adding two resolving clauses that would urge the Board of Trustees to add a minimum of two members who are full-time practicing dentists to the oversight committee in order to assure adequate representation of the practicing community, and that an exact account of up to date expenditures be reported to the 2000 House of Delegates along with an accurate projection of expenses required to complete the project. Dr. Ivey said, "...This will make...sure the practicing dentist has oversight over this committee, and...address the issues and concern about dollars people have. Next year we can see whether or not we are progressing properly and this will give the House full oversight over the progress of the committee."

Dr. D. Gregory Chadwick, Sixteenth District trustee, chairman of the Future of Dentistry Task Force, indicated he was in support of the proposed amendment to substitute Resolution 46S-2.

Dr. Bruce B. Wright, Delaware, spoke in favor of the proposed amendment, stating, "It concerns me greatly that we did this study in the early 1980s and we spent...\$600,000, and now the Ninth [District] is telling us they're going to spend \$250,000 in 2000, another \$100,000 in 2001. And I find that hard to believe...I think the part that I like about this amendment is that we are going to get a report back next year with how much it is going to get to complete the project."

Dr. Dennis E. Manning, Illinois, spoke in favor of the proposed amendment, stating, "I think, however, the Committee should be concerned about a few issues. I believe this should be a living document, not to be placed on the shelves of the library of the American Dental Association building. It should be visited on an annual basis as opposed to looking at it every 20 years with great expense and should be consistent with the Strategic Plan of the ADA."

Dr. Daniel M. Bade, Indiana, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the proposed amendment was adopted.

Dr. D. Gregory Chadwick, Sixteenth District trustee, chairman of the Future of Dentistry Task Force, spoke in favor of the resolution. He said, "...I think our members expect us as leaders to begin to look to the future...see what our vision is and then take action on that vision and shape the future. The ADA is already involved in the planning process. We do it through strategic planning and...through the budget process. But I think the Future of Dentistry Project is sorely needed and it will be the linchpin in our planning process. There are others out there that would like to plan for our future. Our motives, however, are different. Our motives involve our patients and they involve our members. I would ask you who better to do this project for the American Dental Association...If we don't want to do it, there are others out there who are doing it for us...."

Dr. Howard B. Fine, Second District trustee, spoke in favor of the amendment. He said, "...I want to tell you the real reason why I think we should do this...Back in 1983, this report responded to a manpower problem we had in dentistry. But the report was about ten years late because we were responding to the fact that the social bureaucrat architects in Washington, D.C. had opened the floodgates of new dentists. We must never let this happen again. We need a current document on the table now...."

Dr. Gregory M. Karr, Illinois, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 46 as amended was adopted.

**46H-1999. Resolved**, that the Future of Dentistry Project as presented in Report 13 (*Supplement:666*) of the Board of Trustees to the House of Delegates be approved, and be it further

**Resolved**, that the Future of Dentistry Project will include specific recommendations regarding utilization and dissemination of this information, and be it further **Resolved**, that a progress report on the Future of Dentistry Project be submitted to the 2000 ADA House of Delegates, and be it further

**Resolved**, that the Board of Trustees be urged to add a minimum of two members who are full-time practicing dentists to the oversight committee in order to assure adequate representation of the practicing community, and be it further

**Resolved**, that an exact account of up-to-date expenditures be reported to the 2000 House of Delegates along with an accurate projection of expenses required to complete the project.

**Conflict of Interest** (Fourth Trustee District Resolution 104): The Reference Committee reported as follows:

The Reference Committee heard limited testimony on this resolution. Although there was some sentiment for referring this issue for further study, the Committee supports the Board's recommendations and recommends that the House adopt Resolution 104

(*Supplement*:396). This resolution supports Association Strategic Plan Goal 5. The Association: Member and Support Services.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 104 as submitted.

Dr. Ferris moved the adoption of Resolution 104.

Dr. Stanton Deitch, New Jersey, spoke in favor of the resolution, stating, "The House should know that this chapter already exists, and all that is being done is that one line is being added saying the Board of Trustees shall render the final judgment on what constitutes the conflict of interest. This puts the decision in one place and it's a good place."

On vote, Resolution 104 was adopted by a two-thirds (2/3) majority.

**104H-1999. Resolved**, that CHAPTER VI. CONFLICT OF INTEREST, of the *Bylaws*, be amended by adding a new last sentence that states:

The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

so that the amended Chapter VI reads as follows:

#### CHAPTER VI. CONFLICT OF INTEREST

It is policy of this Association that individuals who serve in elective, appointive or employed offices or positions do so in a representative or fiduciary capacity that requires loyalty to the Association. At all times while serving in such offices or positions, these individuals shall further the interests of the 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.
- c. obtaining by a third party an improper gain or advantage.

As a condition for selection, each nominee, candidate and 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. 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. The Board of Trustees shall approve the compliance activities that will implement the requirements of this chapter. The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

**Change in Allocation of ADA Delegates** (Eighth Trustee District Resolution 29 and Board of Trustees Resolution 29B): The Reference Committee reported as follows:

The Committee agrees with the Board that the intent of Resolution 29 is to simplify the mechanism used in the allocation of ADA delegates to constituent dental societies. The Reference Committee also concurs with the Board's observation that the suggested change is of such magnitude that the Association would be better served by deferring action on the resolution until input from the various affected communities could be secured. The Committee believes that one two-day session with five members should be able to design a mechanism for the allocation of ADA delegates which is equitable, readily understood and can be applied universally. Therefore, the Reference Committee recommends that Resolution 29B be substituted for Resolution 29 and that Resolution 29B be adopted. This resolution supports Association Strategic Plan Goal 5. The Association: Member and Support Services.

**29B. Resolved**, that a task force be appointed by the ADA President to study the allocation of delegates and the composition of the ADA House of Delegates, and be it further

**Resolved**, that the findings and specific recommendations be reported to the 2000 House of Delegates.

Dr. Ferris moved that Resolution 29B be substituted for Resolution 29 (*Supplement*:404).

On vote, Resolution 29B was substituted for Resolution 29.

Dr. Ferris moved the adoption of substitute Resolution 29B.

Dr. John Emerson Williams, Illinois, moved to amend Resolution 29B by substituting Resolution 29BS-1 as follows:

**29BS-1. Resolved**, that Resolution 29B be amended by the addition of a new second resolving clause and that the current second resolving clause become the third resolving clause, so that the amended Resolution 29B then reads as follows:

**Resolved**, that a task force be appointed by the ADA President to study the allocation of delegates and the composition of the ADA House of Delegates, and be it further

**Resolved**, that this task force be composed of one member from each of the 16 trustee districts, and be it further

**Resolved**, that the findings and specific recommendations be reported to the 2000 House of Delegates.

Dr. Williams said, "We understand...that increases the economic value of it, but only \$13,000. It is an important issue. Allocation of delegates is something that we think needs to be more credible, needs to be simplified, but needs...everybody's input. We don't want to disenfranchise anybody...."

Dr. Leo R. Finley, Jr., Eighth District trustee, spoke in favor of the amendment, stating, "...I voted against this on the Board only because I didn't feel that a study was necessary, and I wanted the House to act on the resolution. In further consideration, I realize there is some thought that there may be some disenfranchisement of some of the smaller states...When the Board passed 29B, it was the thought of the Board that every trustee district would be represented, so I would support the amendment...."

Dr. Perry K. Tuneberg, Illinois, spoke in favor of the amendment, stating, "I would like to echo those comments and point out that since this task force would hopefully simplify the understandable mechanism of allocation of delegates that we currently have, we have to realize this task force could feasibly change the number of delegates and the delegate allocation and because there is potential that this task force could change those number of delegates for the states, I think you have to have all 16 districts represented even though it's more money because it will eliminate a lot of sour grapes and complaining next year because everyone will have a say in the matter."

Dr. Frederick W. Nolting, Minnesota, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the motion to substitute 29BS-1 for 29B was adopted.

Dr. Carl B. Vorhies, Oregon, moved to amend Resolution 29BS-1 by deleting the words "one member from each of the 16 trustee districts" and inserting the words "three members from large constituents and four from small and medium-sized constituents for a total of seven." He said, "...A task force of 16 is only several thousand dollars, but it's those thousands of dollars that add up to the millions of dollars...and if you make it 16 members, it becomes inefficient and cumbersome, it becomes a conference and not a task force...Every district has the opportunity for input on this task force because this report is going to the Board of Trustees where every district is represented and is coming to this House of Delegates where we are all represented...."

Dr. Martin D. Craven, California, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the proposed amendment was defeated.

Dr. Bruce B. Wright, Delaware, spoke against Resolution 29BS-1. He said, "I am from a small state, and I will tell you that it is very difficult to do business in this House with the complicated issues that we have with less than two delegates. I am from a state that would lose a delegate. I think there are five of us. And I

don't think this study is necessary. We have dealt with 427 delegates for a number of years. It works...."

A motion was made to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 29BS-1 was adopted.

**29H-1999. Resolved**, that a task force be appointed by the ADA President to study the allocation of delegates and the composition of the ADA House of Delegates, and be it further

**Resolved**, that this task force be composed of one member from each of the 16 trustee districts, and be it further

**Resolved**, that the findings and specific recommendations be reported to the 2000 House of Delegates.

**Guidelines for Special Committees/Task Forces** (Fourteenth Trustee District Resolution 90 and Board of Trustees Resolution 90B): The Reference Committee reported as follows:

The Committee heard comments on this resolution which suggested an editorial change giving the resolution stronger language to guide the Board in its selection of task force and committee members. The trustee present supported the suggestion. Therefore the Reference Committee recommends the adoption of Resolution 90B with the amended changes in which deletions are shown by strikeout and additions are shown by shading. This resolution supports Association Strategic Plan Goal 5. The Association: Member and Support Services.

The Standing Committee editorially corrected the resolution to reflect existing *Bylaws* style for numbers, which uses the word, followed by the numeral in parentheses [new material is underlined]:

**90B. Resolved**, that Chapter XI. SPECIAL COMMITTEES, Section 10. APPOINTMENT AND TERM of the ADA *Bylaws* be amended by inserting a new second and third sentence beginning on line 2116 to read: "Duties otherwise assigned by these *Bylaws* solely to one (1) council, commission or other agency ~~may~~ should be assigned to that council, commission or other agency with the necessary funding to accomplish the task. If duties are assigned to a special committee that are also assigned under these *Bylaws* to more than one (1) council, commission or other agency, members of the relevant councils, commissions or other agencies shall be appointed to serve on the special committee," so the amended section reads as follows:

Section 10. APPOINTMENT AND TERM. Special committees of this Association may be created at any session of the House of Delegates or, when the House is not in session, by the Board of Trustees, for the purpose of performing duties not otherwise assigned by these *Bylaws*. Duties otherwise assigned by these

*Bylaws* solely to one (1) council, commission or other agency ~~may~~ should be assigned to that council, commission or other agency with the necessary funding to accomplish the task. If duties are assigned to a special committee that are assigned under these *Bylaws* to more than one (1) council, commission or other agency, members of the relevant councils, commissions or other agencies shall be appointed to serve on the special committee. Such special committees may serve until adjournment *sine die* of the next annual session of the House of Delegates. The authority for appointing the members of a special committee and their number shall be set forth in the resolution creating such committee.

Dr. Ferris moved that Resolution 90B as editorially corrected, be substituted for Resolution 90.

On vote, Resolution 90B was substituted for Resolution 90.

Dr. Ferris moved the adoption of the substitute Resolution 90B.

Dr. Leslie S. Webb, Jr., Virginia, indicated that he was in support of the resolution.

On vote, Resolution 90B as editorially amended was adopted.

**90H-1999. Resolved**, that Chapter XI. SPECIAL COMMITTEES, Section 10. APPOINTMENT AND TERM of the ADA *Bylaws* be amended by inserting a new second and third sentence beginning on line 2116 to read: "Duties otherwise assigned by these *Bylaws* solely to one (1) council, commission or other agency should be assigned to that council, commission or other agency with the necessary funding to accomplish the task. If duties are assigned to a special committee that are also assigned under these *Bylaws* to more than one (1) council, commission or other agency, members of the relevant councils, commissions or other agencies shall be appointed to serve on the special committee," so the amended section reads as follows:

Section 10. APPOINTMENT AND TERM. Special committees of this Association may be created at any session of the House of Delegates or, when the House is not in session, by the Board of Trustees, for the purpose of performing duties not otherwise assigned by these *Bylaws*. Duties otherwise assigned by these *Bylaws* solely to one (1) council, commission or other agency should be assigned to that council, commission or other agency with the necessary funding to accomplish the task. If duties are assigned to a special committee that are assigned under these *Bylaws* to more than one (1) council, commission or other agency, members of the relevant councils, commissions or other agencies shall be appointed to serve on the special committee. Such special committees may serve until adjournment *sine die* of the next annual session of the House of Delegates. The authority for appointing the members of a special

committee and their number shall be set forth in the resolution creating such committee.

**Proposal to Cease Publication of Printed *Index to Dental Literature*** (Board of Trustees Resolution 28): The Standing Committee on Constitution and Bylaws approves the wording of Resolution 28 as submitted.

**28. Resolved**, that the ADA no longer publish the *Index to Dental Literature* after the volumes for 1999, and be it further

**Resolved**, that the ADA *Bylaws* be amended by deletion of Chapter XVI, Section 40, and be it further

**Resolved**, that the current Chapter XVI, Section 50 of the *Bylaws* be renumbered Chapter XVI, Section 40.

Dr. Ferris moved the adoption of Resolution 28 (*Supplement:590*).

Dr. Jerrold H. Axler, Pennsylvania, spoke against Resolution 28. He said, "In doing due diligence in our caucus, we called on staff to ask them...about this particular issue. It turns out that as is stated, this will probably disappear, this index...in the next several years...However, the cost of doing this is relatively minimal, approximately \$20,000. The income for doing this is \$110,000. Well, it's pretty obvious you can still make a couple dollars doing this...I'd like to see this index continue as long as it can be profitable."

Resolution 28 was defeated since it failed to receive a two-thirds (2/3) majority vote.

**Financial Update:** Dr. Rene Rosas, ADA Treasurer, reported that based on actions taken by the House during the Report of the Reference Committee on President's Address and Administrative Matters, \$283,990 has been added to the budget, of which \$174,980 is a one-time expense and \$109,010 is an ongoing expense. At this point in the House proceedings the total deficit was \$6,409,990, which equates to approximately a \$60 dues raise.

**Reconsideration of Resolution 117: Reduced Dues for Dental School Faculty:** Dr. James C. Kelly, Kentucky, moved to reconsider Resolution 117 (see page 918). Dr. Kelly said, "A lot of members of this House may or may not realize is that full-time faculty, if not in practice, cannot deduct...their dues. I would be most favorable in seeing that we reconsider, but with an amendment that we restrict that to full-time faculty or full-time nonpracticing faculty. I feel like if we do that...we could bring up the percentage level from 67.5% for all full-time faculty up to our own level of 71.4% of market share..."

A delegate, speaking against reconsideration said, "I understand my valued colleague's comments, but all 3,000 federal services members cannot deduct their dues either, and I would like to make that known to the House of Delegates."

Dr. Richard P. Perry, Illinois, spoke against reconsideration of Resolution 117. He said, "In our state



of Illinois, one needs a license and active license to teach, and that's considered the practice of dentistry. I'm not sure that the former speaker, when he made the universal statement that they could not deduct on their federal tax return was speaking for dentists in Illinois."

Dr. Myron Bromberg, California, spoke in favor of the reconsideration of Resolution 117. He said, "...I feel the House made a big mistake. When you look at all the issues that we are looking at that cost money, when you hear that we are approaching only two-thirds of the market, you have to think how can we raise that percentage... What better way to get those people who have entry to the students, to the people who are going to graduate, to be able to tell them join the American Dental Association... We are missing the boat, my friends. We should reconsider this, vote it in and then not only reduce their dues, but... send a letter twice a year to them... telling them to tell their students and their soon-to-be graduates, join the American Dental Association. We need to raise that number from two-thirds back up to the 90 percentile where it belongs."

Dr. Edward J. Vigna, Nebraska, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, the motion to reconsider Resolution 117 was defeated.

### **Report of the Reference Committee on Scientific Matters**

The report of the Reference Committee on Scientific Matters was read by Dr. William J. Hooker, Arizona. Dr. Hooker noted that the Reference Committee Chairman, Dr. Patricia L. Blanton, Texas, was called away to attend to a family emergency. The other members of the Committee were: Dr. James A. Cerney, Alaska; Dr. Harold M. Gaynor, Connecticut; Dr. Kevin M. Laing, Ohio; Dr. Billy W. McCann, Sr., Tennessee; Dr. Joe C. Thomas, Arkansas; and Dr. Edward J. Vigna, Nebraska.

**Consent Calendar** (Reference Committee Resolution 125): The Reference Committee reported as follows:

Appended are resolutions referred to the Reference Committee on Scientific Matters which received either no testimony or all positive testimony. Therefore, the Committee recommends adoption of the following resolution.

**125. Resolved**, that the following resolutions be adopted:

**Resolution 17:** Use of ADA Name in Promotional and Educational Materials (*Reports*: 130)

**Resolution 18:** Association Policy on Research Funds (*Reports*: 130)

**Resolution 47:** Scientific, Practice and Ethical Aspects of the Postexposure Evaluation and Follow-up Process (*Supplement*:387)

**Resolution 93:** Revision of Association Policy on Dental Product Labeling (*Supplement*:382)

**Resolution 94:** Revision of Association Policy on Acupuncture (*Supplement*:382)

**Resolution 95:** Revision of the Provisions for Acceptance of Products (*Supplement*:383)

Dr. Hooker moved the adoption of Resolution 125. On vote, Resolution 125 was adopted.

**125H-1999. Resolved**, that the following resolutions be adopted:

**Resolution 17:** Use of ADA Name in Promotional and Educational Materials (*Reports*: 130)

**Resolution 18:** Association Policy on Research Funds (*Reports*: 130)

**Resolution 47:** Scientific, Practice and Ethical Aspects of the Postexposure Evaluation and Follow-up Process (*Supplement*:387)

**Resolution 93:** Revision of Association Policy on Dental Product Labeling (*Supplement*:382)

**Resolution 94:** Revision of Association Policy on Acupuncture (*Supplement*:382)

**Resolution 95:** Revision of the Provisions for Acceptance of Products (*Supplement*:383)

*Note:* For the purpose of a fully documented record, the complete text of the resolutions included in Resolution 125H-1999 follows.

### *Adopted Resolutions.*

**17H-1999. Resolved**, that Item 5 of the Statement of Policy on Use of Name of American Dental Association (*Trans.* 1962:210, 284) be amended to read:

5. Use of the Association's name must be in keeping with good taste and professional dignity.

**18H-1999. Resolved**, that Resolution 21H-1984 (*Trans.* 1984:519), Research Funds, be amended by deleting the phrase "and consider supporting in the future only those Association applied scientific laboratory research" and adding the phrase "as outlined and prioritized by the Association's Research Agenda titled "Research Issues of Importance to the Practicing Dentist" so that the amended resolution reads:

**Resolved**, that the Board of Trustees reevaluate the expenditures currently being made by the Association for and in support of basic and applied scientific laboratory research activities relating to the practice of dentistry as outlined and prioritized by the Association's Research Agenda titled "Research Issues of Importance to the Practicing Dentist."

**47H-1999. Resolved**, that the *ADA Principles of Ethics and Code of Professional Conduct* be amended by adding a new section 2.E. POSTEXPOSURE, BLOODBORNE PATHOGENS to read as follows:

2.E. POSTEXPOSURE, BLOODBORNE PATHOGENS.

All dentists, regardless of their bloodborne pathogen status, have an ethical obligation to immediately inform any patient who may have been exposed to blood or other potentially infectious material in the dental office of the need for postexposure evaluation and follow-up and to immediately refer the patient to a qualified health care practitioner who can provide postexposure services. The dentist's ethical obligation in the event of an exposure incident extends to providing information concerning the dentist's own bloodborne pathogen status to the evaluating health care practitioner, if the dentist is the source individual, and to submitting to testing that will assist in the evaluation of the patient. If a staff member or other third person is the source individual, the dentist should encourage that person to cooperate as needed for the patient's evaluation.

and be it further

**Resolved**, that current Section 2.E. PATIENT ABANDONMENT be renumbered Section 2.F., and be it further

**Resolved**, that the Council on Scientific Affairs develop and publish an Association report addressing postexposure protocols and resources for further information.

**93H-1999. Resolved**, that the Association policy on Dental Product Labeling (*Trans.* 1974:704) be amended to read as follows:

**Resolved**, that the ADA Seal of Acceptance Program requires that, where indicated, manufacturers label ADA-Accepted products with the dates of manufacture, expiration dates and appropriate information on the possible effects of temperature and humidity.

**94H-1999. Resolved**, that the policy on acupuncture (*Trans.* 1973:688) be amended in the first resolving clause by substituting the words "is needed" for the words "be undertaken" and by substituting the word "valid" for the words "more adequate;" by deleting the second resolving clause; and by replacing "Ethical

Policy of the American Dental Association Regarding the Use of Human Subjects in Clinical Research" with "Guidelines for the Use of Human Subjects in Dental Research" (*Trans.* 1978:62, 536) in the third resolving clause, so the amended policy would read as follows:

**Resolved**, that a major and coordinated research effort is needed to provide a valid scientific basis for the use of acupuncture in dentistry, and be it further **Resolved**, that the "Guidelines for the Use of Human Subjects in Dental Research" (*Trans.* 1978:62, 536) be observed by dentists who use acupuncture as an adjunct to treatment of patients.

**95H-1999. Resolved**, that the Provisions for Acceptance of Products Section I E. by the Council on Scientific Affairs (*Trans.* 1994:676) be amended so that it reads as follows:

*E. Survey of Accepted Products.* The Council, at any time and without notice to the manufacturer, may authorize the testing of any or all such products. In the event that a sample fails the testing, the product will be removed from the List of Accepted Products. Test samples will be procured at the expense of the manufacturer as indicated in Section III. If a product is removed from the List of Accepted Products, it may subsequently be resubmitted provided that the products that failed the testing have been removed from the market.

**Amendment of the Provisions for Acceptance of Products by the Council on Scientific Affairs—Use of Biodegradable and Recyclable Materials** (Council on Scientific Affairs Resolution 16 and Fourteenth Trustee District Resolution 16S-1): The Reference Committee reported as follows:

Resolutions 16 (*Reports*: 128) and 16S-1 (*Supplement*: 415) were considered together by the Reference Committee. The Reference Committee heard limited testimony on these resolutions. Noting the background statements for Resolutions 16 and 16S-1, the Committee believes that with the addition of "recyclable," the substitute resolution more accurately describes the intent of the original resolution.

Dr. Hooker moved that Resolution 16S-1 be substituted for Resolution 16.

On vote, Resolution 16S-1 was substituted for Resolution 16.

Dr. Hooker moved the adoption of the substitute Resolution 16S-1.

On vote, Resolution 16S-1 was adopted.

**16H-1999. Resolved**, that the *Provisions for Acceptance of Products by the Council on Scientific Affairs* (*Trans.* 1994:313, 676; 1996:322, 732), General Provisions for Acceptance, be amended by insertion of a

new Section V. Use of Biodegradable and/or Recyclable Materials to read as follows:

V. Use of Biodegradable and/or Recyclable Materials

A. The American Dental Association is concerned about the environment and about the negative impact that the widespread use of nonbiodegradable materials for the manufacture and packaging of disposable products can have on the environment. Therefore, the Association encourages all dental manufacturers, especially those with Accepted products, to use, whenever possible, materials that are biodegradable and/or recyclable.

and be it further

**Resolved**, that existing Sections V through VII be renumbered Sections VI through VIII, respectively.

**Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry** (Board of Trustees Resolution 48 and Reference Committee Resolution 48RC): The Reference Committee reported as follows:

The Reference Committee considered the testimony provided at the Reference Committee on Scientific Matters hearing and recommended the following changes to the proposed Policy Statement:

- In the section on "Vaccination," delete the phrase "dentists and their staffs" and replace it with "dentists and other dental workers who may participate or assist in dental procedures" for reasons of consistency with other sections of the Policy.
- In the section on "Vaccination," it is important to indicate that the need for post-vaccination testing is a single event. As such, it is proposed that "a" be inserted so that the policy statement would read: "The Association further recommends a post-vaccination serological testing."
- As vaccination is a concern for the dental worker rather than the patient, the Reference Committee recommends that the section addressing "Vaccination" be moved from under "Patient Issues" to the section on "Provider Issues."
- Under "Provider Issues," the paragraph addressing "Practice Restrictions/Disclosure" should be amended by deleting the word "strongly" from the sentence beginning "The ADA ~~strongly~~ affirms that dentists infected with bloodborne pathogens can safely provide dental care..." The Reference Committee is of the opinion that "strongly" is an unnecessary adverb.
- Under "Insurance Coverage," the Reference Committee believes the limitation of "two years of disability benefits" is too prescriptive and proposes that the Policy be amended by deletion of "two years of."

**48RC. Resolved**, that the Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry as revised by the Reference Committee be adopted, and be it further **Resolved**, that the following existing policies be rescinded:

Efficacy of Universal Precautions (*Trans.* 1996:734); Hepatitis B Vaccination and Postvaccination Testing for Dentists and their Staffs (*Trans.* 1987:509); Policy Statement on AIDS, HIV Infection and the Practice of Dentistry (1988:457;1991:591; 1997:701); Statement on Infection Control Standards of Care and Compliance (*Trans.* 1992:624); Dental Health Care Workers (*Trans.* 1991:595); Enforcement of CDC Guidelines by State Boards of Dentistry (*Trans.* 1991:587); Compensation for HIV-Infected Health Care Workers (*Trans.* 1992:627); Mandatory HIV Testing (*Trans.* 1991:595); Use of Professional Judgment when Dealing with Infectious Diseases (*Trans.* 1996:734); Infection Control in Dentistry and Acquired Immunodeficiency Syndrome (AIDS) (*Trans.* 1985:609); Policy on HIV-infected Dentists (*Trans.* 1991:592; 1997:700); Insurance Coverage for Dentists Testing HIV Seropositive (*Trans.* 1992:608); Disability Coverage for HIV-Infected Healthcare Workers (*Trans.* 1991:622); Classification of HIV as a Sexually Transmitted Disease (*Trans.* 1992:650); and Evaluation of Dental Procedures for Identifiable Risks (*Trans.* 1991:587),

and be it further

**Resolved**, that the Policy Statement on HIV/AIDS as an Infectious and Communicable Disease (*Trans.* 1996:734) be amended by deleting the words "which may have disabling effects" in the first resolving clause, and deleting the second resolving clause, so the amended policy reads as follows:

**Resolved**, that the American Dental Association take every appropriate opportunity to publicly state the current ADA policy which supports the classification of HIV (AIDS) as an infectious and communicable disease.

Dr. Hooker moved that Resolution 48RC be substituted for Resolution 48 (*Supplement*:672).

On vote, Resolution 48RC was substituted for Resolution 48.

Dr. Hooker moved the adoption of the substitute Resolution 48RC.

Dr. Martin D. Craven, California, moved to amend the Policy Statement by deletion of the following sentence under the paragraph titled "Vaccination":

The Association further recommends a post-vaccination serological testing of dental workers 1 to 2 months after receiving the last dose of the hepatitis B vaccine schedule to confirm post-vaccination immunity.

Dr. Craven, speaking on the proposed amendment, said, "The Association is recommending a post-serological testing, which is not mandated or suggested by anyone else, CDC, state boards or anyone else...As you all know, all the studies show that after a series of three hepatitis vaccines, that the test show from 91 to 99% conversion factor. If you want to go out and be tested, the cost of the test is in the range of \$40 to \$150 per test...Now, if you come back negative, then the CDC recommendation is another series of three. There are no studies to show that you will convert further the second time around. There are no studies to show that if you didn't convert after the three injections that you will convert the second time. The CDC suggestion, if you happen to check yourself after the second series, is nothing. They have no suggestion. I think we should delete that clause. If someone wants to go be tested, that's fine, but why put something in there that someone might pick up and make mandatory later on at a cost of \$1,000 per office."

On vote, the proposed amendment was adopted.

Dr. Gordon P. Trowbridge, III, Maine, moved to further amend the Policy Statement, in the paragraph titled "Vaccination," by deleting the words "participate or assist in dental procedures" and substituting the words "be at risk for infection," so the amended paragraph would read:

**Vaccination:** The Association urges dentists and other dental workers who may be at risk for infection to take advantage of the hepatitis B vaccine, and other vaccines as they become available, to protect themselves and patients from hepatitis B and other bloodborne infections.

Speaking on the proposed amendment, Dr. Trowbridge said, "In a small office such as mine, while my receptionist is not in direct patient treatment or in procedures, if we have a basic life support that's necessary, she is required to participate in that. So I feel she should be protected. In a large office, you may have a situation where someone is working in a central sterilization area and, while not involved in direct patient procedure, they would be at significant risk for infection. So I would like to have that amendment accepted by this House."

On vote, the proposed amendment was adopted.

Dr. Gordon Trowbridge moved to amend the Policy Statement by moving the amended paragraph titled "Vaccination" from the section on "Provider Issues" to the section on "Patient Issues," placing it after the paragraph titled "Infection Control."

Dr. Trowbridge said, "When the Council considered the report that came in, we determined that the section,

or as you read it, the section on patient issues are those issues that a practitioner needs to be aware of when dealing with a patient...Therefore, it was our determination that vaccination really provided more of a protection for the practitioner and the worker when dealing with patients and peripherally protected our patients because it helped to protect us. So it was our determination that it belonged under patient issues rather than provider issues...."

On vote, the proposed amendment was adopted.

On vote, Resolution 48RC as severally amended was adopted.

**48H-1999. Resolved,** that the Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry as revised by the Reference Committee and further amended by the House of Delegates be adopted, and be it further **Resolved,** that the following existing policies be rescinded:

Efficacy of Universal Precautions (*Trans.* 1996:734);  
Hepatitis B Vaccination and Postvaccination Testing for Dentists and their Staffs (*Trans.* 1987:509);  
Policy Statement on AIDS, HIV Infection and the Practice of Dentistry (1988:457;1991:591; 1997:701);  
Statement on Infection Control Standards of Care and Compliance (*Trans.* 1992:624);  
Dental Health Care Workers (*Trans.* 1991:595);  
Enforcement of CDC Guidelines by State Boards of Dentistry (*Trans.* 1991:587);  
Compensation for HIV-Infected Health Care Workers (*Trans.* 1992:627);  
Mandatory HIV Testing (*Trans.* 1991:595);  
Use of Professional Judgment when Dealing with Infectious Diseases (*Trans.* 1996:734);  
Infection Control in Dentistry and Acquired Immunodeficiency Syndrome (AIDS) (*Trans.* 1985:609);  
Policy on HIV-infected Dentists (*Trans.* 1991:592; 1997:700);  
Insurance Coverage for Dentists Testing HIV Seropositive (*Trans.* 1992:608);  
Disability Coverage for HIV-Infected Healthcare Workers (*Trans.* 1991:622);  
Classification of HIV as a Sexually Transmitted Disease (*Trans.* 1992:650); and  
Evaluation of Dental Procedures for Identifiable Risks (*Trans.* 1991:587),

and be it further

**Resolved,** that the Policy Statement on HIV/AIDS as an Infectious and Communicable Disease (*Trans.* 1996:734) be amended by deleting the words "which may have disabling effects" in the first resolving clause, and deleting the second resolving clause, so the amended policy reads as follows:

**Resolved**, that the American Dental Association take every appropriate opportunity to publicly state the current ADA policy which supports the classification of HIV (AIDS) as an infectious and communicable disease.

The Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry, as adopted, is presented as Appendix 1.

**Nobel Prize for Dentistry** (Second Trustee District Resolution 115 and Reference Committee Resolution 115RC): The Reference Committee reported as follows:

The Reference Committee received testimony on Resolution 115 (*Supplement*:392) and believed that the matter needs further study. It, therefore, recommends the following substitute resolution.

**115RC. Resolved**, that the appropriate agencies of the Association study the rationale and feasibility of petitioning for the establishment of a Nobel Prize in dentistry and/or oral health research, and be it further **Resolved**, that a report with recommendations be provided to the House of Delegates in 2000.

Dr. Hooker moved that Resolution 115RC be substituted for Resolution 115.

On vote, Resolution 115RC was substituted for Resolution 115.

Dr. Hooker moved the adoption of the substitute Resolution 115RC.

A delegate moved to substitute the following resolution (115RCS-1) for Resolution 115RC:

**Resolved**, that the appropriate agency or agencies of the Association develop a mechanism whereby the name or names of a deserving candidate or candidates be submitted by the American Dental Association to the appropriate agency of the Nobel Prize Institute for consideration as a recipient of a Nobel Prize, and be it further

**Resolved**, that recommendations as to how to implement the process be reported to the 2000 House of Delegates.

Speaking on the substitute resolution, the delegate said, "I believe this House and the American Dental Association knows full well that it is about time that dentistry and the people who have made this profession the great profession that it is, be recognized by a world body. There is a mechanism in place, by the Nobel Prize Committee, for this process. What we don't have here is a mechanism to develop...and I would suggest to you that this wording doesn't speak to feasibility because I think it is feasible. It doesn't speak to the rationality because it is rational, and I think what we have to do in this House is refer to a proper agency to develop a mechanism to see to it that some person or persons

worthy of that honor be allowed to go ahead and receive that."

Dr. Hooker said, "I think it was the feeling of the Reference Committee that as certain as this gentleman is that there is a mechanism in place, we are not aware of it. And we felt that it would be an imposition on the administration of this Association to demand that we get a name in front of the committee that we are not sure how it is supposed to happen."

In response, a delegate said, "Can I give the House some information? The Nobel Prize Committee, the institute as it is called, has a mechanism for receiving nominations. The fact that we don't know that mechanism is what I would suggest be developed by the American Dental Association through the proper agency. The feasibility is there. The Nobel Prize Institute has that mechanism in place. Therefore, it is not a question of feasibility, it is a question of action by this agency to come back to us with their recommendations next year...I think the process should be moved forward and not just another year wasted."

Speaking in support of Resolution 115RCS-1 was Dr. Bernard K. McDermott, District of Columbia.

Dr. Mark W. Jurkovich, Minnesota, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 115RCS-1 was substituted for Resolution 115RC.

Dr. Ronald G. Testa, Illinois, asked, "Would this not be more under the purview of the FDI than the ADA to bring this up to the Nobel Committee?"

Dr. John Zapp, ADA executive director, responded, "...the American Dental Association clearly has the stature to promote something such as the Nobel Prize for dentistry much more so than the FDI would."

Speaking against Resolution 115RCS-1, Dr. J. Edward Kendrick, Missouri, said, "This seems a bit self-congratulatory that we would want to create a separate category for the Nobel Prize. It seems also to me to separate dentistry from the healing arts. The Nobel Prize for Medicine was awarded three days ago to a man who was surprised that he got it, but his work was of such note that it was brought to the attention of the Nobel Committee. I oppose this idea of petitioning. The self-congratulatory aspect concerns me. Einstein didn't get the Nobel Prize, and I think humility is one way to approach our grandest works."

Dr. Arthur I. Schwartz, Massachusetts, noted that the resolution did not require a separate category for dentistry.

Dr. John R. Jordan, Jr., Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 115RCS-1 was adopted.

**115H-1999. Resolved**, that the appropriate agency or agencies of the Association develop a mechanism whereby the name or names of a deserving candidate or

candidates be submitted by the American Dental Association to the appropriate agency of the Nobel Prize Institute for consideration as a recipient of a Nobel Prize, and be it further

**Resolved**, that recommendations as to how to implement the process be reported to the 2000 House of Delegates.

**Publication of the List of Accepted Products in the ADA Seal Program in *The Journal of the American Dental Association*** (Reference Committee Resolution 123): The Reference Committee reported as follows:

In response to testimony received at the Reference Committee hearing, the Reference Committee is of the opinion that the ADA Seal of Acceptance Program is a long honored resource to member dentists and the dental industry. Tremendous assets of the Association are targeted to the promulgation of the information contained in the Accepted Product list, and without wide distribution of this information these assets are expended in vain. The Reference Committee realizes that this information is available on-line, however, only a limited number of members are able to access this information. Therefore, the Reference Committee recommends adoption of the following.

**123. Resolved**, that the Board of Trustees urge ADAPCO to publish in *JADA*, on an annual basis and at no cost to the ADA, the list of products in the ADA Seal of Acceptance Program as a reference for member dentists.

Dr. Hooker moved the adoption of Resolution 123.

Dr. Edward J. Vigna, Nebraska, a member of the Reference Committee and former member of the Council on Scientific Affairs, spoke in support of Resolution 123. He said, "...More than once I sat across the table from manufacturers who asked the question why does the Association not support and put the effort behind the Seal Program? I strongly urge us to support this resolution and show manufacturers that we do support and distribute...this list to our members."

The Speaker called to the microphone, Ms. Laura Kosden, ADAPCO publisher. Ms. Kosden said, "I regret to inform you that there is a financial implication for this resolution. ADAPCO cannot subsidize an undertaking of this magnitude if the ADA wishes to receive nondues revenue. We would be pleased to present options for your consideration, but the intent of the resolution is not clear to us as to what type of list is being requested. For example, does it mean a list by name only, product category, manufacturer, or all three. Depending on your answer, the cost for this could range anywhere from \$40 to \$145,000. The latter figure is what it cost in July 1998 when we mailed a Seal catalog as a supplement to *JADA*."

Dr. Billy W. McCann, Tennessee, spoke in support of Resolution 123. He said, "I would like to see *JADA* use some ingenuity...in the manner in which they publish

this list....It could be in several different ways...however you want, but use it as a marketing tool for those who support the Seal Program and have a featured article...in a particular issue."

Dr. Vigna requested information on the estimated cost of a supplement to *The Journal*.

Responding, Ms. Kosden said, "...There were 88 pages in the *Products of Excellence* catalog. If we were to publish these 88 pages in *JADA*, there are two considerations. The first being financial, which means that our average page rate, including all costs, approximates \$2,000 per page. The second consideration, and perhaps a more important one, is that you will be bumping previously scheduled authors and their articles from publication in *The Journal* that the members would like to read."

Also responding to a question about what members want to read, Ms. Kosden said, "We often conduct surveys. And often we receive similar feedback that members want information of clinical relevance to the practitioner, and a challenge that we face as a publisher is that what the leadership may feel members should read is not necessarily what the members want to read."

Ms. Kosden also noted that the entire Seal catalog is published on ADA ONLINE.

Dr. Michael B. Rogers, Georgia, moved to refer Resolution 123 to the Board of Trustees for study.

Dr. Gordon P. Trowbridge, III, Maine, a member of the Council on Scientific Affairs, spoke in support of referring Resolution 123 but proposed an amendment to the motion to refer by substituting "Council on Scientific Affairs" for "Board of Trustees." He said, "We currently have a Seal subcommittee that is investigating ways to make the Seal Program more visible, more acceptable and more palatable to both members and to manufacturers. And this would seem like the logical place to put that."

Dr. Kurt A. Butzin, Michigan, also spoke in support of referring Resolution 123 to the Council.

On vote, the motion to refer was amended by substituting "Council on Scientific Affairs" for "Board of Trustees."

On vote, the motion to refer Resolution 123 to the Council on Scientific Affairs for study was adopted.

**Financial Update:** ADA Treasurer Dr. Rene Rosas reported that the actions from the Reference Committee on Scientific Affairs had no financial implications and that the current budget deficit was \$6,409,990.

**Acknowledgement of Retiring and New Delegates:** The Speaker asked the House to acknowledge all the retiring and first-time delegates.

## New Business

**AEGD Management and Funding Study:** The following resolution was from the Fifth Trustee District was submitted on October 12, 1999 by Dr. James

Russell Dumas, vice chairman of the Fifth Trustee District.

**131. Resolved**, that the appropriate ADA agencies evaluate the present system of management and funding of Advanced Education in General Dentistry (AEGD) programs, and be it further

**Resolved**, that a report and recommendation be forwarded to the 2000 ADA House of Delegates.

Dr. Allen Hindin, Connecticut, spoke in support of Resolution 131. He said, "A review of the Survey Center documents called under heading of Advanced Education in General Dentistry will show any of the delegates here that there has been 20% increase in number of AEGD or advanced education in general dentistry positions in the last four years, or actually since 1995 through 1998...During that four-year period, there was a steady or slight decline in the number of general practice dental residencies. At the same time this House has heard on a number of occasions complaints from districts and states relating to community health centers or off-site satellite clinics. And my review of the document and survey of the districts and states in which these issues have arisen makes it seem very clear that the problems that the satellite clinics are creating within the areas where they have been placed relate significantly to the growth of advanced education in general dentistry programs which are very distant from their parent organizations. As such...the House of Delegates would be well served by our knowing what, in fact, is going on in methodologies related to management and funding of these positions. And, as a result, we have called upon the House to adopt resolutions calling for a study which is to be given back to us next year."

Dr. Harold J. Haering, Florida, urged support for Resolution 131.

Dr. Carlos M. Interian, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 131 was adopted.

**131H-1999. Resolved**, that the appropriate ADA agencies evaluate the present system of management and funding of Advanced Education in General Dentistry (AEGD) programs, and be it further **Resolved**, that a report and recommendation be forwarded to the 2000 ADA House of Delegates.

#### **Procedures for Voting by the House of Delegates:**

The following resolution was submitted by the Second Trustee District on October 12, 1999 by Dr. Robert M. Peskin, delegate.

**132. Resolved**, that the appropriate section of the *Rules of the House of Delegates* (Voting Procedures) be amended to indicate that *only* votes cast either for or

against any issue under consideration by the House of Delegates be counted, and be it further **Resolved**, that abstentions only be counted in determining if a quorum is present.

Speaking on the resolution, Dr. Peskin said, "...The intent here is to eliminate the abstention vote in determining the percentage of votes required for any particular issue. However, the abstention button could still be pushed because it is going to be necessary in order to determine should a quorum be present."

The Speaker said, "We do not need an abstention button to determine a quorum. By credentialing the delegates when they're coming into the hall, we know if there's a quorum. We don't even want that button to function. If we're going to pass this, if the House has decided on this, to function this year this way, we don't want that button to function at all. It just complicates the issue in determining the majority."

Dr. Peskin said, "Yesterday, there was some discussion...what the procedures would be and there was a challenge to the Chair regarding this particular issue. At the onset, I took the Speaker's position that we should be counting the abstentions and the percentages. However, after doing some research, particularly with some of the principal authors involved in *Sturgis*...it was brought to my attention that abstentions should not be counted, and my position was swayed very easily by discussions with both Ms. Parks and Dr. Soliday from Maryland on this particular issue. And I would urge that in our rules, that it be clear so that there is no discussion or debate how these votes should be counted."

Dr. Sigmund H. Abelson, California, spoke in support of Resolution 132.

Dr. George Bletsas, Ninth District trustee, said, "I'm not going to get into the debate directly on this. I am going to supply a concern that some members have expressed...and that is, that when these machines are not used or unused, there are some functional things to look at with respect to the machines operating at the proper time, other people pressing buttons at the time and so forth. I have addressed this to our staff and I have a letter in my possession and don't want to get into that at this time. I think the issue you're discussing here is an issue of governance, but there is some issue of mechanics of how the system works and so on. So what I would like is to bring that to your attention so that we can investigate that as well when you see fit."

Dr. Frederick W. Nolting, Minnesota, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 132 was adopted.

**132H-1999. Resolved**, that the appropriate section of the *Rules of the House of Delegates* (Voting Procedures) be amended to indicate that *only* votes cast either for or against any issue under consideration by the House of Delegates be counted, and be it further

**Resolved**, that abstentions only be counted in determining if a quorum is present.

**Annual Session 2000 Dress Code:** The following resolution was submitted by the Fifth Trustee District on October 13, 1999.

**133. Resolved**, that the House of Delegates adopt business casual attire for the 2000 annual session House of Delegates meetings.

Since Resolution 133 (*Supplement:403*) was submitted at the last meeting of the House, the Speaker noted that a two-thirds (2/3) majority vote would be required to permit introduction.

On vote, Resolution 133 was approved for introduction as an item of new business.

Dr. Keith W. Suchy, Illinois, spoke in support of Resolution 133.

Dr. Sigmund H. Abelson, California, moved to amend Resolution 133 by deleting the words "for the 2000 annual session House of Delegates meetings."

Dr. Richard A. Crinzi, Washington, spoke in support of the proposed amendment. He said, "I think this House has very well demonstrated that we can conduct the business of the ADA in what I would consider business casual attire. I think this is a good move."

Dr. Kurt A. Butzin, Michigan, also spoke in support of the proposed amendment.

On vote, the proposed amendment to delete the words "for the 2000 annual session House of Delegates meetings" was adopted.

Speaking against the resolution was Dr. Allen Hindin, Connecticut.

Dr. Zack Studstill, Alabama, spoke in support of Resolution 133.

Dr. Susan Jancar, Nevada, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.

On vote, Resolution 133 was adopted.

**133H-1999. Resolved**, that the House of Delegates adopt business casual attire.

#### **Report of the Reference Committee on Budget and Business Matters (continued)**

**Recommended Dues Increase** (Board of Trustees Resolution 37—continued from page 890): Dr. James M. Harris, chairman of the Reference Committee on Budget and Business Matters, moved the adoption of Resolution 37.

**37. Resolved**, that Chapter I. MEMBERSHIP, Section 50. DUES AND REINSTATEMENT, Subsection A. ACTIVE MEMBERS, of the *Bylaws* be amended by deleting the words and numbers "three hundred forty-three dollars (\$343.00)" (line 319) and by substituting

in their place the words and number "three hundred ~~fifty seven~~ sixty-nine dollars (~~\$357.00~~) (\$369.00)," to make the amended first sentence up to but not including the word "except" (line 320) read as follows:

A. ACTIVE MEMBERS. The dues of active members shall be three hundred ~~fifty seven~~ sixty-nine dollars (~~\$357.00~~) (\$369.00) due January 1 of each year...

and be it further

**Resolved**, that the increased active member dues become effective January 1, 2000.

Dr. Mark J. Feldman, New York, moved to amend Resolution 37 by changing as appropriate the amount of the dues from \$369 to \$395. Dr. Feldman said, "The way we came up with this number...is that we started coming into this House with \$343 initial dues starting point. The initial Board Report 2 added \$14 to those dues and the DR Campaign added \$25 to that number which brought us to \$382. That \$382 just happens to represent what our members currently paid in 1999 for their dues. I then took, based on information given us by the Treasurer...approximately \$1.3 million dollars worth of additional programs over the course of deliberations in this House. So you add the \$13 to that \$382 and you come up with \$395....In order to balance the budget, the Board of Trustees would have to have a very quick meeting up on stage and have to agree to take \$1.2 million from the reserves and that would equate to a balanced budget for this year."

Dr. John S. Buchheister, Michigan, spoke in support of the proposed amendment.

Dr. Joel E. Leizer, New Jersey, requested that the Treasurer give an exact number as to the amount of dues necessary to cover expenses without taking anything out of reserves.

Dr. Rosas reported that the current deficit was \$6,438,040 or a \$61 dues increase. He said, "My calculation shows that last year's House imposed a \$343 dues base for us to build a budget on. Adding the \$61 to that carries that figure to \$404. Maintaining the same dues that we have for 1999 at \$382, would give a \$22 differential.

Dr. Leizer said, "I think we are starting a very, very bad precedent here again. You know, reserves were something that we studied last year, we really wanted to go ahead and keep a strong reserve and the first year after that study we are now taking from reserves. I think it's time we stop apologizing for charging, or not charging, for getting from our members dues which in effect are really helping them. This is an organization for our members....I think it's just bad to immediately go to reserves and start taking from a reserve account when it is not a large amount of money."

Dr. Sigmund Abelson, California, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3) majority.



On vote, the proposed amendment to substitute "\$395" for "\$369" was adopted.

Dr. Alan E. Friedel, Florida, noted that based on information provided by the Treasurer, that "...by voting in a line item of \$395 for dues, that we now have a shortfall of \$900,000 and that would be the request that we would be making of the Board of Trustees to act on should this be voted in."

Dr. John Zapp, ADA executive director, said, "I wanted to speak to the preciseness of the pending amount and that is at this point with the membership base that we have, it is \$106,000 for each dollar in dues. So really the actual amount is \$954,000 to exactly balance the budget above a \$395 dues base as opposed to being \$900,000.

On vote, Resolution 37 as amended was adopted.

**37H-1999. Resolved,** that Chapter I. MEMBERSHIP, Section 50. DUES AND REINSTATEMENT, Subsection A. ACTIVE MEMBERS, of the *Bylaws* be amended by deleting the words and numbers "three hundred forty-three dollars (\$343.00)" (line 319) and by substituting in their place the words and number "three hundred ninety-five dollars (\$395.00)," to make the amended first sentence up to but not including the word "except" (line 320) read as follows:

A. ACTIVE MEMBERS. The dues of active members shall be three hundred ninety-five dollars (\$395.00) due January 1 of each year...

and be it further

**Resolved,** that the increased active member dues become effective January 1, 2000.

The Board of Trustees met briefly to consider funding the anticipated 2000 budget shortfall from the reserves.

Dr. Gordon P. Trowbridge, III, Maine, as a point of information, asked, "...What happens if our revenue falls below projected and we need to take more from reserve. Shouldn't we in effect be asking that they agree to support any shortfall from reserves?"

The Speaker noted that the Board of Trustees, as the managing body of the Association between sessions of the House, already has authority to take that action.

Responding to another question about funding the shortfall, the Speaker said, "If you look at your *Manual of the House*, it says that you can ask the Board of Trustees to reconsider their budget...for revision with any recommendation you wish. And the gentleman who made the dues raise motion said this is how much money we are going to give you, but in order to balance the budget, you have to take this other money out of reserve. They are going to take that under advisement. They can reject that."

Dr. John Zapp, executive director, announced that the Board of Trustees has authorized a withdrawal transfer from the reserve in the amount of \$954,000 to balance the budget.

**Adjournment Sine Die:** The Speaker announced the adjournment *sine die* of the 140<sup>th</sup> Annual Session of the ADA House of Delegates at 12:00 noon.

## Appendix 1

### Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry<sup>1</sup>

The dental office is a safe place to provide and receive dental care. Current and generally accepted epidemiological information supports the conclusion that there is no significant risk of contracting bloodborne diseases through the provision of dental treatment when appropriate infection control procedures are followed.

The dental profession in the United States has a long tradition of providing appropriate and compassionate care to the public, including individuals with special needs. The American Dental Association (ADA) believes that it has the responsibility to articulate a clear position on issues related to bloodborne pathogens and diseases and to formulate policy based on current and generally accepted scientific knowledge and accepted moral, ethical and legal imperatives.

This policy statement, addressing bloodborne pathogens, infection control and the practice of dentistry, will be reviewed on a regular basis and may be modified as scientific knowledge of bloodborne pathogen transmission and prevention in health care settings evolves. The Association urges dentists, other dental workers who may participate or assist in dental procedures, and dental laboratories to follow all ADA policies that deal with bloodborne pathogens.

A key element of infection control is the concept of *universal precautions*, introduced by the Centers for Disease Control and Prevention (CDC) as a means to reduce the risk of bloodborne pathogen transmission (e.g., the Human Immunodeficiency Virus [HIV], Hepatitis B Virus [HBV] and others) in healthcare settings. The primary principle behind universal precautions centers on the premise that medical history and examination cannot reliably identify all patients infected with bloodborne pathogens. All patients, therefore, must be regarded as potentially infectious. As such, applying *universal precautions* requires that infection control procedures (e.g., HBV vaccination, routine handwashing, use of protective barriers and care in the use and disposal of needles and other sharp instruments) are used for every patient.

Most studies suggest that the prevalence of HCV infection among dentists is similar to that among the general population. Furthermore data historically indicate a higher HBV seroprevalence rate among dentists than the general population, however, declining overall seroprevalence rates and significantly lower rates among dentists under age 40 reaffirm the safety and efficacy of currently recommended infection control measures with respect to bloodborne pathogens. The

dental profession, therefore, is strongly urged to continue to adhere to current infection control recommendations as set forth by the ADA and the CDC.

Since the implementation of universal precautions in the United States as a main element of infection control, and with the exception of the Florida case-cluster where HIV may have been transmitted from a dentist to six patients, there have been no documented cases of HIV transmission from dentist to patient, patient to dentist, or patient to patient as a result of dental treatment. Similarly, since 1987 and the implementation of universal precautions, there have been no documented outbreaks of HBV or HCV associated with the practice of dentistry.

### Patient Issues

**Infection Control:** Patients infected with bloodborne pathogens can be safely treated in the private dental office. Current epidemiological evidence indicates that there is no significant risk of contracting bloodborne diseases through the provision of dental treatment when universal precautions are routinely followed. The practice of universal precautions is an effective means of reducing blood contacts that can result in bloodborne pathogen transmission, minimizing even further the already low risk of disease transmission in the dental office.

**Vaccination:** The Association urges dentists and other dental workers who may be at risk for infection to take advantage of the hepatitis B vaccine, and other vaccines as they become available, to protect themselves and patients from hepatitis B and other bloodborne infections.

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

**Patient Disclosure:** The Association believes that all patients infected with a bloodborne pathogen(s) should disclose their bloodborne pathogen status as part of their 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.

**Access to Care:** The Association believes that individuals infected with a bloodborne pathogen(s) should be treated with compassion and dignity and

<sup>1</sup> As adopted by the ADA House of Delegates, October 1999.

should have access to dental treatment. Treatment considerations should be based on current and generally accepted scientific knowledge. A dentist should not refuse to provide oral health care that is within the dentist's current realm of competence solely because the patient is infected with a bloodborne pathogen.

Furthermore, the ADA's *Principles of Ethics and Code of Professional Conduct* states that a dentist has the general obligation to provide care to those in need. A decision not to provide treatment to an individual based solely on the fact that the individual is infected with a bloodborne pathogen is unethical.

**Professional Judgment:** The ADA supports the right and responsibility of each dentist to exercise his or her best professional judgment, based on current and generally accepted scientific knowledge and the ethics of the profession, in all situations regarding when and how to treat and whether to refer each patient.

**Exposure Incidents:** The Association recommends that dentists be familiar with current CDC postexposure protocols for the management of occupational exposures to bloodborne pathogens and that dentists institute office policies to ensure appropriate and efficient management of exposure incidents. The ADA recommends that the costs associated with postexposure prophylaxis and exposure sequelae be a benefit of Workers' Compensation insurance coverage.

**Confidentiality:** The Association urges dentists to maintain strict confidentiality of a patient's bloodborne pathogen status and medical condition. Under the Association's *Principles of Ethics and Code of Professional Conduct*, dentists are ethically obligated to safeguard the confidentiality of patient records and to maintain patient records in a manner consistent with the protection of the welfare of the patient. This does not prevent dentists from sharing information about the patient's bloodborne pathogen status and medical condition with the patient's other health care providers when allowed by state or federal law. Dentists are encouraged to have an office protocol, in accordance with applicable laws, for the confidential handling of information about patients infected with a bloodborne pathogen(s).

#### Provider Issues

**Practice Restrictions/Disclosure:** The ADA affirms that dentists infected with bloodborne pathogens can safely provide dental care, and that bloodborne pathogen infection alone does not justify the limiting of professional duties or automatically mandate disclosure provided proper infection control procedures are implemented. Infected dental health care workers must practice in compliance with CDC or equivalent infection-control recommendations, as required by applicable law.

If the government mandates testing for bloodborne pathogen infection and disclosure for health care workers who test positive, the ADA Council on Government Affairs will investigate and pursue national legislative possibilities of a government-sponsored insurance program that would guarantee reasonable financial compensation to health care workers who may be discriminated against upon disclosure of their disease status.

**Infection Control:** Current epidemiological evidence indicates that there is no significant risk of contracting bloodborne diseases through the provision of dental treatment when universal precautions and recommended infection control procedures are routinely followed. Practicing universal precautions is an effective means of reducing blood contacts that can result in bloodborne pathogen transmission, minimizing even further the already low risk of disease transmission in the dental office.

However, because 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 evaluation and assess their need to determine their bloodborne pathogen status. Furthermore, dental health care workers who believe they are at risk for bloodborne pathogen infection should regularly monitor their status. All dental health care workers testing positive for a bloodborne pathogen must practice only in strict compliance with the current infection-control recommendations of the CDC for infected providers or their equivalent, as required by applicable law; this includes submitting to, and adhering to any objective and appropriate restrictions imposed by expert review panels with competent jurisdiction, as outlined by the CDC.

The high ethical standards of the dental profession establish the welfare of the patient as the dentist's primary ethical obligation. The Association's Council on Ethics, Bylaws and Judicial Affairs has stated in an advisory opinion to the ADA *Principles of Ethics and Code of Professional Conduct* that a dentist who contracts any disease or becomes impaired in any way that might endanger patients or dental staff shall, with consultation and advice from a qualified physician or other authority, limit the activities of practice to those areas that do not endanger patients or other health care providers.

**Exposure Incidents:** The Association's *Principles of Ethics and Code of Professional Conduct* requires that all dentists, regardless of their known bloodborne pathogen status, have an ethical obligation to immediately inform any patient they suspect may have been exposed to blood or other potentially infectious material in the dental office of the need for postexposure evaluation and follow-up and to refer the patient, as needed, to a qualified healthcare practitioner who can provide postexposure services. The dentist's ethical

obligation in the event of an exposure incident extends to providing information concerning the dentist's own bloodborne pathogen status to the evaluating health care practitioner, if the dentist is the source individual, and submitting to testing that will assist in the evaluation of the patient. If a staff member or other third person is the source individual, the dentist should encourage that person to cooperate as needed for the patient's evaluation. Dentists should document in the patient's record the actions they have taken in response to a patient's exposure to blood or other potentially infectious material. Care should be taken not to include in the patient record confidential medical information about the dentist or a staff member, to avoid unauthorized disclosure of this information with the patient record.

**Insurance Coverage:** If a dentist infected with a bloodborne pathogen discontinues the practice of dentistry because of a legal requirement to disclose his/her bloodborne pathogen status to patients, the Association believes the dentist to be totally disabled with respect to the practice of dentistry. The ADA will assist and support infected dentists in sustaining meaningful professional careers and will encourage insurance carriers to provide disability benefits for such dentists.

## Education

**Public Information and Education:** Appropriate agencies of the Association should continue efforts to educate the public about both the efficacy of universal precautions and the absence of a significant epidemiological risk of contracting bloodborne diseases through the provision of dental treatment when recommended infection control procedures are routinely followed.

The healthcare and communications communities also should work together, in consultation with government agencies, to develop public service announcements and other educational messages regarding bloodborne diseases. Public education to increase awareness of how bloodborne diseases are transmitted should include information aimed at diminishing irrational fears about transmission of such diseases through dental treatment.

**Professional Education:** The *Principles of Ethics and Code of Professional Conduct* of the ADA states that the privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, have the obligation of keeping their knowledge and skill current.

The Association recommends the development of national educational programs for the dental team that address infection control recommendations for preventing bloodborne pathogen transmission in health care settings as well as programs that address the

management of the oral and systemic implications of bloodborne diseases. The Association further recommends that dental schools, dental auxiliary schools and advanced dental education programs incorporate these programs in curriculum content and clinical activities. The Association will further assist the profession in addressing bloodborne disease issues by assuring the widespread dissemination of current infection-control recommendations and information on bloodborne diseases to the dental community through Association publications, conferences and videotapes.

## Legal and Legislative Issues

**Antidiscrimination:** The ADA supports clarifying or amending antidiscrimination laws and regulations, 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.

The Association also 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 performing a dental procedure on a patient who fails to disclose medical information that, in the dentist's professional judgment and based on current and generally accepted scientific knowledge, may significantly impact the patient's treatment. The Association further strongly supports state and federal legislation that gives an infected patient's health care providers the right to share, when medically indicated, knowledge of the patient's bloodborne pathogen status and current medical condition without risking a violation of state or federal antidiscrimination laws and confidentiality laws.

**Professional Judgment:** The Association, where appropriate, will pursue legal and legislative means to effect changes to existing statutes, regulations, guidelines and interpretations which impose inappropriate restraint on the exercise of the dentist's professional judgment in the treatment of persons with disabilities and/or infectious diseases.

**Classification of Bloodborne Pathogens:** The ADA supports the classification of bloodborne pathogens as infectious and communicable disease agents and, as such, will take every appropriate opportunity to publicly support such classification.

**National Policies:** The Association supports initiatives to develop national policies on bloodborne disease/infection that can become the basis for coordinated efforts by the public and private sectors. The oral health aspects of bloodborne disease/infection and issues related to the practice of dentistry should be included in national policies.

**Mandatory Testing:** The ADA opposes any laws or regulations that require mandatory testing of dentists and other health care workers to determine their bloodborne pathogen status.

**Enforcement of Infection Control Guidelines:** Enforcement of CDC or equivalent infection-control guidelines should be assigned to state boards of dentistry.

**Statement on Infection Control Standards of Care and Compliance:** The ADA encourages and supports infection control standards of care, provided those standards are based on and justified by scientific research, and advocates and pursues fair systems of compliance as well as appropriate penalties for noncompliance.

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# Opening Ceremony and Scientific Session

## Notes

# Opening Ceremony

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Ft. DeRussy Beach Park, Honolulu, Hawaii, Saturday, October 9, 1999

**Call to Order:** The Opening Ceremony of the 140th Annual Session of the American Dental Association convened at 8:30 a.m. at Ft. DeRussy Beach Park, Honolulu.

The Ceremony began with a performance by the Royal Hawaiian Band, a Procession of the Ancient Royal Court and a Hawaiian blessing. Next was the Presentation of Colors and the National Anthem.

**Welcoming Remarks and Introductions:** Dr. S. Timothy Rose, ADA president, welcomed the attendees to the Opening Ceremony and to one of the world's most breathtakingly beautiful and exotic islands, Oahu, Hawaii.

Dr. Rose introduced the Mayor of Honolulu, the honorable Jeremy Harris. He then introduced president-elect Dr. Richard Mascola and executive director Dr. John S. Zapp.

Next, Dr. Rose recognized the efforts of the following: the Board of Trustees; Dr. Kathryn A. Kell, chairman of the Council on ADA Sessions and International Programs and general chairman of the 1999 Annual Session; and other council members and volunteers for their contributions in planning the annual session.

Dr. Alan Tom, chairman of the Committee on Local Arrangements, and his committee members were also acknowledged for their hard work with session planning.

Dr. Rose introduced three individuals who were named Honorary Members of the ADA—Mr. Michael R.

Sudzina, director of Professional and Scientific Relations, Procter & Gamble, for his efforts in helping to develop corporate America's role in promoting oral health care; Mr. Robert J. Sullivan, founder of Sullivan Dental Products and chairman emeritus of Sullivan Schein, Inc., for his lifelong philanthropy on behalf of dentistry and dental education; and Mr. Jack Haber, vice-president and general manager of U.S. Oral Care, Colgate-Palmolive, for his support of organized dentistry and oral care initiatives for the underserved and needy.

Dr. Raphael L. Bowen, who, since 1989, has served as center director for one of three Research Centers for Excellence in Dental Materials funded by the National Institute for Dental and Craniofacial Research, was named recipient of the 1999 Distinguished Service Award for his innovative contributions in the development of technologies benefiting the dental profession and the public.

**Entertainment:** The Aloha Spirit was lively presented with performances by the following artists: Japanese Taiko Drummers; Ancient Kahiko Dancers; Keiki Halau; Tahitian Performers; Samoan Fire Knife Dancers; and Honolulu Boy Choir.

**Adjournment:** The Opening Ceremony adjourned at 9:30 a.m.



# Scientific Session

Honolulu, Hawaii, October 9-12, 1999

The 1999 annual scientific session was held October 9-12, 1999 at the Hawaiian Convention Center and the Illikai Nikko Hotel, Honolulu.

The scientific program was under the direction of the Council on ADA Sessions and International Programs composed of the following members: Kathryn A. Kell, council chair, Davenport, Iowa; Gary O. Baker, Crestwood, Missouri; Nona I. Breeland, 2000 chair-designate, Chapel Hill, North Carolina; David J. Fulton, Sr., 2000 program director and 2001 chair-designate, Waukegan, Illinois; William Goodman, Miami, Oklahoma; Gerrit C. Hagman, Atlanta; Brien V. Harvey, Tucson, Arizona; Sally Hewett, Bainbridge Island,

Washington; H. Lindy Kell, 1999 program director, Oak View, California; Stephen L. Kondis, West Homestead, Pennsylvania; Azam M. Qadri, *ex officio*, Hudson, Ohio; Neal B. Richter, Merrillville, Indiana; Joseph Schachner, Bronx, New York; Stephen F. Schwartz, Houston, Texas; Jeffrey C. Socher, general chair, 2000 Committee on Local Arrangements, Arlington Heights, Illinois; Alan Tom, general chair, 1999 Committee on Local Arrangements, Aiea, Hawaii; J. Steven Tonelli, 2001 program director, North Reading, Massachusetts; Michael Unger, Livingston, New Jersey; Thomas A. Vuchetich, East Lansing, Michigan; and Edward T. Jeske, director.

The following were presenters at the Scientific Session:

Achord, Andrew P.  
Acosta, Adrian W.  
Ahn, Alexander  
Ahlstrom, Robert  
Anzuoni, Sheila A.  
Armitage, Gary  
Attarian, Gwynne M.

Bass, A. Paul  
Beck, James  
Belvedere, Paul C.  
Berkman, Cheryl A.  
Berman, Marvin M.  
Blaes, Joseph A.  
Bloom, Todd E.  
Boghossian, Alan A.  
Boswell, Suzanne  
B. R., Mouna  
Bromberg, Myron J.  
Buchanan, L. Stephen  
Buhler, Dennis  
Butler, Bobby  
Burton, Matthew J.

Carpenter, William M.  
Chee, Winston  
Choy, Sam  
Cohlma, Ray A.  
Connelly, Stephen T.  
Cox, Charles F.  
Cox, Matthew O.  
Crossley, Harold L.  
Crumpton, Debra  
Curley, Arthur  
Curtis, David  
Cwikla, Stephen J.

Dang, Hang M.  
Davis, Robert  
Davis, T. Bob

Day, James  
de St. Georges, Jennifer  
DeCambre, Martine A.  
DelliGatti, Steve A.  
Dodell, David  
Doherty, Hugh F.  
Dumas, Christine  
DuMolin, James  
DuMolin, Suzanne  
Dunn, James R.

Eakle, W. Stephan  
Eckhart, James  
Ellis, Brandon K.  
Elvebak, Bryan S.  
Emmott, Larry  
Erickson, Jeff W.  
Esfandiari, Soroush

Farr, Cheryl  
Feuerstein, Paul  
Flucke, John  
Fong, Cynthia  
Freedman, George  
Frencken, Jo E.  
Freydberg, Barry  
Friedman, Mark J.

Giroux-Slavas, Jacinthe  
  
Hadley, Jack N.  
Hales, R. Thane  
Hamann, Curt P.  
Hapcook, Charles  
Harris, Christopher T.  
Hatta, Eri  
Hawkins, J. Mel  
Hornbrook, David S.  
Huffines, Randy F.  
Hunter, Susan E.

Hutter, Jeffrey W.  
Hyten, Steven J.  
  
Jacobsen, Peter L.  
James, Laji J.  
Jansen, Curtis E.  
Jeffcoat, Marjorie  
Jensen, Mette Skov  
Jupp, Anita

Kaganova, Tatyana  
Kanca, III, John A.  
Karp, Warren B.  
Kay, C. Neil  
Khademi, John  
Khanuja, Bhupinder  
Singh  
Khatib, Majd  
Knoell, Lyndsay N.  
Kois, John C.  
Kokich, Vincent G.  
Kuesakul, Piyanan

LaRoche, Loretta  
Lazarus, Janet  
Leonard, Myer S.  
Levin, Roger P.  
Lewins, Shani  
Lewis, Donald P., Jr.  
Limoli, Tom, Jr.

Maitland, Ronald I.  
Malamed, Stanley F.  
Malone, Jeffrey S.  
Manji, Imtiaz  
Marronaro, Robert  
Martin, Mary E.  
Martinez, Béatrice  
Martuza, Eric  
McDonald, Jennifer

McDougal, Tom  
McNeil, Kevin  
Meyer, Dan  
Miller, Keri L.  
Millis, Joy  
Mills, Marianne  
Molinari, John A.  
Moore, Barrett G.  
Morris, Jason T.  
Muduli, Anup

Nguyen, Phuong N.  
Niessen, Linda C.  
Noel, David

Okuda, Wynn  
Owens, Robert

Pavone, Anthony G.  
Phan, Xuan Lan  
Pick, Robert M.  
Pollack-Simon, Risa  
Pride, James R.

Ranalli, Dennis N.  
Rethman, Jill  
Rhode, Naomi  
Rhode, Jim  
Rhodes, Paul  
Rice, Janet Hatcher  
Ruddle, Clifford J.

Saigh, Robert  
Savell, Truitt A.  
Schiff, Thomas  
Schleyer, Titus  
Schneider, David J.  
Serio, Francis  
Sheinberg, Sheila  
Sherman, Jeffrey A.

Silverman, Sol  
Simonian, Belinda  
Skorobatchky, Andrew W.  
Slaven, Matthew S.  
Sletten, Paul  
Spear, Frank  
Sprague, Peggy  
Stark, Heidi J.  
Steele, Tim  
Steinberg, Barbara J.  
Stetzer, Kraig M.  
Stewart, Alden M.  
Stewart, Debra G.  
Suzuki, Jon

Tadsen, Jackie  
Takei, Henry  
Tanaka, Terry  
Tanna, Nihar D.  
Thompson, Van P.  
Ting, Brian L.  
Trushkowsky, Richard  
  
Underwood, Ben  
Unthank, Michael  
Uyehara, Les

van Dyk, William  
Van Houtan, Seanica M.  
Vaselaney, John  
  
Wages, Melissa J.  
Warren, Brett K.  
West, John  
Wiens, Jennifer L.  
Williams, Ray C.  
Wilson, Michael C  
Woodnutt, Dale A.

Young, Doug  
  
Zinner, Ira D.

## Notes

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## Appendix

## Notes

# Directory

## Officers, Trustees, Associate and Assistant Executive Directors, Councils, Commissions, Committee on Local Arrangements

### Officers

Rose, S. Timothy, *president*, Appleton, WI  
 Mascola, Richard F., *president-elect*, Jericho, NY  
 McKaig, Bettie R., *first vice president*, Raleigh, NC  
 Smith, Richard A. *second vice president*, Atlanta  
 Rosas, Rene M., *treasurer*, El Paso, TX  
 Fanno, James T., *speaker*, House of Delegates, Canton, OH  
 Zapp, John S., *executive director*, Chicago

### Trustees

Anderton, Robert M., 1999, *Fifteenth District*, Carrollton, TX  
 Bletsas, George L., 2001, *Ninth District*, Lincoln Park, MI  
 Bruce, Steven M., 2002, *Eleventh District*, Boise, ID  
 Chadwick, D. Gregory, 2000, *Sixteenth District*, Charlotte, NC  
 Chaput, Ronald M., 1999, *First District*, Chelmsford, MA  
 DeNicola, Ross J., Jr., 1999, *Twelfth District*, Baton Rouge, LA  
 Fine, Howard B., 2002, *Second District*, Rochester NY  
 Finger, Henry, 2001, *Fourth District*, Medford, NJ  
 Finley, Leo R., Jr., 2002, *Eighth District*, Orland Park, IL  
 Jones, T. Howard, 2001, *Fifth District*, Carrollton, GA  
 Mangos, Chris, 2000, *Sixth District*, Festus, MO  
 Metro, Patrick S., 2000, *Seventh District*, Westlake, OH  
 Pudwill, Myron L., 2000, *Tenth District*, Lincoln, NE  
 Sekiguchi, Eugene, 2002, *Thirteenth District*, Monterey Park, CA  
 Siroky, Charles L., 1999, *Fourteenth District*, Phoenix  
 Staubach, John W., 2001, *Third District*, York, PA

### Senior Associate Executive Director

Overman, Carol M. (member and support services)

### Group Associate Executive Directors

Neumann, Laura M., *acting* (professional services)  
 Sweeney, James H. (business, technical and meeting services)

### Associate Executive Directors

Brown, L. Jackson (health policy resources center)  
 Johnson, Brian M. (finance and operations)  
 Marshall, James Y., *interim* (dental practice)  
 Meyer, Daniel M. (science)  
 Mickel, Clayton B. (communications)  
 Moss, Dorothy J. (government affairs)  
 Neumann, Laura M. (education)  
 Newton, Patricia M. (membership and dental society services)  
 Overman, Carol M. (administration and policy)  
 Owens, Robert L. (information technology)  
 Sfikas, Peter M. (legal affairs)  
 Sweeney, James H. (conference and meeting services)

### Assistant Executive Director

Owings, Alison (conference and meeting services)

### Councils

#### Access, Prevention and Interprofessional Relations

Grubb, Richard T. (Terry), 1999, chairman, Wenatchee, WA  
 Conrardy, James J., 2001, Green Bay, WI  
 Culver, Jimmy L., 1999, Barre, VT  
 Iacono, John M., 1999, Manhasset, NY  
 Jones, Robert D., 2000, Chestertown, MD

Keenan, Allen C., 2002, Tulsa, OK  
 Lander, William W., 1999 (AMA), Bryn Mawr, PA  
 McFarland, Kimberly K., 2001, Lincoln, NE  
 Meador, Robert C., 2002, Houston  
 Nelson, Robert L., 2002, Kansas City, MO  
 Nelson, Steven R., 2001, Denver  
 Nurkin, Harry A., 1999 (AHA), Charlotte, NC  
 Parker, Samuel Edward, Jr., 2002, Florence, SC  
 Paulson, Peter L., 2000, Decatur, IL  
 Perry, David A., 2001, Alameda, CA  
 Scott, Edward R., II, 2000, Tallahassee, FL  
 Steinberg, Barbara J., 1999, Philadelphia  
 Strayer, Michael S., 2000, Columbus, OH  
 Klyop, John S., *director*, Chicago

### ADA Sessions and International Programs

Kell, Kathryn A., 1999, *chairman*, Davenport, IA  
 Breeland, Nona I., 2000, *chairman-designate*, Chapel Hill, NC  
 Baker, Gary O., 2001, Crestwood, MO  
 Fulton, David J., Sr., 2001, *2000 program director*, Waukegan, IL  
 Goodman, William, 2001, Miami, OK  
 Hagman, Gerrit C., 1999, Atlanta  
 Harvey, Brien, 2000, Tucson, AZ  
 Hewett, Sally, 2002, Bainbridge Island, WA  
 Kell, H. Lindy, 2000, *1999 program director*, Oak View, CA  
 Kondis, Stephen L., 1999, West Homestead, PA  
 Qadri, Azam M., 1999, *ex officio*, Hudson, OH  
 Richter, Neal B., 1999, Merrillville, IN  
 Schachner, Joseph, 2002, Bronx, NY  
 Schwartz, Stephen F., 2002, Houston

Socher, Jeffrey C., *general chairman*, Committee on Local Arrangements, 2000 Annual Session, *ex officio*, Arlington Heights, IL  
 Tom, Alan, *general chairman*, Committee on Local Arrangements, 1999 Annual Session, *ex officio*, Aiea, HI  
 Tonelli, J. Steven, 2002, North Reading, MA  
 Unger, Michael, 2001, Livingston, NJ  
 Vuchetich, Thomas A., 2000, East Lansing, MI  
 Jeske, Edward T., *director*, Chicago

#### Communications

Tonne, William J., 1999, *chairman*, Savanna, IL  
 Barto, Robert E., 2001, *ad interim*, Woonsocket, RI  
 Carpo, Christine B., 1999, *ex officio*, Lemont, IL  
 Curtis, Eric K., 2000, Safford, AZ  
 Eggleston, Frank K., 2000, Houston  
 Feinberg, Edward, 1999, Scarsdale, NY  
 Harms, Kimberly A., 2002, Farmington, MN  
 Hewitt, Richard F., 2000, Greenville, SC  
 Keisner, Kim D., 2001, Bella Vista, AR  
 Oberbreckling, Paul J., 1999, Mequon, WI  
 O'Brien, Michael, 2002, Auburn, AL  
 Perle, Charles H., 1999, Jersey City, NJ  
 Rice, Janet Hatcher, 2001, Bristol, TN  
 Rosen, Sherwin Z., 2000, Palos Verdes, CA  
 Spruill, William T., 2001, Boiling Springs, PA  
 Strickland, Daniel J., 2002, Oregon, OH  
 Wilson, D. Richard, 2002, Portland, OR  
 Mickel, Clayton B., *director*, Chicago

#### Dental Benefit Programs

Vaclav, Michael D., 2001, *chairman*, Amarillo, TX  
 Burns, Dennis A., 1999, Columbus, OH  
 Cuttino, Charles L., 2002, Richmond, VA

DeRose, Francesca, 1999, Racine, WI  
 Floyd, Thomas P., 1999, West Palm Beach, FL  
 Hedlund, Steven, 2002, Iowa City, IA  
 Mason, Craig A., 1999, Kailua, HI  
 Olinger, Thomas J., 2001, LaMesa, CA  
 Paulson, Julie A., 2001, Decatur, IL  
 Rice, Joseph V., 2001, Charleston, WV  
 Sawyer, Ansley W., III, 2000, Augusta, ME  
 Shoemaker, Eugene B., 1999, *ex officio*, Waukesha, WI  
 Smith, Mary Krempasky, 2000, Spokane, WA  
 Stoner, Donald A., 2000, Oakmont, PA  
 Thompson, R. Wayne, 2002, Shawnee, KS  
 Tuber, Harry M., 2000, East Orange, NJ  
 Volland, Lawrence, 2002, Lockport, NY  
 Marshall, James Y., *director*, Chicago

#### Dental Education and Licensure

Demkee, Donald E., 2000, *chairman*, Wooster, OH  
 Bachman, Lillian H., 2001, New York  
 Baker, Arnold, 1999, Holland, MI  
 Buchanan, Richard, 2000, Dallas  
 Dolinsky, Herbert B., 2002, Jersey City, NJ  
 Dyer, Jay H., 2001, Wheeling, WV  
 Fonseca, Raymond, 1999, Philadelphia  
 Goldberg, Louis J., 2001, Buffalo, NY  
 Goorey, Nancy J., 2000, Worthington, OH  
 Hinrichs, R. Mark, 1999, *ex officio*, Lincoln, NE  
 Kelly-Mueller, Carolyn, 1999, *ad interim*, Pittsburgh  
 Marks, Ronald B., 2002, Alexandria, LA  
 Ohtani, Deron J., 2002, Honolulu  
 Tarver, Earl L., Jr., 2001, Monroe, LA  
 Vorhies, Carl B., 2000, Beaverton, OR  
 Woodworth, Gerald A., 2001, Rupert, ID  
 Nix, Judith A., *director*, Chicago

#### Dental Practice

Norman, Charles H., III, 1999, *chairman*, Greensboro, NC  
 Altieri, Jeanne Pinzel, 2001, Hartford, CT  
 Arcand, Albert R., 1999, *ex officio*, Warwick, RI  
 Burton, John F., 2001, Columbia, SC  
 Calnon, William R., 2002, Rochester, NY  
 Eads, John S., III, 2001, El Paso, TX  
 Keim, Douglas K., 2000, St. Paul, MN  
 Okano, David K., 2002, Rock Springs, WY  
 Peterson, Janet P., 2000, Corvallis, OR  
 Raibley, Bruce D., 1999, Evansville, IN  
 Rainwater, Michael T., 2002, Riverdale, GA  
 Sherwood, Cynthia E., 1999, Independence, KS  
 Smith, Jeffery W., 2000, Sonora, CA  
 Smith, Richard D., 2000, Charleston, WV  
 Suchy, Keith W., 1999, Westchester, IL  
 Swanson, Loren C., 2002, Oshkosh, WI  
 Weber, Charles R., 2001, West Chester, PA  
 Guay, Albert H., *director*, Chicago

#### Ethics, Bylaws and Judicial Affairs

Gross, Ronald B., 1999, *chairman*, Pottstown, PA  
 Bluit-Foster, Juliann S., 1999, Chicago  
 Chichetti, Richard J., 2002, Tallahassee, FL  
 Cortegiano, Louis J., 2001, Flushing, NY  
 Cutler, A. Riley, 1999, Boise, ID  
 Deitch, Stanton, 2001, Marlton, NJ  
 Dunn, Bruce R., 2001, Denver  
 Eklund, Richard A., 2000, San Antonio  
 Fields, Dean S., Jr., 2000, Bloomfield, MI  
 Fields, Gerald L., 2000, Milbank, SD  
 Hamlin, Daura C., 2002, Norfolk, VA  
 Lee, Darryl L., 2002, Long Beach, CA  
 McConnell, Mark S., 1999, *ex officio*, Albuquerque, NM  
 Merritt, Grant W., 1999, Leawood, KS  
 Roberts, Gary, 2000, Shreveport, La

Schwartz, Arthur I., 2002,  
Wakefield, MA  
Shaffer, C. David, 2001, Akron, OH  
Todd, Kathleen, *director*, Chicago

#### **Government Affairs**

Player, T. Carroll, 1999, *chairman*,  
Florence, SC  
Crawford, Felix C., 1999,  
Plainview, TX  
Dilsaver, Alan V., 2001, Easton, PA  
Donohoo, Michael, 1999, *ex officio*,  
Milwaukee  
Dumas, James Russell, Jr., 2000,  
Prentiss, MS  
Eddy, Arthur F., 2000, Shirley, MA  
Evans, Neal B., 2001, American  
Fork, UT  
Frey, James D., 2001, Ft. Wayne, IN  
Golden, Julia Morgan, 1999, *ex*  
*officio*, Wynnewood, PA  
Hadnot, Douglas S., Lolo, MT  
Manning, Dennis E., 2000,  
Deerfield, IL  
McGinty, Charles C., 2002, Joplin,  
MO  
Nolan, Michael F., 2002, Monroe,  
LA  
Puglisi, Arthur W., 1999, Staten  
Island, NY  
Sadowski, John L., 2000,  
Manitowoc, WI  
Schafhauser, Michael W., 2001, St.  
Paul, MN  
Simms, Richard A., 1999, Harbor  
City, CA  
Sterritt, Frederic C., 2002, Belle  
Mead, NJ  
Spangler, Thomas J., Jr., *director*,  
Washington, DC

#### **Insurance**

Abelson, Sigmund H., 1999,  
*chairman*, Los Angeles  
Barth, Tom L., 1999, Manhattan,  
KS  
Broadbent, Charles, 2001, Mesa, AZ  
Ciampa, Joseph H., 2001, Winthrop,  
MA  
Comar, Terence R., 2002,  
Kalamazoo, MI  
Feldman, Mark J., 2000, Garden  
City, NY  
Haas, David G., 2002, Akron, OH  
Kenney, Lawrence M., 2000, New  
Castle, PA  
Kolb, Ronald G., 2002, Moorhead,  
MN  
Malinowski, Andrew S., 2000,  
Greenville, DE

Moon, G. Rodger, 1999, Peoria, IL  
Smith, Richard M., 2001, Amarillo,  
TX  
Stanislav, Leon E., 1999,  
Clarksville, TN  
Trager, Peter S., 2002, Marietta, GA  
Wandell, Timothy E., 2000,  
Hoquiam, WA  
Willis, Charles S., II, 2001, Durham,  
NC  
Dwyer, David R., *director*, Chicago

#### **Membership**

Brodoski, Richard V., 1999,  
*chairman*, Sterling Heights, MI  
Adams, Anne C., 1999, Richmond,  
VA  
Bell, David J., 2002, Arkadelphia,  
AK  
Cartwright, Chris S., 2001, Grand  
Prairie, TX  
Davis, Gary S., 2000, Shippensburg,  
PA  
Dohm, Otto W., 2000, Bismarck, N  
Hoffman, Charles W., 2002, *ad*  
*interim*, Tequesta, FL  
Holifield, Mark E., 1999, *ex officio*,  
Parsons, TN  
Lopez, Alfred L., Jr., 2001,  
Albuquerque, NM  
Matanzo, Thomas, 2002,  
Wintersville, OH  
Morgenstern, Thomas F., 1999,  
Hightstown, NJ  
Pendergrast, Phyllis, 2002,  
Fairbanks, AK  
Perry, Richard P., 2001, Oak Park,  
IL  
Schinnerer, Donald M., 1999, San  
Ramon, CA  
Smith, Maria A., 2000, Shelton, CT  
Smith, Marlene K., 2000,  
Campbellsville, KY  
Weiss, Lois Lazarus, 2001,  
Flushing, NY  
Jarr, Paul W., *director*, Chicago, IL

#### **Scientific Affairs**

Armitage, Gary C., 1999, *chairman*,  
San Francisco  
Anusavice, Kenneth, 2001,  
Gainesville, FL  
Chan, Jarvis T., 1999, Houston  
Drisko, Connie Hastings, 2002,  
Louisville, KY  
Gage, Tommy W., 2000, Dallas  
Glick, Michael, 1999, Philadelphia  
Grammer, Frank C., 2001,  
Fayetteville, AR  
Hand, Jed S., 2000, Iowa City, IA

Hutter, Jeffrey, 2002, Boston  
Kelly, J. Robert, 2001, Gaithersburg,  
MD  
Menke, Richard A., 2002,  
Worthington, OH  
Powell, G. Lynn, 1999, Salt Lake  
City  
Silverman, Sol, Jr., 2000, San  
Francisco  
Thompson, Van P., 2000, Newark,  
NJ  
Trowbridge, Gordon P., III, 2001,  
Milbridge, ME  
Tussing, Gerald J., 2002, Lincoln,  
NE  
Verhagen, Connie M., 2000,  
Muskegon, MI  
Burrell, Kenneth H., *senior director*,  
Chicago

#### **Commissions**

##### **Dental Accreditation**

Rossa, Joseph W., 2000 (AADE),  
*chairman*, Chicago  
Fields, Henry W., Jr., 2000 (AADS),  
*vice chairman*, Columbus, OH  
Ammons, William F., Jr., 2002  
(AAP), Seattle  
Anker, Edward, 2000 (ADA),  
Riverhead, NY  
Avery, William A., 2002 (ADA),  
Grand Rapids, MI  
Beemsterboer, Phyllis L., RDH,  
1999 (ADHA), Woodland Hills,  
CA  
Bell, Homer Clark, III, 2002  
(AADE), Greensboro, NC  
Bergen, Stephen F., 2001 (ACP),  
West Orange, NJ  
Bridges, Sidney R., 2001 (ADA),  
Philadelphia  
Christensen, Mark, 1999 (AADE),  
Murry, UT  
Curtis, Ben W., 2001 (AADE),  
Portland, OR  
Garrison, Raymond, 2001  
(AADS/AAHD), Winston-Salem,  
NC  
Goldblatt, Lawrence I., 2002  
(AADS), Indianapolis  
Hovland, Eric J., 2001 (AADS), New  
Orleans  
Jancar, Susan L., 1999 (ADA),  
Winnemucca, NV  
Lew, Daniel, 2001 (AAOMS), Iowa  
City, IA  
Madison, Sandra, 2000 (AAE),  
Asheville, NC



Marks, Clifford, 1999 (AAO),  
Miami  
McKillop, Lucille, 1999 (Public  
Member), Chicago  
McTigue, Dennis, 1999 (AAPD),  
Columbus, OH  
Niessen, Linda, 2000 (AAPHD),  
Dallas  
Norris, Lonnie H., 1999 (AADS),  
Boston  
Sims, Barbara (Ms.), 2002 (Public  
Member), Coral Gables, FL  
Stallings, James E., 2001 (NADL),  
Macon, GA  
Tomich, Charles E., 2002  
(AAOMP), Indianapolis  
Walls, Rose A., C.D.A., E.D.D.A.,  
M.S., 2000 (ADAA), Orlando, FL  
Werner, David J., 2001 (Public  
Member), Edwardsville, IL  
Wolf, Karen, 1999 (ASDA/AADS  
Student Appointee), Iowa City,  
IA  
Hart, Karen M., *director*, Chicago

#### National Dental Examinations

Kalkwarf, Kenneth L., 1999  
(AADS), *chairman*, San Antonio  
Williamson, Carol E., 1999  
(AADE), *vice chairman*, Ocala,  
FL  
Campbell, W. Lynn, 2001 (ADA),  
Columbia, SC  
Dorvinen, Harry, 2002 (AADE),  
Duluth, MN  
Dvorak, Marvin B., 2001 (AADE),  
Omaha, NE  
Franklin, Sanford M., 1999 (ADA),  
Cincinnati  
Hobbs, Evelyn, RDH, M.Ed. (Ms.),  
2002 (ADHA), Flagstaff, AZ  
Hume, W. Rory, 2002 (AADS), Los  
Angeles  
Leeper, Stephen H., 2000 (AADS),  
Lincoln, NE  
Lefcoe, Sanford L., Jr., 2001  
(AADE), Norfolk, VA  
Neil, David (Mr.), 2002 (ASDA),  
Chicago  
Pattalochi, Robert E., 2000  
(AADE), Casper, WY  
Stamatelakys, Constantine, 2002  
(ADA), Milwaukee  
Wood, Martha (Ms.), 2002 (Public  
Member), San Antonio  
Wyman, Ross G., 2000 (AADE),  
Kennebunkport, ME  
DeMarais, David R., *director*,  
Chicago

#### Relief Fund Activities

Thomas, Joe Carter, 1999,  
*chairman*, Osceola, AR  
Banks, Michael P., 2001, Las Vegas  
Cavalaris, C. J., 2000, Columbus,  
OH  
Ellwein, Orin W., 2002, Sioux Falls,  
SD  
Ferris, Geraldine M., 1999, Winter  
Springs, FL  
McDermott, Charles E., 2001,  
Pittsburgh  
Pickett, Charles Edward, 2000,  
Napa, CA  
Pierce, Jack L., 2002, Fort Worth,  
TX  
Guay, Albert H., *director*, Chicago

#### Standing Committee

##### New Dentist

Cohlma, Raymond A., 1999,  
*chairman*, Oklahoma City  
Arcand, Albert R., 1999, Warwick,  
RI  
Brown, Wendy A., 2002, Gambrills,  
MD  
Carpo, Christine B., 2001, Lemont,  
IL  
Curtis, David K., 1999, Columbus,  
MS  
Golden, Julia Morgan, 2002,  
Wynnewood, PA  
Hinrichs, R. Mark, 2000, Lincoln,  
NE  
Holifield, Mark E., 2000, Parsons,  
TN  
McConnell, Mark S., 2001,  
Albuquerque, NM  
Mosher, Russell N., 2001,  
Midlothian, VA  
Ogata, Randall M., 2002, Mercer  
Island, WA  
Qadri, Azam M., 1999, Hudson, OH  
Shoemaker, Eugene B., 2000,  
Waukesha, WI  
Stewart-Flamenbaum, Tracy E.,  
2001, Huntington Station, NY  
Swinney, Paul (Chip) G., Jr., 2000,  
Tyler, TX  
Yacoub, Hilda M., 2002, *ad interim*,  
Yucaipa, CA  
Burgess, Karen B., *director*,  
Chicago

#### Committee on Local Arrangements

Courson, Richard C., *co-chairman*,  
Program Coordinating Committee  
Fujioka, John M., *co-chairman*,  
Hospitality Committee  
Ho, Edward L., *co-chairman*,  
Registration and Special Services  
Committee  
Kamezawa, Sanford K., *co-*  
*chairman*, Hospitality Committee  
Lum, Calbert M.B., *co-chairman*,  
Registration and Special Services  
Committee  
Scheerer, Ernest W., *co-chairman*,  
Program Coordinating Committee  
Zais, Martin Henry, *vice chairman*,  
Committee on Local  
Arrangements

#### Honorary Officers

Devine, Joseph A.  
Hayashi, Bert Y.  
Kanazawa, Kanemi  
Morrison, Robert L.  
Pearce, James H.  
Siroky, Charles L.  
Tajima, Mark S.  
Tsuji, Fumio  
Wong, Peter G. C.

#### Annual Session Volunteers

Adachi, Gerald  
AhMoo, Earl  
Ako, Jason  
Aniya, Vivian  
Arakawa, Reginald  
Arelliano, Janet  
Arucan-Masunaga, Mildred  
Azama, Robert  
Mark Baird  
Bardin-Billman, Karen  
Bautista, Michelle  
Baysa, Robert  
Bayudan, Mary Jane  
Beavers, D. Mark  
Bellanca, Paul  
Bilyk, Gary  
Biven, Glenn  
Black, John  
Bourne, William  
Bowman, Jill  
Brown, David  
Brown, Jacqueline  
Brown, Michael L.  
Bruggeman, Wayne

Cardoza, Kenyon  
 Carreno, Ileana  
 Cassella, Edmund  
 Caswell, Kimberly  
 Chan, George  
 Chan, William  
 Chan, Yan Pui  
 Chang, Alan  
 Chang, Douglas  
 Chang, Jo Ann  
 Chang, Joseph  
 Chang, Malcom  
 Chang, Philip  
 Chang-Motooka, Tammy  
 Chann, Greg  
 Chee, Galen  
 Chen, Lucy  
 Cheung, Norman  
 Chin, Angela  
 Ching, Kevin  
 Ching, Kin  
 Ching, Michael  
 Ching, Paul  
 Ching, Ramon  
 Chinn, Clarence  
 Chinn, Roy  
 Cho, Clinton  
 Chong, Armand  
 Chong, Wallace  
 Choy, Melvin  
 Choy, Miki  
 Choy, Ruby  
 Choy, Wesley  
 Chu, Benjamin  
 Chu, Gloria  
 Chun, Linda  
 Chun, Mark  
 Chun, Norman  
 Chung, Stephen  
 Cislo, Randall  
 Clarke, Michael  
 Coelho, Cheryl  
 Cooney, Kay  
 Cossio, Sonya  
 Cross, Jonathan  
 Curtis, Fred  
 Cushnie, Robert  
 Davey, Brian  
 Dean, Tina  
 Devereux, Declan  
 Dickinson, Terry  
 Dierenfield, Douglas  
 Doi, David  
 Dominici-Bly, Lia  
 Dumlao, Frances  
 Dung, David J.  
 Ebert, John

Ertel, Steven  
 Fajotina, Rose Ann  
 Fay, Peter  
 Finn, Patricia  
 Fong, Lyndon  
 Fox, Michael  
 Fu, Derrick  
 Fujii, Alton  
 Fujino, Howard  
 Fujimoto, Alan  
 Fujimoto, Lynn  
 Fujimoto, Staphe  
 Fujioka, Betty  
 Fujioka, Lawrence  
 Fukuda, Franklin  
 Fukumoto, Carla  
 Furuya, Lincoln  
 Furuya, Neil  
 Gaerlan-Tokunaga, Modesta  
 Gillam, Lillian  
 Gragas, Angela  
 Haga, Carl  
 Haga, Craig  
 Hagin, Joyce  
 Hall, Gabby  
 Hammer, Henry  
 Hanada, Glenn  
 Haruki, Craig  
 Hashitake, Ann  
 Hayashi, Patrick  
 Higa, James  
 Hirai, Allen  
 Hirai, Jeffrey  
 Hiranaga, Sharon  
 Hironaka, Kent  
 Ho, Carmelita T.  
 Ho, Lawrence  
 Ho, Nikki  
 Ho, Stephen  
 Honda, Randall  
 Hook, Bradley  
 Horton, Lili  
 Hoshino, Wendell  
 Hu, Karen  
 Ichimura, Derek  
 Ichiriu, Cynthia  
 Iha, Darin  
 Ikeno, Jason  
 Imanaka, Russell  
 Inouye, Glenn  
 Inouye, Kenneth  
 Ishida, Barbara  
 Ishida, Harrison  
 Ishihara, Kerry  
 Ishimura, Samuel  
 Iwasaki, Ernest  
 Jones, John

Kajiwara, Frank  
 Kam, Randall  
 Kamezawa, Jason  
 Kanagawa, Jay  
 Kanamori, Ted  
 Kaneda, Glenn  
 Kanemaru, Gordon  
 Kanemaru, Jared  
 Kanemaru, Lester  
 Kanemaru, Masao  
 Kaneshiro, Marie  
 Kaneshiro, Martin  
 Kanna, George  
 Kauwe, Sole  
 Kawakami, Myron  
 Kawane, Donald  
 Kawasaki, Ben  
 Kawasaki-Haines, Marci  
 Keller, Bruce  
 Kelly, Jocelyn  
 Kihara, Francis  
 Kim, Mary  
 Kim, Nana  
 Kim, Russell  
 Kitamura, Mark  
 Kiyabu, Ann  
 Kobayashi, Carl  
 Koch, Arnie  
 Koga, Keith  
 Koike, Benjamin  
 Kometani, Franklin  
 Kouchi, Jerold  
 Kurahara, John  
 Lamm, Kari  
 Lau, Bonnie  
 Lau, Ernest  
 Lau, Johnson  
 Le, Joanne  
 Leaf, Theodore  
 Lee, Audrey  
 Lee, Melvin  
 Lee, Tiffany  
 Lewis, Cedric  
 Lichota, Walter  
 Ligeralde, Leonora  
 Loo, Raymond  
 Loo, Theodore  
 Loo, Walter  
 Los, Stephen  
 Lum, Cynthia  
 Lum, Dore  
 Lung, Gregory  
 Mabe, Roy  
 Machara, Ryan  
 Madeisky, Jochen  
 Maehara, Laurie  
 Maehara, Ryan

Malecha, Charlene  
 Mallory, Arlo  
 Masaki, Harry  
 Masumoto, Barbara  
 Masumoto, George  
 Masunaga, Russell  
 Mathias, Nalani  
 Matsushima, Michael  
 Matsuura, Wayne  
 Maurer, Roland  
 Mayeda, Daniel  
 Merrett, James  
 Miller, Betty  
 Miller, Ronald  
 Minato, Kenneth  
 Misaki, Harvey  
 Miyake, Helen  
 Miyamoto, Alan  
 Miyamoto, Amy  
 Miyamoto, Richard  
 Mizuno, Susan  
 Molina, Lyn  
 Moriguchi, Stephen  
 Morikawa, Gary  
 Morikawa, Keith  
 Morimoto, Richard  
 Morita, Randal  
 Motooka, Randal  
 Musngi, Lovely  
 Naka, Chester  
 Nakagawa, William  
 Nakamaru, Keiko  
 Nakamaru, Kent  
 Ng, Ericson  
 Ng, Irene  
 Nishimura, Karen  
 Nishioka, Joelyn  
 Nobuhara, Wade  
 Nomura, Alan  
 Nunokawa, Betty  
 Nunokawa, Neil  
 Ogawa, Amy  
 Ohara, William  
 Ohira, Warren  
 Oishi, Martin  
 Oka, Debra  
 Okabe, Jonathan  
 Okamoto, Vance  
 Okazaki, Todd  
 Okihiro, Glenn  
 Okuda, Wynn  
 Omura, Clifford  
 Omuro, Kevin  
 Oshiro, James  
 Oshiro, Maddie  
 Oshiro, Milton  
 Ouye, Donn

Pajimola, Vivian  
 Palakiko, Cheryl  
 Pedro, Evangeline  
 Quant, Ana Maria  
 Ragsac, Mark  
 Ratum-Nagatalon, Edie  
 Rebman, Coy  
 Remeliik, Gloria  
 Rho, Gabrielle  
 Rivera, Minda  
 Sabado, Robin  
 Sakamaki, Marilyn  
 Sakamaki, Walter  
 Sasada, Jennifer  
 Sato, Mendel  
 Sato, Brian  
 Sato, William  
 Sayre, Frank  
 Sayre, Laura  
 Schoch, Tracy  
 Sebastian, Cecile  
 Seo, Paul  
 Shimabukuro, Scott  
 Shimizu, Curt  
 Shinbori, Dennis  
 Shoultz, Stephen  
 Siruno, Iris  
 Sue, Steven  
 Suenaga, Alexander  
 Suga, David  
 Sugita, Richard  
 Sumikawa, David  
 Sunahara, Fred  
 Tabata, Russell  
 Tagami, Ron  
 Takata, Cecile  
 Takesono, Jerald  
 Takiguchi, Scott  
 Tamai, James  
 Tamashiro, Alan  
 Tamashiro, Wayne  
 Tamura, David  
 Tanaka, Raymond  
 Tanouye, Sherry  
 Tenjoma, Lyle  
 Tenn, Cyrus  
 Tenn, Katie  
 Teruya, Darrell  
 Thoman, Ronald  
 Tokunaga, Stephen  
 Tom, Bettina  
 Tom, Curtis  
 Tom, Gerraine  
 Tom, Russell  
 Tomasu, Kathy  
 Torigoe, Torin  
 Tseu, Joseph

Tsuzaki, David  
 Tsuzaki, Stuart  
 Uchida, Clyde  
 Ulrich, Clint  
 Umaki, Clyde  
 Uriu, Gary  
 Uto, Lloyd  
 Uyeda, Gregg  
 Uyemoto, Theodore  
 Vogt, William  
 Wakai, Wendy  
 Wall, Michael  
 Walsh, James  
 Watanabe, Carl  
 Wessberg, George  
 West, Bruno  
 White, Danny  
 Wilhite, Steve  
 Williamson, Lewis  
 Williamson, Sue  
 Wittbold-Finn, Elsa  
 Wong, Allen  
 Wong, Bryan  
 Wong, Dennis  
 Wong, Gerald  
 Wong, Leona  
 Wong, Robert  
 Wong, Roger  
 Wong, Theodore  
 Wrobel, Douglas  
 Yamada, Daryl  
 Yamada, Jerome  
 Yamagata, Carl  
 Yamamoto, Elly  
 Yamamoto, Joseph  
 Yang, Norman  
 Yarborough, Craig  
 Yasuhara, Kenneth  
 Yim, Errol  
 Yokoyama, Carter  
 Yokoyama, Roger  
 Yonemoto, Gary  
 Yonemoto, Toyie  
 Yonemura-Hayashi, Nina  
 Yoon, Shilla  
 Yoshida, Alan  
 Yoshida, Randall  
 Yoshimura, Jon  
 Young, Terence  
 Yuen, Riley  
 Yugawa, Alan  
 Zampetti, Herman  
 Zuercher, Victor

# 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, WV
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**

<b>Term</b>	<b>President</b>	<b>Corresponding Secretary</b>	<b>Recording Secretary</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
1897-98	Thomas Fillebrown	E. E. Chase	G. H. Cushing	1898	Omaha
1898-99	H. J. Burkhart	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. G. 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**

<b>Term</b>	<b>President</b>	<b>General Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
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**

<b>Term</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
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

<b>Term</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
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	J. H. Pfister	1977	Miami Beach
1977-78	Frank P. Bowyer	C. G. Watson	I. L. Kerr	1978	Anaheim
1978-79	Joseph P. Cappuccio	J. M. Coady	J. 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	R. B. Dixon	1981	Kansas City, MO
1981-82	Robert H. Griffiths	J. M. Coady	D. E. Bentley	1982	Las Vegas
1982-83	Burton H. Press	J. M. Coady	J. L. Bomba	1983	Anaheim
1983-84	Donald E. Bentley	J. M. Coady	A. L. Ryan	1984	Atlanta
1984-85	John L. Bomba	J. M. Coady	A. Kobren	1985	San Francisco
1985-86	Abraham Kobren	T. J. Ginley	J. A. Devine	1986	Miami Beach
1986-87	Joseph A. Devine	T. J. Ginley	J. A. Saddoris	1987	Las Vegas
1987-88	James A. Saddoris	T. J. Ginley	A. A. Dugoni	1988	Washington, DC
1988-89	Arthur A. Dugoni	T. J. Ginley	R. M. Overbey	1989	Honolulu
1989-90	R. Malcolm Overbey	T. J. Ginley	E. J. Truono	1990	Boston
1990-91	Eugene J. Truono	T. J. Ginley	G. T. Morrow	1991	Seattle
1991-92	Geraldine T. Morrow	W. E. Allen	J. H. Harris	1992	Orlando
1992-93	Jack H. Harris	J. S. Zapp	J. F. Mercer	1993	San Francisco
1993-94	James H. Gaines	J. S. Zapp	J. F. Mercer	1994	New Orleans
1994-95	Richard W. D'Eustachio	J. S. Zapp	J. F. Mercer	1995	Las Vegas
1995-96	William S. Ten Pas	J. S. Zapp	J. F. Mercer	1996	Orlando
1996-97	Gary Rainwater	J. S. Zapp	R. M. Rosas	1997	Washington, DC
1997-98	David A. Whiston	J. S. Zapp	R. M. Rosas	1998	San Francisco
1998-99	S. Timothy Rose	J. S. Zapp	R. M. Rosas	1999	Honolulu

**Living Former Presidents, American Dental Association**

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<b>Term</b>	<b>President</b>	<b>Term</b>	<b>President</b>
1971-72	Carl A. Laughlin	1987-88	James A. Sadoris
1974-75	L. M. Kennedy	1988-89	Arthur A. Dugoni
1975-76	Robert B. Shira	1990-91	Eugene J. Truono
1976-77	Frank F. Shuler	1991-92	Geraldine T. Morrow
1977-78	Frank P. Bowyer	1992-93	Jack H. Harris
1978-79	Joseph P. Cappuccio	1993-94	James H. Gaines
1980-81	John J. Houlihan	1994-95	Richard W. D'Eustachio
1982-83	Burton H. Press	1995-96	William S. Ten Pas
1983-84	Donald E. Bentley	1996-97	Gary Rainwater
1984-85	John L. Bomba	1997-98	David A. Whiston
1985-86	Abraham Kobren	1998-99	S. Timothy Rose
1986-87	Joseph A. Devine		

# Attendance Record

## Members of the House of Delegates

	REGISTERED	MEETINGS			
		1	2	3	4
AIR FORCE	578 members, 2 delegates				
<i>Delegates</i>					
Gureckis, Kevin M., Yorktown, VA	•	•	•	•	•
Murray, Gary H., Wright Patterson, OH	•		•	•	•
<i>Alternates</i>					
Hartup, Grant R., Yorktown, VA	•				
Solomon, Otha L., Jr., Waldorf, MD	•				
ALABAMA	1,558 members, 5 delegates				
<i>Delegates</i>					
Johnson, Hiram L., Tuscaloosa	•	•	•	•	•
Lawson, William M., Birmingham	•		•	•	•
McCulloh, J. Calvin, Birmingham	•	•	•	•	•
Strickland, Lyldon E., Huntsville	•	•	•	•	•
Studstill, Zack D., Montgomery	•	•	•	•	•
<i>Alternates</i>					
Anderson, John P., Jr., Rainsville					
Cumbus, Benjamin J., Montgomery	•				
Evans, H. Ray, Jr., Montgomery	•				
Langley, Barry L., Mobile	•	•			
Stevens, Alvin W., Jr., Birmingham	•				
ALASKA	293 members, 2 delegates				
<i>Delegates</i>					
Cerney, James A., Fairbanks	•	•	•	•	•
Logan, David G., Juneau	•	•	•	•	•
<i>Alternates</i>					
Hodnik, Vickey J., Homer	•				
Warren, Robert E., Anchorage	•				
AMERICAN STUDENT DENTAL ASSOCIATION	5 delegates				
<i>Delegates</i>					
Brown, Carolyn L., Baltimore, MD	•		•	•	•
Goodman, Tamara J., Farmington, CT	•	•	•	•	•
Hogan, Grant M., San Antonio, TX	•	•	•	•	•
Rouse, Christopher J., Augusta, GA	•	•	•	•	•
Zale Brian, Alton, IL	•	•	•	•	•
<i>Alternates</i>					
Corey, Rhonda, Lexington, KY	•				
Denzler, Paul E., Los Angeles, CA	•				
Kalarickal, Zacharias, Cleveland Heights, OH	•	•			
Smyth, Thomas, Minneapolis, MN	•				
Tang, Vera, Queens Village, NY	•				
ARIZONA	1,640 members, 5 delegates				
<i>Delegates</i>					
Daniels, Roy G., Sedona	•	•	•	•	•
Griego, Robert G., Phoenix	•	•	•	•	•
Harvey, Brien, Tucson	•	•	•	•	•
Hooker, William J., Flagstaff	•	•	•	•	•
Lau, Frederick T., II, Phoenix	•	•	•	•	•

+ Delegate and alternate each attended a portion of the meeting.

	REGISTERED	MEETINGS			
		1	2	3	4
<i>Alternates</i>					
Hauer, Michael R., Tucson	•				
Hicks, Morris A., Tucson	•				
Radcliffe, Michael J., Phoenix	•				
Thompson, J. Barton, Scottsdale	•				
ARKANSAS	980 members, 4 delegates				
<i>Delegates</i>					
Colclasure, Ray E., Pine Bluff	•	•	•	•	•
Grammer, Frank C., Fayetteville	•	•	•	•	•
Keisner, Kim D., Bella Vista	•	•	•	•	•
Thomas, Joe C., Osceola	•	•	•	•	•
<i>Alternates</i>					
Fiddler, Terry L., Conway					
Perkins, Donald R., Forrest City	•				
Skinner, Robert L., Fort Smith	•				+
Whitis, Harry W., Osceola	•				+
ARMY	446 members, 2 delegates				
<i>Delegates</i>					
Davis, John W., San Antonio, TX	•	•	•	•	•
Sculley, Patrick D., Falls Church, VA	•	•	•	•	•
<i>Alternates</i>					
Cook, Lawrence J., West Point, NY	•				
Webb, Joseph G., Jr., San Antonio, TX	•				
CALIFORNIA	17,879 members, 47 delegates				
<i>Delegates</i>					
Abbott, James A., Santa Rosa	•	•	•	•	•
Abelson, Sigmund H., Los Angeles	•	•	•	•	•
Bocks, Charles R., III, San Jose	•	•	•	•	•
Brink, Justin L., Merced	•	•	•	•	•
Bromberg, Myron J., Reseda	•	•	•	•	•
Broussard, Jack S., Jr., Pasadena	•	•	•	•	•
Casagrande, Eugene R., Encino	•	•	•	•	•
Cassat, D. Douglas, San Diego	•	•	•	•	•
Chan, Steven D., Fremont	•	•	•	•	•
Conley, Jack F., Glendale	•	•	•	•	•
Contino, Sam H., Pasadena	•	•	•	•	•
D'Arc, Thornton A., Fullerton	•	•	•	•	•
Del Carlo, Wayne D., San Francisco	•	•	•	•	•
Farnsworth, Kent, Sacramento	•	•	•	•	•
Feldman, Roddy N., Fairfield	•	•	•	•	•
Finney, Debra S., Folsom	•	•	•	•	•
Flanders, Stephen, Whittier	•	•	•	•	•
Gallagher, William L., San Francisco	•	•	•	•	•
Haag, Russell, San Diego	•	•	•	•	•
Habjan, Denise A., Santa Ana	•	•	•	•	•
Kalebjian, Dennis M., Fresno	•	•	•	•	•
Lange, Kenneth E., Chico	•	•	•	•	•
Lee, Darryl L., Long Beach	•	•	•	•	•
Maahs, Randall R., San Jose	•	•	•	•	•
McCann, David T., Stockton	•	•	•	•	•
McCarthy, Terrence F., Cypress	•	•	•	•	•
Mead, Ronald B., San Luis Obispo	•	•	•	•	•
Mito, Ronald S., Los Angeles	•	•	•	•	•
Neal, Kenneth G., Jr., Porterville	•	•	•	•	•
Perry, David M., Alameda	•	•	•	•	•
Rosa, Martyn F., Sacramento	•	•	•	•	•
Rosen, Sherwin Z., Palos Verdes Peninsula	•	•	•	•	•



	REGISTERED	MEETINGS			
		1	2	3	4
Rounsavelle, Richard K., Torrance	•	•	•	•	•
Schonfeld, Steven E., Eureka	•	•	•	•	•
Sciarra, Joseph P., Woodland Hills	•	•	•	•	•
Simms, Richard A., Harbor City	•	•	•	•	•
Simonian, Roger B., Fresno	•	•	•	•	•
Smith, Jeffery W., Sonora	•	•	•	•	•
Stratigopoulos, George J., San Diego	•	•	•	•	•
Strom, Joel L., Beverly Hills	•	•	•	•	•
Tarica, Samuel R., Los Angeles	•	•	•	•	•
Templin, Larry S., Sacramento	•	•	•	•	•
Toy, Bruce G., Stockton	•	•	•	•	•
Valentine, Bruce, Modesto	•	•	•	•	•
Van Dyk, William A., San Pablo	•	•	•	•	•
Webb, Russell I., Upland	•	•	•	•	•
Welling, Gene B., Eureka	•	•	•	•	•

*Alternates*

Amo, Richard K., Fullerton					
Bianchi, Thomas, Stockton					
Brucia, Jeffrey J., San Francisco					
Buchanan, Sally A., San Jose					
Burman, Michael C., Bakersfield					
Campbell, Matthew J., Jr., Sacramento	•				
Carney, Kerry K., Benicia					
Cavagnolo, Steven F., Davis					
Chan, Raymond K., San Lorenzo					
Codington, J. Richard, San Diego	•				
Cooper, Mark A., Clearlake					
Costella, Anthony G., San Anselmo	•				
Craven, Martin D., San Luis Obispo	•				•
Cuenin, Robert E., Inverness					
Curtis, Donald A., Alameda					
Davies, T. Ray, Newport Beach	•				
Dorrington, Daniel B., Eureka					
Famili, Davis, Santa Monica					
Feder, Ted, Northridge					
Glasband, Gary L., Long Beach					
Grunstein, Judith E., Beverly Hills	•				
Hausauer, Heidi K., Castro Valley					
Hundley, Lawrence B., Jr., Riverside	•				
Jacobs, Murray K., Modesto					
Krauss, Joseph B., Palo Alto	•				
Lagos, Joanne E., Oakland					
Lambetecchio, Catherine A., Fresno					
Malovos, Gerald A., Carpinteria					
Meyer, William T., Burlingame					
Moore, William J., Red Bluff					
Olinger, Thomas J., La Mesa	•				
Plotkin, Norman, San Francisco					
Robin, Ronald D., Arcadia					
Rowan, Matthew, Merced					
Scheideman, Oliver H., Jr., Yuba City					
Seldin, Harriet F., Encinitas	•				
Simonsen, David W., Pacific Grove					
Thompson, Thomas L., Fresno					
Winn, Lawrence R., Visalia					
Yagiela, John A., West Hills	•				

COLORADO 2,489 members, 7 delegates

*Delegates*

Allen, Jack M., Denver	•	•	•	•	•
Leone, Edward, Jr., Denver	•	•	•	•	•
Miller, James E., III, Lakewood	•	•	•	•	•
Morrow, Robert L., Walsh	•	•	•	•	•
Sessa, Kevin D., Boulder	•	•	•	•	•
Setterberg, James C., Glenwood Springs	•	•	•	•	•
Stranahan, Patrick F., Denver	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
<i>Alternates</i>					
Buckstein, Jan B., Denver	•				
Hurd, Richard A., Grand Junction	•				
Kelley, Charles D., Lamar	•				
Nelson, Steven R., Denver	•				
Schoemaker, Jeane L., Fort Morgan	•				
Tapia-Quiller, Margaret A., Del Norte	•				
Zimmerman, Bruce J., Colorado Springs	•				

CONNECTICUT 2,602 members, 8 delegates

*Delegates*

Cronson, Bertram M., Fairfield	•	•	•	•	•
Gaynor, Harold M., Woodbridge	•	•	•	•	•
Goodman, Joel B., West Hartford	•	•	•	•	•
Hindin, Allen, Danbury	•	•	•	•	•
Mooney, John J., Putnam	•	•	•	•	•
Opin, Perry M., Milford	•	•	•	•	•
Rutt, Martin J., Prospect	•	•	•	•	•
Singer, Lawrence J., Wallingford	•	•	•	•	•

*Alternates*

Altieri, Jeanne P., Hartford	•				
Egan, Michael R., Hartford	•				
Lipton, Lawrence I., Fairfield	•				
Mac Donnell, William A., West Hartford	•				
Mark, Howard I., West Hartford	•				
McDermott, Arthur L., Hamden	•				
McLaughlin, A. Howard, Woodbury	•				
Squatrino, Salvatore J., Jr., Manchester	•				

DELAWARE 327 members, 2 delegates

*Delegates*

Rosen, Robert, Wilmington	•	•	•	•	•
Wright, Bruce B., Rehoboth Beach	•	•	•	•	•

*Alternate*

Ralston, William H., Newark	•				
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DISTRICT OF COLUMBIA 531 members, 2 delegates

*Delegates*

Giuliani, Richard L., Chevy Chase, MD	•	•	•	•	•
McDermott, Bernard K., Washington, DC	•	•	•	•	•

*Alternates*

Cohen, Paul D., Washington, DC	•				
Singer, Alan H., Washington, DC	•				

FLORIDA 6,313 members, 17 delegates

*Delegates*

Allen, Nolan W., Clearwater	•	+	+	+	+
Bell, Howard C., Jacksonville	•	+	+	+	+
Chichetti, Richard J., Tallahassee	•	•	•	•	•
Diaz, Joseph F., Tampa	•	+	+	+	+
Dorn, Samuel O., Pembroke Pines	•	+	+	+	+
Ferris, Robert T., Altamonte Springs	•	+	+	+	+
Fisher, Howard E., Fort Walton Beach	•	+	+	+	+
Floyd, Thomas P., West Palm Beach	•	+	+	+	+
Friedel, Alan E., Hallandale	•	+	+	+	+
Gonsky, Edward F., Jr., Boca Raton	•	+	+	+	+
Haering, Harold J., La Belle	•	+	+	+	+
Hart, Robert S., II, Tampa	•	+	+	+	+
Interian, Carlos M., Miami Springs	•	+	+	+	+
Jordan, John R., Jr., West Palm Beach	•	+	+	+	+
Low, Samuel B., Gainesville	•	+	+	+	+
Parnes, Edmund I., Miami	•	+	+	+	+
Walker, Lewis C., Jacksonville	•	+	+	+	+

	REGISTERED	MEETINGS			
		1	2	3	4
<i>Alternates</i>					
Addabbo, Frank M., Orlando	•	+	+	+	+
Bauknecht, Albert J., Jacksonville	•		+	+	+
Buckenheimer, Terry L., Tampa	•	+	+	+	+
Cadle, Donald I., Jr., New Port Richey	•	+	+	+	+
Earle, Lewis S., Winter Park	•	+	+	+	+
Ferris, Geraldine M., Winter Park	•	+	+	+	+
Hinton, Andrew C., Pensacola					
Hoffman, Charles W., North Palm Beach	•	+	+	+	+
Icyda, Teri-Ross, Stuart	•	+	+	+	+
Jernigan, Kim U., Pensacola	•	+	+	+	+
Kirsch, Michael G., Sebring	•	+	+	+	+
Lastra, Idalia, Miami	•	+	+	+	+
Marks, Clifford, Miami	•	+	+	+	+
Nissen, Larry W., Merritt Island	•	+	+	+	+
Romer, Mark A., Lauderhill	•	+	+	+	+
Ross, Charles L., Miami	•	+	+	+	+
Williamson, Carol E., Ocala	•	+	+	+	+

GEORGIA 2,676 members, 8 delegates

*Delegates*

Cook, Henry L., Sr., Columbus	•	+	+	+	+
Giorgio, Douglas J., Jr., Savannah	•	+	+	+	+
Ivey, N. Tyrus, Macon	•	+	+	+	+
Maris, Wayne S., Fitzgerald	•	+	+	+	+
Rafeedie, Suhayl, Stockbridge	•	+	+	+	+
Rogers, Michael B., Augusta	•	•	•	•	•
Schweinebraten, Marie C., Norcross	•	+	+	+	+
Young, Kenneth H., Marietta	•	+	+	+	+

*Alternates*

Freihaut, John F., Marietta	•	+	+	+	+
Moncrief, James B., Jr., Athens	•	+	+	+	+
Rainwater, Michael T., Riverdale	•	+	+	+	+
Rude, Carolyn S., Kennesaw	•	+	+	+	+
Shropshire, W. Bruce, Atlanta	•	+	+	+	+
Tourial, Sidney R., Atlanta	•	+	+	+	+
Weathers, D. Ronnie, Atlanta	•	+	+	+	+

HAWAII 838 members, 3 delegates

*Delegates*

Nunokawa, Neil, Wailuku	•	•	•	•	•
Ohtani, Deron J., Honolulu	•	•	•	•	•
Yonemoto, Gary S., Honolulu	•	•	•	•	•

*Alternates*

Fujimoto, Lynn, Pearl City	•				
Ho, Edward L., Honolulu	•				

IDAHO 615 members, 3 delegates

*Delegates*

Robson, James A., Hayden Lake	•	•	•	•	•
Thompson, Timothy E., Twin Falls	•	•	•	•	•
Transtrum, Franklin D., Blackfoot	•	•	•	•	•

*Alternate*

Dingman, Michael B., Twin Falls	•				
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ILLINOIS 6,323 members, 17 delegates

*Delegates*

Bean, Alfred T., Chicago	•	•	•	•	•
Drummond, Trucia A., Chicago	•	•	•	•	•
Forsyth, Stephen P., Charleston	•	•	•	•	•
Hagenbruch, Joseph F., Harvard	•	•	•	•	•
Karr, Gregory M., Elgin	•	•	•	•	•
Kirk, Douglas D., Lawrenceville	•	•	•	•	•
Kleszynski, Aloysius F., Oak Lawn	•	•	•	•	•
Margolis, Fred S., Buffalo Grove	•	•	•	•	•
Proesel, Charles L., Jr., Gridley	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Suchy, Keith W., Westchester	•	•	•	•	•
Sullivan, Thomas E., Westchester	•	•	•	•	•
Testa, Ronald G., Olympia Fields	•	•	•	•	•
Tonne, William J., Savanna	•	•	•	•	•
Tuneberg, Perry K., Rockford	•	•	•	•	•
Venezia, Antonio J., Jr., Frankfort	•	•	•	•	•
Williams, John R., Moline	•	•	•	•	•
Yonan, Kenneth P., Glenview	•	•	•	•	•

*Alternates*

Ashton, Randal P., Danville	•				
Beard, Darryll L., Waterloo	•				
Bishop, Susan Bordenave, Peoria	•				
Cubbon, H. Todd, Crete	•				
Fabrick, Ronald W., Glenview	•				
Fulton, David J., Jr., Waukegan	•				
Hayes, Mary J., Chicago	•				
Ketteman, Daniel E., Quincy	•				
Landman, Paul, Chicago	•				
Lingen, George W., Jr., Oak Lawn	•				
Manning, Dennis E., Deerfield	•				
Mc Clean, Luanne, Quincy	•				
Nicholas, Dean P., Villa Park	•				
Perry, Richard P., Oak Park	•				
Schroetter, Astrid E., Chicago	•				
Simpson, William J., Morrison	•				
Starsiak, Mary A., Chicago	•				

INDIANA 2,601 members, 8 delegates

*Delegates*

Hagedorn, Lloyd J., Fort Wayne	•	•	•	•	•
Koufos, Michael J., Munster	•	•	•	•	•
Matthews, David N., Fort Wayne	•	•	•	•	•
Raibley, Bruce D., Evansville	•	•	•	•	•
Smith, Michael T., Tipton	•	•	•	•	•
Steffel, Charles L., Indianapolis	•	•	•	•	•
Stetzel, Mark R., Fort Wayne	•	•	•	•	•
Williams, Jean E., Crawfordsville	•	•	•	•	•

*Alternates*

Bade, Daniel M., Munster	•				
Brennan, Matthew S., Mishawaka	•				
De La Rosa, Rebecca J., Avon	•				
Fox, Edward C., Richmond	•				
Holm, Steven J., Portage	•				
Leighty, Chad R., Marion	•				
Maddox, Raymond M., Rushville	•				
Thomas, J. Mark, Seymour	•				

IOWA 1,679 members, 5 delegates

*Delegates*

Gleason, Martin C., Fairfield	•	•	•	•	•
Harris, James M., Washington	•	•	•	•	•
Jakoubek, Robert J., Charles City	•	•	•	•	•
Maletta, John A., West Des Moines	•	•	•	•	•
Tjarks, Heyo H., Dubuque	•	•	•	•	•

*Alternates*

Harris, Ann D., Washington	•				
Hoffmann, Paul E., Dubuque	•				
Johnsen, David C., Iowa City	•				
Kell, Kathryn A., Davenport	•				
Sargent, Frank H., Sioux City	•				

KANSAS 1,150 members, 4 delegates

*Delegates*

Dillehay, J. Kendall, Wichita	•	•	•	•	•
Squire, Charles F., Wichita	•	•	•	•	•
Thompson, R. Wayne, Shawnee	•	•	•	•	•
Zivnуска, Philip S., Valley Center	•	•	•	•	•

		REGISTERED	MEETINGS			
			1	2	3	4
<i>Alternates</i>						
Herwig, Robert V., Lenexa		•				
Rupp, Roger P., Winfield		•				
Tilton, Jon W., Wichita		•				
KENTUCKY 1,833 members, 6 delegates						
<i>Delegates</i>						
Elliott, Olin A., II, Martin		•	•	•	•	•
Kelly, James C., Louisville		•	•	•	•	•
Mattingly, John B., Louisville		•	•	•	•	•
Murphy, James C., Richmond		•	•	•	•	•
Rich, William K., Williamstown		•	•	•	•	•
Roy, E. Kendall, Ashland		•	•	•	•	•
<i>Alternates</i>						
Howard, H. Fred, Harlan		•				
Johnson, James M., Owensboro		•				
Lee, William E., Lexington		•				
Robertson, Stephen W., Bowling Green		•				
Scharfenberger, Donald E., Sr., Louisville		•				
Thompson, John A., Lexington		•				
LOUISIANA 1,794 members, 6 delegates						
<i>Delegates</i>						
Blanchette, Gary J., Sulphur		•	•	•	•	+
Joseph, Louis J., Alexandria		•	•	+	+	+
Kestel, David A., Lake Charles		•	•	+	+	+
Reeder, O. William, Jr., Laguna Beach		•	•	+	+	+
Tarver, Earl L., Jr., Monroe		•	•	+	+	+
Toso, Donald R., Metairie		•	•	•	•	•
<i>Alternates</i>						
Carlton, David M., Alexandria						
Foy, Charles B., Madisonville		•		+	+	+
Hadlock, William A., Baton Rouge		•		+	+	+
Haight, Michael J., Hammond		•		+	+	+
Roberson, Edward P., Arnaudville		•				
Roberts, Gary L., Shreveport		•	+	+	+	+
MAINE 674 members, 3 delegates						
<i>Delegates</i>						
Allen, Andrew L., Brunswick		•	•	•	•	•
Saltz, Barry C., Portland		•	•	•	•	•
Trowbridge, Gordon P., III, Milbridge		•	•	•	•	•
<i>Alternates</i>						
Moyer, David J., South Portland		•				
Olivas, David C., Rockport		•				
Thivierge, Randy J., Camden		•				
MARYLAND 2,497 members, 7 delegates						
<i>Delegates</i>						
Antonelli, Morris, Beltsville		•	•	•	•	
Doring, Kevin R., Ellicott City		•	•	•	•	•
Grubb, Richard V., Havre De Grace		•	•	•	•	•
Metz, C. Daniel, III, Edgewood		•	•	•	•	•
Simeone, Richard J., Bethesda		•	•	•	•	•
Soliday, J. Thomas, Gaithersburg		•	•	•	•	•
Sykes, Murray D., Silver Spring		•	•	•	•	•
<i>Alternates</i>						
Deigert, Charles A., Manchester						
Geipe, Kathleen, Salisbury						
Gillis, Edward R., Columbia		•				
Goodman, Susan B., Clarksville		•				
Schneider, William H., Gaithersburg		•				

		REGISTERED	MEETINGS			
			1	2	3	4
MASSACHUSETTS	4,569 members, 13 delegates					
<i>Delegates</i>						
Bousquet, Rene R, Plainville	•	+	+	+	+	+
Cognata, Michael J., Everett	•	+	+	+	+	+
Conrad, Janice E., Salem	•	+	+	+	+	+
Farley, Donald L., Springfield	•	+	+	+	+	+
Gagne, Charles A., North Grafton	•	•	•	•	•	•
Glicksman, Milton A., Dartmouth	•	+	+	+	+	+
Gold, Alan S., Pittsfield	•	+	+	+	+	+
Goldstein, Shepard S., Framingham	•		+	+	+	+
Lo Guercio, Richard, Norwell	•	+	+	+	+	+
Nesti, James B., Pittsfield	•	•	+	+	+	+
Schwartz, Arthur I., Wakefield	•	•	•	•	•	•
Swartz, Michael S., West Roxbury	•	+	+	+	+	+
Torresi, Thomas P., Methuen	•	+	+	+	+	+
<i>Alternates</i>						
Becker, David B., Revere	•	+	+	+	+	+
Borreson, Michael J., Fitchburg	•	+	+	+	+	+
Ciampa, Joseph H., Winthrop	•	+	+	+	+	+
Der Kazarian, Alan K., Cambridge	•		+	+	+	+
Eddy, Arthur F., Shirley	•	+	+	+	+	+
Faiella, Robert A, Osterville	•	+	+	+	+	+
Hutter, Jeffrey W., Boston	•	+	+	+	+	+
Mahoney, Daniel G., Osterville	•	+	+	+	+	+
Schmid, David A., Marshfield	•	+	+	+	+	+
Shea, Francis X., Watertown	•	+	+	+	+	+
Thiel, James N., Brookline	•	+	+	+	+	+
MICHIGAN	5,485 members, 15 delegates					
<i>Delegates</i>						
Asano, Gary Y., Marquette	•	•	•	•	•	•
Buchheister, John S., Warren	•	•	•	•	•	•
Butzin, Kurt A., Saginaw	•	•	•	•	•	•
Chase, William R., Adrian	•	•	•	•	•	•
Crocker, Stephen D., Livonia	•	•	•	•	•	•
Flynn, Paul M., Lansing	•	•	•	•	•	•
Gist, Ray F., Flint	•	•	•	•	•	•
Goodis, George T., Grosse Pointe Woods	•	•	•	•	•	•
Greig, John W., Bloomfield	•	•	•	•	•	•
Grover, Jane, Jackson	•	•	•	•	•	•
Jennings, Michael D., Grosse Pointe	•	•	•	•	•	•
Kolling, Josef N., Ann Arbor	•	•	•	•	•	•
Malinoski, Murray, Three Rivers	•	•	•	•	•	•
Secord, Edwin D., III, Dearborn	•	•	•	•	•	•
Zoutendam, Gary L., Battle Creek	•	•	•	•	•	•
<i>Alternates</i>						
Borlas, David P., Shelby Township	•					
Brodoski, Richard V., Sterling Heights	•					
Dater, Steven M., Rockford	•					
Dawley, Joanne, Southfield	•					
Graham, Bruce S., Detroit	•					
Hirsch, Edward H., Farmington	•					
Jacobs, Allan, Waterford	•					
Jankowski, Richard L., Lansing	•					
Kotowicz, William E., Ann Arbor	•					
Mack, Vincent P., Traverse City	•					
Peters, Debra A., Grand Rapids	•					
Richards, Robert D., Hancock	•					
Verhagen, Connie M., Muskegon	•					
MINNESOTA	2,856 members, 8 delegates					
<i>Delegates</i>						
Harms, Kimberly A., Farmington	•	•	•	•	•	•
Jurkovich, Mark W., Chisago City	•	•	•	•	•	•
McDonnell, Stephen R., Saint Paul	•	•	•	•	•	•
Nei, John P., Long Prairie	•	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Nolting, Fredrick W., Byron	•	•	•	•	•
Perpich, Michael J., Edina	•	•	•	•	•
Shaw, Daniel W., Minnetonka	•	•	•	•	•
Thelen, Ann Stone, Cold Spring	•	•	•	•	•
<i>Alternate</i>					
Lingle, Scott D., Saint Paul	•				
MISSISSIPPI 937 members, 3 delegates					
<i>Delegates</i>					
Curtis, David K., Columbus	•	+	+	+	+
Dumas, James R., Jr., Prentiss	•	+	+	+	+
Rives, Robert W., Jackson	•	+	+	+	+
<i>Alternates</i>					
Crawley, Kenneth C., Columbia	•	+	+	+	+
Stromeyer, Melvyn J., Hattiesburg					
Young, Joseph S., Jackson	•	+	+	+	+
MISSOURI 2,166 members, 7 delegates					
<i>Delegates</i>					
Huff, Joseph W., Bourbon	•	•	•	•	•
McAllister, Edward L., Joplin	•	•	•	•	•
Meegan, Deborah L., Florissant	•	•	•	•	•
Merritt, Grant W., Leawood	•	•	•	•	•
Nelson, Robert L., Kansas City	•	•	•	•	•
Pratt, Joel W., Unionville	•	•	•	•	•
Zust, Mark R., Saint Peters	•	•	•	•	•
<i>Alternates</i>					
Baker, Gary O., Saint Louis	•				
Hite, D. Stanley, Independence	•				
Kendrick, J. Edward, Kansas City	•				
Kirchhoff, Shanon T., Cape Girardeau	•				
Magruder, Herbert E., III, House Springs	•				
Mahaffey, Charles L., Springfield	•				•
Roseman, Lori Wulf, Saint Charles	•				
MONTANA 517 members, 2 delegates					
<i>Delegates</i>					
Hadnot, Douglas S., Missoula	•	•	•	•	•
Nordstrom, Donald O., Missoula	•	•	•	•	•
<i>Alternates</i>					
Bull, David W., Polson	•				
Fraser, William M., Bozeman					
NAVY 659 members, 2 delegates					
<i>Delegates</i>					
Johnson, Jerry K., McLean, VA	•	+	•	•	•
Minke, Pamela, Beaufort, SC	•	•	•	•	•
<i>Alternates</i>					
Melendez, Rodrigo C., Bethesda, MD	•	+			
Niemeyer, Lee E., Lake Bluff, IL	•				
NEBRASKA 996 members, 4 delegates					
<i>Delegates</i>					
Blaha, David A., Lincoln	•	•	•	•	•
Kutler, Benton, Omaha	•	•	•	•	•
Smith, James F., Omaha	•	•	•	•	•
Vigna, Edward J., Lincoln	•	•	•	•	•
<i>Alternates</i>					
Kummer, Sonya L., Nebraska City	•				
Schlothauer, George H., Gering	•				

	REGISTERED	MEETINGS			
		1	2	3	4
NEVADA 580 members, 3 delegates					
<i>Delegates</i>					
Craddock, Patricia S., Las Vegas	•	•	•	•	•
Glover, Joel F., Reno	•	•	•	•	•
McCalla, William C., Sparks	•	•	•	•	•
<i>Alternates</i>					
Jancar, Susan, Winnemucca	•				
Talley, Robert H., Las Vegas	•				
NEW HAMPSHIRE 693 members, 3 delegates					
<i>Delegates</i>					
Berryman, Richard A., Concord	•	•	•	•	•
Ferraiolo, James M., Salem	•	•	•	•	•
Giotopoulos, Christos, Bedford	•	•	•	•	•
<i>Alternates</i>					
Frost, David C., Concord	•				
Vandis, Lazaros C., Concord	•				
NEW JERSEY 4,331 members, 12 delegates					
<i>Delegates</i>					
Barow, Sigmund, Manasquan	•	•	•	•	•
Deitch, Stanton, Marlton	•	•	•	•	•
Dolinsky, Herbert B., Jersey City	•	•	•	•	•
Leizer, Joel E., East Brunswick	•	•	•	•	•
LoMonaco, Carmine J., West Caldwell	•	•	•	•	•
McCrae, William P., Morristown	•	•	•	•	•
Morgenstern, Thomas F., Hightstown	•	•	•	•	•
Rempell, Jeffrey H., Clifton	•	•	•	•	•
Saber, Mehdi, Cranford	•	•	•	•	•
Sterling, Raymond A., Jr., Linwood	•	•	•	•	•
Stern, Morton J., Bergenfield	•	•	•	•	•
Sterritt, Frederic C., Belle Mead	•	•	•	•	•
<i>Alternates</i>					
Attanasio, Ralph J., Livingston	•				
Chinoy, Walter I., Scotch Plains					
Clemente, Peter L., Piscataway	•				
Colton, Harris N., Woodbury	•				
Ghisalberti, Luciano, North Bergen	•				
Graeber, John J., East Hanover	•				
Isaacson, Richard D., West Long Branch	•				
Kesser, Edward T., Clifton	•				
Leslie, Jeanne J., Tenafly	•				
Louie, Peter, Union	•				
Perle, Charles H., Jersey City	•				
Whitman, Sidney A., Trenton					
NEW MEXICO 602 members, 3 delegates					
<i>Delegates</i>					
Lubar, Larry B., Albuquerque	•	•	•	•	•
Schripsema, Thomas J., Albuquerque	•	•	•	•	•
Warren, David D., Las Cruces	•	•	•	•	•
<i>Alternates</i>					
Gherardi, Robert J., Albuquerque	•				
Hurlbut, Bernard R., Gallup	•				
Yarbrough, George M., Albuquerque	•				
NEW YORK 13,849 members, 37 delegates					
<i>Delegates</i>					
Antenucci, Eugene, Greenlawn	•	•	•	•	•
Asaro, John P., Tonawanda	•	•	•	•	•
Berkman, Charlene S., Port Washington	•	•	•	•	•
Bildner, Bertram S., Bronx	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Billen, John R., Rochester	•	•	•	•	•
Brady, Timothy F., Watertown	•	•	•	•	•
Breault, Michael R., Schenectady	•	•	•	•	•
Burkes, Jeffrey R., New York	•	•	•	•	•
Calnon, William, Rochester	•	•	•	•	•
Cortegiano, Louis J., Maspeth	•	•	•	•	•
Divack, Morton L., Jackson Heights	•	•	•	•	•
Epel, Lidia M., Rockville Centre	•	•	•	•	•
Fallon, Michael W., Camillus	•	•	•	•	•
Feldman, Mark J., Garden City	•	•	•	•	•
Gabrielle, Robert K., Valley Cottage	•	•	•	•	•
Giannuzzi, Robert G., Johnson City	•	•	•	•	•
Glat, Jay I., White Plains	•	•	•	•	•
Gleason, G. Kirk, Clifton Park	•	•	•	•	•
Halikias, Robert D., Brooklyn	•	•	•	•	•
Hasday, Keith H., Rockville Centre	•	•	•	•	•
Herman, Richard P., Bronx	•	•	•	•	•
Jacobs, Samuel, Jr., Yonkers	•	•	•	•	•
Kaufman, Paul S., Roslyn	•	•	•	•	•
Kennedy, Brian T., Troy	•	•	•	•	•
LaBruna, Vincent V., New York	•	•	•	•	•
Lieb, Howard I. A., Staten Island	•	•	•	•	•
Moskowitz, Elliott, New York	•	•	•	•	•
Peskin, Robert M., Garden City	•	•	•	•	•
Piana, Anthony E., Little Falls	•	•	•	•	•
Reyes, Reneida, Brooklyn	•	•	•	•	•
Riesner, Neal R., Scarsdale	•	•	•	•	•
Rodin, Howard A., Smithtown	•	•	•	•	•
Sherman, Jeffrey A., Oakdale	•	•	•	•	•
Shore, Paul I., Watkins Glen	•	•	•	•	•
Smail, Douglas B., Troy	•	•	•	•	•
Volland, Lawrence E., Lockport	•	•	•	•	•
Weiss, Lois L., Flushing	•	•	•	•	•
<i>Alternates</i>					
Abati, Mario J., Bronx	•				
Anker, Edward, Riverhead					
Baumler, Jeffrey A., Niagara Falls	•				
Benatovich, Howard W., Williamsville	•				
Bonvino, Vincent, Ilion	•				
Burk, James R., Sodus	•				•
Doherty, Robert J., White Plains	•				
Dunn, Richard B., Elmira	•				
Epstein, Ralph H., Great Neck	•				
Esmay, Timothy, Albany	•				
Feinberg, Edward, Scarsdale	•				
Filanova, Vincent, Amsterdam	•				
Flanders, Daniel H., Schenectady	•				
Gehhani, Chandurpal P., Jackson Heights	•				
Goldstein, Stephen M., Bay Shore	•				
Gounardes, Steven, Brooklyn	•				
Hanna, Charlie K., West Hempstead	•				
Henner, Kevin A., Deer Park	•				
Hofflich, Joel A., Middletown	•				
Hosannah, Hilton O., Brooklyn	•				
Miller, David J., East Meadow	•				
Mintzer, Mark A., New York	•				
Momtaheni, David M., New York	•				
Quarcoo, Stephen T. M., Hollis	•				
Queen, Alan N., Flushing	•				
Rumberger, Donna J., New York	•				
Schaefer, Robert F., Oswego	•				
Sconzo, James J., Brooklyn	•				
Shpuntoff, Robert L., Bayside	•				
Wood, Andrew T., Albany	•				
NORTH CAROLINA 2,891 members, 9 delegates					
<i>Delegates</i>					
Brown, Bernard A, Cary	•	•	•	•	•
Chandler, Dudley C., Jr., Winston Salem	•	•	•	•	•
Griffin, Morris H., Durham	•	•	•	•	•
Harrell, James A., Jr., Elkin	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Morgan, William K., Sr., Jacksonville	•	•	•	•	•
Norman, Charles H., III, Greensboro	•	•	•	•	•
Plage, Robert G., Wilmington	•	•	•	•	•
Sowter, John B., Morrisville	•	•	•	•	•
Willis, Charles S., II, Durham	•	•	•	•	•
<i>Alternates</i>					
Fountain, Stuart B, Greensboro	•				
Olmsted, John S., Greensboro	•				
Spain, R. D., Durham	•				
Stamm, John W., Chapel Hill	•				
Sutton, George E., Morehead City	•				
NORTH DAKOTA 318 members, 2 delegates					
<i>Delegates</i>					
McDougall, Kenneth, Jamestown	•	•	•	•	•
Sanford, Reed E., Fargo	•	•	•	•	•
<i>Alternate</i>					
Lauf, Robert C., Jr., Mayville	•				
OHIO 5,448 members, 15 delegates					
<i>Delegates</i>					
Beals, C. Kip, Marion	•	•	•	•	•
Buchholz, Robert H., West Chester	•	•	•	•	•
Burns, Dennis A., Columbus	•	•	•	•	•
Crowley, Joseph P., Cincinnati	•	•	•	•	•
Evanko, William A., Medina	•	•	•	•	•
Gabriel, Thomas M., Youngstown	•	•	•	•	•
Laing, Kevin M., Van Wert	•	•	•	•	•
Lemmo, Ronald P., Wickliffe	•	•	•	•	•
Moody, Dennis M., Youngstown	•	•	•	•	•
Nicolette, Jeanne M., Westerville	•	•	•	•	•
Pope, Theodore R., Englewood	•	•	•	•	•
Stanich, Ronald, Massillon	•	•	•	•	•
Stickrath, Robert B., Jr., Marietta	•	•	•	•	•
Strickland, Daniel J., Oregon	•	•	•	•	•
Williams, Frank C., Cleveland	•	•	•	•	•
<i>Alternates</i>					
Gardner, Kim L., Chardon	•				
Heisel, David E., Westerville	•				
Howard, Berta, Hamilton	•				
Job, Burton W., Akron	•				
Kramer, John N., Martins Ferry	•				
Marcucci, Richard L., Lorain	•				
Matanzo, Thomas, Wintersville	•				
Menke, Richard A., Worthington	•				
Messina, Matthew J., Berea	•				
Occhionero, Ronald L., Cleveland	•				
Oxley, Ralph A., Fremont	•				
Pavey, Thomas G., Centerville	•				
Siemer, Dale R., Cincinnati	•				
Smith, John P., Jr., Logan	•				
Weiss, Leonard P., Pepperpike	•				
OKLAHOMA 1,400 members, 5 delegates					
<i>Delegates</i>					
Andrews, Victor L., Ponca City	•	•	•	•	•
Cohlmlia, Ray, Sr., Oklahoma City	•	•	•	•	•
Haught, W. Richard, Tulsa	•	•	•	•	•
Torchia, James S., Tulsa	•	•	•	•	•
Waugh, W. Scott, Edmond	•	•	•	•	•
<i>Alternates</i>					
Hogg, Steven W., Broken Arrow	•				
Keenan, Allen C., Tulsa	•				
Keeter, D. Keith, Frederick	•				
Limestall, James D., Oklahoma City	•				
Miller, Jerome B., Oklahoma City	•				

**REGISTERED**      **MEETINGS**  
                                  1    2    3    4

OREGON    1,990 members, 6 delegates

*Delegates*

Biermann, Michael E., Portland	•	•	•	•	•
Marineau, Nicolaus H., Beaverton	•	•	•	•	•
Vorhies, Carl B., Beaverton	•	•	•	•	•
Wilson, D. Richard, Portland	•	•	•	•	•
Windell, Henry C., Gresham	•	•	•	•	•
Wingard, Charles E., Salem	•	•	•	•	•

*Alternates*

Asai, Rickland G. Portland	•
Barichello, Teri, Oregon City	•
Bremner, Fred A., Milwaukie	•
Jensen, Mark E., Bend	•
Nearing, Patrick M., La Grande	•
Peterson, Janet P., Corvallis	•

PANAMA CANAL    1 member, 1 delegate

*Delegate*

No delegate certified.

PENNSYLVANIA    6,110 members, 17 delegates

*Delegates*

Adams, James W., Hanover	•	•	•	•	•
Alfano, Martin A., East Stroudsburg	•	•	•	•	•
Axler, Jerrold H., Phoenixville	•	•	•	•	•
Barna, Julie Ann, Lewisburg	•	•	•	•	•
Bushick, Ronald D., Boothwyn	•	•	•	•	•
Casar, Joel A., Glassport	•	•	•	•	•
Cerveris, Michael D., Chambersburg	•	•	•	•	•
Charlton, Dennis J., Sandy Lake	•	•	•	•	•
Christian, Brian, State College	•	•	•	•	•
Cressley, Thomas E., Punxsutawney	•	•	•	•	•
Glecos, William G., Erie	•	•	•	•	•
Kuniak, Stephen A., Tarentum	•	•	•	•	•
Miller, Jerold W., Philadelphia	•	•	•	•	•
Porreca, Joseph A., Drexel Hill	•	•	•	•	•
Snyder, Harry A., Palmerton	•	•	•	•	•
Szish, Ronald C., Reading	•	•	•	•	•
Weber, Charles R., West Chester	•	•	•	•	•

*Alternates*

Aqua, Herman M., Forty Fort	•
Clark, Byron L., Lebanon	•
Cochran, V. L., McDonald	•
Gross, Ronald B., Pottstown	•
Heslop, James I., Lancaster	•
Holden, Barry, State College	•
Johnston, Jon J., Punxsutawney	•
Lavalla, Gaetan J., Drexel Hill	•
Lopatofsky, Thomas G., Wellsboro	•
Maser, Elliott D., Bensalem	•
Miller, Saul N., Philadelphia	•
Radack, Stephen T., Erie	•
Runzo, Robert S., Pittsburgh	•
Schultz, Ronald F., Waynesboro	•
Spruill, William T., Carlisle	•
Stefanowicz, Elaine, Philadelphia	•

PUBLIC HEALTH SERVICE    320 members, 2 delegates

*Delegates*

Maas, William R., Rockville, MD	•	•	•	•	•
Tylenda, Carolyn A., Atlanta, GA	•	•	•	•	•

*Alternates*

Alford, Jerome B., Gallup, NM	•
Halliday, Christopher G., Los Altos, CA	•

**REGISTERED**      **MEETINGS**  
                                  1    2    3    4

PUERTO RICO    420 members, 2 delegates

*Delegates*

Justiniano-Garcia, Carlos E., Mayaguez	•	•	•	•	•
San Antonio-Mendoza, Giordano A., Ponce	•	•	•	•	•

*Alternates*

Griffith, Johjanniesmagno, Vega Baja	•
Melendez-Altieri, Maria E., Ponce	•

RHODE ISLAND    608 members, 3 delegates

*Delegates*

Barone, Nicholas D., Providence	•	•	•	•	•
Flynn, Ralph F., Jr., Warwick	•	•	•	•	•
George, Raymond, Jr., East Providence	•	•	•	•	•

*Alternates*

Benoit, M. Christine, Charlestown	•
Mehlman, Edwin S., Providence	•
Molak, Andrew J., Pawtucket	•

SOUTH CAROLINA    1,422 members, 5 delegates

*Delegates*

Campbell, W. Lynn, Columbia	•	•	•	•	•
Crotts, Everett B., Charleston	•	•	•	•	•
Hewitt, Richard F., Greenville	•	•	•	•	•
Kennedy, W. Phil, Hartsville	•	•	•	•	•
Player, T. Carroll, Florence	•	•	•	•	•

*Alternates*

De Champlain, Richard W., Charleston	•
Gardner, H. Lee, Jr., Hartsville	•
McConnell, Timothy I., Summerville	•
Millwood, Charles E., Jr., Cayce	•
Watson, David F., Jr., Greenville	•

SOUTH DAKOTA    317 members, 2 delegates

*Delegates*

Ellwein, Orin W., Sioux Falls	•	•	•	•	•
Johnson, Curtis R., Scotland	•	•	•	•	•

*Alternate*

Giedt, Kenneth R., Aberdeen	•
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TENNESSEE    2,287 members, 7 delegates

*Delegates*

Blevins, Lowell D., Clarksville	•	•	•	•	•
Carney, Robert B., Jr., Jackson	•	•	•	•	•
McCann, Billy W., Sr., Memphis	•	•	•	•	•
Moore, J. Tucker, Jr., Madison	•	•	•	•	•
Powell, William D., Knoxville	•	•	•	•	•
Robbins, Morris L., Jr., Memphis	•	•	•	•	•
Schenck, Kenneth L., Jr., Hixson	•	•	•	•	•

*Alternates*

Bowles, Richard M., Knoxville	•
Cullum, Paul E., Columbia	•
Gotcher, Jack E., Jr., Knoxville	•
Hardison, Samuel H., Collierville	•
Montgomery, Randall C., Kingsport	•
Thomas, Jesse M., Jackson	•

TEXAS    7,498 members, 20 delegates

*Delegates*

Aurbach, Fred E., Dallas	•	•	•	•	•
Blanton, Patricia L., Dallas	•	•	•	•	•
Carnahan, Richard H., Jr., San Antonio	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Chandler, John D., Huntsville	•	•	•	•	•
Crawford, Felix C., Plainview	•	•	•	•	•
Eads, John S., III, El Paso	•	•	•	•	•
Eggleston, Frank K., Houston	•	•	•	•	•
Findley, John S., Plano	•	•	•	•	•
Harrison, Thomas C., Katy	•	•	•	•	•
Kennedy, Paul A., Corpus Christi	•	•	•	•	•
Long, S. Jerry, Houston	•	•	•	•	•
Lutes, Don A., Mount Pleasant	•	•	•	•	•
Mikulencak, David J., Temple	•	•	•	•	•
Radman, W. Paul, Dallas	•	•	•	•	•
Sauer, Edward H., Houston	•	•	•	•	•
Schlattman, Russell H., II, Houston	•	•	•	•	•
Schwartz, Stephen F., Houston	•	•	•	•	•
Smith, Richard M., Amarillo	•	•	•	•	•
Tietz, Ronald G., San Antonio	•	•	•	•	•
Vaclav, Michael D., Amarillo	•	•	•	•	•

*Alternates*

Anderson, Madeline J., Austin	•				
Chancellor, James W., San Antonio	•				
Condrey, James D., Missouri City	•				
Davis, T. Bob, Dallas	•				
Eklund, Richard A., San Antonio	•				
Gates, Gustav E., Temple	•				
Gibson, Kathy T., Houston	•				
Israelson, Hilton, Richardson	•		•	•	•
Moore, Alan B., Austin	•				
Nesmith, Vernon R., Wichita Falls	•				
Nichols, David F., Tyler	•				
Person, James A., McAllen	•				
Pierce, Jack L., Fort Worth	•				
Rader, Charles E., Victoria	•				
Rhea, Ronald L., Houston	•				
Seidler, Kevin L., The Colony	•				
Spradley, Larry W., Bedford	•				
Stewart, Debra G., Stafford	•				
Stuart, Michael L., Mesquite	•				
Tampfen, Donald R., Houston	•				

UTAH 1,223 members, 4 delegates

*Delegates*

Black, Jerry B., Salt Lake City	•	•	•	•	•
Morgan, Stephen S., Kaysville	•	•	•	•	•
Rounds, Norman K., Salt Lake City	•	•	•	•	•
Smith, A. J., Murray	•	•	•	•	•

*Alternates*

Ence, James N., Saint George	•				
Larsen, Alexander B., Orem	•				
Lundberg, Brian L., Logan	•				

VERMONT 358 members, 2 delegates

*Delegates*

Neumeister, David R., Brattleboro	•	•		•	+
Solomon, David B., Shelburne	•	•	•	•	+

*Alternates*

Averill, Paul, Burlington	•		•	+	+
Corso, Stuart V., Danville	•				+

VETERANS AFFAIRS 502 members, 2 delegates

*Delegates*

Buchanan, Charles R., Annapolis, MD	•	•	•	•	•
Burton, John F., Columbia, SC	•	•	•	•	•

*Alternate*

Shay, Kenneth J., Ann Arbor, MI					
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	REGISTERED	MEETINGS			
		1	2	3	4
VIRGIN ISLANDS 25 members, 1 delegate					
<i>Delegate</i>					
No delegate certified.					
VIRGINIA 2,997 members, 9 delegates					
<i>Delegates</i>					
Allison, William H., Warrenton	•	•	•	•	•
Anderson, David C., Alexandria	•	•	•	•	•
Cuttino, Charles L., III, Richmond	•	•	•	•	•
Gillespie, M. Joan, Alexandria	•		•	•	•
Huff, Wallace L., Blacksburg	•	•	•	•	•
Michaels, Emanuel W., Norfolk	•	•	•	•	•
Tankersley, Ronald L., Newport News	•	•	•	•	•
Webb, Leslie S., Jr., Richmond	•	•	•	•	•
Wilson, Richard D., Richmond	•	•	•	•	•

*Alternates*

Adams, Anne C., Richmond	•				
Barnes, Richard D., Hampton					
Cooke, Thomas S., III, Sandston	•				
DeGinder, Bruce R., Williamsburg	•				
Hunt, Ronald J., Richmond	•				
Hutchison, Bruce R., Centreville	•				
Klima, Rodney J., Burke	•				
Weisberg, Edward J., Norfolk	•				
Zimmer, Andrew J., Virginia Beach	•				

WASHINGTON 3,446 members, 10 delegates

*Delegates*

Crinzi, Richard A., Redmond	•	•	•	•	•
Edgar, Bryan C., Federal Way	•	•	•	•	•
Ferguson, Richard P., Seattle	•	•	•	•	•
Grubb, Richard Terry, Wenatchee	•	•	•	•	•
Homer, Denny W., Okanogan	•	•	•	•	•
Parrish, Jeffrey L., Issaquah	•	•	•	•	•
Petersen, David G., Spokane	•	•	•	•	•
Smith, Mary Krempasky, Spokane	•	•	•	•	•
Walker, Mark V., Kent	•	•	•	•	•
Wandell, Timothy E., Hoquiam	•	•	•	•	•

*Alternates*

Barnes, Dexter E., Seattle	•				
Edgar, Linda, Federal Way	•				
Houten, David, Kelso	•				
Lawton, Lawrence R., Mead	•				
Minahan, Dave M., Kenmore	•				
Pauley, Cynthia R., Bellevue	•				
Shaw, Robert R., Spokane	•				

WEST VIRGINIA 786 members, 3 delegates

*Delegates*

Gerber, C. Richard, Saint Marys	•	•	•	•	•
Glover, John E., Petersburg	•		•	•	•
Hildebrand, L. Keith, Huntington	•	•	•	•	•

*Alternates*

Smith, Charles L., Charleston	•				
Thompson, Joseph H., Milton	•				
Valentine, James E., Fairmont	•				

WISCONSIN 2,800 members, 8 delegates

*Delegates*

Engel, Dennis W., Milwaukee	•	•	•	+	+
Hughes, Thomas J., Cassville	•	•	+	+	+
McNamara, Timothy J., Greenfield	•		+	•	•
Rosin, Timothy, Portage	•	+	+	+	+

	REGISTERED	MEETINGS			
		1	2	3	4
Roth, Kathleen Schleif, West Bend	•	•	+	+	•
Shuler, Andrew F., Clinton	•	•	+	+	•
Springborn, James E., Appleton	•	•	+	+	+
Vander Kelen, Paul D., Green Bay	•	•	+	+	+
<i>Alternates</i>					
Barton, Nancy S., Wauwatosa	•		+	+	+
Christman, Blane R., Ladysmith	•		+	+	
Clemence, Keith D., Hales Corners	•			+	+
Hebl, Monica, Brookfield	•	+	+	+	+
Lofthouse, Richard M., Fennimore	•		+	+	+
Roth, Daniel H., West Bend	•		+	+	+
Stamatelakys, Constantine, West Allis	•		+	+	
Tidstrom, Fred L., Ashland					

	REGISTERED	MEETINGS			
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<i>Delegates</i>					
Roussalis, John E., II, Casper	•	•	•	•	•
Welch, Scott M., Lovell	•	•	•	•	•
<i>Alternates</i>					
Barber, James L., Cheyenne	•				
Devin, Jerry P., Laramie	•				



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