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American Dental Association  
www.ada.org

# 2004

Transactions

145<sup>th</sup> Annual Session

Orlando, Florida

September 30-October 5, 2004

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211 East Chicago Avenue  
Chicago, Illinois 60611

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# Minutes of Board of Trustees

February 15-17, 2004

April 18-20, 2004

June 13-15, 2004

August 8-10, 2004

September 22-23, 2004

October 4, 2004

October 5, 2004

December 5-7, 2004

# Notes

# February 15-17, 2004

## Boca Raton Resort and Club, Boca Raton, Florida

**Call to Order:** The third session of the Board of Trustees was called to order by President Eugene Sekiguchi on Sunday, February 15, 2004, at 8:45 a.m., in the Mizner Room of the Boca Raton Resort and Club, Boca Raton, Florida.

**Roll Call:** The following officers and trustees were present: Eugene Sekiguchi, Richard Haught, John E. Roussalis, II, J. Thomas Soliday, Ronald D. Bushick, Mark J. Feldman, James B. Bramson, Jeanne P. Altieri, Michael E. Biermann, Robert M. Brandjord, Roddy N. Feldman, John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Ronald B. Gross, Lloyd J. Hagedorn, Clifford Marks, Bernard K. McDermott, T. Carroll Player, William D. Powell, Kathleen Roth, Zack D. Studstill and Perry K. Tuneberg.

Staff members present were: Beril Basman, director, Strategic Planning and Consulting; Albert H. Guay, chief policy advisor; Mary K. Logan, chief operating officer; Carol M. Overman, associate executive director, Administrative Services; Peter M. Sfikas, chief legal counsel and associate executive director, Legal Affairs; and William T. Zimmermann, chief financial officer.

Dr. Laura Neumann, associate executive director, Education, and Ms. Dorothy Moss, associate executive director, Government Affairs, participated in portions of the meeting via conference call.

**Retreat Session:** On February 16 and 17, the Board conducted segments with invited guests representing patients, dental industry, the payer/financing community, employers, educators, dental team members, students and diversity experts to discuss and brainstorm key issues impacting on oral health care and the profession. These discussions were intended to help the Board and the Association provide visionary leadership through its periodic review of programs, policies and resource allocation.

The Board also reconvened into regular session briefly on February 16 to complete some unfinished business.

### Preliminary

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

**B-1-2004. 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:** Draft minutes of the December 7-9, 2003, session of the ADA Board of Trustees were circulated electronically and approved unanimously via mail ballot. However, it was subsequently noted that the "Report of the Wastewater Workgroup on Activities Related to Wastewater and Amalgam Safety" contained information about changes

made by the Council on Scientific Affairs to the document "ADA's Best Management Practices (BMPs) for Amalgam Waste." Since the BMP document was originally reviewed and approved by the Board of Trustees at its February 2003 session, it was determined that for historical purposes, it was important to record in the Board's minutes any subsequent amendments to that document. The Board adopted the following resolution.

**B-3-2004. Resolved,** that the December 7-9, 2003, Minutes of the Board of Trustees be amended by adding the following section on ADA's Best Management Practices (BMPs) for Amalgam Waste as a subsection to the "Report on the Wastewater Workgroup on Activities Related to Wastewater and Amalgam Safety":

*ADA's Best Management Practices (BMPs) for Amalgam Waste.* The Workgroup reported that the Council on Scientific Affairs made the following changes to the ADA's Best Management Practices (BMPs) for Amalgam Waste: 1) a recommendation that dental offices stock different sizes of precapsulated amalgam alloy (e.g. single-spill, double-spill) to minimize waste of unused amalgam; and 2) a recommendation that dentists use dental equipment line cleaners that minimize the dissolution of amalgam. Guidance on selecting line cleaners was also included in the revised BMPs.

### Attorney-Client Session

#### Advocacy

**Report of the Associate Executive Director, Legal Affairs: Recent Divisional Activities:** In an attorney-client session, the Board discussed various legal matters of interest to the Association.

### Regular Session

**Report of the Associate Executive Director, Government Affairs: Federal Legislation and Regulation Update:** This report provided the Board with an overview of federal and state issues and activities.

**Report of Dr. Robert Brandjord, Liaison to the Council on Government Affairs:** Dr. Brandjord provided the Board with a report of his attendance at the Council's January 30-February 1, 2004, meeting.

### Information

**Report of the Chief Operating Officer: Integration of Technology into Dental Practice:** This report outlined a project, in cooperation with Sullivan-Schein Dental (SSD), to help educate ADA members on how to integrate technology-based equipment and tools into their practices.



Key components of the project include a *JADA* supplement and buyers' guide, a large exhibit at the Orlando Annual Session and continuing education courses in Orlando taught by some of the *JADA* supplement authors. The exhibit also would appear at the Greater New York meeting in 2004 and at six major dental meetings in 2005 and 2006.

The Board expressed concern that the IT Committee had not been involved in discussions regarding this project nor had any of its members been appointed to serve on the advisory committee that will be established to review project components. The Board was also concerned that the software utilized in the display, an SSD product, could be mistakenly perceived as an endorsement by the Association.

Wanting input from the Information Technology Committee before a final decision was made, this issue was postponed until after the IT Committee had a chance to meet and make its recommendations to the Board (see Monday, February 16 for conclusion—page 5).

### Member and Support Services

**Report of the Council on ADA Sessions: Nominations of Co-Chairs of the 2005 Committee on Local Arrangements:** After reviewing the report, the Board adopted the following resolution.

**B-2-2004. Resolved,** that the nominations of co-chairpersons to serve on the 2005 Committee on Local Arrangements made by Dr. Judith McFadden with the concurrence of the Pennsylvania Dental Association and the Philadelphia County Dental Society be approved.

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

The Board reviewed the report identifying individuals applying for associate membership status and subsequently adopted the following resolution.

**B-5-2004. Resolved,** that the applicants for associate membership be approved in accordance with Chapter VII, Section 110, of the *Bylaws*:

Dr. Peter Loomer  
Dr. Jozef Welie  
Dr. Alessandra Ritter  
Dr. Paul Rossouw  
Dr. Melvin Cummins  
Ms. Ellen Gerber

**Report of Dr. Roddy N. Feldman, Liaison to the Council on Dental Practice:** Dr. Feldman provided the Board with a report of his attendance at the Council's November 13-14, 2003, meeting.

**Report of Dr. Lloyd Hagedorn, Liaison to the Council on Membership:** Dr. Hagedorn provided the Board with a report of his attendance at the Council's January 16-17, 2004, meeting.

**Report of the Division of Membership and Dental Society Services: Tripartite Community and Collaboration:** This report updated the Board on state

and local dental society activity on the Tripartite Endorsement Protocol and Tripartite Core Values. Board members were urged to contact those states within their constituency that have not adopted the Endorsement Protocol and Tripartite Core Values and encourage them to do so.

**Report of Dr. Joel Glover, Liaison to the Committee on the New Dentist:** Dr. Glover provided the Board with a report of his attendance at the Committee's January 30-31, 2004, meeting.

### Organizational/Other

**Report on Strategic Issues:** At its December 2003 meeting, the Board identified strategic issues for discussion in 2004 with a priority order for those issues. At its February session, the Board identified the following issues for discussion in 2004 and 2005:

- Education
- Licensure (initial/continued competency)
- Accreditation (international) (April 2004)
- Universal coverage (federal/state mandates)
- Access
- Workforce/Auxiliaries

Other issues of lower priority were:

- Benefits availability
- Government relations/Advocacy
- ADA's relationship with industry
- Membership

**Continuing Education Quantitative Study:** In a closed session, the Board discussed the results of the confidential quantitative market research report on continuing education needs.

**Report of the President-Elect:** Dr. Haught presented a report on his activities since the last Board meeting which included attending the following: the American Society of Association Executives (ASAE) symposium for chief elected officers and chief association staff officers in Florida; the Tulsa County Dental Society Executive Committee; the President-Elect's Conference; and a meeting with Association staff and Sullivan-Schein to open NASDAQ trading for the day and gain valuable press for the Association's efforts in awareness of the access problems in the United States.

**Report of the Executive Director:** While portions of Dr. Bramson's report were confidential in nature, the following items were noted: an update on the second annual Give Kids A Smile program; access to care issues; and a study being conducted by Ketchum Associates of Dallas to review and explore the background, case for support and program elements of a National Endowment for Dental Education. The following were also highlighted: Dr. Bramson's and Dr. Sekiguchi's participation in a Diversity Forum in New York co-sponsored by Henry Schein and the Association; potential new Colgate initiatives; international issues; an FDI

update; an upcoming meeting with the ADA and AGD officers; Practice Base Research Networks, noting that Dr. Fred Eichmiller, director, Paffenbarger Research Center, has been appointed as the lead staff person to develop a work group to review the application and develop a report for Board consideration at its April meeting; a community service program in which 90 ADA staff and family members participated; and the formation of an employee newsletter to supplement the All Employee's meeting hosted by Dr. Bramson.

**Report of the President:** Dr. Sekiguchi's report included an update on his activities since the last Board session that included his attendance at the ASAE CEO/CSO Conference; being Keynote Speaker at the Korean American Dental Association meeting in Los Angeles; addressing the Hawaii Dental Association 101<sup>st</sup> House of Delegates meeting; attending the 29<sup>th</sup> Yankee Dental Meeting; and his participation in a program launching National Heart Month at the White House. The report also listed Dr. Sekiguchi's participation in various Association meetings and activities.

**Report of Second Vice President:** Dr. Bushick provided the Board with an oral report of his activities since the December Board meeting, noting concerns that February was an unpredictable weather month to conduct the GKAS campaign.

**Adjournment:** The Regular Session of the Board of Trustees was adjourned at 11:05 a.m. for the purpose of convening the ADABEI Shareholders Meeting which adjourned at 11:07 a.m. The Board reconvened at 11:08 a.m.

## New Business

**Strategic Discussion at the 2004 House of Delegates:** The Board adopted a motion to engage the 2004 House in a strategic discussion, with the expectation that this practice would continue in future years. This year's topic was identified as access to care with a focus on reimbursement issues. The session will be held during the first meeting of the House on Friday, October 1. To accommodate a panel discussion followed by a Q&A, the starting time of the House will be 2:00 rather than 3:00 p.m. and will conclude at 5:30 p.m. Efforts are under way to publicize this special segment to allow delegates ample time to make their housing arrangements and travel plans.

## Closed Session

A closed session of the Board was held with President Sekiguchi presiding. Those in attendance included the President-elect, First Vice President, Second Vice President, Speaker of the House of Delegates, members of the Board of Trustees and Executive Director; (the Chief Operating Officer and the Chief Legal Counsel were present for a portion of the closed session).

**Adjournment:** The Board of Trustees adjourned at 1:15 p.m.

## Monday, February 16, 2004

**Call to Order:** The Board of Trustees was called to order by President Sekiguchi at 1:30 p.m. in the Mizner Room of the Boca Raton Resort and Club, Boca Raton, Florida.

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

## Information (continued)

**Report of the Chief Operating Officer: Integration of Technology Into Dental Practice:** After a thorough review and discussion of the report, the Information Technology Committee acknowledged its support of this project and offered whatever assistance needed to make this effort move forward. It was also noted that Dr. Kathy Roth would serve as the IT Committee representative on the advisory committee to review project components.

Subsequently, the Board adopted the following resolution.

**B-7-2004. Resolved,** that the Board supports the project generically known as the "Office of the Future" to provide an exciting educational vision for the dental profession.

## Organizational/Other (continued)

**Report on the Status of the 2004 Contingent Fund and Approval of Supplemental Appropriation Requests:** A Contingency Fund of \$800,000 was authorized in the 2004 budget. The Board of Trustees to date has already approved total supplemental requests in the amount of \$426,950, leaving a fund balance of \$373,050. The Board reviewed the following new requests for supplemental funding and subsequently adopted the following resolution.

**B-4-2004. Resolved,** that the following appropriations be made from the 2004 Contingency 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 Education*  
(Cost Center 090-0600-XXX) . . . . . \$19,500

## **National Endowment for Dental Education Forum:**

To build upon the previous ADA Dental Education Summits, funding to coordinate a two-day strategic meeting of dental leadership is requested. The primary goal of the National Endowment for Dental Education Forum is to invite the profession's key stakeholders to address the recommendations and outcomes made in the NEDE Feasibility Study and to help guide the next stages of implementation. The NEDE Feasibility Study will be delivered to the ADAF Board in March 2004 and to the ADA Trustees in April 2004. In addition, the Forum will be used to develop ideas for innovative pilot projects and establish parameters for creating new models of dental education.

<b>Expense</b>		
515101	Volunteer Air	\$8,100
515201	Volunteer Ground Trans.	1,900
515301	Volunteer Per Diem	1,900
515401	Volunteer Lodging	5,500
515501	Volunteer Meals	1,300
525020	Postage & Mailing	400
525200	Office Photocopy	400
	Total Expenses	<u>\$19,500</u>

**No Funding Alternative was submitted.**

*Division of Administrative Services*  
 (Cost Center 090-0050-XXX) . . . . . \$10,700

**Access to Care Work Group:** The President-elect is gathering information and suggestions on functional state Medicaid programs. Once this information is collected, the President-elect envisions hosting an access summit that will involve a small work group of experts to review each program and refine those that could be offered as models, in anticipation that these models could be implemented at the state and/or federal level. The goal is to develop a white paper with three or four models for presentation to the Board at its August meeting and the House of Delegates in October. The ultimate goal then will be to begin to seek states for implementation. This funding request is for hosting the work group meeting in late spring or early summer.

<b>Expense</b>		
515101	Volunteer Air	\$4,500
515201	Volunteer Ground Trans.	1,000
515301	Volunteer Per Diem	750
515401	Volunteer Lodging	2,150
515501	Volunteer Meals	300
520200	Honoraria	<u>2,000</u>
	Total Expenses	<u>\$10,700</u>

**No Funding Alternative was submitted.**

**Total Approved Supplemental Requests: \$30,200**

**Report of the Chief Financial Officer: Transfer of 2003 Operating Reserves to Surplus:** Dr. Feldman reported that preliminary 2003 year-end financial statements indicate a substantial operating surplus for the year and that sound financial management would call for this operating surplus to be transferred to reserves, pending Grant Thornton approval of the audited financial statements. Since the ADA Board of Trustees does not meet again until mid-April, the Board was asked to authorize the transfer of the audited 2003 operating surplus to reserves. After discussion, the following resolution was adopted.

**B-6-2004. Resolved,** that the final audited operating surplus be transferred from the ADA General Fund to the ADA Reserve Division Account as soon as Grant Thornton signs off on the certification of the 2003 financial statements.

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

# April 18-20, 2004

## Headquarters Building, Chicago

**Call to Order:** The fourth session of the Board of Trustees was called to order by President Eugene Sekiguchi on Sunday, April 18, at 9:45 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers and trustees were present: Eugene Sekiguchi, Richard Haught, John E. Roussalis, II, J. Thomas Soliday, Ronald D. Bushick, Mark J. Feldman, James B. Bramson, Jeanne P. Altieri, Michael E. Biermann, Robert M. Brandjord, Roddy N. Feldman, John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Ronald B. Gross, Lloyd J. Hagedorn, Clifford Marks, Bernard K. McDermott, T. Carroll Player, William D. Powell, Kathleen Roth, Zack D. Studstill and Perry K. Tuneberg.

Staff members present were: L. Jackson Brown, associate executive director, Health Policy Resources Center; Albert H. Guay, chief policy advisor; Ronald Inge, associate executive director, Dental Practice; Laura Kosden, associate executive director and publisher, Publishing; Mary Logan, chief operating officer; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications; Dorothy J. Moss; associate executive director, Government Affairs; Laura M. Neumann, associate executive director, Education; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Carol M. Overman, associate executive director, Administrative Services; Robert L. Owens, associate executive director, Information Technology, Standards and Salable Materials; Alison Owings-Cinelli, associate executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and William T. Zimmermann, chief financial officer.

Also in attendance for all or portions of the meeting were: Beril Basman, director, Strategic Planning and Consulting; Judy Jakush, editor, *ADA News*; Marjorie Jeffcoat, editor, *JADA*; Walter Pieciewicz, associate general counsel; and James H. Sweeney, chief executive officer, ADA Business Enterprises, Inc.

**Closed Session:** A closed session of the Board of Trustees was called to order prior to convening the regular session. Those in attendance included the President, President-elect, First Vice President, Second Vice President, Treasurer, Speaker of the House of Delegates, members of the Board of Trustees, the Executive Director, the Chief Operating Officer and the Chief Counsel.

### Preliminary

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

**B-8-2004. 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.

### Special Order of Business

**Presentation by Dr. Arthur A. Dugoni and Representatives of Ketchum:** Dr. Dugoni, president of the ADA Foundation (ADAF), along with Kimberly McElgunn Wolff and Elliott Oshry of Ketchum, a consulting firm, addressed the Board of Trustees on the fundraising potential of the ADAF and the creation of a National Endowment for Dental Education. The reasons for establishing a National Endowment for Dental Education were addressed by Dr. Dugoni, and the Ketchum representatives commented on the purpose and methodology of a six-month study to determine the viability of a major endowment campaign. In addition to receiving detailed survey results and recommendations from Ketchum, the Board also received a report from the ADA Foundation summarizing actions taken during its March 3, 2004, meeting (see below).

**Report of the ADA Foundation: A Special Study and Report on the Fundraising Potential of the ADA Foundation:** After the presentations, the Board considered the Report of the ADA Foundation in which it was noted that the ADAF Board of Directors unanimously accepted recommendations made by Ketchum in its study; retained Ketchum as the campaign consultant; adopted a 36-month budget totaling \$3,050,000, with funding to come from both the ADAF and the ADA, and recovered from the proceeds of the campaign; and directed that an assessment of the campaign and funding be conducted on an annual basis.

Following a question and answer period with Dr. Dugoni and the Ketchum representatives, the Board adopted the following resolution, after amending the last resolving clause to request progress reports on the campaign at least twice per year.

**B-18-2004. Resolved,** that the recommendations made by Ketchum as presented in its report titled, A Special Study and Report on the Fundraising Potential of the American Dental Association Foundation, be accepted, and be it further

**Resolved,** that the American Dental Association collaborate with the ADA Foundation to fund the initial 36-month budget totaling up to \$3,050,000, contingent on annual budget approval, with such funding to be recovered from the proceeds of the campaign, and be it further **Resolved,** that the ADA and its Foundation conduct an assessment of the campaign and consider its funding on an annual basis, and be it further

**Resolved,** that the ADA Foundation provide the ADA Board with progress reports on the campaign at least twice per year.

## Preliminary

**Consent Calendar:** A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution.

**B-14-2004. Resolved,** that the reports and resolutions contained on the Consent Calendar, as amended, be approved.

### Resolutions

Resolution B-12—Report of the Department of Standards Administration and the Council on Scientific Affairs: Recommendation for ADA Representative to the National Fire Protection Association

Resolution B-19—Appointment to the Committee on the New Dentist

### Informational Reports

Report of Dr. Ronald D. Bushick, Liaison to the Alliance of the American Dental Association

Report of the Associate Executive Director, Communications: Give Kids A Smile Annual Report

Report of Dr. Jeanne P. Altieri, Liaison to the American Student Dental Association

Report of the Council on Members Insurance and Retirement Programs: Life Insurance Program Enhancements

Report of Dr. William D. Powell, Liaison to the Council on Members Insurance and Retirement Programs

Report of Dr. Ronald B. Gross, Liaison to the Council on ADA Sessions

Report of Dr. G. Kirk Gleason, Liaison to the Council on Access, Prevention and Interprofessional Relations

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

Report of the President-elect

Report of the Treasurer

Report of the First Vice President

Report of the President

Report of the Second Vice President

Report of Dr. Clifford Marks, Liaison to the Council on Ethics, Bylaws and Judicial Affairs

**Note:** For the purpose of a fully documented record, the complete text of the Board resolutions included in the aforementioned consent calendar follows:

**B-12-2004. Resolved,** that Dr. Douglass L. Jackson be appointed as recommended by the Council on Scientific Affairs to represent the American Dental Association in the dental related, standards-setting activities of the National Fire Protection Association through December 2004.

**B-19-2004. Resolved,** that in accordance with the ADA *Bylaws*, Dr. Brandon Maddox be selected to fill the

unexpired term of Dr. Daniel A. Bills on the Committee on the New Dentist, effective May 1.

## Advocacy

**Report of Dr. Michael E. Biermann, Liaison to the Commission on Dental Accreditation:** Dr. Biermann provided the Board with a report of his attendance at the Commission's January 30, 2004 meeting.

## Attorney-Client Session

**Report of the Associate Executive Director, Legal Affairs: Directors and Officers Liability and Commercial General Liability Insurance Report:** In an attorney-client session, Mr. Sfikas discussed insurance information.

**Report of the Associate Executive Director, Legal Affairs: Recent Divisional Activities:** In an attorney-client session, Mr. Sfikas discussed various legal matters of interest to the Association.

## Closed Session

**Oral Report of Dr. Zack Studstill, chair, Committee to Study the Relationship with the Commission on Dental Accreditation:** In a closed session, Dr. Studstill provided an update on the Committee's activities.

## Regular Session

**Update on Status of 2002 Access Discussion Issues:** This report updated the Board on ongoing ADA access-to-care initiatives, based on priorities established by the Board following a June 2002 strategic discussion and a follow-up discussion in August 2002. In addition, Dr. Haight provided an update on the development of an access to care white paper.

It was requested that the report format used to update the Board on follow up activities related to access be used to report on issues emerging from all of the Board's strategic issues discussions.

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

**Report of the Associate Executive Director, Government Affairs: Federal Legislation and Regulation Update:** This report provided the Board with an overview of federal and state issues and activities. Ms. Moss also highlighted the signing of a voluntary alliance by Dr. Sekiguchi and Dr. Bramson with OSHA, an agreement to look at information sharing on ergonomics; participation at the Washington Leadership Conference, noting a 10% increase in attendance; the CDC's self-reorganization; and the ADA's testimony before the National Committee on Vital and Health Statistics Subcommittee on the topic of claims attachments, informing the subcommittee of the Association's position

that attachments on dental claims should be the exception and not the rule.

**Report of Dr. T. Carroll Player, Liaison to the American Dental Political Action Committee:** Dr. Player provided the Board with a report of his attendance at ADPAC's March 21-22, 2004 meeting.

**Report of Dr. John E. Roussalis, Liaison to the Joint Commission on National Dental Examinations:** Dr. Roussalis provided the Board with a report of his attendance at the Commission's April 27-March 31 meetings.

### Image, Ethics and Professionalism

**Report of Dr. Bernard K. McDermott, Liaison to the Council on Communications:** Dr. McDermott provided the Board with a report of his participation in the Council's January 9-10, 2004 meeting. In a closed session, he discussed the Council's purpose and scope.

**Oral Report of Dr. Bernard K. McDermott on Alaska Task Force Activities:** Dr. McDermott provided an interim report on the activities of the Alaska Task Force during its recent visit to Alaska. A full report will be submitted for the June meeting.

### Information

**Report of Dr. Jeanne Altieri, Liaison to the Dental Economics Advisory Group:** Dr. Altieri provided the Board with a report of her attendance at the February 26-27, 2004, meeting of DEAG.

**Report on Dental Economic Advisory Group Activities:** This report summarized presentations pertaining to workforce issues in dentistry made during the February 26-27, 2004, DEAG meeting. Presentations included: Conceptual Issues for Geographic Distribution of Dentist Workforce; Forecasting the Number of Dentists by State; Factors Affecting the Distribution of Dentists in Connecticut and Wisconsin; Interstate Distribution of Dental Workforce; Toward a Measure of Dental Underservice—A Primary Care Model of Underservice; National Health Service Corps Dentists—A Descriptive Profile; The Urban-Rural Distribution of Dentists in the U.S.; New Delivery Model for Low-Income Children—Dental Workforce Implications; and Trends and Innovations in Medicaid Financing and Structure. Utilizing a slide presentation, Dr. Jack Brown highlighted the importance of geographic distribution of dentists' information in policy development. The Board requested a copy of Dr. Brown's slide presentation along with a bulleted list of the conclusions. The Board also requested that similar presentations be given periodically at future meetings.

### Attorney-Client Session

The officers and trustees, Dr. Bramson, Ms. Logan and Mr. Sfikas met in an attorney-client session from 5:10 p.m. to 5:30 p.m.

**Adjournment:** The Board of Trustees adjourned at 5:30 p.m.

### Monday, April 19, 2004

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**Call to Order:** The Board of Trustees was called to order by President Sekiguchi at 8:45 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. Dr. Marjorie Jeffcoat, *JADA* editor, was not in attendance due to illness.

### Special Orders of Business

**Strategic Session—Membership Initiative:** At each of its meetings, the Board sets aside significant time for an in-depth strategy session on a key issue or objective. At this meeting, the Board focused on the challenges the ADA faces in improving its membership market share in lagging membership categories and ensuring an inclusive organization.

Invited guests included Mr. Peter DuBois, executive director of the California Dental Association, who presented a state dental society perspective on this issue; Dr. Donald Dexter, a practicing dentist from Eugene, Oregon, who represented a member perspective; Mr. Joshua Ries, president of the American Student Dental Association; and ADA staff. In addition, Ms. Kathleen G. Murray, president and chief executive officer, Northwestern Memorial Foundation, an affiliate of Northwestern Memorial Hospital, Chicago, discussed how this major health care institution has responded to changing demographics in order to maintain its leading position in the community.

Key considerations in the Board's discussions were the importance of ensuring that organized dentistry is relevant to the individual practitioner's needs and circumstances and the value of personal contacts with both members and non-members at the local level.

**Recess:** The Board recessed for lunch at 12:10 p.m. and reconvened at 1:10 p.m.

**Appearance of Joshua Ries, president, and Ms. Nancy Honeycutt, executive director, American Student Dental Association:** The Board discussed issues of mutual interest and concern with the president and executive director of the American Student Dental Association. Topics included ASDA membership numbers, education and licensure, and ASDA's restructured districts.

## Advocacy

**Report of the Chief Policy Advisor: Evidence-Based Dentistry:** An article on evidence-based dentistry, written by Dr. Guay for a special issue of the *Texas Dental Journal*, was provided to the Board for its discussion on this topic.

## Information

**Report of the ADA Advisory Committee on Evidence-Based Dentistry: Proposed Action Plan for Future Association Activities:** On February 9, 2004, the Advisory Committee on Evidence-Based Dentistry (EBD) held its annual meeting at ADA Headquarters to review the progress of the Association's EBD-related activities and develop an updated action plan that continues to reflect member interests, address issues of clinical relevance to practitioners, and educate the profession about EBD as an objective, patient-focused approach to clinical decision-making. This report updated the Board on the results of that meeting, noting recommendations from the Committee that the Association pursue initiatives outlined in the report for the remainder of this year and early 2005. These included: prioritizing and critiquing systematic reviews of direct clinical relevance with oversight provided by appropriate ADA councils; establishing communications with groups that conduct systematic reviews; and evaluating and collaborating with practice-based networks that conduct clinical research. It was also reported that an EBD Symposium will be held at the ADA Headquarters Building August 12-13, 2004.

After discussion, the Board requested a more comprehensive discussion on EBD activities at its June meeting.

**Report of Dr. Perry K. Tuneberg, Liaison to the EBD Advisory Committee:** Dr. Tuneberg provided the Board with a report of his attendance at the Committee's February 9, 2004, meeting.

## Practice Support

**Report of the Executive Director: Proposed Amendments to the Delta Settlement Agreement Affecting the Code Revision Committee:** This report described proposed amendments to the ADA's settlement agreement with Delta Dental Plans, which was entered into in 2001 to resolve pending litigation over ownership of the copyright of the *Code on Dental Procedures and Nomenclature*. The proposed amendments to the settlement agreement include adding the National Association of Dental Plans (NADP) to the Code Revision Committee (CRC), transferring HIAA's seat on the CRC to the American Health Insurance Plans (AHIP), increasing the ADA's representation on the CRC from five to six members to retain the original balance of the committee, and increasing the super majority from eight to nine. Following discussion on the importance of the Association being responsive to other significant stakeholders in the *Code* revision process, the Board considered Resolution B-13, which it subsequently

adopted after amending the first resolving clause to make its approval contingent on approval of the amendments by the Council on Dental Benefits Programs.

**B-13-2004. Resolved,** that the following amendments to the Delta Settlement Agreement be approved, contingent upon the approval of the Council on Dental Benefits at its upcoming meeting.

1. add the National Association of Dental Plans to the Code Revision Committee (CRC);
2. transfer the original Health Insurance Association of America seat on the CRC to the America's Health Insurance Plans organization;
3. increase ADA representation on the Committee to six voting members; and
4. increase the supermajority vote count to nine.

## Member and Support Services

**Report of the Committee on International Programs and Development: State Partnership Program:** Ms. Helen Cherrett, director, Center for International Development and Affairs, provided background on the State Partnership Program, an initiative run by the National Guard and the U.S. Department of State. It was reported that what started as military-to-military exchanges in Eastern Europe following the collapse of Communism has now become more global and matured to include civilian sector exchanges and that a large component of these exchanges now involve institutional affiliations and personal relationships to help developing countries in building their medical care infrastructures. The Committee, it was further reported, saw this as an excellent opportunity for dentists to serve both the United States and the beneficiary country, and was seeking the Board's support in its endeavors to promote this program to constituent dental societies. Subsequently, the Board adopted the following resolution.

**B-10-2004. Resolved,** that the Board of Trustees endorse in principle the humanitarian aspects of the State Partnership Program and encourage and support the Committee on International Programs and Development in its endeavors to promote this program to the constituent dental societies.

## Attorney-Client Session

### Advocacy

**Update on Amalgam Waste Activities:** Discussed in an attorney-client session, this report summarized the Association's efforts regarding wastewater.

## Information

**Report of the Council on Scientific Affairs: Evaluation of Dental Products:** In a closed session, the Board reviewed and discussed a confidential report from the Council on the Association's evaluation of dental products, including a plan for phasing out the professional

products component of the ADA Seal of Acceptance Program. The Council presented a recommendation that the ADA no longer engage in routine review of advertising and promotional material of Acceptance Program participants. The Council based its recommendation on a study of the current ad review process by the ADA Advertising Committee with input from industry. The Council concluded that the current process no longer serves the Association's mission or the needs of its members and their patients. In addition, many in industry—especially manufacturers of consumer products—view the current ad review process as a disincentive to participation in the Seal Program. The ADA Advertising Standards will remain in effect, and advertising and promotion for Accepted products must still comply with them. In addition, the Council will develop a Seal statement for all Accepted products that the companies will be required to use in connection with the ADA Seal. The Division of Legal Affairs will modify the License Agreement for Use of the ADA Seal and give notice to licensees of the change in the program requirements, which will take effect January 1, 2005.

The Board is keenly aware of the need to protect the integrity of both the Association and the ADA Seal. The Association will retain its Advertising Standards, which will continue to apply both to Seal Program participants and all other advertisers within ADA publications and at the Association's annual session, and the ADA editor will continue to review all advertising in ADA publications.

After discussion, the following resolutions were adopted.

*CSA Plan Phasing Out the Professional Component of the ADA Acceptance Program*

**B-15-2004. Resolved**, that the following plan of the Council on Scientific Affairs that phases out the professional component of the ADA Acceptance Program be approved:

1. The Council will submit to the 2004 House of Delegates a resolution that proposes phasing out the professional component of the ADA Acceptance Program by December 31, 2007 and amending the *Guidelines for Participation in the ADA's Seal of Acceptance Program* by adding a new section on "Termination of Professional Product Component of ADA Acceptance Program," to read as follows:

**XI. Termination of Professional Product Component of ADA Acceptance Program.**

Notwithstanding any other provision of these *Guidelines*, the ADA will stop accepting professional products for evaluation and inclusion in the Acceptance Program on December 31, 2004. No ADA Seal license agreement shall have a term that extends beyond December 31, 2007.

2. The Council will notify the dental industry of the Council's recommendation to the 2004 House of Delegates to terminate the professional component of the Acceptance Program.

3. Pending House approval, the Council will no longer accept submissions of professional products to the Acceptance Program after December 31, 2004.
4. All pending and future ADA Seal of Acceptance License Agreements for Professional Products will provide for termination no later than December 31, 2007.

and be it further

**Resolved**, that appropriate staff be authorized to take any other action necessary to implement this resolution.

*Review of Advertising and Promotional Materials of Acceptance Program Participants*

**B-16-2004. Resolved**, that the Association shall no longer engage in routine review of advertising and promotional material of Acceptance Program participants, and be it further

**Resolved**, that the Association's Advertising Standards shall remain in effect, and be it further

**Resolved**, that the Association shall require a Seal statement, setting forth the bases for award of the Seal, to accompany all uses of the Seal with exceptions, if necessary, for trial size packaging, and be it further

**Resolved**, that the Division of Legal Affairs, in conjunction with the Division of Science, modify existing and future Seal License Agreements as necessary to effectuate termination of ad review as part of the Seal Program, and be it further

**Resolved**, that appropriate staff be authorized to take any other action necessary to implement this resolution, and be it further

**Resolved**, that the first resolving clause of Resolution B-147-1997 (*Trans. 1997:635*) regarding the Advertising Review Standards be rescinded, so that the amended resolution reads:

~~**Resolved**, that the ADA continue to apply ADA's advertising standards to Seal advertising, and be it further~~

**Resolved**, that the ADA apply generally accepted dental publishing advertising review standards to non-Seal advertising.

**Report of Dr. Perry K. Tuneberg, Liaison to the Council on Scientific Affairs:** Dr. Tuneberg provided the Board with a report of his attendance at the Council's March 15-17, 2004, meeting.

**Closed Session:** The officers, members of the Board of Trustees, Dr. Bramson and Ms. Logan met in a closed session from 4:30 p.m. to 4:50 p.m.

**Adjournment:** The Board of Trustees adjourned at 4:50 p.m.

**Tuesday, April 20, 2004**

**Call to Order:** The Board of Trustees was called to order by President Sekiguchi at 8:40 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.

### Special Order of Business

**Presentation of WOW Awards:** Dr. James Bramson and Ms. Carol Overman presented recognition awards for Wonderfully Outstanding Work (WOW) to three ADA employees who developed and coordinated the process for the Board of Trustees to conduct its April meeting utilizing an electronic Board Manual. Awards were presented to Ms. Shirley Ji, project manager, Division of Information Technology, Standards Administration and Salable Materials; Ms. Tomisena Cole, manager, Department of Board and House Matters (DBHM) and Ms. Sandra Zelner, executive assistant, DBHM. Additionally, all members of the Board were presented with WOW-E buttons as an acknowledgement of their successful efforts in testing the electronic Board Manual.

**Appearance of Tom Brean, senior audit manager and Jamie Draper, audit manager, Grant Thornton:** The Board received a report from the independent auditing firm of Grant Thornton regarding the audit of the Association and its subsidiaries and the Report of the Chief Financial Officer on 2003 Audited Financial Information. Subsequently, the Board adopted the following resolution.

**B-9-2004. Resolved,** that the audit reports of the American Dental Association and Subsidiaries; American Dental Association Foundation; American Dental Real Estate Corporation; ADA Business Enterprises, Inc and the Headquarters Building Operating Expenses Report for the years ended December 31, 2003 and 2002; and the American Dental Association Foundation Single Audit Reports for the year ended December 31, 2003 as audited by Grant Thornton, be accepted and placed on file.

### Information

**Proposal for Practice-Based Research Network: Progress and Status Report:** At its December 2003 session, the Board heard a presentation from Dr. Lawrence Tabak, director, National Institute of Dental and Craniofacial Research (NIDCR) regarding the development of General Practice-Based Research Networks (PRBNs). It was noted that a request for applications for PRBNs was published in November 2003 and that the objective of the request is to develop a practice-based research network to accelerate the development and conduct of clinical studies on important issues concerning oral health care related to general dental practice. The idea behind this initiative is to link private dental practices through a Web-based network to conduct the clinical evaluation of materials, techniques, therapeutics, instruments and almost anything that would present a compelling question related to patient care. A network would need to have 100 or more participating practices connected and supported through the network. Following Dr. Tabak's presentation, the Board directed

that a report be prepared for the April 2004 session outlining the pros and cons of the Association's involvement in the program.

In response to the December Board directive, Dr. Jim Bramson, Dr. Dan Meyer and Dr. Fred Eichmiller, director, Paffenbarger Research Center, provided a status report and discussed the key points of the progress to date. In summary, the report described the potential role and value of participating in the NIDCR program:

- much-needed access by the ADA Council on Scientific Affairs (CSA) to a mechanism for the properly conducted clinical evaluation of products, therapies and clinical outcomes;
- a position in the research and dental communities as the leader in scientifically-based decisions for practice;
- a more rapid and clinically relevant evidence base for decision making;
- direct member involvement in the scientific process; and
- rapid transfer of technology and knowledge through the Association's extensive publication and communication tools.

Additionally, the report described the proposed structure of the national dental practice-based research network, the proposed integration of ADA and its communication path with the network, potential roles for ADA agencies and divisions, identification of an initial group of 1,000 practitioner-investigators and financial considerations. Following discussion and noting that the Association is uniquely qualified to provide the access, objectivity and range of expertise that this network will require, the Board adopted the following resolution.

**B-11-2004. Resolved,** that a letter of intent to apply for RFA-DE-05-006 General Dental Practice-Based Research Network be submitted to the National Institute of Dental and Craniofacial Research by the June 18, 2004 deadline, followed by a complete proposal by July 16, 2004.

### Organizational/Other

**Report of the Speaker of the House of Delegates:** Dr. Soliday reported on the following issues:

- The role of the Board of Trustees at the House of Delegates and Reference Committees in response to concerns raised by a constituent dental society. The Board determined that the issue needed further clarification and directed that a report with recommendations be brought back to the Board at its June session.
- *Amendment of the ADA Bylaws Regarding Expanding the Membership of Standing and Reference Committees.* In a continuing effort to increase the efficiency of the reference committee process, the Speaker initiated several changes beginning at the 2004 House of Delegates. These changes include providing additional computer technology and staff during the committees' closed sessions, and reducing

the number of reference committees from seven to five. By consolidating the committees, hearings can be better scheduled to permit delegates a greater opportunity to attend and participate in more hearings. While recognizing the benefits of fewer committees, the Board also recognized possible concerns with the reduction of volunteer participation in the governing process. To address this concern, the following resolution was presented, which the Board subsequently adopted, to increase the membership of the reference committees from eight to nine members. This change would be effective with the 2005 House of Delegates.

**Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 140. COMMITTEES, Subsection D. REFERENCE COMMITTEES, subsection a. COMPOSITION, of the ADA *Bylaws* be amended by deleting the word and parenthetical "eight (8)" (line 1522) and substituting in their place the word and parenthetical "nine (9)", so the amended subsection a reads as follows (new language underscored, deletions stricken through):

D. REFERENCE COMMITTEES.

a. COMPOSITION. Reference committees, consisting of ~~eight (8)~~ nine (9) members from the officially certified delegates and alternate delegates, shall be appointed by the President at least sixty (60) days in advance of each annual session.

and be further

**Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 140. COMMITTEES, Subsection B. COMMITTEE ON CREDENTIALS, RULES AND ORDER, subsection a. COMPOSITION, of the ADA *Bylaws* be amended by deleting the word and parenthetical "eight (8)" (line 1493) and substituting in their place the word and parenthetical "nine (9)," so the amended subsection a reads as follows (new language underscored, deletions stricken through):

B. COMMITTEE ON CREDENTIALS, RULES AND ORDER.

a. COMPOSITION. The Committee, consisting of ~~eight (8)~~ nine (9) members from the officially certified delegates and alternate delegates, shall be appointed by the President at least sixty (60) days in advance of each session.

- *Amendment of the ADA Bylaws Regarding Waiver of the 90-Day Dues Amendment Notice.* The Board considered a resolution outlining a process to amend the 90-day dues notice for effecting changes in the dues of active members or affecting the procedures for changing the dues of active members as currently stated in the *Bylaws*. It was reported that the current process seems cumbersome and consumes valuable time of the delegates and the reference committees. This issue was postponed for further study to include

recommendations and development by the Treasurer of an alternate proposal for consideration at the June meeting.

**Report on the Status of the 2004 Contingent Fund and Approval of Supplemental Appropriation Requests:** A Contingency Fund of \$800,000 was authorized in the 2004 budget. The Board of Trustees to date has already approved total supplemental requests in the amount of \$471,150 leaving a fund balance of \$342,850. The Board reviewed the following new requests for supplemental funding and subsequently adopted the following amended resolution.

**B-17-2004. Resolved**, that the following appropriation be made from the 2004 Contingency 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 request.

*Division of Dental Practice*  
(Cost Center 090-0500-XXX) . . . . . \$12,400

**Oral Health Care Series Development Committee Meetings:** Over the last 15 years, the Council on Access, Prevention and Interprofessional Relations (CAPIR) has developed an Oral Health Care Series (OHCS) to encourage the involvement of dentists and physicians in the joint management of patients with complex medical conditions. There are currently nine titles in the series with three new documents being introduced soon. Examples of titles include, Cancer Chemotherapy, Cardiovascular Disease, Head and Neck Cancer and Women's Oral Health.

The problem with three new titles and two near completion in the revision process is that seven remain to be updated. The seven outdated documents range in age from 1993 to 1997. It takes a minimum of two meetings to update a document. The benefit of requesting the funds now is that these resources need to be current and available as soon as possible. Resources emphasizing the interface between dentists and physicians are becoming increasingly important. Additionally, since these documents are sold in the ADA Catalog, once updated, the documents can be aggressively marketed. Finally, the timing is excellent to utilize the Council's currently assembled expert workgroup to update the documents.

<b>Expense</b>		
515101	Volunteer Air	\$4,500
515201	Volunteer Ground	1,000
515301	Volunteer Per Diem	1,500
515401	Volunteer Lodging	4,300
515501	Volunteer Meals	800
515503	Staff Meals	300
	Total Expenses	<u>\$12,400</u>

**Note:** The original request of \$14,400 was reduced by \$2,000 due to the deletion of \$2,000 for outside services which will be provided in-house.

**No Funding Alternative was submitted.**

**Total Approved Supplemental Requests: \$12,400**  
**Contingent Fund Balance: \$330,450**

*Sponsorship of Implant Overdenture Workshop.* A request in the amount of \$10,000 for sponsorship of a workshop on mandibular edentulism was denied since funding for this activity had been obtained through other sources.

**Report of the Executive Director:** Dr. Bramson updated the Board on the status of programs and corporate projects, with Mr. Mickel providing an update on the project, Tomorrow's Dental Office of Today.

#### **New Business**

**Appointment of Members of the Dental Content and Code Revision Committees:** It was requested that the Executive Director address the process in terms of the length of appointments to the Dental Content Committee and Code Revision Committee and report back to the Board with recommendations at its June meeting. The point is to consider longer assured continuity on these two

technical committees. The appointments are currently one year, and committee members may be reappointed more than one year by each incoming president.

**2005 Budget Materials:** The Board approved a motion urging the Division of Finance to explore presenting the 2005 budget in an electronic format.

**Board Agenda Books:** The Board supported discontinuing the use of binders and paper reports at its meetings, with the exception of attorney-client and confidential reports, and unless requested specifically by an individual Board member.

#### **Attorney-Client Session**

In an attorney-client session, Mr. Sfikas discussed various legal matters of interest to the Association.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 12:00 p.m.

# June 13-15, 2004

## Headquarters Building, Chicago

**Call to Order:** The fifth session of the Board of Trustees was called to order by President Eugene Sekiguchi on Sunday, June 13, 2004, at 9:50 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers and trustees were present: Eugene Sekiguchi, Richard Haught, John E. Roussalis, II, J. Thomas Soliday, Ronald D. Bushick, Mark J. Feldman, James B. Bramson, Michael E. Biermann, Robert M. Brandjord, Roddy N. Feldman, John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Ronald B. Gross, Lloyd J. Hagedorn, Clifford Marks, Bernard K. McDermott, T. Carroll Player, William D. Powell, Kathleen Roth, Jeanne P. Strathearn, Zack D. Studstill, and Perry K. Tuneberg.

Staff members present were: L. Jackson Brown, associate executive director, Health Policy Resources Center; Albert H. Guay, chief policy advisor; Ronald Inge, associate executive director, Dental Practice; Laura Kosden, associate executive director and publisher, Publishing; Mary Logan, chief operating officer; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications and Corporate Relations; Dorothy J. Moss, associate executive director, Government Affairs; Laura M. Neumann, associate executive director, Education; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Carol M. Overman, associate executive director, Administrative Services; Robert L. Owens, associate executive director, Information Technology, Standards and Salable Materials; Alison Owings-Cinelli, associate executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and William Zimmermann, chief financial officer.

Also in attendance for all or portions of the meeting were: Beril Basman, director, Strategic Planning and Consulting; James Berry, associate publisher, *ADA News*; and Walter Pieciewicz, associate general counsel. Marjorie Jeffcoat, editor, *JADA*, was not in attendance.

**Closed Session:** A closed session of the Board of Trustees was called to order prior to convening the regular session. Those in attendance included the President, President-elect, First Vice President, Second Vice President, Treasurer, Speaker of the House of Delegates, members of the Board of Trustees, the Executive Director and Chief Operating Officer.

### Preliminary

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

**B-26-2004. 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.

**Mail Ballot Approval of Minutes of Previous Session:** Via electronic communications, the Board adopted unanimously the following resolution approving the minutes of the April 2004 session.

**B-25-2004. Resolved,** that the minutes of the April 18-20, 2004, session of the Board of Trustees, as presented, be approved.

**Approval of Consent Calendar:** A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar for discussion. Following review and removal of one report, the Board adopted the following resolution.

**B-42-2004. Resolved,** that the resolutions contained on the Consent Calendar be approved and the reports accepted.

### Resolutions

Resolution B-20—Report of the Department of Standards Administration and the Council on Scientific Affairs: Recommendation for Chair of the ISO/TC 106 Subcommittee 8, Dental Implants

Resolution B-21—Report of the Council on ADA Sessions: Nomination of Honorary Officers of the 2004 Committee on Local Arrangements

Resolution B-24—Report of the Council on ADA Sessions: Nomination of the General Chair of the 2006 Committee on Local Arrangements

Resolution B-36—Report of the Division of Membership and Dental Society Services: Applications for Associate Membership

Resolution B-44—Report of the Council on ADA Sessions: Nomination of Council Chair for the Year 2006

Resolution B-27—Nominations for ADA Honorary Membership

Resolution B-43—Nomination for the ADA Distinguished Service Award

### Informational Reports

Report of Dr. Robert Brandjord, Liaison to the Council on Government Affairs  
 Report of Dr. Roddy N. Feldman, Liaison to the Council on Dental Practice  
 Report of the ADA Foundation: Update on the National Endowment for Dental Education  
 Report of the First Vice President  
 Report of Executive Director  
 Report of the President  
 Report of the President-elect

**Note:** For the purpose of a fully documented record, the complete text of the resolutions included in the aforementioned consent calendar follows:

**B-20-2004. Resolved,** that Dr. Jack Lemons be recommended as the chair of ISO/TC106 Subcommittee 8, Dental Implants.

**B-21-2004. Resolved,** that the nominations for honorary officers of the 2004 Committee on Local Arrangements be approved.

**B-24-2004. Resolved,** that the nomination of Dr. Gregg Hendrickson to serve as general chair of the 2006 Committee on Local Arrangements, made by the Southern Nevada Dental Society, be approved.

**B-36-2004. Resolved,** that the applicants for associate membership be approved in accordance with Chapter VII, Section 110, of the *Bylaws*:

Dr. Aamna Nayyar  
Mr. Gerald J. Donohue, Jr.

**B-44-2004. Resolved,** that Dr. Robert L. Kittredge be appointed chair of the Council on ADA Sessions for the year 2006 to serve as chair-designate immediately upon appointment.

**B-27-2004. 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.

Ms. Valerie Donnelly  
Mr. Stephen A. Hardymon  
Ms. Elza Harrison  
Mr. Monte Thompson

**B-43-2004. Resolved,** that the 2004 Distinguished Service Award be presented to Dr. David A. Whiston.

### Special Order of Business

**Review of the 2005 Budget:** Prior to the June Board meeting, the Finance Committee, along with the President-elect, Treasurer, Executive Director, Chief Operating Officer and Chief Financial Officer, serving as the Administrative Review Committee, reviewed all 2005 budget requests. During the June Board meeting, the full Board of Trustees reviewed the divisional budgets and a series of new program packages. No changes were made to the divisional base budgets. The Board also discussed the 2005 new program packages, taking into consideration the funding recommendations of the Administrative Review Committee. While the Board concurred with a majority of the funding recommendations of the Administrative Review Committee for the new program packages, the Board restored funding in the amount of \$17,950 for House of Delegates refreshments.

The Board unanimously adopted a proposed 2005 budget, for submission to the House of Delegates, which includes an operating budget of \$95,667,800 in revenues,

net of \$96,244,200 in expenses, generating a deficit from operations \$576,400.

Consistent with the recently adopted financial strategy of dues stabilization, which seeks to maintain dues increases at or below the level of inflation whenever possible, the 2005 budget includes dividend and interest revenues of \$675,000 on the assets of the ADA Reserve Fund. A key component of the overall dues stabilization strategy is to maintain a strong reserve position and use the cash yield portion of investment revenues realized on reserve assets to reduce the reliance on dues revenues in the operating budget.

After carefully evaluating all strategic considerations, the Board voted to propose a dues level of \$440 to achieve a balanced budget for 2005. This would equate to a \$5.00 increase over the 2004 dues rate, representing a 1.1% increase compared to expert projections of 3% general inflation. However, given the strong position of Association reserves, which are at a level above the minimum target level of 30% of annual operating expenses, the Board approved the use of reserves to fund the budget deficit and forego any dues increase for 2005. The Board felt that such action would be consistent with the 2002 House resolution urging the Board to use reserve funds in excess of the 30% target level in developing the following year's budget. The Board also noted the action would be consistent with the long-term financial strategy of dues stabilization. In effect, funding the budget deficit through reserves, combined with the budgeting of interest and dividends from reserve investments, equates to reserve funding of more than \$1.2 million of the 2005 operating budget. That \$1.2 million would equate to \$11.00 per active member if funded through dues.

The \$5.00 dues increase amount does not reflect any actions that may be adopted by the 2004 House with financial implications. It was noted that if the House adds significant spending to the budget, it might not be possible to fund such additional spending and the budgeted deficit from reserves.

**Student Block Grants:** The proposed 2005 budget called for \$50,000 in funding for a student block grant program, and the Council on Membership requested an increased funding level in the 2005 budget process of \$118,000, in order to provide \$3,000 for up to 45 dental school programs.

The Board, although supportive of the concept of financial awards to state dental societies that fund innovative programs and activities to connect dental students to organized dentistry, did not support additional funding for this program and believed that the current \$50,000, if allocated differently, is an appropriate level of funding for supplementing state dental societies that develop dental student outreach programs. It was noted that an awards program would serve to encourage the development of activities to connect dental students to organized dentistry and would be open to all states, not just those with dental schools. It was also noted that the Council on Membership would be the proper agency to administer and monitor this important member recruitment activity. Therefore, the Board adopted the following resolution.

**B-50-2004. Resolved,** that the Board of Trustees requests that the Council on Membership modify the student block grant program to become an awards program where the existing funding of \$50,000 is available to state dental societies that have created or create integrated and innovative new programs and activities to connect dental students to organized dentistry, and be it further

**Resolved,** that the Council on Membership develop criteria for such integrated, innovation-based awards, with awards to be made in the range of \$3,000-\$5,000 per award recipient, and announce the modified new program to the state dental societies no later than November 1, 2004, for implementation on January 1, 2005, and be it further

**Resolved,** that the Council monitor the effectiveness of this modified program in driving integrated and innovative programs to reach dental students and report back to the Board at year end 2005 and 2006 in time for the budget process.

**Recessed:** The Board recessed for lunch at 12:05 p.m. and reconvened at 1:16 p.m.

#### Closed Session

#### Organizational/Other

**Report of the Executive Director: Additional Nomination for ADA Honorary Membership:** In a closed session, the Board discussed an additional nominee for Honorary Membership. During the open session, the following resolution was adopted.

**B-45-2004. Resolved,** that the guidelines and procedures governing the nomination and selection process for awarding ADA Honorary Membership, as stated in the *Organization and Rules of the Board of Trustees*, be waived and Honorary Membership be awarded to James H. Sweeney.

#### Special Order of Business

**Presentation by Dr. Larry Meskin, University of Colorado, and Dr. L. Jackson Brown, associate executive director, Health Policy Resources Center—Economics of Dental Education:** Dr. Meskin and Dr. Brown presented information on The Economics of Dental Education. This work was set in motion during the September 2002 meeting of the Dental Economics Advisory Group (DEAG). At that time it was determined that the research presented at the meeting and additional research stemming from the discussions would be most beneficial if presented in a cohesive, easy to understand publication such as a monograph. They gave a comprehensive overview of the research and analysis contained within each draft chapter of the monograph (not yet published). The topics covered were as follows:

- Issues Related to a Shortage of Dental School Faculty
- Rate of Return to a Career as Dental Education Faculty
- Cost Analysis of Dental Education

- The Dental Curriculum and the Cost of Dental Education
- The Role of Research in the Economics of Dental Education
- Intramural Faculty Practice Plans
- The Impact of Community-Based Dental Education
- Regionalization

The main conclusion was that dental schools across the country are experiencing continued financial constraints brought on by revenue shifts and limitations. Some of the analysis presented indicated that large cost-saving opportunities can be found in: 1) enlarging the average size of dental schools thus rendering them more efficient; 2) making school staff leaner and more productive; 3) re-evaluating curricula to control clock hours and provide more uniformity; and 4) operating dental schools on sound business principles.

#### Update on Economic Data Regarding Dental

**Workforce:** Dr. Al Guay and Dr. Brown provided an update on the continued research regarding the dentist workforce. They presented data on changing patterns of dental services. Trends in dental expenditures and utilization were also analyzed. Updated workforce data regarding number of dentists, aging, retirement, productivity and the impact of females were discussed in detail.

Major conclusions were identified as follows:

- On the national level, the dentist workforce is adequate;
- Regional workforce imbalances do exist and may become more pronounced; and
- Given the large geographic variation, one overall national workforce policy is not likely to fit the specific needs of various states.

**Update on Status of 2003 Workforce Discussion Issues:** Because of time constraints, the status update was postponed to the August Board meeting.

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

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#### Monday, June 14, 2004

**Call to Order:** The Board of Trustees was called to order by President Eugene Sekiguchi at 8:45 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. Ms. Judy Jakush, editor, *ADA News*, and Mr. James Sweeney, chief executive officer, ADABEI, were also in attendance for portions of the meeting.

#### Special Order of Business

**Appearance of American Dental Education Association Officers—Dr. Frank Catalanotto, president; Dr.**

**Richard V. Valachovic, executive director; and Dr. N. Karl Haden, associate executive director, Center for Educational Policy and Research:** The ADEA officers discussed issues of mutual concern with the ADA Board of Trustees. Topics included: faculty growth and retention; licensure issues; access to dental care; the pros and cons of new dental schools; the applicant pool; and diversity issues.

**Strategic Session—International Accreditation:** At each of its meetings, the Board sets aside significant time for an in-depth strategy session on a key issue or objective. At this session, the Board discussed the need and feasibility of developing an international accreditation program for dental schools.

Presentations were provided by Don Simmons, D.V.M., Ph.D., director of Education and Research, American Veterinary Medical Association and Dr. Valachovic. Other guests included: the ADEA officers identified above; Dr. Kenneth Kalkwarf, chair; Dr. James Cole and Dr. Cyril Meyerowitz, members of the Commission on Dental Accreditation.

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

During a working lunch, Board members were provided questions to further facilitate their discussion on the topic of international accreditation. Reconvening after lunch, each group provided a brief summary of the results of their table discussions. This important discussion was in preparation for the Board's consideration of a report with action items at the August Board session.

## Advocacy

### Background for the June 2004 Discussion:

**International Accreditation:** In August 2003, the Commission on Dental Accreditation accepted the Board's invitation to appoint three members to serve on a collaborative work group to study the issue of international accreditation. After extensive study, the Work Group reported that the time is right for the Commission to expand its scope to make available to international dental schools consultation and accreditation. The Work Group's recommendation was that these services be focused at this time on predoctoral dental education programs (DDS/DMD equivalent). The Work Group believed that the Commission should: 1) be urged to expand its scope to include the provision of consulting services and accreditation of international dental schools which are preparing general dentists for practice; 2) be informed of the Association's support of this activity, including funding to initiate the program in 2005; and, 3) be requested to develop a progress report for review by the Board of Trustees in June 2005.

After discussion, the Board adopted the following resolution.

**B-51-2004. Resolved,** that the Commission on Dental Accreditation is encouraged to discuss the ad hoc Report on International Accreditation with a response to the ADA liaison to carry back to the August 2004 meeting of the ADA Board of Trustees, and be it further

**Resolved,** that the ADA Board is supportive in principle of international accreditation.

**Report on Community Water Fluoridation and the City of Honolulu:** The report noted that over the past several years, numerous bills regarding community water fluoridation have been introduced in the Hawaii State Legislature. The bills supported by the Hawaii Dental Association (HDA) would mandate fluoridation, while those opposed to fluoridation have sought passage of a statewide ban.

After numerous attempts to ban fluoridation at the state level failed, the opposition submitted an ordinance to the Honolulu City Council. In January 2004, the City Council voted 7-2 in favor of an ordinance preventing chemicals such as fluoride from being added to Oahu's water supply. The ordinance prohibits the introduction of "unnecessary chemical additives, considered to be medication," into Oahu's drinking water supply. It also requires that all chemical additives used be approved by the U.S. Food and Drug Administration.

Based on the Association's long-standing endorsement of water fluoridation as a safe and cost effective way to prevent dental decay, the Board adopted the following resolution.

**B-28-2004. Resolved,** that the American Dental Association and its Council on ADA Sessions actively request the Hawaii Visitors and Convention Bureau to use its influence to persuade Hawaiian legislative and regulatory authorities to rescind the recent pure water legislation that effectively prohibits water from being fluoridated, and be it further

**Resolved,** that communications to the Hawaii Bureau express the Board of Trustees' concern about the ADA, as the national health care association that endorses and promotes water fluoridation as a significant public health measure, hosting its annual meeting in a city that has banned water fluoridation, and be it further

**Resolved,** that the ADA, its Council on Access, Prevention and Interprofessional Relations and other appropriate ADA agencies work with the Hawaii Dental Association and other interested parties to provide assistance in efforts to secure passage of legislation/ordinances that would bring water fluoridation to the people of the state of Hawaii.

### Preliminary Report of the Presidential Committee to Study the Commission on Dental Accreditation in

**Response to Resolution B-92-2003:** At its October 2003 meeting, the Board of Trustees adopted Resolution B-92-2003 (*Trans.*2003:283) which approved the appointment of a special committee of the Board to study the ADA's arm's length relationship with the Commission on Dental Accreditation and the Commission's relationship with the U.S. Department of Education in response to a 2003 House directive.

The Presidential Committee (B-92 Committee), appointed by President Eugene Sekiguchi, met several times in 2003 and 2004 and submitted its preliminary report to this meeting with the following recommendations:

- The ADA encourage the Commission to continue to conduct open hearings at ADA annual meetings to provide opportunities for practitioners to comment on issues of interest.
- ADA leadership seek additional opportunities for informal, direct communication and dialogue with the Commission.
- The Commission on Dental Accreditation be urged to more clearly define standards that address the relationship between educational programs and the new model for educational funding and to consider the use of intent statements to further define and give examples of practices that comply with standards addressing program integrity, independence and external influence.
- The Commission be encouraged to ensure that students fully understand the terms and conditions of any financial assistance and to require that students have legal advice before accepting admissions to a program that is contingent on a scholarship<sup>1</sup> or financial support involving future payback and/or employment commitments.
- The Commission be urged to closely monitor outcomes for education programs involving non-traditional models of funding.
- The Commission be urged to consider a process for approving education programs in new education tracks in advanced educational/training areas in general dentistry that involves development of standards through consensus of applicable specialty disciplines and general dentistry groups.
- The Board consider changing the process for making appointments to the Commission by following an at-large Board nomination process similar to that involved in the nomination of individuals for appointment to the Council on Scientific Affairs.
- Nominees for appointment to the Commission be encouraged to attend open sessions of the Commission and review reports and other documents that provide information on current Commission activities prior to their first Commission meeting and that this recommendation be incorporated in the protocol for orientation of ADA appointees to the Commission.
- That a copy of the Board approved B-92 Presidential Committee Report be sent to appropriate USDOE officials.

After discussion, the Board adopted the following resolutions submitted by the B-92 Committee and noted that Resolution B-33-2004 would be transmitted to the House of Delegates for consideration as an amendment to the ADA *Constitution and Bylaws*.

**B-30-2004. Resolved,** that the ADA encourage the Commission on Dental Accreditation to continue to conduct open hearings at ADA annual meetings to provide

opportunities for practitioners to comment on issues of interest, and be it further

**Resolved,** that ADA leadership seek additional opportunities for direct communication and dialogue with the Commission.

Resolution B-31 was adopted as amended.

**B-31-2004. Resolved,** that the Commission on Dental Accreditation be urged to more clearly define standards that address the relationship between educational programs and the new model for educational funding and to consider the use of intent statements to further define and give examples of practices that comply with standards addressing program integrity, independence and external influence, and be it further

**Resolved,** that the Commission be encouraged to ensure that students fully understand the terms and conditions of any financial assistance and to require that students have legal advice before accepting admissions to a program that is contingent on a scholarship<sup>1</sup> or financial support involving future payback and/or employment commitments, and that such financial assistance be offered only after having received acceptance to the program and that acceptance to the program not be contingent upon the student's acceptance of the financial assistance, and be it further

**Resolved,** that the Commission be urged to closely monitor outcomes for education programs involving nontraditional models of funding.

**B-32-2004. Resolved,** that the Commission on Dental Accreditation be urged to consider a process for approving education programs in new education tracks in advanced educational/training areas in general dentistry that involve development of standards through consensus of applicable specialty disciplines and general dentistry groups.

**B-33-2004. Resolved,** that Chapter XIV. COMMISSIONS, Section 20. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS, Subsection A. COMMISSION ON DENTAL ACCREDITATION, subsection (1), of the ADA *Bylaws*, be amended by incorporating the changes indicated below (new language underscored, deletions stricken through):

(1) Four (4) members shall be selected from nominations open to all ~~on a rotational system by~~ trustee districts from the active, life or retired members of this Association, no one of whom shall be a faculty member working for a school of dentistry more than one day per week or a member of a state board of dental examiners or jurisdictional dental licensing agency. These members shall be nominated by the Board of Trustees and shall be elected by the House of Delegates.

**B-34-2004. Resolved,** that the "Protocol for Orientation of ADA-Appointees to the CODA" be approved by the Board of Trustees.

**B-35-2004. Resolved,** that a copy of the B-92 Committee Report, approved by the Board of Trustees, be sent to the appropriate U.S. Department of Education officials.

<sup>1</sup>The committee has learned that the word "scholarship" in this context means a scholarship provided by OEC to students who meet Jacksonville University's admission criteria and wish to participate in an agreement with OEC.



A copy of the Committee's final report will be transmitted to the 2004 House of Delegates and the USDOE after the August Board session.

### Attorney-Client Session

**Report of the Associate Executive Director, Legal Affairs: Recent Divisional Activities:** In an attorney-client session, Mr. Sfikas discussed various legal matters of interest to the Association.

In open session, the following resolution was adopted.

**B-29-2004. Resolved,** that the Legal Division is authorized to file suit against American Healthcare Products, Inc. relating to its breaches of its Seal Agreements and to retain outside counsel to assist in pursuing such action.

**Closed Session:** The officers and members of the Board of Trustees, Executive Director, Chief Operating Officer, Chief Counsel, Chief Policy Advisor, Chief Financial Officer and Associate Executive Director, Conference and Meeting Services, met in a closed session from 4:10 p.m. to 5:45 p.m.

**Adjournment:** The Board of Trustees adjourned at 5:45 p.m.

### Tuesday, June 15, 2004

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**Call to Order:** The Board of Trustees was called to order by President Eugene Sekiguchi at 8:40 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.

### Special Orders of Business

**Strategic Session: Evidence Based Dentistry:** The Board received an informational background report and held a strategic discussion on evidence-based dentistry (EBD) to evaluate the Association activities in this area and review plans for the ADA Symposium on Evidence-Based Dentistry scheduled for August 12-13, 2004. Dr. Daniel Meyer, associate executive director, Division of Science, served as moderator for the Board discussion. Dr. Amid Ismail (member, Council on Scientific Affairs; professor, Department of Cariology, Restorative Sciences, and Endodontics, University of Michigan) and Dr. Jeffrey Hutter (chair, ADA Advisory Committee on Evidence-Based Dentistry; associate dean for academic affairs, Goldman School of Dental Medicine, Boston University) provided a historical overview of the Association's EBD-related activities, including the development of a definition and policy statement on evidence-based dentistry, and current ADA initiatives in this area. Dr. Ronald Inge, associate executive director, Division of Dental Practice, offered his perspective as former chief dental officer at Aetna Dental and explained how insurance companies

approach evidence-based information. Dr. Albert Guay, chief policy advisor, urged the Association to continue educating dentists on what EBD is and is not, and to demystify the concept for all practicing dentists.

### Advocacy (continued)

**Report of Dr. Kathleen Roth, Liaison to the Council on Dental Education and Licensure:** Dr. Roth reported on her attendance at the Council's April 22-23, 2004, meeting noting that a controversial item of new business considered by the Council resulted in the submission of a minority report following the Council meeting. The Council requested that this issue be discussed with the Speaker to determine if parliamentary procedures dictate that a minority report be appended to CDEL's official meeting minutes. The Speaker indicated that, according to *Sturgis*, the minority report was properly submitted and should be included with the final action taken by the Council.

**Report of the Associate Executive Director, Government Affairs: Federal Legislation and Regulation Update:** Ms. Moss provided the Board with an overview of federal and state issues and activities which included amalgam; student loan consolidation; women's oral health; and licensure. She also highlighted Dr. Bramson's testimony before the House Appropriations Committee where he urged lawmakers to increase funding for military dental scholarships and loan repayment. Testimony also included a request for support of HHS's dental and oral health programs, including grants to support fluoride and sealant programs, dental research, and pediatric and dental residency training programs.

**Update on the National Council of Dental Credentialing Organizations (NCDCO):** Dr. Bramson provided background on this organization noting that the NCDCO refers to itself as a membership association of organizations that provide credentials to dentists.

In April 2003, the Board of Trustees received an informational report on this new organization. The report included a chronology of the ADA's past consideration of developing procedures for acknowledgment of credentialing organizations in areas not recognized by the ADA as dental specialties. The Board requested that the Council on Dental Education and Licensure (CDEL) investigate the feasibility of developing a recognition program.

In October 2003, the Board considered a report on the study of credentialing issues in areas not recognized by the ADA as dental specialties and noted the feedback received from the ADA recognized dental specialty certifying boards and sponsoring organizations expressing strong opposition to the Board's April 2003 decision that the CDEL study this matter. In addition, the Board determined that it should gather data from the broad communities of interest on whether an ADA process to recognize these agencies is needed or wanted.

The ADA Survey Center is currently conducting two surveys on credentialing in dental practice areas not recognized by the ADA. One survey was sent to approximately 6,300 professionally active dentists (both

specialists and general practitioners); a second survey was sent electronically to 69 executive directors of national dental organizations (NDO) (this includes the ADA recognized dental specialty certifying boards and sponsoring organizations). The two surveys ask similar questions regarding how important they feel it is for the ADA to have a process to recognize these credentialing organizations. The NDO survey also collects information about the organization's credential, e.g., the requirements for the credential, number of members who hold the credential. Further information related to whether the ADA should have a process to recognize organizations that grant credentials in a practice area not recognized as a dental specialty by the ADA, along with survey data, will be presented to the Board for consideration at its August 2004 meeting.

### Closed Session

#### Image, Ethics and Professionalism

**Report of Dr. Bernard McDermott: Alaska Task Force Interim Recommendations:** In a closed session, the Board discussed the Task Force's preliminary report which included a funding request in the amount of \$28,500 needed to continue the work of the Task Force. The final report of the Task Force will be submitted for the Board's consideration in August.

In a related discussion, it was noted that there have been a number of other concerns regarding the oral health delivery system. For this reason, an additional supplemental request in the amount of \$21,600 was submitted to fund a task force of six to eight people to develop strategies for the Association to address proposals for new workforce models and to build on the Association's efforts on access and workforce, especially the development of the Association's white paper.

In an open session, the requests for funding were approved (pp. 216-217).

#### Member and Support Services

**Report of the ADA/GNYDM Joint Meeting Work Group Regarding a Possible Joint Meeting in New York City in 2010:** In a closed session, the Board discussed the feasibility of a joint ADA/Greater New York City meeting in New York City in 2010. In an open session, the following amended resolution was adopted.

**B-22-2004. Resolved,** that the American Dental Association and Greater New York Dental Meeting partner to host a joint annual meeting in the fall of 2010, tentatively called 2010 Global Dental Congress, in New York City (or another mutually agreeable year, if reconsideration of the dates becomes necessary due to New York City being selected to host the U.S. Olympics in 2012), and be it further

**Resolved,** that both organizations are conceptually supportive of hosting a similar meeting once every decade, and be it further

**Resolved,** that the presently structured Joint Meeting Work Group be and hereby is empowered to proceed in

obtaining the necessary commitments to continue the development of the 2010 World Dental Congress, and be it further

**Resolved,** that the ADA's Annual Session Society Reimbursement Policy (*Trans.2001:307*) be suspended for this meeting, and be it further

**Resolved,** that the Joint Meeting Work Group continue to provide regular progress reports to the appropriate governing bodies, council and committees of the respective organizations, and be it further

**Resolved,** that the Joint Meeting Work Group now develop a plan for engaging the councils, committees and staff of the respective organizations in the planning of this event, and be it further

**Resolved,** that a letter agreement be executed that includes a "safety valve" provision for both parties to terminate the agreement if they cannot agree on the plan for engaging the councils, committees and staff; and if they cannot execute an acceptable agreement with the Javits Center; or if the discussions with industry convince the Working Group that the meeting is not desirable.

### Regular Session

#### Report of the Strategic Planning Committee:

**Overarching Metrics:** Ms. Basman reported that the Strategic Planning Committee completed its review of council metrics—year-end results for 2003 and target metrics for 2004, as defined by the councils. It was noted that the reports continue to improve in clarity and validity of measures. Subsequently, the Board adopted the following resolution.

**B-23-2004. Resolved,** that the overall ADA outcomes measures as listed in numbers one through seven be tracked annually:

1. Ninety-five percent of dentists consider ADA and the Tripartite as the primary advocate for oral health and access to quality dental care in legislation and regulation.
2. Remain among the top five most respected professions as perceived by the public.
3. By 2010, 95% of U.S. dentists and 95% of the public will consider the ADA a reliable source for oral health care information.
4. Seventy-five percent of dentists are ADA members by year-end 2005.
5. Ninety-five percent of members are satisfied with the ADA.
6. Operate with an annual surplus while maintaining reserve position of at least 30% of the annual ADA operating budget.
7. By 2010, every U.S.-licensed dentist can practice in the U.S. state or territory of their choice.

and be it further

**Resolved,** that these measures be reported to the Board of Trustees on an annual basis, and be it further

**Resolved,** that these overarching metrics be updated by the Board at least every three years, as the Strategic Plan is updated.

**Report of the Standing Committee on Diversity:** Dr. Clifford Marks, Committee chair, presented the Committee's annual report which included recommendations for the second class of the ADA Institute for Diversity in Leadership. The Institute's goal is to develop leadership potential among dentists in ethnic and gender groups that have traditionally been less visible in major leadership roles within the community.

Dr. Marks reported that the Committee evaluated 60 completed applications and corresponding references. One additional applicant was from Nigeria and was therefore ineligible for consideration at this time. The Committee continued to be impressed by the caliber and diversity of the applications.

*Status of 2003-2004 Institute.* The eight participants are completing their leadership projects. They are:

- Dr. Flauryse Baguidy—Produce new oral health education programs in community settings: middle schools and church-sponsored health fairs.
- Dr. Donald Dexter—Utilizing the tradition of storytelling in a video/PowerPoint format, develop and produce an oral health-diabetes program directed at Native Americans.
- Dr. Ronald Evans—Implement a marketing campaign to gain more health professionals as volunteers for an overseas health mission.
- Dr. Gayle Kawahara—Create programs to educate dentists, dental hygienists, and their patients about: osteoporosis and its relation to periodontal disease, prevention of osteoporosis, and tooth loss. (Collaborating with the Los Angeles Dental Society.)
- Dr. Jose-Luis Ruiz—Focusing on the Hispanic community, create an outreach program so more individuals trained as dentists in other countries enroll in the University of Southern California School of Dentistry program to prepare for licensure. Also, develop a cadre of volunteers to encourage students to consider eventual careers in dentistry.
- Dr. John Jow—Develop collaborative arrangements through the Southern Alameda County Dental Society to help meet the dental needs of homeless veterans who take part in the VA's August 2004 outreach and screening program (termed a "Stand-down").
- Dr. Marijah LaSalle—Introduce state legislation to reduce barriers to retired dentists' providing free care for low-income patients.
- Dr. Jeanette Pena-Hall—Partnering with the South Florida District Dental Association, translate to Spanish information on obtaining Florida dental licenses, and disseminate it at strategic contact points for new immigrants.

The first year class will present these projects on the first day of the September session to the second year class. The classes will be divided during the balance of the programming for special sessions tailored to their class. There will be ample time to evaluate the first year class' experience. This will be reported separately to the Board at its October session.

*Issues Relating to International Dentists.* Staff received eight inquiries from dentists who live and practice outside the U.S. about their eligibility to participate. The Board determined that the program, in its early years of implementation, would be limited to dentists within the U.S. There are several issues to consider in evaluating whether the program should be expanded in this way at a future time.

*Change in Reporting Sequence.* Because of the timing of the Institute application process, changes in the program size as approved by the House, and the new format for the Board's February meeting, the Committee recommended that the Board amend the third duty of the Committee to provide a written report at the Board's June meeting. Accordingly, the Board adopted the following resolution.

**B-46-2004. Resolved,** that the third duty of the Standing Committee on Diversity be amended to reflect its current June meeting schedule so that the amended duty reads as follows:

3. to provide a written report of the Committee's recommendations regarding diversity as a critical issue with Association-wide impact at the Board's June meeting; and

*Program Metrics.* The Committee recommended that the Board amend Institute program metrics to include evaluating participants' qualitative feedback over time. Further, the Committee suggested that opportunities to involve alumni in either a special session of the September Institute or some other meeting could be explored. It further recommended that the Board amend Institute metrics to reflect the participation of 12 participants and the new sponsorship goal of \$80,000. The following resolution was adopted by the Board.

**B-47-2004. Resolved,** that the Board's metrics for the ADA Institute for Diversity in Leadership be amended as follows:

1. number of qualified applicants
2. 12-12 participants meet requirements
3. ADA membership involvement (100% prior to or after Institute participation)
4. Institute class is itself diverse
5. positive participant evaluations of faculty
6. participant ratings of Institute experience as a whole (4 out of 5 on a 5.0 scale)
7. participants' qualitative evaluations of Institute's impact over time
8. actual leadership accomplishments demonstrated by participants over time
9. \$80,000 in corporate sponsorship in 2004

*Selection of Participants for the 2004-2005 ADA Institute for Diversity.* The Board adopted the following resolutions presented by the Committee.

**B-48-2004. Resolved,** that the following 12 candidates be approved to participate in the 2004 class of the ADA Institute for Diversity in Leadership:

Colbert, Dionne Michelle, Atlanta, Georgia  
 Fathi, Nava, Gilroy, California  
 Fraser, Jr., Gordon C., Peachtree City, Georgia  
 Garasia, Shaila, Rochester, New York  
 Lewis, Cedric Takeo, Honolulu, Hawaii  
 Luquis-Aponte, Wilma, El Paso, Texas  
 Mason-Dozier, Charlyne P., Kansas City, Missouri  
 Navitsky, Mary Anne, Sitka, Alaska  
 Pinto, Andres, Chadds Ford, Pennsylvania  
 Regus, Teodoro E., New York, New York  
 Roldan, Rosie, San Antonio, Texas  
 Shue, Brian, El Centro, California

**B-49-2004. Resolved**, that the following six candidates be approved as alternates to participate in the 2004 class of the ADA Institute for Diversity in Leadership:

Carr, Martha Anne, Mandeville, Louisiana  
 Knox, Allen W., Chicago, Illinois  
 Mandapat, Teresita H., Sumner, Washington  
 Ng, Veronica Wai-Kwan, Plymouth, Michigan  
 O'Rourke, Sancerie J., Baton Rouge, Louisiana  
 Young, Barbara, San Diego, California

#### Practice Support

**Report of the Associate Executive Director, Dental Practice: The Appointment Process to the Dental Content and the Code Revision Committees:** Following a brief discussion on the recommendations on the terms and tenure of ADA members of the Dental Content and Code Revision Committees, Dr. Brandjord, Dr. Player, Dr. Tuneberg and Dr. Inge were asked to review and modify the report for consideration by the Board at its August 2004 meeting.

**Update on SNODENT and Diagnostic Codes Strategy:** Dr. Inge provided a brief overview of the SNODENT project for the benefit of new Board members and staff. He noted that the College of American Pathologists (CAP) has signed an agreement with the Secretary, Health and Human Services, to license SNOMED CT and make it available without charge throughout the U.S. The agreement will be administered through the National Library of Medicine (NLM). The NLM has issued a five-year, \$32.4 million contract to CAP for a permanent license for SNOMED. The Association may have intellectual property rights associated with this license agreement.

The report also included the following summary and potential actions for consideration.

*Summary.* The third-party payers that dominate the HIPAA transaction implementation specification process are seeking codified diagnostic and descriptive information to automatically adjudicate dental claims. While this approach is currently used in medical and hospital claims processing, dental claims have generally not included diagnoses and the American Dental Association has opposed efforts to require additional information for claims payment.

#### Potential Actions.

- Promote use of SNODENT for the electronic health record and continue to oppose any diagnoses in the HIPAA administrative transactions for dentistry.
- Promote use of SNODENT for all clinical descriptions in dentistry.
- If SNODENT is not designated as a core terminology for dentistry, argue that by naming SNOMED as a core terminology, SNODENT as a subset of SNOMED is already a core terminology.

The Board took no action with regard to this report.

**Report of Dr. Zack Studstill, Liaison to the Council on Dental Benefit Programs:** Dr. Studstill reported on his attendance at the Council's April 23-24, 2004, meeting.

**Follow up on April 2004 Membership Initiative Strategic Session:** Ms. Newton provided follow up information on some of the issues discussed at the April 2004 Strategic Session on the Membership Initiative.

**Report of the Speaker of the House of Delegates: Role of ADA Officers and Trustees in Reference Committees and the House of Delegates:** In responding to the question "Is the majority opinion of the Board of Trustees the opinion that should be espoused by all trustees or should dissenting Board members be permitted to speak and work against the Board's official position in the House of Delegates, reference committees and state or regional caucuses?" the Board considered proposed language for possible inclusion in the *Organization and Rules of the Board of Trustees*. After discussion, the Board determined that it would better serve the members if guidelines were developed in lieu of adopting formal Board policy related to this issue. For this reason, further discussion was postponed to the August 2004 session of the Board to allow sufficient time for development of the guidelines. Additionally, the following resolution, as amended, was subsequently defeated.

**B-37. Resolved**, that in accordance with rules of parliamentary procedure, actions and recommendations of the Board of Trustees in regard to House of Delegates resolutions shall constitute the official position of the Board, and each member of the Board of Trustees shall accept that official position by not actively deliberating against or otherwise undermining that position at the House of Delegates, unless he or she is asked, and be it further

**Resolved**, that with respect to any minority report that a Board of Trustees member shall have submitted, the member may speak to his or her minority position only at the relevant reference committee hearing or in the member's own district caucus, but not on the House floor, in other district caucuses, or otherwise, unless he or she is asked, and be it further

**Resolved**, that if a Board of Trustees member is a candidate for elective office of the Association, such Board member, in response to a question by a delegate, shall be permitted to express his or her own position on a matter but not proactively deliberate against the Board of Trustees' position, and be it further

**Resolved**, that the above philosophical statement and this resolution be added as a new section to the next publication of the *Organization and Rules of the Board of Trustees*.

**Report of the Treasurer: Proposal for a Board Substitute to Resolution 82-2003—ADA House of Delegates and Notice Proposed Dues Increases:** ADA Treasurer, Dr. Mark Feldman, recommended a substitute to Resolution 82-2003 which was required to lay over to the 2004 House of Delegates due to lack of 90-day notice. Resolution 82-2003 states:

**Resolved**, that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES, Subsection F of the ADA *Bylaws* be amended by adding after the word “year” in line 1690 a comma and the words “and present a proposed change in the dues of active members each year pursuant to Chapter XXI, Section 20 of these *Bylaws*,” so the amended Subsection F reads as follows (new language underscored):

F. To prepare a budget for carrying on the activities of the Association for each ensuing fiscal year and present a proposed change in the dues of active members each year pursuant to Chapter XXI, Section 20 of these *Bylaws*.

Dr. Feldman presented two options for substitution, noting that Resolution 82-2003 requires the Board to artificially change the dues even if a dues change is not called for. After discussion, the Board approved Option 1 below as a substitute for Resolution 82-2003. This resolution will be transmitted to the 2004 House of Delegates. (Vote: 19 Yes—Drs. Biermann, Brandjord, Bushick, R. Feldman, Findley, Gleason, Glover, Grammer, Gross, Hagedorn, Haught, Marks, McDermott, Player, Powell, Roth, Roussalis, Studstill, Tuneberg; 1 No—Dr. Strathearn)

**B-38-2004. Resolved**, that the Board of Trustees transmit to the 2004 House of Delegates Option 1.

### Changes to the *Bylaws*

Amend Chapter I. MEMBERSHIP, *Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS*, Subsection A. ACTIVE MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS of the ADA *Bylaws* by incorporating the changes indicated below (new language underscored; deletions stricken through):

c. DUES AND SPECIAL ASSESSMENTS.  
~~The dues of active members shall be four hundred thirty five dollars (\$435) due January 1 of each year.~~  
The dues of active members shall be **[INSERT DOLLAR AMOUNT]** due January 1, 2005. Beginning January 1, 2006, and each year thereafter, the dues of active members shall be the amount established annually by the House of Delegates in accordance with the procedure set forth in Chapter V, Section 130Ad of these *Bylaws*. In addition to their annual dues, active members shall pay any special assessments levied by

the House of Delegates, due January 1 of each year. However, any dentist, who satisfies the eligibility requirements for active membership and any of the following conditions shall be entitled to pay the reduced active member dues and any special assessment stated 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 20Ad of these *Bylaws*:

Amend Chapter V. HOUSE OF DELEGATES, *Section 50. DUTIES*, of the ADA *Bylaws* by incorporating the changes indicated below (new language underscored):

E. To adopt an annual budget and establish the dues of active members for the following year.

Amend Chapter V. HOUSE OF DELEGATES, *Section 130. RULES OF ORDER*, Subsection A. STANDING RULES AND REPORTS, of the ADA *Bylaws* by relettering rules “d” and “e” as “e” and “f” and by adding a new rule “d” to read as follows:

d. APPROVAL OF THE DUES OF ACTIVE MEMBERS. The dues of active members of this Association shall be established by the House of Delegates as the last item of business at each annual session. The resolution to establish the dues of active members for the following year shall be proposed at each annual session by the Board of Trustees in conformity with Chapter VII, Section 110F of these *Bylaws* and may be amended to any amount by the House of Delegates. The resolution shall be adopted by a two-thirds (2/3) majority vote of the members present and voting.

Amend Chapter VII. BOARD OF TRUSTEES, *Section 110. DUTIES*, Subsection F, of the ADA *Bylaws* by incorporating the changes indicated below (new language underscored):

F. To prepare a budget for carrying on the activities of the Association for each ensuing fiscal year, and present for action by each House of Delegates a resolution setting forth the proposed dues of active members for the following year. 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 the Association at least sixty (60) days in advance of the annual session.

Amend Chapter XXI. AMENDMENTS of the ADA *Bylaws* by deleting *Section 20. AMENDMENT RELATING TO DUES* in its entirety and substituting in its place a new Section 20 to read as follows:

*Section 20. AMENDMENT AFFECTING THE PROCEDURE FOR CHANGING THE DUES OF ACTIVE MEMBERS:* An amendment of these *Bylaws* affecting the procedure for changing the dues of active

members may be adopted only if the proposed amendment 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 the Association at least sixty (60) days in advance of the annual session.

Amendments affecting the procedure for changing the dues of active members may also be adopted by a unanimous vote provided that the proposed amendment has been presented in writing at a previous meeting of the same session.

**Changes to the Standing Rules of the ADA House of Delegates**

Amend the “Rules of the House of Delegates” printed in the *Manual of the House of Delegates* by addition of the following new section before in the section titled “Amendments to Constitution and Bylaws”:

**Dues of Active Members**

The dues of active members are established by the House of Delegates as the last item of business at each annual session. A resolution will be proposed at each annual session by the Board of Trustees in conformity with Chapter VII, Section 110F of the ADA *Bylaws*. Through a certifiable method of delivery, notice of the resolution will be sent to each constituent society at least ninety (90) days before the first session of the House of Delegates at which it is to be considered. This will enable the constituent societies to promptly notify their delegates and alternate delegates of the resolution. The resolution will also be announced to the general membership in an official publication of the Association at least sixty (60) days in advance of the annual session. The resolution establishing the dues of active members for the following year may be amended to any amount by the House of Delegates. The resolution requires a two-thirds (2/3) majority vote of the members present and voting for adoption.

Amend the “Rules of the House of Delegates” printed in the *Manual of the House of Delegates*, the section titled “Amendments to Constitution and Bylaws,” in the first two paragraphs by incorporating the changes indicated (new language underscored; deletions stricken through):

**Amendments to Constitution and Bylaws.** The House of Delegates is governed in its amendment of the *Constitution and Bylaws* by the provisions of the *Constitution and Bylaws*. ~~In general a~~ An amendment ~~effecting a change in the dues of active members or~~ affecting the procedure for changing the dues of active members may be adopted by the House only if the proposed amendment has been presented in writing at

least 90 days before the first day of the session of the House of Delegates at which it is to be considered. Through a certifiable method of delivery, notice of the resolution will be sent to each constituent society not less than 90 days before such session. This will enable the constituent societies to promptly notify their delegates and alternate delegates of the resolution. The resolution will also be announced to the general membership in an official publication of the Association at least 60 days in advance of the annual session. Amendments affecting the procedure for changing the dues may also be adopted by unanimous vote of the members present and voting ~~if provided~~ the proposed amendment is presented in writing at a previous meeting of the same session of the House of Delegates at which it is to be considered.

A resolution to amend the procedure for changing the dues of active members that complies with the notice requirements of Chapter XXI, Section 20 of the *Bylaws* may be submitted to the House of Delegates ~~in any amount~~ and may be amended ~~to any other amount~~ by a majority vote of the delegates present and voting. If such resolution contains a percentage or dollar amount pertaining to dues, that amount may be amended to any other amount. This traditional procedure will continue to permit the House of Delegates to freely amend a resolution ~~proposing a~~ affecting the procedure for changing the dues of active members and facilitate the efforts of the House and the Board of Trustees in balancing revenues and expenses in the annual budget for the ensuing year.

**Note:** With the adoption of Resolution B-38-2004, the resolution proposed by the Speaker at the April 2004 Board session regarding waiver of the 90-day dues amendment notice was declared moot.

**Report on the Status of the 2004 Contingent Fund and Approval of Supplemental Appropriation Requests:** A Contingency Fund of \$800,000 was authorized in the 2004 budget. The Board of Trustees to date has already approved total supplemental requests in the amount of \$469,550 leaving a fund balance of \$330,450. The Board reviewed the following new requests for supplemental funding and subsequently adopted the following amended resolution.

**B-41-2004. Resolved,** that the following appropriations be made from the 2004 Contingency 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 Administrative Services*  
(Cost Center 090-0050-XXX) . . . . . \$3,500

**Council and Commission Chairs’ Meeting:** The annual December Council and Commission Chairs’ Meeting, aims to promote and add value to the volunteer leadership experience. Based on feedback from last year’s participants, a staff work group deliberated strategies to make this experience even more productive in 2004 and future years. The purpose of the council chairs meeting is captured in the following statement

developed by the work group, based on the same feedback. "To promote and add value to the volunteer leaders' experience by: 1) sharing knowledge and information about the key issues facing the profession; 2) promoting meaningful interaction and synergistic relationships among councils, commissions, the officers and Board of Trustees and ADA staff; 3) Fostering leadership skills and; 4) helping the chairs focus and coordinate their agencies' respective goals to optimize the advancement of the ADA's strategic goals."

The workgroup recommends that a speaker/facilitator be retained, for part of the agenda, to help chairs learn about the value of conducting strategic discussions in a similar manner to the sessions conducted by the Board, and to communicate the value of approaching agency business in a related fashion.

**Expense**

515101	Volunteer Air	\$450
515201	Volunteer Ground	100
515401	Volunteer Lodging	200
515501	Volunteer Meals	100
520001	Consulting Fees	2,500
525200	Office Photocopy	150
	Total Expenses	<u>\$3,500</u>

**No Funding Alternative was submitted.**

*Division of ADA Publishing*

(Cost Center 090-0700-XXX) . . . . . \$21,850

**JADA Editor Search Committee:** Because the current JADA Editor (Dr. Marjorie Jeffcoat) has resigned her position effective December 31, 2004, a search committee will be formed at the June 2004 Board of Trustees meeting to oversee the search process. For the purposes of this funding request, it is assumed that six volunteers and key senior staff will comprise the members of this committee. The role of the JADA Editor Search Committee will be to screen all applicants, interview finalist candidates, and recommend a new editor to the ADA Board at its December meeting.

The following assumptions have been made to seek appropriate funding for the search committee: a) one, two-day search committee meeting will be necessary but, for the purposes of budgeting, the financial request below allows for the possibility that two meetings may be needed; b) up to seven candidates will be interviewed by the committee and the most qualified candidate will be recommended to the ADA Board for approval; and c) during the search process, the committee chair may need to make two additional trips to ADA Headquarters and the committee itself will hold two conference calls.

**Expense**

515101	Volunteer Air	\$9,450
515201	Volunteer Ground	2,100
515301	Volunteer Per Diem	1,600
515401	Volunteer Lodging	4,500
515501	Volunteer Meals	3,300
525010	Telephone	500
525020	Postage and Mailing Expenses	300
525200	Office Photocopy	100
	Total Expenses	<u>\$21,850</u>

**No Funding Alternative was submitted.**

*Division of Administrative Services*

(Cost Center 090-0050-XXX) . . . . . \$50,000

**Funding Request for UOP School Naming:** The Association has been asked to support the naming event at the UOP School of Dentistry during the August 27-28 celebration in honor of Dr. Art Dugoni. The naming of a dental school after an individual is very rare and is an honor that few have achieved.

The supplemental below recommends sponsorship of the event at the \$25,000 level (that includes a table for 10 at the evening event and a quarter page program ad), together with a \$25,000 donation to the National Endowment for Dental Education (NEDE) in Dr. Dugoni's name. As a result, the supplemental funding request has been developed as follows:

**Expense**

505500	Special Event Sponsorship	\$25,000
570100	Contributions to NEDE	25,000
	Total Expenses	<u>\$50,000</u>

**No Funding Alternative was submitted.**

*Division of Administrative Services*

(Cost Center 090-0050-XXX) . . . . . \$21,600

**Task Force on Work Force Models:** In addition to the dental health aide program in Alaska, there have been a number of other concerns regarding the oral health delivery system. This supplemental is needed to fund a task force of 6-8 people, for several meetings, to develop strategies for the Association, address proposals for new work force models and to build on the ADA's ongoing efforts on access and workforce, especially the development of the Association's white paper.

This task force will be instrumental in helping the Association meet the goal of maintaining a single standard of oral health care for all Americans.

**Expenses**

515101	Volunteer Airfare (20 x \$450)	\$9,000
515301	Volunteer Per Diem (20 x 2 x \$75)	3,000
515401	Volunteer Lodging (20 x 2 x \$215)	8,600
515201	Volunteer Ground Transp.	1,000
	Total Expenses	<u>\$21,600</u>

**No Funding Alternative was submitted.**

*Division of Government Affairs*

(Cost Center 090-0200-XXX) . . . . . \$28,500

This supplemental is needed to continue the work of the Alaska Native Oral Health Access Task Force. The supplemental includes \$10,000 for consulting assistance; \$5,000 to cover the overage expected in the original Task Force budget; and additional funds for travel for three members of the Task Force (the Chair, 11th district trustee and CGA representative) to Alaska for two follow-up meetings with tribal leaders in July and August. These meetings are important to efforts to explain the ADA's concerns about the inclusion of irreversible dental procedures in the dental health aide

program and to garner support for our amendment to the Indian Health Care Improvement Act.

The work of the Task Force is critical to the ADA's concerns about the access to oral health care of Native Alaskans. For many reasons, the Task Force was not able to meet with tribal leaders during its visit to Alaska in March. As a result, the Task Force requested that Senator Steven's Office and Dr. Charles Grim, Administrator of the Indian Health Service, assist us in scheduling such a meeting. This will occur in August with members of the Alaska Native Tribal Health Consortium and others. This meeting is essential to underscore the ADA's position on the dental health aide program, particularly the activities of the dental health aide therapist. There may also be a need for some members of the Task Force to travel to Alaska in July to speak with certain tribal leaders in an effort to ensure that the discussion in August is productive.

**Expenses**

520001	Consulting	\$10,000
	Overages in Task Force's Budget (Multiple Accounts)	5,000
515101	Volunteer Airfare 6 x \$1000	6,000
515301	Volunteer Per Diem 12 x \$75 (2 days)	9,000
515401	Volunteer Lodging 12 x \$215 (2 nights)	2,600
515103	Staff Airfare 2 x \$1000	2,000
515403	Staff Lodging 4 x \$215	900
515503	Staff Meals 4 x \$75	300
515203	Ground Transportation	800
	Total Expenses	<u>\$28,500</u>

**No Funding Alternative was submitted.**

**Total Approved Supplemental Requests: \$125,450**

**Contingent Fund Balance: \$205,000**

**ADA and Subsidiaries Financial Reporting Package:**

The Board received copies of the following financial reports as of April 30, 2004: ADA Financial Report; Operating Division and Reserve Division Investment Accounts; ADA Technology Fund Account; ADA Business Enterprises, Inc.; American Dental Real Estate Cooperation; and the ADA Foundation.

**Draft Board Report to the House of Delegates Regarding Credit Card Processing Fees for Tripartite Dues Payments:**

In order to allow Board members ample time to review the draft Board report to the House regarding credit card processing fees for tripartite dues payments developed by the Treasurer, this issue was postponed to the August 2004 Board session.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 1:10 p.m.



# Notes

# August 8-10, 2004

## Headquarters Building, Chicago

**Call to Order:** The sixth session of the Board of Trustees was called to order by President Eugene Sekiguchi on Sunday, August 8, 2004, at 10:00 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers and trustees were present: Eugene Sekiguchi, Richard Haught, John E. Roussalis, II, J. Thomas Soliday, Ronald D. Bushick, Mark J. Feldman, James B. Bramson, Michael E. Biermann, Robert M. Brandjord, Roddy N. Feldman, John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Ronald B. Gross, Lloyd J. Hagedorn, Clifford Marks, Bernard K. McDermott, T. Carroll Player, William D. Powell, Kathleen Roth, Jeanne P. Strathearn, Zack D. Studstill and Perry K. Tuneberg.

Staff members present were: L. Jackson Brown, associate executive director, Health Policy Resources Center; Albert H. Guay, chief policy advisor; Ronald Inge, associate executive director, Dental Practice; Laura Kosden, associate executive director and publisher, Publishing; Mary Logan, chief operating officer; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications and Corporate Relations; Dorothy J. Moss, associate executive director, Government Affairs; Laura M. Neumann, associate executive director, Education; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Carol M. Overman, associate executive director, Administrative Services; Robert L. Owens, associate executive director, Information Technology, Standards and Salable Materials; Alison Owings-Cinelli, associate executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and William T. Zimmermann, chief financial officer.

Also in attendance for all or portions of the meeting were: Beril Basman, director, Strategic Planning and Consulting; Judith Jakush, editor, *ADA News*; and Walter Pieciewicz, associate general counsel. Marjorie Jeffcoat, editor, *JADA*, was not in attendance.

**Closed Session:** A closed session of the Board of Trustees was called to order prior to convening the regular session. Those in attendance included the President, President-elect, First Vice President, Second Vice President, Treasurer, Speaker of the House of Delegates, members of the Board of Trustees, the Executive Director, Chief Operating Officer and Chief Counsel. No action was taken.

### Preliminary

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

**B-52-2004. 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.

### Mail Ballot Approval of Minutes of Previous Session:

Via electronic communications, the Board adopted unanimously the following resolution approving the minutes of the June 2004 session.

**B-81-2004. Resolved,** that the minutes of the June 13-15, 2004, session of the Board of Trustees, as presented, be approved.

### Mail Ballot Approval of Honorary Membership

**Nomination:** The Board adopted unanimously the following resolution approving the nomination of Dr. Heung-Ryul Yoon as an Honorary Member of the Association.

**B-67-2004. Resolved,** that the guidelines and procedures governing the nomination and selection process for awarding ADA Honorary Membership, as stated in the *Organization and Rules of the Board of Trustees*, be waived and Honorary Membership be awarded to Dr. Heung-Ryul Yoon.

**Approval of Consent Calendar:** A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar for discussion. Following review, several reports and resolutions were removed. The Board subsequently adopted the following resolution.

**B-80-2004. Resolved,** that the recommendations on resolutions contained on the Consent Calendar be approved.

### House

#### Budget, Business and Administrative Matters

Resolution 20—Board of Trustees: Noticing Proposed Dues Increases

Report 15 of the Board of Trustees to the House of Delegates: American Dental Real Estate Corporation, Status of the Washington D.C. Property

Report 3 of the Board of Trustees to the House of Delegates: Compensation and Contract of Executive Director

Report 12 of the Board of Trustees to the House of Delegates: Renovation of Tenant and Association Occupied Space

Report 14 of the Board of Trustees to the House of Delegates: Information Technology Initiatives, Expenditures and Estimated Costs and Anticipated Future Projects

Report 2 of the Board of Trustees to the House of Delegates: ADA Operating Account Financial Affairs and Recommended Budget Fiscal Year 2005

Resolution 27—Approval of 2005 Budget

### **Communications and Membership Services**

Report 7 of the Board of Trustees to the House of Delegates: Give Kids a Smile Annual Report

Council on Membership Supplemental Report 1 to the House of Delegates: Recent Council Activities

Resolution 17—Council on Membership: Amendment of ADA *Bylaws* Regarding Interim Services for Applicants

Resolution 18—Council on Membership: Amendment of Policy Regarding Differential Charges According to Membership

Report 8 of the Board of Trustees to the House of Delegates: Annual Report of the Standing Committee on the New Dentist

Resolution 22—Board of Trustees: Interim Policy Regarding Waiver of Dues for First Full Year of Membership

Report 16 of the Board of Trustees to the House of Delegates: Annual Report on ADA Strategic Planning Activities

### **Dental Benefits, Practice, Science and Health**

Resolution 8—Council on Scientific Affairs: Rescission of Policy, “Scientific Use of Ancient Skeletons”

Resolution 9—Council on Scientific Affairs: Amendment of the Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry

Resolution 10—Council on Scientific Affairs: Termination of the Professional Product Component of the ADA Acceptance Program

Report 5 of the Board of Trustees to the House of Delegates: Dental Workforce Models: 2002-2005

Report 6 of the Board of Trustees to the House of Delegates: Evidence-Based Dentistry

Report 18 of the Board of Trustees to the House of Delegates: Workforce Models

Council on Scientific Affairs Supplemental Report 1 to the House of Delegates: Recent Council Activities

Resolution 28—Council on Scientific Affairs: Amendment of Policy Statement on Intraoral/Perioral Piercing

Joint Report of the Council on Scientific Affairs and the Council on Access, Prevention and Interprofessional Relations: Guidelines for the Treatment of Pregnant Women

### **Dental Education and Related Matters**

Resolution 1—Council on Dental Education and Licensure: Amendment of the ADA *Bylaws*, Duties of the Council on Dental Education and Licensure

Resolution 2—Council on Dental Education and Licensure: Revision of the Requirements for Recognition of National Certifying Boards for Dental Specialists

Resolution 3—Council on Dental Education and Licensure: Deployed Dentists and Mandatory Continuing Education Requirements

### **Legal and Legislative Matters**

Resolution 4—Council on Ethics, Bylaws and Judicial Affairs: Amendment of the ADA *Bylaws* to Replace the Term “Manpower” with “Workforce”

Resolution 5—Council on Ethics, Bylaws and Judicial Affairs: Amendment of the ADA *Bylaws* to Clarify Eligibility for the Office of Treasurer

Resolution 6—Council on Ethics, Bylaws and Judicial Affairs: Amendment of the ADA *Bylaws*, Chapter I, Section 40. LAPSE OF MEMBERSHIP AND REINSTATEMENT

Resolution 7—Council on Ethics, Bylaws and Judicial Affairs: The Dentist’s Creed

Resolution 21—Board of Trustees: Amendment of the ADA *Bylaws* Regarding Expanding Membership of Standing and Reference Committees

Report 4 of the Board of Trustees to the House of Delegates: Update on Wastewater Activities and Dental Amalgam Safety

### **Miscellaneous House Matters**

Report 1 of the Board of Trustees to the House of Delegates: Association Affairs and Activities

### **Annual Reports**

Council on ADA Sessions  
Council on Membership  
Council on Access, Prevention and Interprofessional Relations  
Council on Dental Benefit Programs  
Council on Dental Practice  
Council on Dental Education and Licensure  
Commission on Dental Accreditation  
Joint Commission on National Dental Examinations  
Council on Members Insurance and Retirement Programs  
Council on Ethics, Bylaws and Judicial Affairs

Council on Government Affairs  
 Council on Scientific Affairs  
 ADA Foundation  
 ADA Foundation Research Institute  
 ADA Foundation Paffenbarger Research Center at the  
 National Institute of Standards and Technology  
 ADA Business Enterprises, Inc.

Report of the President  
 Report of the President-elect  
 Report of the First Vice-President  
 Report of the Executive Director

**Note:** For the purpose of a fully documented record, the complete text of the Board resolutions included in the aforementioned consent calendar follows.

## Board

### Resolutions

Resolution B-53—Report of the Associate Executive Director, Communications and Corporate Relations: Annual Review of ADA Spokespersons

Resolution B-60—Report of the Council on Dental Benefit Programs and the Council on Scientific Affairs: Revision of FDA Guidelines on Dental Radiographic Examinations

Resolution B-79—Report of the Council on ADA Sessions: Review of Exhibitor Materials

Resolution B-59—Report of the Associate Executive Director, Publishing Division: Subscription Rate Increases for 2005

Resolution B-56—Report of the Chief Financial Officer: Reappointment of Grant Thornton as the ADA Auditor

Resolutions B-68 thru B-77—Appointment of Consultants

Resolution B-78—Nominations to the Board of Directors of ADPAC

### Informational Reports

Report of the Council on Dental Education and Licensure: 2004 Survey on Dental School Satellite Clinics

Report of the Associate Executive Director, Government Affairs: Federal Legislation and Regulation Update

Report of Dr. T. Carroll Player, Liaison to ADPAC

Report of Dr. Michael Biermann, Liaison to the Commission on Dental Accreditation

Report of the Bioterrorism Workgroup: First National Congress on Public Health Readiness

Report of Dr. Joel Glover, Liaison to the Committee on the New Dentist

Report of Dr. Lloyd J. Hagedorn, Liaison to the Council on Membership

Report of Dr. Ronald B. Gross, Liaison to the Council on ADA Sessions

Report on International Business Development  
 Annual Report of the Department of Dental Informatics  
 Annual Report of the Health Policy Resources Center  
 Annual Report of the Department of Standards Administration

Report of the Second Vice-President

Report of the Treasurer

**B-53-2004. Resolved,** that the following ADA National Spokespersons be invited to serve as dental spokespersons through the 2005 annual session.

#### *Consumer Advisors*

Sally Cram, D.D.S., Washington, DC  
 Kimberly A. Harms, D.D.S., Farmington, MN  
 Edmond R. Hewlett, D.D.S., Los Angeles, CA  
 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*

Alan A. Boghosian, D.D.S., Chicago, IL (Dental Materials)  
 Joe H. Camp, D.D.S., Charlotte, NC (Endodontics)  
 Greg Connolly, D.M.D., Belmont, MA (Tobacco)  
 Terry Dickinson, D.D.S., Richmond, VA (Access)  
 Terry E. Donovan, D.D.S., Los Angeles, CA (Dental Amalgam)  
 Mary J. Hayes, D.D.S., Chicago, IL (Pediatric Dentistry)  
 Marjorie Jeffcoat, D.M.D., Philadelphia, PA (Periodontics)  
 J. David Johnson, D.D.S., Knoxville, TN (Oral & Maxillofacial Surgery)  
 J. Rodway Mackert, D.M.D., Augusta, GA (Dental Amalgam)  
 Irwin D. Mandel, D.D.S., New York, NY (Fluoride)  
 Chris Miller, PhD., Indianapolis, IN (Dental Unit Water Lines)  
 John A. Molinari, PhD., Detroit, MI (Infection Control/Dental Unit Water Lines)  
 Jeff Morley, D.D.S., San Francisco, CA (Cosmetic Dentistry)  
 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., Chicago, IL (Lasers/Dental Implants)  
 Howard F. Pollick, D.D.S., M.P.H., San Francisco, CA (Fluoridation)  
 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)  
 Joel Weaver, D.D.S., Columbus, OH (Anesthesia)

**B-60-2004. Resolved,** that the revised Guidelines on Dental Radiographic Examinations be approved for submission to the U.S. Food and Drug Administration for its consideration, and be it further

**Resolved**, that if the revised Guidelines are approved by the FDA, the Association take steps to disseminate them to the profession in selected Association publications and on ADA.org.

**B-79-2004. Resolved**, that effective January 2005 the Council on ADA Sessions no longer engage in the routine review of accepted exhibitor's advertising and promotional materials distributed or displayed within its paid booth space.

**B-59-2004. Resolved**, that the 2005 subscription rates for *The Journal of the American Dental Association* and the *ADA News* as recommended by the Publishing Division be approved.

**B-56-2004. Resolved**, that Grant Thornton be reappointed as the accounting firm to provide audit and tax services to the Association, its subsidiaries and affiliates for the 2004 audit cycle which ends in August 2005.

**B-68-2004. Resolved**, that the consultants to the Council on Access, Prevention and Interprofessional Relations be approved for terms ending with the 2005 annual session.

**B-69-2004. Resolved**, that the consultants to the Council on Dental Benefit Programs be approved for terms ending with the 2005 annual session.

**B-70-2004. Resolved**, that the consultants to the Council on Dental Education and Licensure be approved for terms ending with the 2005 annual session.

**B-71-2004. Resolved**, that the consultants to the Council on Dental Practice be approved for terms ending with the 2005 annual session.

**B-72-2004. Resolved**, that the consultants to the Council on Ethics, Bylaws and Judicial Affairs be approved for terms ending with the 2005 annual session.

**B-73-2004. Resolved**, that the consultants to the Council on Scientific Affairs be approved for terms ending with the 2005 annual session.

**B-74-2004. Resolved**, that the consultants to the Joint Commission on National Dental Examinations be approved for terms ending with the 2005 annual session.

**B-75-2004. Resolved**, that the consultants to the Committee on the New Dentist be approved for terms ending with the 2005 annual session.

**B-76-2004. Resolved**, that the student consultants be approved for terms ending with the 2005 annual session.

**B-77-2004. Resolved**, that the consultants to the Standing Committee on International Programs and Development be approved for terms ending with the 2005 annual session.

**Note:** The names of the approved consultants are attached as Appendix 1.

**B-78-2004. Resolved**, that the following nominees to the American Dental Political Action Committee Board of

Directors be approved for terms beginning January 1, 2005 and extending through December 31, 2008.

Dr. John Freihaut, Georgia  
 Dr. Daniel Kettelman, Illinois  
 Dr. John Peter Nei, Minnesota  
 Dr. Roger W. Triftshauer, New York  
 Dr. James F. Walton, Florida  
 Dr. Gary S. Wegman, Pennsylvania

#### **Reports and Resolutions Relating to the Reference Committee on Budget, Business and Administrative Matters**

**Board of Trustees Resolution 20—Noticing Proposed Dues Increases (Supplement:2000):** *The Board transmitted Resolution 20 to the House of Delegates with the recommendation to vote yes.* (Voted at the June 2004 Board meeting—Vote: 19 Yes—Drs. Biermann, Brandjord, Bushick, Feldman R., Findley, Gleason, Glover, Grammer, Gross, Hagedorn, Haught, Marks, McDermott, Player, Powell, Roth, Roussalis, Studstill, Tuneberg; 1 No—Dr. Strathearn)

**Seventeenth Trustee District Resolution 82-2003—ADA House of Delegates and Noticing Proposed Dues Increases (Supplement:2064):** *The Board transmitted Resolution 82-2003 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

In light of the Board's proposed Resolution 20 (Supplement:2000), the Board recommended that Resolution 82-2003 not be adopted.

**Report 2 of the Board of Trustees to the House of Delegates: ADA Operating Account Financial Affairs and Recommended Budget Fiscal Year 2005 (Supplement:2004):** *The Board transmitted Report 2 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion).

**Resolution 26—Recommended Dues Change (Supplement:2046):** *The Board transmitted Resolution 26 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Resolution 27—Approval of 2005 Budget (Supplement:2047):** *The Board transmitted Resolution 27 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 3 of the Board of Trustees to the House of Delegates: Compensation and Contract of Executive Director (Supplement:2048):** *The Board transmitted Report 3 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Report 9 of the Board of Trustees to the House of Delegates: Credit Card Processing Fees for Tripartite Dues Payments (Supplement:2050):** *The Board*

*transmitted Report 9 to the House of Delegates. (Vote: Unanimous to Transmit)*

**Report 12 of the Board of Trustees to the House of Delegates: Renovation of Tenant and Association Occupied Space** (*Supplement:2052*): *The Board transmitted Report 12 to the House of Delegates (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)*

**Report 14 of the Board of Trustees to the House of Delegates: Information Technology Initiatives, Expenditures and Estimated Costs and Anticipated Future Projects** (*Supplement:2057*): *The Board transmitted Report 14 to the House of Delegates (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)*

**Report 15 of the Board of Trustees to the House of Delegates: American Dental Real Estate Corporation, Status of the Washington, DC Property** (*Supplement:2061*) *The Board transmitted Report 15 to the House of Delegates (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)*

#### **Reports and Resolutions Relating to the Reference Committee on Communications and Membership Services**

**Missouri Dental Association Resolution 11—Dues Reduction for Full-Time Faculty** (*Supplement:3000*): *The Board transmitted Resolution 11 to the House of Delegates with the following comment and recommendation to vote yes on referral. (Vote: Unanimous)*

The Board and the Council on Membership have reviewed the issue of reduced dues for faculty several times over the past few years. The Board supports efforts to achieve the 75% membership market share goal for all dentists, regardless of occupation. In addition, conversion of dental students to active membership on graduation is an important issue for the Association; as is the shortage of faculty.

With regard to frozen faculty salaries as a rationale in support of reducing faculty dues, it appears that faculty salaries have been affected differently in each institution. Although they are consistently lower than private practice, state budget situations vary dramatically and private schools have entirely different situations.

On a national basis, the end of year 2003 full-time faculty membership participation rate is 67.9%, slightly less than the overall membership participation rate of 71%. And, when full-time faculty is combined with part-time faculty the percent increases to 74.1%. The majority of faculty members are willing to join ADA at the full, active dues rate. As such, it would be difficult for the Association to determine if the \$1,589,656 in dues revenue foregone for the four years as proposed in this resolution would indeed result in attracting faculty members who are not already ADA members. Since the Council on Membership considered this issue in 2002, several constituent societies began to offer reduced dues for

faculty. As of 2004, reports on success of the reduced dues program vary. It is also difficult to determine, without more data, what the impact of reducing dues for faculty would have on other membership categories.

The Council on Membership has created a workgroup to consider all membership categories from a strategic perspective in 2005 in light of changing demographics and emerging membership and tripartite needs. It is anticipated that the issue of faculty dues will be considered as part of that overall study. An important issue to factor into this study is the current and future shortage of dental school faculty. An increasing number of retired members are being recruited to serve as dental school faculty members. They will be an increasingly important source for future faculty needs. These retired dentists often have fixed and limited resources. The Council will be asked to consider this scenario as part of its overall study.

The Board does note the Association's strong advocacy on issues that are important to dental school faculty. Examples include its support of the American Dental Education Association relating to dental education; advocacy for funding for Graduate Medical Education and research conducted by the National Institute of Dental and Craniofacial Research; advancing the National Endowment for Dental Education; and issues related to clinical licensure examinations. The Association offers membership value to dental school faculty by addressing these and other important issues that impact dental education.

In addition, the 2003 Dental Student Survey revealed that faculty influence is just one of many factors that shape dental students' attitudes toward organized dentistry. According to this survey, American Student Dental Association leaders, ADA leaders and peers are more influential than full-time faculty in this area.

The Board does recognize that a lower level of dues may be appropriate for certain constituent societies. When surveyed in 2000, eleven constituent societies of the 34 responding did offer a membership category for full-time faculty. On the state level, the relationship between the dental school(s) and the constituent dental society varies. Constituent and component societies may have specific reasons to offer reduced dues to faculty based on faculty participation and membership market share in those societies. The Board of Trustees supports state and local initiatives that may build relationships with dental school faculty.

The Board is concerned about the issues and needs of dental school faculty, including those dentists retired from practice who have agreed to take dental school faculty positions. The Board is also cognizant that dues structure changes in one membership category can impact other membership categories. Therefore, the Board recommends that further discussion of reduced dues for full-time faculty be referred to the Council on Membership in its upcoming study of Association membership categories.

**Third Trustee District Resolution 12—Student Block Grant Program Funding** (*Supplement:3002*): *The Board transmitted Resolution 12 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 18 No—Drs. Biermann, Brandjord, Feldman R., Findley, Gleason, Glover, Grammer, Hagedorn, Haught,*

Marks, McDermott, Player, Powell, Roth, Roussalis, Strathearn, Studstill, Tuneberg; 2 Yes—Drs. Bushick, Gross)

The Board agrees that converting dental students to active membership upon graduation is an important goal for the tripartite, and is pleased to note that we are seeing an improvement in the conversion rates for new graduates. However, the Board believes that it is important to assess all initiatives directed toward dental student conversion, in an effort to use resources wisely. The resolution which established the student block grant program reflected that perspective, directing that the strategy be evaluated and continued within the context of the Tripartite Grassroots Membership Initiative, if found to be effective.

Resolution 3H-2001 (*Trans.*2001:419) set the following parameters for the program:

**3H-2001. Resolved**, that the appropriate ADA agencies develop and administer a program to make available annual block grants to constituent dental societies, up to \$3,000 per dental school located within participating states, for the purposes of student recruitment activities, and be it further

**Resolved**, that the ADA shall reimburse the constituent dental societies upon submission of receipts of spending, and be it further

**Resolved**, that upon each request for reimbursement, constituent dental societies shall provide the ADA with a report on each student recruitment activity, in a format approved by the appropriate agency of the ADA, and be it further

**Resolved**, that copies of the reports submitted by the states shall be provided to constituent society executive directors and new dentist committee chairpersons, and be it further

**Resolved**, that this program shall be sunsetted in 2002-2003, and shall be included in any future plans for the tripartite membership initiative only upon documentation of its effectiveness.

The topic was subsequently addressed at the 2002 ADA House of Delegates; based on the evaluation of the Student Block Grant Program at that time, it was continued but no additional funding provided. Resolution 61H-2002 (*Trans.*2002:385) reads:

**Resolved**, that the ADA Student Block Grant Program to states for dental student activities be continued, and be it further

**Resolved**, that the Board be urged to utilize any unexpended 2002 student block grant funds for 2003 programs, and be it further

**Resolved**, that in the event 2002 funds have been depleted, the Board be urged to fund the balance of student block grant requests out of the ADA's Contingency Fund, and be it further

**Resolved**, that the ADA Student Block Grant Program be evaluated annually by the appropriate agency with a report to the House of Delegates.

The student block grant program has been evaluated annually, both by the Council on Membership and the Board through its budget review process. In 2003, the Board recommended, and the House approved, a budget

that set funding for the program at \$50,000. Also at the 2003 House of Delegates, the Board recommended, and the House approved, Resolution 93-2002H (*Trans.*2003:355), which expanded the ADA Reduced Dues Program to provide a year of \$0 dues for new graduates. This initiative had a significant financial impact, and no doubt has had much to do with the increase in membership we are seeing among new graduates this year.

When evaluating funding for the program in 2005, the Board of Trustees considered the entire array of initiatives undertaken by the Association, including the ADA Reduced Dues Program, the Student Block Grant Program, dental school outreach through the Office of Student Affairs and the Committee on the New Dentist, as well as support offered for dental student conversion through the Tripartite Grassroots Membership Initiative. The expansion of the ADA Reduced Dues Program, providing \$0 dues for the first full year of membership following dental school graduation was implemented January 1, 2004. A comparison of members joining the first full year out of dental school indicates an increase from 2,226 members as of June 30, 2004, to 3,283 members in this category as of June 30, 2004. This is an increase of 47%. The financial impact of the ADA Reduced Dues Program will not be fully realized until June 2007. The Board also notes that the 2005 budget already includes \$50,000 allocated to the Student Block Grant Program, and this request for \$118,000 is in addition to these program funds. As part of the Council on Membership's student marketing plan and in conjunction with the Tripartite Grassroots Membership Initiative, the Office of Student Affairs conducts ongoing outreach to dental students, including liaison and collaboration with the American Student Dental Association, development of resources such as "Focused on Dental Student Conversion" to assist tripartite dental societies with the conversion of dental students to active membership, a comprehensive student communications campaign, and development of "InfoPaks" which are tangible resources for dental students on licensure, managing finances, dental career opportunities and other topics to assist dental students while they are in school and during their transition. The ADA Student Awareness Program introduces students to ADA programs and services. The Office of Student Affairs also conducts an electronic communications program, featuring "Dental Recap," an electronic publication sent to over 8,200 dental students for which the Association has e-mail addresses. The Office of Student Affairs also conducts outreach to dental school faculty and administration. Through the Committee on the New Dentist and its network, outreach programs for freshmen and senior dental students are offered to dental schools each year. The freshman program, Smart Start, provides information regarding student debt and wise financial management as well as to highlight ADA resources to help students throughout their careers and information about organized dentistry. The Transition Program for seniors provides upcoming dental school graduates the necessary information and resources to make a successful transition from dental school to organized dentistry. The Committee also invites students to the National Conference on the New Dentist at a special

student rate. The 2005 budget request for specific student activities, without salary/administrative costs, is \$242,550 (including the \$50,000 for the Student Block Grant Program). The Board appreciates the significant efforts of constituent and component societies in dental student outreach. The Board believes that the student block grant program should be used to stimulate the development of new and innovative outreach strategies. The Board further believes that the \$50,000 funding level established in 2004 is appropriate when evaluated relative to all other initiatives that address dental student conversion. Therefore, the Board recommends that Resolution 12 not be adopted.

**Report of the Council on Membership: Student Block Grants:** At its June 2004 meeting, the Board adopted Resolution B-50-2004 requesting that the Council on Membership modify the student block grant program into an awards program, leaving the existing \$50,000 program intact. At its June 2004 meeting, the Council gave careful consideration to the Board's request but believed that the program as is effectively supports the original intent of the student block program—to defray costs of marketing to students, a highly transient population who leave the market where the outreach effort is made. Further, the Council noted that it is important that all constituent societies with dental schools be encouraged to promote the benefits of membership to students, and the student block grant program in its current form encourages this. As such, the Council recommended retaining the current program, which provides funds equitably to eligible constituent dental societies to encourage student outreach.

After discussion and based on the Council's recommendations, the Board rescinded its June action, which leaves the existing \$50,000 program intact, just not as an awards program. Resolution B-50-2004 states:

**Resolved,** that the Board of Trustees requests that the Council on Membership modify the student block grant program to become an awards program where the existing funding of \$50,000 is available to state dental societies that have created or create integrated and innovative new programs and activities to connect dental students to organized dentistry, and be it further

**Resolved,** that the Council on Membership develop criteria for such integrated, innovation-based awards, with awards to be made in the range of \$3,000-\$5,000 per award recipient, and announce the modified new program to the state dental societies no later than November 1, 2004, for implementation on January 1, 2005, and be it further

**Resolved,** that the Council monitor the effectiveness of this modified program in driving integrated and innovative programs to reach dental students and report back to the Board at year end 2005 and 2006 in time for the budget process.

**Third Trustee District Resolution 13—Rescheduling of Give Kids A Smile Day** (*Supplement:3005*): *The Board transmitted Resolution 13 to the House of Delegates with the following comment.*

Since the inception of Give Kids A Smile, there has been discussion of the optimal time for the event. The

current scheduling of the program—first Friday in February—was intended to capitalize on and rejuvenate National Children's Dental Health Month (NCDHM). Early February was chosen so as to avoid the Chicago Midwinter meeting when large numbers of dentists and dental society staff are busy with that meeting.

Both the 2003 and 2004 Give Kids A Smile events have generated calls from a few dental societies and other individuals to reconsider the timing. Weather-related problems have forced postponements or cancellations in some areas. And some states report that NCDHM already stretches volunteer and staff resources, and that adding GKAS to the month may actually detract from NCDHM.

In addition to weather, other criticism of the event's timing has centered on its being on a school day, when some children might not be able to participate. On the other hand, many Give Kids A Smile programs take place in schools and could not happen during summer months or on weekends, which some others prefer.

The Council on Communications discusses these issues at each of its meetings and did so at length in June. The Council reasoned that, although there are valid arguments for holding the event at different times of the year, there never will be consensus on a single date. The Council ultimately concluded that the program's success during its first two years and the logistical problems that changing the date would create for the tripartite outweigh any benefits to be achieved from doing so.

In light of the valid arguments for holding the event at another time, the Board requested staff to explore alternate dates and report back to the September 2004 meeting. The Board will make its recommendation to the House following that meeting.

**Eighth Trustee District Resolution 14—Amendment of ADA Bylaws Regarding Dues for Retired Members** (*Supplement:3007*): *The Board transmitted Resolution 14 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: Unanimous)

The Board of Trustees noted that the Council on Membership has considered a limited practice category for retired dentists on several occasions in recent years, and has not supported dues reductions for retired dentists for several reasons.

According to ADA *Bylaws*, to be eligible for retired membership, the dentist can no longer be earning income from the performance of any dental related activity. In the past, limited income in relation to dues levels has been an issue for various membership categories. Retired members are currently required to pay full active membership dues if they are earning any income from the practice of dentistry. At the present time, dues for retired members are 25% of full active dues. For the last two years dues have been \$109 plus an \$8 assessment. At the end of year 2003, there were 2,524 retired members who paid the retired dues amount. Dues, from this group, were \$275,116 and assessment paid was \$20,192.

*Historical Background.* The Dues Equity Plan was implemented in 1991 and was based on the demographic changes occurring in the profession, which indicated that the percentage of full dues-paying members was rapidly



declining. This resulted in a comprehensive study of all reduced membership dues categories. Before the dues equity plan was implemented, only 69% of the entire membership was paying full dues. Currently, only 65.7% of dentist members are paying full dues. The purpose of the plan was to make membership more equitable for all members. One of the more flexible aspects of the Association's existing dues structure is an expanded dues waiver option for members who are experiencing a financial hardship.

The Dues Equity Plan continues to provide reduced dues for many membership categories. Also, most state and local dental societies offer dues payment options such as installment payments, pre-payments and credit card payments to assist members in paying their membership dues.

The issue of limited practice was also discussed at the February 1999 Council on Membership meeting. At that time, the Council reviewed a report and survey data concerning the creation of a new limited practice category and considered whether the needs of those dentists, who are not actively practicing dentistry on a full-time basis, are fully met through the waiver process.

As background for the report, a survey was completed of 35 of the state dental societies. The survey indicated that 23 societies currently had no dues category for limited or non-practicing dentists other than that for retired, provisional or charitable members. Twelve societies indicated that they had a special membership category for limited or non-practicing dentists. Four of these societies limited the eligibility to limited income. Three societies further limited eligibility to both limited income and limited hours. One society used limited hours as the criteria for eligibility. Other reasons listed for having such a category were specifically for dental school faculty or provisional members.

Of the societies who responded who do not have such a membership category, the reasons for not having such a category were listed as: 1) the ADA does not have one; 2) they use dues waivers for this situation; 3) they use the retired membership category for those dentists with no income or practice; or 4) that they felt it was too difficult to administer and too difficult to define without offending another segment of the membership. The report further discussed whether a new category of membership should be designed to accommodate these dentists. The Council recommended that there was no need for a limited practice category because of available dues waivers, which could be used to meet the needs of those dentists who were eligible.

At its June 2004 meeting, the Council discussed "limited practice" as it related to faculty and retired members and decided to continue to reinforce the use of dues waivers for this group. The Council also agreed to form a workgroup for the purposes of reviewing and possibly recommending changes to Chapter I of the ADA *Bylaws* in order to better address current and strategic future membership issues of the American Dental Association.

Over the next ten years, an increasing number of full dues paying members will reach life member or retired status with an associated significant decrease in dues revenue. Resolution 68H-2002 (*Trans.*2002:370) called

for the Association to conduct a study of the financial impact of dues trends resulting from the predicted changing demographics of the next ten years, and report the probable revenue flow based on this study to the 2003 House of Delegates. Using the Association's Dental Workforce Model and the base year of 2000, approximately 2,700 dentists per year are projected to retire between 2000 and 2010 with the assumption that all dentists 75 years of age and older have (and will) retired (retire). At the end of 2003, there were 123 non-renewing retired members representing 3% of all retired members. This rate is consistent with the active non-renew rate for the Association overall.

The Board acknowledges that the Council on Membership routinely considers dues policies which impact specific target groups of members and supports state and local initiatives that may build relationships with retired members. The Board also recognizes that changes in the eligibility requirements or dues structure for any one category of membership often have implications for other categories of membership. The Board is also aware that an increasing number of retired dentists are being recruited to serve as faculty members. These dentists often have fixed and limited incomes. They will be an increasingly important source for future dental school faculty positions. The Council will be asked to consider this scenario as part of its overall discussions. In light of the Council's planned study of all membership categories in 2005, the Board believes the issue of fixed dues for retired members would most effectively be evaluated as part this overall study.

#### **Council on Membership Supplemental Report 1 to the House of Delegates: Recent Council Activities**

(*Supplement:3011*): *The Board transmitted the supplemental report and appended resolutions to the House of Delegates.*

*Resolution 17—Amendment of ADA Bylaws Regarding Interim Services for Applicants (Supplement:3014): 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—Amendment of ADA Policy Regarding Differential Charges According to Membership (Supplement:3015): The Board transmitted Resolution 18 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

**Board of Trustees Resolution 22—Interim Policy Regarding Waiver of Dues for First Full Year of Membership** (*Supplement:3016*): *The Board transmitted Resolution 22 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

**Report 7 of the Board of Trustees to the House of Delegates: Give Kids A Smile Annual Report** (*Supplement:3019*): *The Board transmitted Report 7 to the House of Delegates (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)*

**Report 8 of the Board of Trustees to the House of Delegates: Annual Report of the Standing Committee on the New Dentist** (*Supplement:3022*): *The Board transmitted Report 8 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Report 16 of the Board of Trustees to the House of Delegates: Annual Report on ADA Strategic Planning Activities** (*Supplement:3027*): *The Board transmitted Report 16 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Texas Dental Association Resolution 66-2003—Dues Exemption for Active Duty Members** (*Supplement: 3031*): *The Board transmitted Resolution 66-2003 to the House of Delegates with the recommendation to vote yes*. (Vote: Unanimous)

#### **Reports and Resolutions Relating to the Reference Committee on Dental Benefits, Practice, Science and Health**

**Council on Scientific Affairs Resolution 8—Rescission of Policy, “Scientific Use of Ancient Skeletons”** (*Supplement:4000*): *The Board transmitted Resolution 8 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Scientific Affairs Resolution 9—Amendment of the Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry** (*Supplement:4002*): *The Board transmitted Resolution 9 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Scientific Affairs Resolution 10—Termination of the Professional Product Component of the ADA Acceptance Program** (*Supplement:4009*): *The Board transmitted Resolution 10 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Dental Benefits Programs Supplemental Report 1 to the House of Delegates: Incentives for Companies Providing Goods and Services to the Dental Community** (*Supplement:4018*): The Board transmitted the supplemental report and appended Resolution 15 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)

The Board believes that Resolution 15 addresses the specific directives of Resolution 53H-2003 (*Trans.2003:358*), but is of the opinion that it would be strengthened and made more purposeful by the addition of a new resolving clause to be placed between the second and third resolving clauses of Resolution 15. The new clause calls for the Association to actively seek input from, and collaboration with, the Dental Trade Alliance on developing new ways to promote the benefits of direct

reimbursement for employees of dental products and services companies. The Board, therefore, recommends adoption of the following substitute resolution.

**15B. Resolved**, that appropriate agencies of the Association offer incentives and recognition to dental product and service companies that provide patient and dentist friendly dental benefit plans to their employees, and be it further

**Resolved**, that the Council on Dental Benefit Programs develop strategies to actively promote direct reimbursement to the dental industry, and be it further

**Resolved**, that the Association seek input from, and collaboration with, the Dental Trade Alliance on developing new strategies for promoting direct reimbursement to the dental trades, and be it further **Resolved**, that potential incentives and recognition offered by the Association may include but are not limited to, special exhibit hall signage and space, special badge ribbons for manufacturer personnel, favorable ad placement in the official annual session program, recognition in “Shuttlelevision” programs on annual session busses, official mention in hotel in-room messaging and use of a special icon on all exhibitor listings, and special acknowledgment in *JADA*, and be it further

**Resolved**, that the Association encourage constituent and component dental societies to consider similar recognition of dental companies at their annual meetings and in their publications.

**Council on Scientific Affairs Supplemental Report 1 to the House of Delegates: Recent Council Activities—Amendment of the Policy Statement on Intraoral/Perioral Piercing** (*Supplement:4021*): *The Board transmitted the supplemental report and appended Resolution 28 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board action). (Vote: Unanimous)

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

#### **Reports and Resolutions Relating to the Reference Committee on Dental Benefits, Practice, Science and Health (continued)**

**Report 19 of the Board of Trustees to the House of Delegates: Physicians Providing Dental Services** (*Supplement:4024*): *The Board transmitted Report 19 and the appended resolutions to the House of Delegates*. (Vote: Unanimous to Transmit)

*Resolution 30—Encouraging U.S. Dental Schools to Provide Education in Caries Prevention Treatment for Infants and Young Children* (*Supplement:4036*). *The Board transmitted Resolution 30 to the House of Delegates with the recommendation to vote yes*. (Vote: Unanimous)

*Resolution 31—Non-Dental Providers Completing Educational Program on Oral Health* (*Supplement:4037*). *The Board transmitted Resolution 31 to the House of Delegates with the recommendation to vote yes*. (Vote: Unanimous)

*Resolution 32—Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children (Supplement:4038). The Board transmitted Resolution 32 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 33—Funding for Non-Dental Providers Preventive Care (Supplement:4039). The Board transmitted Resolution 33 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 34—Policy on Dental Disease Prevention for Infants and Young Children (Supplement:4040). The Board transmitted Resolution 34 to the House of Delegates with the recommendation to vote yes. (Vote: 15 Yes—Drs. Biermann, Brandjord, Feldman R., Findley, Gleason, Glover, Grammer, Haught, McDermott, Player, Powell, Roth, Strathearn, Studstill, Tuneberg; 5 No—Drs. Bushick, Gross, Hagedorn, Marks, Roussalis)*

The following Board resolutions included in Board Report 19 were also adopted:

**B-62-2004. Resolved**, that the Council on Dental Practice consider the practice management implications of providing preventive services for very young patients and make information available to dentists on this subject.

**B-63-2004. Resolved**, that the Council on Dental Benefit Programs, through the Code Revision Committee, develop a code in the *ADA Code on Dental Procedures and Nomenclature* for an oral examination and consultation for a patient under three years of age.

**B-64-2004. Resolved**, that the Council on Scientific Affairs and the Council on Dental Practice develop a caries risk assessment protocol, with the appropriate forms, for evaluating the risk individual patients have for caries.

**B-65-2004. Resolved**, that the Council on Scientific Affairs and the Council on Dental Practice develop educational materials for parents, especially for expectant parents, on good oral health practices for children for distribution in a wide variety of health settings.

**B-66-2004. Resolved**, that the Association meet with appropriate dental and medical organizations to develop protocols for the interaction between dental and medical practitioners for providing preventive dental care to very young children.

**Eighth Trustee District Resolution 35—Rating System for Dental Insurance Companies (Supplement:4041):** *The Board transmitted Resolution 35 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)*

At first blush, this resolution has great emotional appeal. Who wouldn't be supportive of a proposal to rate third-party carriers? The Board is certainly supportive of and shares the sentiments behind Resolution 35. At the same time, the Board's research and evaluation of the proposal requires consideration of several key and compelling reasons why the Association should not

implement a rating system. First, and perhaps most importantly, while a "study" of whether we should implement such a rating system would not create legal problems, there would be significant antitrust implications and serious legal risk to the Association for any rating system that would have any value to the ADA membership. The likelihood of litigation or a Justice Department investigation would be very high. Any type of rating system that could be done safely would be so watered down that it would not be of value to the membership. Second, and of lesser importance, the profession is solidly opposed to rating systems of individual dentists based on patient impressions and feedback, so the Board wonders about the wisdom of developing a rating system that, under any other circumstances, the membership would oppose philosophically. Finally, the Association has successfully pursued litigation against Aetna that has opened up the doors of communication with the entire insurance industry, so there are new possibilities for more positive ways of influencing third-party carrier activities than in the past.

The ADA volunteers and staff are doing many excellent activities that have high member value, and the entire Association is very focused on making knowledge based and mission driven decisions. The Board would prefer to use Council and staff time to focus on studying and developing plans for activities that have a much stronger potential for creating high member value than something that, on its face, seems very appealing, but that could not be done well without incurring substantial legal risk to the Association. The Board, therefore, recommends that Resolution 35 not be adopted.

**Joint Report of the Council on Scientific Affairs and Council on Access, Prevention and Interprofessional Relations: Fluoride Varnishes (Supplement:4043):** *The Board transmitted the joint report and appended Resolution 37 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)*

The Board understands the intent of Resolution 37, but believes that the following substitute resolution would help in clarifying the Association's position regarding fluoride varnishes. The Board, therefore, recommends its adoption.

**37B. Resolved**, that the ADA supports the use of fluoride varnishes as safe and efficacious within a caries prevention program that includes caries diagnosis, risk assessment, and regular dental care, and be it further

**Resolved**, that the ADA encourages the FDA to consider approving professionally applied fluoride varnish for reducing dental caries, based on the substantial amount of available data supporting the safety and effectiveness of this indication.

**Joint Report of the Council on Scientific Affairs and Council on Access, Prevention and Interprofessional Relations: Dental Sealants (Supplement:4049):** *The Board transmitted the joint report and appended Resolution 38 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)*

In reviewing Resolution 38, the Board believes that the second resolving clause is more of a statement belonging as background in the report, rather than as a policy recommendation. Therefore, the Board recommends adoption of the following substitute resolution, which deletes the second resolving clause.

**38B. Resolved**, that dental sealants are safe and effective in preventing dental caries in pits and fissures when applied properly as part of a preventive program that includes diagnosis of dental caries and regular follow-up of the sealants.

**Joint Report of the Council on Scientific Affairs and Council on Access, Prevention and Interprofessional Relations: Guidelines for the Treatment of Pregnant Women** (Supplement:4057): *The Board transmitted the joint report to the House of Delegates.*

**Report 5 of the Board of Trustees to the House of Delegates: Dental Workforce Model: 2002-2025** (Supplement:4059): *The Board transmitted Report 5 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Report 6 of the Board of Trustees to the House of Delegates: Evidence-Based Dentistry** (Supplement:4083): *The Board transmitted Report 6 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Report 18 of the Board of Trustees to the House of Delegates: Workforce Models** (Supplement:4088): *The Board transmitted Report 18 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

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

**Council on Dental Education and Licensure Resolution 1—Amendment of the ADA Bylaws, Duties of the Council on Dental Education and Licensure** (Supplement:5000): *The Board transmitted Resolution 1 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 Resolution 2—Revision of the Requirements for Recognition of National Certifying Boards for Dental Specialists** (Supplement:5002): *The Board transmitted Resolution 2 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 Resolution 3—Deployed Dentists and Mandatory Continuing Education Requirements** (Supplement:5003): *The Board transmitted Resolution 3 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: Definition of Terms Dental School and Dental College** (Supplement:5013): *The Board transmitted the supplemental report and appended Resolution 25 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Report 20 of the Board of Trustees to the House of Delegates: Study of the ADA Relationship with the Commission on Dental Accreditation** (Supplement:5016): *The Board transmitted Report 20 and the appended Resolution 40 to the House of Delegates with the recommendation to vote yes.* (Vote: 19 Yes—Drs. Biermann, Brandjord, Bushick, Feldman R., Findley, Gleason, Glover, Grammer, Gross, Hagedorn, Haught, Marks, McDermott, Player, Powell, Roth, Strathearn, Studstill, Tuneberg; 1 No—Dr. Roussalis)

The Board approved a motion to reconsider its action taken regarding Resolution B-31-2004 (p. 209) and adopted the following amended resolution.

**Resolved**, that the Commission on Dental Accreditation be urged to more clearly define standards that address the relationship between educational programs and the new model for educational funding and to consider the use of intent statements to further define and give examples of practices that comply with standards addressing program integrity, independence and external influence, and be it further

**Resolved**, that the Commission be encouraged to ensure that students fully understand the terms and conditions of any financial assistance and to require that students have legal advice before accepting admissions to a program that is contingent on a scholarship<sup>1</sup> or financial support involving future payback and/or employment commitments, ~~and that such financial assistance be offered only after having received acceptance to the program and that acceptance to the program not be contingent upon the student's acceptance of the financial assistance~~, and be it further

**Resolved**, that the Commission be urged to closely monitor outcomes for education programs involving nontraditional models of funding.

**Report 21 of the Board of Trustees to the House of Delegates: Activities of the International Accreditation Workgroup** (Supplement:5038): *The Board transmitted Report 21 and the appended Resolution 41 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**District of Columbia Dental Society Resolution 42—CERP Recognition Re-Application** (Supplement:5051): *The Board transmitted Resolution 42 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: 16 Yes—Drs. Biermann, Brandjord, Feldman R., Findley, Gleason,

<sup>1</sup> The Committee has learned that the word “scholarship” in this context means a scholarship provided by OEC to students who meet Jacksonville University’s admission criteria and wish to participate in an agreement with OEC.

Glover, Grammer, Gross, Hagedorn, Haight, Marks, Player, Roth, Roussalis, Strathearn, Studstill; 4 No—Drs. Bushick, McDermott, Powell, Tuneberg)

The Board is aware that the ADA CERP has made substantial revisions to its application/re-application process with the goal of making the process more user friendly, to eliminate unnecessary redundancy and to minimize the amount of time and resources required to complete the application process. In addition, the ADA CERP has been working closely over the last two years with the Academy of General Dentistry's PACE program (Provider Approval for Continuing Education) to better align the two organizations' CE provider recognition programs. While the Board agrees with the intent of Resolution 42 to streamline the reapplication process, the changes proposed to the ADA CERP reapplication process could interfere with the on-going process and agreements between the ADA CERP and the AGD PACE programs to revise and harmonize both programs. The Board also understands that in certain circumstances, it may be appropriate for CE providers to provide other specific information, such as substantive changes in administration of CE activities at the time of reapplication. From the Board's perspective, it would be more productive if the joint ADA CERP/AGD PACE committee would study the resolution and make appropriate revisions that would apply to both programs. For this reason, the Board supports referral of this resolution to the appropriate agency for study in conjunction with its joint discussions with the AGD with the intent that the ADA CERP re-application process be streamlined to minimize repetitive documentation and administrative burden to CE providers.

**Commission on Dental Accreditation Supplemental Report 1 to the House of Delegates: Response to 2003 House of Delegates Resolutions** (*Supplement:5053*): *The Board transmitted the supplemental report to the House of Delegates.*

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

**Council on Ethics, Bylaws and Judicial Affairs Resolution 4—Amendment of the ADA Bylaws to Replace the Term “Manpower” with the “Workforce”** (*Supplement:6000*): *The Board transmitted Resolution 4 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion).* (Vote: Unanimous)

**Council on Ethics, Bylaws and Judicial Affairs Resolution 5—Amendment of the ADA Bylaws to Clarify Eligibility for the Office of Treasurer** (*Supplement:6001*): *The Board transmitted Resolution 5 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion).* (Vote: Unanimous)

**Council on Ethics, Bylaws and Judicial Affairs Resolution 6—Amendment of the ADA Bylaws, Chapter I, Section 40. LAPSE OF MEMBERSHIP AND REINSTATEMENT** (*Supplement:6002*): *The*

*Board transmitted Resolution 6 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion).* (Vote: Unanimous)

**Council on Ethics, Bylaws and Judicial Affairs Resolution 7—The Dentist's Creed** (*Supplement:6004*): *The Board transmitted Resolution 7 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion).* (Vote: Unanimous)

**Board of Trustees Resolution 21—Amendment of the ADA Bylaws Regarding Expanding Membership on Standing and Reference Committees** (*Supplement:6006*): *The Board transmitted Resolution 21 to the House of Delegates with the recommendation to vote yes.* (Voted at the April 2004 Board Meeting—Vote: Unanimous)

**Attorney-Client Session**

In an attorney-client session, Mr. Sfikas discussed various legal matters.

**Regular Session**

**Report 13 of the Board of Trustees to the House of Delegates: The Alaska Native Oral Health Access Task Force** (*Supplement:6008*): *The Board transmitted the task force report and appended Resolution 24 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Regular Session**

**Eighth Trustee District Resolution 36—Dental Program for Remote Alaskan Residents** (*Supplement:6050*): *The Board transmitted Resolution 36 to the House of Delegates with the recommendation to vote yes.* (Vote: 18 Yes—Drs. Biermann, Brandjord, Bushick, Findley, Gleason, Glover, Gross, Hagedorn, Haight, Marks, McDermott, Player, Powell, Roth, Roussalis, Strathearn, Studstill, Tuneberg; 2 No—Drs. Feldman R., Grammer)

**District of Columbia Dental Society Resolution 43—ADA's Opposition to ADHA's “Advance Dental Hygiene Practitioner”** (*Supplement:6052*): *The Board transmitted Resolution 43 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Report 22 of the Board of Trustees to the House of Delegates: Vision Statement on Access for the Underserved** (*Supplement:6053*): *The Board transmitted Report 22 and the appended Resolution 44 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Report 4 of the Board of Trustees to the House of Delegates: Update on Wastewater Activities and Dental Amalgam Safety** (*Supplement:6055*): *The Board transmitted Report 4 to the House of Delegates (consent*

calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Report 11 of the Board of Trustees to the House of Delegates: Response to Resolution 56H-2003—Utilizing Settlement Funds for Continued Legal Action** (*Supplement:6061*): *The Board transmitted Report 11 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Adjournment:** The Board of Trustees adjourned at 4:30 p.m.

### **Monday, August 9, 2004**

**Call to Order:** The Board of Trustees was called to order by President Sekiguchi at 8:40 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.

**Closed Session:** A closed session of the Board of Trustees was called to order prior to convening the regular session. Those in attendance included the President, President-elect, First Vice President, Second Vice President, Treasurer, Speaker of the House of Delegates, members of the Board of Trustees, the Executive Director, Chief Operating Officer and Chief Counsel. No action was taken.

### **Special Orders of Business**

**Appearance of Dr. Jane A. Grover, chair, American Dental Political Action Committee:** Dr. Grover provided the Board with an update on ADPAC activities.

**Appearance of Dr. John Cosby, president, and Dr. Cynthia Riffle, president-elect, American Association of Dental Examiners (AADE):** Dr. Cosby and Dr. Ripple made a presentation on behalf of AADE on the history and rationale for the clinical examination process and announced their intention to offer a national uniform clinical examination under the auspices of a newly formed examining board. Dr. David Low of the Western Regional Examining Board described the characteristics of a clinical licensure examination and the various processes and considerations involved in developing a valid and reliable examination. Dr. Low also described the efforts of various examining agencies to collaborate and develop innovative approaches to testing, as well as their efforts to address both candidate and patient concerns. During the presentation given by Dr. Cosby and Dr. Riffle, the Board learned that 75% of the development of a national clinical licensure examination has already been accomplished by the AADE. Based on this new information, the Board believed it would be unwise at this time for the House to direct the ADA to proceed immediately with development of such an examination as proposed by the Task Force on the Role of Patient-Based Examinations. Instead, the Board believed that a new national consensus committee would be beneficial in the AADE process that is already

significantly in progress. After discussion, the Board approved funding for a 2004 National Clinical Examination Consensus Committee to monitor and collaborate in the AADE process of developing a national clinical licensing examination.

**Appearance of Dr. T. Howard Jones, chair, Task Force on the Role of Patient-Based Examinations:** Dr. Jones presented the report of the Task Force.

**Report of the Task Force on the Role of Patient-Based Examinations** (*Supplement:5004*): *The Board transmitted to the House of Delegates the report of the Task Force and its appended Resolution 23 with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board commends the Task Force for its outstanding work and the progress made in coming forward to the House of Delegates with this excellent report. The Board agrees with the Task Force that it is time for the development of a national clinical licensure examination, and the Board also concurs with the Task Force that the development process should be collaborative, with input from all communities of interest. The Board's recommendation to vote "no" is based on the fact that it received new information after the Task Force made its report. AADE representatives made a presentation at the August Board session, during which the AADE's president and president-elect advised the Board that 75% of a national clinical licensure examination has already been developed. Based on this new information, the Board believes it would be unwise at this time for the House to direct the ADA to proceed immediately to develop a common national clinical licensure examination. Instead, the Board believes that a new consensus committee will be beneficial in the process already significantly in progress by AADE. The officers of AADE offered in their presentation to the Board that it would be willing to collaborate with the ADA. For these reasons, the Board adopted the following resolution at its August session:

**B-83-2004. Resolved,** that the ADA president appoint a National Clinical Licensing Examination Consensus Committee of the appropriate communities of interest, with expert consultants as needed to advance the development of a common national examination for evaluation of clinical competency of candidates for licensure, and be it further  
**Resolved,** that the ADA Board closely monitor the progress of the consensus committee, with recommendations to the 2005 House of Delegates about the development of a common national examination, and be it further  
**Resolved,** that the ADA president communicate with the American Association of Dental Examiners (AADE) about the Board's ongoing role to monitor progress and make recommendations to the 2005 House of Delegates, and informing the AADE that the success of this collaborative process depends on the examining community's commitment to full participation.

### Miscellaneous House Matters

**Nominations to ADA Councils and Commissions:** The Board annually submits to the House of Delegates nominations for membership to ADA councils and commissions. The Board reviewed the list of nominees for councils and commissions along with their respective qualifications. When necessary, the Board balloted on those council positions open to any trustee district. Subsequently, the Board adopted the list of nominees and voted to transmit the following resolution to the House of Delegates. (Vote: Unanimous).

**29. 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.

#### ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS

Morris Antonelli, MD  
Susan Bordenave-Bishop, IL  
Steven J. Holm, IN  
Samuel B. Low, FL  
Rodney E. Miller, Sr., St. Thomas, VI (AHA)  
Alston J. McCaslin, GA  
Lindsey A. Robinson, CA  
AMA Representative (TBD)

#### ADA SESSIONS

John T. Frey, MI  
Edward H. Mohme, GA  
Dennis D. Shinbori, CA  
Philip E. Smith, SC  
A. Ted Twesme, NV

#### COMMUNICATIONS

Alonzo M. Bell, VA  
Naomi L. Bement, CA  
David S. Dodell, AZ  
Larry D. Herwig, TX  
Teri-Ross Icyda, FL  
Llewellyn Powell, MS

#### DENTAL ACCREDITATION

Matthew B. Roberts, TX

#### DENTAL BENEFIT PROGRAMS

Deborah S. Bishop, AL  
Robert A. Faiello, MA  
Stephen J. Jaworski, PA  
John T. Mooney, ID  
Jeffrey H. Rempell, NJ

#### DENTAL EDUCATION AND LICENSURE

Roger L. Kiesling, MT  
Ronald P. Lemmo, OH

#### DENTAL PRACTICE

Kerry Carney, CA  
H. Fred Howard, KY  
John A. Maletta, IA  
Robert R. Shaw, WA  
Wade G. Winder, FL

#### ETHICS, BYLAWS AND JUDICIAL AFFAIRS

Richard C. Black, TX  
Nicholas A. Fontana, MI  
James F. Smith, NE  
W. Scott Waugh, OK  
Carol M. Wolff, GA

#### GOVERNMENT AFFAIRS

Daniel A. Bertoch, FL  
Jeffrey D. Dow, ME  
Gamble R. Howard, AL  
Timothy R. Kinzel, WI  
Keith W. Suchy, IL

#### MEMBERSHIP

Pamela Baldassarre, NH  
Walter D. Diaz, MS  
Laura Eng, MN  
Joseph J. Kohler, III, PA  
Kenneth J. Weinand, MO

#### MEMBERS INSURANCE AND RETIREMENT PROGRAMS

Jerrold H. Axler, PA  
Kevin M. Brewer, MT  
Maxine Feinberg, NJ  
Idalia Lastra, FL  
Frederick W. Wetzel, Jr., NY

#### NEW DENTIST

Jennifer J. Barrington, TX  
John Dale Dumas, MS  
Kate C. Gilson, WI  
Benjamin Jensen, SD  
Brandon Maddox, IL  
John Christopher Smith, WV

#### SCIENTIFIC AFFAIRS

Robert J. Achterberg, WA  
Glenn T. Clark, CA  
Brian J. Gray, DC  
Jeffrey C. Socher, IL

#### Presentation by the President-Elect of Report 17 of the Board of Trustees to the House of Delegates: Dr.

Haight presented the report of the Board to the House on access to care for the underserved.

#### Report 17 of the Board of Trustees to the House of Delegates: State and Community Models for Improving Access to Dental Care for the

**Underserved—A White Paper** (*Supplement:6062*): *The Board transmitted Report 17 to the House of Delegates.* (Vote: Unanimous to Transmit)

In a related matter, the Board referred to the new work force models task force established at its June meeting, work force initiatives developed in June 2003 with a request for a report to the Board at its April 2005 meeting.

**Recess:** The Board recessed for lunch at 12:05 p.m. and reconvened at 1:15 p.m.

## Attorney-Client Session

### Special Order of Business

In an attorney-client session, Mr. Sfikas discussed various legal matters.

## Regular Session

### Advocacy

**Report on Market Concentration: An Examination of Dentists' Fee Discounts and Prepayment Carrier Concentrations:** The Board discussed the market concentration report. The following resolution was adopted.

**B-54-2004. Resolved,** that the next steps outlined in the Report on Market Concentration be approved.

**Report of the Associate Executive Director, Education: Recent Divisional Activities:** Dr. Neumann provided an update on the Division's activities which included review of the draft standards developed by the National Council on Dental Credentialing Organizations (NCDCO), a membership association of organizations that provides credentials to dentists. Dr. Neumann reported that the Council on Dental Education and Licensure and its Committee on Specialty Recognition had reviewed the draft standards and provided comments to the NCDCO on behalf of the Association.

**Report of the Associate Executive Director, Administrative Services: 2004 House of Delegates Strategic Discussion:** Dr. Soliday presented the report to the Board which outlined the format for the strategic discussion on access to care that will occur as part of the first meeting of the House of Delegates on Friday, October 1, from 3:30 to 5:30 p.m. The regular business of the House will precede this discussion at 2:00 to 3:30 p.m.

## Image, Ethics and Professionalism

**Report of Science and Publishing Divisions: Revision of ADA Advertising Standards:** The Board adopted the following resolution approving the proposed changes to the Advertising Standards that were mostly editorial in nature. (The revised standards are attached as Appendix 2.)

**B-82-2004. Resolved,** that the ADA Advertising Standards be approved as revised.

## Practice Support

**Report of the Associate Executive Director, Dental Practice: The Appointment Process to the Dental Content Committee and the Code Revision Committee:** At its April 2004 meeting, the Board requested that the Executive Director address the process in terms of the length of ADA appointments to the Dental Content Committee (DeCC) and the Code Revision Committee

(CRC) and report back to the Board with recommendations at its June 2004 meeting.

During its June meeting, the Board addressed the recommendations and resolutions contained in the April report on the appointment process. Dr. Brandjord, Dr. Player and Dr. Tuneberg were requested to discuss refinements to the DeCC chair and vice-chair appointment process with a report to the Board in August. This report contained recommendations for consideration by the Board with refinements to the original recommendations. After considering the recommendations included in the report, the Board adopted the following resolutions.

### *Membership on the Dental Content Committee*

**B-39-2004. Resolved,** that the ADA membership on the Dental Content Committee be determined as follows:

- Three-year staggered terms be established for the ADA four voting/primary members and two alternates of the Dental Content Committee, whose terms would be eligible to be renewed twice.
- The Department of Dental Informatics staff position would serve continuously as an ADA voting/primary member of the DeCC.
- In the event of a vacancy in the term of any ADA voting/primary member on the DeCC, the vacancy will be filled by an alternate. The President will appoint a new alternate to complete the unexpired term of the open alternate position.
- The Chair of the DeCC will be an ADA trustee appointed by the President to serve an initial two-year term and be eligible to be reappointed to serve additional one-year terms.
- The Vice Chair of the DeCC will be an ADA trustee appointed by the President to serve at least a one-year term, and be eligible to be reappointed for an additional year to gain familiarity and understanding of the process, dynamics and technical fundamentals in order to chair the Committee.

### *Membership on the Code Revision Committee (Adopted as amended)*

**B-40-2004. Resolved,** that the ADA membership on the Code Revision Committee be determined as follows:

- The term for the ADA voting members of the Code Revision Committee shall be two years.
- The term for the ADA alternates for the Code Revision Committee shall be one year and they shall be eligible for reappointment to an additional one-year term
- The Chair of the CRC shall be nominated by the ADA members to the CRC at its first organizational meeting and appointed by the President.
- In the event of the temporary absence of the CRC Chair, another ADA representative on the CRC would chair CRC meetings.
- ADA appointments to the CRC shall be made by the President from the current or past membership of the Council on Dental Benefit Programs.



## Attorney-Client Session

### Advocacy

**Report of the Associate Executive Director, Legal Affairs: Recent Divisional Activities:** In an attorney-client session, Mr. Sfikas discussed various legal matters of interest to the Association.

**Adjournment:** The Board of Trustees adjourned at 4:45 p.m.

## Tuesday, August 10, 2004

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**Call to Order:** The Board of Trustees was called to order by President Sekiguchi at 8:40 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.

### Special Orders of Business

**Appearance of Dr. Donald Hunt, chair, ADA Business Enterprises, Inc.:** In a closed session, Dr. Hunt presented a report of ADA Business Enterprises Inc. After discussion, the Board adopted Resolution B-58-2004 which approved actions outlined in the report.

**Presentation by Dr. Howard Bailit and Dr. Robert Anderton—Update on the RWJ Foundation Project: Pipeline, Professional and the Practice—Community Based Dental Education:** Dr. Bailit and Dr. Anderton provided an update on a Robert Wood Johnson Foundation project in which senior dental students in selected schools receive part of their clinical instruction in community-based clinics or private practices.

**Presentation by Dr. Arthur Dugoni, president, ADA Foundation, and Elliott Oshry, Ketchum:** Dr. Dugoni and Mr. Oshry provided an update on the National Endowment for Dental Education.

### Practice Support

**Report of the Associate Executive Director, Dental Practice: Dental Benefit Card Proposal:** It was reported that HIPAA electronic transactions for pharmacy were developed in an industry dominated by a few specialized payers (pharmacy benefit managers), large chain pharmacies and modern technology. The result was a pharmacy card and technology infrastructure that can be used to verify eligibility, determine co-payments, warn of possible drug interactions and confirm payment in seven to 12 seconds. Since these are real time transactions, claims status checking, which is the single most costly activity in the traditional payment cycle, is not necessary.

The report indicated that although there are significant advantages to adopting the pharmacy payment model for dentistry, there also are considerable obstacles to change.

Practice management systems are designed for traditional payment processing, as are most payer systems. Despite these impediments, organized dentistry may be able to take advantage of recent trends in consumer-directed health care reimbursement, technology transfer and the declining contribution of third-party payers to dental expenditures to redesign the payment processes.

It was noted that dental benefit cards could replace insurance payment processes with electronic transactions and funds transfer, significantly reducing payment delays and could lower the administrative costs of dental benefit programs. Furthermore, claims status checking would no longer be necessary.

After discussion, the Board adopted the following resolution.

**B-55-2004. Resolved,** that a comprehensive evaluation of dental benefit cards be prepared for consideration by the Board of Trustees, and be it further

**Resolved,** that the appropriate Association agencies consult with potential partners to determine their interest in collaborative development of a pilot medical-banking project.

### Update on SNODENT and Diagnostic Codes Strategy:

A SNODENT update was provided by Dr. Inge to the Board at its June meeting. However, because of time constraints, the Board postponed consideration of the action items until its August session. In summarizing the June report, Dr. Inge noted that third-party payers that dominate the HIPAA transaction implementation specification process are seeking codified diagnostic and descriptive information to automatically adjudicate dental claims. While this approach is currently used in medical and hospital claims processing, Dr. Inge reported, dental claims have generally not included diagnoses, and the American Dental Association has opposed efforts to require additional information for claims payment.

It was further noted that as the payer pressures to include procedure code modifiers or descriptive codes intensify on a number of fronts, a consistent strategy is needed to ensure that the interests of organized dentistry are protected.

Dr. Inge reported that development of ADA strategy would benefit from the Board's guidance in potential actions. After discussion, the Board adopted the following resolution.

**B-85-2004. Resolved,** that the ADA promote the use of SNODENT for the electronic health record and continue to oppose any diagnoses in the administrative and clinical transactions for dentistry, and be it further

**Resolved,** that the ADA advocate that SNODENT, as a subset of SNOMED, already is a core terminology, and be it further

**Resolved,** that the appropriate agencies develop a comprehensive plan to educate the members about SNODENT, the electronic health record, and related matters, and be it further

**Resolved,** that the ADA participate in ICD meetings and discussions.

**Report on the Status of the 2004 Contingent Fund and Approval of Supplemental Appropriation Requests:** A Contingency Fund of \$800,000 was authorized in the 2004 budget. The Board of Trustees to date has already approved total supplemental requests in the amount of \$595,000, leaving a fund balance of \$205,000. The Board reviewed the following new requests for supplemental funding and subsequently adopted the following amended resolution.

**B-57-2004. Resolved,** that the following appropriations be made from the 2004 Contingency 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 Conference and Meeting Services*  
(Cost Center 090-0350-XXX) . . . . . \$125,450\*

**Additional Marketing Monies to Promote 2005 ADA Annual Session:** The Council on ADA Sessions is seeking funds for an additional tier of marketing communications to target audiences to promote attendance at the 2005 ADA Annual Session, Philadelphia, Pennsylvania. An enhanced marketing campaign will help ensure that the projected attendance is reached and that full advantage is taken of recruitment and retention opportunities in the region.

The Council requests additional marketing/communications expenses to be applied to an enhanced promotional campaign. Marketing/communications would be targeted at national member dentists who have attended all four of the last four annual sessions; national member dentists who have attended two of the last four annual sessions; member dentists in Pennsylvania, Maryland, New Jersey and Delaware; non-member dentists in Pennsylvania, Maryland, New Jersey and Delaware; all member dentists through paid advertising in ADA News; hygienists and dental assistants through public relations efforts and paid advertising in publications that reach that audience; an exhibit at the Greater New York Dental Meeting that includes the opportunity to reserve hotel rooms and register for the 2005 annual session. Media will include advertisements, postcards, brochures, news releases, and booth expenses. The projected results are approximately 11,500 attendees at a cost for marketing/communications of \$10 per registrant. It is hoped that these promotional efforts will assist the ADA in reaching its membership recruitment goal in the region as well.

**It is projected that by approving this request the ADA could gain up to \$411,000 in registration fees in 2005**

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\* After extensive discussion the Board approved the Finance Committee's recommendation to fund a total of \$25,000 towards additional marketing and promotional activities for the 2005 annual session. The \$25,000 would allow the Council on Annual Sessions to develop additional marketing materials and exhibits at the 2004 Greater New York Dental Meeting.

<b>Expense</b>		
505004	Artwork & Photography	\$8,000
505292	Sales Advertising & Promotion	27,000
	XADA	
505200	Sales Advertising & Promotion	2,500
510004	Meeting Set-up Costs for GNYDM	7,500
	booth	
515103	Staff Airfare for one additional	450
	booth staff	
525020	Postage	10,000
	Total Expenses	<u>\$125,450</u>

**No Funding Alternative was submitted.**

*Division of Administrative Services*  
(Cost Center 090-0050-XXX) . . . . . \$197,650

**Event Cancellation Insurance:** Due to the increased risk of terrorism at major events between now and the time of the Annual Session in Orlando, the Finance Committee and Executive Management are recommending the ADA purchase event cancellation insurance. With the upcoming Olympics and Presidential election the United States appears to be at a greater risk of a terrorist attack. A terrorist attack prior to or during annual session could cause the ADA significant financial harm. There are many fixed expenses that the ADA has already paid or will have to pay even if annual session was cancelled or disrupted. Additionally, the ADA could lose in excess of \$9 million in revenue.

The Board approved the Finance Committee recommendation to purchase the event cancellation policy to guard the Association against significant financial loss.

<b>Expense</b>		
570101	Insurance Expense	197,650
	Total Expenses	<u>\$197,650</u>

**No Funding Alternative was submitted.**

*Division of Education*  
(Cost Center 090-0600-XXX) . . . . . \$10,000

**2004 National Clinical Examination Consensus Committee:** To support the activities of a National Clinical Examination Consensus Committee to monitor and collaborate in the AADE process of developing a national clinical licensing examination.

Funding is requested to support volunteer travel for members of the committee and appropriate consulting fees.

<b>Expense</b>		
515101	Volunteer Travel	\$2,700
515201	Volunteer Ground	600
515301	Volunteer Per Diem	900
515401	Volunteer Lodging	2,650
515501	Volunteer Meals	700
520001	Consulting Fees	2,000
525020	Postage Mailing & Freight	250
525200	Office Photocopy	200
	Total Expenses	<u>\$10,000</u>

The Board approved the Finance Committee recommendation for this expense.

**Total Approved Supplemental Requests: \$252,650**  
**Contingency Fund Balance: \$27,650**

**ADA and Subsidiaries Financial Reporting Package:**

The Board received copies of the following financial reports as of May 31, 2004: ADA Financial Report; Operating Division and Reserve Division Investment Accounts; ADA Technology Fund Account; ADA Business Enterprises, Inc.; American Dental Real Estate Cooperation; and the ADA Foundation.

**Role of ADA Officers and Trustees in Reference Committees and the House of Delegates:** At the Board's June and August meetings, the officers and trustees seriously debated whether the majority opinion of the Board of Trustees is the only opinion that should be espoused by all the trustees, or should dissenting Board members be permitted to speak against the Board's official position in the House of Delegates, reference committees and state or regional caucuses.

Ultimately, the Board decided that it is in the best interests of the Association that Board members continue to speak freely on any issue and not be constrained in their sharing information with the delegates in their caucus, at the reference committee hearings or on the House floor. The Board also felt very strongly that as elected representatives of the Association, they have an obligation to convey information as they deem as appropriate. The Board did not support formalizing any type of policy or guidelines that would limit or restrict their freedom of speech. For these reasons, the following resolution was defeated.

**B-61. Resolved,** that the Guidelines on the Role of the ADA Officers and Trustees in Reference Committees and the House of Delegates be approved, and be it further **Resolved,** that the Guidelines be incorporated in orientation materials for new officers and trustees and

provided to the entire Board of Trustees prior to the annual meeting of the House of Delegates, and be it further **Resolved,** that the Guidelines be included in the 2005 edition of the Organization and Rules of the Board of Trustees.

**New Business**

**Report of the Chief Financial Officer: Selection of Internal Audit Firm:** At its April 2004 meeting, staff was authorized to proceed to outsource the ADA internal audit function. The decision to outsource was based upon a tremendous value added to the internal audit process to be realized by hiring a firm of internal audit, risk assessment and management, and information technology experts who could perform in-depth audits of key business processes. After discussion, the Board adopted the following resolution.

**B-84-2004. Resolved,** that Control Solutions, Inc. be appointed as the firm to provide internal audit services to the Association, its subsidiaries and affiliates.

**Alaska Work Group Project:** In an effort to assist in improving access to oral health care for Alaska village populations, the Board adopted the following resolution.

**B-86-2004. Resolved,** that the ADA provide volunteer and staff support to the Alaska Dental Society, including sending a volunteer and perhaps one staff member, to participate in and/or support the Alaska work group, which has national significance as it facilitates improved access to oral health care for Alaska village populations.

**Adjournment:** The Regular Session of the Board of Trustees was adjourned at 11:45 a.m. for the purpose of convening the Member Meeting of the ADA Foundation that adjourned at 11:55 a.m.

**Adjournment Sine Die:** The Board of Trustees adjourned *sine die* at 11:55 a.m.

## Appendix 1

### 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  
 Barker, Gerry, R.D.H., M.A., Kansas City, MO  
 Bestgen, Susan, D.D.S., Roslindale, MA  
 Brown, Ronald, D.D.S., M.S., Washington, D.C.  
 Brunson, Diane, R.D.H., M.P.H., Denver  
 Burzynski, Norbert J., D.D.S., M.S., Louisville, KY  
 Carpenter, William M., D.D.S., M.S., San Francisco  
 Casamassimo, Paul S., D.D.S., M.S., Columbus, OH  
 Christen, Arden G., D.D.S., M.S.D., M.A., Indianapolis  
 Coffee, Larry M., D.D.S., Denver  
 Connolly, Gregory N., D.M.D., M.P.H., Boston  
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1. All advertisements submitted for display in an ADA publication are subject to review.
2. Products that are in an ADA Seal Program must also satisfy all requirements of the Council on Scientific Affairs, in addition to these standards governing eligibility for advertising in ADA publications. Further information on the evaluation programs of the Council on Scientific Affairs is available by contacting the council office at 312-440-2734.
3. Advertisements must not be deceptive or misleading. All claims of fact must be fully supported and meaningful in terms of performance or any other benefit. The Association reserves the right to request additional information as needed.
4. Advertisements will not be accepted if they conflict with or appear to violate ADA policy, the *ADA Principles of Ethics and Code of Professional Conduct* or its *Constitution and Bylaws*, or if the advertisements are deemed offensive in either text or artwork, or contain attacks of a personal, racial or religious nature. The ADA reserves the right to decline advertising for any product involved with a government agency challenge or denial of product marketing, and for any technique or product that is the subject of an unfavorable or cautionary report by an agency of the ADA.
5. By submitting advertising copy, advertisers certify that such copy and the advertised product(s) are in accord with applicable government laws and regulations such as equal opportunity laws and regulations covering new drug applications and prescription drug advertising. For example, products that require approval by the U.S. Food and Drug Administration for marketing must receive this approval before being eligible and must include "full disclosure" when required. It is the responsibility of the advertiser to conform to regulations of the FDA and all legal requirements for the content of claims made for products. Acceptance of advertising in ADA publications is not to be construed as a guarantee that the manufacturer has complied with such laws and regulations.
6. Complete scientific and technical data, whether published or unpublished, concerning product safety, operation and usefulness will be required.
7. The advertisement may cite, in footnotes, references from dental and other scientific literature provided the reference is truthful and is a fair and accurate representation of the body of literature supporting the claim made.
8. Comparative advertising claims for competing products and services must be substantiated adequately. Companies wanting to make comparative claims must comply with the ADA Criteria for Substantiation of Comparative Claims (see below). Unwarranted disparagements or unfair comparisons of a competitor's products or services will not be allowed.
9. Display advertising with respect to employment, purchase of practice, participation or any other contractual relationship with any dental care delivery mode or system may be accepted for publication. Such opportunities may also be advertised in the classified section of ADA publications without any illustrations or graphics.
10. Alcoholic beverages and tobacco products are not eligible for advertising.
11. Books and electronic media are eligible for advertising but a sample may be required in advance for review.
12. An advertisement for an educational course is eligible if it is offered by a provider that is recognized by the ADA Continuing Education Recognition Program (ADA CERP) or conducted under the auspices of the following organizations: a an ADA constituent or component dental society, an ADA-recognized dental specialty certifying board or sponsoring organization; an accredited dental or medical school; or any organization specifically referred to in the *Bylaws* of the ADA; and educational courses offered by providers recognized by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE). The eligibility of an advertisement for a course conducted by or under the auspices of an organization or commercial entity other than the aforementioned will be determined on a case-by-case basis.
13. The advertiser and the product or service being offered should be clearly identified in the advertisement. In the case of drug advertisements, the full generic name of each active ingredient will appear.



14. Advertising that simulates editorial content must be clearly identified as advertising. The word “advertisement” must be displayed prominently.

15. Guarantees may be used in advertisements provided the statements that are “guaranteed” are truthful and can be substantiated. However, no guarantee should be used without disclosing its conditions and limitations. When space or time restrictions preclude such disclosures, the advertisement must clearly reveal where the full text of the guarantee can be examined before purchase.

16. Advertisements must not quote the names, statements or writings of any individual, public official, government agency, testing group or other organization without their express written consent. Guidelines for the use of testimonials are available upon request.

For questions regarding the ADA Advertising Standards, please contact Ms. Carol Krause in the Publishing Division at 312-440-2783 or [krausec@ada.org](mailto:krausec@ada.org).

### **Criteria for Substantiation of Comparative Claims**

The following Criteria for Substantiation of Comparative Claims provide guidance to advertisers on what constitutes “adequate substantiation.” The ultimate test is whether the claim, when viewed in the context of the advertisement as a whole, is false or materially misleading. Comparative advertisements may include the use of a competitor’s name and the description of a comparable product or service, including price, if the comparison is made in a manner that is not false or misleading. Companies can utilize the type of outcome analyses contained in the ADA Guidelines for Determination of Efficacy in Product Development (May 1998), but can also use other types of analyses that are acceptable to the ADA to support comparative claims.

1. Comparative claims relating to clinical safety or efficacy (e.g., caries reduction, gingivitis reduction, soft

tissue irritation, etc), should be supported by results from at least one well-designed clinical study that directly compares the products. Additional studies may be required.

2. Comparative claims relating to attributes that imply clinical efficacy (e.g., increased fluoride uptake, increased compressive strength, increased retention of a plaque germ-killing ingredient, etc) should be supported by results from at least one well-designed in-vitro study that directly compares the products. Additional studies may be required. The claims should be footnoted with the statement, “Clinical benefit has not been established.”

3. Clinical studies should follow accepted principles of good study design (e.g., independent, blinded if appropriate, adequately powered, well controlled [should normally include a negative control, if ethical, to validate the study], randomized, prospective, etc), and study subjects should be representative of the population for whom the product is intended.

4. Indices used to measure various clinical outcomes (e.g., gingival indices, plaque indices, etc) should be reliable and reproducible, and should have been published in a peer-reviewed journal.

5. All available studies comparing the products or formulations in question should be submitted on request.

6. If other comparative studies give conflicting results, advertising claims will not be accepted unless they reflect these results.

7. Results should be both statistically analyzed and shown to be clinically meaningful.

8. Studies should analyze and compare the change in the measured parameter for the test product vs. the change in that parameter for the compared product.

# September 22-23, 2004

## Headquarters Building, Chicago

**Call to Order:** The seventh session of the Board of Trustees was called to order by President Eugene Sekiguchi on Wednesday, September 22, 2004, at 9:35 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers and trustees were present: Eugene Sekiguchi, Richard Haught, John E. Roussalis, II, J. Thomas Soliday, Ronald D. Bushick, Mark J. Feldman, James B. Bramson, Michael E. Biermann, Robert M. Brandjord, Roddy N. Feldman, John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Ronald B. Gross, Lloyd J. Hagedorn, Clifford Marks, Bernard K. McDermott, T. Carroll Player, William D. Powell, Kathleen Roth, Jeanne P. Strathearn, Zack D. Studstill and Perry K. Tuneberg.

Staff members present were: L. Jackson Brown, associate executive director, Health Policy Resources Center; Albert H. Guay, chief policy advisor; Ronald Inge, associate executive director, Dental Practice; Laura Kosden, associate executive director and publisher, Publishing; Mary Logan, chief operating officer; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications and Corporate Relations; Dorothy J. Moss, associate executive director, Government Affairs; Laura M. Neumann, associate executive director, Education; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Carol M. Overman, associate executive director, Administrative Services; Robert L. Owens, associate executive director, Information Technology, Standards and Salable Materials; Alison Owings-Cinelli, associate executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and William T. Zimmermann, chief financial officer.

Also in attendance for all or portions of the meeting were: Beril Basman, director, Strategic Planning and Consulting; James Berry, associate publisher, Publishing; Judith Jakush, editor, *ADA News*; Walter Pieciewicz, associate general counsel; and Marjorie Jeffcoat, editor, *JADA*.

**Closed Session:** A closed session of the Board of Trustees was called to order prior to convening the regular session. Those in attendance included the President, President-elect, First Vice President, Second Vice President, Treasurer, Speaker of the House of Delegates, members of the Board of Trustees, the Executive Director, Chief Operating Officer and Chief Counsel. No action was taken.

### Preliminary

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

**B-87-2004. 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:** After noting an editorial amendment of Resolution B-85-2004 (p. 234) to more accurately reflect the Board's action regarding the promotion of SNODENT and development of an education plan for the membership, the Board of Trustees adopted the following resolution.

**B-90-2004. Resolved,** that the minutes of the August 8-10, 2004, session of the Board of Trustees be approved.

The amended resolution reads as follows:

**Resolved,** that the ADA promote the use of SNODENT for the electronic health record and continue to oppose any diagnoses in the administrative and clinical transactions for dentistry, and be it further

**Resolved,** that the ADA advocate that SNODENT, as a subset of SNOMED, already is a core terminology, and be it further

**Resolved,** that the appropriate agencies develop a comprehensive plan to educate the members about SNODENT, the electronic health record, and related matters, and be it further

**Resolved,** that the ADA participate in ICD meetings and discussions.

**Approval of Consent Calendar:** A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar for discussion. Following review, several reports and resolutions were removed. The Board subsequently adopted the following resolution.

**B-88-2004. Resolved,** that the recommendations on resolutions contained on the Consent Calendar be approved.

### House

#### Budget, Business and Administrative Matters

Resolution 57—Fourteenth Trustee District: Financial Assistance to ADA Members Temporarily Called to Active Duty

#### Communications and Membership Services

Resolution 11S-1—First District Substitute for Resolution 11: Dues Reduction for Full-Time Faculty

#### Dental Benefits, Practice, Science and Health

Resolution 38BS-1—Ninth District Substitute for Resolution 38B: Dental Sealants

Resolution 53—Fourteenth Trustee District:  
Standardization of Implant Screw Head Ratchet Hole  
Designs

Resolution 51—Twelfth Trustee District: Urging  
Promotion of Oral Health Literacy

Report 23 of the Board of Trustees to the House of  
Delegates: Review of Recent Initiatives for Improved  
Relations with Third-Party Payers

Report 25 of the Board of Trustees to the House of  
Delegates: Dental Diagnostic Codes and Dental  
Procedure Codes

Report 10 of the Board of Trustees to the House of  
Delegates: Independent Practice by Dental Hygienists  
in Colorado: Theory and Evidence

#### **Dental Education and Related Matters**

Report 24 of the Board of Trustees to the House of  
Delegates: Update on the National Campaign for  
Dental Education

#### **Legal and Legislative Matters**

Council on Bylaws, Ethics and Judicial Affairs  
Supplemental Report 1 to the House of Delegates:  
Judicial Proceedings

Council on Government Affairs Supplemental Report 1  
to the House of Delegates: Recent Council Activities

Resolution 61—Eighth Trustee District: Exemption  
from Unemployment Insurance for Active Duty Dentists

#### **Board**

##### **Resolutions**

Resolution B-91-2004—Appointment of Council Chairs

Resolution B-92-2004—Appointment of ADPAC Chair

##### **Informational Reports**

Report of the Office of Strategic Planning and  
Consulting: 2004 House of Delegates Strategic  
Discussion

Report of the Associate Executive Director,  
Government Affairs: Federal Legislation and  
Regulation Update

Report of Dr. Jeanne Strathearn: Liaison to the  
American Student Dental Association

Report of Dr. William Powell: Report on the American  
Student Dental Association Annual Meeting

Report of the Executive Director

Report of the First Vice President

Report of the President

**Note:** For the purpose of a fully documented record, the complete text of the Board resolutions included in the aforementioned consent calendar follows.

**B-91-2004. Resolved,** that the 2004-05 chair nominations submitted by Association's councils and the Standing Committee on the New Dentist be approved.

The following individuals will be serving as chairs of ADA councils and commissions during 2004-2005:

#### **Access, Prevention and Interprofessional Relations**

Dr. Robert C. Lauf

#### **ADA Sessions**

Dr. Paul F. Kattner

#### **Communications**

Dr. Terry L. Fiddler

#### **Dental Benefit Programs**

Dr. Glen D. Hall

#### **Dental Education and Licensure**

Dr. Roger E. Wood

#### **Dental Practice**

Dr. Michael L. Stuart

#### **Ethics, Bylaws and Judicial Affairs**

Dr. Kenneth D. Jones, Jr.

#### **Government Affairs**

Dr. W. Brian Powley

#### **Members Insurance and Retirement Programs**

Dr. Robert P. Bethea

#### **Membership**

Dr. Lidia M. Epel

#### **Scientific Affairs**

Dr. Domenick T. Zero

#### **New Dentist**

Dr. Gregg Liberatore

#### **Dental Accreditation**

Dr. Morris L. Robbins, II

#### **National Dental Examinations**

Dr. R. Lamont MacNeil

**B-92-2004. Resolved,** that Dr. Edward Vigna be approved to serve as chair of the American Dental Political Action Committee for a two-year term beginning January 1, 2005.

#### **Reports and Resolutions Relating to the Reference Committee on Budget, Business and Administrative Matters**

**Fourteenth Trustee District Resolution 57—Financial Assistance to ADA Members Temporarily Called to Active Duty** (*Supplement:2066*): *The Board transmitted Resolution 57 to the House of Delegates with the following comment and recommendation to vote yes on the substitute (consent calendar action—no Board discussion). (Vote: Unanimous)*

While the Board agrees there is merit in establishing a low-interest loan program for ADA members who are temporarily activated into duty and are required to be away from their practices for more than three months, the Association is neither in a position nor best suited to offer loans to its members. However, consistent with its mission and similar to its loan program for disaster assistance and educational retraining, the ADA Foundation would be the most appropriate agency to consider developing this unique and important program. In keeping with its charitable IRS status, any program created by the ADA Foundation could not exclusively serve ADA members; all dentists would be eligible for such a loan program. Therefore, it is recommended that the following substitute resolution be considered.

**57B. Resolved,** the ADA Foundation be requested to establish a low-interest loan program for dentists who are temporarily activated into duty and are required to be away from their practices for more than three months.

**Third Trustee District Resolution 63—Annual Session Registration Fee Waiver** (*Supplement:2068*): *The Board transmitted Resolution 63 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 15 No—Drs. Biermann, Brandjord, Feldman R., Gleason, Glover, Grammer, Hagedorn, Haught, Marks, Player, Powell, Roth, Roussalis, Strathearn, Studstill; 5 Yes—Drs. Bushick, Findley, Gross, McDermott, Tuneberg)

The Board appreciates very much the work of the delegates who volunteer their time to the work of the House. It should be noted that the registration fee is paid by all annual session attendees, including the ADA Board of Trustees, which is supportive of maintaining the fee. The Board does not believe that the registration fee for the ADA annual session should be waived for delegates and alternate delegates to the House of Delegates for a number of reasons. Any delegate not wishing to pay a registration fee can request a free House pass, which allows unlimited access to the House of Delegates. The Board also noted that the change in the schedule for the annual session has reduced the overlap between House sessions and the scientific session, thus allowing more time for delegates to attend the scientific exhibits and sessions, if they wish. Finally, the Board believes that the waiver of annual session fees for delegates would open the door to other groups requesting the same waiver, thus cumulatively making a significant reduction in the Association's revenues from the annual session

**Report 26 of the Board of Trustees to the House of Delegates: Study of the Financial Impact of Dues Trends Resulting From Demographic Changes** (*Supplement:2071*): This report was developed in response to Resolution 68H-2002 (*Trans.2002:370*) which called for a study of the financial impact of dues trends resulting from the predicted changing demographics of the next ten years and the effect on revenues. *The Board transmitted Report 26 to the House of Delegates.* (Vote: Unanimous to Transmit)

**Eleventh Trustee District Resolution 68—Distribution of ADA House of Delegates Meeting Materials** (*Supplement:2069*): *The Board transmitted Resolution 68 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board of Trustees supports providing information on the reports and issues pending before the House of Delegates to all volunteers serving on councils, commissions or task forces, as well as to the general ADA member. In previous years, House materials were automatically distributed to all members of councils and commissions. This practice was discontinued when many council members indicated they did not require the materials. Currently, only council/commission members who are either delegates, alternates or chairs of their respective agency receive House materials. However, staff is aware that other volunteers may have an interest in these materials and for the last two years, council and commission directors have been requested to survey their members to determine if those individuals not serving in the House of Delegates wished to receive House materials. This survey helps to manage the worksheet printing and mailing expenses. ADA.org has also been used as a vehicle for providing access to council and commission annual reports and the first set of resolution worksheets. This is a cost-effective method for providing information to all ADA members. Accordingly, the Board recommends that Resolution 68 not be adopted.

**Reports and Resolutions Relating to the Reference Committee on Communications and Membership Services**

**First Trustee District Resolution 11S-1—Substitute for Resolution 11: Dues Reduction for Full-Time Faculty** (*Supplement:3001a*): *The Board transmitted Resolution 11S-1 to the House of Delegates with the following comment and recommendation to vote yes on referral* (consent calendar action—no Board discussion). (Vote: Unanimous)

While the Board notes the potential financial burden for full-time faculty during the first five years of a teaching career, it cannot be demonstrated that membership market share is lower for this group than full-time faculty overall. Further, this group may be likely to participate in the Reduced Dues Program as recent graduates, thereby already enjoying a dues savings. Of the 2,685 full-time faculty dentists, it is assumed that the percentage of new faculty is small due to the challenges in recruiting new faculty in recent years. Currently there are 12 faculty ADA members who have been out of dental school less than five years or who are graduate students.

At this time, the Association does not have a way to identify or quantify how many member and/or nonmember dentists have been teaching five years or less. In the short-term, the financial implications would be less than \$397,414 since this dues reduction would apply to only a small percentage of full-time faculty member dentists as opposed to all 1,823 members included in Resolution 11. However, if faculty recruitment increases in the future, as desired, then the ongoing foregone revenue will become

more significant over time. Not enough data exists to determine an exact figure for financial implications at this time.

Due to the Board's recognition that a membership category change in one area can impact other membership categories, the Board recommends that the Council on Membership include this faculty consideration in its upcoming strategic discussion on membership categories and that the First District substitute Resolution 11S-1 be referred.

**Ninth Trustee District Resolution 12S-1—Amendment for Resolution 12: Student Block Grant Program Funding** (*Supplement:3004a*): *The Board transmitted Resolution 12S-1 to the House of Delegates with the following comment and recommendation to vote no.*

(Vote: 18 No—Drs. Biermann, Brandjord, Feldman R., Findley, Gleason, Glover, Grammer, Hagedorn, Haught, Marks, McDermott, Player, Powell, Roth, Roussalis, Strathearn, Studstill, Tuneberg; 2 Yes—Drs. Bushick, Gross)

The Board agrees that the language revision recommended by the Ninth District in its amendment more accurately reflects the administration of the Student Block Grant Program. However, as noted in the Board comment for Resolution 12, the Board does not recommend an increase of \$118,000 in program funding over the \$50,000 that is currently funded in the 2005 budget. As previously noted, there are many factors which impact dental student conversion and the ADA 2005 budget includes funding for \$242,550 in outreach initiatives through the Office of Student Affairs and Committee on the New Dentist. Therefore, the Board recommends that Resolution 12S-1 not be adopted.

**Third Trustee District Resolution 13—Rescheduling of Give Kids A Smile Day** (*Supplement:3005 Amended*):

*The Board transmitted Resolution 13 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 14 No—Drs. Biermann, Brandjord, Feldman R., Findley, Glover, Grammer, Haught, Player, Powell, Roth, Roussalis, Strathearn, Studstill, Tuneberg; 5 Yes—Drs. Bushick, Gross, Hagedorn, Marks, McDermott; 1 Abstain—Dr. Gleason)

*Board Comment—August.* Since the inception of Give Kids A Smile, there has been discussion of the optimal time for the event. The current scheduling of the program—first Friday in February—was intended to capitalize on and rejuvenate National Children's Dental Health Month (NCDHM). Early February was chosen so as to avoid the Chicago Midwinter meeting when large numbers of dentists and dental society staff are busy with that meeting.

Both the 2003 and 2004 Give Kids A Smile events have generated calls from a few dental societies and other individuals to reconsider the timing. Weather-related problems have forced postponements or cancellations in some areas. And some states report that NCDHM already stretches volunteer and staff resources, and that adding GKAS to the month may actually detract from NCDHM.

In addition to weather, other criticism of the event's timing has centered on its being on a school day, when

some children might not be able to participate. On the other hand, many Give Kids A Smile programs take place in schools and could not happen during summer months or on weekends, which some others prefer.

The Council on Communications discusses these issues at each of its meetings and did so at length in June. The Council reasoned that, although there are valid arguments for holding the event at different times of the year, there never will be consensus on a single date. The Council ultimately concluded that the program's success during its first two years and the logistical problems that changing the date would create for the tripartite outweigh any benefits to be achieved from doing so.

In light of the valid arguments for holding the event at another time, the Board requested staff to explore alternate dates and report back to the September 2004 meeting. The Board will make its recommendation to the House following that meeting.

*Board Comment—September.* The Board submits the following schedule for February 3, 2006, the currently scheduled Give Kids A Smile day, and the dental calendar of key events and meetings for Fridays in late March, April and May 2006 (when weather is more predictable) as background.

February 3	Council on ADA Sessions
March 24	Thomas P. Hinman Dental Meeting
March 31	American Association of Endodontists, The Kentucky Meeting (Kentucky Dental Association), Nebraska Dental Association Annual Session
April 7	Oregon Dental Conference, Arkansas State Dental Association Annual Session
April 14	Good Friday/Passover, Alliance of the American Dental Association Annual Conference
April 28	California Dental Association Spring Scientific Session, Oklahoma Dental Meeting, Pennsylvania Dental Association Annual Session, Star of the North Meeting, American Association of Orthodontists (4/29-5/3)
May 5	South Carolina Dental Association Annual Session, ADA Council on Dental Practice, Wisconsin Dental Association Annual Meeting, Alaska Dental Society Annual Meeting, Iowa Dental Association Annual Session (5/6-5/8)
May 12	The Texas Meeting (Texas Dental Association)
May 19	Michigan Dental Association Annual Session, North Carolina Dental Society Annual Session, Tennessee Dental Association Annual Session, Council on ADA Sessions, South Dakota Dental Association Annual Session
May 26	pre-Memorial Day Friday

June 2 Indiana Dental Association Annual Session, Mississippi Dental Association Annual Session, ADA Board of Trustees (6/4-6/6)

Given the lack of a date from late March to early June 2006 without significant conflicts, and given the lack of conflicts with the currently scheduled Give Kids A Smile, the Board recommends that Resolution 13 not be adopted.

**Fourth Trustee District Resolution 66-2003S-1—Substitute for Resolution 66-2003: Dues Exemption for Active Duty Members** (*Supplement:3032*): *The Board transmitted Resolution 66-2003S-1 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board agrees that there is a financial impact for ADA member dentists called to active duty from the military reserve or National Guard, and recognizes that the intent of the substitute resolution is to facilitate parity in dues payment by requiring all dentists serving on active duty to pay national dues only.

However, a large percentage of the reservists or National Guard dentists called to active duty face additional expenses related to disruption of their private practice, in addition to a decrease in income. For this reason, the Board believes it is appropriate to offer full dues waivers at the component, constituent and national levels.

The Board's support for the implementation of dues waivers for reservists and National Guard members called to active duty does not imply a lack of support for career dentists in the federal services. The basis for dues waivers is financial, and any military dentist who is facing financial hardship is encouraged to apply for a full or partial waiver of national dues through the FDS Membership Office.

Therefore, the Board recommends that Resolution 66-2003S-1 not be adopted.

**Twelfth Trustee District Resolution 50—Preservation of ADA Institutional Memory** (*Supplement:3034*): *The Board transmitted Resolution 50 to the House of Delegates with the recommendation to vote yes.* (Vote: 15 Yes—Drs. Biermann, Brandjord, Findley, Gleason, Grammer, Gross, Hagedorn, Haught, Marks, McDermott, Player, Powell, Roussalis, Studstill, Tuneberg; 5 No—Drs. Bushick, Feldman R., Glover, Roth, Strathearn)

### Reports and Resolutions Relating to the Reference Committee on Dental Benefits, Practice, Science and Health

**First Trustee District Resolution 15BS-1a—Substitute for Resolution 15B: Incentives for Companies Providing Goods and Services to the Dental Community** (*Supplement:4020a*): *The Board transmitted Resolution 15BS-1a to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The actions in the first, fourth and fifth resolves of Resolution 15B in actuality have not been implemented.

In addition, the Board believes that all of the resolving clauses in 15B are directly related and should be considered together. Therefore, the Board recommends that Resolution 15BS-1a not be adopted.

**First Trustee District Resolution 15BS-1b—Substitute for Resolution 15B: Incentives for Companies Providing Goods and Services to the Dental Community** (*Supplement:4020c*): *The Board transmitted Resolution 15BS-1b to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

As noted in the Board comment on 15BS-1a (*Supplement:4040a*), the first, fourth and fifth resolving clauses of 15B in actuality are not already in effect. As also noted in its comment about 15BS-1a, the Board believes that the resolving clauses in 15B are directly related and should be considered together. Therefore, the Board recommends that Resolution 15BS-1b not be adopted.

**First Trustee District Resolution 28S-1—Amendment to Resolution 28: Amendment of the Policy Statement on Intraoral/Perioral Piercing** (*Supplement:4021a*): *The Board transmitted Resolution 28S-1 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board is comfortable with the recommendation contained in Resolution 28S-1 that the Association go on record as opposing tongue-splitting, as it currently does with intraoral/perioral piercing. Considerations of patient autonomy and non-maleficence may be left to the *ADA Principles of Ethics and Code of Professional Conduct*, where they are already treated at length. Therefore, the Board recommends adoption of Resolution 28S-1.

**Ninth Trustee District Resolution 28S-2—Amendment to Resolution 28: Amendment of the Policy Statement on Intraoral/Perioral Piercing** (*Supplement:4021d*): *The Board transmitted Resolution 28S-2 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

Although similar to Resolution 28S-1 (*Supplement:4021a*), this resolution goes further by calling on the ADA to urge the constituent societies to seek a legislative ban on intraoral/perioral piercing and tongue-splitting. An outright ban on the practices goes beyond what has previously been proposed in state legislatures. For example, bills introduced this year in five states, some with the support of the constituent society, would limit who may perform tongue-splitting to a licensed dentist and/or physician. This in no way implies support for dentists performing the procedure, which may place patients at risk without any corresponding oral health benefit. The Board believes that it would be undesirable for the ADA to urge the constituent societies to pursue an outright ban, if, in their opinion, another approach would be more appropriate or politically feasible. Therefore, the Board recommends that Resolution 28S-2 not be adopted.

**Seventeenth Trustee District Resolution 28S-3—Amendment to Resolution 28: Amendment of the Policy Statement on Intraoral/Perioral Piercing** (*Supplement:4021g*): *The Board transmitted Resolution 28S-3 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 16 No—Drs. Biermann, Brandjord, Bushick, Feldman R., Findley, Gleason, Glover, Grammer, Gross, Hagedorn, Haught, McDermott, Player, Powell, Strathearn, Tuneberg; 4 Yes—Drs. Marks, Roth, Roussalis, Studstill)

Although similar to Resolution 28S-1 (*Supplement: 4021a*), this resolution goes further by calling on the ADA to urge the constituent societies to seek legislation to discourage intraoral/perioral piercing and tongue-splitting. Seeking state legislation to oppose intraoral/perioral piercing and tongue splitting goes beyond what has previously been proposed in some state legislatures. For example, bills introduced this year in five states, some with the support of the constituent society, would limit who may perform tongue-splitting to a licensed dentist and/or physician. This in no way implies support for dentists performing the procedure, which may place patients at risk without any corresponding oral health benefit. The Board believes that it would be undesirable for the ADA to urge the constituent societies to discourage intraoral and perioral piercing or tongue splitting, if, in their opinion, another approach would be more appropriate or politically feasible. Therefore, the Board recommends that Resolution 28S-3 not be adopted.

**Fourteenth Trustee District Resolution 31S-1—Substitute for Resolution 31: Non-Dental Providers Completing Educational Program in Oral Health** (*Supplement:4037a*): *The Board transmitted Resolution 31S-1 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 19 No—Drs. Biermann, Brandjord, Bushick, Feldman R., Findley, Gleason, Glover, Grammer, Gross, Hagedorn, Haught, Marks, McDermott, Player, Powell, Roth, Strathearn, Studstill, Tuneberg; 1 Yes—Dr. Roussalis)

Given the scope of services auxiliary personnel in physicians' offices commonly provide, it can be reasonably anticipated that, after a caries risk assessment is done by a physician and preventive services are deemed appropriate, auxiliary personnel will actually provide the preventive dental services under the supervision of the physician in many instances. This may be appropriate, given the relative ease of application of preventive agents and the lack of technique sensitivity of the application. Therefore, the Board recommends that Resolution 31S-1 not be adopted.

**Ninth Trustee District Resolution 32S-1—Substitute for Resolution 32: Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children** (*Supplement:4038a*): *The Board transmitted Resolution 32S-1 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board understands the intent of the modifications suggested by the Ninth District in Resolution 32S-1, but

believes that services other than strictly preventive services may be appropriately provided by non-dental providers in conjunction with preventive services; for example, education and anticipatory guidance, caries risk assessment, initial diagnosis, etc. The language of the second resolving clause indicates that patients requiring treatment beyond that associated with preventive treatment require referral to a dentist. Perhaps insertion of the word "all" between "of" and "preventive" in the second resolving clause of Resolution 32S-1 will fulfill the needs of the Ninth District. Therefore, the Board recommends adoption of the following substitute resolution.

**32S-1B. Resolved**, that prior to any dental treatment to an infant or child, a risk assessment must be performed, and be it further

**Resolved**, that it is essential for non-dental providers of all preventive dental services to an infant or young child to notify a dentist of the parent's choosing as to what services were rendered and then to refer the patient to that dentist for any further treatment.

**Recess:** The Board recessed for lunch at 12:00 p.m. and reconvened at 1:10 p.m.

#### **Reports and Resolutions Relating to the Reference Committee on Dental Benefits, Practice, Science and Health (continued)**

**Fourteenth Trustee District Resolution 32S-2—Substitute for Resolution 32: Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children** (*Supplement:4038c*): *The Board transmitted Resolution 32S-2 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board supports the intent of Resolution 32S-2, and believes minor changes for clarification should be incorporated. In the second resolving clause, not considering screenings and oral health evaluations as a type of a dental exam is confusing. Dental screenings are really screening exams and oral health evaluations involve an exam of some sort to gather information to do the evaluation. In the third resolving clause it appears that after a non-dentist, including a dental hygienist, must refer an infant or young child to a dentist after providing preventive dental services for examination and any further treatment. The lack of ability or willingness to see patients of that age and provide preventive services by most dentists is one of the reasons non-dental providers have an interest in adding this service to those they provide to infants and young children. Finally, this subject matter does not seem appropriate for state legislation. The Board proposes the following:

**32S-2B. Resolved**, that prior to any preventive dental treatment of an infant or young child a dental disease risk assessment should be done by a dentist or appropriately trained physician, and be it further

**Resolved**, that risk assessments, screenings or oral evaluations of infants and young children by non-dental providers are not to be considered comprehensive dental

exams, and be it further

**Resolved**, that it is essential that non-dental providers who provide preventive dental services to an infant or young child notify a dentist of the parent's choosing as to what services were rendered and refer the patient at the appropriate time for a comprehensive examination and any further treatment.

**Fourteenth Trustee District Resolution 34S-1—Substitute for Resolution 34: Policy on Dental Disease Prevention for Infants and Young Children**

*(Supplement:4040a): The Board transmitted Resolution 34S-1 to the House of Delegates with the following comment and recommendation vote yes on the substitute.*

*(Vote: 18 Yes—Drs. Biermann, Brandjord, Bushick, Feldman R., Findley, Gleason, Glover, Grammer, Haught, Marks, McDermott, Player, Powell, Roth, Roussalis, Strathearn, Studstill, Tuneberg; 2 No—Drs. Gross, Hagedorn)*

The Board appreciates the intent of Resolution 34S-1, and believes that two further minor changes are warranted. The first is to reflect that caries is only one aspect of diagnosis and treatment, while taking care not to disparage medical professionals with broad authority under their state licensure law. The second is to clarify that dental care, as opposed to medical care (which is also mentioned in the first resolving clause), is the focus of this resolution. Therefore, the Board recommends adoption of the following substitute resolution.

**34S-1B. Resolved**, that the Association, cognizant of the potential advantages of educational and dental disease prevention interventions early in the life of an individual, supports such interventions by appropriately trained dental and medical personnel for infants and very young children, and be it further

**Resolved**, that a dentist has the primary responsibility for the oral health of each patient, and educational and preventive intervention provided by medical personnel must not take the place of comprehensive dental diagnosis and treatment, and be it further

**Resolved**, that non-dentists that provide educational and preventive dental interventions refer those patients to a dentist for a comprehensive evaluation.

**Ninth Trustee District Resolution 34S-2—Substitute for Resolution 34: Policy on Dental Disease Prevention for Infants and Young Children** *(Supplement:4040c):*

*The Board transmitted Resolution 34S-2 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 15 No—Drs.*

*Biermann, Bushick, Feldman R., Findley, Gleason, Glover, Grammer, Gross, Haught, Marks, Player, Powell, Strathearn, Studstill, Tuneberg; 5 Yes—Brandjord, Hagedorn, McDermott, Roth, Roussalis)*

The Board is concerned that Resolution 34S-2 could be confusing, since it appears to combine two issues in a somewhat contradictory manner. The current ADA policy for when the first dental visit for a child should occur, i.e., "...within six months of the eruption of the first tooth and no later than 12 months of age..." is not changed by the original resolution. The situation addressed in Resolution

34, however, applies when non-dental providers render educational and preventive services for infants and very young children and does not address the recommended age for the first dental visit. When preventive and educational services are being provided by medical personnel, it is conceivable that, in the apparent absence of any oral disease, these children may not be referred to a dentist for some time. To prevent this from happening, Resolution 34 requires that, if not referred earlier for cause, each child who has been receiving preventive dental services from a non-dental provider should be seen by a dentist by age three years, a time in a child's development when a comprehensive dental evaluation is appropriate and when general dentists are accustomed to seeing children. In addition, Resolution 34S-2 seems to contradict the philosophy expressed in the first resolving clause that the Association supports disease prevention interventions by appropriately trained medical personnel for very young children by requiring that children be referred to a dentist following the eruption of the first tooth. For these reasons, the Board recommends that Resolution 34S-2 not be adopted.

**Third Trustee District Resolution 34S-3—Substitute for Resolution 34: Policy on Dental Disease Prevention for Infants and Young Children** *(Supplement:4040e):*

*The Board transmitted Resolution 34S-3 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)*

The proposed changes in the third resolving clause of Resolution 34S-3 call for non-dental providers of educational and preventive services to refer all patients to a dentist for a comprehensive evaluation by age one. A meaningful, comprehensive dental evaluation probably cannot be done at age one because of the lack of dental development at that age. In addition, the lack of ability or willingness to see patients of that age and provide dental preventive services by most dentists is one of the reasons non-dental providers have an interest in adding this service to those they provide to infants and very young children. By age three, most children will have developed dentally such that a comprehensive evaluation can be accomplished and most dentists are accustomed to seeing children at that age. These recommendations seem to contradict the philosophy expressed in the first resolving clause that the Association supports disease prevention interventions by appropriately trained medical personnel for very young children. For these reasons, the Board recommends that Resolution 34S-3 not be adopted.

**Ninth Trustee District Resolution 38BS-1—Substitute for Resolution 38B: Dental Sealants**

*(Supplement:4053a): The Board transmitted Resolution 38BS-1 to the House of Delegates with the following comment and recommendation to vote yes on the substitute (consent calendar action—no Board discussion). (Vote: Unanimous)*

The Board agrees with the proposed change and notes that it is consistent with the language the Board itself is proposing in Resolution 37B *(Supplement:4046)*, Fluoride Varnishes, and, therefore, recommends adoption of Resolution 38BS-1.



**Fourteenth Trustee District Resolution 53—Standardization of Implant Screw Head Ratchet Hole Designs** (*Supplement:4098*): *The Board transmitted Resolution 53 to the House of Delegates with the following comment and recommendation to vote yes on the substitute* (consent calendar action—no Board discussion). (Vote: Unanimous)

The Board believes that Resolution 53 would benefit from wording to acknowledge the ADA's existing role in standards activities. Accordingly, the Board proposes the following substitute resolution.

**53B. Resolved**, that the appropriate agencies of the American Dental Association work through national and international standards bodies to promote the standardization of dental implant screw head ratchet hole design.

**Fourteenth Trustee District Resolution 52—Supporting Constituents with Third-Party Payer Issues** (*Supplement:4097*): *The Board transmitted Resolution 52 to the House of Delegates with the following comment and recommendation to vote yes on the substitute*. (Vote: Unanimous)

The Board was concerned that the word "support" might be misinterpreted and believes that clarification is necessary. Therefore, the Board recommends adoption of the following substitute resolution.

**52B. Resolved**, that the ADA encourage and give staff support to constituent societies in working with their state insurance regulatory agencies to identify and resolve third-party payer issues.

**Council on Dental Benefit Programs Supplemental Report 2 to the House of Delegates: Status of the Direct Reimbursement National Advertising Campaign** (*Supplement:4112*): In 2002, the House of Delegates approved the continuation of the national marketing campaign promoting direct reimbursement, with the stipulation that the results of the national campaign be reported annually to the House of Delegates. *The Board transmitted the supplemental report to the House of Delegates*.

In a related discussion, the Board adopted the following resolution relating to the Direct Reimbursement Program.

**B-96-2004. Resolved**, that the Board directs the Council on Dental Benefits Programs and staff to critically evaluate the Association's DR program with a report, including recommendations about the future of the program, to be presented to the Board at its April 2005 meeting.

**Twelfth Trustee District Resolution 51—Urging Promotion of Oral Health Literacy** (*Supplement:4092*): *The Board transmitted Resolution 51 to the House of Delegates with the following comment and recommendation to vote yes on the substitute* (consent calendar action—no Board discussion). (Vote: Unanimous)

The Board could not agree more that the promotion of oral health literacy and oral health education are important. The Board also noted the proposed policy is very similar to ones already in place: Integration of Oral Health and Disease Prevention Principles in Health Education Curricula (*Trans.1996:683*); and Promotion of Dental Health Education (*Trans.1963:288*).

The Board also notes education and literacy are used interchangeably in Resolution 51. Oral health education and oral health literacy go hand in hand; however, they are somewhat separate issues—like two sides of a coin.

Health literacy is the ability to read, understand and act on medical or dental information. This encompasses another aspect of understanding. For example, it is being confident that the patient understands all of the treatment options and so is able to give informed consent to treatment. The reasons for low literacy are varied but may include poor reading skills, speaking little or no English, and having a hearing, visual or cognitive disability.

Oral health education is what is provided to students in an age/skill/culturally appropriate manner. It is covered in the 1996 policy noted above. There are also other items for health education already in existence. One is the Mouthpower program on the Web that is part of the Dr. Samuel D. Harris National Museum of Dentistry Website at [www.dentalmuseum.org](http://www.dentalmuseum.org); another is the "Open Wide and Trek Inside" program from the National Institute of Dental Craniofacial Research. Further, the Association's Division of Communications and Corporate Relations has been working on a special section for ADA.org. The Board also understands that the Academy of General Dentistry is working on a school-based program.

The Board appreciates the suggestion to assist state societies. The Board believes it prudent to clarify the national picture first by investigating these programs and others to assess what may be needed and then help to establish curricula based on specific needs. The Association could work with these organizations, including the Association of State and Territorial Dental Directors, as well as the constituent and component dental societies. Additionally, it could be useful to develop a definition of oral health literacy for consideration by the 2005 House of Delegates. Therefore, the Board recommends adoption of the following substitute resolution.

**51B. Resolved**, that the appropriate Association agencies gather data on what programs and resources are already available to K-12 schools/students regarding oral health education and assess what additional programs and resources are needed, and be it further

**Resolved**, that recommendations for action on new programs and resources based on this needs assessment be developed and presented to the ADA Board of Trustees no later than its June 2005 meeting, in time for consideration of any budget implications and then presented to the 2005 House of Delegates, and be it further

**Resolved**, that the appropriate agencies review existing Association policies on oral health literacy and education to determine if an update of policies is appropriate, and be it further

**Resolved**, that the Association develop a definition of oral health literacy for consideration by the 2005 House of Delegates.

**Report 23 of the Board of Trustees to the House of Delegates: Review of Recent Initiatives for Improved Relations with Third-Party Payers** (*Supplement:4124*): *The Board transmitted Report 23 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Report 25 of the Board of Trustees to the House of Delegates: Dental Diagnostic Codes and Dental Procedures Modifiers** (*Supplement:4127*): This report provided a brief update on the status of the Systematized Nomenclature of Dentistry (SNODENT), and procedure code modifiers and diagnosis codes for dental claims. *The Board transmitted Report 25 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**First Trustee District Resolution 58—Rescission of Policy on Insurance Benefits for Posterior Direct Resin Restorations** (*Supplement:4100*): *The Board transmitted Resolution 58 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board is sensitive to the concern expressed by the First District with regard to the inadequacy of many dental plan reimbursements. However, the Board believes that rescinding Resolution 32H-2003 (*Trans.2003:362*) would send the wrong message about the appropriateness of posterior resin restorations when selected by the patient and attending dentist as the treatment of choice in a given clinical situation. Therefore, the Board recommends that Resolution 58 not be adopted.

**Report 10 of the Board of Trustees to the House of Delegates: Independent Practice by Dental Hygienists in Colorado: Theory and Evidence** (*Supplement:4118*): This report responded to Resolution 81H-2002 (*Trans.2002:393*) which called for the appropriate agency to assess the feasibility of a study to determine the impact independent practice settings for dental hygienists has had on access to care for the underserved. *The Board transmitted Report 10 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Seventeenth Trustee District Resolution 73—White Paper on Dental Care Needs of Aging U.S. Populations** (*Supplement:4101*): *The Board transmitted Resolution 73 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Delegate T. Bob Davis, Texas, Resolution 76—Elimination of Yearly Requirement of W-9 Forms for Payment of Insurance Claims** (*Supplement:4103*): *The Board transmitted Resolution 76 to House of Delegates with the following comment and recommendation to vote no.* (Vote: 18 No—Drs. Biermann, Bushick, Feldman R., Gleason, Glover, Grammer, Gross, Hagedorn, Haught, Marks, McDermott, Player, Powell, Roth, Roussalis, Strathearn, Studstill, Tuneberg; 2 Yes—Brandjord, Findley)

The Board is sympathetic to the intent of Resolution 76, but would like to bring to the House's attention that current IRS tax law, Treas. Reg. Section 301.6109-1(b), sets forth the requirement that a payee supply his/her/its Taxpayer Identification Number if requested from a payee who needs to provide that number on its own tax filing with the IRS (such as an insurance claim payer). While a W-9 form isn't technically required as the sole means to obtain that number, it certainly is a permissive, and far and away the usual, means that a payer uses to get the number. It is true that frequently there's paperwork duplication, and the tax number of a payee can often be found on claim submission forms, etc. However, the Board believes that it is not unreasonable that a payee have a uniform means to collect that number from all its payees to meet its own tax filing obligations, such as the customary annual W-9 request. For these reasons, the Board recommends that Resolution 76 not be adopted.

**Delegate T. Bob Davis, Texas, Resolution 77—Dental Reinsurance** (*Supplement:4105*): *The Board transmitted Resolution 77 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board is sympathetic to the intent of Resolution 77; but feels, however, that implementation of this resolution would be problematic and unrealistic. The resolution inappropriately uses the term "reinsurance." The resolution defines the catastrophic coverage associated with medical insurance. At present, no dental insurance plan routinely provides such coverage and to do so would result in a prohibitive premium cost. Therefore, the Board recommends that Resolution 77 not be adopted.

**Delegate T. Bob Davis, Texas, Resolution 78—Reporting of Suspected Third-Party Payer Fraud or Abuse** (*Supplement:4107*): *The Board transmitted Resolution 78 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board appreciates the intent of Resolution 78, but noted that the Association already provides the type of service for the public and dentists through its Legal Division that the resolution proposes. In addition, the Board was advised that this service is working well. The Legal Division provides this service as a part of its regular services, whereas Resolution 78 would require additional funding. Therefore, the Board recommends that Resolution 78 not be adopted.

**Delegate T. Bob Davis, Texas, Resolution 79—Use of DEA Numbers for Payment Purposes** (*Supplement:4108*): *The Board transmitted Resolution 79 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

As noted in the background statement of Resolution 79, the House of Delegates adopted Resolution 69H-2000 (*Trans.2000:454*) addressing this issue. The Board reviewed the Council on Dental Benefit Programs' response to Resolution 69H-2000 (*Reports 2001:47*) and noted that, in concert with the Department of Dental

Informatics and the ADA Washington Office, the Council has been pursuing the intent of Resolution 69H-2000 with dealings with carriers and federal agencies.

The Board notes for the House's information that on January 23, 2004, a final regulation was published in the Federal Register adopting the National Provider Identifier (NPI) as the standard unique identifier for health care providers. This will replace a variety of current identifiers that include license numbers, Social Security numbers and health plan assigned identifiers. Tax Identification Numbers (TIN) and drug enforcement numbers will continue to be used for IRS reporting and prescribing controlled substances, but not for identification.

In addition, the Board notes that dentists and other health care providers that are covered by HIPAA must start using their NPI by May 23, 2007. A government contractor will accept applications for an NPI after May 23, 2005. Dentists that are not covered by HIPAA are not required to obtain an NPI, but most third-party payers are expected to require an NPI from participating providers.

Since much of the information required to apply for an NPI is already available on ADA membership files, the Association could help its members receive an NPI. Furthermore, since the tripartite membership system can accommodate the NPI, the Association could provide cross-reference files to help payers update their legacy systems to avoid payment delays and re-enrollment of dentists.

For the reasons provided, the Board recommends that Resolution 79 not be adopted.

**Delegate T. Bob Davis, Texas, Resolution 80—  
Definition of Overhead** (*Supplement:4110*): *The Board transmitted Resolution 80 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board carefully reviewed Resolution 80 and noted the terms used in the resolution are not common terms in general use. In addition, the Board believed that individuals could interpret the proposed definitions of overhead, net overhead and gross overhead differently. Therefore, the Board recommends that Resolution 80 not be adopted.

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

**Sixth Trustee District Resolution 40S-1—Substitute for  
Resolution 40: Study of the ADA Relationship with the  
Commission on Dental Accreditation** (*Supplement:  
5030a*): *The Board transmitted Resolution 40S-1 to the  
House of Delegates with the following comment and  
recommendation to vote no.* (Vote: 18 No—Drs.  
Biermann, Brandjord, Feldman R., Findley, Gleason,  
Glover, Grammer, Gross, Hagedorn, Haught, Marks,  
McDermott, Player, Roth, Roussalis, Strathearn, Studstill,  
Tuneberg; 2 Yes—Drs. Bushick, Powell)

The Board believes that it is important for ADA appointees to the Commission to be individuals who can bring the perspective of the practicing community to the table since the Commission designates other appointments

for those whose primary interest and perspective is that of the full-time dental educator. The criterion of no more than one day per week of service on a dental school faculty was instituted by action of the 2003 House of Delegates and the Board believes it is still appropriate and allows the ADA to select appointees who have sufficient understanding of dental education to be effective.

**Eighth Trustee District Resolution 64—CERP  
Recognition for Constituents and Dental Schools**  
(*Supplement:5063*): *The Board transmitted Resolution 64 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: 15 Yes—Drs. Biermann, Brandjord, Bushick, Findley, Glover, Grammer, Gross, Haught, Marks, McDermott, Player, Powell, Strathearn, Studstill, Tuneberg; 5 No—Drs. Feldman R., Gleason, Hagedorn, Roth, Roussalis)

The Board acknowledges that participation in ADA CERP may seem burdensome to some CE providers especially those with limited resources. Nonetheless, ADA member research continues to support the need for Association programs that assist dentists to be lifelong learners and to select quality continuing education experiences. For this reason, the Board supports the goals and mission of ADA CERP cited in the background statement. The Board is also aware that the ADA CERP Committee continues to review and adjust its policies and procedures in an effort to streamline the application process. Examples of improvements include adding a constituent dental society seat on the ADA CERP Committee to ensure representation of tripartite interests in the committee's deliberations, a new application form using a checklist format and allowing providers to attach their existing documents, implementation of revised recognition periods of two, three or four years to acknowledge exemplary compliance with a longer time interval for re-recognition, offering a streamlined reapplication process for providers with exemplary compliance, improved individualized provider assistance and support by staff, collaboration with the Academy of General Dentistry (AGD) to eliminate differences and align ADA CERP with AGD PACE with the ultimate goal of achieving reciprocity between the two programs so that providers will be recognized by both organizations based on application to either program. Although timing of these processes may not yet have impacted all providers, the Board believes that the groundwork has been laid for positive change.

The Board believes that the credibility of any provider recognition program depends greatly on the assurance that all providers are treated equitably and held to the same standards of quality. For this reason the Board is reluctant to support the concept that constituent dental societies and accredited dental schools, or any provider, should automatically be designated as a "recognized provider" without review. Recognition of CE providers should not be based on assumptions that can't be proven or on the assumption that CE programs offered by constituent dental societies and dental schools are of equal quality and meet all ADA CERP standards. ADA CERP experience bears out that providers are not equal and or consistent in meeting even the minimum quality requirements for recognition. Additionally, experience shows that

providers that may have been in compliance at one time do not always remain in compliance for a variety of reasons. Constituent dental societies and dental schools frequently enter into agreements to co-sponsor educational activities with commercial entities. Standards set forth by ADA CERP call upon providers to demonstrate that they are in compliance with regulations of the U.S. Food and Drug Administration (FDA). Automatic recognition of any providers would not provide CE consumers with any assurance that commercial or promotional conflicts of interest are appropriately addressed.

The Board noted that the Council on Dental Education and Licensure (CDEL) and CERP Committee have studied these matters extensively through various ad hoc committees, including careful examination of policies and procedures used by the Accreditation Council for Continuing Medical Education (ACCME) and other health professions that have similar programs. Support for the proposed resolution would put dentistry at odds with FDA guidelines and define us as a profession that accepts a lower standard of quality for CE than medicine, pharmacy and nursing.

The integrity of a provider recognition program rests on its continued ability to ensure practitioners and others about the quality of CE offered. Automatic recognition to a segment of the population that provides continuing dental education could diminish the program's credibility. That said, the Board believes the CDEL should consider the comments presented by the Eighth District and ways to decrease the perceived burdens on approved providers. For these reasons, the Board believes that Resolution 64 should be referred to CDEL for consideration.

**Report 24 of the Board of Trustees to the House of Delegates: Update on the National Campaign for Dental Education** (*Supplement:5069*): *The Board transmitted Report 24 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Eleventh Trustee District Resolution 65—Faculty Recruitment Incentives** (*Supplement:5066*): *The Board transmitted Resolution 65 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Seventeenth Trustee District Resolution 72—Accreditation of Areas of Advanced Training in General Dentistry by the Commission on Dental Accreditation** (*Supplement:5067*): *The Board transmitted Resolution 72 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: 19 Yes—Drs. Biermann, Brandjord, Bushick, Feldman R., Findley, Gleason, Glover, Grammer, Gross, Hagedorn, Haight, McDermott, Player, Powell, Roth, Roussalis, Strathearn, Studstill, Tuneberg; 1 No—Dr. Marks)

The Board acknowledges the concern raised by the Seventeenth District but believes that the issue needs careful consideration and should be referred to the Council on Dental Education and Licensure for study. The Board noted that both the Commission and CDEL considered Resolution 91H-2003. Both agencies noted that portions of the resolution were somewhat unclear as to the CDEL's

*Bylaws* duties related to specialty recognition and the recognition of general dentistry areas. The Board believed that first CDEL, in conjunction with the Council on Ethics, Bylaws and Judicial Affairs, should be requested to consider whether recognition of general dentistry areas is or should be within its purview and report its findings to the 2005 House of Delegates. Based on these findings, the House may be in a better position to request the Commission to rely on the recognition process of CDEL.

#### **Reports and Resolutions Relating to the Reference Committee on Legal and Legislative Matters**

**First Trustee District Resolution 21S-1—Substitute for Resolution 21: Amendment of the ADA Bylaws Regarding Expanding Membership on Standing and Reference Committees** (*Supplement:6007a*): *The Board transmitted Resolution 21S-1 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board of Trustees carefully balanced the need for volunteer participation with the duties and responsibilities of reference committees in determining its recommendation to increase the composition from eight (8) to nine (9) members. The Board believes twelve (12) members on a reference committee will be too unwieldy.

**Sixth Trustee District Resolution 24S-1—Substitute for Resolution 24: The Alaska Native Oral Health Access Task Force** (*Supplement:6009a*): *The Board transmitted Resolution 24S-1 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board appreciates the Sixth District's concerns. The Board approved the task force's recommendations because they target the dental health aide program in Alaska, which even if expanded beyond Alaska would remain a tribal only program. The Board agrees with the task force that the best way to break the cycle of dental disease in the rural villages in Alaska is to train someone from the village to provide dental education and prevention. Without this daily, personal contact the Native population will continue to experience exceptionally high levels of caries and other dental problems. Expanded function dental assistants have long played a role in Indian Health Service facilities in an effort to make their dentists more productive. The recommendation concerning teledentistry merely offers to assist the tribes in working on a program that is already underway and will be expanded to meet the needs of the people in the remote villages. Finally, the Board believes it's important to clearly state the Association's opposition to non-dentists performing irreversible procedures and that this statement should be part of the recommendation package so there is no misunderstanding as to where the ADA stands on this issue.

**Eleventh Trustee District Resolution 24S-2—Substitute for Resolution 24: The Alaska Native Oral Health Access Task Force** (*Supplement:6009c*): *The Board*

transmitted Resolution 24S-2 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

**Sixth Trustee Caucus Resolution 43S-1—Substitute for Resolution 43: ADA’s Opposition to ADHA’s “Advanced Dental Hygiene Practitioner”** (Supplement: 6052a): *The Board transmitted Resolution 43S-1 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: Unanimous)

The Board recognizes the concerns embodied in Resolution 43S-1 dealing with the issue of the position of an Advanced Hygiene Practitioner as proposed by the ADHA, as well as by other proposals regarding other mid-level practitioners. During its June Board meeting, the Board established a new Work Force Models Task Force that will be studying this issue in its broadest context, assessing the needs of the dental work force, evaluating the strategies necessary for meeting those needs, and sending the results of this study to the House of Delegates so as to assure that we continue to have the best level of safe, effective and quality oral health care for all Americans. For this reason, the Board recommends that this resolution be referred to the Work Force Models Task Force.

**Eleventh Trustee District Resolution 43S-2—Substitute for Resolution 43: ADA’s Opposition to ADHA’s “Advanced Dental Hygiene Practitioner”** (Supplement: 6052b): *The Board transmitted Resolution 43S-2 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: Unanimous)

The Board recognizes the concerns embodied in Resolution 43S-2 dealing with the issue of the position of an Advanced Hygiene Practitioner as proposed by the ADHA, as well as by other proposals regarding other mid-level practitioners. During its June Board meeting, the Board established a new Work Force Models Task Force that will be studying this issue in its broadest context, assessing the needs of the dental work force, evaluating the strategies necessary for meeting those needs, and sending the results of this study to the House of Delegates so as to assure that we continue to have the best level of safe, effective and quality oral health care for all Americans. For this reason, the Board recommends that this resolution be referred to the Work Force Models Task Force.

**Eighth Trustee District Resolution 43S-3—Substitute for Resolution 43: ADA’s Opposition to ADHA’s “Advanced Dental Hygiene Practitioner”** (Supplement: 6052c): *The Board transmitted Resolution 43S-3 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: Unanimous)

The Board recognizes the concerns embodied in Resolution 43S-3 dealing with the issue of the position of an Advanced Hygiene Practitioner as proposed by the ADHA, as well as by other proposals regarding other mid-level practitioners. During its June Board meeting, the

Board established a new Work Force Models Task Force that will be studying this issue in its broadest context, assessing the needs of the dental work force, evaluating the strategies necessary for meeting those needs, and sending the results of this study to the House of Delegates so as to assure that we continue to have the best level of safe, effective and quality oral health care for all Americans. For this reason, the Board recommends that this resolution be referred to the Work Force Models Task Force.

**Council on Ethics, Bylaws and Judicial Affairs Supplemental Report 1 to the House of Delegates: Judicial Proceedings** (Supplement:6139): *The Board transmitted the supplemental report to the House of Delegates* (consent calendar action—no Board discussion).

**Tennessee Dental Association Resolution 45—Open Meetings of American Dental Association Councils** (Supplement:6111): *The Board transmitted Resolution 45 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The 11 councils established in Chapter X of the ADA Bylaws are committees of the ADA House of Delegates. *Sturgis: The Standard Code of Parliamentary Procedure* (4th edition) (page 180) provides the following as to attendance at committee meetings:

Since committees and boards of directors often consider business of a confidential nature, which should not be discussed at a meeting of the membership, the privacy of a committee must be protected. No officer, member, employee, or outside person has the right to attend any meeting of a board or committee except by invitation of the committee.

If the committee wishes to invite a staff member, consultant, or other person, it may vote to do so, but otherwise all meetings of boards or committees are strictly limited to members of the committee. To further protect the privacy of proceedings of a board and committee, its minutes are open to no one except the members of the committee.

The *Standing Rules for Councils and Commissions* adopted by the Board of Trustees are in accord with *Sturgis* as to attendance. It states (page 13):

In keeping with *Sturgis: The Standard Code of Parliamentary Procedure*, attendance at council meetings is limited to council members, appropriate members of the Board of Trustees and staff. Attendance of others is at the discretion of the council. In extraordinary circumstances, a council may call a closed session to consider very sensitive matters. Closed sessions may be held if agreed upon by a majority vote of those present at the meeting at which the closed session would be held and in the presence of either the Executive Director, the General Counsel, the Chief Operating Officer, the Associate Executive Director assigned to the council or commission, or the council or commission director. The trustee liaison, if present, also shall be permitted to attend any closed session. No

official action or business may be conducted during the closed session. The council or commission chair shall decide which one or more of the above staff persons shall remain in the room for the closed session.

The Board of Trustees believes its current *Standing Rules for Councils and Commissions* as to limited attendance at council meetings should remain consistent with *Sturgis*. The rule permits the councils to accommodate attendance requests by ADA members, manage meeting time and resources nimbly and expeditiously, and helps to promote the deliberative process without compromising the candor within council and committee discussions. Members have many opportunities to express their own views regarding actions to be taken by the Board or the House: in District meetings privately with their Trustee representative, at reference committees hearings during annual sessions or through their representatives in the House of Delegates. For these reasons, the Board recommends that Resolution 45 not be adopted.

**Tennessee Dental Association Resolution 46—Availability of American Dental Association Council Minutes to Members** (*Supplement:6113*): *The Board transmitted Resolution 46 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board agrees with the need of members to have information about the activities and actions of the councils, which is the intent of the first resolving clause. Currently, all members can access the councils' unofficial summary of actions at ADA.org. Board members and district representatives on the councils are also available to communicate information to members with questions.

If the resolution as drafted is adopted, however, the Board is concerned that it would compromise the candor within council and committee discussions regarding what are in some instances only recommendations to the Board, not final action, while at the same time creating new legal exposures. There is also an increased risk of secondary release of information to third parties beyond the tripartite who could misinterpret important information in ways that could be damaging to dentistry.

As to the second resolving clause, councils handle a variety of sensitive matters within the scope of their *Bylaws'* duties and which Association rules and prudent business practice demand be addressed in a confidential manner to protect the interests of the Association and any other parties involved. Such confidential areas include CERP recognition, specialty recognition, examination development and irregularities, disciplinary matters, trade secrets of the Association, trade show strategies, financial information, proprietary matters shared by parties doing business with the Association, information and guidance on legal and other sensitive matters such as strategizing on policy, personnel issues and harassment. To guide all councils in a uniform manner, any guidelines developed would need to be styled in very general terms. Importantly, the guidelines could not be binding or usurp the exercise of independent judgment by the volunteers in the discharge of their fiduciary duties. Councils now address confidentiality issues sparingly and deliberatively,

which raises the question as to the utility to be gained by issuing guidelines that might in fact be more inhibiting than instructive in a council's exercise of good judgment in a particular factual context. Moreover, the Board of Trustees' *Standing Rules for Councils and Commissions* speak to confidentiality in meeting minutes on page 15. It states that "[m]inutes or portions of minutes of a meeting of a council of the Association may be identified as confidential only when the minutes of any given council meeting include matters and discussions which, if disclosed, would affect adversely the interests and affairs of the Association, including matters of public concern." For these reasons, the Board recommends that Resolution 46 not be adopted.

**Fourteenth Trustee District Resolution 55—Federal Legislation Establishing Parameters for Federally Qualified Health Centers** (*Supplement:6115*): *The Board transmitted Resolution 55 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board is very sympathetic to this resolution and has consistently stated that FQHCs and other Community Health Centers should be serving patients with low or no incomes. However, there is no specific law that requires FQHCs to see only patients with limited means or those on Medicaid. Most, if not all, FQHCs also see fee-for-service and private-pay patients. This ability for FQHCs to see all patients regardless of need has created an undue hardship on some private practitioners, causing many to leave underserved areas because of unfair competition with FQHCs, and thereby reduces the availability to services so urgently needed by this designed program. The Association has current policy that requires the ADA to seek federal legislation to allow FQHCs to offer services only to indigent patients or patients with no other access to care (*Trans.1997:676*) and to seek upon request information about health centers that includes the funds received and the types of patients treated (*Trans.2002:416*). Therefore, the Board recommends the following substitute resolution:

**55B. Resolved**, that FQHCs be required to issue an annual report that is made available upon request, that details the funds it receives and includes a census detailing the types of patients the clinic has treated during the previous year, and be it further

**Resolved**, that the current policy be actively pursued by ADA legislative staff.

**Council on Government Affairs Supplemental Report 1 to the House of Delegates: Recent Council Activities** (*Supplement:6135*): The Council provided responses to resolutions from the 2003 House of Delegates and provided information on the following topics: Limited English Proficiency guidance; liability protection for disaster responders; and dental health professional shortage areas. *The Board transmitted the supplemental report to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Sixth Trustee District Resolution 59—Opposition to Two-Tiered Delivery System for Oral Health Care** (*Supplement:6119*): *The Board transmitted Resolution 59 to the House of Delegates with the following comment and recommendation to vote yes.* (Vote: Unanimous)

While this resolution is consistent with provision #13 in Resolution 24, it is not identical. Resolution 59 essentially adds the words, “including but not limited to...” to provision #13 in Resolution 24. The Board agrees that these new words are helpful and would improve Resolution 24, which was submitted to the caucuses in August. Therefore, the Board recommends that the Reference Committee accept this addition and insert the phrase “including but not limited to” in provision #13 of Resolution 24.

**American Student Dental Association Resolution 60—Seating of the ASDA Delegates in the ADA House of Delegates** (*Supplement:6120*): *The Board transmitted Resolution 60 to the House of Delegates with the recommendation to vote yes.* (Vote: 17 Yes—Drs. Biermann, Brandjord, Bushick, Feldman R., Findley, Gleason, Glover, Grammer, Gross, Hagedorn, Haught, McDermott, Player, Powell, Roussalis, Strathearn, Tuneberg; 3 No—Drs. Marks, Roth, Studstill)

**Eighth Trustee District Resolution 61—Exemption from Unemployment Insurance Liability for Active Duty Dentists** (*Supplement:6122*): *The Board transmitted Resolution 61 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Thirteenth Trustee District Resolution 62—Support for Adult Medicaid Dental Services** (*Supplement:6123*): *The Board transmitted Resolution 62 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

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

#### **Thursday, September 23, 2004**

**Call to Order:** The Board of Trustees was called to order by President Sekiguchi at 8:10 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.

#### **Special Orders of Business**

**GlaxoSmithKline Presentation:** Representatives from GlaxoSmithKline Company, Mr. Sydney Rollock, vice president, Consumer Health Care; Dr. David C. Alexander, director of Medical Communications and Professional Relations; and Dr. Ronald L. Rupp, senior manager for Professional Relations, presented a \$250,000 designated contribution to be used in support of a new

GSK/ADA/ADAF partnership initiative. This initiative is designed to stimulate the development of innovative programs that will examine and look to address current problems of oral health care for older Americans.

Through a Request for Proposal (RFP), several innovative programs would be selected by the ADA Foundation in 2005 for implementation. To determine their effectiveness, these programs will be monitored for a period not to exceed twelve months.

Based in whole or in part on best practices learned from Phase I programs, GlaxoSmithKline may seek to mutually develop a more comprehensive, Phase II national program in partnership with the ADA and its Foundation. Mr. Rollock mentioned that he expects Phase II of the project to be announced during the ADA annual session in Philadelphia next year.

#### **Reports and Resolutions Relating to the Reference Committee on Legal and Legislative Matters (continued)**

**Fourteenth Trustee District Resolution 56—Implementation of Internet-Based, Grassroots, Rapid Contact System for Federal Legislations** (*Supplement: 6117*): *The Board transmitted Resolution 56 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: Unanimous)

The Board agrees that an internet-based grassroots rapid contact system could be a very useful tool in advocating at the federal level. The ADA currently has the technical expertise to send e-mails to all grassroots members. The main difficulty is in establishing and maintaining a valid e-mail list, in part because e-mail addresses are frequently changed. Therefore, while the technology is available, we do not know what resources would be necessary to obtain and maintain valid e-mail addresses. The resolution also asks the ADA to assist constituent societies to establish similar systems; at this time, the ADA does not know which constituents have their own system, want to develop a system, nor what the necessary resources would be. Therefore, while the Board agrees with the intent of this resolution, because the total impact and the potential costs are difficult to predict at this time, the Board recommends that the resolution be referred to the appropriate agencies to determine the feasibility and costs associated with accomplishing the goals of this resolution. If the costs are de minimis, the leadership of the Association could proceed with the project.

**Eleventh Trustee District Resolution 66—Continuation of the Alaska Native Oral Health Care Access Task Force** (*Supplement:6130*): *The Board transmitted Resolution 66 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board wants to express its gratitude to the present Alaska Native Oral Health Care Access Task Force for its tremendous work this year. Since the work on this very important issue is ongoing, and since the members of the Task Force have developed a large body of knowledge and

expertise on the complexities of the issue, the Board believes that the work of the task force should continue into 2005. At the same time, the Board believes that the newly constituted Task Force may not need as many people as the original TF. Therefore, the Board believes the President should constitute a new task force, the members of which will be chosen from the existing Task Force. Therefore, the Board recommends the following substitute resolution.

**66B. Resolved**, that an Alaska Native Oral Health Care Access Task Force, constituted by the President, be funded for one more year.

**Eleventh Trustee District Resolution 67—Diagnosis or Performance of Irreversible Dental Procedures by Nondentists** (*Supplement:6131*): *The Board transmitted Resolution 67 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 19 No—Drs. Brandjord, Bushick, Feldman R., Findley, Gleason, Glover, Grammer, Gross, Hagedorn, Haught, Marks, McDermott, Player, Powell, Roth, Roussalis, Strathearn, Studstill, Tuneberg; 1 Yes—Dr. Biermann)

The Board appreciates the sentiments expressed in this resolution and agrees that only dentists should be performing irreversible dental procedures. However, the issue addressed in the first resolving clause is presently included in Resolutions 24 and 24S-2. The second resolving clause calling for defending the standards established by the Commission on Dental Accreditation would not be helpful in addressing the accreditation of DHATs because DHATs are intended to function outside the standard accreditation process.

**Seventeenth Trustee District Resolution 74—Oral Health Diagnosis and Irreversible Dental Procedures** (*Supplement:6132*): *The Board transmitted Resolution 74 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: Unanimous)

The Board recognizes the concerns embodied in Resolution 74 dealing with the issue of the position of an Advanced Hygiene Practitioner as proposed by the ADHA, as well as by other proposals regarding other mid-level practitioners. During its June Board meeting, the Board established a new Work Force Models Task Force that will be studying this issue in its broadest context, assessing the needs of the dental workforce, evaluating the strategies necessary for meeting those needs, and sending the results of this study to the House of Delegates so as to assure that we continue to have the best level of safe, effective and quality oral health care for all Americans. For this reason, the Board recommends that this resolution be referred to the Work Force Models Task Force.

**Seventeenth Trustee District Resolution 75—Medicaid “Super Waivers” and State Plan Modifications** (*Supplement:6133*): *The Board transmitted Resolution 75 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board is very supportive of this amendment and believes that the ADA and its constituents should continue to be actively involved in influencing policymakers at both the national and state levels concerning reform of Medicaid. However, the Board is concerned that requiring the ADA to go back to the House of Delegates before a position can be taken would tie the Association’s hands and not permit the ADA to respond in a timely manner. Therefore, the Board recommends the following substitute resolution.

**75B. Resolved**, that appropriate agencies of the ADA develop draft parameters governing the allowable scope of state plan amendments and/or waivers under the federal Medicaid program for approval by the Board of Trustees prior to lobbying Congress and the federal agencies.

**Eighth Trustee District Resolution 39—Creation of a Vice Speaker Position** (*Supplement:6108*): *The Board transmitted Resolution 39 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 16 No—Drs. Brandjord, Bushick, Feldman R., Findley, Gleason, Glover, Gross, Hagedorn, Haught, Marks, Player, Powell, Roth, Roussalis, Strathearn, Studstill, 4 Yes—Drs. Biermann, Grammer, McDermott, Tuneberg)

The Board of Trustees believes the current *Bylaws* provide an adequate mechanism to fill the office of the Speaker of House in the event of an emergency or some unavoidable circumstance. As the proponents note, Chapter V, Section 110 of the ADA *Bylaws* provides “[i]n the absence of the Speaker the office shall be filled by the President.” Further, Chapter VIII, Section 90, of the ADA *Bylaws*, provides “[i]n 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.” Thus, the President has the flexibility to determine whether the President or some other qualified individual will fill in for the Speaker. In the Board’s view, creating another officer position to cover this sort of circumstance is unnecessary. However, the Speaker has advised that this resolution must be referred to the 2005 House of Delegates because it calls for a *Constitutional* change.

## Advocacy

**Report of the Council on Government Affairs: Recent Activities and Recommendations:** This report provided recommendations from the Council on several Association initiatives. They included:

### *Alaska Oral Health Access Task Force*

- Seek Outside Legal Advice on the Community Health Aide Program—The Council urged the Board of Trustees to retain the firm of Clapp, Peterson, Stowers to provide legal advice relating to issues surrounding the Community Health Aide Program.
- Support the “Irreversible Procedures” Amendment of H.R. 2440/S. 556—The Council urged the Board of



Trustees to resist any effort to compromise the quality of dental care by allowing Dental Health Aide Therapists to perform surgical and irreversible dental procedures in Alaska or any other state.

- Establish an Alaska Dental Residency Program—The Council recommended to the Board that a dental residency program, consistent with federal law that provides federal funding to improve access to dental care, be established to treat Alaskan Natives in remote villages.

The Council urged the Board and staff to defend the educational standards established by the Commission on Dental Accreditation.

Upon consideration of the Council's recommendations, the Board adopted the following resolution.

**B-95-2004. Resolved,** that the ADA Legal Department contact the firm of Clapp, Peterson and Stowers regarding the Alaska mid-level dental therapist issue, and be it further

**Resolved,** that the ADA contact the Alaska Dental Society to help resolve issues related to the state board following H.R. 2440 and S. 556 activities with a report to the December 2004 Board meeting.

Additionally, the Board adopted a motion referring any new issues related to the Alaska Task Force to the Work Force Models Task Force established at its June 2004 meeting, so that these issues can be addressed in a coordinated and consistent manner. One such issue is the aforementioned recommendation from the Council that a dental residency program be established to treat Alaskan Natives in remote villages. The new 2004-2005 Alaska Task Force will provide input into these matters.

- Continuation of Alaska Native Oral Health Access Task Force—The Council recommend that the current Alaska Native Oral Health Access Task Force remain in place.

Earlier in the meeting, the Board considered a resolution requesting the continuance of the Alaska Oral Health Task Force and voted to transmit a Board substitute resolution to the 2004 House of Delegates continuing the Alaska Native Oral Health Care Access Task Force, as constituted by the President, that would be funded for one more year.

- ADA White Paper: State and Community Models for Improving Access to Dental Care for the Underserved—The Council also recommended that the ADA, in an effort to help states modify their Medicaid programs, target those states that could most benefit from technical support and, if the state desires, provide support using ideas put forth in the White Paper and other available resources.
- Workforce: Dental Hygiene Developments—The Council suggested that the Association investigate the pros and cons of granting course credits toward class placement in recognition of their existing skill sets

and previous educational experience to experienced dental hygienists who become dental students.

#### Attorney-Client Session

**Report of the Associate Executive Director, Legal Affairs: Recent Divisional Activities:** In an attorney-client session, Mr. Sfikas discussed various legal matters of interest to the Association.

**Recess:** The Board recessed for lunch at 12:00 p.m. and reconvened at 1:10 p.m.

#### Regular Session

##### Special Order of Business

**Update on the National Endowment for Dental Education:** Mr. Kevin Sturtevant, senior consultant, Ketchum, provided an update on activities of the National Endowment for Dental Education.

#### Closed Session

##### Advocacy (continued)

**Informational Report on Recent ADHA Marketing and Advocacy Activities:** In a closed session, the Board discussed the confidential report on American Dental Hygienists' Association marketing and advocacy activities to promote its policy agenda.

#### Member and Support Services

**Status Report: Governance Structure for the 2010 Joint ADA/GNYDM in New York City:** In a closed session, the Board discussed the confidential report outlining the status of the plans for holding a joint ADA/GNYDM in New York City in 2010. After discussion and in open session, the following resolution was adopted.

**B-89-2004. Resolved,** that the ADA annual meeting in the year 2010 be held on October 14-17, in New York City, as a joint meeting with the Greater New York Dental Meeting, and be it further

**Resolved,** that the Work Group established by the ADA Board of Trustees in 2003 continue to be and hereby is authorized to provide oversight and leadership in developing the plans for the joint meeting in 2010, adding appropriate representatives from the Council on ADA Sessions and Organization Committee of the Greater New York Dental Meeting, as needed, developing a plan for merging the two meeting planning groups, and making such other plans as are needed for the successful preparation of this joint meeting.

#### Regular Session

**Board of Trustees Strategic Discussion Calendar 2004-2005:** The Board considered the topics for strategic issues

discussions during 2004-05 and included the following as possible additional discussion areas. A more in-depth discussion will take place at the Board's February 2005 retreat meeting.

- dentistry's relationship with other health professions
- changing scope of dentistry (hygienists, assistants, nurses, physicians)
- relationship with industry and other businesses
- public health (medical/dental)
- licensure in various states (how medicine deals with their licensure issues)

### Closed Session

#### Practice Support

**Report of the Council on Members Insurance and Retirement Programs: Proposal from ADA Business Enterprises, Inc.:** In a closed session, the Board reviewed the confidential report of the Council summarizing its evaluation of a conceptual proposal by ADA Business Enterprises, Inc. (ADABEI) to market certain insurance products. The Board concurred with the Council's recommendations and agreed that further study of this proposal was necessary. The officers and members of the ADA Board Trustees who sit on the ADABEI Board of Directors were requested to share the Council's concerns with the subsidiary company and to urge it to come back with a more narrowly focused proposal at a future date.

**Report of Dr. William Powell: Liaison to the Council on Members Insurance and Retirement Programs:** This report, outlining Dr. Powell's participation in the Council's August 27, 2004 meeting, was pulled from the consent calendar as additional background for the Council's report.

### Regular Session

**Report of the Council on Dental Practice: University of Utah School of Alcoholism and Other Drug Dependencies:** Since 1998, the Council has submitted to the Board progress reports on the Dental Section of the University of Utah School on Alcoholism and Other Drug Dependencies. This report continues to document the consistent quality of the School's Dental Section.

In a related discussion, it was noted that the ADA's participation in this program expires year-end. Subsequently, the Board adopted the following resolution.

**B-93-2004. Resolved,** that the continued participation by the ADA, through the Council on Dental Practice, in the Dental Section of the University of Utah School on Alcoholism and Other Drug Dependencies be approved, with ongoing monitoring by the Council and staff and a brief summary of this activity in the Council's annual report.

### New Business

**Assistance to Iowa Dental Association:** The Board adopted the following resolution to assist the Iowa Dental Association in advocacy efforts with the dental board.

**B-94-2004. Resolved,** that the ADA work with the Iowa Dental Association to ameliorate issues related to the Iowa Board of Dentistry's interpretation of the CDC Infection Control Guidelines, to the extent possible without compromising the ADA's strong support for these standard precautions for the professions.

**Adjournment:** The Regular Session of the Board of Trustees was adjourned at 4:20 p.m. for the purpose of convening the Member Meeting of the ADA Foundation that adjourned at 4:25 p.m.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 4:30 p.m.

# Notes

# October 4, 2004

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## Orange County Convention Center, Orlando, Florida

**Call to Order:** A meeting of the Board of Trustees was called to order by Dr. Richard Haught on Monday, October, 4, 2004, at approximately 12:15 p.m. in Room 414C of the Orange County Convention Center, Orlando, Florida.

**Roll Call:** The following officers and trustees were present: Richard Haught, John E. Roussalis, II, J. Thomas Soliday, Ronald D. Bushick, Mark J. Feldman, James B. Bramson, Michael E. Biermann, Robert M. Brandjord, Roddy N. Feldman, John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Ronald B. Gross, Lloyd J. Hagedorn, Clifford Marks, Bernard K. McDermott, William D. Powell, Kathleen Roth, Jeanne P. Strathearn, Zack D. Studstill and Perry K. Tuneberg. Dr. Eugene Sekiguchi and Dr. T. Carroll Player were not in attendance.

Staff members present were: L. Jackson Brown, associate executive director, Health Policy Resources Center; Albert H. Guay, chief policy advisor; Ronald Inge, associate executive director, Dental Practice; Laura Kosden, associate executive director and publisher, Publishing; Mary Logan, chief operating officer; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications and Corporate Relations; Dorothy J. Moss; associate executive director, Government Affairs; Laura M. Neumann, associate executive director, Education; Patricia

M. Newton, associate executive director, Membership and Dental Society Services; Carol M. Overman, associate executive director, Administrative Services; Robert L. Owens, associate executive director, Information Technology, Standards and Salable Materials; Alison Owings-Cinelli, associate executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and William T. Zimmermann, chief financial officer.

Also in attendance were: Beril Basman, director, Strategic Planning and Consulting; and Mr. James Sweeney, ADABEI.

Formal notice of the meeting was waived.

**Potential Impact on the 2005 Budget:** The Board discussed the potential remaining impact on the 2005 budget of the remaining House business. After an update from Mark Feldman about the status of the budget, the Board adopted a motion to authorize up to \$1.5 million to be taken from Reserves in order to balance the 2005 budget.

This was the only item of business discussed at the meeting.

**Adjournment *Sine Die*:** The meeting adjourned *sine die* at 12:30 p.m.

# Notes

# October 5, 2004

## Orange County Convention Center, Orlando, Florida

**Call to Order:** The first session of the new Board of Trustees was called to order by President Richard Haught on Tuesday, October 5, 2004, at approximately 11:45 a.m., in Room 414C of the Orange County Convention Center, Orlando, Florida.

**Roll Call:** The following officers and trustees were present: Richard Haught, Robert M. Brandjord, Ronald D. Bushick, Robert T. Ferris, J. Thomas Soliday, Mark J. Feldman, James B. Bramson, Michael E. Biermann, Donald I. Cadle, Roddy N. Feldman, John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Ronald B. Gross, Kathryn Kell, Bernard K. McDermott, Jeanne Nicolette, Kathleen Roth, Charles L. Smith, Jeanne P. Strathearn, Zack D. Studstill, Ronald L. Tankersley and Perry K. Tuneberg.

Staff members present were: L. Jackson Brown, associate executive director, Health Policy Resources Center; Albert H. Guay, chief policy advisor; Ronald Inge, associate executive director, Dental Practice; Laura Kosden, associate executive director and publisher, Publishing; Mary Logan, chief operating officer; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications and Corporate Relations; Dorothy J. Moss; associate executive director, Government Affairs; Laura M. Neumann, associate executive director, Education; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Carol M. Overman, associate executive director, Administrative Services; Robert L. Owens, associate executive director, Information Technology, Standards and Salable Materials; Alison Owings-Cinelli, associate executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and William T. Zimmermann, chief financial officer.

Also in attendance were: Beril Basman, director, Strategic Planning and Consulting; Walter Piecewicz, associate general counsel; and James Sweeney, ADABEI.

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

**B-97-2004. Resolved,** that the agenda on page 1 of the Board Manual, as amended, be approved as the official order of business for the current session.

### Structure and Operation of 2004-05 Board of Trustees

**Amendments to the *Organization and Rules of the Board of Trustees*:** It was noted that the document *Organization and Rules of the Board of Trustees* was amended to incorporate actions taken by the Board this past year.

President Haught noted that the document would be further reviewed prior to the December Board session to identify changes that are required as a result of actions taken by the 2004 House of Delegates.

The Board adopted the following resolution:

**B-98-2004. Resolved,** that the *Organization and Rules of the Board of Trustees*, as amended, be approved.

**Council/Commission Liaison Assignments:** In accordance with the *Organization and Rules of the Board of Trustees*, the President assigns members of the Board to serve as council liaisons, with the responsibility of reviewing the programs and activities of a specified Association council/commission. Accordingly, President Haught made the following liaison assignments to the ADA councils and commissions.

**Access, Prevention and Interprofessional Relations**  
Dr. Jeanne Strathearn

**ADA Sessions**  
Dr. Roddy Feldman

**Communications**  
Dr. Joel Glover

**Dental Benefit Programs**  
Dr. Perry Tuneberg

**Dental Education and Licensure**  
Dr. Kirk Gleason

**Dental Accreditation**  
Dr. Zack Studstill

**Dental Practice**  
Dr. John Findley

**Ethics, Bylaws and Judicial Affairs**  
Dr. Frank Grammer

**Government Affairs**  
Dr. Bernard McDermott

**Members Insurance and Retirement Programs**  
Dr. Charles Smith

**Membership**  
Dr. Ronald Gross

**Scientific Affairs**  
Dr. Michael Biermann

**National Dental Examinations**  
Dr. Robert Ferris

**Committee on the New Dentist**  
Dr. Jeanne Nicolette

**Delegation to the FDI World Dental Congress:** The following individuals were appointed by President Haught to serve as the delegation to the 2005 FDI World Dental Congress.

**Delegates**

Dr. Richard Haught, chair and spokesperson  
Dr. Robert M. Brandjord  
Dr. Eugene Sekiguchi  
Dr. Ronald Gross  
Dr. Roddy Feldman  
Dr. Greg Chadwick  
Dr. Joel Glover  
Dr. Kathleen Roth  
Dr. James Bramson  
Dr. T. Howard Jones

**Alternate Delegates**

Dr. Kathryn Kell  
Dr. G. Kirk Gleason

**Appointment of Standing Committees:** The Board of Trustees has nine standing committees: Audit, Compensation, Diversity, Finance, Information Technology, International Programs and Development, New Dentist, Pension and Strategic Planning. Appointments to these committees are made by the President, unless otherwise noted, 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.

Accordingly, President Haught made the following appointments to the standing committees of the Board of Trustees for 2004-2005.

**Audit**

Dr. Mark Feldman, chair  
Dr. Robert Brandjord  
Dr. Richard Haught, *ex officio*  
Dr. Bernard McDermott  
Dr. Michael Biermann  
Dr. Jeanne Strathearn  
Dr. Charles Smith

**Compensation**

Dr. Zack Studstill, chair  
Dr. Richard Haught, *ex officio*  
Dr. Mark Feldman  
Dr. Robert Brandjord  
Dr. Perry Tuneberg  
Dr. John Findley  
Dr. Donald Cadle

**Diversity**

Dr. Kathleen Roth, chair  
Dr. Kirk Gleason  
Dr. Jeanne Strathearn  
Dr. Ronald Tankersley

**International Programs and Development**

Dr. Gregory Chadwick, chair  
Dr. Richard Haught  
Dr. Robert Brandjord  
Dr. T. Howard Jones  
Dr. C. Neil Kay  
Dr. Edward Feinberg  
Dr. Lidia Epel

Dr. Roger Wood  
Dr. Bashar Bakdash  
Mr. Mike Sudzina  
Dr. Kevin Hardwick  
Dr. Chad Gehani  
Dr. James Bramson  
Ms. Mary Logan  
Ms. Helen Cherrett

**Pension**

Dr. James Bramson  
Dr. Richard Haught  
Dr. Robert Brandjord  
Dr. Mark Feldman  
Mr. William Zimmermann  
Ms. Kathy Bell  
Mr. Peter Sfikas

**Finance**

Dr. Mark Feldman, chair  
Dr. Robert Brandjord  
Dr. Richard Haught, *ex officio*  
Dr. Ronald Gross  
Dr. Kirk Gleason  
Dr. Frank Grammer  
Dr. Kathryn Kell

**Information Technology**

Dr. Kathleen Roth, chair  
Dr. Michael Biermann  
Dr. Joel Glover  
Dr. Donald Cadle  
Dr. Robert Brandjord  
Dr. James Bramson  
Mr. Robert Owens  
Ms. Mary Logan  
Ms. Beril Basman  
Mr. Clayton Mickel

**Strategic Planning**

Dr. Kevin Seidler, chair  
Dr. David Neumeister  
Dr. Gregory Stoute  
Dr. Kim Jernigan  
Dr. Kathleen Roth  
Dr. Roddy Feldman  
Dr. John Findley  
Dr. Jeanne Nicolette  
Dr. Robert Brandjord  
Dr. James Bramson  
Ms. Mary Logan  
Dr. Gregg Liberatore  
Ms. Beril Basman

After reviewing the appointments made by President Haught, the Board of Trustees adopted the following resolution.

**B-99-2004. Resolved**, that the appointments to the standing committees of the Board of Trustees as made by the President be approved.

**New Dentist *Ex Officio* Appointments to ADA**

**Councils/Commissions:** In accordance with the ADA *Bylaws*, Chapter VII, Section 150e, the duties of the Committee on the New Dentist include serving as *ex officio* members, without the power to vote, on councils and commissions of the Association. The following one-year *ex officio* appointments to ADA councils and commissions were presented by President Haught for the Board's consideration. In addition, a liaison appointment was presented for the American Dental Political Action Committee. The Board adopted the following resolution.

**B-100-2004. Resolved,** that members of the 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:

**ADA Sessions**

Dr. Laurene Grabill

**Communications**

Dr. Matthew Krische

**Dental Education and Licensure**

Dr. Ender Ozgul

**Dental Practice**

Dr. Jennifer McConathy

**Access, Prevention and Interprofessional Relations**

Dr. Brandon Maddox

**Government Affairs**

Dr. Tim Kneller

**Membership**

Dr. Natasha Lee

**Scientific Affairs**

Dr. Shiva Shanker

**American Dental Political Action Committee**

Dr. Teri Barichello

**Appointment of Representatives to Other**

**Organizations and Activities:** The following appointments of representatives to other organizations and members of other committees were also made by President Haught.

**Official Observer to the American Medical Association House of Delegates**

Dr. David Whiston

**Official Observer to the American Hospital Association Annual Meeting**

Dr. Robert C. Lauf

**Liaison to the American Student Dental Association**

Dr. Donald Cadle

**Liaison to the Alliance of the American Dental Association**

Dr. Ronald Bushick

**IT Committee Liaison to Dental Informatics Standards Committee**

Dr. Joel Glover

**Dental Economic Advisory Group Liaison**

Dr. Ronald Tankersley

**Presenter of Board Reports to the House of Delegates**

Dr. Zack Studstill

**Norton Ross Selection Committee**

Dr. Michael Biermann

**American Dental Political Action Committee Board of Directors**

Dr. Kathleen Roth

**Dental Content Committee**

Dr. Perry Tuneberg, chair

Dr. Frank Grammer, vice chair

**Dr. Samuel Harris National Museum of Dentistry, Board of Visitors**

Dr. Thomas Soliday

**Bioterrorism Workgroup**

Dr. Kathryn Kell

Dr. Ronald Bushick

**Joint Council Committee on SNODENT**

Dr. Zack Studstill

**Alaska Task Force**

Dr. Bernard McDermott

Dr. Michael Biermann

**National Foundation of Dentistry for the Handicapped (NFDH)**

Dr. Jeanne Strathearn (2007)

Dr. Ronald Tankersley (2008)

**Work Force Models Task Force**

Dr. Zack Studstill

Dr. Perry Tuneberg

Dr. Jeanne Strathearn

**Nominees for Boards of ADA For-Profit and Not-for-Profit Subsidiaries:** The following nominations to the for-profit and not-for-profit subsidiaries were made by President Haught.

**ADREC Board**

Dr. Zack Studstill (ADREC president)

Dr. Robert Brandjord (vice president)

Dr. Kirk Gleason (trustee)

Dr. Perry Tuneberg (trustee)

Dr. James Bramson (secretary)

Mr. William Zimmermann (treasurer)

**ADA Foundation**

Dr. Kathryn Kell

**Other Committees or Task Forces:** Additional appointments to task forces and committees, established by the Board of Trustees or the 2004 House of Delegates,



will be appointed by President Haught in the near future and will be reported to the Board of Trustees at its December session.

**Sessions of the Board of Trustees, 2004-2005:** The Board adopted the following resolution regarding its meeting dates for 2004-2005:

**B-101-2004. Resolved,** that the 2005 meeting dates of the Board of Trustees be amended by replacing the previous dates of September 29-October 2, 2005, with the dates of September 28-30, and be it further  
**Resolved,** that the sessions of the 2004-2005 Board of Trustees be as follows:

December 5-7, 2004  
February 20-22, 2005 (Board Retreat)  
April 17-19, 2005  
June 12-14, 2005  
August 7-9, 2005  
September 28-30, 2005  
October 11, 2005  
December 11-13, 2005

**Appointment to the National Clinical Licensing Consensus Committee:** Dr. Haught appointed Dr. Joel Glover as the Board representative to the Licensing Consensus Committee.

**American Dental Real Estate Corporation Annual Shareholder Meeting:** The Board of Trustees adjourned its regular session at approximately 11:02 a.m. and convened the Shareholder Meeting of the American Dental Real Estate Corporation. These actions are reported in separate minutes. The annual meeting of the ADREC Shareholder adjourned at 11:04 a.m.

#### **New Business**

The Board discussed several new items of business. These included:

- a request from the Board to look into the feasibility of providing a Blackberry to each Board member and appropriate senior staff in order to receive critical information and have the ability to respond to same in a more timely manner;
- a request that the December Board agenda routinely include an annual session “recap” discussion.

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

# December 5-7, 2004

## Headquarters Building, Chicago

**Call to Order:** The second session of the Board of Trustees was called to order by President Richard Haught on Sunday, December 5, 2004, at 2:00 p.m. in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers and trustees were present: Richard Haught, Robert M. Brandjord, Ronald D. Bushick, Robert T. Ferris, J. Thomas Soliday, Mark J. Feldman, James B. Bramson, Michael E. Biermann, Donald I. Cadle, Roddy N. Feldman, John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Kathryn Kell, Bernard K. McDermott, Jeanne Nicolette, Kathleen Roth, Charles L. Smith, Jeanne P. Strathearn, Zack D. Studstill, Ronald L. Tankersley and Perry K. Tuneberg. Dr. Ronald Gross participated in the meeting via conference call.

Staff members present were: L. Jackson Brown, associate executive director, Health Policy Resources Center; Albert H. Guay, chief policy advisor; Ronald Inge, associate executive director, Dental Practice; Laura Kosden, associate executive director and publisher, Publishing; Mary Logan, chief operating officer; Daniel M. Meyer, associate executive director, Science; Clayton B. Mickel, associate executive director, Communications and Corporate Relations; Dorothy J. Moss; associate executive director, Government Affairs; Laura M. Neumann, associate executive director, Education; Patricia M. Newton, associate executive director, Membership and Dental Society Services; Carol M. Overman, associate executive director, Administrative Services; Robert L. Owens, associate executive director, Information Technology, Standards and Salable Materials; Alison Owings-Cinelli, associate executive director, Conference and Meeting Services; Peter M. Sfikas, associate executive director, Legal Affairs; and William T. Zimmermann, chief financial officer.

Also in attendance for all or portions of the meeting were: Beril Basman, director, Strategic Planning and Consulting; James Berry, associate publisher, Publishing; Judith Jakush, editor, *ADA News*; and Walter Piecewicz, associate general counsel.

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

**B-106-2004. 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.

**Mail Ballot Approval of Minutes of Previous Session:**

Via electronic communications, the Board adopted unanimously the following resolution approving the minutes of the September and October 2004 sessions.

**B-102-2004. Resolved,** that the minutes of the September 22-23, 2004, session of the Board of Trustees, as presented, be approved.

**B-103-2004. Resolved,** that the minutes of the October 5, 2004, session of the New Board of Trustees, as presented, be approved.

**Consent Calendar:** A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution.

**B-112-2004. Resolved,** that the reports and resolutions contained on the Consent Calendar, as amended, be approved.

### Resolutions

Resolution B-109—Report of the Council on Dental Education and Licensure: Revisions to the ADA Anesthesia Policy Statement

Resolution B-107—Report of the Division of Membership and Dental Society Services: Applications for Associate Membership

Resolution B-116—Report of the Council on Scientific Affairs—Research Agenda

Resolution B-108—Report of the Department of Standards Administration and the Councils on Scientific Affairs and Dental Practice: Recommendations for ADA Representatives to Standards Committees and Standards Organizations

Resolutions B-110 and B-111—Proposed Board of Trustees Meeting Dates

Resolutions B-105—Amendments to the *Organization and Rules of the Board of Trustees* and the *Standing Rules for Councils and Commissions*

### Informational Reports

Report of the Chief Policy Advisor: Articles on the Oral Health of Alaska Natives and the Oral Health of Elders

Report of Dr. Frank C. Grammer, Liaison to the Council on Ethics, Bylaws and Judicial Affairs

Report of the Council on Ethics, Bylaws and Judicial Affairs

Report of Dr. Michael E. Biermann, Liaison to the Council on Scientific Affairs

Report of the Council on Scientific Affairs: Recent Activities

Report of Dr. Perry K. Tuneberg, Liaison to the Council on Dental Benefit Programs

Report of Dr. John Findley, Liaison to the Council on Dental Practice  
 Report of the Treasurer  
 Report of the First Vice President  
 Report of the President  
 Report of the Executive Director  
 Report of the President-elect

Accredited Standards Committee X12 N Insurance Subcommittee: Dr. Norman Schreiber  
 Health Level 7 (HL7): Dr. Mark Diehl  
 American Society of Testing and Materials E-31 Committee: Dr. Mark Diehl  
 ADA Standards Committee on Dental Informatics: Dr. Gordon Isbell

**Note:** For the purpose of a fully documented record, the complete text of the Board resolutions included in the aforementioned consent calendar follows.

**B-109-2004. Resolved,** that the proposed changes to the ADA Policy Statement: The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry be circulated to the communities of interest for comment, and be it further

**Resolved,** that the Council on Dental Education and Licensure's Committee on Anesthesiology review the comments from the communities of interest, make revisions as appropriate, and present the proposed changes for consideration to the Council at its April 2005 meeting, and be it further

**Resolved,** that the final proposed changes be considered by the Board for transmittal to the 2005 House of Delegates.

**B-107-2004. Resolved,** that the applicants for associate membership be approved in accordance with Chapter VII, Section 110, of the *Bylaws*:

Dr. Andrew Spielman  
 Dr. James Bernard Machen

**B-116-2004. Resolved,** that the 2005 Research Agenda entitled "Research of Importance to the Practicing Dentist," as revised by the Council on Scientific Affairs at its November 2004 meeting, be approved.

The approved Research Agenda is attached as Appendix 1.

**B-108-2004. Resolved,** that the following volunteers be appointed as recommended by the Council on Scientific Affairs and the Council on Dental Practice to represent the American Dental Association in the dental related, standards-setting activities of the following organizations from January through December 2005:

American Society of Heating, Refrigeration, and Air-conditioning Engineers: Dr. Paul Supan  
 American Society of Testing and Materials: Dr. Jarvis Chan  
 National Fire Protection Association: Dr. Douglass L. Jackson  
 Laser Institute of America (Z136 Subcommittee): Dr. Douglas Dederich  
 Association for the Advancement of Medical Instrumentation: Dr. Louis De Paola  
 ADA Standards Committee on Dental Products: Dr. Clark Stanford  
 Digital Imaging and Communication in Medicine Standards Committee: Dr. Allan Farman (primary) and Dr. S. Brent Dove (alternate)

**B-110-2004. Resolved,** that the following Board of Trustees meeting dates for the year 2007 be approved:

February 11-13, 2007  
 April 15-17, 2007  
 June 10-12, 2007  
 July 29-31, 2007  
 September 18-20, 2007  
 October 2, 2007  
 December 9-11, 2007

**B-111-2004. Resolved,** that Resolution B-30-2003 (*Trans.*2003:235), which establishes the Board of Trustees' meeting dates for the calendar year 2006, be amended by adding October 4-6, 2006, as the Board's pre-annual session meeting dates, so the 2006 dates are as follows:

February 12-14, 2006  
 April 9-11, 2006  
 June 4-6, 2006  
 August 6-8, 2006  
 October 4-6, 2006  
 October 20, 2006  
 December 10-12, 2006

**B-105-2004. Resolved,** that the *Organization and Rules of the Board of Trustees* be amended under the section entitled "Policies on Nominations, Appointment and Consultants," by deleting in their entirety the subsections entitled "FDI World Dental Federation Delegation" and "USA National Liaison Officer to FDI World Dental Federation" and replacing them with the following new subsections:

**FDI World Dental Federation Delegation:** The ADA/FDI Delegation shall consist of ten delegates. The delegates shall be the current President, who shall serve as chair and spokesperson, the President-elect, the Immediate Past President, the Previous Immediate Past President, a fourth-year trustee, a third-year trustee, a second-year trustee, the USA National Liaison Officer, and the ADA Executive Director. The tenth delegate will be appointed by the President and may be, if deemed appropriate, the Chair of the Committee on International Programs and Development. There shall be two alternate delegates, one first-year trustee appointed by the President and one additional appointment 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.

Within thirty (30) days following the close of the annual congress of the FDI World Dental Federation, the USA National Liaison Officer shall submit a written report containing observations and/or recommendations

from the delegation that will be of assistance to the Committee on International Programs and Development and ultimately 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.

**FDI Advisory Committee:** The advisory group will be composed of the President, as chair of the ADA/FDI Delegation, the President-elect, the Immediate Past President, the USA National Liaison Officer, and the Executive Director.

The role of the Advisory Committee is to help set the stage for a multi-year strategy, coordinate FDI activities, and develop long-term leadership and greater consistency from year to year. It will also serve as a vehicle to discuss and make recommendations to the delegation regarding ADA candidates to open FDI positions for the Council, Commissions, and various other committees.

**USA National Liaison Officer to FDI World Dental Federation:** The following guidelines and procedures will govern the nomination, selection and duties of the USA National Liaison Officer to the FDI World Dental Federation:

1. The USA National Liaison Officer will serve for a period of four years beginning each year immediately following adjournment of the FDI World Dental Congress.
2. The FDI Advisory Committee will nominate to the ADA/FDI Delegation candidates for the position of USA National Liaison Officer and make recommendations regarding candidates for FDI offices and leadership positions. From these candidates the Delegation will make a recommendation to the ADA Board of Trustees. The Committee on International Programs and Development is invited to make comments on any of these recommendations for Board consideration.
3. The USA National Liaison Officer will serve as the personal contact and link between the ADA and its membership and the FDI, and will be the driving force in the promotion of the FDI World Dental Congress and FDI publications.
4. The USA National Liaison Officer will serve as an official ADA/FDI delegate to the FDI World Dental Congress.
5. The USA National Liaison Officer, at the direction of the President, will also be responsible for delegation meetings and reports.

and be it further

**Resolved,** that the *Organization and Rules of the Board of Trustees*, section entitled "Standing Committees," subsection entitled "Committee on International Programs and Development," be amended by inserting in the paragraph "Duties," the following new duties 9 and 10, and renumbering the current 9 as duty 11, so the paragraph will read as follows:

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

1. compile an inventory of ADA international issues and monitor Association international activities on an ongoing basis;
2. make recommendations to the Board regarding international development in support of the Association's strategic plan and other relevant documents;
3. develop recommendations that promote and connect the ADA to the global dental community;
4. increase awareness of global health care delivery and collaborate internationally on disease management, prevention and oral health promotion, and make recommendations for joint programs, if and when possible;
5. initiate and assist in international programs and meetings that will advance the status of the dental profession and contribute to the world wide exchange of knowledge and experience in oral health matters;
6. coordinate the ADA/FDI Delegation whose responsibilities include: a) making recommendations for efficient and effective Association involvement in the FDI, b) making regular written reports to the Board on FDI activities and issues, and c) maximizing U.S. influence to the FDI's efforts to improve global oral health;
7. coordinate the ADA/HVO Dentistry Overseas Steering Committee whose responsibilities include: a) managing the ADA international volunteer program, b) serving as liaison to other international volunteer organizations such as the Global Health Council, c) administering the Certificate of Recognition for Volunteer Service in a Foreign Country, and d) undertaking other activities as assigned;
8. form partnerships whenever appropriate with such groups as the International Association for Dental Research (IADR), International Federation of Dental Education (IFDEA), International Dental Manufacturers (IDM), International Organization of Standards;
9. assist and support the developing countries in oral health matters through Health Volunteers (HVO), the FDI World Dental Federation, and other international organizations;
10. encourage the dissemination and exchange of scientific information to other countries; and
11. review and evaluate other international activities as assigned to make appropriate recommendations to the Board of Trustees.

#### **Advocacy**

**Update on the National Clinical Licensing Examination Consensus Committee:** At its August 2004 meeting, the Board of Trustees adopted Resolution B-83-2004, which created a National Clinical Licensing Examination Consensus Committee to advance the development of a common national examination for evaluation of clinical competency of candidates for licensure. As a member of

this Consensus Committee, Dr. Joel Glover provided an update on the Committee's activities noting that a two-day meeting has been scheduled in February 2005. It was also noted that the American Association of Dental Examiners, American Dental Education Association, and the regional and individual testing agencies have been invited to meet with the committee in February to discuss activities related to development of a uniform national clinical examination for licensure in dentistry. In discussing this topic, the Board reviewed a series of correspondence regarding the development of a national clinical examination by the AADE. Following extensive discussion of issues raised in the correspondence, the Board adopted the following resolution.

**B-120-2004. Resolved,** that the ADA Board of Trustees encourages the Consensus Committee to continue its effort (prior to and at its February meeting) to facilitate discussions between all parties of interest relative to a collaborative process for development of a national licensure examination, and be it further

**Resolved,** that staff prepare an informational report for the February Board session relative to options and related expenses for development of a national clinical licensure examination, and be it further

**Resolved,** that if in the Committee's opinion the collaborative process is at a stalemate prior to or as a result of the February Consensus Committee meeting, the Board of Trustees will consider the informational report and use it to consider the initiation of an ADA-led effort to develop a national clinical licensure examination.

**Report of Dr. G. Kirk Gleason, Liaison to the Council on Dental Education and Licensure:** Dr. Gleason provided the Board with a report of his attendance at the Council's November 11-12, 2004, meeting.

**Report of the Associate Executive Director, Government Affairs: Federal and State Legislation and Regulation Update:** This report provided the Board with an overview of federal and state issues and activities.

#### Attorney-Client Session

**Report of the Associate Executive Director, Legal Affairs: Recent Divisional Activities:** In an attorney-client session, the Board discussed various legal matters of interest to the Association.

#### Regular Session

##### Amalgam Metrics Measurement Report of 2004

**Activities:** In June 2002, the Board adopted Resolution B-58-2002 (*Trans.* 2002:390), concerning metrics for tracking amalgam-related activities. The Board expressed an interest in periodically tracking these activities under categories such as scientific research, legal and legislative activities, and communications. This report from the ADA Wastewater Work Group tracked the activities for the year 2004.

**Debrief on the 2004 Annual Session:** Ideas and comments on activities of the 2004 annual session and the

strategic discussion segment in Orlando included: feasibility of separating the scientific session from the business meeting; amount of time allocated for the Distinguished Speakers Series; shortening the length of time for the strategic discussion to 1.5 hours; and soliciting topics from Association councils for greater membership input into strategic sessions.

##### Report on the House of Delegates Strategic Discussion:

This report provided data from the evaluation questionnaires completed by the delegates and alternate delegates on the strategic session, as well as information from the debriefing session held by the staff group that coordinated the session.

##### Report from the Alaska Native Oral Health Access

**Task Force:** The Board discussed the status of the Indian Health Care Improvement Act (HR 2440/S.556), which did not pass the Congress, and of the continuing efforts of "Operation Backlog," to address the dental disease in the Alaskan villages. In an effort to provide financial support for Association lobbying efforts, as well as for logistical support to the Alaska Dental Society (ADS), the Board adopted the following resolutions.

**B-122-2004. Resolved,** that the Board authorizes up to \$25,000 in addition to the printed supplement funding to finance elements of "Operation Backlog" as a separate supplement.

**B-123-2004. Resolved,** that in accordance with Resolution 67H-2004 adopted by the 2004 House of Delegates, the American Dental Association consider supporting the Alaskan Dental Society in legal action regarding Dental Therapists deemed prudent by the ADA President, President-elect and Executive Director, and be it further **Resolved,** that at that time they then urgently notify the Board of Trustees as appropriate to discuss the appropriateness and financial support for such legal action.

#### Attorney-Client Session

The officers, members of the Board of Trustees, the Executive Director, the Chief Operating Officer and Chief Legal Counsel met in an attorney-client session from 4:55 to 5:05 p.m.

**Adjournment:** The Board of Trustees adjourned at 5:05 p.m.

#### Monday, December 6, 2004

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**Call to Order:** The Board of Trustees was called to order by President Haight at 9:25 a.m. in the Headquarters Building, Chicago.

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

**Closed Session:** A closed session of the Board of Trustees was called to order prior to convening the regular session. Those in attendance included the President,

President-elect, First Vice President, Second Vice President, Treasurer, Speaker of the House of Delegates, members of the Board of Trustees, the Executive Director and the Chief Operating Officer.

### Special Orders of Business

**Review of Association Policies:** Ms. Tamra Kempf, associate general counsel, Legal Affairs, reviewed the Association's policies regarding professional conduct including sexual harassment, conflict of interest and confidentiality.

**Development of a Whistle Blower Policy:** The Board approved a motion directing the Association's Legal staff to develop a whistle blower policy for reporting suspected fraud and other unlawful activity.

**Presentation by Dr. L. Jackson Brown and Dr. Donald House—ADA Membership Model:** Dr. Brown and Dr. House described the recently developed ADA Membership Model and presented forecasts of future membership using the model. The model was developed for the Health Policy Resources Center in response to Resolution 68H-2002 (*Trans.2002:370*).

The model makes projections of future membership of the ADA using statistical transition modeling for retirement, occupation change, location choice, gender, race/ethnicity, and specialty. The model can be used to pose "What if" questions, relating changes in ADA dues, membership and revenue consequences. The model will be expanded to make projections of state as well as national membership. Information will be integrated into the ADA dental workforce model (DWM).

### Member and Support Services

**Report of the Division of Membership and Dental Society Services: American Student Dental Association Consultant Program:** The Association has had a longstanding collaborative relationship with the American Student Dental Association (ASDA). A key facet of this relationship has been the ASDA Consultant Program, which allows dental students the opportunity to participate in Association councils and committees which has the benefit of facilitating communication and cooperation between the associations, providing Association agencies with the perspective and insight of the student member, and providing leadership development opportunities for ASDA leaders. This report outlined a proposal that would allow ASDA consultants to attend all days of all meetings (without the power to vote) to which he/she is appointed except portions of meetings held in confidential, executive or attorney-client sessions. In addition, the ASDA consultant would participate in any orientation program for new council members, the exception being the Council on Members Insurance and Retirement Programs where the ASDA consultants will only attend the spring meeting. After discussion and review of the guidelines for the ASDA consultant program, the Board adopted the following resolution. Appropriate revisions to the *Standing Rules for Councils and Commissions*, Section on

Consultants, will be developed for the Board's consideration.

**B-113-2004. Resolved,** that the ASDA Consultant Program Proposed Guidelines be approved as submitted effective January 1, 2005.

The approved guidelines are attached as Appendix 2.

**Report of the Council on ADA Sessions: Annual Session Site Recommendation for 2011:** The Board approved the following resolution approving the 2011 Annual Session site location.

**B-118-2004. Resolved,** that the recommendation of the Council on ADA Sessions to hold the Association's 2011 annual session in New Orleans, Louisiana, October 13-17, be approved, contingent on appropriate compensation being worked out with the New Orleans Dental Society.

**Report of the Standing Committee on Diversity: ADA Institute for Diversity in Leadership:** This informational report provided an update on recent activities of the Institute. Dr. Roth reported that a follow up survey would be sent to senior class members requesting feedback on the program. Board members provided comments received from the Institute participants from their districts.

### Special Order of Business

**Introduction of the JADA Editor-Elect:** The Board adopted the following resolution affirming the selection of Dr. Michael Glick as *JADA* Editor.

**B-104-2004. Resolved,** that the ADA Board of Trustees appoint Dr. Michael Glick as the new Editor of *The Journal of the American Dental Association* effective with the January 2005 issue for a term of three years.

### Member and Support Services (continued)

**Update on Status of the 2004 Discussion—Improving Market Share in Lagging Membership Categories:** Ms. Newton provided an update on some of the issues discussed at the April 2004 Strategic Session on the Membership Initiative noting that several opportunities for further exploration had been identified. They included: building membership community through leadership outreach and collaboration; strengthening leadership involvement by dentists from various demographic groups; and addressing membership market segments through research programming and recruitment and retention. The Board will receive further updates on the status of the market share at its April 2005 meeting.

**Criteria for ADA Honorary Membership and Nominees for the Council on Dental Education and Licensure:** Dr. Haught appointed Dr. Bushick, chair, Dr. Roth and Dr. Gleason to meet via conference call to discuss the criteria for nominees for ADA honorary membership and appointment criteria for nominees to the

Council on Dental Education and Licensure, with a report to the Board at its February 2005 session.

**Recess:** The Board recessed for lunch at 11:55 a.m. and reconvened at 1:15 p.m.

### Special Order of Business

**Strategic Session—Scope of Practice:** At each of its meetings, the Board sets aside significant time for a strategy session on a key issue or objective. At this session, the Board engaged in an in-depth discussion on scope of practice, exploring other professions' experiences and addressing quality of care, access, patient safety, and proper training and education.

### Image, Ethics and Professionalism

**Update on the National Council on Dental Credentialing Organizations (NCDCO):** This report provided an update on NCDCO activities since those reported to the Board at its June 2004 meeting. This report noted that the NCDCO had offered to transmit its draft policy to the Association for comment on how organizations receiving recognition would announce the NCDCO recognition. To date, the ADA has received no further information regarding this policy. Updates on NCDCO activities will be provided as information becomes available.

### Attorney-Client Session

**Report of the Associate Executive Director, Legal Affairs:** In an attorney-client session, the Board discussed various legal matters of interest to the Association.

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

### Tuesday, December 7, 2004

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**Call to Order:** The Board of Trustees was called to order by President Haught at 8:10 a.m. in the Headquarters Building, Chicago.

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

### Image, Ethics and Professionalism (continued)

**Report on the 2004 Surveys on Credentials in Practice Areas Not Recognized as Dental Specialties by the ADA:** The Board reviewed a report on surveys conducted by the ADA Survey Center in 2004 on credentialing in dental practice areas not recognized by the ADA as dental specialties. The surveys were sent to approximately 6,500 professionally active general dentists, specialists and dental educators and 70 national dental organizations,

including the ADA-recognized dental specialty certifying boards and sponsoring organizations.

After considering the response to the surveys and conducting an in-depth discussion on possible courses of action, the Board adopted the following resolution.

**B-121-2004. Resolved,** that the Council on Dental Education and Licensure is directed to develop a proposed process to recognize non-specialty interest areas in general dentistry practice and education, and be it further **Resolved,** that the process include guidelines for recognition of these non-specialty interest areas, including related formal advanced education and training, of one academic year or more, and be it further **Resolved,** that the proposed guidelines be consistent with the ADA *Principles of Ethics and Code of Professional Conduct*, and be it further **Resolved,** that the Council provide a progress report to the Board at its August 2005 meeting.

### Organizational/Other

**Report of the Information Technology (IT) Committee: Disbandment of the IT Committee:** The Board noted that while the Committee served its purpose in the beginning, its need has been significantly reduced in the past three years as ADA agencies have taken a more active role in information technology's impact on the dental profession. It was also noted that the Tripartite System is now well accepted and respected throughout the tripartite; new IT operational evaluation, expenditure, reporting and accountability structures are permanently in place; and the Board overall is more comfortable with technology and understands the expenditures better. For all these reasons, the Board determined that there is no longer a need for this committee and subsequently adopted the following resolution.

**B-115-2004. Resolved,** that the Board of Trustees directs its Standing Committee on Information Technology be dissolved, and be it further **Resolved,** that the *Organization and Rules of the Board of Trustees* be amended by the deletion of the entire text regarding the Information Technology Committee, and be it further **Resolved,** that the Council on Dental Practice be directed to monitor the impact of information technology on dental practice and provide recommendations to the Board on necessary programs, strategy decisions or prioritization of Association activities related to the use of information technology in practice, and be it further **Resolved,** that the Council on Dental Practice request assistance from the Council on Dental Benefit Programs, as necessary through the development of joint task forces, in the investigation and development of Association activities that support the integration of information technology into practice, specifically as it relates to the information gathering that may be conducted via third-party carriers, and be it further **Resolved,** that the Council on Communications be directed to monitor, review and provide recommendations to the Board, as necessary, on the development of ADA

Web strategy and other electronic communication vehicles, and be it further

**Resolved**, that the Association agencies include in their annual reports, summaries of program, projects or policies dealing with the impact of information technology on the profession or the practice of dentistry.

### Special Orders of Business

**ADAF Boot Camp:** Mr. Barkley Payne, senior director, ADA Foundation, provided an update on the National Campaign for Dental Education and the recent meeting of its Task Force in New York City on November 30, 2004. He followed this informative session with two campaign “Boot Camp” training sessions on “Mechanics of a Fundraising Campaign” and “The Role of a Board in a Fundraising Campaign.”

**Presentation by Dr. David Sarrett, member, Council on Scientific Affairs: New Professional Product Evaluation Program:** This presentation provided an overview of the new professional product evaluation program.

**Confidential Report of the Council on Scientific Affairs: Professional Product Evaluation Program:** In a confidential session, the Board reviewed the Council’s proposal for a new professional product evaluation program, including surveys conducted throughout 2004 to determine member receptiveness to the concept of an ADA product evaluation newsletter. The Council presented the Board with three options for providing product content (a subscription newsletter, a newsletter provided without charge as a member benefit, and a feature in *JADA* or on ADA.org) and the pros and cons of each.

As approved by the 2004 ADA House of Delegates, the existing ADA Seal of Acceptance program for professional products will be phased out over three years, beginning January 1, 2005. Historically, the professional component of the Acceptance program provided a valuable member service, but the program has become less valuable because of a sharp decline in the number of participating companies and the desire of dentists for comparative product information.

After discussion, the Board concluded that the Council should pursue the option with the greatest member value and adopted the following resolution.

**B-117-2004. Resolved**, that the Council on Scientific Affairs is directed to take all necessary and appropriate steps to launch the ADA Professional Product Report in 2006, including preparing a decision package for the Council’s 2006 budget request to provide the Report as a member benefit.

**Recess:** The Board recessed for a working lunch at 12:15 p.m. and reconvened at 1:00 p.m. The following topics were discussed:

**Board of Trustees February 2005 Retreat/Planning Meeting:** Dr. Haught provided an update on the meeting activities for the February retreat to be held in Newport

Beach, California, February 19-22, 2005. He also directed Board members to review the Environmental Scan, which will be distributed prior to the retreat meeting, and submit two mega issue topics for discussion during the upcoming year.

### **Report of the Executive Director: Feasibility of Providing Handheld E-mail Devices (Blackberries) to ADA Officers, Board Members and Senior Management:**

At the October 2004 New Board of Trustees meeting, the Board requested that staff look into the feasibility of providing a Blackberry to each Board member and appropriate senior staff in order to receive critical information and have the ability to respond to same in a more timely manner. This report was in response to that request. After discussing the advantages, disadvantages and options contained in the report, the Board did not approve a funding request in the amount of \$52,650 to support this activity. It was noted that other equipment, such as cell phones with text messaging capability, could serve the same purpose at significantly lower costs.

**Report of Dr. Roddy N. Feldman: Annual Meeting of the California Dental Association House of Delegates Meeting:** Dr. Feldman provided an update on the CDA House of Delegates meeting highlighting the discussions on PGY-1 licensure and licensure by credentials.

### Practice Support (continued)

**Update on SNODENT and Diagnostic Codes Strategy:** Dr. Ronald Inge presented the report on SNODENT and diagnostic codes, which included a brief history of the issues involved, an overview of Association actions taken to date to address efforts to promote diagnostic codes in dentistry and the strategies developed from resolutions adopted at the August 2004 Board session. It was noted that the strategies in this report are ongoing concurrently. The Board voted unanimously to approve concurrent pursuit of the strategies for ongoing management of the SNODENT and diagnostic codes issues as presented in the report.

**Update on Procedure Code Modifiers Strategy:** In a closed session, Dr. Inge reviewed the status report on procedure code modifiers, in particular describing five possible strategies for addressing the use of procedure code modifiers in dentistry. After discussion, the Board adopted unanimously to approve strategies #1 and #5 as presented in the report which called for the reactivation of the Code Revision Committee Ad Hoc Workgroup on Procedure Code Modifiers and initiation of a member awareness campaign on procedures code modifiers.

(For historical purposes, the Board’s actions on the above matters are presented, as follows, in resolution format.)

**B-124-2004. Resolved**, that the ADA support reactivation of the Code Revision Committee Ad-Hoc Workgroup on Procedure Code Modifiers to further explore the concept of procedure code modifiers.



**B-125-2004. Resolved,** that should the Association adopt a position regarding the definition and application of procedure code modifiers, the appropriate Association agencies create an informational campaign directed towards the entire membership and other interested parties, and be it further

**Resolved,** that such an informational campaign include the Association's perspective and guidance on the meaning and use of procedure code modifiers, and their difference from descriptive and diagnostic codes (e.g., SNODENT; ICD-9).

**Organizational/Other (continued)**

**Report on the Status of the 2004 and 2005 Contingency Funds and Approval of Supplemental Appropriation**

**Requests:** A Contingency Fund of \$800,000 was authorized in the 2004 budget. The Board to date has approved total supplemental requests in the amount of \$827,650, leaving a deficit in the 2004 Contingency Fund of \$27,650.

**2005 Contingency Fund:** The Board reviewed the following new requests for supplemental funding and subsequently adopted the following amended resolution.

**B-114-2004. Resolved,** that the following appropriations be made from the 2005 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 Administrative Services*  
(Cost Center 090-0050-XXX) . . . . . \$16,000

**ADA Environmental Scan Project Completion:** The full project was budgeted for in 2004 but the scenario development phase will be completed in January 2005. This is the remaining consultant's fee (\$12,000) as defined in the contract. Consultant (Forbes) will give a presentation on the Environmental Scan to the Board of Trustees at its February 2005 meeting. This will cost \$4,000.

<b>Expense</b>		
520001	Consultant Fees	<u>\$16,000</u>
	Total Expenses	\$16,000

**No Funding Alternative was submitted.**

*Division of Government Affairs*  
(Cost Center 090-0050-XXX) . . . . . \$25,000

**Alaska Support Initiatives:** This financial request is designed to provide support for Association lobbying efforts of influential Alaska legislators and other thought leaders as well as directing some logistical support to the Alaska Dental Society (ADS) in the effort to coordinate a local program of dentists volunteering in the remote villages. The Alaska Task Force has dubbed this Phase 1 of "Operation Backlog." The primary purpose of the Operation is to bring interested volunteer dentists from around the country to remote Alaska villages to provide dental care in lieu of the need for

these villages to desire the services of a Dental Health Aide Therapist.

<b>Expenses</b>		
505002	Outside Printing	\$500
515101	Volunteer Air	5,000
515401	Volunteer Lodging	3,000
515501	Volunteer Meals	1,000
510400	Reception Costs	3,500
525010	Telephone	2,000
525200	Honoraria	<u>10,000</u>
	Total Expenses	\$25,000

**No Funding Alternative was submitted.**

*Division of Government Affairs*  
(Cost Center 090-0200-XXX) . . . . . \$48,250

**2005 Funding for the Workforce Models Task Force:**

This is to provide operating budget for the Workforce Models Task Force. It is anticipated the Task Force will require three meetings during the year. This request allows for those three meetings in the Chicago office. Additionally, it is anticipated that one meeting of the Task Force will require bringing in several individuals/organizations to provide expertise to the group. Those travel expenses are also reflected within this request.

<b>Expenses</b>		
515101	Volunteer Air	\$15,750
515103	Staff Air	1,350
515203	Staff Ground Transportation	150
515301	Volunteer Per Diem	7,300
515401	Volunteer Lodging	13,350
515403	Staff Lodging	1,300
515501	Volunteer Meals	6,750
515503	Staff Meals	700
515700	Miscellaneous Travel	100
525200	Office Photocopy	500
525205	Stationery and Supplies	<u>1,000</u>
	Total Expenses	\$48,250

**No Funding Alternative was submitted.**

*Division of Membership and Dental Society Services*  
(Cost Center 090-0300-XXX) . . . . . \$4,000

**ASDA Consultant Program.** The ADA Board of Trustees will be considering revised guidelines to the ASDA Consultant Program at its December 2004 meeting. A key component of the revised guidelines is the attendance of ASDA consultants for all days of all council meetings (except as outlined in the guidelines). This supplemental appropriation provides funding for that purpose.

<b>Expenses</b>		
515101	Volunteer Air	\$1,800
515301	Volunteer Per Diem	600
515401	Volunteer Lodging	<u>1,600</u>
	Total Expenses	\$4,000

**No Funding Alternative was submitted.**

*Division of Conference and Meetings Services/Division of Membership and Dental Society Services*  
(Cost Center 090-0350-XXX) . . . . . \$76,800

Philadelphia is a challenging location to draw attendance for the 2005 annual session. Annual surveys of attendees reflect that 32% are definitely interested in attending, compared to other ADA meeting sites: 79% for San Francisco, 65% for Las Vegas, 72% for Honolulu, and 53% for New Orleans. Therefore, the Council on ADA Sessions recognizes that an additional marketing effort will be required to ensure that the budgeted attendance levels are met. This will also ensure that the exhibitors have a successful meeting with the ADA. Thus far, exhibitors are showing strong support of the meeting in Philadelphia and major companies are not cutting back their booth space.

**Expenses**

525020 (Postage)	
Annual Session Interest Generating Brochure (40,000)	\$30,000
Invitation to Welcome Reception	300
Total Postage	<u>\$30,300</u>
505004 (Artwork/Photography)	
Annual Session Interest Generating Brochure	<u>\$15,000</u>
505002 (Printing)	
Annual Session Interest Generating Brochure (40,000)	\$25,000
Invitation to Welcome Reception	1,500
Total Printing	<u>\$26,500</u>
510400 (Reception Costs)	
First Time Attendees Welcome Reception (100 attendees estimated)	<u>\$5,000</u>
Total Expenses	\$76,800

**Funding Alternative:** (Note: the expense over and above the requested will be absorbed by the TGI budget, as set forth below.)

(Cost Center 130-0100-000) Membership Initiative

525020 (Postage)	
Two nonmember follow-up mailings (11,363) with Card	<u>\$4,545</u>
505004 (Artwork/Photography)	
Annual Session Nonmember Follow-up Card	<u>\$2,500</u>
505002 (Printing)	
Annual Session Nonmember Follow-up Card	<u>\$7,500</u>
Total Expenses	\$14,545

*Division of Health Policy Resources Center*  
(Cost Center 090-0155-XXX) . . . . . \$75,000

**2005 Economic Analysis Research.** The Board of Trustees previously approved a supplemental appropriation request for Amalgam Waste Programs and Initiatives. Included in that approved request was \$75,000 to fund one-half share of the costs of an

economic analysis research project. (California Dental Association has agreed to bear the remaining costs.) The purpose of the project was to gauge the economic costs of various regulatory options to limit the use of amalgam in the United States. Because of difficulties in negotiating the contract with the researchers, the project has not yet commenced and no funds have been spent in support of it in 2004. The negotiations are now complete and the project is ready to commence, with costs to be incurred beginning in 2005.

**Expense**

520001	Consultant Fees	\$75,000
	Total Expenses	<u>\$75,000</u>

*Division of Publishing*  
(Cost Center 090-0155-XXX) . . . . . \$71,050

**New JADA Editor Editorial Office Support:** After the current *JADA* Editor, Dr. Marjorie Jeffcoat, resigned her position effective December 31, 2004, a Search Committee was formed at the June 2004 Board of Trustees meeting to oversee the search process and to recommend a new *JADA* Editor-designate to the Board at its December 2004 meeting. The Editor-designate was selected by the Committee on November 4 and extensive contract negotiations followed immediately thereafter between the ADA and the new Editor—as well as with the Dean of his dental school. Because the change in editors was not known at the time of the 2005 budget preparation, the editorial office budget of \$153,950 based on Dr. Jeffcoat’s costs does not reflect the increase in costs that resulted from contract negotiations with the Editor-designate (\$71,050 additional monies are required, making the total new projected budget \$225,000). It should be noted that this is very close to the budget for the editor during Dr. Lawrence Meskin’s term (\$217,700).

**Expenses**

515101	Volunteer Air	\$5,800
515201	Volunteer Ground Transportation	1,300
515301	Volunteer Per Diem	1,500
515401	Volunteer Lodging	4,200
515700	Misc. Travel (Annual Session)	7,000
520001	Consulting	40,000
520200	Honoraria	24,000
525020	Postage, Mailing & Freight	450
525200	Office Photocopy	1,200
525205	Stationery & Supplies	6,200
525310	Computer/Printer Supplies	6,400
	Reduction in Budgeted Line Items (Outside Services & Misc. Exp.)	<u>(27,000)</u>
	Total Expenses	<u>\$71,050</u>

**No Funding Alternative was submitted.**

*Division of Education*  
(Cost Center 090-0600-XXX) . . . . . \$5,000

**CDEL Committee—Process to Recognize Non-Specialty Interest Areas in General Dentistry:** To support the December 2004 Board of Trustees resolution to:

**Resolved**, that the Council on Dental Education and Licensure is directed to develop a proposed process to recognize non-specialty interest areas in general dentistry practice and education, and be it further **Resolved**, that the process include guidelines for recognition of these non-specialty interest areas, including related formal advanced education and training, of one academic year or more, and be it further

**Resolved**, that the proposed guidelines be consistent with ADA Principles of Ethics and Code of Professional Conduct, and be it further

**Resolved**, that the CDEL provide a progress report to the Board at its August 2005 meeting.

**Expenses**

515101	Volunteer Air	\$2,250
515201	Volunteer Ground Transportation	500
515301	Volunteer Per Diem	400
515401	Volunteer Lodging	1,200
515501	Volunteer Meals	450
525020	Postage and Mailing	100
525200	Office Photocopy	100
	Total Expenses	<u>\$5,000</u>

**No Funding Alternative was submitted.**

*Division of Legal Affairs*  
(Cost Center 090-0115-XXX) . . . . . Up to \$7,500

**Wyoming Dental Association Support:** Authorization for the Chief Counsel to make matching expenditures up to \$7,500 regarding the WDA’s matter with the EPA Regions involving acceptable limits for the amount of mercury released into wastewater.

**Expense**

520001	Legal Fees	\$7,500
	Total Expenses	<u>\$7,500</u>

**No Funding Alternative was submitted.**

*Division of Government Affairs*  
(Cost Center 090-0200-XXX) . . . . . Up to \$25,000

**Operation Backlog:** The Board had a discussion of the status of the Indian Health Care Improvement Act (HR 2440/S.556), which did not pass the Congress, and of the continuing efforts of “Operation Backlog,” to address the dental disease in the Alaskan villages.

This supplemental request will provide support for Association lobbying efforts, as well as for logistical support to the Alaska Dental Society (ADS) in the effort

to coordinate a local program of dentists volunteering in the remote villages, and another supplemental request that is to provide additional funds up to \$25,000 to assist in the direct implementation of Operation Backlog. (See Res. B-122-2004)

*Division of Government Affairs*  
(Cost Center 090-0200-XXX) . . . . . Up to \$25,000

**Expense**

515700	Misc. Travel	\$25,000
	Total Expenses	<u>\$25,000</u>

**No Funding Alternative was submitted.**

**Total Approved December 2004 Supplemental Requests: \$353,600**  
**Contingent Fund Balance: \$446,400**

**Note:** The Board discussed possible options for text messaging and subsequently did not fund the following request for the purchase of Blackberries.

*Division of Information Technology, Standards and Salable Materials*  
(Cost Center 090-0450-XXX) . . . . . \$52,650

**New Business**

**Special Use of Emergency Funds:** The Board adopted the following resolution regarding special use of emergency funds.

**B-119-2004. Resolved**, that the special use for emergency purposes of funds from the Board of Trustees Contingency Fund as outlined in Resolution B-44-1978 (*Trans.*1978:425), shall require the prior approval of such use by each of the following: ADA President, President-elect and Executive Director, and be it further **Resolved**, that the Finance Committee of the Board of Trustees review this policy on an annual basis.

The Board *Rules* will be amended to incorporate this policy.

**Report of the Executive Director: 22<sup>nd</sup> Floor**

**Remodeling:** Dr. Bramson reviewed the floor plans and discussed the remodeling efforts underway for the reconstruction of the executive offices and meeting space.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 2:30 p.m.

## Appendix 1

### 2005 ADA Research Agenda

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 Foundation (ADAF), the National Institute of Dental and Craniofacial Research (NIDCR), the Agency for Healthcare Research and Quality (AHRQ), and other national foundations and institutions that 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 Dental Education Association (ADEA), 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 on technologies and materials of greatest benefit to the public and the profession. As needed, other research should be conducted through extramural contractual arrangements.

It is the consensus of the Council on Scientific Affairs that the Association's most vital role and important responsibilities are in the area of knowledge and technology transfer, and in assuring that the profession is continuously kept abreast of scientific and technological advancements. With this in mind, the Council has performed its annual review of patient and provider safety issues, 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 issues have short- and long-term impact on the quality of patient care, "best practice" guidelines and the continuing development of dental practice.

The Council develops an annual Research Agenda to enhance the transfer of science to clinical practice. To advance the knowledge base for dental practice, the Council encourages researchers to conduct high-quality systematic reviews of the best available scientific evidence, according to the steps of the evidence-based review process, on relevant diagnostic and treatment procedures.

The Council acknowledges that the following list of critical research issues is not exhaustive, and will continue to review and forward suggested changes annually to the Board of Trustees. While the Council feels that all of the issues listed are important, certain items are marked with an asterisk (\*) to indicate greater urgency.

#### RESEARCH OF IMPORTANCE TO THE PRACTICING DENTIST

##### Mission Statement

A major objective of the Association is to promote a good quality of life by improving the oral health of the public and encouraging optimal health behaviors. To achieve this objective, it is imperative that the Association take a leading role in promoting, conducting and critically reviewing research on topics related to dentistry and its relationship to the overall health of the individual. The Association should serve as a facilitator of the national dental research effort, help determine the priority of topics for research and ensure the timely dissemination of information to the profession.

##### I. Issues Related to the Science of Dentistry

###### • Oral Disease

1. \*Expand research on the transmission, early detection and management of caries, including root surface caries.
2. \*Promote research on the early detection, diagnosis, prevention and treatment of oral and pharyngeal cancer.
3. \*Promote research for the prevention and management of oral mucosal viral disorders, such as recurrent herpetic infections.
4. \*Promote research on the transmission and detection of periodontal disease.
5. Promote research into the biology of dental plaque.
6. Encourage research on the diagnosis, classification and effectiveness of treatment of temporomandibular disorders and orofacial pain.
7. Encourage surveillance of the prevalence of caries in all segments of the population.
8. Promote research on the etiology and treatment of pulp and periradicular disease.
9. Expand research on the etiology, diagnosis, and classification of oral mucosal disorders, such as recurrent aphthous stomatitis and lichen planus.
10. Encourage research on genetic disorders affecting the teeth and orofacial region.

###### • Oral Care Management

1. \*Study the use of antibiotics, the development of antibiotic resistance and promote the development of guidelines for the use of antibiotics in dentistry, including identification of appropriate and inappropriate drug regimens and indications for antibiotic prophylaxis.

2. \*Promote research into the causes and management of xerostomia, especially regarding autoimmune disease and medications that induce hyposalivation.
  3. \*Continue research on the mechanisms of action of fluorides, the pre- and post-eruptive effects of fluoride on caries, and total fluoride exposure including dietary and environmental sources.
  4. \*Study the effectiveness of fluoride varnish for caries prevention in pre-school age children and the effect of fluoride varnish on the development of enamel fluorosis.
  5. \*Promote research on dental demineralization and remineralization.
  6. \*Investigate the effectiveness and optimal frequency of dental prophylaxis in preventing periodontitis in individuals with and without known risk factors.
  7. \*Study the optimal frequency for periodontal recall based on a patient's risk profile.
  8. \*Evaluate the effectiveness of correcting malocclusion in children and adults in reducing the risk of periodontal disease.
  9. \*Promote research to identify complications that occur in patients who undergo third molar extraction after age 25.
  10. \*Promote research on the clinical, biological, psychosocial and economic outcomes of treating a pulpally involved (periodontally sound) single tooth through: endodontic care, extraction and implant placement, fixed partial denture, or extraction without implant placement.
  11. Study the issue of tooth wear and erosion, especially with regard to what rate is considered to be pathologic.
  12. Expand the research on pain and anxiety control, alternative and complementary approaches to local anesthesia, as well as approaches to intraoral and parenteral sedation and anesthesia.
  13. Promote research on regenerative procedures to maintain the natural dentition that has compromised periodontal support.
  14. Promote research in pulp biology and endodontic diagnosis and treatment to develop optimal means for maintaining the natural dentition.
  15. Promote research on the development of optimal methods for the replacement of missing teeth.
  16. Develop evidence-based indications for the placement, replacement or repair of dental restorations.
  17. Promote research on the cost-effectiveness of current dental treatment.
- **Dental Biomaterials**
    1. \*Promote clinical evaluation of restorative materials.
    2. \*Promote research and development on sealants, adhesives and effective biocompatible dental materials for restorations.
    3. \*Encourage research on the effectiveness of dental sealants in managing or arresting carious lesions in permanent teeth.
    4. \*Promote research on biomimetic materials and other novel materials that minimize tooth loss or replace missing tissues.
    5. Promote research on biocompatible root canal and root end filling materials.
    6. Study the application of novel biologics in dental practice. This includes:
      - Diagnostics
      - Smart materials with diagnostic, restorative and controlled release capabilities.
    7. Create collaborative partnership to enhance the development and evaluation of engineered tissues.
    8. Evaluate the risks and benefits of single-tooth implants versus other treatment options (e.g., periodontal, endodontic or prosthodontic care).
  - **Technology**
    1. \*Promote research on saliva diagnostics and other oral fluids.
    2. Study the application of emerging technologies in dental practice and laboratories. This includes:
      - \*Diagnostic devices and methods
      - Information management
      - Lasers
      - CAD/CAM
      - Genetic engineering
      - Tissue engineering and regeneration
      - Imaging devices and methods
    3. Promote research to enhance imaging for determining the precise placement of implants.
  - **Patient and Provider Safety**
    1. \*Study the long-term safety of tooth bleaching procedures for adults, adolescents and children.
    2. \*Promote studies on ergonomics as it relates to dental instruments, products, materials and dental procedures to help ensure the health of practitioners and allied dental personnel.
    3. Promote research on the use of safety devices to prevent percutaneous injuries in the dental setting.
    4. \*Promote research on the health implications from exposure to aerosols generated during dental procedures.
    5. Investigate the acceptable and attainable levels of nitrous oxide in the dental office.

6. \*Promote research on the health implications from exposure to dental materials such as dental amalgam, resins, latex and other chemicals in the dental workplace.
  7. Continue research to improve procedures for the protection of patients, practitioners and allied dental personnel against contact, air- and bloodborne pathogens (such as TB, HIV, HBV, HCV and HPV).
  8. Study the quality of water in waterlines in dental equipment and develop methodologies to ensure acceptable purity levels in coolant and irrigant systems.
  9. Study the potential adverse interactions between drugs used in dentistry and those used in medicine, and develop appropriate recommendations for the prevention and management of these interactions.
  10. Promote research to determine the validity of various types of clinical licensure examinations.
- **Development of Standards and Guidelines**
    1. Develop *in vitro* test methodologies predictive of clinical behavior to evaluate dental biomaterials and assist in standards development.
    2. Standardize protocol for clinical evaluations of dental biomaterials in both university-based and private practice-based research.
    3. Develop and evaluate the outcomes of protocols for managing oral diseases.
  - **Systemic Health Considerations**
    1. \*Promote research on the interrelationship between oral and systemic health and on clinical management as it relates to:
      - Genetic profiles of different ethnic groups
      - Acutely ill patients
      - Chronically ill patients
      - Cancer patients
      - Female patients
      - Pediatric patients
      - Geriatric patients
      - Dental care as part of pre/perinatal care
    2. \*Promote research on the relationship between oral disease and systemic health and on clinical management as it relates to:
      - Cardiovascular disease
      - Preterm, low birthweight babies
      - Osteoporosis
      - Diabetes
      - Obesity
    3. Study the effect that the use of different fluorosis indices has had on the reported prevalence of dental fluorosis over time.

## II. Economic, Environmental, Social and Management Issues Related to the Practice of Dentistry

### • Access Barriers

1. \*Promote research on the socioeconomic, geographic, and cultural barriers to oral health care, as well as barriers within the dental profession, and develop strategies for extending quality care to all Americans.
2. \*Address ethnic/gender differences in oral and craniofacial disease processes and treatments.
3. Develop further research on the clinical management of patients, including those with special needs, who may have particular problems in obtaining access to oral health care.
4. Promote research on the links between oral disease and general health outcomes specifically regarding chronic conditions encountered in an aging population and disabilities in children, and concomitant barriers to oral health care in those special populations.
5. Promote research on the cost-effectiveness of community water fluoridation and other preventive modalities, particularly with respect to barriers to access to care.
6. Promote research into clinical protocols for recall of patients with different levels of risk for developing oral and dental diseases.
7. Evaluate the impact of oral health-related interventions (such as oral hygiene instruction, fluoride treatment, or referrals for oral care) delivered in medical care facilities.

### • Impact of Oral Health on Quality of Life

1. Study the social and economic impacts of oral diseases and treatments with special reference to quality-of-life functions.
2. Promote research into the interrelationships between oral health and social-behavioral health.

### • Practice Management Modalities

1. Evaluate the electronic patient record and other aspects of oral health informatics, and their application to dental practice.
2. Promote research to optimize the ethical practice of dentistry.

### • Environmental Issues

1. \*Develop protocols for evaluating technologies and systems designed to reduce amalgam waste and mercury in dental wastewater.
2. \*Promote studies aimed at determining:
  - the effect of the release of dental office waste on the environment; and
  - the need for and cost-effectiveness of chemical collection devices (such as amalgam separators) and other aspects of waste management in dental practice.

### III. Issues of Information Transfer

- **Interprofessional Transfer**

1. \*Develop effective methods to disseminate current evidence-based protocols for the diagnosis, treatment and prevention of oral diseases.
2. \*Develop and evaluate the impact of a national practice-based dental research network.

- **Public Transfer**

1. \*Develop methods to disseminate pertinent information on dental issues to the public.
2. Develop effective oral health promotion strategies to be employed by organized dentistry to reach various public audiences.

3. Promote research into behavioral change tools that can be used in dental offices to assist patients in adopting healthy behaviors.
4. Evaluate the transfer of research findings between health professions and the general public.

### IV. Research Models

1. \*Promote the concept of evidence-based research models.
2. \*Support the continued need for animal-based research models.

## Appendix 2

### Proposed Guidelines for the American Student Dental Association (ASDA) Consultant Program

**Purpose:** The ASDA Consultant Program offers the opportunity to accomplish three important goals:

- to facilitate the development of young leadership in organized dentistry;
- to provide the student perspective in council discussions; and
- to enhance the relationship between the American Dental Association and the American Student Dental Association.

**Participating Councils:** Every American Dental Association council and the Committee on the New Dentist shall receive one ASDA consultant:

- Committee on the New Dentist
- Council on ADA Sessions
- Council on Access, Prevention and Interprofessional Relations
- Council on Communications
- Council on Dental Benefit Programs
- Council on Dental Education and Licensure
- Council on Dental Practice
- Council on Ethics, Bylaws and Judicial Affairs
- Council on Government Affairs
- Council on Members Insurance and Retirement Programs
- Council on Membership
- Council on Scientific Affairs

**Selection:** The American Student Dental Association shall nominate the consultants by forwarding a list of the students, and their associated agencies, to the American Dental Association's Office of Student Affairs in the week following Labor Day. The American Dental Association's Board of Trustees shall consider the nominations of ASDA consultants at its next regular meeting. Students nominated to these consultant positions should have experience or interest in the topical area addressed by the council and should be available to attend meetings as scheduled. It is recommended that students not be nominated to serve on more than one agency per year.

**Meeting Attendance:** The ASDA consultant shall attend all days of all meetings of the council to which s/he is appointed, except portions of meetings held in confidential, executive or attorney-client sessions. In addition, the ASDA consultant will also participate in any orientation program for new council members. The exception is the Council on Members Insurance and Retirement Programs, where the ASDA consultant will attend only the spring meeting.

**Council Participation:** Except with respect to confidential, executive or attorney-client matters, the ASDA consultant will receive the agenda book and all meeting materials, and will participate on the council listserv or any other council-wide communication. While not allowed to vote, ASDA consultants may participate in

council discussions. Exceptions include the Council on Members Insurance and Retirement Programs (CMIRP) and the Council on Scientific Affairs (CSA). In CMIRP, the ASDA consultant will be provided with an agenda book to use at the meeting only, and may not be included in council electronic communications. In the CSA, the ASDA consultant will not receive agenda book material or other communications marked "confidential" because of the proprietary content. Similar limitations may be imposed by other councils as appropriate.

**Confidentiality:** The purpose of council reports and communications are to facilitate the work of the council. They may not be disseminated outside the council, nor is it appropriate to recount council discussions or disseminate council minutes. Every council prepares a Summary of Major Actions shortly after the close of each council meeting. The ASDA Consultant may distribute the Summary of Major Actions.

**Required Reports:** In consultation with the ASDA consultant, the ASDA executive director shall forward a written report to the council four weeks prior to each council meeting. The ASDA consultant report will provide an overall summary of ASDA activities and positions, as well as any information from the student perspective that bears upon the council's purview and agenda. Within this report, the ASDA consultant shall address any topic that ASDA wishes the council to consider. The council chair or director may include oral remarks from the ASDA consultant in the agenda as well.

Within two weeks of each council meeting, the ASDA consultant shall provide a report to the ASDA executive director for distribution to the ASDA Board of Trustees. The report shall consist of two parts: the consultant's narrative (highlighting any issues addressed of special interest to dental students, recommendations for ASDA action, or requests from the council), and the council Summary of Major Actions. The ASDA consultant report will be transmitted to the council director for accuracy of content prior to distribution, and shall not be disseminated until it is been cleared for accuracy.

**Expense Reimbursement:** The American Dental Association's Office of Student Affairs will budget funds to reimburse all ASDA consultants for expenses in accordance with the ADA Volunteer Travel Policy, if available. ASDA consultants will make their air travel arrangements through ITS (the ADA travel service); these charges will be billed to the American Dental Association. ASDA consultants shall pay all other expenses and submit an expense reimbursement form to the American Dental Association's Office of Student Affairs for repayment. Lodging (room and tax only) and necessary ground transportation will be reimbursed, and a per diem for each meeting day will be provided to cover meals and any incidental expenses consistent with American Dental Association's reimbursement policies. If the ASDA consultant participates in any council dinner or social



activity, the cost of this function will be deducted from the per diem expenses.

**Other Agencies:** There are three other agencies that include a student representative: the Board of the American Dental Political Action Committee (ADPAC), the Commission on Dental Accreditation (CDA) and the Joint Commission on National Dental Examinations (JCNDE). To the extent consistent with the rules of these agencies, the provisions of the ASDA Consultant Program apply with to these agencies, as well, with the following exceptions:

ADPAC—the student representative is a full, voting member of the ADPAC Board.

CDA—the student commissioner is jointly appointed by ASDA and the American Dental Education Association to represent all students including those studying dentistry, hygiene and dental laboratory technology, and is considered a full, voting member of the Commission.

JCNDE—there is one student commissioner and one student observer. The current student commissioner serves one year and is a voting member. The student observer is not a voting member and will serve as commissioner the following year.

**Coordinator:** The manager of the American Dental Association's Office of Student Affairs coordinates the ASDA Consultant Program. Contact information: ext. 7470 or [studentaffairs@ada.org](mailto:studentaffairs@ada.org).

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# Minutes of House of Delegates

October 1-5, 2004

# Notes

# October 1-5, 2004

## Orange County Convention Center, Orlando, Florida

**Call to Order:** The first meeting of the 145<sup>th</sup> American Dental Association House of Delegates was called to order by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, Maryland, on Friday, October 1, at 2:00 p.m., in the Grand Ballroom of the Orange County Convention Center, Orlando, Florida.

**Invocation and Pledge:** An invocation was offered by the First Vice President, Dr. John E. Roussalis, II, Wyoming, and the members of the House of Delegates recited the Pledge of Allegiance.

**Introduction of Officers:** The Speaker introduced the following officers of the Association who were seated on the dais: Dr. Mark J. Feldman, treasurer; Dr. Richard Haught, president-elect; Dr. Eugene Sekiguchi, president; Dr. James B. Bramson, executive director and secretary of the House; Dr. Ronald D. Bushick, second vice president; and Dr. John E. Roussalis, first vice president.

**Introduction of Former Presidents and Distinguished Guests:** The Speaker introduced the former presidents of the Association who were seated in the House of Delegates. Guests who were introduced included Dr. Heung-Ryul Yoon, president, FDI World Federation; Dr. Alfred Dean, president, and Mr. George Weber, executive director, Canadian Dental Association.

**Introduction of the Committee on Local Arrangements Chair:** Dr. Hutson E. McCorkle, Florida, chair of the Local Arrangements Committee, welcomed the delegates and alternate delegates to the state of Florida and acknowledged the contributions of 575 volunteers who worked to make the annual session a success.

**Report of the Committee on Credentials, Rules and Order:** Dr. Elaine Stefanowicz, Pennsylvania, chair, presented the Report of the Standing Committee on Credentials, Rules and Order (*Supplement:1028*). The other members of the Committee were: Dr. O. Andy Elliott, II, Kentucky; Dr. Marie J. English, Alaska; Dr. Henry W. Fields, Jr., Ohio; Dr. John D. Nydahl, Minnesota; Dr. Richard M. Peppard, Texas; Dr. Douglas S. Rawls, South Carolina; and Dr. Carol I. Turner, Virginia.

Dr. Stefanowicz reported that the Committee received requests relating to the credentialing of new alternate delegates and acting secretaries. The Committee considered these requests to be the result of extenuating circumstances. Accordingly, the Committee recommended that the following individuals be credentialed as follows:

### *Alternate Delegates*

Dr. Nick A. Bouzis, Wyoming  
 Dr. John S. Buchheister, Michigan  
 Dr. Jeffrey M. Cole, Delaware  
 Dr. James K. Feldman, District of Columbia  
 Dr. Jon G. Fuller, Jr., Utah

Dr. Ann E. Madigan, New York  
 Dr. Michael B. Rogers, Georgia  
 Dr. Robert R. Singer, Pennsylvania

### *Acting Secretaries*

Dr. Richard V. Grubb, Maryland

The Speaker asked if there were any objections to credentialing the above mentioned individuals; hearing none, the Speaker declared the credentials granted.

Dr. Stefanowicz reported the presence of a quorum.

**Approval of Minutes of the 2003 Session of the House of Delegates** (Standing Committee on Credentials, Rules and Order Resolution 47): Dr. Stefanowicz moved the adoption of Resolution 47 (*Supplement:1035*). The Speaker called for a voice vote. On vote, Resolution 47, as follows, was adopted.

**47H-2004. Resolved**, that the minutes of the 2003 annual session of the House of Delegates, as published in *Transactions 2003*, pages 329-393, be approved.

**Adoption of Agenda and Order of Agenda Items** (Standing Committee on Credentials, Rules and Order Resolution 48): Dr. Stefanowicz moved the adoption of Resolution 48 (*Supplement:1036*). The Speaker called for a voice vote. On vote, Resolution 48, as follows, was adopted.

**48H-2004. Resolved**, that the agenda as printed in the *2004 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 of Delegates, 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 49): Dr. Stefanowicz moved the adoption of Resolution 49 (*Supplement:1037*).

The Speaker announced that the following resolutions were withdrawn by their sponsors.

### *Withdrawn Resolutions*

**Resolution 35** (*Supplement:4041*)—Rating System for Dental Insurance Companies, withdrawn by the Eighth District

**Resolution 43** (*Supplement:6052*)—ADA's Opposition to Advanced Dental Hygiene Dental Practitioner, withdrawn by the D.C. Dental Society

**Resolution 21S-1** (*Supplement:6007a*)—Substitute for Resolution 21: Amendment of the ADA *Bylaws* Regarding

Expanding Membership on Standing and Reference Committees, withdrawn by the First District.

**Resolution 28S-2** (*Supplement:4021d*)—Substitute for Resolution 28: Amendment of the Policy Statement on Intraoral/Perioral Piercing, withdrawn by the Ninth District

Additionally, the Speaker announced that Resolution 39 (*Supplement:6108*), Creation of Vice Speaker Position, was referred to the 2005 House of Delegates since it proposes an amendment to the *ADA Constitution*.

On vote, Resolution 49, as follows, was adopted.

**49H-2004. Resolved**, that the preliminary and supplemental list of referrals submitted by the Speaker of the House of Delegates be approved.

Prior to concluding the Committee's report, Dr. Stefanowicz called the House's attention to the times and locations for reference committee hearings, reviewed the rules regarding the introduction of new business, and reminded everyone that proxy voting is not permitted in the House of Delegates.

**Report of the President:** The Speaker introduced President Eugene Sekiguchi for the purpose of presenting his report to the House of Delegates. The Speaker referred the report (*Supplement:3036*) to the Reference Committee on Communications and Membership Services.

### 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:1000*): Dr. William Powell, trustee, Sixth District, presented Report 1, which included recognition of the Council on ADA Sessions and the Committee on Local Arrangements for their efforts in organizing this annual meeting, especially following three successive hurricanes experienced by the state of Florida. A moment of silence was observed in memory of former ADA officials and colleagues who had passed away since the last meeting of the House.

*Nominations to Councils and Commissions* (Board of Trustees Resolution 29—*Supplement:1026*): Dr. Powell presented the Board of Trustees' nominations to ADA councils and commissions. The Speaker called for additional nominations; there were none. On vote, the following resolution was adopted.

**29H-2004. 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.

Continuing, Dr. Powell noted that Reports 2 through 26 of the Board of Trustees to the House of Delegates had

been referred by the Speaker to the appropriate reference committees as indicated on the Updated General Index to the resolution worksheets.

### Nominations of Officers and Trustees

**President-elect:** The Speaker called for nominations, in alphabetical order, for the office of president-elect. Dr. Robert M. Brandjord, Minnesota, was nominated by Dr. Kimberly A. Harms, Minnesota; Dr. Lloyd J. Hagedorn, Indiana, was nominated by Dr. David N. Matthews, Indiana; and Dr. T. Carroll Player, South Carolina, was nominated by Dr. Charles L. Cuttino, III, Virginia. The Speaker called for additional nominations; there were none. Acceptance speeches were subsequently given by the president-elect candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, October 4.

**Second Vice President:** The Speaker called for nominations, in alphabetical order, for the office of second vice president. Dr. Michael R. Egan, Connecticut, was nominated by Dr. Donald A. Lutes, Texas, and Dr. Robert T. Ferris, Florida, was nominated by Dr. Jack S. Broussard, Jr., California. The Speaker called for additional nominations; there were none. Acceptance speeches were given by the candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, October 4.

**Speaker of the House of Delegates:** President Sekiguchi assumed the chair for the purpose of calling for nominations for the office of speaker of the House of Delegates. Dr. J. Thomas Soliday, Maryland, was nominated for the office by Dr. Murray D. Sykes, Maryland. Hearing no other nominations, Dr. Sekiguchi declared Dr. Soliday duly elected as speaker of the House of Delegates.

**District Trustees:** The Secretary of the House, Dr. James B. Bramson, announced the following caucus results for district trustee:

Sixth District:	Dr. Charles L. Smith, West Virginia
Seventh District:	Dr. Jeanne M. Nicolette, Ohio
Tenth District:	Dr. Kathryn A. Kell, Iowa
Sixteenth District:	Dr. Ronald L. Tankersley, Virginia
Seventeenth District:	Dr. Donald I. Cadle, Jr., Florida

The Speaker called for additional nominations; there were none. The Speaker declared Dr. Smith, Dr. Nicolette, Dr. Kell, Dr. Tankersley and Dr. Cadle duly elected as trustees of their respective districts.

Dr. Bramson announced that the elections for the office of president-elect and second vice president would take place on Monday, October 4, from 7:00 a.m. to 8:30 a.m. in the Orange County Convention Center, Room 414-B.

## New Resolutions

Dr. Bramson announced the following new resolutions and their respective reference committee referrals.

**Resolution 81** (*Supplement:4129*)—Dental Insurance Right to Know Standardized Plan Description—submitted by the Thirteenth District and referred to the Reference Committee on Dental Benefits, Practice, Science and Health

**Resolution 82** (*Supplement:5072*)—Dental Assisting Program Accreditation—submitted by the Seventh District and referred to the Reference Committee on Dental Education and Related Matters

**Resolution 83** (*Supplement:6143*)—Consideration of Code of Ethics Advisory Opinions Regarding Evidence-Based Dentistry—submitted by the Fourteenth District and referred to the Reference Committee on Legal and Legislative Matters

**Resolution 84** (*Supplement:5073*)—Recognition of Areas of Advanced Training in General Dentistry and Dental Specialties by the Council on Dental Education and Licensure—submitted by the Seventeenth District and referred to the Reference Committee on Dental Education and Related Matters

**Resolution 85** (*Supplement:6145*)—Lobbying Expenditures—submitted by the Third District and referred to the Reference Committee on Legal and Legislative Matters

## Attorney-Client Closed Session

**Call to Order:** An attorney-client closed session was convened at 3:08 p.m. by the Speaker of the House of Delegates. Prior to the attorney-client closed session, guests who were in attendance were asked to leave the meeting room. Mr. Peter Sfikas, ADA chief counsel and associate executive director, Legal Affairs, addressed the House of Delegates.

**Adjournment of the Attorney-Client Closed Meeting:** The attorney-client session adjourned at 3:20 p.m.

## Special Session of the House of Delegates

**Strategic Discussion on Access to Oral Health Care:** A special session of the House was convened with introductory comments made by Speaker Soliday. He noted that the goal of the strategic session “is to increase the knowledge of delegates on major issues facing the profession, so that decisions are based on complete and accurate information, and to spark further and ongoing discussion.” The Speaker introduced Dr. Richard Haught who presented the White Paper on Access (*Supplement:6062*). Four panelists with different perspectives on the access issue gave brief presentations, and the floor was then open to the delegates and alternates for questions. The panelists were Dr. Stephen Eklund (national policy perspective), Ms. Shelly Gehshan (state

legislative perspective), Dr. Raymond F. Lala (state dental director/public health perspective), and Dr. Joseph S. Young (private dentist perspective).

**Adjournment of First Meeting:** Dr. Richard Grossman, Pennsylvania, moved to adjourn the First Meeting of the House of Delegates. Hearing no objections, the Speaker declared the First Meeting adjourned at 5:22 p.m.

## Monday, October 4, 2005

### Second Meeting of the House of Delegates

**Call to Order:** The Second Meeting of the ADA House of Delegates was called to order at 8:00 a.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, Maryland.

**Introduction of Trustees:** The Speaker introduced the 17 trustees of the American Dental Association who were seated with their delegations.

**Report of the Standing Committee on Credentials, Rules and Order:** Dr. Elaine Stefanowicz, Pennsylvania, reported the presence of a quorum.

Dr. Lidia M. Epel, New York, acknowledged and thanked the Florida delegation and volunteers for hosting the annual session under difficult circumstances. The members of the House applauded the delegation.

## Special Orders of Business

**Presentation of Honorary Membership** The Speaker recognized President Eugene Sekiguchi for the presentation of ADA Honorary Membership to the following individuals:

Ms. Valerie Donnelly, Rhode Island  
Mr. Stephen A. Hardymon, Washington  
Ms. Elza Harrison, Maryland  
Mr. James H. Sweeney, Illinois  
Mr. Monte Thompson, Utah  
Dr. Heung-Ryul Yoon, Korea

**Announcements:** The Speaker announced that the following resolutions were either out of order or had been withdrawn.

### *Out of Order*

**Resolution 74** (*Supplement:6132*)—Oral Health Diagnosis and Irreversible Dental Procedures—submitted by the Seventeenth District and referred to the Reference Committee on Legal and Legislative Matters

**Resolution 58RC**—Substitute for Resolution 58: Rescission of Policy on Insurance Benefits for Posterior Direct Resin Restorations—submitted by the Reference Committee on Dental Benefits, Practice, Science and Health

*Withdrawn*

**Resolution 58** (*Supplement:4100*)—Rescission of Policy on Insurance Benefits for Posterior Direct Resin Restorations—withdrawn by the First District

**Resolution 84** (*Supplement:5073*)—Recognition of Areas of Advanced Training in General Dentistry and Dental Specialties by the Council on Dental Education and Licensure—withdrawn by the Seventeenth District

The Speaker further announced the following items of New Business, which will be considered after the reports of the reference committees at the last meeting of the House.

*New Business*

**Resolution 92** (*Supplement:7000*)—State Legislation Regarding Tongue Splitting—submitted by the Ninth District

**Resolution 93** (*Supplement:7001*)—Concept of Dental Home—submitted by the Thirteenth District

**Resolution 94** (*Supplement:7002*)—ERISA Reform—submitted by the First District

**Resolution 95** (*Supplement:7003*)—Amendment of the Policy “Insurance Benefits of Posterior Direct Resin Restorations”—submitted by the First District

**Resolution 96** (*Supplement:7004*)—Regulation Changes to Allow Review and Comment Prior to the Designation of Dentally Underserved Areas—submitted by the Fourteenth District.

**Request to Withdraw Resolution 92—State Legislation Regarding Tongue Splitting:** Dr. Frederick J. Jaeger, Wisconsin, requested permission to withdraw Resolution 92. Hearing no objections, Resolution 92 was withdrawn.

**Presentation of the Executive Director:** Dr. James B. Bramson presented his annual report to the House of Delegates. He commented on the significant issues addressed by the Board of Trustees during the year, and reported on the tripartite membership initiative noting membership increases in several segments including new dentists, dental students, women dentists, minority dentists and federal service dentists. Further, he reported on enhanced relationships with diversity groups and collaborative relationships between the ADA and corporate sponsors. Other topics included the success of the 2004 “Give Kids A Smile” program, and the ADA Foundation’s National Campaign on Dental Education and its fundraising efforts to support members located in the southern states affected by the recent series of hurricanes.

**Presentation of the Treasurer:** Dr. Mark J. Feldman presented his annual report to the House of Delegates and commented on the Association’s strong financial position, with reserves at over 40% of the year’s expenses. He noted that the proposed 2005 budget “adds considerable value to membership with the possibility of going two years in a row with no dues increase.” He highlighted

significant changes in the 2005 budget, including the addition of projected investment income from reserves to the budget and budgeting for reimbursement to tripartite dental societies for the cost of collecting ADA dues by credit cards. He reported that the Board of Trustees had adopted a dues stabilization policy, the key components of which target dues to inflation, while using the reserves and nondues revenue to fund the development of new programs.

**Point of Order:** Dr. Ronald G. Testa, Illinois, noted that the delegates had not yet seen Resolution 92, which was withdrawn earlier, and therefore the delegates could not object to its withdrawal.

The Speaker indicated that once Resolution 92 was distributed, if anyone objected to its withdrawal, the matter would be presented to the House to decide by a majority vote.

**Priority Agenda Items****Report of the Reference Committee on Budget, Business and Administrative Matters**

The entire Report of the Reference Committee on Budget, Business and Administrative Matters was identified as a priority. The report was presented by Dr. Jerome B. Miller, Oklahoma, chair. The other members of the Committee were: Dr. Darryll L. Beard, Illinois; Dr. Alan K. DerKazarian, Massachusetts; Dr. Robert J. Doherty, New York; Dr. Michael T. Rainwater, Georgia; Dr. Rhonda R. Savage, Washington; Dr. Donald M. Schinnerer, California; and Dr. Charles L. Smith, West Virginia.

**Report 9 of the Board of Trustees to the House of Delegates: Credit Card Processing Fees for Tripartite Dues Payments** (*Supplement:2050*): The Committee reported as follows.

The Committee received testimony about Board Report 9 which describes the implementation of Resolution 74H-2003 (*Trans.2003:336*). The Board’s decision to not apply an early dues rebate payment to credit card transactions was discussed by the Committee. The Committee researched the history of the program and determined that its genesis was Resolution 14H-1984 (*Trans.1984:519*), which authorized the Board of Trustees to consider implementation and administration of such a program. The Committee believes that, in the ensuing years, the Board has acted responsibly by administering the program in a way that is fair and efficient. The Board sought to simplify the administrative burden of credit card fee reimbursements by not requiring immediate receipt of funds. Therefore, an additional rebate is unwarranted. The 2% processing fee adequately covers credit card costs without creating an undue administrative burden on constituent societies.

**Noticing Proposed Dues Increases** (Board of Trustees Resolution 20 and Seventeenth District Resolution 82-2003): The Committee reported as follows.

The Committee believes Resolution 20 satisfies the House of Delegates' concern regarding its ability to determine the dues for Association membership.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 20 as submitted.

Dr. Miller moved the adoption of Resolution 20 (*Supplement:2000*) in lieu of Resolution 82-2003 (*Supplement:2064*).

Dr. William M. Lawson, Alabama, spoke in opposition to Resolution 20. He said, "As I see it, it is a mandatory annual presentation of an intent to change the dues. ...I consider this to be, personally, notification of a dues increase."

Responding to Dr. Lawson's objection to Resolution 20, Dr. Mark Feldman said, "Resolution 20 does not require a notification of a dues increase. It just requires notification of the dues, and the Board could notify the membership that the dues will not change or the Board could notify the membership that the dues would go down. And all that Resolution 20 does is then give you, the House of Delegates, the right to amend that number, which is what all of you had requested."

On vote, Resolution 20 was adopted in lieu of Resolution 82-2003 by a two-thirds (2/3s) majority.

**20H-2004. Resolved,** that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A. ACTIVE MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS of the ADA *Bylaws* be amended by incorporating the changes indicated below (new language underscored; deletions stricken through):

c. DUES AND SPECIAL ASSESSMENTS.

~~The dues of active members shall be four hundred thirty five dollars (\$435) due January 1 of each year.~~  
The dues of active members shall be [INSERT DOLLAR AMOUNT] due January 1, 2005. Beginning January 1, 2006, and each year thereafter, the dues of active members shall be the amount established annually by the House of Delegates in accordance with the procedure set forth in Chapter V, Section 130Ad of these *Bylaws*. In addition to their annual dues, active members shall pay any special assessments levied by the House of Delegates, due January 1 of each year. However, any dentist, who satisfies the eligibility requirements for active membership and any of the following conditions shall be entitled to pay the reduced active member dues and any special assessment stated 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 20Ad of these *Bylaws*:

and be it further

**Resolved,** that Chapter V. HOUSE OF DELEGATES, Section 50. DUTIES, of the ADA *Bylaws* be amended by incorporating the changes indicated below (new language underscored):

E. To adopt an annual budget and establish the dues of active members for the following year.

and be it further

**Resolved,** that Chapter V. HOUSE OF DELEGATES, Section 130. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, of the ADA *Bylaws* be amended by relettering rules "d" and "e" as "e" and "f" and by adding a new rule "d" to read as follows:

d. APPROVAL OF THE DUES OF ACTIVE MEMBERS. The dues of active members of this Association shall be established by the House of Delegates as the last item of business at each annual session. The resolution to establish the dues of active members for the following year shall be proposed at each annual session by the Board of Trustees in conformity with Chapter VII, Section 110F of these *Bylaws* and may be amended to any amount by the House of Delegates. The resolution shall be adopted by a two-thirds (2/3) majority vote of the members present and voting.

and be it further

**Resolved,** that Chapter VII. BOARD OF TRUSTEES, Section 110. DUTIES, Subsection F, of the ADA *Bylaws* be amended by incorporating the changes indicated below (new language underscored):

F. To prepare a budget for carrying on the activities of the Association for each ensuing fiscal year, and present for action by each House of Delegates a resolution setting forth the proposed dues of active members for the following year. 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 the Association at least sixty (60) days in advance of the annual session.

and be it further

**Resolved,** that Chapter XXI. AMENDMENTS of the ADA *Bylaws* be amended by deleting Section 20. AMENDMENT RELATING TO DUES in its entirety and substituting in its place a new Section 20 to read as follows:

Section 20. AMENDMENT AFFECTING THE PROCEDURE FOR CHANGING THE DUES OF ACTIVE MEMBERS: An amendment of these *Bylaws* affecting the procedure for changing the dues of active members may be adopted only if the proposed amendment 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 the Association at least sixty (60) days in advance of the annual session.

Amendments affecting the procedure for changing the dues of active members may also be adopted by a unanimous vote provided that the proposed amendment has been presented in writing at a previous meeting of the same session.

and be it further

**Resolved**, that the “Rules of the House of Delegates” printed in the *Manual of the House of Delegates* be amended by addition of the following new section before the section titled “Amendments to Constitution and Bylaws”:

#### **Dues of Active Members**

The dues of active members are established by the House of Delegates as the last item of business at each annual session. A resolution will be proposed at each annual session by the Board of Trustees in conformity with Chapter VII, Section 110F of the *ADA Bylaws*. Through a certifiable method of delivery, notice of the resolution will be sent to each constituent society at least ninety (90) days before the first session of the House of Delegates at which it is to be considered. This will enable the constituent societies to promptly notify their delegates and alternate delegates of the resolution. The resolution will also be announced to the general membership in an official publication of the Association at least sixty (60) days in advance of the annual session. The resolution establishing the dues of active members for the following year may be amended to any amount by the House of Delegates. The resolution requires a two-thirds (2/3) majority vote of the members present and voting for adoption.

and be it further

**Resolved**, that the “Rules of the House of Delegates” printed in the *Manual of the House of Delegates*, be amended in the section titled “Amendments to Constitution and Bylaws,” in the first two paragraphs by incorporating the changes indicated (new language underscored; deletions stricken through):

#### **Amendments to Constitution and Bylaws**

The House of Delegates is governed in its amendment of the *Constitution and Bylaws* by the provisions of the *Constitution and Bylaws*. ~~In general a~~ An amendment ~~effecting a change in the dues of active members or~~ affecting the procedure for changing the dues of active members may be adopted by the House only if the proposed amendment has been presented in writing at least 90 days before the first day of the session of the House of Delegates at which it is to be considered. Through a certifiable method of delivery, notice of the resolution will be sent to each constituent society not less than 90 days before such session. This will enable the constituent societies to promptly notify their delegates and alternate delegates of the resolution. The resolution will also be announced to the general membership in an official publication of the Association at least 60 days in advance of the annual session. Amendments affecting the procedure for changing the

dues may also be adopted by unanimous vote of the members present and voting ~~if provided~~ the proposed amendment is presented in writing at a previous meeting of the same session of the House of Delegates at which it is to be considered.

A resolution to amend the procedure for changing the dues of active members that complies with the notice requirements of Chapter XXI, Section 20 of the *Bylaws* may be submitted to the House of Delegates ~~in any amount~~ and may be amended ~~to any other amount~~ by a majority vote of the delegates present and voting. If such resolution contains a percentage or dollar amount pertaining to dues, that amount may be amended to any other amount. This traditional procedure will continue to permit the House of Delegates to freely amend a resolution ~~proposing a change in~~ affecting the procedure for changing the dues of active members and facilitate the efforts of the House and the Board of Trustees in balancing revenues and expenses in the annual budget for the ensuing year.

**Recommended Dues Change** (Board of Trustees Resolution 26): The Committee reported as follows.

The Committee feels that Resolution 26 is most appropriately considered after the House of Delegates has acted upon the resolutions before it.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 26 as amended.

**26. Resolved**, the Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A. ACTIVE MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, of the *ADA Bylaws* be amended in lines 164-165 by deleting the words and parenthetical number “four hundred thirty-five dollars (\$435.00)” and by substituting in their place the words and parenthetical number “four hundred forty-one dollars (\$441.00)” to make the amended first sentence read as follows:

c. DUES AND SPECIAL ASSESSMENTS. The dues of active members shall be four hundred forty-one dollars (\$441.00) due January 1 of each year.

and be it further

**Resolved**, that the change in the dues of active members become effective January 1, 2005.

Dr. Miller moved to postpone Resolution 26 definitely to the final order of business of the 2004 House of Delegates.

On vote, Resolution 26 was postponed definitely until the last item of business on Tuesday, October 5 (p. 335).

**Approval of 2005 Budget** (Board of Trustees Resolution 27): The Reference Committee reported as follows.

The Reference Committee considered the 2005 budget and believes it meets the strategic initiatives of the Association and, therefore, recommends that Resolution 27 be adopted.

Dr. Miller moved the adoption of Resolution 27 (*Supplement:2047*).

On vote, Resolution 27, as follows, was adopted.

**27H-2004. Resolved**, that the 2005 annual budget of revenues and expenses, including cash items and capital expenditures be approved.

**Financial Assistance to ADA Members Temporarily Called to Active Duty** (Fourteenth District Resolution 57 and Board of Trustees Resolution 57B): The Reference Committee reported as follows.

The Committee considered testimony regarding the importance of providing financial assistance to members serving in the armed forces. The Committee supports the Board's recommendation that such assistance be provided through the ADA Foundation rather than directly through the Association.

Dr. Miller moved the adoption of Resolution 57B (*Supplement:2066*) in lieu of Resolution 57.

On vote, Resolution 57B was adopted in lieu of Resolution 57.

**57H-2004. Resolved**, the ADA Foundation be requested to establish a low-interest loan program for dentists who are temporarily activated into duty and are required to be away from their practices for more than three months.

**Annual Session Registration Fee Waiver** (Third District Resolution 63): The Committee reported as follows.

The Committee considered Resolution 63 and agreed with the Board's comment.

**63. Resolved**, that the delegates and alternate delegates to the House of Delegates will have the registration fee for the annual session of the American Dental Association waived.

Dr. Miller moved Resolution 63 (*Supplement:2068*).

Dr. Robert G. Plage, North Carolina, spoke in support of Resolution 63. He said, "This is not about money. We all give to this organization or we wouldn't be here today. We all make sacrifices because we love this organization and our profession. You heard the Treasurer. This has been a great year. This meeting is a revenue stream. This is about principles. The history of the registration fee is that it started in the Hawaii meeting and it was to offset the expenses there. Now, no one can tell me that we don't make money here because we do, but it should not be off of our members of the House. We don't have equal access. I realize this meeting has been moved so we can attend some of the CE, but it often means coming to this meeting early with a couple more days off of our practices, and that kind of hurts our own revenue streams. ...It would be a symbolic gesture of goodwill, Mr. Speaker, for this Association to drop this registration fee for the hardworking and dedicated members of this House of Delegates."

Dr. Samuel E. Selcher, Pennsylvania, also speaking in support of the resolution, said, "If you look at how we get to participate in the overall meeting, it is minimal. And it is not the \$50."

Dr. Edward J. Weisberg, Virginia, also spoke in support of Resolution 63.

Dr. Russell E. Haag, California, said, "I feel that unless we are willing to waive the fee for all members of the ADA, we shouldn't give special exceptions to delegates."

Dr. Stephen F. Schwartz, Texas, former chair of the Council on ADA Sessions, noted that removal of the registration fee would have a significant impact on the net revenue of the annual session, which is a significant part of the budget.

Dr. Howard E. Fisher, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) vote.

On vote, Resolution 63 was defeated.

**Distribution of ADA House of Delegates Meeting Materials** (Eleventh District Resolution 68): The Committee reported as follows.

The Committee determined that this material is available and circulated upon request and, therefore, this resolution is not necessary.

**68. Resolved**, that upon request every American Dental Association council, committee and task force member that is not a delegate or alternate delegate to the ADA House of Delegates shall receive copies of the ADA House of Delegates meeting materials.

Dr. Miller moved Resolution 68 (*Supplement:2069*).

On vote, Resolution 68 was defeated.

**Election Results:** The Speaker announced that Dr. Robert T. Ferris, Florida, had been elected ADA Second Vice President. Both Dr. Ferris and Dr. Michael R. Egan addressed the House of Delegates.

The Speaker also announced that Dr. Robert M. Brandjord, Minnesota, had been elected ADA President-elect. Dr. T. Carroll Player, Dr. Lloyd J. Hagedorn and Dr. Brandjord addressed the House of Delegates.

#### **Report of the Reference Committee on Legal and Legislative Matters**

The priority items contained in the Report of the Reference Committee on Legal and Legislative Matters were presented by Dr. Murray D. Sykes, Maryland, chair.

**The Alaska Native Oral Health Access Task Force—Strategies to Assure Access to Quality Health Care for Native Alaskans** (Board of Trustees Resolution 24, Sixth District Resolution 24S-1, Eleventh District Resolution 24S-2, Sixth District Resolution 59, and Reference Committee on Legal and Legislative Matters Resolution 24RC): The Committee reported as follows.

The Reference Committee heard a great deal of testimony in support of the efforts of ADA's Alaska Native Oral Health Access Task Force. There was general agreement that the ADA should facilitate increased access to dentists in a manner consistent with the needs identified by tribal leaders. It is also important to have a dental health aide in every village to provide education and preventive services. Using Resolution 24S-2 as a starting point, the Reference Committee included many additional

issues raised at the hearing and some issues pursuant to its own initiative.

**24RC. Resolved**, that in response to the Alaska Native Oral Health Care Access Task Force's findings and recommendations, the following strategies to assure access to quality health care for Native Alaskans be approved:

1. The ADA encourage the establishment of a work group that includes tribal leaders and the Alaska Dental Society (ADS) to facilitate improved access to oral health care for the Alaskan village populations.
2. The ADA work with the ADS and tribal leaders to seek federal funding with the goal of placing a dental health aide (i.e., a Primary Dental Health Aide I or II) trained to provide oral health education, preventive services and palliative services (except irreversible procedures, including but not limited to tooth extractions, cavity and stainless steel crown preparation and pulpomies) in every Alaska Native village that requests an aide.
3. The ADA support the use of Expanded Functions Dental Health Aides I and II where appropriate to improve the efficiency of delivering oral health care services to Alaska Natives within the Community Health Aide Program.
4. The ADA continue to support current federal policy that facilitates the entry of American Indians/Alaska Natives into the health professions, especially in the field of dentistry.
5. The ADA work to ensure that representatives of the ADS are included in oversight activities concerning the dental health aide program and other programs affecting the delivery of oral health care services to Alaska Natives.
6. The ADA offer, and the ADS be encouraged to offer, to work with the tribal leaders to increase the use of telecommunications to ensure the proper delivery of oral health care in the villages.
7. The ADA take actions that help to significantly increase the number of dentists and dental hygienists available to provide services to Alaska Natives in the rural villages through private contracts and volunteerism and to facilitate the placement of donated dental equipment, including encouraging the ADS to establish a volunteer position to coordinate these activities with the tribes.
8. The ADA offer, and the ADS be encouraged to offer, to explore ways of working with the Denali Commission and the tribes to expedite the building of dental clinics in rural Alaska villages.
9. The ADA offer to work with the ADS, Alaska Native Tribal Health Consortium, the Alaska Native Health Board and others to lobby for increased federal funding to help ensure that improvements in community water quality in the rural Alaska villages include fluoridation.

10. The ADA work with the ADS and tribes to help reduce the consumption of soft drinks and other cariogenic products.

11. Consistent with the needs and desires of tribal leaders, the ADA support the increased use and funding of military reservist dentists, including dental specialists, in delivering care to Alaska Natives in remote, rural villages.

12. The ADA through its agencies help to facilitate the placement of volunteer dentists and dental hygienists in tribal and Indian Health Service facilities nationwide.

13. The ADA is opposed to nondentists making diagnoses, developing treatment plans or performing irreversible procedures.

14. The ADA will work to help tribes and tribal leaders understand the dangers and patient health risks of nondentists making diagnoses or performing irreversible dental procedures, including but not limited to tooth extractions, pulpomies and cavity and stainless steel crown preparation.

Dr. Sykes moved that Resolution 24RC be substituted for Resolutions 24 (*Supplement:6008*), 24S-1 (*Supplement:6009a*), 24S-2 (*Supplement:6009c*), and 59 (*Supplement:6119*).

On vote, Resolution 24RC was substituted for Resolutions 24, 24S-1, 24S-2 and 59.

Dr. Sykes moved the adoption of the substitute Resolution 24RC.

Dr. Robert M. Villwock, Wisconsin, moved to amend Resolution 24RC by inserting, in the first resolving clause, the phrase "and to the unique and separate challenges that Alaska presents," after the word "recommendations." Dr. Villwock said, "I am proposing this addendum because while our background discussions explain why Alaska is unique and why we are treating the Indian health problem this way, I am concerned that should the popular press, lay media, and perhaps organizations that don't have our same goals in mind, see our resolution, they would fail to realize the uniqueness of Alaska by overlooking our background information. I would like to have that uniqueness brought forth in the resolution so we aren't setting some sort of precedent that might come to the lower 48 or Hawaii."

On vote, the proposed amendment was adopted.

On vote, Resolution 24RC as amended was adopted.

**24H-2004. Resolved**, that in response to the Alaska Native Oral Health Care Access Task Force's findings and recommendations and to the unique and separate challenges that Alaska presents, the following strategies to assure access to quality health care for Native Alaskans be approved:

1. The ADA encourage the establishment of a work group that includes tribal leaders and the Alaska Dental Society (ADS) to facilitate improved access to oral health care for the Alaskan village populations.
2. The ADA work with the ADS and tribal leaders to seek federal funding with the goal of placing a dental

health aide (i.e., a Primary Dental Health Aide I or II) trained to provide oral health education, preventive services and palliative services (except irreversible procedures, including but not limited to tooth extractions, cavity and stainless steel crown preparation and pulpotomies) in every Alaska Native village that requests an aide.

3. The ADA support the use of Expanded Functions Dental Health Aides I and II where appropriate to improve the efficiency of delivering oral health care services to Alaska Natives within the Community Health Aide Program.
4. The ADA continue to support current federal policy that facilitates the entry of American Indians/Alaska Natives into the health professions, especially in the field of dentistry.
5. The ADA work to ensure that representatives of the ADS are included in oversight activities concerning the dental health aide program and other programs affecting the delivery of oral health care services to Alaska Natives.
6. The ADA offer, and the ADS be encouraged to offer, to work with the tribal leaders to increase the use of telecommunications to ensure the proper delivery of oral health care in the villages.
7. The ADA take actions that help to significantly increase the number of dentists and dental hygienists available to provide services to Alaska Natives in the rural villages through private contracts and volunteerism and to facilitate the placement of donated dental equipment, including encouraging the ADS to establish a volunteer position to coordinate these activities with the tribes.
8. The ADA offer, and the ADS be encouraged to offer, to explore ways of working with the Denali Commission and the tribes to expedite the building of dental clinics in rural Alaska villages.
9. The ADA offer to work with the ADS, Alaska Native Tribal Health Consortium, the Alaska Native Health Board and others to lobby for increased federal funding to help ensure that improvements in community water quality in the rural Alaska villages include fluoridation.
10. The ADA work with the ADS and tribes to help reduce the consumption of soft drinks and other cariogenic products.
11. Consistent with the needs and desires of tribal leaders, the ADA support the increased use and funding of military reservist dentists, including dental specialists, in delivering care to Alaska Natives in remote, rural villages.
12. The ADA through its agencies help to facilitate the placement of volunteer dentists and dental hygienists in tribal and Indian Health Service facilities nationwide.

13. The ADA is opposed to nondentists making diagnoses, developing treatment plans or performing irreversible procedures.

14. The ADA will work to help tribes and tribal leaders understand the dangers and patient health risks of nondentists making diagnoses or performing irreversible dental procedures, including but not limited to tooth extractions, pulpotomies and cavity and stainless steel crown preparation.

**Dental Residency Program in Alaska** (Reference Committee on Legal and Legislative Matters Resolution 90): The Committee reported as follows.

During the discussion on the Alaska Task Force issue, the Reference Committee heard testimony concerning the utilization of existing residency programs and the establishment of new residency programs in Alaska in an effort to help address the access problems faced by Alaska Natives. The Reference Committee believes this is a worthy endeavor that should be investigated. However it is a complicated issue that would benefit from further discussion by the relevant ADA agencies.

**90. Resolved**, that appropriate agencies of the ADA investigate the feasibility of utilizing dental residency programs in the state of Alaska.

Dr. Sykes moved the adoption of Resolution 90.

Dr. Joanne Dawley, Michigan, moved to amend Resolution 90 by deleting the words “dental residency programs” and adding in their place the words “new or existing postgraduate dental training programs.” Dr. Dawley said, “In the background information from the Reference Committee, it appeared that the Reference Committee discussed the use of both existing residency programs and new ones but that was not reflected in the resolution that we received. Additionally, we believe that postgraduate dental programs really open up a lot more options for programs in Alaska in terms of specialty residencies or those types of things.”

Dr. Robert B. Raiber, New York, spoke in support of the proposed amendment.

Dr. Donald O. Nordstrom, Montana, asked, “Would this preclude the use of any kind of training or residency programs within the...four years of dental training?”

Dr. Joanne Dawley responded “no.”

On vote, the proposed amendment was adopted.

Dr. Gary D. Oyster, North Carolina, moved to further amend Resolution 90 by inserting the word “accredited” after the word “utilizing.”

A delegate suggested that the word “accredited” should be positioned before the word “postgraduate.” Dr. Oyster agreed with the suggestion.

On vote, the proposed amendment was adopted.

Dr. J. Kent Guebert, Illinois, moved to further amend Resolution 90 by adding, after the word “Alaska,” the words “to address the access problems faced by the Alaska Native population.” Dr. Guebert said, “Without this wording, the resolve really doesn’t have much substance to it. It doesn’t really address what they are utilizing this study for. And we don’t have the background statement that becomes part of the resolve.”

On vote, the proposed amendment was adopted.

A delegate questioned the financial implication of the resolution, which was identified as “None.”

Dr. James Bramson said, “We don’t think there is a financial implication to this because our Education area could investigate this feasibility sufficiently from our Chicago offices or in communications with other people that might be developing residency programs.”

On vote, Resolution 90 as severally amended was adopted.

**90H-2004. Resolved**, that appropriate agencies of the ADA investigate the feasibility of utilizing new or existing accredited postgraduate dental training programs in the state of Alaska to address the access problems faced by the Alaska Native population.

### Report of the Reference Committee on Communications and Membership Services

The Report of the Reference Committee on Communications and Membership Services was presented by Dr. Cynthia Brattesani, California, chair. The other members of the Committee were: Dr. Randal P. Ashton, Illinois; Dr. Bruce R. DeGinder, Virginia; Dr. Maxine Feinberg, New Jersey; Dr. Karen E. Frazer, Texas; Dr. B. Lee Hawkins, Georgia; Dr. Charles W. Hoffman, Florida; and Dr. Terryl A. Propper, Tennessee.

**Consent Calendar** (Reference Committee on Communications and Membership Services Resolution 89): The Committee reported as follows.

Appended are resolutions referred to the Reference Committee on Communications and Membership Services, which either received no testimony or all positive testimony. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 17 as submitted.

Therefore, the Committee recommends adoption of the following resolution:

**89. Resolved**, that the following resolutions be adopted:

**Resolution 17**—Amendment of ADA *Bylaws* Regarding Interim Services for Applicants (*Supplement*:3014)

**Resolution 18**—Amendment of Policy Regarding Differential Charges According to Membership (*Supplement*:3015)

**Resolution 22**—Interim Policy Regarding Waiver of Dues for First Full Year of Membership (*Supplement*:3018)

Dr. Brattesani moved the adoption of Resolution 89. On vote, Resolution 89 was adopted.

**89H-2004. Resolved**, that the following resolutions be adopted:

**Resolution 17**—Amendment of ADA *Bylaws* Regarding Interim Services for Applicants (*Supplement*:3014)

**Resolution 18**—Amendment of Policy Regarding Differential Charges According to Membership (*Supplement*:3015)

**Resolution 22**—Interim Policy Regarding Waiver of Dues for First Full Year of Membership (*Supplement*:3018)

*Note.* For the purpose of a fully documented record, the complete text of the resolutions adopted through Resolution 89H-2004 follows.

**17H-2004. Resolved**, that Chapter I. MEMBERSHIP of the ADA *Bylaws* be amended by addition of the following new Section 60:

*Section 60. INTERIM SERVICES FOR APPLICANTS.* A dentist who has submitted a complete application for active membership in this Association and the appropriate constituent and component societies, if such exist, may on an interim basis: receive complimentary copies of the *Journal of the American Dental Association* and the *ADA News*, have access to the ADA.org member-only content areas and purchase items at a member rate through the ADA Catalog. Such interim services shall terminate when the membership application has been processed or within six (6) months of the application submission, whichever is sooner. Applicants shall have no right of appeal from a denial of membership in the Association.

**18H-2004. Resolved**, that the Association’s policy on Differential Charges According to Membership Status (*Trans.*1982:506) be amended as follows (new language underscored):

**Resolved**, that those activities of the ADA that require direct or indirect charges for services or materials to the membership shall carry charges which reflect a differential for dentists who are not members of the Association, except that membership applicants who are eligible to receive interim services under the *Bylaws* may, during the interim period in which their applications are being processed, purchase items at a member rate through the ADA Catalog, receive complimentary copies of the *Journal of the American Dental Association* and the *ADA News* and have access to the ADA.org member-only areas,

and be it further

**Resolved**, that all constituent societies of the Association be urged to adopt similar policies.

**22H-2004. Resolved**, that the following footnote be added to the 2004 edition of the ADA *Bylaws*, designated by an asterisk at the end of Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A. ACTIVE MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, conditions (1) and (4) of the ADA *Bylaws*:

This footnote clarifies the expansion of the reduced dues program approved by the 2003 House of Delegates. Only new dental school graduates and newly licensed dentists of non-accredited dental schools entering the reduced dues program in 2004 or thereafter are eligible for the expanded reduced dues program at the progression set forth in these *Bylaws* under conditions 1 and 4. Dentists who entered the reduced dues program prior to 2004 continue their progression to next applicable rate. That progression is as follows: twenty-five percent (25%) of active member dues and special assessment for the first full calendar year following graduation from an accredited dental school or the year in which the license was obtained for graduates of non-accredited dental schools, fifty percent (50%) of active member dues and special assessment in the second year, seventy-five (75%) in the third year and one hundred percent (100%) in the fourth year and thereafter. Such reductions are conditioned on maintenance of continuous membership or payment of dues and special assessment(s) for the years not previously paid at the rates current during the missing years. This footnote shall expire at adjournment *sine die* of the 2007 House of Delegates.

**Report of the President** (*Supplement:3036*): The Committee reported as follows.

On behalf of the House and ADA members, the Reference Committee would like to take this opportunity to thank Dr. Gene Sekiguchi for his commitment and hard work during his year as ADA president. His vision for a unified profession that can serve the needs of all of the public is one that will inspire the ADA for years to come. Dr. Sekiguchi has approached the many challenges faced by dentistry today the way he has lived his own personal life—with optimism and creativity when faced with hardships. “How can it be done,” “is there a better way” have been Dr. Sekiguchi’s leading questions to ADA members, staff and all in the diverse world of oral health care. These have resulted in new relationships, new initiatives and perspectives that will influence our Association and dentistry and benefit the public for many years. We thank Dr. Sekiguchi for his leadership and continuing work toward unifying our profession. We thank him for pointing to the technologies that will redefine oral health care in the future and for rallying the profession to plan for these today. The Reference Committee wishes Dr. Sekiguchi and his family the best in all their future endeavors.

**Rescheduling of Give Kids A Smile Day** (Third District Resolution 13): The Committee reported as follows.

The Reference Committee had lengthy discussions on the issues raised by this resolution and described in the Board comment.

Some Reference Committee members believed that having Give Kids A Smile at a time other than February would be more mindful of the constraints on volunteers’ time and would not divert attention from National Children’s Dental Health Month. Some Reference Committee members also believed that even if Give Kids A Smile Day were in conflict with constituent, component

or other society meetings, the program could be conducted in concert with those meetings. There also was discussion that the program’s success is attributable to its underlying charitable premise and that the time of year during which it is held is not overriding.

Therefore, the Reference Committee recommends that the date of the program be changed to spring. The Reference Committee recommends that the selection of a date be made by the appropriate ADA agency(ies) after careful consideration of the effect of dental meeting, school schedule and holiday dates on that decision.

**13. Resolved**, that Give Kids A Smile Day be rescheduled to a date later in the spring beginning in 2006 to minimize the likelihood that inclement weather will cause cancellation or curtailment of scheduled events and to decrease the pressure on the volunteers who are currently being asked to participate in both Give Kids A Smile Day and National Children’s Dental Health Month activities.

Dr. Brattesani moved the adoption of Resolution 13 (*Supplement:3005*).

Dr. Scott D. Lingle, Minnesota, spoke against adopting Resolution 13. He said, “The weather is not a problem for us. But more important than the weather, is our political attention that Give Kids A Smile has given us. Having Give Kids A Smile in early February puts this in the early phase of our legislative session, and we get good press coverage. We invite our local legislators to our events, and dentistry has postured as the ‘good guys in the white hats,’ just before we begin working on the tough health care legislation. So please don’t take this political advantage away from us.”

Dr. David Schimmel, Pennsylvania, said, “Several years ago the Board of Trustees instituted the Give Kids A Smile program and directed members to go out and do, and we did because we recognized the win-win opportunity. First was to provide care for the needy children. Second was to bring our case to the legislature in a very personal way, and we heard how important that was during our opening session. And, third, that we organizers realize there was a third win, getting the newest members of our profession involved, the millennial generation, who want to be part of an organization who does worthwhile things. They volunteered in droves. But when weather rears its ugly head, we go from a win, win, win to a lose, lose, lose. ...Because this program seems to appeal to the newest members, the financial impact is most acute for them, and they are the least able to participate when the date is rescheduled. There will always be conflicts, but our organization needs to be responsive to the members who are working diligently to carry out the programs by our Board of Trustees and this House. If not spring, then some other time of year that will allow Give Kids A Smile to go forward as a win-win program without the capriciousness of the weather thwarting our efforts.”

Speaking against the adoption of Resolution 13 were Dr. Todd Christy, Michigan; Dr. Ron J. Seeley, North Dakota; Dr. J. Mark Thomas, Indiana; and Dr. John Sweeney, ASDA.

Dr. David C. Anderson, Virginia, chair, Council on Communications, suggested that the program be held in the spring for a few years to determine the best dates.

Dr. Maxine Feinberg, New Jersey, and Dr. Randal P. Ashton, Illinois, spoke in support of Resolution 13

Dr. Brian O. Coleman, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 13 was defeated.

**Preservation of ADA Institutional Memory** (Twelfth District Resolution 50): The Committee reported as follows.

The Reference Committee is sensitive to the intent of the resolution that aims to capture the nuances of the deliberations of Association leaders in establishing policies. However, the Reference Committee believes that the current historical transactions are substantive and easily accessed, meeting the needs of the Association. Therefore, the Reference Committee recommends that Resolution 50 not be adopted.

**50. Resolved**, that the appropriate Association agencies investigate the feasibility and financial implications of the following:

1. Develop a standardized interviewing format for collecting information on the accomplishments, issues, controversies, debates, compromises and outcomes related to the tenure of every living past president of the American Dental Association.
2. Conducting and recording such interviews with the past presidents using the standardized format.
3. Collecting, collating and archiving such information in such a manner as to make it readily accessible to the membership.
4. Publicizing the availability of the information to the executive directors, officers and delegates of the ADA and of each constituent and component society.

and be it further

**Resolved**, that the feasibility and financial implications of establishing the office of ADA historian to oversee these activities be explored, and be it further

**Resolved**, that a complete report, with recommendations, be forwarded to the Board of Trustees in time for presentation to the 2005 House of Delegates for its consideration.

Dr. Brattesani moved Resolution 50 (*Supplement: 3034*).

Dr. Steven R. Kilpatrick, Arkansas, supporting the adoption of Resolution 50, said, "We feel it is very important to try to maintain the institutional wisdom of this organization. One of the most compelling arguments that has been presented is if our presidents of the United States had not written their memoirs, we would have had a very difficult time understanding why they did a lot of the things they did. Our ADA presidents bring a tremendous amount of wisdom and knowledge. If we fail to record that, it is lost."

On vote, Resolution 50 was defeated.

**Dues Reduction for Full-Time Faculty** (Missouri Dental Association Resolution 11, First District Resolution 11S-1, and Reference Committee Resolution 11RC): The Committee reported as follows.

The Reference Committee notes that the Council on Membership will consider all membership categories from a strategic perspective in light of changing demographics and emerging and tripartite needs. The Reference Committee agrees with the Board of Trustees that it is important to consider how membership categories interrelate, and therefore concurs that the complete discussion of the possibility of reduced dues for full-time faculty be considered in this context. To provide the Council with full latitude to consider all issues, including issues relating to full and part-time faculty, recent graduates who enter academic careers and other scenarios, the Reference Committee recommends that Resolution 11RC be substituted for Resolutions 11 and 11S-1 with a recommendation to vote yes. The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 11 and 11S-1 as submitted.

**11RC. Resolved**, that the appropriate ADA agency study all issues relating to dental faculty membership, including dues structure, as part of an overall study of Association membership categories, with a report to the 2006 House of Delegates or 2005 House of Delegates if the study is completed.

Dr. Brattesani moved that Resolution 11RC be substituted for Resolutions 11 (*Supplement:3000*) and 11S-1 (*Supplement:3001a*).

On vote, Resolution 11RC was substituted for Resolutions 11 and 11S-1.

Dr. Brattesani moved the adoption of the substitute Resolution 11RC.

On vote, Resolution 11RC was adopted.

**11H-2004. Resolved**, that the appropriate ADA agency study all issues relating to dental faculty membership, including dues structure, as part of an overall study of Association membership categories, with a report to the 2006 House of Delegates or 2005 House of Delegates if the study is completed.

**Student Block Grant Program Funding** (Third District Resolution 12 and Ninth District Resolution 12S-1): The Committee reported as follows.

The Reference Committee heard only positive testimony from many members in favor of reinstating funds to provide constituent societies with up to \$3,000 per dental school per year for the ADA student outreach program as an ongoing program. The Reference Committee concurs that student and new dentist transition reflect the lifeblood of the Association. The constituents' ability to create relationships with students and convey the value of membership is critical while the students are at the very beginning of their dental careers. The Reference Committee acknowledges that the Association offers other programs to reinforce student outreach, and believes the number of new programs being implemented and utilized each year have been beneficial. The Committee believes

that Resolution 12S-1 provides the Association with more flexibility, and therefore supports the adoption of the substitute Resolution 12S-1.

**12S-1, Resolved**, that the American Dental Association restore funding in the amount of up to \$3,000 per dental school per year for the ADA student outreach program as an ongoing program.

Dr. Brattesani moved that Resolution 12S-1 (*Supplement:3004a*) be adopted in lieu of Resolution 12 (*Supplement:3002*).

Dr. Joseph J. Kohler, III, Pennsylvania, speaking in support of the resolution, said, "This was an important program in our state. It was a one-on-one outreach to all of the students at our three dental schools and we felt very strongly that it should continue. It was one of the few ways we, as dentists, had to talk to our students about organized dentistry."

Dr. John Sweeney, ASDA, also indicated support for Resolution 12S-1.

On vote Resolution 12S-1 was adopted.

**12H-2004, Resolved**, that the American Dental Association restore funding in the amount of up to \$3,000 per dental school per year for the ADA student outreach program as an ongoing program.

**Amendment of ADA Bylaws Regarding Dues for Retired Members** (Eighth District Resolution 14): The Committee reported as follows.

The Reference Committee again notes that the Council on Membership will consider a strategic study of membership in light of changing demographics and emerging and tripartite needs. The Reference Committee agrees with the Board that it is important to consider the interrelationships amongst membership categories, and that the issues regarding retired dentists are multi-dimensional. Therefore, the Committee concurs with the Board of Trustees to refer Resolution 14 to the appropriate ADA agency. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 14 as submitted.

**14. Resolved**, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, *Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection C. RETIRED MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS*, be amended in the first sentence by substitution of the words and parenthetical dollar amount "fifty dollars (\$50)" for the phrase "twenty-five percent (25%) of the dues of active members," and by substitution of the following sentence for the second sentence, "Such retired members shall be exempt from the payment of any special assessment levied by the House of Delegates," so that the amended subsection reads as follows (new language underscored, deletions stricken through):

c. DUES AND SPECIAL ASSESSMENTS. The dues of retired members shall be fifty dollars (\$50) ~~twenty-five percent (25%) of the dues of active members~~, due January 1 of each year. Such retired members shall be

exempt from the payment of any special assessment levied by the House of Delegates. ~~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, due January 1 of each year.~~

and be it further

**Resolved**, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, *Section 30. DEFINITION OF "IN GOOD STANDING"* be amended in the second sentence of the second paragraph by addition of the word and comma "retired," between the words "to" and "retired life" (line 577), so the amended paragraph reads as follows (new language underscored):

The requirement of paying current dues does not apply to retired life and honorary members of this Association for the purpose of determining their good standing. The requirement of paying special assessments does not apply to retired, retired life, honorary and student members of this Association for purposes of determining their good standing.

and be it further

**Resolved**, that the ADA *Bylaws*, Chapter XVII. FINANCES, *Section 40. SPECIAL ASSESSMENTS*, be amended in the first sentence by deletion of the word and comma "retired," (line 3650), so the amended first sentence reads as follows (deletion stricken through):

In addition to the payment of dues required in Chapter I, Section 20 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 20 of these *Bylaws*, for the purpose of funding a specific project of limited duration.

Dr. Brattesani moved that Resolution 14 (*Supplement:3007*) be referred to the appropriate agency for study and report to the House of Delegates by 2006.

On vote, Resolution 14 was referred to the appropriate agency for study and report to the House of Delegates by 2006.

**Dues Exemption for Active Duty Members** (Texas Dental Association Resolution 66-2003, Fourth District Substitute Resolution 66-2003S-1, and Reference Committee Resolution 66-2003RC): The Committee reported as follows.

The Reference Committee heard considerable testimony on Resolution 66-2003 and 66-2003S-1. The Reference Committee felt that the hardship created by being called to active duty is addressed in the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES, Subsection B. FINANCIAL HARDSHIP WAIVERS as follows:

B. FINANCIAL HARDSHIP WAIVERS. 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.

In addition, the Reference Committee encourages constituents and components to take the initiative to educate and assist any members called to active duty about the dues waiver process. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 66-2003 as submitted.

**66-2003RC. Resolved**, that constituent and component dental associations be encouraged to proactively utilize existing financial hardship waiver guidelines to assist members who are temporarily called to active duty with a federal service.

Dr. Brattasani moved that Resolution 66-2003RC be substituted for Resolutions 66-2003 (*Supplement:3031*) and 66-2003S-1 (*Supplement:3032*).

Dr. Bryan C. Edgar, Washington, speaking against substitution, said, "I would speak against adoption of this substitute because the resolution before this body is really an unfriendly resolution to the intent of the original resolution. Reservists want to see this original resolution passed and [the] hardship waiver that is called for in the substitute is not really what the intent of the original resolution was."

Dr. Denny W. Homer, Washington, spoke in support of substitution. He said, "Resolutions 66-2003 and the S-1 both create a lot of complication. They are very specific to one particular situation. ...I recognize that the background statements go away, but it does say, 'contingent on a declared war within calendar year.' The last declared war that the United States had was in 1940. All actions since then have been police actions. It also doesn't take into account a myriad of other situations. Whereas, the hardship dues waiver allows an individual component to look at the circumstances of that particular individual and then any favors that they grant are passed clear up through the constituent and to the ADA. And I think it is a very simple, straightforward thing that encompasses many, many different situations that a dentist can face."

Also speaking against substitution were Dr. W. Mark Tucker, Veterans Affairs; Dr. Richard A. Huot, Florida; Dr. Linda J. Edgar, Washington; Dr. Douglas S. Hadnot, Montana; Dr. Richard M. Lofthouse, Wisconsin; Dr. Barry A. Feder, Washington; and Dr. Mitchell A. Chun, Hawaii.

Speaking for substitution, Dr. Lidia M. Epel, New York, a member of the ADA Council on Membership, said, "We create a lot of complicated issues by revisiting Chapter I every year. Dues waivers for financial hardship covers that. And I understand that some people are reluctant to apply for it. They might be reluctant to make any other changes, too, and I understand it is 48 hours, but I am sure our component and local societies are quite capable of handling the emergency."

Dr. Maxine Feinberg, New Jersey, a member of the of the Reference Committee, said, "We believe that this is a fair resolution because, frankly, you are going to set up two sets of military or active duty federal service dentists. It just doesn't seem right. We have provisions within the ADA *Bylaws*. We should use the provisions."

Dr. Allen Hindin, Connecticut, said, "I think the only rational way to deal with this issue is for the ADA to have a policy that states for those people who are activated, for whatever reason, are entitled or urged to be given entitlement for exemption from all dues of ADA, state dental association, and continuing ed requirements during the duration of their activation."

Dr. Jeffrey W. Johnston, Michigan, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the motion to substitute Resolution 66-2003RC for Resolutions 66-2003 and 66-2003S-1 was defeated.

A motion was made to adopt Resolution 66-2003 (*Supplement:3031*)

**66-2003. Resolved**, that Chapter I. MEMBERSHIP, Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES, of the ADA *Bylaws* be amended by addition of the following new Subsection C:

C. WAIVERS FOR ACTIVE MEMBERS TEMPORARILY ACTIVATED TO FEDERAL SERVICE. An active member in good standing who pursuant to Chapter I of these *Bylaws* holds membership in a constituent and component society and is temporarily called to active duty with a federal dental service on a non-career basis shall be exempt from the payment of dues to this Association during such military duty, but not to exceed a period of three years.

and be it further

**Resolved**, that Chapter I. MEMBERSHIP, Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES, of the ADA *Bylaws* be further amended by renumbering existing Subsection "C" and "D".

Dr. W. Mark Tucker, Veterans Affairs, spoke in support of the resolution.

In response to a question, the Speaker confirmed that Resolution 66-2003 would require a two-thirds (2/3s) majority vote to be adopted since the resolution amends the ADA *Bylaws*.

Dr. Bryan C. Edgar, Washington, moved to amend Resolution 66-2003, in the new Subsection C, by deleting the words "on a noncareer basis" and replacing them with the words "during the U.S. conflict with another country," and in the same Subsection C delete the words "three years" and replace them with the words "one year." Dr. Edgar said, The words "on a noncareer basis" really are inappropriate because when a reservist is activated for active duty, their career is as a dentist, and so that would be inappropriate language. And by inserting the replacement language, it solves that problem that was brought up earlier of declared war versus any conflict that the U.S. is involved with. And...three years really is inappropriate because any reservist that is activated, is

activated for a one-year period of time as a limit, and if it went beyond that, it would...go out of being a private practice dentist into a full-time active duty military.”

The amended Subsection C would read:

**C. WAIVERS FOR ACTIVE MEMBERS TEMPORARILY ACTIVATED TO FEDERAL SERVICE.** An active member in good standing who pursuant to Chapter I of these *Bylaws* holds membership in a constituent and component society and is temporarily called to active duty with a federal dental service ~~on a non-career basis during the U.S. conflict with another country~~ shall be exempt from the payment of dues to this Association during such military duty, but not to exceed a period of ~~three years~~ one year.

Dr. Randall H. Ogata, Washington, requested that the question be divided for the purpose of debating the two issues separately.

The Speaker granted Dr. Ogata’s request and discussion ensued on the first proposed amendment.

Dr. Donald L. Seago, Mississippi, commented on the proposed language, stating “If we are fighting a war against terrorists, that is not another country. And most of our doctors have been called to fight a war against terrorism. So I think there has to be a better term than that.”

Dr. Brian T. Kennedy, New York, spoke against the proposed amendment, suggesting that the wording was “restrictive.”

Also speaking against substitution was Dr. Richard M. Lofthouse, Wisconsin, who said, “There may be a dentist from our state that is activated, will not leave this country, may not even leave the state of Wisconsin, but will be away from his practice for a year, probably working 12 to 15 hours a day deploying other soldiers at Fort McCoy. So it does spread much further than U.S. conflicts.”

Others speaking against the amendment were Dr. Thomas J. Olinger, California, and Dr. Philip M. Abshere, Oklahoma.

Dr. Bryan C. Edgar, Washington, as maker of the proposed amendment, offered to withdraw it. Hearing no objection, the Speaker announced that the first proposed amendment was withdrawn.

Dr. Brian T. Kennedy, New York; Dr. Douglas S. Hadnot, Montana; and Dr. Thomas J. Olinger, California spoke against the second proposed amendment, changing the words “three years” to “one year.” Dr. Kennedy suggested that three years provides the required flexibility to address situations as they might change.

On vote, the motion to delete the words “three years” and substitute them with the words “one year” was defeated.

Dr. Morris Antonelli, Maryland, said, “The Fourth District represents the military services. And we find ourselves in an ironic situation. We are very supportive of Reservists, National Guard who are activated and appreciate their service. But we find that we would be setting up somewhat of a discriminatory situation. Our active duty personnel also have student debt, they have mortgages, they have other situations. And they are often compensated at a far lower level than their civilian counterparts. We are very sympathetic to the situations where Guard or Reservists are activated and we feel that

when there is a hardship, that there is existing mechanism in the Association to deal with those hardships with dues waivers. So we would feel that it is somewhat disrespectful to the active duty personnel to have a situation where there is a dues waiver for someone who is activated, serving side by side with them and drawing the same salaries that they are drawing.”

Dr. Allen Hindin, Connecticut, moved to amend Resolution 66-2003, by adding at the end of the second resolving clause the words “in addition, licensing jurisdictions are encouraged to suspend all relevant fees and continuing education requirements during the period of activation.”

It was the opinion of the Chair that the proposed amendment was not in order since Resolution 66-2003 is an amendment of the *ADA Bylaws*.

Dr. Hindin accepted the ruling of the Chair. Speaking in support of Resolution 66-2003, Dr. Hindin said, “There is a substantial difference between those who are active duty by choice and those who are active duty by circumstance, and I do think that two-tiered approach is relevant and valid. I think that we all essentially recognize that the overhead of the practice does not go away during periods of activation. ...So I do suggest that we support the resolution to exempt them from dues during times of active duty.”

Dr. J. Kent Guebert, Illinois, moved to amend Resolution 66-2003 by adding the words “and be given a prorated credit applied to future dues for dues already paid when called to duty” in the new Subsection C. Dr. Guebert said, “In a situation where someone has paid their dues for the whole calendar year and then if they’d be called to duty in February or March and serve for the remainder of that year, they have paid their dues while they are on duty, and I think that portion of the year that they are in service where they have paid their dues should be applied as a credit towards future dues when they return to their practice.”

Dr. Bryan C. Edgar, Washington, moved to remove the word “prorated” from the proposed amendment. He said, “When I was activated during Desert Storm, it cost literally \$100,000 when I got back to my office, and to throw the word ‘prorated’ in there is a little bit of a slap in the face of those people that are serving now.”

Dr. Guebert accepted the deletion of the word “prorated” as a friendly amendment.

Debate continued with comments both in support and against the proposed amendment.

Dr. John W. Greig, Michigan, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the proposed amendment was defeated.

Dr. Leo R. Finley, Jr., Illinois, moved to amend Resolution 66-2003 by adding as a third resolving clause Resolution 66-2003S-1.

It was the ruling of the Chair that the amendment was not in order, since Resolution 66-2003 was an amendment of the *ADA Bylaws*.

Dr. Mark R. Zust, Missouri, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 66-2003 was adopted.

**66-2003Ha-2004. Resolved**, that Chapter I. MEMBERSHIP, Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES, of the ADA *Bylaws* be amended by addition of the following new Subsection C:

C. WAIVERS FOR ACTIVE MEMBERS TEMPORARILY ACTIVATED TO FEDERAL SERVICE. An active member in good standing who pursuant to Chapter I of these *Bylaws* holds membership in a constituent and component society and is temporarily called to active duty with a federal dental service on a non-career basis shall be exempt from the payment of dues to this Association during such military duty, but not to exceed a period of three years.

and be it further

**Resolved**, that Chapter I. MEMBERSHIP, Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES, of the ADA *Bylaws* be further amended by renumbering existing Subsection "C" and "D".

Dr. Richard A. Huot, Florida, asked if it would be permissible to move Resolution 66-2003S-1 for adoption. The Speaker accepted the motion.

**66-2003S-1. Resolved**, that constituent and component dental associations be encouraged to waive constituent and component dental association dues of members who are temporarily called to active duty with a federal dental service.

Dr. J. Kent Guebert, Illinois, spoke in support of the resolution.

On vote, Resolution 66-2003S-1 was adopted.

**66-2003Hb-2004. Resolved**, that constituent and component dental associations be encouraged to waive constituent and component dental association dues of members who are temporarily called to active duty with a federal dental service.

#### **Report of the Reference Committee on Dental Benefits, Practice, Science and Health**

The Report of the Reference Committee on Dental Benefits, Practice, Science and Health was presented by Dr. Thomas P. Floyd, Florida, chair. The other members of the Committee were: Dr. Anita W. Elliott, Arizona; Dr. Alphonse J. Homicz, New Hampshire; Dr. Stephen J. Jaworski, Pennsylvania; Dr. John G. Masak, Wisconsin; Dr. Matthew J. Neary, New York; Dr. Ron J. Seeley, North Dakota; and Dr. Mark R. Stetzel, Indiana.

**Consent Calendar** (Reference Committee Resolution 87): The Committee reported as follows.

Appended are resolutions referred to the Reference Committee on Dental Benefits, Practice, Science and Health which either received no testimony or all positive testimony.

The Committee recommends adoption of the following resolution:

**87. Resolved**, that the following resolutions be adopted:

**Resolution 8**—Rescission of Policy, "Scientific Use of Ancient Skeletons" (*Supplement:4000*)

**Resolution 9**—Amendment of the Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry (*Supplement:4003*)

\*Note: The Policy Statement on Bloodborne Pathogens and the Practice of Dentistry was editorially changed in Worksheet:4005, lines 4 and 5, by substituting the word "standard" for the word "universal."

**Resolution 10**—Termination of the Professional Product Component of the ADA Acceptance Program (*Supplement:4010*)

**Resolution 30**—Encouraging U.S. Dental Schools to Provide Education in Caries Prevention Treatment for Infants and Young Children (*Supplement:4036*)

**Resolution 33**—Funding for Non-Dental Providers Preventive Care (*Supplement:4039*)

**Resolution 73**—White Paper on Dental Care Needs of Aging U.S. Populations (*Supplement:4102*)

**Resolution 81**—Dental Insurance Right to Know Standardized Plan Description (*Supplement:4129*)

Dr. Floyd moved the adoption of Resolution 87. On vote, Resolution 87 was adopted.

**87H-2004. Resolved**, that the following resolutions be adopted:

**Resolution 8**—Rescission of Policy, "Scientific Use of Ancient Skeletons" (*Supplement:4000*)

**Resolution 9**—Amendment of the Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry (*Supplement:4003*)

\*Note: The Policy Statement on Bloodborne Pathogens and the Practice of Dentistry was editorially changed in Worksheet:4005, lines 4 and 5, by substituting the word "standard" for the word "universal."

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**Resolution 33**—Funding for Non-Dental Providers Preventive Care (*Supplement:4039*)

**Resolution 73**—White Paper on Dental Care Needs of Aging U.S. Populations (*Supplement:4102*)

**Resolution 81**—Dental Insurance Right to Know Standardized Plan Description (*Supplement:4129*)

*Note.* For the purpose of a fully documented record, the complete text of the resolutions adopted through Resolution 87H-2004 follows.

**8H-2004. Resolved**, that Resolution 28aH-2001, Scientific Use of Ancient Skeletons (*Trans.2001:461*), be rescinded.

**9H-2004. Resolved**, that the Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry (*Trans.1999:977, 983*) be amended by replacing the phrase “universal precautions” wherever it appears with the phrase “standard precautions” and by removing reference to the ADA infection-control recommendations, and be it further

**Resolved**, that the “Vaccination” section of the Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry be amended as follows (new language underlined, deletions stricken through):

**Vaccination:** The Association urges dentists and other dental workers who may be at reasonable 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 infectious organisms. bloodborne infections.~~ In addition, the Association supports having all dental, advanced dental and allied dental education programs encourage the vaccination of students, faculty and staff against infectious organisms.

and be it further

**Resolved**, that Resolution 79H-1992, Vaccination Against Infectious Diseases (*Trans.1992:617*), be rescinded.

**10H-2004. Resolved**, that the professional component of the ADA Acceptance Program be phased out by December 31, 2007, and be it further

**Resolved**, that the Guidelines for Participation in the ADA's Seal of Acceptance Program (*Trans.2003:388*) be amended by adding a new section on “Termination of Professional Product Component of ADA Acceptance Program,” to read as follows:

#### **XI. Termination of Professional Product Component of ADA Acceptance Program**

Notwithstanding any other provision of these Guidelines, the ADA will stop accepting professional products for evaluation and inclusion in the Acceptance Program on December 31, 2004. No ADA Seal license agreement shall have a term that extends beyond December 31, 2007.

**30H-2004. Resolved**, that U.S. dental schools be encouraged to include education and experience in providing caries preventive treatment for infants and young children in their pre-doctoral program, and be it further

**Resolved**, that the Commission on Dental Accreditation be encouraged to include such a program in the criteria for dental school accreditation.

**33H-2004. Resolved**, that funding for the provision of dental preventive services by non-dental providers should not come from dental assistance program budgets.

**73H-2004. Resolved**, that the ADA Board of Trustees appoint a task group made up of members of all appropriate ADA councils and agencies to explore the challenges in rendering comprehensive dental care to our aging population; and that special attention will be given to identifying varying needs based on the variety of resident situations, and be it further

**Resolved**, that this ADA task group on aging be responsible for establishing collaborative forums for inviting input from outside organizations such as, but not limited to, AARP, AAHSA (American Association of Homes and Services for the Ageing), CMS (Commission on Medicare and Medicaid Services), AMA, ASGD (American Society for Geriatric Dentistry) and the National Association of Insurance Plans, in an effort to define and understand all aspects of the emerging needs of this population, and be it further

**Resolved**, that current ADA policy that maintains the dentist as the primary dental care provider be used as the cornerstone of the dental team that will solve the access to care issues that may be identified, and be it further

**Resolved**, that the ADA produce a white paper encompassing the findings of the task group which identifies a needs-based model in an effort to establish ADA policy for the long-term dental care requirements of our aging population and provide a progress report to the ADA House of Delegates in 2005 and a final report to the ADA House of Delegates in 2006.

**81H-2004. Resolved**, that the appropriate ADA agency explore the development of a standard dental insurance benefit disclosure document to better inform plan purchasers and end users, and be it further

**Resolved**, that the findings and recommendations be presented to the 2005 House of Delegates with a recommendation for promoting the use of the disclosure document among dental plans.

**Non-Dental Providers Completing Educational Program on Oral Health** (Board of Trustees Resolution 31, Fourteenth District Resolution 31S-1, and Reference Committee Resolution 31RC): The Committee reported as follows.

The Reference Committee heard testimony on these resolutions mainly directed to the need for education about oral health by non-dentists who provide preventive and educational services for infants and young children, and the potential for non-dental providers beyond physicians to provide these services because the language in Resolutions 31 and 31S-1 is unclear. The Committee agrees that appropriate education is very important for non-dental professionals before they provide dental preventive and educational services. The Committee believes that those allowed to provide preventive and educational dental services need to be more clearly defined. The Committee also feels that this subject matter is not appropriate for legislation, since it can be adequately addressed through regulatory means, but this policy should be supported by the constituent dental societies. For these reasons, the

Reference Committee submits the following substitute resolution and recommends its adoption. These resolutions support the ADA Strategic Plan Goal: Image, Ethics and Professionalism.

**31RC. Resolved**, that only dentists, physicians, and their properly supervised designees, be allowed to provide preventive dental services to infants and young children, and be it further

**Resolved**, that anyone that provides preventive dental services to infants and young children be encouraged to complete an appropriate educational program on oral health, common oral pathology, dental disease risk assessment, dental caries and dental preventive techniques for this age group, and be it further

**Resolved**, that the ADA urge constituent societies to support this policy.

Dr. Floyd moved that Resolution 31RC be substituted for Resolutions 31 (*Supplement:4037*) and 31S-1 (*Supplement:4037a*).

On vote, Resolution 31RC was substituted for Resolutions 31 and 31S-1.

Dr. Floyd moved the adoption of the substitute Resolution 31RC.

A motion was made to refer Resolution 31RC for review and report to the 2005 House of Delegates with a recommendation. The delegate stated that the intent of the resolution—educating people who are not dentists or not physicians—is good, but “the problem with that is, if we adopt this, it will infer that the policy of the ADA is to encourage non-dental personnel to apply dental sealants. And that is not what we intend to do. ...So I think the wording needs to be reworked. We have looked at it. It is difficult to modify this here to amend it, and I think it would be better if the Committee looked at that in another year.”

Dr. Thomas J. Hartog, Illinois, supported the motion to refer.

Dr. Edwin S. Mehlman, Rhode Island, speaking against referring Resolution 31RC, said, “The Board and the councils that have dealt with this have studied it for two years. There may be one or two words that can be tacked on as amendment that would satisfy the people who want to refer it. We have yelled for years that physicians are looking right past the mouth and down into the throat and not even looking at the teeth, and now we are saying that they should be looking at the teeth and we are fighting that situation, too.”

Dr. A. J. Smith, Utah, spoke in support of Resolution 31RC.

On vote, the motion to refer Resolution 31RC was defeated.

Dr. Alphonse J. Homicz, New Hampshire, moved to amend Resolution 31RC by adding the words “and trained” after the word “supervised” in the first resolving clause. Dr. Homicz said, “we recognize the Reference Committee’s work, and just feel that supervision is positive, but we got to be sure that the designees are also properly trained.”

Dr. Brian C. Cross, Illinois, and Dr. Dean G. Cloutier, Connecticut, supported the proposed amendment.

Dr. Robert S. Roda, Arizona, said, “I am just concerned that we are being redundant here saying the

same thing in the first resolving clause and then encouraging it in the second resolving clause.”

Dr. Richard M. Peppard, Texas, questioned whether the properly supervised and trained designee could be a hygienist working for a physician.

Dr. Albert Guay, chief policy advisor, responded, “State licensing laws in most states require that a hygienist be supervised by a dentist. It doesn’t say by a physician. So unless there is some alterations to state laws, it is not proper for a physician to supervise a hygienist.”

On vote, the proposed amendment was adopted.

Dr. Kevin R. Doring, Maryland, moved to further amend Resolution 31RC at the end of the second resolving clause, by adding the words “be encouraged to make a referral to a licensed dentist for a comprehensive examination.” Dr. Doring said, “As this resolution expresses the need for educational programs, we feel it is essential that part of that education be to know when to refer a person to a licensed dentist and, therefore, we feel that the phrase about referral should be included in any type of training or educational programs that these providers are going to receive.”

A delegate questioned how the adoption of the resolution would affect ADA policy related to physicians training individuals to do sealants.

The ADA Chief Policy Adviser, Dr. Guay, responded, “I would guess that the terminology ‘preventive dental services’ would conceivably include sealants. As is currently going on in the country today, it is not including sealants. It is including primarily fluoride varnishes, anticipatory guidance and education of parents. But this terminology doesn’t preclude that from happening someday in the future, along with anything else that might come along. So strictly speaking, I think it does not preclude non-dentists or physicians or their designees providing sealant treatment, but at this point in our history, it is not happening.”

Dr. Andrew T. Wood, New York, speaking against the proposed amendment, said, “This is a states’ rights issue. The physicians and the dentists and their appointees are already doing this. We are simply asking that they get additional training. I think it is a straightforward proposal. We ought to defeat this and then pass the resolution.”

On vote, the proposed amendment was defeated.

Dr. Brian C. Cross, Illinois, moved to further amend Resolution 31RC, second resolving clause, by deleting the words “be encouraged to complete” and substituting with the words “must complete.” Dr. Cross said, “I believe that this wording is consistent with policy, especially regarding Resolution 34, and if people are going to be applying varnishes or sealants, they need to know what they are doing.”

Dr. Thomas J. Schripsema, New Mexico, questioned if the amendment would be in order, since the Association could not mandate the activities of physicians. The Speaker agreed and requested ADA legal counsel to comment on the proposed amendment.

Mr. Peter Sfikas, ADA chief legal counsel, commented that the ADA can have a policy but it would not be enforceable.

Dr. Ray F. Gist, Michigan, spoke against the amendment, stating “The word ‘must’ implies a

consequence and without any enforcement powers, there is no point in making it a policy for the Association.”

Dr. Mary J. Hayes, Illinois, said, “I speak for this change...for the reason that while we do not have control about what others may choose to do, we have a right to be able to put forward what we believe is the best case scenario to protect the public health.”

Dr. Richard F. Hewitt, South Carolina, moved to amend the proposed amendment by deleting the words “must complete” and substituting them with the words “should have completed.”

Dr. Hayes, Illinois, spoke against the amendment.

On vote, the motion to delete the words “must complete” and substitute them with the words “should have completed” was adopted.

Dr. Edwin D. Secord, Michigan, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) vote.

On vote, the motion to delete the words “be encouraged to complete” and substitute with the words “should have completed” was adopted.

Dr. Linda E. Records, Ohio, moved to further amend Resolution 31RC in the first resolving clause, by adding after the word “services” the words “limited to parental and child education and the placement of dental varnishes.” Dr. Records said, “I just felt as though this needed to be further delineated so that the ADA does not have within its policy, either by inference, that dental sealants should be placed by physicians or their trained designees.”

Dr. Anita W. Elliott, Arizona, moved to vote immediately.

As a point of order, a delegate asked if the amendment would prevent dentists from having their assistants place sealants.

Dr. Al Guay responded, “In a quick read, it seems to me that’s exactly a possibility of interpretation. If you want to have that sentiment, I think there is probably a better place to put in another resolution perhaps than in this particular place.”

Dr. Records, responding to a question if the amendment was intended for fluoride varnishes, editorially added the word “fluoride” before the word “varnishes” in the proposed amendment.

Continuing on the motion to vote immediately, the motion was adopted by a two-thirds (2/3s) majority.

On vote, the proposed amendment was defeated.

A motion was made to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 31RC as amended was adopted.

**31H-2004. Resolved**, that only dentists, physicians, and their properly supervised and trained designees, be allowed to provide preventive dental services to infants and young children, and be it further

**Resolved**, that anyone that provides preventive dental services to infants and young children should have completed an appropriate educational program on oral health, common oral pathology, dental disease risk assessment, dental caries and dental preventive techniques for this age group, and be it further

**Resolved**, that the ADA urge constituent societies to support this policy.

**Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children** (Board of Trustees Resolution 32, Ninth District Resolution 32S-1, Board of Trustees Resolution 32S-1B, Fourteenth District Resolution 32S-2, Board of Trustees Resolution 32S-2B, and Reference Committee Resolution 32RC): The Committee reported as follows.

The Reference Committee heard testimony on these resolutions mainly directed to the need for appropriate education of non-dental providers who do dental disease risk assessments and the importance of having patients not consider these limited risk assessments to be equivalent to the comprehensive examinations done by dentists. Concerns were also expressed about the need for the referral of children of all ages who have received preventive and educational services from a non-dental provider to a dentist for a comprehensive oral evaluation. The recommendation of referral of a patient who has received dental educational and preventive services within the context of the “dental home” was presented to the Committee. Because of a lack of definition of the term “dental home” in Association policy, and uncertainty about the familiarity of the general membership with that term, that suggestion was not incorporated into the Reference Committee recommendation. The Committee also believes that with the comprehensive oral evaluation recommendation, the dentist would be in the best position to determine future treatment needs. The Committee also believes that the term “non-dental provider” would be more clearly understood with the use of the term “non-dentist.” The Committee does not believe, however, that this subject is appropriate for legislative action. Therefore, the Reference Committee recommends adoption of the following substitute resolution. These resolutions support the ADA Strategic Plan Goal: Image, Ethics and Professionalism.

**32RC. Resolved**, that prior to any preventive dental treatment of an infant or young child a dental disease risk assessment should be performed by a dentist or appropriately trained physician, and be it further **Resolved**, that risk assessments, screenings or oral evaluations of infants and young children by non-dentists are not to be considered comprehensive dental exams, and be it further **Resolved**, that it is essential that non-dentists who provide preventive dental services to an infant or young child notify a dentist of the parent’s choosing as to what services were rendered and refer the patient for a comprehensive examination.

Dr. Floyd moved that Resolution 32RC be substituted for Resolutions 32 (*Supplement:4038*), 32S-1 (*Supplement:4038a*), 32S-1B (*Supplement:4038a*), 32S-2 (*Supplement:4038c*) and 32S-2B (*Supplement:4038d*).

On vote, Resolution 32RC was substituted for Resolutions 32, 32S-1, 32S-1B, 32S-2 and 32S-2B.

Dr. Floyd moved the adoption of the substitute Resolution 32RC.

Dr. Eugene J. McGuire, Pennsylvania, moved to amend Resolution 32RC, third resolving clause, by adding the word “custodial” before the word “parent’s”; deleting the “s” from the word “parent’s” and adding after the word “parent” the words “/legal guardians.” Dr. McGuire said, “Much of the parental care in the United States is given by legal guardians. We don’t want to unintentionally leave out this group as part of this process.”

On vote, the proposed amendments were adopted.

Dr. Russell E. Haag, California, moved to amend Resolution 32RC, by adding at the end of the third resolving clause the words “by age one, or within six months of the eruption of the first tooth.”

Dr. Haag said, “There is a question as to when these referrals should be made and the question is answered in existing ADA policy, that it is in the best interest of children to be referred by age one or within six months of the eruption of the first tooth.”

Dr. John G. Masak, Wisconsin, speaking against the amendment, said, “I served on the Reference Committee and we had a hard time with this, by age one and within six months. And I will speak from the Reference Committee’s standpoint that we felt that the ‘by age one and within six months of the eruption of the first tooth’ is certainly existing ADA policy. So, for one thing, it doesn’t necessarily have to be included in these resolutions as they stand. But the other thing is that what this resolution is stating is that when a non-dentist provides preventive dental services to an infant or young child, that they are referred. And if that young child happens to be four years old at the time the non-dentist sees them, they can’t very well have the comprehensive exam by age one or within six months of the first eruption of the first tooth.”

Dr. Edwin S. Mehlman, Rhode Island, spoke against the proposed amendment on the basis that it would be difficult to enforce this policy or the policy currently on the books.

Dr. Reneida Reyes, New York, spoke in support of the proposed amendment, saying, “It is consistent. However, it is also important that we recognize that this is in the best interest of our patients, the consumers, and as long as we keep that in sight, I think we will never err.”

Dr. Eugene Antenucci, New York, spoke against the proposed amendment.

Dr. Floyd, chair of the Reference Committee, said, “To clarify what we did, it was our intent...to refer a child at any age based on when they were identified by the physician, etc. But it wasn’t specific to this age group, but it was, once the situation was identified, preventive services were rendered, that the child would go to the dentist at any age, and that is why we left it the way it was.”

Both Dr. John G. Masak, Wisconsin, and Dr. Stephen J. Jaworski, Pennsylvania, members of the Reference Committee, spoke against the proposed amendment.

Dr. Anita W. Elliott, Arizona, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the motion to amend Resolution 32RC by adding the words “by age one or within six months of

eruption of the first tooth” at the end of the third resolving clause, was defeated.

Dr. Josef N. Kolling, Michigan, requested a legal opinion on the ramifications of the language referring to the “custodial parent.”

Mr. Peter Sfikas responded, “That would be comprehensive and would cover everything, and certainly that is the intent of the resolution.”

On vote, Resolution 32RC as amended was adopted.

Dr. Edwin S. Mehlman, Rhode Island, indicated that due to malfunction of the microphone, the First District was not able to introduce another amendment to Resolution 32RC.

Without objection from the House, the Speaker voided the vote on Resolution 32RC as amended and recognized Dr. Alphonse J. Homicz, New Hampshire.

Dr. Homicz moved to amend Resolution 32RC in the first resolving clause, by deleting the words “dentist or appropriately trained physician” and substituting them with the words “dentist, physician, and their properly trained and supervised designee.”

Speaking on behalf of the Reference Committee, Dr. Floyd said, “The Reference Committee felt that the risk assessment, as it speaks to in the resolving clause, should only be performed by a dentist or a physician. And we were specific about that.”

In response to a request for a definition of a “risk assessment,” Dr. Al Guay said, “A risk assessment, caries risk assessment takes into consideration several factors. One is sort of community factors: is the local water fluoridated or not fluoridated. Those nonfluoridated city localities have a higher risk for caries. History, family history, the individual’s condition. That is, is there existing decay...is there a history of decay. ...It is an overall assessment of what is the risk of this patient having caries in the future, so that preventive measures like varnishes are not just put on everyone indiscriminately. That there is some evaluation—is this a worthwhile procedure to do or not a worthwhile procedure to do for any aged individual? So a caries risk assessment is made for each individual with several factors. I will add one other thing. The physician groups that the pediatricians and family practitioners who have established policy or instructed their members to get involved in this science, have all asked that, they all have required that their physicians who do these preventive dental services do a caries risk assessment before doing any preventive services.”

Dr. Floyd also said, “Another point from the committee was that a risk assessment could involve a diagnostic decision, and that is why we wanted to keep this with the dentist and the physician.”

Dr. Brian C. Cross, Illinois, Dr. Martin L. Schroeder, Pennsylvania, and another delegate spoke against the proposed amendment.

Dr. Mark H. Blaisdell, Utah, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the proposed amendment was defeated.

Dr. A. J. Smith, Utah, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) vote.

On vote, Resolution 32RC as amended was adopted.

**32H-2004. Resolved**, that prior to any preventive dental treatment of an infant or young child a dental disease risk assessment should be performed by a dentist or appropriately trained physician, and be it further **Resolved**, that risk assessments, screenings or oral evaluations of infants and young children by non-dentists are not to be considered comprehensive dental exams, and be it further **Resolved**, that it is essential that non-dentists who provide preventive dental services to an infant or young child notify a dentist of the custodial parent/legal guardians choosing as to what services were rendered and refer the patient for a comprehensive examination.

Mr. Chris Salierno, ASDA, moved to adjourn the Second Meeting of the House of Delegates.

On vote, the motion was adopted and the Second Meeting of the House adjourned at 11:58 a.m.

### **Monday, October 4, 2005** **Third Meeting of the House of Delegates**

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**Call to Order:** The Third Meeting of the House of Delegates was called to order at 1:00 p.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, Maryland.

**Report of the Standing Committee on Credentials, Rules and Order:** Dr. Elaine Stefanowicz, Pennsylvania, Committee chair, reported that the Committee had received one request to waive the rules relating to the credentialing of a new alternate delegate. The request was considered by the Committee to be the result of extenuating circumstances. Hearing no objections, Dr. David Moore, New Mexico, was credentialed as an alternate delegate.

Dr. Stefanowicz reported the presence of a quorum.

### **Report of the Reference Committee on Dental Benefits, Practice, Science and Health (continued)**

**Policy on Dental Disease Prevention for Infants and Young Children** (Board of Trustees Resolution 34, Fourteenth District Resolution 34S-1, Board of Trustees Resolution 34S-1B, Ninth District Resolution 34S-2, Third District Resolution 34S-3, and Reference Committee Resolution 34RC): The Reference Committee reported as follows.

The Reference Committee heard testimony on these resolutions mainly directed to timing of referral of very young children to a dentist when they have been receiving preventive and educational services from non-dental providers and the fact that receipt of those services should not take the place of an adequate dental diagnosis and appropriate treatment. The Committee feels that the appropriate referral time is clearly stated in Association policy, i.e., "It is advantageous for the first visit to occur within six months of eruption of the first tooth and no later than 12 months of age" (*Trans.*2000:454). The Committee feels that the Association's statement on the responsibility

of the oral health of patients and on referral of patients to a dentist should be strengthened from "should" to "must." The Committee is aware that the Council on Dental Practice has been asked to develop and disseminate information for Association members on how to effectively incorporate educational and preventive procedures for infants and very young children into their practices. Therefore, the Reference Committee recommends the adoption of the following substitute resolution.

**34RC. Resolved**, that the Association, cognizant of the potential advantages of educational and dental disease prevention interventions early in the life of an individual, supports such interventions by appropriately trained dental and medical personnel for infants and very young children, and be it further

**Resolved**, that a dentist must have the primary responsibility for the oral health of each patient, and educational and preventive intervention provided by medical personnel must not take the place of comprehensive dental diagnosis and treatment, and be it further

**Resolved**, that non-dentists that provide educational and preventive dental interventions must refer those patients to a dentist for a comprehensive examination.

Dr. Floyd moved that Resolution 34RC be substituted for Resolutions 34 (*Supplement:4040*), 34S-1 (*Supplement:4040a*), 34S-1B (*Supplement:4040a*), 34S-2 (*Supplement:4040c*) and 34S-3 (*Supplement:4040e*).

Dr. Don A. Lutes, Texas, suggested that there was no difference between Resolutions 34 and 32 and therefore Resolution 34 should be declared moot.

The Speaker stated that he would let the House make that decision.

On vote, Resolution 34RC was substituted for Resolutions 34S-1, 34S-1B, 34S-2 and 34S-3.

Dr. Floyd moved the adoption of the substitute Resolution 34RC.

Dr. Edward E. White, Pennsylvania, moved to amend Resolution 34RC by adding in the third resolving clause, after the word "dentist" the word "of the custodial parents/legal guardians choosing."

On vote, the proposed amendment was adopted.

Dr. Ray F. Gist, Michigan, moved to amend Resolution 34RC, third resolving clause, by deleting the word "must" and substituting it with the word "should." Dr. Gist said, "The American Dental Association has no enforcement, or does not have the ability to enforce this policy, and the word 'must' implies a consequence. So, again, there is no point in having a policy that we can't enforce on the books."

On vote, the proposed amendment was adopted.

Dr. Don A. Lutes, Texas, appealed the ruling of the Chair regarding Resolution 34. Dr. Lutes said, "We have sat here for the last few minutes having the same people introduce the same amendments that we did on 32, and I would like the House to decide whether they want to go through another hour like we did just before lunch."

The Speaker said, "The decision of the Chair has been appealed. You heard what the debate was. The Chair felt that there were some minor differences in this and would



let the House decide whether they wanted to vote this up or down.”

On vote, the ruling of the Chair was not sustained and Resolution 34RC was declared moot.

**Urging Promotion of Oral Health Literacy** (Twelfth District Resolution 51 and Board of Trustees Resolution 51B): The Reference Committee reported as follows.

The Reference Committee received no testimony on these resolutions and recommends adoption of Resolution 51B.

**51B. Resolved**, that the appropriate Association agencies gather data on what programs and resources are already available to K-12 schools/students regarding oral health education and assess what additional programs and resources are needed, and be it further

**Resolved**, that recommendations for action on new programs and resources based on this needs assessment be developed and presented to the ADA Board of Trustees no later than its June 2005 meeting, in time for consideration of any budget implications and then presented to the 2005 House of Delegates, and be it further

**Resolved**, that the appropriate agencies review existing Association policies on oral health literacy and education to determine if an update of policies is appropriate, and be it further

**Resolved**, that the Association develop a definition of oral health literacy for consideration by the 2005 House of Delegates.

Dr. Floyd moved that Resolution 51B (*Supplement:4094*) be adopted in lieu of Resolution 51 (*Supplement:4092*).

Dr. Marie C. Schweinebraten, Georgia, moved to amend Resolution 51B, by substituting the following new resolving clause for the current first resolving clause:

**Resolved**, that the appropriate Association agencies gather data on current school-based oral health education programs available to grades K-3 nationwide, and associated Department of Education standards in each state, and be it further

Dr. Schweinebraten said, “As we all know, access is at the forefront of the profession at this time, and I applaud the Twelfth District for recognizing the fact that dental education and dental literacy can play an important part in solving the access problems, but we need to decide where we want to start. And I felt that we needed to target these dental education programs a little more closely than the original resolution stated. We don’t want to reinvent the wheel. The amendment requests that data be gathered specifically on school-based dental education programs in states and we also limited it to grades K-3, which provides for a better targeted area so that we can get programs into place in a more timely manner because we can feasibly gather information better. It also requests that they specifically find out how Department of Education standards are tied to these education programs in each state. And this can be brought back to the Board and to the House next year so that we can get programs into place

more rapidly and then target, perhaps, other children in higher grades at a later date.”

Dr. Kim D. Keisner, Arkansas, indicated that the Twelfth District supported the proposed amendment.

Dr. Jessica L. Robertson, ASDA, moved to amend the pending amendment, by replacing the words “K-3” with “K-12.”

Dr. Douglas S. Hadnot, Montana, spoke in support of the amendment. He said, “I think that one of the most significant problems that we face is in increasing decay rate in teenagers, largely due to soda pop consumption.”

In response, Dr. Schweinebraten said, “I agree that the teenagers are important for dental education and literacy, and this amendment does not exclude the possibility that down the road teenagers can be targeted, but I feel that to place the request at K-12 is an overwhelming amount of data that would have to be collected. And if we limit it initially K-3, it creates a more targeted audience that we can at least get going on these programs and come back to the House next year with better targeted focus that we can then expand on and get to the teenagers.”

Dr. Samuel E. Selcher, Pennsylvania, suggested that Resolution 51B and the proposed amendment would require funding and noted that there was no financial implication identified for either. Dr. Selcher asked the Treasurer if funding for the activity had been included in the budget.

Dr. Mark Feldman, treasurer, said, “The information that I’ve been given is that staff feels that with current resources they could collect this data under the current staffing we have in the Association. So there was no financial implication assigned to this.”

Dr. Josef N. Kolling, Michigan, spoke in support of the second amendment to change “K-3” to “K-12.”

On vote, the secondary amendment was adopted.

Dr. Craig A. Eisenhart, Pennsylvania, moved to insert the words “Head Start” after the words “available to” in the pending amendment.

Dr. Steven W. Hogg, Oklahoma; Dr. Douglas S. Hadnot, Montana; and Dr. Reneida Reyes, New York, spoke against the proposed amendment.

Dr. Reyes said, “I think that our focus at this juncture is on the K-12, and it would be manageable to secure that information. I think we need to be focused.”

Dr. Lidia M. Epel, New York, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the proposed amendment was defeated.

On vote, the proposed new first resolving clause, as amended, was substituted for the first resolving clause of Resolution 51B.

Dr. Scott M. Presson, Public Health Service, speaking in support of Resolution 51B as amended, said, “I think it underpins the timeliness and importance of health literacy. Earlier this year, the Institute of Medicine released a report on health literacy. It estimated nearly half of all American adults have difficulty understanding and using health information resulting in billions of dollars in avoidable health care costs. The Surgeon General working with a public partnership issued a national call to action to promote oral health, which included a request for a coordinated national effort to increase oral health literacy.

Finally, several ongoing activities could benefit the ADA's review. The Academy of General Dentistry has had a task force on oral health literacy for the past two years and the National Institute of Health has held a workshop to define a research agenda on oral health literacy."

Dr. Reneida Reyes, New York, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 51B as amended was adopted.

**51H-2004. Resolved**, that the appropriate Association agencies gather data on current school-based oral health education programs available to grades K-12 nationwide, and associated Department of Education standards in each state, and be it further

**Resolved**, that recommendations for action on new programs and resources based on this needs assessment be developed and presented to the ADA Board of Trustees no later than its June 2005 meeting, in time for consideration of any budget implications and then presented to the 2005 House of Delegates, and be it further

**Resolved**, that the appropriate agencies review existing Association policies on oral health literacy and education to determine if an update of policies is appropriate, and be it further

**Resolved**, that the Association develop a definition of oral health literacy for consideration by the 2005 House of Delegates.

**Incentives for Companies Providing Goods and Services to the Dental Community** (Council on Dental Benefit Programs Resolution 15, Board of Trustees Resolution 15B, First District 15BS-1a and 15BS-1b): The Reference Committee reported as follows.

The Reference Committee heard limited testimony supporting Resolutions 15BS-1a and 15BS-1b. However, the Committee agreed with the Board comments on Resolutions 15BS-1a and 15BS-1b that the several resolving clauses in Resolution 15B were indeed proposed activities that were not yet in effect. Further, the Committee was not persuaded that Resolution 15B should be divided and considered separately. Consequently, the Reference Committee recommends that Resolution 15B be adopted.

Dr. Floyd moved that Resolution 15B (*Supplement:4020*) be adopted in lieu of Resolutions 15 (*Supplement:4019*), 15BS-1a (*Supplement:4020a*) and 15BS-1b (*Supplement:4020c*).

On vote, Resolution 15B was adopted in lieu of Resolutions 15, 15BS-1a and 15BS-1b.

**15H-2004. Resolved**, that appropriate agencies of the Association offer incentives and recognition to dental product and service companies that provide patient and dentist friendly dental benefit plans to their employees, and be it further

**Resolved**, that the Council on Dental Benefit Programs develop strategies to actively promote direct reimbursement to the dental industry, and be it further

**Resolved**, that the Association seek input from, and collaboration with, the Dental Trade Alliance on

developing new strategies for promoting direct reimbursement to the dental trades, and be it further **Resolved**, that potential incentives and recognition offered by the Association may include but are not limited to, special exhibit hall signage and space, special badge ribbons for manufacturer personnel, favorable ad placement in the official annual session program, recognition in "Shuttlelevision" programs on annual session buses, official mention in hotel in-room messaging and use of a special icon on all exhibitor listings, and special acknowledgment in *JADA*, and be it further

**Resolved**, that the Association encourage constituent and component dental societies to consider similar recognition of dental companies at their annual meetings and in their publications.

**Dental Diagnostic Codes and Dental Procedure Code Modifiers** (Reference Committee on Dental Benefits, Practice, Science and Health Resolution 91): The Reference Committee reported as follows.

The Reference Committee heard limited testimony urging that a report on the status of diagnostic codes and procedure code modifiers be provided to the House of Delegates each year. The Committee agreed that the potential significance of these issues for practicing dentists justified the provision of a status report on an annual basis. Therefore, the Reference Committee recommends adoption of the following resolution.

**91. Resolved**, that the appropriate Association agencies provide an annual report to the House of Delegates on the status of dental diagnostic codes and dental procedure code modifiers.

Dr. Floyd moved the adoption of Resolution 91.

Dr. Joseph F. Hagenbruch, Illinois, spoke in support of Resolution 91.

On vote, Resolution 91 was adopted.

**91H-2004. Resolved**, that the appropriate Association agencies provide an annual report to the House of Delegates on the status of dental diagnostic codes and dental procedure code modifiers.

**Supporting Constituents with Third-Party Payer Issues** (Fourteenth District Resolution 52, Board of Trustees Resolution 52B and Reference Committee Resolution 52RC): The Reference Committee reported as follows.

The Reference Committee concurred with testimony suggesting that the Association should encourage and support constituent societies in interacting with their respective state insurance regulatory agencies. The Committee further believes that the Association could coordinate information exchange between constituents on this activity. Therefore, the Reference Committee recommends that the following substitute resolution be adopted.

**52RC. Resolved**, that the ADA encourage and give staff support to constituent societies in working with their state insurance regulatory agencies to identify and resolve third-party payer issues, and be it further

**Resolved**, that the ADA coordinate the sharing of information about these efforts nationally.

Dr. Floyd moved that Resolution 52RC be substituted for Resolutions 52 and 52B (*Supplement:4097*).

On vote, Resolution 52RC was substituted for Resolutions 52 and 52B.

Dr. Floyd moved the adoption of the substitute Resolution 52RC.

Dr. A. J. Smith, Utah, moved to substitute Resolution 52RCS-1 for Resolution 52RC.

**52RCS-1. Resolved**, that the ADA actively solicit information regarding third-party payer problems from members and all tripartite data sources, and be it further **Resolved**, that the appropriate ADA agencies identify these third-party trends and critical issues and proactively use this analysis to facilitate efforts by constituent societies to address and resolve these issues with state and regional regulatory authorities.

Dr. Smith said, "This resolution actually came from the Fourteenth District. We presented testimony in the Reference Committee. The Reference Committee did admirably work and wordsmithed it a little bit more, which made it a better resolution. But as we looked at it, we wanted to see a resolution that had more of an action clause in it, and so as the Fourteenth District, we completely rewrote the resolution."

As a point of information, Dr. Edwin Mehlman, Rhode Island, suggested that there was a financial implication for Resolution 52RCS-1 and that no action should be taken until that information was available.

Dr. Mark Feldman, treasurer, reported that the information referred to in the resolution was currently collected from the tripartite and therefore there was no financial implication associated with the substitute resolution.

On vote, the motion to substitute Resolution 52RCS-1 for Resolution 52RC was adopted.

On vote, Resolution 52RCS-1 was adopted.

**52H-2004. Resolved**, that the ADA actively solicit information regarding third-party payer problems from members and all tripartite data sources, and be it further **Resolved**, that the appropriate ADA agencies identify these third-party trends and critical issues and proactively use this analysis to facilitate efforts by constituent societies to address and resolve these issues with state and regional regulatory authorities.

**Elimination of Yearly Requirement of W-9 Forms for Payment of Insurance Claims** (Dr. T. Bob Davis, delegate, Texas, Resolution 76): The Reference Committee reported as follows:

The Reference Committee recognized that existing IRS regulations requiring W-9 forms from payees can, on occasion, be aggravating. However, the Committee concurs with the Board of Trustees (*Supplement:4103*) that there is little potential for elimination or replacement of the W-9 form. The Reference Committee, therefore, recommends that Resolution 76 not be adopted.

**76. Resolved**, that third party requests/requirements for yearly submission of W-9 forms are unnecessary and duplicative to standard dental claim forms, and be it further

**Resolved**, that the appropriate ADA council investigate the yearly submission of W-9 forms with a report to the 2005 House of Delegates.

Dr. Floyd moved Resolution 76 (*Supplement:4103*).

A delegate, speaking against Resolution 76, said, "I think that this and the next four resolutions all address battles that we are really not having with insurance companies, and if we do stuff like this, when it comes time for real battles, we are really not going to have much credibility."

On vote, Resolution 76 was defeated.

**Dental Reinsurance** (Dr. T. Bob Davis, delegate, Texas, Resolution 77): The Reference Committee reported as follows.

The Reference Committee respects the compassionate intentions behind Resolution 77. However, the Committee was persuaded by testimony and its own deliberations that it is unlikely that employers and employees, who ultimately pay for basic dental insurance and the proposed "reinsurance," would be willing to pay higher premiums for such coverage. Therefore, the Reference Committee recommends that Resolution 77 not be adopted.

**77. Resolved**, that the ADA supports reinsuring insured plan patients so that those who have massive/catastrophic crisis dental needs may have available in one year, multiyear benefits/funds to expedite short- to long-term pain relief, restorative, corrective, interceptive and preventive services, and be it further

**Resolved**, that the appropriate ADA council investigate the concept of reinsurance for multiyear benefits/plans to expedite patient care, with a report to the 2005 House of Delegates.

Dr. Floyd moved Resolution 77 (*Supplement:4106*).

Dr. T. Bob Davis, Texas, moved to refer Resolution 77 to the appropriate ADA agency for study.

On vote, the motion to refer Resolution 77 was defeated.

**Reporting of Suspected Third-Party Payer Fraud or Abuse** (Dr. T. Bob Davis, delegate, Texas, Resolution 78): The Reference Committee reported as follows.

The Reference Committee was satisfied that a mechanism is in place at the Association as noted in the Board comment, that in fact addresses the intent of Resolution 78. The Reference Committee, therefore, recommends that Resolution 78 not be adopted.

**78. Resolved**, that the ADA set up a protected hotline toll free telephone number for patients, dentists, and third-party whistle blower employees to report suspected or known illegal activity, fraud or abuse, within any third-party system, and be it further

**Resolved**, that a method of dissemination for this information with hotline telephone number be established for use by interested parties.

Dr. Floyd moved Resolution 78 (*Supplement:4107*).  
On vote, Resolution 78 was defeated.

**Use of DEA Numbers for Payment Purposes** (Dr. T. Bob Davis, delegate, Texas, Resolution 79): The Reference Committee reported as follows.

The Reference Committee concurred with the Board's comments (*Supplement:4108*) that the DEA number should not be used as an identifier and concluded that no additional policy is necessary with regard to use of DEA numbers. Therefore, the Committee recommends that Resolution 79 not be adopted.

**79. Resolved**, that it is inappropriate for third-party payers to request/require a DEA number for other than a controlled substance or to use it as an identifying number for payment purposes, and be it further

**Resolved**, that the ADA seek legislation or other effective methods to support this policy with a report to the 2005 House of Delegates.

Dr. Floyd moved Resolution 79 (*Supplement:4108*).

Dr. Davis said, "It seems to me like the DEA number is a protected number and we should stand up for what it should be used for. Now, a lot of us understand that the DEA number should be used for only controlled substances. A lot of the third-party payers in the medical field seem to feel like it is a good I.D. number for us. There are some numbers being proposed to take care of that, but they've had the employer identification number available for years to use. They have had Social Security number available for years. They have chosen not to use them. Instead, they have chosen to use a protected number. ...We need a strong policy saying the DE number is only to be used for controlled substances and not as an identifier."

On vote, Resolution 79 was defeated.

**Definition of Overhead** (Dr. T. Bob Davis, delegate, Texas, Resolution 80): The Reference Committee reported as follows.

The Reference Committee concurred with the Board's comments that the introduction of new terminology and definitions by the ADA for dental office overhead has the potential for adding confusion rather than clarity to the concept of what constitutes overhead in a dental office. (*Supplement:4111*). Therefore, the Committee recommends that Resolution 80 not be adopted.

**80. Resolved**, that *Overhead* is defined as that portion of dental expenses required to provide the services rendered and includes all salaries of personnel especially that of the dentist/provider; that *Net Overhead* is defined as expenses minus salaries; that *Gross Overhead* is often synonymous with *Overhead*, and be it further

**Resolved**, that these definitions be published in all ADA publications of appropriate use by dentists and available to

the third-party industry and government for future discussions, programs, and fee determinations.

Dr. Floyd moved Resolution 80 (*Supplement:4111*).

Dr. Nick A. Bouzis, Wyoming, spoke in support of Resolution 80. He said, "I think we need to look at what our true overhead is and our profits, because many times we report any compensation to us, as dentists, as profit, and, hence, often we see a large profit margin, say 25%. There are many CEOs in many companies and corporations that can receive up to millions of dollars in compensation and that is not looked at as a profit. What this boils down to is when third parties look at dentists and say, oh, they have 25% profit margins, let's go up and ask them if they will take a 20% cut or a 10% cut in what their compensation is. So I think if we determine this as a valuable resolution, I believe these definitions can have great value to our profession and help us understand our practices better."

Dr. Davis, moved to refer Resolution 80 to the appropriate ADA agency. He said, "I would certainly be in favor of the resolution, but perhaps if you feel like that it needs some study, I would not be opposed to proposing that we send it again to council and let them work it out to where it is understandable by everyone, and at that point, maybe bring it back."

On vote, the motion to refer Resolution 80 was defeated.

**Amendment of the Policy Statement on Intraoral/Perioral Piercing** (Council on Scientific Affairs Resolution 28, First District Resolution 28S-1 and Seventeenth District Resolution 28S-3): The Reference Committee reported as follows.

The Reference Committee agrees with the Board of Trustees' reasoning in support of Resolution 28S-1 (*Supplement:4021c*) and believes that this will leave the constituent societies free to pursue state legislation that best meets their needs, using the ADA policy statement as support. Therefore, the Committee recommends adoption of Resolution 28S-1. These resolutions support the ADA Strategic Plan Goal: Information.

**28S-1. Resolved**, that the ADA Policy Statement on Intraoral/Perioral Piercing (*Trans.2000:481*) be renamed "Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting," and be amended to read as follows (shown by strikethroughs):

**Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting (1998:743; 2000:481)**

Piercing is becoming a more prevalent form of body art and self-expression in today's society. However, oral piercings, which involve the tongue (the most common site), lips, cheeks, uvula or a combination of sites, have been implicated in a number of adverse oral and systemic conditions.

Patients typically undergo piercing procedures without anesthetic. In tongue piercing, for example, a barbell-shaped piece of jewelry typically is placed to transverse the thickness of the tongue at the midline in its anterior one-third using a needle. Initially, a

temporary device longer than the jewelry of choice is placed to accommodate postpiercing swelling. The free end of the barbell stem then is inserted into the hole in a ventral-dorsal direction. The recipient grasps the free end of the shank between the maxillary and mandibular anterior teeth and screws the ball onto the stem. The barbell also can be placed laterally, with the studs on the dorsolateral lingual surface. In the absence of complications, healing takes four to six weeks.

Tongue splitting is another form of body art. The process literally splits a person's tongue into two pieces, creating a "forked" appearance. Reports in the public press indicate that various primitive techniques are used by lay people for splitting tongues. For example, without anesthesia, a scalpel may be used followed by a cauterizing pen, or fishing line may be threaded through the pierced tongue and pulled forward, severing the anterior aspect. Individuals regularly pull the two tongue pieces apart to maintain the split so it does not "heal" back together. Once healed, additional surgery may be required to repair the "split" should the individual decide reversal is desired.

In lip or cheek piercing, jewelry position (usually a labrette) is determined primarily by aesthetics with consideration to where the jewelry will rest intraorally. Once position is determined, a cork is usually placed inside the mouth to support the tissue as it is pierced with a needle. The needle is inserted through the tissue and into the cork backing. The needle then is replaced with the labrette stud, and the disc backing is screwed into place. Healing time can range from weeks to months.

Common symptoms following piercing and tongue splitting include pain, swelling, infection and increased salivary flow. Potential complications of intraoral and perioral piercings are numerous, although available scientific literature is rather limited and consists mainly of case reports. Possible adverse outcomes secondary to oral piercing include increased salivary flow; gingival injury or recession; damage to teeth, restorations and fixed porcelain prostheses; interference with speech, mastication or deglutition; scar-tissue formation; and development of metal hypersensitivities. Because of the tongue's vascular nature, prolonged bleeding can result if vessels are punctured during the piercing procedure. In addition, the technique for inserting tongue jewelry may abrade or fracture anterior dentition, and digital manipulation of the jewelry can significantly increase the potential for infection. Airway obstruction due to pronounced edema or aspiration of jewelry poses another risk, and aspirated or ingested jewelry could present a hazard to respiratory or digestive organs. In addition, oral ornaments can compromise dental diagnosis by obscuring anatomy and defects in x-rays. It also has been speculated that galvanic currents from stainless-steel oral jewelry in contact with other intraoral metals could result in pulpal sensitivity.

The National Institutes of Health has identified piercing as a possible vector for bloodborne hepatitis (hepatitis B, C, D and G) transmission. Disease transmission (e.g., hepatitis B, tetanus, localized tuberculosis) has been associated with ear piercing, and

cases of endocarditis have been linked to both nose and ear piercing.

Secondary infection from oral piercing can be serious. A recent article in the *British Dental Journal* reported a case of Ludwig's angina, a rapidly spreading cellulitis involving the submandibular, sublingual and submental fascial spaces bilaterally, that manifested four days after the 25-year-old patient had her tongue pierced. Intubation was necessary to secure the airway. When antibiotic therapy failed to resolve the condition, surgical intervention was required to remove the barbell-shaped jewelry and decompress the swelling in the floor of the mouth.

Although reports describing the morbidity and mortality associated with tongue splitting are currently not available in the literature, the risk of complications secondary to surgical procedures is well known. Therefore, the Association recommends that its members discourage patients who request the procedure by educating them of the risks associated with this surgery.

Because of its potential for numerous negative sequelae, the American Dental Association opposes the practice of intraoral/perioral piercing and tongue splitting. However, it is the individual dentist who may be challenged to respond to patient requests for such procedures. In such instances, the dentist must balance the principles of patient autonomy and nonmaleficence, with the patient's benefit as the primary goal. In this regard, treatment decisions are the proper purview of the dentist and the informed patient.

The Association supports legislation that requires parental consent regarding intraoral/perioral piercing of minors and urges the constituent societies to seek such legislation.

Dr. Floyd moved that Resolution 28S-1 (*Supplement:4021a*) be adopted in lieu of Resolutions 28 (*Supplement:4021*) and 28S-3 (*Supplement:4021g*).

Dr. Michael Maihofer, Michigan, moved to amend Resolution 28S-1, the third paragraph of the Policy Statement, by deleting the word "another" and substituting in its place the words "considered by some to be a" so the amended sentence would read: "Tongue splitting is considered by some to be a form of body art." Dr. Maihofer said, "The reasoning behind this is that if you leave this sentence as it is, it implies that there is a consensus among the members of this Association that this is a form of body art rather than a mutilation of a human body as some of us believe."

On vote, the proposed amendment was adopted.

On vote, Resolution 28S-1 as amended was adopted in lieu of Resolutions 28 and 28S-3.

**28H-2004. Resolved,** that the ADA Policy Statement on Intraoral/Perioral Piercing (*Trans.2000:481*) be renamed "Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting," and be amended to read as follows (shown by strikethroughs):

### **Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting (1998:743; 2000:481)**

Piercing is becoming a more prevalent form of body art and self-expression in today's society. However, oral piercings, which involve the tongue (the most common site), lips, cheeks, uvula or a combination of sites, have been implicated in a number of adverse oral and systemic conditions.

Patients typically undergo piercing procedures without anesthetic. In tongue piercing, for example, a barbell-shaped piece of jewelry typically is placed to transverse the thickness of the tongue at the midline in its anterior one-third using a needle. Initially, a temporary device longer than the jewelry of choice is placed to accommodate postpiercing swelling. The free end of the barbell stem then is inserted into the hole in a ventral-dorsal direction. The recipient grasps the free end of the shank between the maxillary and mandibular anterior teeth and screws the ball onto the stem. The barbell also can be placed laterally, with the studs on the dorsolateral lingual surface. In the absence of complications, healing takes four to six weeks.

Tongue splitting is considered by some to be a form of body art. The process literally splits a person's tongue into two pieces, creating a "forked" appearance. Reports in the public press indicate that various primitive techniques are used by lay people for splitting tongues. For example, without anesthesia, a scalpel may be used followed by a cauterizing pen, or fishing line may be threaded through the pierced tongue and pulled forward, severing the anterior aspect. Individuals regularly pull the two tongue pieces apart to maintain the split so it does not "heal" back together. Once healed, additional surgery may be required to repair the "split" should the individual decide reversal is desired.

In lip or cheek piercing, jewelry position (usually a labrette) is determined primarily by aesthetics with consideration to where the jewelry will rest intraorally. Once position is determined, a cork is usually placed inside the mouth to support the tissue as it is pierced with a needle. The needle is inserted through the tissue and into the cork backing. The needle then is replaced with the labrette stud, and the disc backing is screwed into place. Healing time can range from weeks to months.

Common symptoms following piercing and tongue splitting include pain, swelling, infection and increased salivary flow. Potential complications of intraoral and perioral piercings are numerous, although available scientific literature is rather limited and consists mainly of case reports. Possible adverse outcomes secondary to oral piercing include increased salivary flow; gingival injury or recession; damage to teeth, restorations and fixed porcelain prostheses; interference with speech, mastication or deglutition; scar-tissue formation; and development of metal hypersensitivities. Because of the tongue's vascular nature, prolonged bleeding can result if vessels are punctured during the piercing procedure. In addition, the technique for inserting tongue jewelry may abrade or fracture anterior dentition, and digital manipulation of the jewelry can significantly increase the potential for infection. Airway obstruction due to pronounced edema or aspiration of jewelry poses

another risk, and aspirated or ingested jewelry could present a hazard to respiratory or digestive organs. In addition, oral ornaments can compromise dental diagnosis by obscuring anatomy and defects in x-rays. It also has been speculated that galvanic currents from stainless-steel oral jewelry in contact with other intraoral metals could result in pulpal sensitivity.

The National Institutes of Health has identified piercing as a possible vector for bloodborne hepatitis (hepatitis B, C, D and G) transmission. Disease transmission (e.g., hepatitis B, tetanus, localized tuberculosis) has been associated with ear piercing, and cases of endocarditis have been linked to both nose and ear piercing.

Secondary infection from oral piercing can be serious. A recent article in the *British Dental Journal* reported a case of Ludwig's angina, a rapidly spreading cellulitis involving the submandibular, sublingual and submental fascial spaces bilaterally, that manifested four days after the 25-year-old patient had her tongue pierced. Intubation was necessary to secure the airway. When antibiotic therapy failed to resolve the condition, surgical intervention was required to remove the barbell-shaped jewelry and decompress the swelling in the floor of the mouth.

Although reports describing the morbidity and mortality associated with tongue splitting are currently not available in the literature, the risk of complications secondary to surgical procedures is well known. Therefore, the Association recommends that its members discourage patients who request the procedure by educating them of the risks associated with this surgery.

Because of its potential for numerous negative sequelae, the American Dental Association opposes the practice of intraoral/perioral piercing and tongue splitting. However, it is the individual dentist who may be challenged to respond to patient requests for such procedures. In such instances, the dentist must balance the principles of patient autonomy and nonmaleficence, with the patient's benefit as the primary goal. In this regard, treatment decisions are the proper purview of the dentist and the informed patient.

The Association supports legislation that requires parental consent regarding intraoral/perioral piercing of minors and urges the constituent societies to seek such legislation.

**Fluoride Varnishes** (Council on Scientific Affairs and Council on Access, Prevention and Interprofessional Relations Resolution 37 and Board of Trustees Resolution 37B): The Reference Committee reported as follows.

Among the testimony favoring Resolution 37B, the Reference Committee heard a suggestion to insert the phrase "in the context of a dental home" after the words "regular dental care" on Worksheet:4046 in line 13. However, the Committee believes it would not be prudent to use this term in ADA policy before it is defined by the ADA and its ramifications are thoroughly understood. Therefore, the Committee recommends adoption of Resolution 37B. These resolutions support the ADA Strategic Plan Goal: Information.

Dr. Floyd moved that Resolution 37B be adopted in lieu of Resolution 37 (*Supplement:4046*).

On vote, Resolution 37B was adopted in lieu of Resolution 37.

**37H-2004. Resolved**, that the ADA supports the use of fluoride varnishes as safe and efficacious within a caries prevention program that includes caries diagnosis, risk assessment, and regular dental care, and be it further **Resolved**, that the ADA encourages the FDA to consider approving professionally applied fluoride varnish for reducing dental caries, based on the substantial amount of available data supporting the safety and effectiveness of this indication.

**Dental Sealants** (Council on Scientific Affairs and Council on Access, Prevention and Interprofessional Relations Resolution 38, Board of Trustees Resolution 38B and Ninth District Resolution 38BS-1): The Reference Committee reported as follows.

The Reference Committee heard testimony providing a number of compelling reasons to refer these resolutions to the appropriate Association agencies for further study and report to the 2005 House of Delegates. These include publication next year of the results of a Centers for Disease Control and Prevention expert panel on school-based sealant delivery programs and initiation of a systematic review of the evidence evaluating of sealants over caries. The latter study was ranked as a top priority at the Symposium on Evidence-Based Dentistry held at the ADA Building in August and attended by representatives from organized dentistry, government, academia, business and research organizations. The Committee agrees that referral back to the appropriate agencies will result in a more complete and up-to-date report. Therefore, the Committee recommends that Resolutions 38, 38B and 38BS-1 be referred to the appropriate Association agencies for further study and report to the 2005 House of Delegates. These resolutions support the ADA Strategic Plan Goal: Information.

**38. Resolved**, that dental sealants are safe and effective in preventing dental caries in pits and fissures when applied properly as part of a preventive program that includes diagnosis of dental caries and regular follow-up of the sealants, and be it further **Resolved**, that the evidence for using sealants to arrest or manage early carious lesions, though limited, indicates that sealants may prevent the progression of dental caries provided that the sealants are monitored and caries risk status is controlled.

Dr. Floyd moved that Resolution 38 (*Supplement: 4053*) be referred to the appropriate Association agencies for further study and report to the 2005 House of Delegates.

On vote, the motion to refer Resolution 38 to the appropriate Association agencies for further study and report to the 2005 House of Delegates was adopted.

Dr. Floyd moved that Resolution 38B (*Supplement: 4053*) be referred to the appropriate Association agencies for further study and report to the 2005 House of Delegates.

**38B. Resolved**, that dental sealants are safe and effective in preventing dental caries in pits and fissures when applied properly as part of a preventive program that includes diagnosis of dental caries and regular follow-up of the sealants.

On vote, the motion to refer Resolution 38B to the appropriate Association agencies for further study and report to the 2005 House of Delegates was adopted.

Dr. Floyd moved that Resolution 38BS-1 (*Supplement: 4053a*) be referred to the appropriate Association agencies for further study and report to the 2005 House of Delegates.

**38BS-1. Resolved**, that the ADA supports the use of dental sealants ~~are as~~ safe and effective in preventing dental caries in pits and fissures when applied properly as part of a preventive program that includes diagnosis of dental caries and regular follow-up of the sealants.

On vote, the motion to refer Resolution 38BS-1 to the appropriate Association agencies for further study and report to the 2005 House of Delegates was adopted.

**Standardization of Implant Screw Head Ratchet Hole Designs** (Fourteenth District Resolution 53 and Board of Trustees Resolution 53B): The Reference Committee reported as follows.

The Reference Committee agrees with the wording of Resolution 53B. The Committee heard testimony from one member who recommended that the term "ratchet end slot" be substituted for "ratchet hole." However, the Committee was informed that terminology is one of the issues that needs to be addressed in the standards process. The Committee was also informed that neither "hole" nor "end slot" is universally accepted at this time and believes that there is no cause to change the original wording. Therefore, The Reference Committee recommends adoption of Resolution 53B.

**53B. Resolved**, that the appropriate agencies of the American Dental Association work through national and international standards bodies to promote the standardization of dental implant screw head ratchet hole design.

Dr. Floyd moved that Resolution 53B be adopted in lieu of Resolution 53 (*Supplement:4098*).

Dr. Frank L. Higginbottom Texas, moved to amend Resolution 53B by deleting after the word "promote" the words "the standardization of dental implant screw head ratchet hole design" and substituting them with the words "the standardization of the internal configuration of dental implant abutment and fixation screws."

Dr. Higginbottom said, "If the author's intent would be to have a standardized screwdriver or some part that tightens either an abutment screw or a final fixation screw that holds a crown on. So that seems like a good idea. Whether that is possible or not, I think it would be good to bring that to the implant world's attention, whether this is the body that would actually be doing that or not."

Dr. Kevin D. Huff, Ohio, moved to amend the pending amendment by replacing the words “internal configuration” with the words “attachment mechanism.”

Several delegates spoke against the proposed amendment.

Dr. David A. Kestel, Louisiana, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the motion to replace the words “internal configuration” with the words “attachment mechanism” was adopted.

Dr. John S. Buchheister, Michigan, moved to refer Resolution 53B with the pending amendment to the appropriate ADA agency.

A motion was made to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the motion to refer Resolution 53B with the pending amendment to the appropriate ADA agency was adopted.

**53B. Resolved**, that the appropriate agencies of the American Dental Association work through national and international standards bodies to promote ~~the standardization of dental implant screw head ratchet hole design~~ the standardization of the attachment mechanism of dental implant abutment and fixation screws.

### Report of the Reference Committee on Dental Education and Related Matters

The Report of the Reference Committee on Dental Education and Related Matters was presented by Dr. Deron J. Ohtani, Hawaii, chair. The other members of the Committee were: Dr. Mark E. Jensen, Oregon; Dr. Scott D. Lingle, Minnesota; Dr. Ronald S. Mito, California; Dr. Michael A. Parker, North Carolina; Dr. Matthew B. Roberts, Texas; Dr. Robert M. Schreiber, Connecticut; and Dr. Edwin D. Secord, III, Michigan.

**Consent Calendar** (Reference Committee on Dental Education and Related Matters Resolution 86): 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. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 1 as submitted.

Therefore, the Committee recommends adoption of the following resolution:

**86. Resolved**, that the following resolutions be adopted:

**Resolution 1**—Amendment of the ADA *Bylaws*, Duties of the Council on Dental Education and Licensure (*Supplement:5000*)

**Resolution 2**—Revision of the Requirements for Recognition of National Certifying Boards for Dental Specialists (*Supplement:5002*)

**Resolution 65**—Faculty Recruitment Incentives (*Supplement:5066*)

and be it further

**Resolved**, that the following resolutions be referred as proposed:

**Resolution 42**—CERP Recognition Re-Application (*Supplement:5051*)

**Resolution 64**—CERP Recognition for Constituents and Dental Schools (*Supplement:5064*)

Dr. Ohtani moved the adoption of Resolution 86.

A delegate requested that Resolution 65 be removed from the consent calendar.

The Speaker indicated that Resolution 65 would be considered at the end of the Reference Committee report.

Dr. William J. Donahue, Missouri, requested that Resolution 64 be removed from the consent calendar.

On vote, Resolution 86 as amended was adopted.

**86H-2004. Resolved**, that the following resolutions be adopted:

**Resolution 1**—Amendment of the ADA *Bylaws*, Duties of the Council on Dental Education and Licensure (*Supplement:5000*)

**Resolution 2**—Revision of the Requirements for Recognition of National Certifying Boards for Dental Specialists (*Supplement:5002*)

and be it further

**Resolved**, that the following resolution be referred as proposed:

**Resolution 42**—CERP Recognition Re-Application (*Supplement:5051*)

*Note.* For the purpose of a fully documented record, the complete text of the resolutions included in Resolution 86H-2004, are presented.

### Adopted Resolutions

**1H-2004. Resolved**, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection E. COUNCIL ON DENTAL EDUCATION AND LICENSURE, duty “a,” of the ADA *Bylaws* be amended by deleting the words “and as liaison to the Commission on Dental Accreditation” that appear after the word “subjects” (line 2678), so the amended duty would read:

a. To act as the agency of the Association in matters related to the evaluation and accreditation of all dental educational and dental auxiliary educational and associated subjects.

**2H-2004. Resolved**, that the maximum number of voting certifying board members be increased from nine to 12 in the *Requirements for Recognition of National Certifying Boards for Dental Specialists* under Organization of Boards, paragraph (1), so that the first statement would read as follows.



Each Board shall have no less than five or more than 12 voting directors designated on a rotation basis in accordance with a method approved by the Council on Dental Education and Licensure.

*Referred Resolution*

**42. Resolved**, that the CERP recognition re-application process be streamlined by requiring only reporting of new activities, responses to previous deficiencies or responses to new CERP requirements from the previous application.

**Deployed Dentists and Mandatory Continuing Education Requirements** (Council on Dental Education and Licensure Resolution 3 and Reference Committee Resolution 3RC): The Reference Committee reported as follows.

The Reference Committee concurs with the intent of Resolution 3. However, the Committee believes that the resolution could be clarified by deletion of the second resolving clause and insertion of substitute language related to CE requirements. Therefore, the Reference Committee recommends adoption of the following Resolution 3RC. This resolution supports the ADA Strategic Plan Goal: Advocacy.

**3RC. Resolved**, that it is the Association's position that military deployment is a learning experience that provides opportunities to treat complex cases, sometimes under difficult circumstances, and be it further **Resolved**, that constituent dental societies be urged to support state legislation or state board regulations that would allow deployed military dentists who are serving on active duty to have their continuing education requirements waived.

Dr. Ohtani moved that Resolution 3RC be substituted for Resolution 3 (*Supplement:5003*).

On vote, Resolution 3RC was substituted for Resolution 3

Dr. Ohtani moved the adoption of the substitute Resolution 3RC.

Dr. Allen Hinden, Connecticut, moved to amend Resolution 3RC, second resolving clause, by deleting the word "waived" and adding the words "and license fees waived during such periods." Dr. Hinden said, "What I rise to speak for is the inclusion of all fees of any kind and all requirements of any kind be waived during the time of active duty for people in Guard and Reserve."

On vote, the proposed amendment was defeated.

On vote, Resolution 3RC was adopted.

**3H-2004. Resolved**, that it is the Association's position that military deployment is a learning experience that provides opportunities to treat complex cases, sometimes under difficult circumstances, and be it further **Resolved**, that constituent dental societies be urged to support state legislation or state board regulations that would allow deployed military dentists who are serving on active duty to have their continuing education requirements waived.

**National Examination for Evaluation of Clinical Competency of Candidates for Licensure** (Task Force on the Role of Patient-Based Examinations Resolution 23): The Reference Committee reported as follows.

The Reference Committee agrees with the Board's recent actions and its appointment of the National Clinical Licensing Examination Consensus Committee. The Reference Committee also concurs with testimony urging the ADA to support a collaborative approach in the development of a national clinical examination and the strong need for the ADA to monitor the process and secure the involvement of all stakeholders. Therefore, the Reference Committee concurs with the Board and does not support adoption of Resolution 23.

**23. Resolved**, that the ADA appoint a task force to develop a national examination for evaluation of clinical competency of candidates for licensure to include representatives from the appropriate communities of interest as members of and/or consultants to the task force.

Dr. Ohtani moved Resolution 23 (*Supplement:5008*).

Dr. Dennis A. Burns, Ohio, moved to substitute the following Resolution 23S-1 for Resolution 23. Dr. Burns said, "I think this is an extremely important issue. The House needs to speak and debate this, and I believe that this substitution will allow for that and allow for us to move forward on this issue."

**23S-1. Resolved**, that it would be premature at this time for the House to direct the ADA to unilaterally develop a common national clinical licensure examination, and be it further

**Resolved**, that the ADA president appoint a National Clinical Licensing Examination Consensus Committee of the appropriate communities of interest, with expert consultants as needed to advance the development of a common national examination for evaluation of clinical competency of candidates for licensure, and be it further **Resolved**, that the ADA Board closely monitor the progress of the consensus committee, with recommendations to the 2005 House of Delegates about the development of a common national examination, and be it further

**Resolved**, that the ADA president communicate with the communities of interest about the Board's ongoing role to monitor progress and make recommendations to the 2005 House of Delegates.

Dr. Samuel B. Low, Florida, moved to amend Resolution 23S-1, the fourth resolving clause, by adding the words "including AADE" after the words "communities of interest." Dr. Low said, "If one reviews the Board report after receiving the Task Force on the Role of Patient-Based Examinations, you will note that the three resolutions that were created are, for the most part, the three resolutions of 23S-1. However, these resolutions are the result of a presentation by AADE to the Board demonstrating that they had created, or were at the present time working on examinations for national licensure and that 75% of that had been completed. I am suggesting that to have this resolution embrace what the Board is going with, the AADE be included in all of these discussions."

A delegate spoke against the proposed amendment to Resolution 23S-1, stating, "I don't think anybody believes that the AADE is not an interested party. But to single them out as an interested party who stands above the others, I think is inappropriate."

On vote, the proposed amendment was defeated.

Dr. Allen Hindin, Connecticut, moved to amend Resolution 23S-1, the second resolving clause, by adding the words "and alternatives to clinical examinations such as PGY-1" after the words "competency of candidates." Dr. Hindin said, "I believe if we are going to empower a group to look at the national examination concept, we should look at it's alternatives, as well. And thereby present to this gathering a comprehensive report, because we do see such activities going on in significant areas within our country. The other reason I rise to add this is because we are increasingly starting to look at data which raises significant questions as to the reliability and validity of such activities. I think the House of Delegates should get as comprehensive a look at the information as we can provide to it."

Dr. Barbara A. Rich, New Jersey, spoke against the proposed amendment, stating, "It is my understanding that we just passed an alternate pathway to the practice of dentistry with PGY-1 last year, and I don't see what this has to do with the resolution that's on the floor."

Dr. Morris Antonelli, Maryland, and Dr. Frank A. Maggio, Illinois, also spoke against the proposed amendment.

On vote, the proposed amendment was defeated.

Dr. Michael A. Parker, North Carolina, a member of the Reference Committee, spoke in support of Resolution 23S-1.

A delegate questioned whether the first resolving clause of Resolution 23S-1 is background information or an opinion.

The Speaker responded, "I am going to take it as is a statement of policy at this particular time that the ADA, if they adopt this, feels that it is premature and they want to do these investigations."

Dr. Edwin D. Secord, Michigan, said, "My understanding is that Resolution 23S-1 is kind of a restatement of a Board of Trustees' policy statement or recommendation that is in place already. If that is, in fact, true, if the House votes this...down, what happens to the Board recommendation? And, secondarily...does the House need to pass on this at all?"

The Speaker responded, "If the House wants to give a mandate to the Board or to whatever agency is going to do these investigations and all, then the House needs to pass this. Now, if it is opposed to anything the Board has as far as one of their resolutions, this supersedes the Board. ...This would then give instructions to the Board what the House, which is the legislative body, wants to do."

Dr. Ryan Monti, ASDA, moved to amend Resolution 23S-1 by adding the following new resolving clause.

**Resolved**, that the communities of interest include but not be limited to, the ADA, ASDA, CND, ADEA and AADE.

Dr. Joel E. Leizer, New Jersey, spoke against the proposed amendment, stating, "It is my understanding that the mechanism for this national examination is already in progress, and, therefore, I rise in opposition to this

resolution because it seems to be redundant and not worth our time."

Dr. Jessica L. Robertson, ASDA, said, "Although it may seem very clear to you that the communities of interest are already chosen...this committee has already been selected by the Board and it doesn't currently include a student perspective. So we just want to make sure that all parties are involved in the process of doing an exam, I mean, the education community along with the students, the new dentists. I feel that we really do present some unique information to these exams."

Dr. Michael D. Vaclav, Texas, and Dr. Alan B. Moore, Texas, spoke against the proposed amendment.

Dr. Mark R. Zust, Missouri, moved to refer Resolution 23 with all the pending amendments to the Board of Trustees with a report to the 2005 House. Dr. Zust said, "It is my understanding that the Board of Trustees is already working on this, so, to conserve our time in the House, they are already doing it. The only thing that they aren't mandated to do right now is to report to the 2005 House, and this motion will accomplish this."

Dr. Donald L. Seago, Mississippi, questioned, "Does this slow the process down any as to when we will get a report, or is the timing for 2005 still going to be the same as if we pass this resolution?"

The Speaker indicated that either way, the House would receive a report in 2005.

Dr. Zack D. Studstill, Fifth District trustee, speaking on behalf of the Board, said, "First of all, I would like for you to know that the Board is unanimous in support of 23S-1. Referral back to the Board would not accomplish what we feel like is appropriate in this instance. That would leave us in a situation where 23 possibly would be turned down, and...the message would be that the ADA will not be involved in any part, any national examination, clinical examination, and then you would have nothing out there for the ADA to be involved at the table. So the Board feels that 23S-1 is the appropriate vehicle for us to work through this year."

Dr. Randall H. Ogata, Washington, and Dr. Arthur A. Dugoni, California, spoke against the motion to refer.

Dr. Steven E. Schonfeld, California, moved to vote immediately

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote the motion to refer Resolution 23 and all pending amendments was defeated.

Dr. Michael R. Breault, New York, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the motion to add a fifth resolving clause to Resolution 23S-1 was not adopted.

Dr. A. J. Smith, Utah, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 23S-1 was substituted for Resolution 23.

On vote, Resolution 23S-1 was adopted.

**23H-2004. Resolved**, that it would be premature at this time for the House to direct the ADA to unilaterally develop a common national clinical licensure examination, and be it further

**Resolved**, that the ADA president appoint a National Clinical Licensing Examination Consensus Committee of the appropriate communities of interest, with expert consultants as needed to advance the development of a common national examination for evaluation of clinical competency of candidates for licensure, and be it further **Resolved**, that the ADA Board closely monitor the progress of the consensus committee, with recommendations to the 2005 House of Delegates about the development of a common national examination, and be it further

**Resolved**, that the ADA president communicate with the communities of interest about the Board's ongoing role to monitor progress and make recommendations to the 2005 House of Delegates.

**Definition of Terms "Dental School" and "Dental College"** (Council on Dental Education and Licensure Resolution 25): The Reference Committee reported as follows.

The Reference Committee noted that, based on testimony presented, there was no consensus about the need for a definition of a dental school. Additionally, the Reference Committee noted that the proposed definition is too narrow and could potentially harm some postgraduate institutions that could be disenfranchised by the definition. In addition, the dental educational community does not support adoption of a definition. For these reasons, the Reference Committee does not support adoption of Resolution 25.

**25. Resolved**, that it is the policy of the American Dental Association that a U.S. dental school is defined as a dental school or college that offers a curriculum that provides a core of required dental education, training and experience and includes at least four years of academic instruction or its equivalent leading to the degree of Doctor of Dental Surgery or Doctor of Dental Medicine. The dental school is a component of an institution of higher education that is accredited by an agency recognized by the United States Department of Education; the Commission on Dental Accreditation accredits the dental education program.

Dr. Ohtani moved Resolution 25 (*Supplement:5015*).

Dr. William L. Wright, Michigan, spoke in support of Resolution 25.

Dr. Robert M. Peskin, New York, spoke against the resolution, stating, "I think we heard very eloquent testimony at the reference committee...regarding Eastman, which, in fact, is called The Rochester School of Medicine and Dentistry. The impact on that particular institution with regards to receiving federal funds for grants, the fact that they have 80 plus residents in the works right now, and that they have residency programs in all but two areas of specialty, I think speaks volumes as to why this would be detrimental, and that if 'dental school' was to be defined as to exclude Eastman, that they would be put in peril in terms of their ability to both attract candidates, attract faculty, attract NIDCR funding, and the like. So I would absolutely speak in opposition to this resolution and hope that the House would support that."

Dr. Douglas S. Hadnot, Montana, speaking in support of Resolution 25, said, "I think that a number of laws and

regulations include the term 'dental school,' and if we don't define it the way we think it should be, somebody else will define it for us."

Dr. Wayne N. Colquitt, Michigan, suggested an editorial correction by deleting the word "dental" from the phrase, "a U.S. dental school is defined as a ~~dental~~ school or college...."

Hearing no objection, the Speaker indicated that the word would be editorial deleted.

Dr. John F. Freihaut, Georgia, said, "I rise in support of this resolution. We've worked hard on this definition. I don't think we are being exclusionary to those schools that have 'dentistry' in their name, but I can tell you there is a public perception right now that dental schools are dental auxiliary schools, dental hygiene schools. And one of the previous speakers said, if we don't create our own definition, somebody is going to create it for us."

Dr. Brian T. Kennedy, New York, spoke against the resolution.

Dr. Gary E. Jeffers, Michigan, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 25 was defeated.

**Study of the ADA Relationship with the Commission on Dental Accreditation** (Board of Trustees Resolution 40 and Sixth District Resolution 40S-1): The Reference Committee reported as follows.

The Reference Committee believes that the Association's four representatives to the Commission should bring a strong practice perspective to the Commission and concurs with the Board. The Reference Committee recommends adoption of Resolution 40. This resolution supports the ADA Strategic Plan Goal: Advocacy. The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 40 and 40S-1 as submitted.

**40. Resolved**, that Chapter XIV. COMMISSIONS, *Section 20. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS*: Subsection A. COMMISSION ON DENTAL ACCREDITATION, subsection (1), of the *ADA Bylaws*, be amended by incorporating the changes indicted below (new language underscored, deletions stricken through):

(1) Four (4) members shall be selected from nominations open to all ~~on a rotational system by~~ trustee districts from the active, life or retired members of this Association, no one of whom shall be a faculty member working for a school of dentistry more than one day per week or a member of a state board of dental examiners or jurisdictional dental licensing agency. These members shall be nominated by the Board of Trustees and shall be elected by the House of Delegates.

Dr. Ohtani moved the adoption of Resolution 40 (*Supplement:5929*) in lieu of Resolution 40S-1 (*Supplement:5030a*).

Dr. Michael D. Medovic, West Virginia, moved to amend Resolution 40 by deleting the word "one" in the

phrase “one day per week” and substituting it with the word “two.”

Dr. Robert M. Peskin, New York, suggested that the amendment was not germane to the main purpose of Resolution 40. He said, “The purpose of this motion is how the individual is selected, whether it comes on a territorial basis or whether it comes from the trustees themselves and then how it is ratified. It doesn’t have to do with the qualifications of the individual.”

The Speaker concurred and ruled the proposed amendment out of order.

On vote, Resolution 40 was adopted in lieu of Resolution 40S-1.

**40H-2004. Resolved**, that Chapter XIV. COMMISSIONS, Section 20. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS: Subsection A. COMMISSION ON DENTAL ACCREDITATION, subsection (1), of the ADA *Bylaws*, be amended by incorporating the changes indicted below (new language underscored, deletions stricken through):

(1) Four (4) members shall be selected from nominations open to all ~~on a rotational system by~~ trustee districts from the active, life or retired members of this Association, no one of whom shall be a faculty member working for a school of dentistry more than one day per week or a member of a state board of dental examiners or jurisdictional dental licensing agency. These members shall be nominated by the Board of Trustees and shall be elected by the House of Delegates.

**Activities of the International Accreditation Workgroup** (Board of Trustees Resolution 41 and Reference Committee Resolution 41RC): The Reference Committee reported as follows.

The Reference Committee heard considerable testimony related to international consultation and accreditation. The Reference Committee agreed with the Board’s comment that the task of evaluating education programs should remain within the purview of a single agency to avoid fragmentation and inconsistencies in the standards of patient care. The Reference Committee also agreed with the Board that the activities should be pursued but emphasized the importance of ensuring international dental education programs meet the same standards as U.S.-based programs. Further, the Reference Committee noted that the intent of the resolution is to make consultation and accreditation available only upon request. It is not intended for the Commission to market to international dental programs. For these reasons, the Committee recommends the following substitute resolution. This resolution supports the ADA Strategic Plan Goal: Advocacy.

**41RC. Resolved**, that the Association urge the Commission on Dental Accreditation to make available, upon request, consulting services and accreditation evaluation to international dental schools which are preparing general dentists for practice, and be it further **Resolved**, that the Commission be urged to apply the same standards to international programs that it applies to U.S.-based programs, and be it further

**Resolved**, that the Commission be urged to submit with its 2006 budget a business plan showing how the international consultation/accreditation evaluation program will become self-sufficient within three years of implementation and recover start-up costs within six years, and be it further

**Resolved**, that the Commission be urged to report annually to the communities of interest, including the House of Delegates, on the progress of this activity, and be it further

**Resolved**, that the Commission be urged to select an ad hoc committee composed of two Commissioners and two ADA trustee appointees to continue to give input on this new activity and other activities related to international accreditation, and be it further

**Resolved**, that the appropriate agency of the ADA monitor the impact of international consultation and accreditation evaluation on the dental workforce.

Dr. Ohtani moved that Resolution 41RC be substituted for Resolution 41 (*Supplement:5045*).

On vote, the motion to substitute Resolution 41RC for Resolution 41 was adopted.

Dr. Ohtani moved the adoption of the substitute Resolution 41RC.

Dr. Robert G. Plage, North Carolina, moved to amend Resolution 41RC, and indicated there were several amendments. The Speaker requested that they be presented one at a time. Accordingly, Dr. Plage moved to amend Resolution 41RC, first resolving clause, by adding the words “fee based” before the word “consulting services.” He said, “We think that it ought to be reflected...so that the ADA eventually will be self-supporting on this. So these schools will be paying the ADA and the CODA.”

A delegate suggested that it would be helpful if Dr. Plage would read all the proposed amendments.

After hearing the proposed amendments, the Speaker indicated that what was being proposed was a new substitute resolution and requested that Dr. Plage submit the substitute in writing.

Dr. Plage moved to postpone definitely consideration of Resolution 41RC until Tuesday, October 5, as the first item of business.

A motion was made to amend the motion to postpone definitely to the last item of business of the Report of the Reference Committee on Dental Education and Related Matters.

On vote, the proposed amendment was adopted.

On vote, the motion to postpone definitely consideration of Resolution 41RC to the last item of business of the Reference Committee report was adopted.

**Accreditation of Areas of Advanced Training in General Dentistry by the Commission on Dental Accreditation** (Seventeenth District Resolution 72): The Reference Committee reported as follows.

The Reference Committee heard testimony that raised a number of unresolved questions. The Reference Committee also concurs with the Board’s comments on the resolution and supports the referral of Resolution 72.

**72. Resolved**, that the Commission on Dental Accreditation be urged to modify its rules to ensure the

accreditation of only those dental and dental-related educational programs whose areas of recognition in general dentistry are recognized by the ADA through its Council on Dental Education and Licensure.

Dr. Ohtani moved that Resolution 72 (*Supplement:5067*) be referred to the appropriate agencies for study and report to the 2005 House of Delegates.

Dr. Donald L. Seago, Mississippi, said, "If we refer this, then we have a year between now and next fall that CODA essentially has no direction as to how to proceed when requests are made for certification or verification or whatever terms we want to use in these programs of interest. If we pass this resolution, then at least we have some direction to CODA as to how we would like for them to look at these programs and the mechanism that this can be brought forward to them."

Dr. Steven R. Nelson, Colorado, spoke against the motion to refer.

Dr. James W. Chancellor, Texas, speaking in support of the motion to refer, said, "The CDEL really doesn't have anything in its duties. It is strictly recognizing specialty boards and that sort of thing. They don't really have any areas of general dentistry, and they need to establish something like that. If they want to establish something like that, it has to be established before you ask CODA to do something. So I would speak in favor of referral."

Dr. Michael S. Higgins, Illinois, asked that the Chair of Reference Committee explain the Committee's recommendation for referral.

Dr. Ohtani, responded, "For the background statement on the urging of the CDEL to look at areas of advanced education, under the definition, it states 'educational areas' but it is actually in reference to specialty recognition, not in areas of advanced--areas of general dentistry. So on that point, we need to have CDEL relook at its *Bylaws* to make sure that they can look at these areas and then urge the Commission to place accreditation."

Dr. Nelson, referencing the ADA *Bylaws*, Chapter X, letter E of the duties of the Council on Dental Education and Licensure, said, "I think it is in our bylaws. I think they have the duty. And we have the responsibility to give them that duty to be our representative to CODA."

Dr. Allen Hindin, Connecticut, asked if it would be appropriate to ask ADA legal counsel "whether or not this resolution has significant impact on the arm's length relationship."

Mr. Peter Sfikas, ADA chief counsel, indicated that he supported the Reference Committee's position.

Dr. David A. Kestel, Louisiana, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 72 was referred to the appropriate agencies for study and report to the 2005 House of Delegates.

**Dental Assisting Program Accreditation** (Seventh District Resolution 82): The Reference Committee reported as follows.

The Reference Committee received limited testimony regarding the need for accrediting high school level dental

assisting programs and recommends referral of Resolution 82 to appropriate agencies for further study.

**82. Resolved**, that the American Dental Association requests the ADA Commission on Dental Accreditation study the feasibility of accrediting high school and vocational dental assisting programs, and report their findings to the 2005 House of Delegates.

Dr. Ohtani moved that Resolution 82 (*Supplement:5072*) be referred to the appropriate agencies for study and report to the 2005 House of Delegates.

On vote, Resolution 82 was referred to the appropriate agencies for study and report to the 2005 House of Delegates.

**Recognition of Areas of Advanced Training in General Dentistry and Dental Specialties by the Council on Dental Education and Licensure** (Seventeenth District Resolution 84 (Withdrawn) and Reference Committee Resolution 84RC): The Reference Committee reported as follows.

The Reference Committee noted that at its July 2004 meeting, the Commission on Dental Accreditation adopted a Policy: Request to Establish a Process of Accreditation for Programs in Areas of Advanced Training in General Dentistry. The communities of interest are hopeful that they will receive a more substantive response to Resolution 91H-2003 from the Commission regarding its consideration of this matter prior to the 2005 House of Delegates meeting. The Reference Committee was also advised that the Board of Trustees will be considering this issue during the coming year based on information gathered in a survey on the issue of credentialing non-specialty interest areas.

**84RC. Resolved**, that the Commission on Dental Accreditation be urged to postpone action on any requests to establish an accreditation program in any area of advanced training in general dentistry until the 2005 House of Delegates.

Dr. Ohtani moved that Resolution 84RC be substituted for Resolution 84 (*Supplement:5073*).

The Speaker announced that Resolution 84 had been withdrawn.

Dr. Robert M. Peskin, New York, moved to amend Resolution 84RC by substituting the following:

**Resolved**, that the Commission on Dental Accreditation be urged to postpone action on any new requests submitted after the close of this House to establish an accreditation program in ~~any~~ areas of advanced training in general dentistry until the 2005 House of Delegates.

A delegate asked "When a resolution is withdrawn, aren't all the motions inherent to the resolution withdrawn as well?"

The Speaker stated "This resolution, the RC came out before the resolution was withdrawn. So it is this Chair's opinion that the RC is before us at this time."

A delegate questioned if it was necessary to convene a closed session.

The Speaker called for an opinion from ADA legal counsel.

Mr. Sfikas said, "I think this amendment does not affect the substance of the RC. It simply affects when it goes into effect."

Dr. Edwin D. Secord, Michigan, a member of the Reference Committee, said, "It was our understanding that the only way, the only reason that the RC would be brought before this House was if, in fact, 84 was not withdrawn. If you would give the Reference Committee an opportunity to discuss this momentarily, I am sure this would not be brought before the House today."

The Speaker said, after discussing with legal counsel and the Reference Committee Chair, that Resolution 84RC is before the House and that the amendment is in order.

Dr. Michael S. Higgins, Illinois, asked how many requests currently reside with the Commission.

The Speaker responded that there was one request. A delegate challenged the ruling of the Chair.

The Speaker indicated that the discussion was limited to whether or not the Chair's decision that when 84 was withdrawn, it did not result in Resolution 84RC also being withdrawn.

A question was asked if it was appropriate for the Reference Committee Chair to withdraw Resolution 84RC.

The Speaker stated, "I am going to say no, because I think that...the Reference Committee is the body of this House, and it is making the motion for what they think is best. Therefore, it is not a district which can have the power of withdrawing it. Therefore, this is the property of the House, and I will continue to say that."

Dr. Bryan C. Edgar, Washington, spoke in support of the appeal.

Dr. Matthew J. Campbell, Jr., California, spoke in support of the ruling of the Chair.

On vote, the ruling of the Chair was sustained.

Returning to the proposed amendment, Dr. Peskin said, "The reason why this is being proposed is because in July of this year, it was announced in the *ADA News* that this process of accreditation of these areas had been initiated by CODA. And, in fact, we have worksheets that describe the whole process. Since that time, based on the previous question at the front microphone, it is our understanding that one application has actually been submitted. I think the fact that there is an application in the works at this point, it would be unfair to that applicant if that application all of a sudden was to be aborted because of a procedural matter that related to it, and it would be like changing the goal posts once you are in mid field. So I would ask the indulgence of the House that they accept this amendment for that reason."

Dr. Steven R. Nelson, Colorado, spoke against the proposed amendment. He said, "We have not had proper input into this process. We have gone this long without recognizing areas of advanced training in general dentistry. We can wait an additional year before we do that. I rise in opposition to the amendment and think we should go back to postponing it for a year while we study this matter."

Dr. Eugene Antenucci, New York, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the proposed amendment was defeated.

Dr. Scott D. Lingle, Minnesota, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 84RC was adopted.

**84H-2004. Resolved**, that the Commission on Dental Accreditation be urged to postpone action on any requests to establish an accreditation program in any area of advanced training in general dentistry until the 2005 House of Delegates.

**CERP Recognition for Constituents and Dental Schools** (Eighth District Resolution 64): Noting that Resolution 64 had been removed from the consent calendar, Dr. Ohtani moved that Resolution 64 (*Supplement:5064*) be referred.

**64. Resolved**, that the Council on Dental Education and Licensure be urged to designate all constituent societies and accredited dental schools as "recognized providers" in the ADA Continuing Education Recognition Program, and be it further

**Resolved**, that the Council on Dental Education and Licensure be urged to waive the ADA CERP recognized provider application fee and annual fee for all constituent societies and accredited dental schools.

Dr. Martin L. Schroeder, Pennsylvania, said, "I would like to speak on behalf of the Academy of General Dentistry. We are in favor of referral of this resolution. All CE providers should be held to a very high standard and the standards should be equal for all providers. And, therefore, I also think that the dental consumers of CE expect that the CERP logo will be meaningful in terms of the program quality and its continuity. PACE and CERP are looking into many other issues, including the application concerns that many people have, and I think if you vote against referral, that you are going to circumvent the process, and so I would urge you to vote for referral and let the process continue where we are looking at these things."

Dr. Stephen R. McDonnell, Minnesota, and Dr. William J. Donahue, Missouri, spoke in support of referral. Dr. Donahue also requested that the motion to refer include a report to the 2005 House.

On vote, the motion to refer Resolution 64 with a report to the 2005 House of Delegates was adopted.

**Faculty Recruitment Incentives** (Eleventh District Resolution 65): Resolution 65 had been removed from the consent calendar. Dr. Ohtani moved the adoption of Resolution 65 (*Supplement:5066*).

**65. Resolved**, that the American Dental Association work with the American Dental Education Association (ADEA) and the National Health Service Corps (NHSC) Loan Repayment Program to encourage legislation/funding to provide student loan deductions or waivers for full-time faculty as an incentive to encourage young health professionals to enter and remain in academic teaching programs, and be it further

**Resolved**, that the appropriate ADA agency present a report to the 2005 ADA House of Delegates of the status and action toward implementation.

Dr. David J. Miller, New York, moved to substitute Resolution 65S-1 for Resolution 65.

**65S-1. Resolved**, that the American Dental Association work with the American Dental Education Association (ADEA) and the National Health Service Corps (NHSC) Loan Repayment Program to encourage legislation/funding to provide student loan deductions or waivers for ~~full-time~~ faculty as an incentive to encourage young health professionals to enter and remain in ~~academic teaching~~ pre/post doctoral education programs, and be it further

**Resolved**, that the appropriate ADA agency present a report to the 2005 ADA House of Delegates of the status and action toward implementation.

Dr. Miller said, "Faculty recruitment is not just a dental school problem but also a problem for all our postdoctoral educational programs. The majority of our faculty at our pre- and postdoctoral educational programs are either part-time or voluntary. All of our academic teaching programs, pre- and postdoctoral, would be best served if we do not disenfranchise any of our faculty."

Dr. Richard A. Crinzi, Washington, as writer of the original resolution, spoke against the proposed amendment. He said, "It seems to me that we need to be reminded that the original intent was to deal with recent student's debt, and I think that by including and removing the full-time faculty part of this, that this will take what would be hopefully a sympathetic audience with the National Dental Service Health Corps and then muddy the waters with regard to our intent. It seems to me that we would be better off to leave it when we deal with the legislation that we had hoped might be implemented as a result of this resolution or with NHSC to make it a full-time faculty. I support part-time faculty. I am a part-time faculty, but when we are talking about remission of student debt, I think if you try to take that out of this resolution, it will lose its impact and we will only make it more difficult to understand."

On vote, the motion to substitute was defeated.

On vote, Resolution 65 was adopted.

**65H-2004. Resolved**, that the American Dental Association work with the American Dental Education Association (ADEA) and the National Health Service Corps (NHSC) Loan Repayment Program to encourage legislation/funding to provide student loan deductions or waivers for full-time faculty as an incentive to encourage young health professionals to enter and remain in academic teaching programs, and be it further **Resolved**, that the appropriate ADA agency present a report to the 2005 ADA House of Delegates of the status and action toward implementation.

#### **Activities of the International Accreditation**

**Workgroup (continued):** Dr. Ohtani indicated that Resolution 41RC had been postponed definitely to the last item of business of the Reference Committee.

Dr. Robert G. Plage, North Carolina, moved to substitute Resolution 41RCS-1 for Resolution 41RC.

**41RCS-1. Resolved**, that the Association urge the Commission on Dental Accreditation to make available, upon request, fee based consulting services and evaluation to international dental schools which are preparing general dentists for practice, and be it further

**Resolved**, that the Commission be urged to submit with its 2006 budget a business plan showing how the international consultation and evaluation program will become self-sufficient within three years of implementation and recover start-up costs within six years, and be it further

**Resolved**, that the Commission be urged to report annually to the communities of interest, including the House of Delegates, on the progress of this activity, and be it further

**Resolved**, that the Commission be urged to select an ad hoc committee composed of two commissioners and two ADA trustee appointees to continue to give input on this new activity and other activities related to consultation and evaluation, and be it further

**Resolved**, that the appropriate agency of the ADA monitor the impact of international consultation evaluation on the dental workforce in the United States.

Dr. Plage said, "This substitution encompasses all the points I had mentioned earlier. It allows CODA to have a voice at the table. When international accreditation is discussed without committing the Commission to a process, that could potentially have long-term negative consequences on our profession, and I know others will speak to this."

Dr. Stephen F. Schwartz, Texas, speaking in support of the substitute resolution, said, "This resolution does everything we want to do, I think, as an association in ensuring our availability to help raise dental education around the world by virtue of our experience in our own CODA system without putting us in a precarious position of being in the accreditation business for international schools, which is both a financial and personnel intensive endeavor. The arguments to take accreditation out of this resolution are simply to ensure that we can function in that advisory role without being pushed forward into a role that maybe we don't want to assume at this point, but rather than to delay the ability for us to help other countries raise their educational standards, we think we need to move forward with this resolution."

Speaking in support of the substitute resolution were Dr. Kent Farnsworth, California; Dr. Ron Collins, Texas; and Dr. Samuel B. Low, Florida.

Dr. Samuel O. Dorn, Florida, moved to vote immediately.

Dr. Allen Hindin, Connecticut, requested input from ADA legal counsel.

Mr. Peter Sfikas stated "There is no legal problem with this resolution."

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the motion to amend Resolution 41RC by substituting it with Resolution 41RCS-1 was adopted.

Dr. John S. Buchheister, Michigan, requested that the Treasurer address the financial implication of the anticipated revenue stream from this program.

Dr. Mark Feldman said, "As I understand what you have done by taking out accreditation activities, we will first have to determine what kind of a business plan we can present to you. That is part of this resolution. We cannot assume a revenue stream at this point. However, we will be investigating this. There are some start-up costs if we are going to go out and offer consultation services. We will find out what kind of a market is available for this. We will determine what kind of revenue comes back. If, in fact, that revenue can come back to the Association, we would not pay income taxes on it. If it is inappropriate for it to come to the Association, then we would put it into the for-profit subsidiary. That will also be looked at."

Dr. Michael D. Vaclav, Texas, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 41RCS-1 was adopted.

**41H-2004. Resolved**, that the Association urge the Commission on Dental Accreditation to make available, upon request, fee based consulting services and evaluation to international dental schools which are preparing general dentists for practice, and be it further

**Resolved**, that the Commission be urged to submit with its 2006 budget a business plan showing how the international consultation and evaluation program will become self-sufficient within three years of implementation and recover start-up costs within six years, and be it further **Resolved**, that the Commission be urged to report annually to the communities of interest, including the House of Delegates, on the progress of this activity, and be it further

**Resolved**, that the Commission be urged to select an ad hoc committee composed of two commissioners and two ADA trustee appointees to continue to give input on this new activity and other activities related to consultation and evaluation, and be it further

**Resolved**, that the appropriate agency of the ADA monitor the impact of international consultation evaluation on the dental workforce in the United States.

#### **Point of Information—Display of ADA Reserves**

**Information:** As a point of information, Dr. William M. Lawson, Alabama, had a question regarding the financial information displayed on the screens. Dr. Lawson said, "Is that number that accompanies the title 'Reserve Money Available to Offset the Deficit,' was that presented to this House as part of the budget or is it just the recommendation of the Board of Trustees?"

Dr. Feldman responded, "During the presentation that I gave you this morning, I presented that slide to you and I had hoped that I had made it clear that that money was the projected surplus that we are anticipating ending 2004 in, and that's all. As Dr. Lawson well knows, the money is available of the entire reserve fund, which is the prerogative of this House of Delegates as the supreme governing body of the Association."

Dr. Lawson further asked if that number was amendable.

Dr. Feldman said, "That figure is a guideline to give you an indication of where the surplus is. It is not a figure of any significance other than a guideline for you. When

you ultimately will adopt the budget, that is the final number. So in answer to your basic question, of course it is amendable. Because you can set it at anything you want." Dr. Feldman further explained the procedure related to the proposed dues resolution. He said, "I will present to the House of Delegates what their current deficit is and how much the Board will be willing to authorize to spend out of the reserves, and then the House of Delegates will have the final say as to whether they want to change that."

#### **Report of the Reference Committee on Legal and Legislative Matters**

The Report of the Reference Committee on Legal and Legislative Matters was presented by Dr. Murray D. Sykes, Maryland, chair. The other members of the Reference Committee were: Dr. Naomi L. Bement, California; Dr. Joseph P. Crowley, Ohio; Dr. Orin W. Ellwein, South Dakota; Dr. Kevin J. Hanley, New York; Dr. Dale A. Nester, Michigan; Dr. Cynthia E. Sherwood, Kansas; and Dr. Kenneth J. Versman, Colorado.

**Consent Calendar** (Reference Committee on Legal and Legislative Matters Resolution 88): The Reference 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 and resolutions proposed for referral. The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 4, 5, 6 and 21 as submitted.

Therefore, the Committee recommends the adoption of the following resolution.

**88. Resolved**, that the following resolutions be adopted:

**Resolution 4**—Amendment of the ADA *Bylaws* to Replace the Term "Manpower" with "Workforce" (*Supplement:6000*)

**Resolution 5**—Amendment of the ADA *Bylaws* to Clarify Eligibility for the Office of Treasurer (*Supplement:6001*)

**Resolution 6**—Amendment of the ADA *Bylaws*, Chapter I. Section 40. LAPSE OF MEMBERSHIP AND REINSTATEMENT (*Supplement:6002*)

**Resolution 21**—Amendment of the ADA *Bylaws* Regarding Expanding Membership on Standing and Reference Committees (*Supplement:6006*)

**Resolution 44**—Vision Statement on Access for the Underserved (*Supplement:6054*)

**Resolution 61**—Exemption from Unemployment Insurance Liability for Active Duty Dentists (*Supplement:6122*)

**Resolution 83**—Consideration of Code of Ethics Advisory Opinions Regarding Evidence-based Dentistry (*Supplement:6143*)



Dr. Sykes moved the adoption of Resolution 88.

Dr. Richard A. Weinman, Georgia, requested that Resolution 21 be removed from the consent calendar.

The Speaker indicated that Resolution 21 would be considered at the end of the Reference Committee's report.

On vote, Resolution 88, as amended, was adopted.

**88H-2004. Resolved**, that the following resolutions be adopted:

**Resolution 4**—Amendment of the ADA *Bylaws* to Replace the Term “Manpower” with “Workforce” (*Supplement:6000*)

**Resolution 5**—Amendment of the ADA *Bylaws* to Clarify Eligibility for the Office of Treasurer (*Supplement:6001*)

**Resolution 6**—Amendment of the ADA *Bylaws*, Chapter I. Section 40. LAPSE OF MEMBERSHIP AND REINSTATEMENT (*Supplement:6002*)

**Resolution 44**—Vision Statement on Access for the Underserved (*Supplement:6054*)

**Resolution 61**—Exemption from Unemployment Insurance Liability for Active Duty Dentists (*Supplement:6122*)

**Resolution 83**—Consideration of Code of Ethics Advisory Opinions Regarding Evidence-based Dentistry (*Supplement:6143*)

*Note.* For the purpose of a fully documented record, the complete text of the resolutions adopted through Resolution 89H-2004 follows.

**4H-2004. Resolved**, that the ADA *Bylaws* be amended by deleting the term “manpower” wherever it appears and substituting in its place the term “workforce.”

**5H-2004. Resolved**, that Chapter VIII. ELECTIVE OFFICERS, Section 20. ELIGIBILITY, of the ADA *Bylaws* be amended by addition of a comma and the following words at the end of the second sentence “, except the Treasurer may apply for a second term pursuant to Chapter VIII, Section 60 of these *Bylaws*,” so the amended Section 20 reads as follows (new language underscored):

*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, except that the Treasurer may apply for a second term pursuant to Chapter VIII, Section 60 of these *Bylaws*.

**6H-2004. Resolved**, that Chapter I. MEMBERSHIP, Section 40. LAPSE OF MEMBERSHIP AND REINSTATEMENT, Subsection A. LAPSE OF MEMBERSHIP, of the ADA *Bylaws*, be amended by deleting in the second sentence the word “full-time” (line 603) and the letters “ly” in the word “dentally” (line 604),

so the amended Subsection 40A reads as follows (deletions stricken through):

A. LAPSE OF MEMBERSHIP. Any member whose dues and special assessments have not been paid by March 31 of the current year shall cease to be a member of this Association. Further, an associate member who terminates ~~full-time~~ employment in dentally-related education or research shall cease to be an associate member of this Association December 31 of that calendar year.

**44H-2004. Resolved** that the American Dental Association and its members will continue working with policymakers to establish programs and services that improve access to oral health care, while maintaining a single standard of oral care; and that the Association urges the nation to join it in:

- Rejecting programs and policies that marginalize oral health, and instead supporting those that recognize that oral health is integral to overall health and can affect a person's self esteem, ability to learn and employability.
- Acknowledging that the degree of oral health disparities and the extent and severity of untreated dental disease—especially among underserved children—is unacceptable.
- Committing, through both advocacy and direct action, to identify and implement commonsense, market-based solutions that capitalize on the inherent strengths of the American dental care system.

**61H-2004. Resolved**, that constituent societies be urged to review their states' unemployment insurance statutes so that dentists who are called to active military duty and close their dental offices are not impacted adversely by the law upon returning to their active practices.

**83H-2004. Resolved**, that the Council on Ethics, Bylaws and Judicial Affairs, in consultation with the Council on Scientific Affairs and other parties of interest, be urged to develop an advisory opinion to the ADA *Principles of Ethics and Code of Professional Conduct* regarding the appropriate application of Evidence Based Dentistry methodology to dental research, with particular emphasis as it relates to “best evidence” conclusions, peer reviewed publication, and utilization by entities outside the profession, and be it further

**Resolved**, that the Council on Ethics, Bylaws and Judicial Affairs be urged to develop or amend an existing advisory opinion to the ADA *Principles of Ethics and Code of Professional Conduct* regarding the ethical use of the term “Evidence Based Dentistry” in professional announcements and advertisements.

**The Dentist's Creed** (Council on Ethics, Bylaws and Judicial Affairs Resolution 7): The Reference Committee reported as follows.

Testimony was heard both for and against the Dentist's Creed. Those in support believe it fosters the image of dentistry as a profession. Those opposed expressed

concern that the Dentist's Creed was overly broad and unnecessary. Several suggestions were offered to narrow its scope. While the Committee supports the concept of rekindling professionalism, it believes the existing policy reflected below adequately addresses this.

### **The Dentist's Pledge (1991:598)**

#### **The Dentist's Pledge**

I, (dentist's name), as a member of the dental profession, shall keep this pledge and these stipulations.

I understand and accept that my primary responsibility is to my patients, and I shall dedicate myself to render, to the best of my ability, the highest standard of oral health care and to maintain a relationship of respect and confidence. Therefore, let all come to me safe in the knowledge that their total health and well-being are my first considerations.

I shall accept the responsibility that, as a professional, my competence rests on continuing the attainment of knowledge and skill in the arts and sciences of dentistry.

I acknowledge my obligation to support and sustain the honor and integrity of the profession and to conduct myself in all endeavors such that I shall merit the respect of patients, colleagues and my community. I further commit myself to the betterment of my community for the benefit of all of society.

I shall faithfully observe the *Principles of Ethics and Code of Professional Conduct* set forth by the profession.

All this I pledge with pride in my commitment to the profession and the public it serves.

\* \* \*

**7. Resolved**, that "The Dentist's Creed," as follows, be approved:

#### **The Dentist's Creed\***

To my patients, I offer loyalty, confidentiality, competence, diligence, and my best judgment. I shall treat you as I should want to be treated and be worthy of your trust. I shall counsel you with respect to alternative methods to resolve your oral health issues when available. I shall endeavor to achieve your objectives as expeditiously and economically as possible.

To my colleagues in the practice of dentistry, I offer concern for your reputation and well-being. I shall extend to you the same courtesy, respect, candor, and dignity that I expect to be extended to me.

To organized dentistry, I offer continuing involvement, with the strength and courage to be open and honest in all matters. I offer fairness, integrity, and civility. I shall deal with issues that affect dentistry based, not on my own biases, but on what is best for and most advantageous to all the membership. I shall temper my

actions with the strictest adherence to the *ADA Principles of Ethics and Code of Professional Conduct*.

To the profession, I offer assistance in keeping it a calling in the spirit of public service, and in promoting its understanding and an appreciation for it by the public. I recognize that my actions and demeanor reflect upon our system of healthcare and our profession, and I shall conduct myself accordingly.

To the public and my community, I offer service. I shall devote some of my time and skills to community, governmental and other activities that promote the common good. I shall strive to improve and make available to all, the benefits of my profession.

\* Based on the Ohio Lawyers Creed.

Dr. Sykes moved Resolution 7 (*Supplement:6005*).

A delegate moved to amend Resolution 7, in the first paragraph of the Creed, by deleting the words "and economically." The delegate said, "I don't believe that quality of care that we provide our patients has ever been attached to, nor should it be attached to, the economics of doing dentistry. In peer review, at least in the State of Illinois, we are very careful to divorce the economics and the fee schedule from the quality of care, and I don't believe if this creed should get adopted, that we would want it to be in there."

Dr. Michael W. Donohoo, Wisconsin, spoke against the proposed amendment.

On vote, the proposed amendment was adopted.

Dr. Sykes provided an explanation for the Committee's preference for the Dentist's Pledge over the Creed. Dr. Sykes said, "We carefully went over the Dentist's Creed and felt there was a lot of words and things in there that could have been a problem. We had also the Dentist Pledge, which you have. We felt that the Dentist's Pledge covered everything a lot better."

Dr. Richard A. Crinzi, Washington, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) vote.

On vote, Resolution 7, as amended, was defeated.

**Dental Program for Remote Alaskan Residents** (Eighth District Resolution 36): The Reference Committee reported as follows.

The Reference Committee heard only positive testimony on this issue and agrees that seeking services from military reserve forces would help improve access to the Alaskan Native population.

Dr. Sykes moved the adoption of Resolution 36 (*Supplement:6050*).

On vote, Resolution 36 was adopted.

**36H-2004. Resolved**, that the American Dental Association encourage the Public Health Service/Indian Health Service and the Tri Service Military Reserve to work together to establish civic action programs to provide needed oral health care in remote and frontier communities of Alaska, and be it further

**Resolved**, that the Tri Service Military Reserve Forces be formally requested to provide oral health care support in the needed areas of Alaska, and be it further

**Resolved**, that the ADA encourage the Alaskan Native Tribal Health Consortium to consider the utilization of the Tri Service Military Reserve Forces to provide health care services in their respective communities.

**ADA's Opposition to "Advance Dental Hygiene Practitioner"** (Sixth District Caucus Resolution 43S-1, Eleventh District Resolution 43S-2 and Eighth District Resolution 43S-3): The Reference Committee reported as follows.

The Reference Committee heard only positive testimony and agrees with the Board of Trustees that the issue of the Advanced Dental Hygiene Practitioner is best addressed in a comprehensive fashion by the Work Force Models Task Force.

**43S-1. Resolved**, the ADA and its constituent and component societies oppose the creation of an "advanced dental hygiene practitioner" as proposed to diagnose, provide restorative and definitive dental care without the direct or indirect supervision of a licensed dentist as they pursue legislation to address workforce models.

Dr. Sykes moved that Resolution 43S-1 (*Supplement:6052a*) be referred to the Work Force Models Task Force for study and report to the 2005 House of Delegates.

Dr. Bruce R. Hutchison, Virginia, asked if each resolution would be voted separately rather than a group, since all three are recommended for referral.

In response, the Speaker indicated that each resolution would be voted separately because they all a slightly different.

On vote, Resolution 43S-1 was referred to the Work Force Models Task Force for study and report to the 2005 House of Delegates.

**43S-2. Resolved**, the ADA ~~and its constituent and component societies~~ opposes the creation of an "advanced dental hygiene practitioner" as they pursue legislation to address workforce models.

Dr. Sykes moved that Resolution 43S-2 (*Supplement:6052b*) be referred to the Work Force Models Task Force for study and report to the 2005 House of Delegates.

On vote, Resolution 43S-2 was referred to the Work Force Models Task Force for study and report to the 2005 House of Delegates.

**43S-3. Resolved**, that the ADA believes the current model of dental team practice where the dentist serves as the head of the team and provides direction to the entire team, as well as delegating certain specific duties to dental auxiliaries consistent with their respective training and abilities, is the most ideal and efficacious method of dental treatment delivery, and be it further  
**Resolved**, that the ADA supports appropriate education and training for dentists, dental hygienists and dental assistants to ensure the highest standard regarding the

performance of those duties permitted by state law, and be it further

**Resolved**, that the dental needs of the underserved population are best met by the traditional dental team concept and should not be relegated to a multi-tiered system of care involving lesser trained personnel, and be it further

**Resolved**, that the dental procedures of diagnosis, treatment planning, restorative care, therapeutic services and other essential care, as taught in CODA accredited dental school settings, constitute the most appropriate and effective means of providing safe and proper dental treatment to all segments of the population.

Dr. Sykes moved that Resolution 43S-3 (*Supplement:6052c*) be referred to the Work Force Models Task Force for study and report to the 2005 House of Delegates.

Dr. Joseph F. Hagenbruch, Illinois, spoke in support of referral.

Dr. Hutchison spoke against referral and in support of adoption.

Dr. Charles A. Gagne, Massachusetts, moved to amend Resolution 43S-3 by deletion of the word "traditional" in the third resolving clause.

The Speaker indicated that since the motion to refer was pending, an amendment was not in order.

On vote, Resolution 43S-3 was referred to the Work Force Models Task Force for study and report to the 2005 House of Delegates.

**Open Meetings of American Dental Association Councils** (Tennessee Dental Association Resolution 45): The Reference Committee reported as follows.

The Committee heard testimony both in support of and in opposition to the resolution. The Committee's principle concerns were that open meetings would inhibit the deliberative process and compromise the candor within council and committee discussions. Further such meetings would be unwieldy to manage. As noted by the Board of Trustees, the current rule permits the councils to accommodate attendance requests by ADA members where feasible.

**45. Resolved**, that American Dental Association council meetings be open to members of the ADA and that space be provided in the meeting room to accommodate visiting members, and be it further

**Resolved**, that visiting members not interact with the process of the meeting unless requested to do so.

Dr. Sykes moved Resolution 45 (*Supplement:6111*).

Dr. Harris N. Colton, New Jersey, chair of the Council on Members Insurance and Retirement Programs spoke against the resolution. He said, "Much of our agenda has to do with proprietary and fiduciary information. We certainly can go in and out of executive session, but that would create quite a bit of chaos, and, therefore, I urge voting against this resolution."

Speaking in support of the resolution, Dr. Steven R. Kilpatrick, Arkansas, said, "Councils are critical to the mission of the ADA. Having open council meetings can take better advantage of the collective wisdom. We would

probably have saved a lot of time here with more input. ADA members who are willing to travel to Chicago to participate would be another resource for council members. Councils can go into executive session as necessary. When you have secret meetings, you disenfranchise your members.”

Dr. Steven E. Schonfeld, California, and Dr. Stephen S. Morgan, Utah, spoke against Resolution 45.

Dr. Richard A. Crinzi, Washington, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 45 was defeated.

**Availability of American Dental Association Council Minutes to Members** (Tennessee Dental Association Resolution 46): The Reference Committee reported as follows.

The Committee heard positive and negative testimony in regards to this resolution. The Committee believes the information made available through the councils’ unofficial summary of actions provides adequate information. The councils’ activities and actions are well publicized. The Committee echoes the Board of Trustees’ concerns as to publicizing recommendations made to the Board that are not final actions and have the potential for creating new legal exposures.

**46. Resolved**, that minutes of non-confidential American Dental Association council meetings be available to members of the ADA, upon written request, without inconvenience of travel to the Headquarters Office and that a reasonable fee may be charged for reproduction of the documents, and be it further

**Resolved**, that American Dental Association establish written “Guidelines for the Councils to Determine the Confidentiality of their Activities” with a report to the 2005 House of Delegates.

Dr. Sykes moved Resolution 46 (*Supplement:6113*).

Dr. Douglas S. Hadnot, Montana, spoke in support of Resolution 46, and described an incident when he was unable to obtain information regarding a council action.

Dr. Edwin S. Mehlman, Rhode Island, spoke in support of Resolution 46.

Dr. Richard A. Huot, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 46 was defeated.

**Federal Legislation Establishing Parameters For Federally Qualified Health Centers** (Fourteenth District Resolution 55 and Board of Trustees Resolution 55B): The Reference Committee reported as follows.

The Reference Committee heard no testimony on this issue at the hearing and agrees that the Board’s recommendation is the proper approach.

**55B. Resolved**, that FQHCs be required to issue an annual report that is made available upon request that details the funds they receive and includes a census detailing the

types of patients the clinics have treated during the previous year, and be it further

**Resolved**, that the current policy be actively pursued by ADA legislative staff.

Dr. Sykes moved that Resolution 55B (*Supplement:6116*) be substituted for Resolution 55 (*Supplement:6115*).

On vote, Resolution 55B was substituted for Resolution 55.

Dr. Sykes moved the adoption of the substitute Resolution 55B.

Dr. Charles C. McGinty, Missouri, moved to amend Resolution 55B, first resolving clause, by deleting after the word “patients” the words “the clinics have treated” and replacing with them with the words “and the number and types of dental procedures provided (using the current CDT Codes) at their clinics.” Dr. McGinty said, “Well, I think it is wonderful the first part of the resolved that is there, but we would like to have a little more information. One of the things that we know is that in our poor, more economically disadvantaged children, they have the greatest amount of disease. By telling us that they are fulfilling their mission in treating the poor parts of our population but not telling us what procedures they do, we really do not know whether they are seeing the children, if they are providing the necessary care and doing the pulpotomies, chrome steel crowns and restorations that we have. We, as dentists, can assess the treatment quality and what is being done to take care of these individuals if we know what procedures are being done. But just knowing who they treat and what social economic category they fall into doesn’t let us really know what’s going on. Personal observations tell us that some of the clinics do real well. Other personal observations tell us that many dentists do not like to treat children. So this is one way of knowing whether they are actually fulfilling their mission.”

On vote, the proposed amendment was adopted.

Dr. Thomas J. Olinger, California, as a point of information, asked if “the ADA has the power to require federally qualified health centers to do anything at all.”

The Speaker responded, “It is the Speaker’s opinion that, no we don’t, but we can try to do that by the legislation that is being requested.”

Dr. Olinger suggested that the word “required” be substituted with the word “urged.”

Mr. Peter Sfikas, commented, “The word ‘required’ is all right because what we are asking for here is legislation, so that the only way this could be accomplished would be through legislation, and if it is required, that is what we could ask for from the legislature.”

Dr. Olinger withdrew his amendment.

Dr. Michael W. Donohoo, Wisconsin, suggested that the term “type of patients” was too broad and said, “Do you want ages? So you want the method of reimbursement? Are they Medicaid? I just suggest that it may not be sufficient enough to request what we are really looking for. Maybe the maker and someone who has been involved with this may want to detail a little bit more what they are really looking for.”

Dr. Alan B. Moore, Texas, requested that “federally qualified health centers” be used in the resolution instead of the abbreviation “FQHCs.”

The Speaker indicated that would be an editorial change.

Dr. Clifford Marks, Seventeenth District trustee, said, "The whole purpose of this resolution is to find out how well the...FQHCs are contributing to the access problem that we have in this country, and so what we want to achieve in detailing the types of patients is really to find out whether these are insurance patients, whether they are Medicaid patients, and are they, in fact, supplying a service to the medically—the economically indigent population of this country. That's the whole purpose of this to find out if they are serving that purpose from a dental standpoint."

On vote, Resolution 55B as amended was adopted.

**55H-2004. Resolved**, that federally qualified health centers (FQHCs) be required to issue an annual report that is made available upon request that details the funds they receive and includes a census detailing the types of patients and the number and types of dental procedures provided (using the current CDT Codes) at their clinics during the previous year, and be it further **Resolved**, that the current policy be actively pursued by ADA legislative staff.

**Implementation of Internet-Based, Grassroots, Rapid Contact System for Federal Legislators** (Fourteenth District Resolution 56 and Reference Committee Resolution 56RC): The Reference Committee reported as follows.

The Committee heard substantial testimony in favor of an Internet-based grassroots contact system and believes the idea has merit. To facilitate the proper development and deployment of such a system, the Reference Committee recommends that the House of Delegates directs the Board of Trustees to explore and implement an electronic grassroots contact system following a feasibility study of the issues involved.

**56RC. Resolved**, that the Board of Trustees explore and implement if feasible, an electronic grassroots contact system after determining the issues related to deploying such a tool.

Dr. Sykes moved that Resolution 56RC be substituted for Resolution 56 (*Supplement*:6118).

On vote, Resolution 56RC was substituted for Resolution 56.

Dr. Sykes moved the adoption of the substitute Resolution 56RC.

The Speaker asked for the financial implication of Resolution 56RC.

Dr. Mark Feldman, ADA treasurer, indicated that the financial implication is \$99,700.

Dr. Mark R. Zust, Missouri, moved to amend Resolution 56RC by deleting the words "if feasible" and adding at the end of the resolution the words "with a report to the 2005 House of Delegates and to be implemented no later than the 2005 House of Delegates."

Dr. Zust said, "The time to do this is now. It is not later. We already know that it is feasible. We have already spoken to staff at the ADA. They are excited about doing this. The financial implication that our

Treasurer just gave you is the financial implication of this modified version. It is Internet. It is quick information. It is getting the things to your legislators that we need to get to them. It will be well worth the money spent. I encourage you to support this amendment."

Dr. Robert S. Roda, Arizona, questioned the financial implication suggesting that the implementation of the program would not be as costly as reported.

Mr. Robert L. Owens, associate executive director, Information Technology, Standards and Salable Materials, explained how the financial implication was determined.

A delegate asked if adopted, would the system eliminate the need for the annual leadership conference and would it alleviate expenses that states are currently incurring.

The Speaker reported that the answer was "no."

Dr. Zust said, "The House needs to listen to what staff is saying and, in particular, the words that I heard 'worst case scenario.' What your staff doesn't want to do is, your staff doesn't want to underestimate what it is going to cost just in case there are bigger costs than what they expect. I also am under the impression that the true costs will come out to be a lot less than that....I think the cost will be a lot less, but I think even at the cost he stated, the program is still going to be well worth the money. I think we need to vote 'yes' on this."

A delegate speaking on the financial implication of Resolution 56, said, "The House is currently looking at a resolution that has a large financial impact. The numbers that are posted on the slide on the sides of the House that tell us that we have reserves available to cover that expense, I don't believe are accurate. It is my understanding that the Board of Trustees has met at lunch and has voted to authorize \$1.5 million from reserves for funding any deficit."

Dr. Mark Feldman said, "If you will recall when I gave you the address this morning, I thought that I kind of clearly indicated to you that these were a guideline for you to know what the projected surplus was for the year 2004 and what you would be comfortable with before you started to impact upon your reserves. I also urged you to consider any resolution with a financial implication not on the basis of how much money is on that screen but what you perceived the value is to this association. I also indicated that there was a very good possibility that we would be able to fund any deficit you came with out of the reserves. The Board of Trustees met during the lunchtime hour to determine a resolution that would authorize me to let you know how much they were prepared to fund. That also, from them right now, is a guideline, but it is, at this point, to give us a little leeway here at the stage that they authorized up to \$1.5 million. I would still not tell you that that should hinder you. You, as the supreme governing body, have access to the funds of this Association and you should debate on that basis, not what is on that screen and how much is available."

Dr. Cesar R. Sabates, Florida, requested that the financial slide either be changed to indicate the amount of reserves that the House has to deal with or remove the slide since the information is misleading to the House.

A delegate moved to refer Resolution 56RC to the Board of Trustees or the appropriate agency for further study and clarification of the financial implication.

Dr. Gerald Gelfand, California, spoke against the motion to refer.

Dr. Howard E. Fisher, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the motion to refer was defeated.

A motion was made to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the proposed amendment to Resolution 56RC was adopted.

Dr. Jane Grover, Michigan, chair, American Dental Political Action Committee, spoke in support of Resolution 56RC as amended.

Dr. Robert E. Butler, Missouri, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 56RC as amended was adopted.

**56H-2004. Resolved**, that the Board of Trustees explore and implement an electronic grassroots contact system after determining the issues related to deploying such a tool with a report to the 2005 House of Delegates and to be implemented no later than the 2005 House of Delegates.

**Seating of the ASDA Delegates in the ADA House of Delegates** (American Student Dental Association Resolution 60 and Reference Committee Resolution 60RC): The Reference Committee reported as follows.

The Committee heard positive and negative testimony in regards to this Resolution. The Committee supports the American Student Dental Association sitting as a single delegation. The Committee also felt that it is important for the ASDA Representatives to contact their trustee districts and to arrange to participate in the caucuses, which is an essential part of the legislative process.

Dr. Sykes moved that Resolution 60RC be substituted for Resolution 60 (*Supplement:6121*).

Dr. Ryan Monti, ASDA, commented on the intent of the resolution. He said, "We felt that...we have five delegates here representing 17,800 members, and we feel it is very important that we be able to sit together on the floor of this House and to consider the numerous amendments, as we have seen through the course of today that come up during the course of the House. We feel it is important that those five delegates have the opportunity to converse about those amendments and decide how this would impact those 17,800 members that we represent, and so I would urge the House to allow us to sit as a delegation."

Dr. John Sweeney, ASDA, spoke in support of the substitute Resolution 60RC.

On vote, Resolution 60RC was substituted for Resolution 60.

Dr. Sykes moved the adoption of the substitute Resolution 60RC.

Dr. Sweeney, ASDA, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 60RC was adopted.

**60H-2004. Resolved**, that the "Rules of the House of Delegates" printed in the *Manual of the House of Delegates* be amended so the last paragraph of the section titled "Seating of Delegations" reads as follows:

Delegates representing the American Student Dental Association shall be seated as a single delegation along with the president and executive director of ASDA.

and be it further

**Resolved**, that the ASDA representatives shall contact the trustee districts in which their dental schools are located and arrange to participate in their district caucuses, and be it further

**Resolved**, that implementation of the foregoing amendments shall take effect with the 2005 House of Delegates.

**Support for Adult Medicaid Dental Services** (Thirteenth District Resolution 62): The Reference Committee reported as follows.

The Reference Committee heard testimony in support of this resolution. However, many supporters of the resolution also had concerns that seeking federal support for an adult Medicaid Program might undermine funding for an already under funded children's Medicaid Program. The Committee supports this resolution with the understanding that the Association will continue to actively support sufficient funding for the entire Medicaid Program.

**62. Resolved**, that the ADA adopt policy supporting the inclusion of adult dental services in the federal Medicaid program, and be it further

**Resolved**, that the ADA take every opportunity to educate policy makers that, consistent with ADA's position on health system reform (*Trans.1993:664; Trans.1994:656*) oral health is an integral part of overall health, and be it further

**Resolved**, adult coverage under Medicaid should not be left to the discretion of individual states but rather, should be provided consistent with all other basic health care services.

Dr. Sykes moved the adoption of Resolution 62 (*Supplement:6124*).

Dr. Michael D. Vaclav, Texas, moved to amend Resolution 62 by deleting the third resolving clause. Dr. Vaclav said, "The third resolving clause is...a mandate for the states. And I don't think we want to do that. Speaking from a Texas perspective, we only see children, children Medicaid. Our program is absolutely terrible and under funded. We would like to get that program where it is halfway decent before we start taking on another program. We would rather have one good program than two programs that do not work at all. ...And to mandate a program to us at this time will kill the children's program and make a really lousy adult program, as well, and it is not appropriate for our state."

Dr. Gerald Gelfand, California, speaking against the proposed amendment, said, "This resolution, as well pointed out by the Reference Committee, is not about excluding pediatric Medicaid coverage. It is just about

making a policy statement in favor of adult Medicaid coverage.

On vote, the proposed amendment was defeated.

On vote, Resolution 62 was adopted.

**62H-2004. Resolved**, that the ADA adopt policy supporting the inclusion of adult dental services in the federal Medicaid program, and be it further **Resolved**, that the ADA take every opportunity to educate policy makers that, consistent with ADA's position on health system reform (*Trans.* 1993:664; *Trans.* 1994:656) oral health is an integral part of overall health, and be it further **Resolved**, adult coverage under Medicaid should not be left to the discretion of individual states but rather, should be provided consistent with all other basic health care services.

**Continuation of the Alaska Native Oral Health Care Access Task Force** (Eleventh District Resolution 66 and Board of Trustees Resolution 66B): The Reference Committee reported as follows.

The Reference Committee agrees with the Board of Trustees that it is important to continue the Alaska Native Oral Health Access Task Force through 2005. It is also appropriate that the Task Force be redesigned consistent with the needs of the Association as defined by the President of the ADA.

**66B. Resolved**, that an Alaska Native Oral Health Care Access Task Force, constituted by the President, be funded for one more year.

Dr. Sykes moved that Resolution 66B be adopted in lieu of Resolution 66 (*Supplement*:6130).

On vote, Resolution 66B was adopted in lieu of Resolution 66.

**66H-2004. Resolved**, that an Alaska Native Oral Health Care Access Task Force, constituted by the President, be funded for one more year.

**Diagnosis or Performance of Irreversible Dental Procedures by Non-dentists** (Eleventh District Resolution 67 and Reference Committee Resolution 67RC): The Reference Committee reported as follows:

The Reference Committee received testimony at the hearing indicating that many members were interested in making it clear that the Association should take appropriate legislative and judicial action to ensure that nondentists do not engage in the diagnosis or performance of irreversible dental procedures. The Reference Committee agrees with that sentiment. However, the Committee is also sensitive to the fact that the Association must maintain flexibility in determining under what circumstances it may elect to seek legal redress.

**67RC. Resolved**, that the American Dental Association by all appropriate federal legislative and feasible judicial means resist any effort compromising the quality of dental health care services by allowing any non-dentist to diagnose or perform irreversible dental procedures.

Dr. Sykes moved that Resolution 67RC be substituted for Resolution 67 (*Supplement*:6131).

On vote, Resolution 67RC was substituted for Resolution 67.

Dr. Sykes moved the adoption of the substitute Resolution 67RC.

Dr. Edwin D. Secord, Michigan, suggested that Resolution 67RC was moot and commented, "I cannot believe that the American Dental Association does not have policy on the books preventing non-dentists to diagnose and perform irreversible dental procedures. And that is the meat of the resolution, and I am sure it is already on our books."

Dr. Albert Guay, chief policy advisor, indicated that there is no policy, only a definition about reversible or irreversible procedures.

Dr. Randall H. Ogata, Washington, moved to amend Resolution 67RC, in the first resolving clause, by deleting the word "feasible," and after the word "procedures" adding the phrase "except as otherwise authorized by state law in reference to physicians." Speaking on the amendment, Dr. Ogata said, "It is time that we address this issue now before it gets out of hand. We could always make policy afterwards, but that's like closing the gate after the horses are out of the barn."

Dr. Joseph P. Crowley, Ohio, a member of the Reference Committee, said, "At the time that we wrote this, we did not understand that we could legally eliminate 'feasible' or we would have done that."

Dr. Thomas J. Hughes, Wisconsin, questioned whether the proposed amendment could be split and the addition and deletion considered separately.

Dr. N. Tyrus Ivey, Georgia, objected to dividing the amendment.

On vote, the request to divide the proposed amendment was defeated.

On vote, the proposed amendment was adopted.

Dr. Hughes, requested a financial implication for the amended resolution.

Mr. Peter Sfikas, ADA chief counsel said, "This resolution has the word 'appropriate' in it; 'appropriate federal legislative and judicial means.' So that it would be an analysis done by the in-house counsel to determine the way in which we would take this matter."

On vote, Resolution 67RC as amended was adopted.

**67H-2004. Resolved**, that the American Dental Association by all appropriate federal legislative and judicial means resist any effort compromising the quality of dental health care services by allowing any nondentist to diagnose or perform irreversible dental procedures except as otherwise authorized by state law with reference to physicians.

**Medicaid "Super Waivers" and State Plan Modifications** (Seventeenth District Resolution 75 and Board of Trustees Resolution 75B): The Reference Committee reported as follows.

There was no testimony offered on this Resolution. The Committee supports the Board's recommendation.

Dr. Sykes moved that Resolution 75B (*Supplement:6134*) be adopted in lieu of Resolution 75 (*Supplement:6133*).

On vote, Resolution 75B was adopted in lieu of Resolution 75.

**75H-2004. Resolved**, that appropriate agencies of the ADA develop draft parameters governing the allowable scope of state plan amendments and/or waivers under the federal Medicaid program for approval by the Board of Trustees prior to lobbying Congress and the federal agencies.

**Lobbying Expenditures** (Third District Resolution 85): The Reference Committee reported as follows.

The Reference Committee appreciates the sentiment behind this resolution and understands the commitment to advocacy put forth by the resolution. The ADA's 2000 Membership Needs Opinion Survey referenced in the resolution only asked the membership about a limited subset of activities undertaken by the ADA, and not the over 500 programs that the ADA does every year.

At the same time, the resolution compares information taken from ADA lobbying estimate which only counts direct lobbying activities as defined by law, and does not include all of the other activities that the Association undertakes to undergird ADA's legislative and regulatory advocacy efforts. For instance, all the work that was done in Science to develop the BMPs is not counted for budgetary reasons under the direct lobbying expense account, but the fact that the ADA has the BMPs has enhanced the regulatory advocacy with the EPA. The surveys that are done in the Survey Center give the ADA important information that is also used in ADA's advocacy efforts. And the work of other agencies of the Association should not be forgotten.

Finally, the Reference Committee understands that there are many new initiatives in the Government Affairs budget this year, including one to help develop a Senate champion, that address this issue. The Reference Committee believes that the Board is fully cognizant of the membership's desire to have the best legislative and regulatory representation to meet the profession's needs, and the Reference Committee is confident that the Board and Executive Director will take appropriate action if and when more resources are needed to meet any new challenges.

For these reasons, the Reference Committee recommends that Resolution 85 not be adopted.

**85. Resolved**, that in developing budget recommendations for 2006, the appropriate ADA agencies should critically look at their mission and what resources would be necessary to improve ADA's influence in the legislative/regulatory arena.

Dr. Sykes moved Resolution 85 (*Supplement:6145*).

Dr. John W. Staubach, Pennsylvania, spoke in support of Resolution 85. He said, "This resolution calls for a study of how we can best increase our effectiveness in the legislative arena, and there is always room...for improvement in any effort that this association does, and particularly in the legislative area. We need to keep our

ATLs and our grassroots effort better apprised of potential legislative issues that appear on the horizon. Witness, if you will, the recent Alaska issue. Witness...the recent taxation of certain dental services within one of our states. All these things should come to our action team leaders and grassroots effort and help promote our effectiveness."

Speaking in support of Resolution 85 were Dr. Samuel E. Selcher, Pennsylvania, and Dr. Eugene J. McGuire, Pennsylvania.

Dr. Jane Grover, ADPAC chair, speaking against the resolution, said, "I speak against it, because I think that we are doing this on an ongoing basis. And I think to have a separate resolution for this—and no one is more passionate about doing this than the ADPAC Board—but I just feel that this resolution is somewhat redundant."

On vote, Resolution 85 was defeated.

#### **Amendment of the ADA Bylaws Regarding Expanding Membership on Standing and Reference Committees**

(Board of Trustees Resolution 21): A request had been made to remove Resolution 21 from the consent calendar. Dr. Sykes moved the adoption of Resolution 21 (*Supplement:6006*).

**21. Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 140. COMMITTEES, Subsection D. REFERENCE COMMITTEES, subsection a. COMPOSITION, of the ADA *Bylaws* be amended by deleting the word and parenthetical "eight (8)" (line 1522) and substituting in their place the word and parenthetical "nine (9)", so the amended subsection a reads as follows (new language underscored, deletions stricken through):

#### D. REFERENCE COMMITTEES.

a. COMPOSITION. Reference committees, consisting of ~~eight (8)~~ nine (9) members from the officially certified delegates and alternate delegates, shall be appointed by the President at least sixty (60) days in advance of each annual session.

and be further

**Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 140. COMMITTEES, Subsection B. COMMITTEE ON CREDENTIALS, RULES AND ORDER, subsection a. COMPOSITION, of the ADA *Bylaws* be amended by deleting the word and parenthetical "eight (8)" (line 1493) and substituting in their place the word and parenthetical "nine (9)," so the amended subsection a reads as follows (new language underscored, deletions stricken through):

#### B. COMMITTEE ON CREDENTIALS, RULES AND ORDER.

a. COMPOSITION. The Committee, consisting of ~~eight (8)~~ nine (9) members from the officially certified delegates and alternate delegates, shall be appointed by the President at least sixty (60) days in advance of each session.

Dr. Richard A. Weinman, Georgia, moved to amend Resolution 21 by deleting the number "nine" and adding in its place the number "ten." Dr. Weinman said, "In an



effort to increase the efficiency of the reference committee process, the Speaker of the House of Delegates reduced the number of committees from seven to five. This change reduced the number of committee members from 56 to 45. The Fifth District feels the reference committee process is an important venue for participation at the ADA level. But we are also sensitive to the size a committee can be and still be effective. We, therefore, want to increase the reference committees' size from nine to ten members. This would allow more participation in this important process without hindering committee functions."

On vote, the proposed amendment was defeated.

On vote, Resolution 21 was adopted by a two-thirds (2/3s) majority.

**21H-2004. Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 140. COMMITTEES, Subsection D. REFERENCE COMMITTEES, subsection a. COMPOSITION, of the ADA *Bylaws* be amended by deleting the word and parenthetical "eight (8)" (line 1522) and substituting in their place the word and parenthetical "nine (9)", so the amended subsection a reads as follows (new language underscored, deletions stricken through):

D. REFERENCE COMMITTEES.

a. COMPOSITION. Reference committees, consisting of ~~eight (8)~~ nine (9) members from the officially certified delegates and alternate delegates, shall be appointed by the President at least sixty (60) days in advance of each annual session.

and be further

**Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 140. COMMITTEES, Subsection B. COMMITTEE ON CREDENTIALS, RULES AND ORDER, subsection a. COMPOSITION, of the ADA *Bylaws* be amended by deleting the word and parenthetical "eight (8)" (line 1493) and substituting in their place the word and parenthetical "nine (9)," so the amended subsection a reads as follows (new language underscored, deletions stricken through):

B. COMMITTEE ON CREDENTIALS, RULES AND ORDER.

b. COMPOSITION. The Committee, consisting of ~~eight (8)~~ nine (9) members from the officially certified delegates and alternate delegates, shall be appointed by the President at least sixty (60) days in advance of each session.

**Dentists for Rural Alaska Native Villages:** President Sekiguchi called attention to a memo that was distributed in the House seeking volunteers to help provide access to dental care to Alaska Natives in rural villages. Dr. Sekiguchi asked interested individuals to provide the ADA Washington Office with their contact information.

**Adjournment:** Dr. Thomas R. a'Becket, Maryland, moved to adjourn the Third Meeting of the House of Delegates. On vote, the Third Meeting of the House adjourned at 5:02 p.m.

**Tuesday, October 5, 2004**

**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. J. Thomas Soliday, Maryland.

**Report of the Committee on Credentials, Rules and Order:** Dr. Elaine Stefanowicz, chair, announced that no further requests had been received regarding credentialing, and announced the presence of a quorum.

**Introduction of the Chair of the Council on ADA Sessions:** Dr. John S. Olmsted reported on the success of the 145<sup>th</sup> ADA Annual Session.

**Special Order of Business  
Installation of the New Officers and Trustees**

**Recognition of Retiring Officers and Trustees:** The speaker recognized the following retiring ADA officers and trustees:

Dr. John E. Roussalis, II, first vice president  
Dr. William D. Powell, trustee, Sixth District  
Dr. Lloyd J. Hagedorn, trustee, Seventh District  
Dr. T. Carroll Player, trustee, Sixteenth District  
Dr. Clifford Marks, trustee, Seventeenth District

The continuing officers and members of the Board of Trustees were introduced:

Dr. Jeanne P. Strathearn, trustee, First District  
Dr. G. Kirk Gleason, trustee, Second District  
Dr. Ronald B. Gross, trustee, Third District  
Dr. Bernard K. McDermott, trustee, Fourth District  
Dr. Zack D. Studstill, trustee, Fifth District  
Dr. Perry K. Tuneberg, trustee, Eighth District  
Dr. Kathleen Roth, trustee, Ninth District  
Dr. Michael E. Biermann, trustee, Eleventh District  
Dr. Frank C. Grammer, trustee, Twelfth District  
Dr. Roddy N. Feldman, trustee, Thirteenth District  
Dr. Joel F. Glover, trustee, Fourteenth District  
Dr. John S. Findley, trustee, Fifteenth District  
Dr. Ronald D. Bushick, vice president  
Dr. Mark J. Feldman, treasurer  
Dr. James B. Bramson, executive director  
Dr. J. Thomas Soliday, speaker of the House of Delegates

**Introduction of New Officers and Trustees:** The following new officers and trustees were introduced:

Dr. Charles L. Smith, trustee, Sixth District  
Dr. Jeanne M. Nicolette, trustee, Seventh District  
Dr. Kathryn A. Kell, trustee, Tenth District  
Dr. Ronald L. Tankersley, trustee, Sixteenth District  
Dr. Donald I. Cadle, Jr., trustee, Seventeenth District  
Dr. Robert T. Ferris, second vice president

**Presentation to Dr. Eugene Sekiguchi:** The Speaker presented Dr. Sekiguchi with the insignie of the office of past president and a certificate of appreciation.

**Installation of Officers:** Dr. Sekiguchi installed Dr. Robert M. Brandjord, Minnesota, as ADA president-elect.

Dr. Richard Haught was installed as ADA president by Dr. Sekiguchi.

Dr. Sekiguchi then installed Dr. Robert Ferris, Dr. Thomas Soliday and the incoming trustees.

The installation ceremony concluded after the members of the House pledged their support by accepting assignments when called upon, by bringing forward the opinions and concerns of the members in their districts, and by engaging in open and honest debate on issues.

**Presentation of Dr. Richard Haught:** Following the installation of the officers and trustees, Dr. Haught addressed the member of the House. Highlighted in his remarks were the establishment of a task force to look at workforce issues and productivity within the dental team; support for dental education through the National Fund for Dental Education; and the relationship with the dental insurance industry. Furthermore, he identified future challenges, including membership growth; identifying emerging issues and responding proactively; prioritization of the PAC and grassroots legislative initiatives; and Association finances.

**Recognition of Retiring Delegates and Alternates:** The Speaker asked the retiring members of the House of Delegates to stand and be recognized for their service to the Association and the profession.

**Introduction of the Chair of the American Dental Political Action Committee:** Dr. Jane Grover reported on increasing membership of ADPAC, and the success of the 2004 Washington Conference, which had the highest ever recorded attendance. She also commented on the organized grassroots activity involving Alaska and pledged that ADPAC would continue to enhance and refine its advocacy efforts.

**Introduction of the President of the ADA Foundation:** Dr. Arthur A. Dugoni, president, ADA Foundation, provided an update on the Foundation's activities to address the challenges facing the future of dental education in America. Dr. Dugoni also thanked the House of Delegates for participating in the Foundation's Annual Fund Giving Challenge, the goal being 100% House participation.

**U.S. House of Representatives Recognition of Give Kids A Smile (GKAS) Program:** Dr. James B. Bramson announced that the U.S. House of Representatives adopted H.R. 567, which honored the Give Kids A Smile program. The bill was sponsored by Representative Eric Cantor (R-VA) and was co-sponsored by dozens of members of Congress from both parties. In the bill, the House of Representatives congratulates the American Dental Association for establishing and continuing its sponsorship of the GKAS program, and thanks the thousands of dentists, dental hygienists, dental assistants and others who volunteered their time, as well as acknowledges and thanks the corporate sponsors for their generous support.

## New Business

The Speaker announced that the House would resume its regular business.

**State Legislation Regarding Tongue Splitting** (Ninth District Resolution 92): The Speaker indicated that there was a previous question whether Resolution 92 (*Supplement:7000*) had been withdrawn. A member of the Ninth District confirmed that the resolution had been withdrawn. Hearing no objection, the Speaker declared Resolution 92 withdrawn.

**Concept of "Dental Home"** (Thirteenth District Resolution 93): Dr. Myron J. Bromberg, California, moved Resolution 93 (*Supplement:7001*).

**93. Resolved**, that the appropriate ADA agency(ies) explore the use of the term "dental home," and be it further **Resolved**, that this agency, if appropriate, develop a definition for this term, and be it further **Resolved**, that such definition be reported to the 2005 House of Delegates.

Commenting on the resolution, Dr. Bromberg said, "[The] Reference Committee on Dental Benefits was very interesting. We talked about the dental home. Few, if any, knew about the dental home, knew what dental home was, yet the dental home was mentioned and two resolutions were referenced by that dental home. In my totally unscientific poll of delegates and people in that reference committee, only one could give me a smattering of information as to what he thought the dental home was. Yet that is a term that is being used today. It is a term that is being developed, and it is a term that has consequences for us and most in this room, I dare say, don't have a clue about what the term means. It is derived from medical home, a word that has been used in medicine for year to talk about infants, children and adolescents and the arena in which they receive care, those with special needs. The problem in dentistry is that it is being used by different agencies to mean different things. The dental home could be the dental office, it could be an independent practicing hygienist's office, it could be a community clinic, it could be a repository of data on that child or that adult. ...I strongly feel that the American Dental Association has to be the agency that determines the definition of a dental home."

A member of the Reference Committee on Dental Benefits, Practice, Science and Health agreed that a "...definition is needed and would have been helpful to our deliberations this year."

Dr. Joseph F. Hagenbruch, Illinois, and another delegate spoke in support of Resolution 93.

Dr. Dale A. Nester, Michigan, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 93 was adopted.

**93H-2004. Resolved**, that the appropriate ADA agency(ies) explore the use of the term "dental home," and be it further

**Resolved**, that this agency, if appropriate, develop a definition for this term, and be it further

**Resolved**, that such definition be reported to the 2005 House of Delegates.

**ERISA Reform** (First District Resolution 94): Dr. Joseph R. Kenneally, Maine, moved Resolution 94 (*Supplement:7002*).

**94. Resolved**, that the appropriate agency of the ADA develop an action plan for federal legislation in support of changes to ERISA law pertaining to the assignment of benefits and coverage for needed hospital services for the treatment of dental disease under general anesthesia in children and report to the 2005 House of Delegates.

Dr. Kenneally said, "We have a number of policies promoting ERISA reform, but to date, we haven't seen too much federal legislation to make the changes happen and we would like to see a level playing field."

Dr. Michael S. Higgins, Illinois, moved to amend Resolution 94 by adding after the word "hospital," the words "and dental facility." He said, "It is critical that we not overlook other effective venues. A vast majority of anesthesia services are provided in the dental office in safe, effective, convenient and economical fashion by a wide variety of very qualified providers, such as pediatric dentists, general dentists, oral surgeons, dentists and physician anesthesiologists. We need to avoid an artificial system that promotes more expensive access to care versus more convenient, less costly access to care, thereby wasting precious health care dollars."

On vote, the motion to amend Resolution 94 was adopted.

Dr. Higgins urged support for the amended Resolution 94.

Dr. Gerald Gelfand, California, moved to further amend Resolution 94 by deleting after the words "ERISA law," the words "pertaining to the assignment of benefits and coverage for needed hospital and dental facility services for the treatment of dental disease under general anesthesia in children." Dr. Gelfand said, "There are many problems with ERISA. Whether we can make changes, of course, remains to be seen. I'd rather not confine this if we are going to look at reforms of ERISA. Let's keep the door open and look at all of ERISA."

Dr. Edward S. Mehlman, Rhode Island, spoke against the proposed amendment. He said, "We have one full page in our policy book now on policy that the ADA has regarding ERISA. And that entire full page of policy has led us nowhere. So I think we should specifically tell the Washington Office what we want them to look at and not just make it so general that they are going to come back with a report regarding all of ERISA next year."

Speaking in support of the proposed amendment, Dr. Myron J. Bromberg, California, said, "I am totally in favor of that amendment, because anything that will help us look at ERISA and...pay more attention to the fact that ERISA is hurting our patients, as well as making it so easy for carriers to circumvent state laws, I am in favor of."

Dr. Michael S. Higgins, Illinois; Dr. Byran C. Edgar, Washington; and Dr. Mark R. Zust, Missouri, 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 (2/3s) majority.

On vote, the proposed amendment was defeated.

Dr. Zust moved to amend Resolution 94 by deleting the word "pertaining" and inserting in its place the words "including but not limited."

Dr. Bromberg supported the proposed amendment.

On vote, the proposed amendment was adopted.

On vote, Resolution 94 as severally amended was adopted.

**94H-2004. Resolved**, that the appropriate agency of the ADA develop an action plan for federal legislation in support of changes to ERISA law including but not limited to the assignment of benefits and coverage for needed hospital and dental facility services for the treatment of dental disease under general anesthesia in children and report to the 2005 House of Delegates.

**Amendment of Policy on Insurance Benefits for Posterior Direct Resin Restorations** (First District Resolution 95): Dr. Edwin S. Mehlman, Rhode Island, moved Resolution 95 (*Supplement:7003*).

**95. Resolved**, that the words "and should be recognized and reimbursed by third-party carriers and a separate and distinct procedure" be deleted from Association policy statement found in *Current Policies—Adopted 1954-2003* (*Trans.2003:362*), so that the policy reads as follows:

**Insurance Benefits for Posterior Direct Resin Restorations (2003:362)**

**32H-2003. Resolved**, that posterior direct resin restorations are an appropriate treatment option for dentists and their patients.

Dr. Edward S. Mehlman said, "What this pertains to is, in our section of the country, especially in my state of Rhode Island, where over 50% of the people in Rhode Island are insured by either Delta or Blue Cross, it is almost incumbent upon the practitioner to become a participating member of that plan. So 95% of the dentists in my state are participating dentists in these plans, because all the patients that come into their offices have the plans. If we push for those insurance companies to recognize and pay for posterior composites, if my fee for a two surface posterior composite is \$195 and they determine that the fee they are going to pay is \$100, \$100 is all I can collect. But if they don't recognize and pay for posterior composites and they downgrade that to a posterior amalgam and pay \$55, I can collect the balance of my usual and customary fee. I am an endodontist, and this really does not affect me in any way, but my general practitioner friends are telling me that if our Delta and Blue Cross start to pay for posterior composites, it is going to literally mean thousands and thousands of dollars out of their practices."

Dr. Michael L. Stuart, Texas, spoke in support of the resolution but stated that he did not like the reasons for the resolution included in the background statement.

Dr. Mary Krempasky Smith, Washington, moved to amend Resolution 95 by deleting the words “for dentists and their patients.”

On vote, the proposed amendment was adopted.

Dr. Bruce B. Wright, Delaware, said, “I think we are spinning our wheels. How in the world are we going to convince an insurance company to do anything.”

Dr. Michael D. Vaclav, Texas, speaking against the amended resolution, said, “As was stated earlier, the policy of the American Dental Association covers this anyway, and if we start setting the precedent for every treatment that we think is an appropriate treatment needs to be in a resolution form, I think we have...some real problems. ...I do not think it will help the insurance company or make a difference. That is a relationship between the employer and the insurance company as to what they will or will not cover. That’s the avenue to go for change.”

Dr. Thomas J. Machnowski, Illinois, also spoke against the amended resolution, stating, “I understand regional concerns are a big issue. However, I also think that...if you’re in a contract or you’re in a network or you’re participating in a plan, you ought to examine that plan, and perhaps not participate.”

Dr. Krempasky Smith, after requesting clarification of the effect of the pending resolution on ADA policy, moved to substitute for the pending motion, a motion to rescind Resolution 32H-2003 (*Trans.*2003:362). Speaking on the motion to rescind, Dr. Smith said, “It is improper, in my way of thinking, that we do, indeed, delineate one procedure above all others as saying, okay, you can do this one. That is just not good policy for the Association.”

Dr. Machnowski said, “The spirit of the resolution last year was to avoid downcoding, which often occurs when submitting a claim for a posterior composite. And it was our feeling at the time that you should be paid for what you do, not for what they say you should have done.”

Dr. Vaclav spoke in support of the motion to rescind.

Dr. James Bramson, provided background on Resolution 32H-2003. He said, “I do think there is another issue that you should at least consider. I believe last year when this policy was approved, we also had issues and concerns about whether the Association had statements about appropriateness of the kinds of materials that are used. ...One of the issues that surrounded the presence of this particular policy was so that we could point to the fact that there are lots of different materials that we all believe are appropriate to be used posteriorally. By rescinding this, I just would like you to make sure that you consider whether that is some tacit support or greater support for the use of amalgam versus a composite material because you have taken this piece of policy off.”

Dr. Edwin S. Mehlman, Rhode Island, spoke against the motion to rescind.

Dr. Bryan C. Edgar, Washington, spoke in support of the motion.

Dr. Robert Peskin, New York, questioned the Speaker regarding the parliamentary use of the motion to rescind.

The Speaker explained his reasons for accepting the motion.

Speaking against rescinding Resolution 32H-2003 were Dr. T. Bob Davis, Texas; Dr. Samuel E. Selcher, Pennsylvania; and Dr. Alan B. Moore, Texas.

Dr. Moore moved to refer Resolution 95 to the appropriate agency.

Dr. Mark S. Chaney, Louisiana, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 95 as amended was referred to the appropriate agency.

#### **Regulation Change to Allow Review and Comment Prior to the Designation of Dentally-Underserved**

**Areas** (Fourteenth District Resolution 96): Dr. Thomas J. Schripsema, New Mexico, moved Resolution 96 (*Supplement*:7004).

**96. Resolved**, that the appropriate ADA agencies seek legislation or rules changes that require information and data used for designation and re-designation of dentally-underserved areas, including determination of the location of a publicly-funded dental health center to serve that area, be made available to interested parties for comment and review prior to that designation or re-designation.

Dr. Schripsema said, “This resolution is fairly simple, and it is asking that the ADA seek legislation or rules changes that would make this a more cooperative process, that would allow local parties of interest to dialogue and have some input prior to the establishment of a dentally underserved area or locating a publicly funded clinic. And we think that by opening up that dialogue, that would allow us to communicate with those parties and make a better decision about placement and location of these entities.”

Dr. Paul A. Gosar, Arizona, said, “We have had this problem in Arizona in regards to at least achieving some type of input to federally funded health centers. In fact, we went through a redesignation in which we worked in our state in a ploy with the Department of Oral Health when you’re promised information as to the generation of these numbers. Once the numbers were generated, once the survey was taken, they refused to give us the numbers and even to the Department of Oral Health. We just need to have some standing policy in which to have freedom and access to this information.”

Dr. Samuel E. Selcher, Pennsylvania, moved to refer Resolution 96 to the appropriate agency for report to the 2005 House of Delegates. He said, “I think it is ridiculous at the ninth hour to come up with resolutions for legislation and regulation, which are complex. We have avoided the whole reference committee process. ...I think it is appropriate for us to refer it and put it in the normal process.”

Dr. Lawrence R. Lawton, Washington, spoke in support of Resolution 96. He said, “In our state we have a number of federally qualified health centers that are right down the street from our dentists in the smaller communities, and they are taking patients away from these dentists, and the dentists are very upset. This would help us figure out how they got those patients and where they are going.”

Dr. Susan B. Goodman, Maryland, spoke in support of referral.

Dr. Scott D. Lingle, Minnesota, spoke against the motion to refer Resolution 96.

Dr. Richard A. Huot, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 96 was referred to the appropriate agency for report to the 2005 House of Delegates.

**Dental Schools Outside the United States and Canada** (First District Resolution 97): Dr. Joseph R. Kenneally, Maine, announced that the First District wished to withdraw Resolution 97 (*Supplement:7005*).

Dr. Charles E. Albee, New Hampshire, asked if the House could be given an appropriate definition of an international dental school.

Dr. James Bramson responded, "Since we recognize dental schools in the United States and we have a reciprocal agreement with the accrediting agency in Canada, there are really only two countries that we do recognize those schools in. So while this particular definition here was withdrawn, the only two countries for which we are doing any activity in or recognize any of those folks would be the United States and Canada. I would assume that anything outside of those two would be outside of the recognized agreements that we have. If you want to term those an international dental school, I suppose that you could."

Dr. Herman A. Rodriguez-Olagast, Puerto Rico, indicated that U.S. territories should be included with the dental schools in the United States and Canada, since the Puerto Rico Dental School has been fully accredited since 1957.

**Responsibility for the Oral Health of Patients** (First District Resolution 98): Dr. Joseph R. Kenneally, Maine, moved Resolution 98 (*Supplement:7006*).

**98. Resolved**, that a dentist must have the primary responsibility for the oral health of each patient, regardless of the provision of some preventive or educational services by medical personnel.

Dr. Kenneally said, "We heard this statement over and over again in reference committee...we don't believe it is clearly addressed in Resolution 32RC or elsewhere in ADA policy. ...It is a very simple and important statement of policy at a time when many others are poised to take away responsibility that is truly ours. And I urge the House to consider this and vote in its favor."

Since the resolution was introduced at the last meeting of the House, the Speaker requested a vote of the House to permit the introduction of Resolution 98.

By a two-thirds (2/3s) majority vote, Resolution 98 was permitted to be introduced by the First District.

Dr. Donald O. Nordstrom, Montana, moved to amend Resolution 98 by adding after the words "oral health" the word "care" and by deleting the words "medical personnel" and replacing them with the words "non-dental personnel." Dr. Nordstrom said, "The reasoning for the first amendment is, I'm not willing to assume the ownership of the individuals' oral health, but I think we should be responsible for their care. And the second part would be that I think using the term "non-dental" is far more inclusive."

On vote, the proposed amendments were adopted.

Dr. Stephen J. Jaworski, Pennsylvania, moved to amend by substituting the word "non-dentists" for "non-dental personnel." Dr. Jaworski said, "It would solve the problem that was just raised by hygienists with independent practice, because while they are dental personnel, they aren't dentists. So if we would change that to 'non-dentists,' it would make it that the dentist would assume responsibility for the oral health care of each patient—would make that very clear."

The Speaker ruled the amendment out of order since the amendment is similar to the one previously voted by the House. The House would therefore be voting twice on the same thing.

Dr. Jaworski appealed the ruling of the Chair.

Dr. Ray F. Gist, Michigan, moved to refer.

The Speaker indicated that the motion to refer was not in order at this time.

Dr. Mary J. Hayes, Illinois, supported the use of the term "non-dentists."

The Speaker withdrew his objections to the proposed amendment.

Dr. T. Bob Davis, Texas, spoke in support of the proposed amendment.

A motion was made to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the proposed amendment was adopted.

Dr. Edwin D. Secord, Michigan, moved to refer Resolution 98 as amended. He said, "I think this last minute effort on the part of some districts to bring things in and avoid the reference committee process is below the screen here. It is below the dignity of this House, and I speak against this tactic, and I would hope that we don't see this again next year."

Dr. Edwin S. Mehlman, Rhode Island, spoke against the motion to refer. He said, "We passed resolutions regarding cavity varnish that allow physicians or their nursing assistants in their office to do certain things to patients, and the one resolution that had a resolving clause in there that said we still have the primary responsibility, we called moot, and we just got rid of it. We have to have something in our policy this year that goes along with those resolutions that we passed regarding cavity varnish. And so I would ask you not to refer it."

Dr. Robert D. Richards, Michigan, spoke in support of referral.

Dr. Hayes spoke against referral, stating "I would prefer to deal with this matter now and not delay it."

Dr. Alphonse J. Homicz, New Hampshire, said, "It's important that you realize that this does not circumvent the reference committee. This, indeed, did come before the reference committee and was supported by the reference committee, and indeed is the one thing that focuses on bringing everybody back to the dentist for primary responsibility."

A motion was made to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, the motion to refer Resolution 98 as amended was defeated.

Dr. Joseph F. Hagenbruch, Illinois, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 98 as amended was adopted.

**98H-2004. Resolved,** that a dentist must have the primary responsibility for the oral health care of each patient, regardless of the provision of some preventive or educational services by non-dentists.

**Financial Update:** Dr. Mark Feldman reported that based on the deliberations of the House, an additional \$464,100 in additional programs and services were added to the original deficit of \$671,100 for a total deficit of \$1,135,200. (Of the \$1,352,000 deficit, \$271,100 is for one-time expenses and \$864,100 is for ongoing expenses.) Dr. Feldman further reported that he had been authorized by the Board of Trustees to inform the House that the deficit would be funded from the reserves.

**Reconsideration of Resolution 31—Non-Dental Providers Completing Educational Program on Oral Health:** Dr. Stephen F. Schwartz, Texas, moved to reconsider Resolution 31RC (p. 302) for the purpose of referral to the appropriate agency for clarification of the terms “properly supervised and trained designees.” Dr. Schwartz said, “I think we should reconsider because we have not properly defined the terms ‘properly supervised and trained designees’ in a medical office and we may be opening a pathway for individuals currently under the supervision of a dentist to perform their duties in a medical office.”

Dr. Kent Farnsworth, California, said, “As we read through Resolution 31RC that says that only dentists, physicians and their properly supervised designees may be allowed to provide preventive care, we realized after the fact...that that opens the possibility that physicians could hire hygienists to do dental care in physicians’ offices. Now, I admit to this body, it is not very likely, but the fact is, we have an opened door that we should address.”

A delegate spoke against reconsideration of resolution 31RC.

Dr. Albert Guay, chief policy advisor, said, “Professional hygienists don’t practice under the Dental Practice Act. There is a Dental Hygiene Practice Act or enabling legislation. In every state it says that the hygienist must work under the supervision of a dentist. It doesn’t say dentist or physician. It says dentist. So our interpretation of that review, except for specific circumstances, in hospitals, there is two or three very minor circumstances, but as the law reads in all states but one right now, a hygienist can only work under the supervision of a dentist.”

Also speaking in support of the motion to reconsider Resolution 31RC was Dr. Robert T. Ferris, Florida, and Dr. Eugene J. McGuire, Pennsylvania.

On vote, the motion to reconsider Resolution 31RC was defeated.

**Reconsideration of Resolution 66-2003—Dues Exemption for Active Duty Members:** Dr. Philip M. Abshire, Oklahoma, moved to reconsider Resolution 66-2003 (p. 297). He said, “The third resolving clause on this, which was added as an amendment, has some unintended consequences. First of all, it mentions federal

active duty. It does not include state active duty.

...Reservists can be called to federal active duty. National Guardsmen and women can be called both to federal active duty and to state active duty. So the Guardsmen in this case, who may be called up for volcanoes, for earthquakes, the Twin Towers, the federal building, the three hurricanes that came blowing through here, they are called up to service for extended periods of time. They are disenfranchised with this. The only thing is, it says federal dental service. We have a number of dentists who have nonprivate dental practices but they serve in the military in either the Reserve or the Guard in other fields. They may be comptrollers, they may be pilots, they may be medical service corps officers, and they are disenfranchised. The third reason is that, the way this is worded, it includes people who may apply for relief of their dues who are simply on their annual tour. Those are the three reasons I think this needs to be reconsidered.”

The Speaker asked if these points weren’t considered during the original debate. Dr. Abshire responded, “Not the way it is worded.”

Dr. Denny W. Homer, Washington, spoke against reconsideration. He said, “I spoke against this resolution yesterday because I felt we had the general dues waiver that would have solved it anyway, but we did pass it. The general dues waiver still is an option for people to use under there myriad of circumstances.”

On vote, the motion to reconsider Resolution 66-2003 was defeated.

### **Report of the Reference Committee on Budget, Business and Administrative Matters (continued)**

**Recommended Dues Change** (Board of Trustees Resolution 26—continued): Dr. Jerome B. Miller, chair, moved Resolution 26, which had been postponed definitely until the last item of business of the session (p. 290).

**26. Resolved,** the Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A. ACTIVE MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, of the *ADA Bylaws* be amended in lines 164-165 by deleting the words and parenthetical number “four hundred thirty-five dollars (\$435.00)” and by substituting in their place the words and parenthetical number “four hundred forty-one dollars (\$441.00)” to make the amended first sentence read as follows:

c. DUES AND SPECIAL ASSESSMENTS. The dues of active members shall be four hundred forty-one dollars (\$441.00) due January 1 of each year.

and be it further

**Resolved,** that the change in the dues of active members become effective January 1, 2005.

Dr. Idalia Lastra, Florida, moved to amend Resolution 26, first resolving clause, by deleting all the words after the words “*ADA Bylaws*,” replacing them with the words “continue to read:” and changing the number and figure

“four hundred forty-one dollars (\$441.00)” with “four hundred thirty-five dollars (\$435.00)”:

Dr. William M. Lawson, Alabama, spoke in support of the proposed amendment.

Dr. Mark R. Zust, Missouri, suggested that the motion was not in order, and that Resolution 26 should be defeated.

The Speaker agreed, and Dr. Lastra withdrew the motion.

Dr. Cesar R. Sabates, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) majority.

On vote, Resolution 26 was defeated.

**Concluding Remarks of the Speaker:** With the completion of all business before the House of Delegates, the Speaker said, “The actions of this House of Delegates are no longer the opinions, wishes, suggestions or recommendations of any individual, committee or officer, but are now the actions of the entire House of Delegates. And as this House of Delegates is authorized under the Association’s *Bylaws* to act for the entire Association, they are the actions of the entire Association. It is now incumbent on every member of the Association to accept these actions as the actions of the delegates and the actions of the American Dental Association.”

**Adjournment *Sine Die*:** Dr. Carol G. Summerhays, California, moved to adjourn. On vote, the House of Delegates adjourned *sine die* at 10:32 a.m.

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General Session and  
Distinguished  
Speaker Series and  
Scientific Session



# Notes

# General Session and Distinguished Speaker Series

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Orange County Convention Center, Orlando, Florida  
Friday, October 1, 2004

The General Session and Distinguished Speaker Series of the 145<sup>th</sup> Annual Session of the American Dental Association convened at 8:00 a.m. at the Orange County Convention Center, Orlando, Florida.

The session began with the National Anthem and the Presentation of Colors.

**Welcoming Remarks:** Dr. Eugene Sekiguchi, president, American Dental Association, welcomed the meeting attendees to the Association's 145<sup>th</sup> Annual Session.

**Introductions:** Dr. Sekiguchi introduced the past presidents of the American Dental Association in attendance: Dr. Richard Haught, ADA president-elect; the officers and members of the ADA Board of Trustees; and Dr. James B. Bramson, ADA executive director. He also acknowledged the contributions of the Council on ADA Sessions, the members of the Committee on Local Arrangements and the members of the Alliance of the American Dental Association. In addition, he recognized the following new honorary members for 2004: Ms. Valerie Donnelly, executive director, Rhode Island Dental Association; Mr. Stephen Hardyman, executive director, Washington State Dental Association; Ms. Elza Harrison, executive director, Maryland Dental Association; Mr. Monte Thompson, executive director, Utah Dental

Association; Mr. James Sweeney, CEO, ADA Business Enterprises, Incorporated; Dr. Heung-Ryul Yoon, president, FDI; and 2004 Distinguished Service Award Winner, Dr. David Whiston.

**Distinguished Speaker Series:** The Fourth Annual Distinguished Speakers Series, sponsored by Philips Oral Healthcare/Sonicare, took place on Friday, October 1, and Sunday, October 3, 2004. Over 7,000 people attended the two events. ADA President Eugene Sekiguchi, President-elect Richard Haught, and Executive Director James Bramson opened the events with "Good Morning ADA," a talk show event designed to enhance member awareness and understanding of the Association's key 2004 initiatives. Special note was made of the Health Screening Program. "Good Morning ADA" also highlighted the ADA Foundation and its efforts to assist Florida dentists affected by the hurricanes.

**Introduction of Keynote Speaker:** Dr. Bramson introduced Mr. Jim Judge, senior vice president and general manager, Sonicare, Philips Oral Healthcare, North America. Mr. Judge introduced the former prime minister of the United Kingdom, the Honorable John Major. Mr. Major addressed the attendees.

**Adjournment:** The session adjourned at 9:15 a.m.

# Notes

# Scientific Session

Orange County Convention Center, Orlando, Florida  
September 30-October 3, 2004

The 2004 Annual Scientific Session was held September 30-October 3, 2004 at The Orange County Convention Center.

The scientific program was under the direction of the Council on ADA Sessions composed of the following members: John S. Olmsted, chair, Greensboro, North Carolina; Thomas O. Conlon, Spokane, Washington; Edward Feinberg, Scarsdale, New York; William A. Hadlock, Baton Rouge, Louisiana; D. Stanley Hite, Independence, Missouri; John R. Jordan, Jr., West Palm Beach, Florida; Paul F. Kattner, 2005 chair-designate Waukegan, Illinois; Robert L. Kittredge, Hyannis, Massachusetts; Chad R. Leighty, Marion, Indiana;

Carmine J. LoMonaco, Newark, New Jersey; Hutson E. McCorkle, general chair, 2004 Committee on Local Arrangements, Orlando, Florida; Kenneth McDougall, Jamestown, North Dakota; Judith A. McFadden, general chair, 2005 Committee on Local Arrangements, Philadelphia, Pennsylvania; Carl M. Mueller, Livonia, Michigan; Charles E. Rader, Victoria, Texas; Kevin D. Sessa, Boulder, Colorado; Charles R. Weber, West Chester, Pennsylvania; James R. Williamson, Lilburn, Georgia; Douglas A. Wyckoff, Cameron, Missouri, *ex-officio*; Craig S. Yarborough, San Francisco, California.

The following were presenters at the Scientific Session:

- |                        |                        |                       |                       |
|------------------------|------------------------|-----------------------|-----------------------|
| Abel, Stephen N.       | De Paola, Louis G.     | Hair, Joe F.          | Leite, Brian J.       |
| Abney, Charles L.      | Dederich, Douglas N.   | Hamann, Curt P.       | Levato, Claudio M.    |
| Abrahamsen, Thomas C.  | Devine, John           | Haselton, Debra R.    | Levi, Alan            |
| Afredi, Sina           | Di Angelis, Anthony J. | Hawkins, J. Mel       | Levin, Roger P.       |
| Alexis, Kim            | Donaldson, Martin E.   | Hempton, Timothy J.   | Linder, Annette       |
| Anderson, John A.      | Donovan, Terrence E.   | Heymann, Harald O.    | Lipton, Lawrence I.   |
| Anzuoni, Sheila        | Drevenstedt, Linda     | Hill, Benjamin A.     | Little, Pat R.        |
| Armstrong, Richard     | Dummett, Clifton O.    | Hill, Roger           | Low, Samuel B.        |
| Askinas, Samuel W.     |                        | Hobbs, Don            | Low Dog, Tieraona     |
|                        | Edwab, Robert R.       | Holden, Nancy         | Lowe, Robert A.       |
| Backman, Kenneth J.    | Emmott, Lawrence F.    | Holmgren, Christopher | Lynch, Denis P.       |
| Balson, Marc           | Epel, Lidia M.         | Huffines, Randy F.    |                       |
| Banta, Lois J.         | Eubank, Jimmy B.       | Hufford, Brian        | Maitland, Ronald I.   |
| Becker, Irwin M.       |                        | Hujoel, Philippe P.   | Malamed, Stanley F.   |
| Benjamin, Scott D.     | Faiella, Robert A.     | Hutcheson, Cindy      | Mc Devitt, Michael J. |
| Berryman, Susan Moher  | Farman, Allan G.       | Hutter, Jeffrey W.    | Mc Donald, Tom R.     |
| Bissell, Ben           | Farsai, Paul S.        | Hyman, Mark E.        | McDonald, Jennifer    |
| Blair, Charles W.      | Ferencz, Jonathan L.   |                       | McGill, John          |
| Bosy, Ann              | Feuerstein, Paul H.    | Iacopino, Anthony M.  | Mealey, Brian L.      |
| Briles, Judith         | Fling, Mike            | Ismail, Amid I.       | Mehra, Pushkar        |
| Brown, Shirley         | Flucke, John C.        |                       | Mercer, James E.      |
| Brucia, Jeffrey J.     | Folse, Gregory J.      | Jacobsen, Peter L.    | Miles, Dale A.        |
| Buchanan, L. Stephen   | Fong, Cynthia          | Jeffcoat, Marjorie K. | Miller, Preston D.    |
| Burgess, John O.       | Frencken, Jo E.        | Jeske, Arthur         | Miller, Mark          |
| Burns, Sherry          | Freydberg, Barry K.    | Johnson, Rita J.      | Millis, Joy           |
| Byrne, Bridget E.      |                        | Jordan, Richard D.    | Mills, Shannon E.     |
|                        | Galvis, Diana L.       |                       | Molinari, John        |
| Camp, Joe H.           | Gambardella, Ellen     | Kanca, John A.        | Moore, Virginia       |
| Cardoso, Rielson J. A. | Gamble, Howard R.      | Keels, Martha A.      | Morlang, William M.   |
| Carter, Patricia       | Gartner, Judith L.     | Kent, Janelle         | Morley, Jeffrey J.    |
| Caruso, Timothy        | Genco, Robert J.       | King, Debra M.        | Moskowitz, Marc E.    |
| Castagna, Debbie       | Glass, Richard Thomas  | Koelbl, Joan S.       | Murrah, Valerie A.    |
| Castellon, Paulino     | Glasscoe, Dianne D.    | Koerner, Karl R.      |                       |
| Chothia, Hashim        | Glick, Michael         | Kohn, William G.      | Nichols, Timothy C.   |
| Christensen, Gordon J. | Gorlin, Robert J.      | Kois, John C.         | Niessen, Linda C.     |
| Cleveland, Jennifer L. | Gotlieb, Anton S.      | Kokich, Vincent G.    | Novotny, Cindy        |
| Costa, Louis E.        | Gremillion, Henry A.   | Krasne, Lawrence      |                       |
| Creamer, Bob           | Grubb, Richard V.      | Krause, Tina B.       | O'Brien, Laura        |
| Crossley, Harold L.    | Grubbs, Kenneth        | Kugel, Gerard         | Olin, Paul S.         |
|                        | Gurenlian, JoAnn R.    | Kulakowski, Susan     | Otomo-Corgel, Joan    |

Palmer, Carole A.  
Parker, Jonathan A.  
Peterson, Brian  
Piscatella, Joseph C.  
Priest, George F.  
Pulver, Jo Ann  
  
Ragan, Michael R.  
Raymond, Loyle  
Regan, Barry  
Rickles, Stephen P.  
Ritchie, Christine S.  
Ritenour, Chad  
Ritter, Andre V.  
Robbins, J. William  
Rosenberg, David B.  
Rosenberg, Stewart P.

Rouse, Jeffrey S.  
Ruiz, Jose-Luis  
Ryan, Maria E.  
  
Sangrik, Larry J.  
Scheele, Adele  
Schiff, Thomas D.  
Schleyer, Titus  
Schneider, Kurt R.  
Schwartz, Stephen F.  
Serio, Francis G.  
Sharifi, M. Nader  
Shenkin, Jonathan D.  
Sherman, Jeffrey A.  
Shuman, Ian E.  
Siegel, Michael A.

Silverman, Sol  
Silverstein, Lee H.  
Simon, Risa  
Smith, Pam  
Spurling, Laurence  
Spurgeon, RuthAnn  
Steinberg, Barbara J.  
Stewart, Carol M.  
Strong, Sam M.  
Svirsky, John A.  
Sweeney, Char  
Swift, James Q.  
  
Tadsen, Jackie  
Tanaka, Terry T.  
Tekavec, Carol D.

Thorne, Sheila L.  
Tolson, John F.  
Torabinejad, Mahmoud  
Torney, Dennis L.  
Tuttle Morgan, Amy  
  
Unthank, Michael G.  
  
Weathers, D. Ronald  
West, John D.  
Wigdor, Harvey A.  
Willeford, Rick  
Winston, Mollie A.  
Wright, Robin  
  
Zahrebelny, Olya J.

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# Appendix

# Notes

# Directory

## Officers, Trustees, Associate Executive Directors, Councils, Commissions, Committee on Local Arrangements

### Officers

Sekiguchi, Eugene, *president*,  
Monterey Park, CA  
Haught, Richard, *president-elect*,  
Tulsa, OK  
Roussalis, John E., II, *first vice  
president*, Casper, WY  
Bushick, Ronald D., *second vice  
president*, Boothwyn, PA  
Soliday, J. Thomas, *speaker, House  
of Delegates*, Gaithersburg, MD  
Feldman, Mark J., *treasurer*, Garden  
City, NY  
Bramson, James B., *executive  
director*, Chicago

### Trustees

Biermann, Michael E., 2006,  
*Eleventh District*, Portland, OR  
Brandjord, Robert M., 2004, *Tenth  
District*, Eden Prairie, MN  
Feldman, Roddy N., 2006, *Thirteenth  
District*, Fairfield, CA  
Findley, John S., 2007, *Fifteenth  
District*, Plano, TX  
Gleason, G. Kirk, 2006, *Second  
District*, Clifton Park, NY  
Glover, Joel F., 2007, *Fourteenth  
District*, Reno, NV  
Grammer, Frank C., 2007, *Twelfth  
District*, Fayetteville, AR  
Gross, Ronald B., 2005, *Third  
District*, Pottstown, PA  
Hagedorn, Lloyd J., 2004, *Seventh  
District*, Fort Wayne, IN  
Marks, Clifford, 2004, *Seventeenth  
District*, Vero Beach, FL  
McDermott, Bernard K., 2005,  
*Fourth District*, Washington, D.C.  
Player, T. Carroll, 2004, *Sixteenth  
District*, Florence, SC  
Powell, William D., 2004, *Sixth  
District*, Knoxville, TN  
Roth, Kathleen, 2005, *Ninth District*,  
West Bend, WI  
Strathearn, Jeanne P., 2007, *First  
District*, Farmington, CT  
Studstill, Zack D., 2005, *Fifth  
District*, Montgomery, AL  
Tuneberg, Perry K., 2006, *Eighth  
District*, Rockford, IL

### Chief Operating Officer

Logan, Mary K.

### Chief Legal Counsel

Sfikas, Peter M.

### Chief Financial Officer

Zimmermann, William T.

### Chief Policy Advisor

Guay, Albert H.

### Associate Executive Directors

Brown, L. Jackson (health policy  
resources center)  
Inge, Ronald E. (dental practice)  
Kosden, Laura A. (publishing)  
Meyer, Daniel M. (science)  
Mickel, Clayton B. (communications  
and corporate relations)  
Moss, Dorothy J. (government  
affairs)  
Neumann, Laura M. (education)  
Newton, Patricia M. (membership  
and dental society services)  
Overman, Carol M. (administrative  
services)  
Owens, Robert L. (information  
technology, standards and salable  
materials)  
Owings-Cinelli, Alison B.  
(conference and meeting services)  
Sfikas, Peter M. (legal affairs)

### Councils

#### Access, Prevention and

#### Interprofessional Relations

Landman, Paul, 2004, *chair*, Chicago  
Barsley, Robert E., 2006,  
Ponchatoula, LA  
Beauchamp, K. Jean, 2006,  
Clarksville, TN  
Fick, H. Sam, 2004, Oregon, OH  
Filanova, Vincent, 2007, Amsterdam,  
NY  
Goodman, Susan B., 2004,  
Columbia, MD  
Griffin, Morris H., 2006, Durham,  
NC  
Haering, Harold J., 2004, La Belle,  
FL  
Hankin, Errol P., 2004 (AHA),  
Brooklyn, NY  
Hooker, William J., 2005, Flagstaff,  
AZ  
Howard, Lisa P., 2007, Scarborough,  
ME  
Kneller, Timothy D., *ex officio*,  
Aurora, CO

Lander, William W., 2004 (AMA),  
Bryn Mawr, PA  
Lauf, Robert C., 2005, Mayville, ND  
McLellan, Thomas S., 2005,  
Okemos, MI  
Siegel, Philip T., 2007, Fort  
Washington, PA  
Spradley, Larry W., 2006, Bedford,  
TX  
Windell, Henry C., 2007, Gresham,  
OR  
Young, Joseph S., 2004, Jackson, MS  
Klyop, John S. (Mr.), *director*,  
Chicago

### ADA Sessions

Olmsted, John S., 2004, *chair*,  
Greensboro, NC  
Conlon, Thomas O., 2006, Spokane,  
WA  
Feinberg, Edward, 2006, Scarsdale,  
NY  
Hadlock, William A., 2005, Baton  
Rouge, LA  
Hite, D. Stanley, 2005,  
Independence, MO  
Jordan, John R., Jr., 2007, West Palm  
Beach, FL  
Kattner, Paul F., 2005, Waukegan, IL  
Kittredge, Robert L., 2006,  
Yarmouth Port, MA  
Leighty, Chad R., 2007, Marion, IN  
LoMonaco, Carmine J., 2005, West  
Caldwell, NJ  
McCorkle, Hutson E., 2004  
Committee on Local  
Arrangements, *general chair*,  
Orlando, FL  
McDougall, Kenneth, 2007,  
Jamestown, ND  
McFadden, Judith, 2005 Committee  
on Local Arrangements, *general  
chair*, Philadelphia, PA  
Mueller, Carl M., 2004, Livonia, MI  
Rader, Charles E., 2006, Victoria,  
TX  
Sessa, Kevin D., 2004, Boulder, CO  
Weber, Charles R., 2007, West  
Chester, PA  
Williamson, James R., 2004, Lilburn,  
GA  
Wyckoff, Douglas A., *ex officio*,  
Cameron, MO  
Yarborough, Craig S., 2004, San  
Francisco



Guinta, Vicki (Ms.), *director*,  
Chicago

### Communications

Anderson, David C., 2004, *chair*,  
Alexandria, VA  
Fiddler, Terry L., 2005, *vice chair*,  
Conway, AR  
Barnes, Bradley W., 2007, Normal,  
IL  
Cram, Sally J., 2007, Washington,  
D.C.  
Egan, Michael R., 2005, Hartford,  
CT  
Engel, Dennis W., 2007, Mequon,  
WI  
Farinacci, David J., 2006, North  
Canton, OH  
Garlitz, Jay H., 2004, Hawthorne, FL  
Gilder, Jerry Q., 2006, Hattiesburg,  
MS  
Habjan, Denise, 2004, Santa Ana,  
CA  
Lubar, Larry B., 2004, Albuquerque,  
NM  
Lutes, Don A., 2004, Mt. Pleasant,  
TX  
Roset, Gayle A., 2006, Billings, MT  
Shaver, M. Samantha, 2005,  
Louisville, KY  
Smail, Douglas B., 2007, Troy, NY  
Stefanowicz, Elaine, 2005,  
Philadelphia  
Strait, Tasha T., *ex officio*,  
Shakopee, MN  
West, Debra S., 2006, Omaha, NE  
Green, Richard G., Jr. (Mr.),  
*director*, Washington, D.C.

### Dental Benefit Programs

Lipton, Lawrence I., 2004, *chair*,  
Westport, CT  
Chase, William R., 2007, Ann Arbor,  
MI  
Friedel, Alan E., 2007, Hallandale  
Beach, FL  
Greenblatt, Charles L., Jr., 2005,  
Knoxville, TN  
Grubb, Richard V., 2004, Havre de  
Grace, MD  
Hall, Glen D., 2005, Abilene, TX  
Herman, Richard P., 2006, New City,  
NY  
Hogg, Steven W., 2006, Broken  
Arrow, OK  
Jacobs, Thomas A., 2005, San  
Francisco  
Kampfe, Mark I., 2006, Sioux City,  
IA  
Mercer, James E., 2006, Columbia,  
SC  
Nicholas, Dean P., 2005, Villa Park,  
IL

Schripsema, Thomas J., 2007,  
Albuquerque, NM  
Schweinebraten, Marie C., 2004,  
Norcross, GA  
Simpson, Stephen P., 2007, Hudson,  
OH  
Singer, Robert R., 2004, Elkins Park,  
PA  
Thurn, Steven W., 2004, Springfield,  
OR  
Marshall, James Y. (Mr.), *director*,  
Chicago

### Dental Education and Licensure

Assael, Leon A., 2004, *chair*  
(ADEA), Portland, OR  
Bills, Daniel A., *ex officio*, Chicago  
Comer, Robert W., 2005 (ADEA),  
Augusta, GA  
Dahl, Eva C., 2007 (ADA),  
Onalaska, WI  
Giorgio, Douglas J., Jr., 2005 (ADA),  
Savannah, GA  
Hayes, Mary J., 2004 (ADA),  
Chicago  
Himmelberger, Linda K., 2007  
(ADA), Devon, PA  
Houfek, Scott W., 2005 (AADE), Big  
Piney, WY  
Kolb, Charles, 2004 (ADA), Taft, TX  
Lightfoot, William J., 2004 (AADE),  
Columbus, OH  
McDonnell, Stephen R., 2006  
(ADA), St. Paul, MN  
Reinhardt, John W., 2007 (ADEA),  
Lincoln, NE  
Robinson, Peter J., 2006 (ADEA),  
Farmington, CT  
Schonfeld, Steven E., 2006 (ADA),  
Eureka, CA  
Shampaine, Guy, 2007 (AADE),  
Pompano Beach, FL  
Sims, Paul G., 2006 (AADE), Butte,  
MT  
Wood, Roger E., 2005 (ADA),  
Midlothian, VA  
Nix, Judith A. (Ms.), *director*,  
Chicago

### Dental Practice

Stratigopoulos, George, 2004, *chair*,  
San Diego  
Bell, Howard C., 2004, Jacksonville,  
FL  
Berryman, Richard A., 2005,  
Concord, NH  
Burk, James R., 2006, Sodus, NY  
Drumm, John W., 2005, Washington,  
D.C.  
Hunt, Richard F., III, 2007, Rocky  
Mount, NC  
Isbell, Gordon R., III, 2006,  
Gadsden, AL

Jankowski, Richard L., 2006,  
Lansing, MI  
Jewell, Wilson O., *ex officio*,  
Wilmington, NC  
Kyger, Billie Sue, 2007, Gallipolis,  
OH  
Leslie, Thomas W., 2004, Berkeley  
Springs, WV  
Martin, Max M., Jr., 2004, Lincoln,  
NE  
Robson, James A., 2004, Hayden  
Lake, ID  
Steinberg, Teri, 2007, Skokie, IL  
Stuart, Michael L., 2005, Mesquite,  
TX  
Talley, Robert H., 2006, Las Vegas  
Tilton, Jon W., 2007, Wichita, KS  
Tully, John J., 2005, Gettysburg, PA  
Marshall, James Y. (Mr.), *director*,  
Chicago

### Ethics, Bylaws and Judicial Affairs

George, Lloyd A., 2004, *chair*,  
Memphis, TN  
Antoon, James W., 2006, Rockledge,  
FL  
Asai, Rickland G., 2007, Portland,  
OR  
Charlton, Dennis J., 2007, Sandy  
Lake, PA  
Dickey, Keith Winfield, 2007, Alton,  
IL  
Epstein, Ralph H., 2005, Great Neck,  
NY  
Gill, Eleanor A., 2004, Olive Branch,  
MS  
Graeber, John J., 2005, Whippany,  
NJ  
Harris, James M., 2004, Washington,  
IA  
Hutchison, Bruce R., 2006,  
Centreville, VA  
Jones, Kenneth D., Jr., 2005,  
Mansfield, OH  
Largent, Beverly A., 2007, Paducah,  
KY  
Morgan, Stephen S., 2005, Kaysville,  
UT  
Rosin, Timothy J., 2004, Portage, WI  
Scott, Marvin M., 2006, Kerman, CA  
Squire, Charles F., 2004, Wichita,  
KS  
Turkel, Roger M., 2006, North  
Kingstown, RI  
Wils, Wendy J., Esq., *director*,  
Chicago

### Government Affairs

Osborne, Larry W., 2004, *chair*,  
Decatur, IL  
Alfano, Martin A., 2005, East  
Stroudsburg, PA  
Dwight, Gary H., 2004, East  
Lansing, MI

Gelfand, Gerald, 2007, Woodland Hills, CA  
 George, Raymond, Jr., 2004, East Providence, RI  
 Grover, Jane A., *ex officio*, Jackson, MI  
 Ivey, N. Tyrus, 2004, Macon, GA  
 Johnson, Curtis Ray, 2005, Scotland, SD  
 Long, S. Jerry, 2007, Houston  
 Oyster, Gary Donald, 2007, Raleigh, NC  
 Pope, Theodore R., 2005, Englewood, OH  
 Powley, W. Brian, 2005, Paradise Valley, AZ  
 Raiber, Robert B., 2007, New York, NY  
 Rich, William K., 2006, Dry Ridge, KY  
 Riva, Richard D., 2006, Chatham, NJ  
 Roberts, Gary L., 2006, Shreveport, LA  
 Robinson, Robert W., II, 2006, Scottsdale, AZ  
 Vela, Joel J., *ex officio*, Bellaire, TX  
 Walton, James F., III, 2004, Tallahassee, FL  
 Spangler, Thomas J., Jr. (Mr.), *director*, Washington, D.C.

#### Membership

Lee, William E., 2004, *chair*, Lexington, KY  
 Sauer, Edward H., 2005, *vice chair*, Houston  
 Cohlma, Raymond A., Jr., 2006, Oklahoma City  
 Coleman, Brian O., 2006, Winter Park, FL  
 Dishler, Bernard P., 2004, Elkins Park, PA  
 Doring, Charles A., 2007, Laytonville, MD  
 Epel, Lidia M., 2005, Rockville Centre, NY  
 Hehr, Nathan J., 2004, Mason City, IA  
 Hinterman, Douglas J., *ex officio*, Okemos, MI  
 Homer, Denny, 2006, Okanogan, WA  
 LoGuercio, Richard, 2004, Randolph, MA  
 Mollica, Anthony G., Jr., 2007, Anderson, SC  
 Peters, Debra, 2007, Grand Rapids, MI  
 Records, Linda, 2006, Columbus, OH  
 Rounds, Norman K., 2005, Salt Lake City, UT  
 Shapiro, Elizabeth A., 2005, Waterman, IL

Stevens, Alvin W., Jr., 2004, Birmingham, AL  
 Williams, John D., 2007, Los Angeles, CA  
 Toyama, Wendy-Jo Y. (Ms.), *director*, Chicago

#### Members Insurance and Retirement Programs

Colton, Harris N., 2004, *chair*, Woodbury, NJ  
 Baker, Gary Owen, 2007, Chesterfield, MO  
 Bethea, Robert P., 2005, Columbia, SC  
 Bocks, Charles R., III, 2007, San Jose, CA  
 Brennan, Robert J., 2006, Neenah, WI  
 Feldman, Joel T., 2004, Monsey, NY  
 Hart, Robert S., II, 2004, Tampa, FL  
 Hauer, Michael R., 2005, Tucson, AZ  
 Lindsey, H. Jeffrey, 2006, Carrollton, GA  
 Petersen, David, 2004, Spokane, WA  
 Shapiro, Denise M., 2005, East Greenwich, RI  
 Shaw, Daniel W., 2006, Minnetonka, MN  
 Simpson, William J., 2007, Morrison, IL  
 Stainbrook, Robert D., 2004, Meadville, PA  
 Stewart, Debra G., 2005, Stafford, TX  
 Taylor, Daniel L., 2006, Columbus, OH  
 Whitis, Harry Warren, 2007, Osceola, AR  
 Dwyer, David R. (Mr.), *director*, Chicago

#### Scientific Affairs

Jeske, Arthur H., 2004, *chair*, Houston  
 Bakdash, Bashar, 2006, Minneapolis  
 Barichello, Teri, *ex officio*, Oregon City, OR  
 Dederich, Douglas N., 2006, New Orleans  
 DePaola, Louis G., 2005, Ellicott City, MD  
 Gorlin, Robert James, 2006, Minneapolis  
 Gotcher, Jack E., Jr., 2007, Knoxville, TN  
 Hilton, Thomas, 2005, Lake Oswego, OR  
 Ismail, Amid, 2007, Ann Arbor, MI  
 Mackert, J. Rodway, Jr., 2006, Augusta, GA  
 Martin, Michael D., 2004, *ad interim*, Seattle

McGuire, Michael K., 2007, Houston  
 Murdoch-Kinch, Carol Anne, 2004, Ann Arbor, MI  
 Murrah, Valerie A., 2007, Chapel Hill, NC  
 Navazesh, Mahvash, 2004, Los Angeles  
 Sarrett, David C., 2005, Midlothian, VA  
 Stanford, Clark, 2007, Iowa City, IA  
 Zero, Domenick T., 2005, Indianapolis  
 Burrell, Kenneth H., *senior director*, Chicago

#### Commissions

##### Dental Accreditation

Kalkwarf, Kenneth L., 2004, *chair* (ADEA), San Antonio  
 Adair, Steven M., 2007 (AAPD), Augusta, GA  
 Bolick, Gerald M., 2004 (public member), Lenoir, NC  
 Boyle, Ann M., 2007 (ADEA), Alton, IL  
 Braun, Thomas W., 2005 (AAOMS), Pittsburgh  
 Byrd, Lanier, 2005 (public member), San Antonio  
 Caton, Jack G., Jr., 2006 (AAP), Rochester, NY  
 Cole, James R., II, 2007 (AADE), Albuquerque, NM  
 Dunskey, Joel L., 2004 (AAE), Boston  
 Gillespie, M. Joan, 2007 (ADA), Alexandria, VA  
 Graham, Bruce, 2005 (ADEA), Chicago  
 Green, Francis P., 2004 (ADA), Bloomington, IL  
 Harrison, James, 2005 (ADEA and ASDA), Louisville, KY  
 Hunt, Ronald J., 2004 (AAPHD), Richmond, VA  
 Johnson, Ronald, 2006 (ADEA), Houston  
 McKay, Kay J., 2007 (public member), Flagstaff, AZ  
 Melrose, Raymond J., 2006 (AAOMP), Los Angeles  
 Meyerowitz, Cyril, 2005 (AAHD/ADEA), Rochester, NY  
 Nimmo, Arthur, 2005 (ACP), Gainesville, FL  
 Phinney, Donna, 2004 (ADAA), Spokane, WA  
 Pick, Samuel E., 2006 (AADE), Las Vegas  
 Potter, Brad J., 2007 (AAOMR), Augusta, GA

Robbins, Morris L., 2006 (ADA),  
Memphis, TN  
Robinson, Thomas H., 2006 (public  
member), San Diego  
Simonian, Roger B., 2005 (ADA),  
Fresno, CA  
Tatum, Richard Carlos, 2005  
(AADE), Columbia, MD  
Vaden, James L., 2007 (AAO),  
Cookeville, TN  
Weiss, Leonard P., 2004 (AADE),  
Mayfield Heights, OH  
Wilson, James W., II, 2005 (NADL),  
Fresno, CA  
Zinser, Nancy C., RDH, MS, 2007  
(ADHA), Palm Beach Gardens, FL  
Hart, Karen M. (Ms.), *director*,  
Chicago

#### **National Dental Examinations**

Holcomb, Stephan F., 2004 (AADE),  
*chair*, Kathleen, GA  
Sandoval, Victor, 2004 (ADEA), *vice  
chair*, Las Vegas  
Awadalla, Eleanore, 2005 (AADE),  
Toledo, OH  
Boltz, Roger H., 2006 (AADE),  
Windsor, CO  
Higgins, Michael S., 2005 (ADA),  
Palatine, IL  
Keeter, Donald K., 2007 (ADA),  
Frederick, OK  
Little, Lynne Tatum, RDH, 2006  
(ADHA), Charlotte, NC  
MacNeil, R. Lamont, 2005 (ADEA),  
Farmington, CT  
McClellan, Gerald W., Jr., 2006  
(ADA), Costa Mesa, CA  
Panagakos, Fotinos, 2007 (ADEA),  
Newark, NJ  
Schoyer, Nancy, 2006 (public  
member), Denver, CO  
Small, Stanley A., 2004 (AADE),  
White Plains, NY  
Steinbach, Becky, 2004 (ASDA),  
Denver  
Vaughn, Stephen C., 2007 (AADE),  
Sparks, NV  
Winder, Ronald L., 2005 (AADE),  
Tulsa, OK  
Bailey, Robert (Mr.), *director*,  
Chicago

#### **Standing Committee**

##### **New Dentist**

Anderson, K. David, 2004, *chair*,  
Tuscaloosa, AL  
Barichello, Teri, 2006, Oregon City,  
OR  
Bradley, Tricia E., 2007, Pensacola,  
FL

Grabill, Laurene A., 2006,  
Swarthmore, PA  
Hinterman, Douglas J., 2004,  
Okemos, MI  
Jewell, Wilson O., 2005,  
Wilmington, NC  
Kneller, Timothy D., 2005, Aurora,  
CO  
Krische, Matthew F., 2007,  
Lawrence, KS  
Lee, Natasha A., 2006, San Francisco  
Liberatore, Gregg, 2005, Ballston  
Spa, NY  
Maddox, Brandon, 2005, Springfield,  
IL  
McConathy, Jennifer A., 2007,  
Dover, NH  
Ozgul, Ender S., 2006, San Antonio  
Shanker, Shiva V., 2007, Columbus,  
OH  
Strait, Tasha T., 2004, Shakopee,  
MN  
Vela, Joel J., 2004, Bellaire, TX  
Wyckoff, Douglas A., 2004,  
Cameron, MO  
Burgess, Karen B. (Ms.), *director*,  
Chicago

#### **Committee on Local Arrangements**

##### **Committee on Local Arrangements**

McCorkle, Hutson E., *general chair*,  
Committee on Local Arrangements  
Calderone, Joseph V., *co-chair*,  
Registration and Special Services  
Committee  
Lee, John G., *vice chair*, Committee  
on Local Arrangements  
McCorkle, Michael G., *co-chair*,  
Hospitality Committee  
Nofsinger, Roger B., *co-chair*,  
Program Coordinating Committee  
Outlaw, James F., *co-chair*,  
Hospitality Committee  
Pellarin, Robert D., *co-chair*,  
Registration and Special Services  
Committee  
Sevor, Jeffrey J., *co-chair*, Program  
Coordinating Committee

##### **Honorary Officers**

Bauknecht, Albert J.  
Chace, Richard  
Dawson, Peter E.  
Dolan, Teresa A.  
Earle, Lewis S.  
Farber, E. Monroe  
Ferris, Robert T.  
Fulton, David J.  
Gause, Curtis E.  
Goodman, William E.  
Goodreau Jr., George J.

Hewitt, Sally J.  
Kell, Kathryn A.  
Klein, H. Raymond  
Kondis, Stephen L.  
Mahan, Parker E.  
Marks, Clifford  
Murray, Rhett L.  
Parnes, Edmund I.  
Powell, Neil G.  
Richter, Neal B.  
Scures, Chris C.  
Tonelli, J. Steven  
Uchin, Robert A.  
Vuchetich, Thomas A.  
Weiss, Leonard P.  
Williams, Frank C.

##### **Annual Session Volunteers**

Abreu, Maigrely  
Abufaris, Michael  
Acosta, Luis  
Addabbo, Judy  
Adkins, Lisette  
Aebli, Craig  
Agharahimi, Azita  
Ahl, Dennis  
Akers, Lynn  
Albers, Bonnie  
Alexander, Lindsey  
Allen, J. Michael  
Alpert, Martin  
Altman, Richard  
Altschuler, Gary  
Ameer, Lisa  
Amos, Roxanne  
Amundson, Eric  
Anderson, John  
Andisco, Samanta  
Andrews, Patricia  
Andrews, Paul  
Angel, Isaac  
Angulo, Jorge  
Antoon, James  
Antoon, Susan  
Apel, Shirley  
Apel, Victor C.  
Arias, Charles  
Arrango, Shannon  
Arthur, Harold  
Asensio, Stanley  
Askeland, Ronald

Bailey, Connie  
Bailey, John  
Balancione, Carl  
Ballesteros, Tom  
Barcus, Ray  
Barnes, Daniel  
Barrois, Melissa  
Batten, Dale  
Bautista, Wayne  
Beattie, John R.  
Behzadi, Ali  
Beitscher, Stan

Benge, Sarah  
 Bergens, Bryan  
 Bertot, Carlos  
 Bird, Gerald  
 Bishop, John  
 Blank, Tonya  
 Blue, David  
 Bone, Ciara  
 Bonn, Kevin  
 Boone, Shanna  
 Bostyan, Richard  
 Bottomley, Carolyn  
 Bourguignon, Denis  
 Bradley, Cindy  
 Bradley, Tiffany  
 Bradley, Tricia  
 Breslin, Emly  
 Brinkley, David  
 Brodie, William  
 Brown, Mary  
 Brown, Randall  
 Broxton, Linda C.  
 Burkhart, Julie  
 Burks, Bob  
 Butord, Yvette

Calderone, Joseph V.  
 Calhoun, Janet  
 Caplan, Stuart  
 Carter, Jane  
 Caruso, Monica Anne  
 Castellini, Matilde  
 Cates, Barry  
 Cavendish, Michele  
 Celaro, Maria Jiliana  
 Cervenka, Mary Ann  
 Chaing, Esmeralda  
 Chalifoux, Stephanie  
 Chandrasah, Sheila  
 Chatterly, Timothy  
 Chaudhry, Mubashir  
 Chen, Richard  
 Childers, Heather  
 Clark, Lyn  
 Clement, Milton  
 Coe Sr., Harold  
 Coe, Jean  
 Coe Jr., Harold  
 Cohil, Kirk  
 Cohn, Ken  
 Coleman, Brian  
 Collins, Brenda  
 Collins, Fay  
 Colon-Bengoa, Carlos  
 Comrie, Arthur  
 Connor, Michael  
 Cook, Gary  
 Cook, Heather  
 Cordoba, John  
 Costas, José  
 Craig, Megan  
 Crain-Brady, Wanda  
 Crandall, Crystal

Crandall, James  
 Cruz, Yajaira  
 Culley, Diane  
 Curley, Charles

D'Aiuto, William  
 Daniel, Katie  
 Danielson, Richard  
 Dann, Carl  
 Davidson, Suzanne  
 Davis, Frank  
 Davis, Sandra  
 De La Torre, Alina  
 DeCantis, Richard  
 DeGrood, Michael  
 Deloch, Debbie  
 Didea, Art  
 DiMauro, Michael  
 Dorrell, Maia  
 Dover, Frances  
 Doyle, Monica M.  
 Dropkin, Stuart  
 Dunn, Stephanie

Earle, Lewis S.  
 Eickhoff, Roxanne  
 Elzawahry, Tamam  
 Erbes, Don  
 Erzawahry, Arzu Ersoy  
 Estell, Angela  
 Evans Pickelsimer, Lisa  
 Evett, Cathy

Falon, Sarah  
 Farber, Scott  
 Ferris, Gerri  
 Fessenden, Lisa  
 Filipczyk, Donnie  
 Fioreli, Karen  
 Flatley, Jim  
 Flatley, Pam  
 Flutie, April  
 Freed, Sara  
 Freeman, Jamie  
 Frieze, Penny  
 Fryfogle, Angela  
 Fulton, Marlinda  
 Fuselier, Brian

Gammichia, John  
 Garfinkel, Bobby  
 Garlitz, Jay  
 Garri, Donna  
 Gefroh, Ruth  
 Gehrig, Ava  
 Ginsberg, Mike  
 Glosson, Chuck  
 Gobin, Melissa  
 Goldschein, Harry  
 Goldschein, Patti  
 Gonzalez, Madeline  
 Goodman, Kathy  
 Gordy, Bruce

Grainger Leach, Mary  
 Greear, Jamie  
 Grenevicki, Lance  
 Grossauer, Caroline  
 Guiu, Angela  
 Guiu, Pilar  
 Gulde, Anthony  
 Gutu, Elena

Hall, Matthew  
 Hamilton Tucker, Melanie  
 Hand, Thomas  
 Harden, Donald  
 Harden, Scottie  
 Hardt, Teresa  
 Hawkins, Robert  
 Hawley, Malcolm  
 Hedrick, Donna  
 Heflin, Jill  
 Heidrich, Paul  
 Helms, Charles  
 Henkin, Jeffrey  
 Hernandez, Danilo  
 Herod, Jennifer  
 Hersch, Warren  
 Hertz, Amy  
 Hieman, Dawn  
 Hill, Curt  
 Hillman, Alyssa  
 Hochfelder, Steven  
 Holstein, Susan  
 Holth, William  
 Horvat, Rodney  
 Hsu, Tammy  
 Hu, Fay  
 Hughes, Bert  
 Huhn, Clete  
 Huhn, Douglas  
 Hunter, Tom  
 Hurst, Jamie  
 Hutchins, Betty

Ilkka, Don  
 Impaglia, Ann  
 Iranmanesh, Reza  
 Isaacs, Mary  
 Iskandar, Irma

Jackson, Sanjie  
 Johnson, Jay  
 Johnson, Kathy  
 Johnson, Lucien S.  
 Johnson III, Lucien  
 Johnson, Mary  
 Joles, Debbie  
 Jones, Carola  
 Jones, Crystal  
 Jones, Mary Anne  
 Jones, Sharon  
 Juliano, Chris  
 Jung, Linda

Kahn, Bernie  
 Kahn, Valerie  
 Kalarickal, Zack  
 Kalwara, Kristen  
 Kara, Craig  
 Karamians, Osheen  
 Kelch, Mike  
 Kent, William  
 Khaef, Ramtin  
 Kiernan, L.J. Mike  
 Kimmons, Tammy  
 King, Melissa  
 Kingston, Alan  
 Klein, Richard  
 Knapp, Maria  
 Koss, Tamara E. B.  
 Kremmerer, Melanie  
 Kumar, Sadesh

Lane Bare, Candy  
 Lane, Timothy  
 Lang, Antra  
 Lang, Jeff  
 Langan, Michael  
 LaRue, Dale  
 LaTulippe, Louis  
 Lautenberg, Caroline  
 Lawton, Brett  
 Lawton, Tom  
 Leary, Tamalynn  
 Lease, Gary  
 Lee, John G.  
 Lee, Raymond  
 Lemieux, Christine  
 Lemieux, Peter J.  
 Lincourt, Craig  
 Lincourt, Jessica  
 Loggins-Coleman, Yvonne  
 Lopez, Yolanda  
 Losito, Jo-Ann  
 Loughner, Barry  
 Loupin, Theresa  
 Love, Nancy  
 Lynn, Kelly

Maali, Ziyad  
 Mallatt, Mark  
 Maniti, Christine  
 Manne, Bruce  
 Marko, Natasha  
 Marrero, Yolanda  
 Marshall, Lilly  
 Marshall, Linda  
 Martin, Judy  
 Martin, Jeffrey  
 Matilsky, Jeffrey  
 Matteson, Robert  
 Mayo, Nathan  
 McCorkle, Michael G.  
 McIntosh, David  
 McNeill, Sam  
 Mejia, Samantha  
 Mendez, Maria

Midkiff, James  
 Milani, Jim  
 Miller, Lisa  
 Misch, Leo  
 Montero, Eve  
 Moody, Peter  
 Morales, Clarissa  
 Morris, Krissy  
 Mund, Larry  
  
 Nelms, Denise  
 Nelson, Jay  
 New, Stephen  
 Nofsinger, Leigh  
 Nofsinger, Roger B.  
 Norgren, Cathy

Ordon, Mario  
 Ordon, Natividad  
 Ordonez, Alvaro  
 Ortiz-Curtis, Velma  
 Oser, Sandra  
 Ott, Sally D.  
 Ottallah, Eman  
 Outlaw, James F.  
 Outlaw, Sandy

Palo, Paul  
 Parilla, Matt  
 Park, Sun  
 Patel, Meenal  
 Paul, Donald  
 Paulk, Glenn  
 Pederson, Marlene  
 Pellarin, Robert D.  
 Pellarin, Sunny  
 Perez, Sharon  
 Perry, Tina  
 Phan Cuong, Joseph  
 Pipkin, Joe  
 Pitts, Estefania  
 Plank, David  
 Plank, Leslie  
 Plummer, Harry  
 Popelka, Kara  
 Porter, Beth  
 Porter, Brad  
 Price, Alan  
 Price, Sue  
 Prince, Patricia  
 Propst, Larry  
 Pruitt, Elaine  
 Puma, Talia

Quintero, Jackie

Radice, Raquel  
 Ramirez, Benigno  
 Ramirez, Rosa  
 Rampi, Rick  
 Ravenscroft, Sheree  
 Rebello, Linda  
 Reddish, Gregory

Reid, Robert  
 Reyes, Kimberly  
 Reynolds, Melissa  
 Riglioni, Tammy  
 Roach, Sherrie  
 Robbins, Charles  
 Rodriguez, Dario  
 Rogers, Ray  
 Rogers, Richard  
 Rogers, Tricia  
 Rolison, Jennifer  
 Rosas, Sandra  
 Rouad, Michelle  
 Rudd, Kevin  
 Rusin, Dionne Marie  
 Ryan, Stacy

Sanchez, Delia  
 Sandher, Deeprej  
 Santiago, Auromelys  
 Saoji, Mohan  
 Savastano, Nick  
 Schamp, Rene  
 Schmitt, Charles  
 Schmitt, Nancy  
 Schwardron, Howard  
 Schwartz, Donna  
 Schwertfeger, Yvonne  
 Secor, Jeff  
 Sharifi, Behnaz  
 Sheikh, Arnan  
 Sheridan, Katie  
 Sievert, Suzy  
 Simon, Barb  
 Simpson, Michael  
 Simring, Marvin  
 Singletary, Susie  
 Skoby, Julie  
 Small, Rosie  
 Smith, Leon  
 Smith, Susan  
 Smyth, Martha  
 Snodgrass, Kayte  
 Sok, Kim  
 Sorrell, Lynne  
 Spence, Linda  
 Stagg-Ruda, Claire  
 Starks, George  
 Stewart, Gail  
 Stewart, Lee  
 Stewart, Roger  
 Stires, Stephanie  
 Stonestreet, James  
 Stratton, Lou Ann  
 Sutton, David  
 Sutton Jr., David  
 Swiss, Melissa  
 Szemak, Petra

Taylor, Wendy  
 Temple, Timothy  
 Thaler, David  
 Thaler, Julie

Thaler, Ron  
Theims-Heflin, Suzi  
Thomas, Donald  
Thomas, Puthen  
Thompson, Barbara  
Thompson, Craig  
Tiralosi, Tim  
Todd, Mark  
Tomkievich, Margene  
Torres, Julia  
Torres, Teresita  
Townsend, Wade  
Tran, Christine  
Tran, David  
Tran, Hao  
Turner, Michael  
Tyler, Jennifer

Ungaro, Patty  
Vandevenne, Lynn  
Vang, Thuy  
Wahl, Janice  
Waldheim, Eddie  
Walsh, Lisa  
Wargoe, Doug  
Watson, Will  
Waycott, Jocilyn  
Weaver, Jessica  
Weitekamp, Gary  
Wellenas, James  
White, Judy  
Wickwire, Angela  
Williams, Gina

Williams, Mark  
Winikor, Israel  
Winker, Wade  
Wollesen, Suezette  
Wollner, Susan  
Womack, Deborah  
Wong, Anthony  
Wong, Marietta  
Wood, Minta  
Woods, Robin  
Yao, Effie  
Young, Craig  
Zoecklein, Lori

# Notes

# 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**

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<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**

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<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. McGuihl	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
1999-2000	Richard F. Mascola	J. S. Zapp	R. M. Rosas	2000	Chicago
2000-01	Robert M. Anderton	J. B. Bramson	M. J. Feldman	2001	Kansas City, MO
2001-02	D. Gregory Chadwick	J. B. Bramson	M. J. Feldman	2002	New Orleans

<b>Term</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
2002-03	T. Howard Jones	J. B. Bramson	M. J. Feldman	2003	San Francisco
2003-04	Eugene Sekiguchi	J. B. Bramson	M. J. Feldman	2004	Orlando



	REGISTERED				MEETINGS			
	1	2	3	4	1	2	3	4
Chan, Raymond K., San Lorenzo								
Chertok, Keith R., Berkeley								
Christiansen, Douglas, San Diego	•							
Conley, James A., Merced								
Cuevas, Ricardo A., Manteca								
Ebner, Kimberly A., Pasadena								
Faulstich, Raymond J., Ventura								
Flores, James F., Newport Beach								
Ford, Christine M., Santa Rosa								
Fujitaki, Ronald K., Fremont								
Gandhi, Devang, Los Angeles								
Glasband, Gary L., Long Beach								
Guittard, Lawrence M., Atascadero								
Haber, Viviane S., Glendora								
Hall, La Juan, Antioch								
Hall, Larry, Manhattan Beach								
House, Karilyn H., Fountain Valley								
Huffman, Leah J., Novato								
Lee, Arlene, Los Angeles	•							
Lew, Michael W., San Rafael								
Lum, Darwin, Fairfield								
Mansour, Bryan, Salinas								
Maranon, George, Los Angeles								
Miyamoto, Steven A., Covina								
Moreno, Janice G., Stockton								
Nalchajian, Nicole E., Fresno								
Namazikah, M. S., Woodland Hills								
Oates, James R., Elk Grove								
Patel, Sanjay, Bay Point								
Pelton, William T., Yuba City								
Plotkin, Norman, San Francisco								
Ragan, Trevor L., Yreka								
Ricupito, Michael R., Fremont								
Robin, Ronald D., Arcadia								
Rosa, Martyn F., Sacramento	•	•						
Salimi, Salma, San Francisco								
Schneider, Michael J., Manhattan Beach								
Schneider, William M., Walnut Creek								
Soderstrom, Peter T., Modesto								
Steiner, Ann, Yucaipa	•							
Surabian, Stanley R., Fresno	•	•						
Taira, Mark L., Los Angeles								
Tsurudome, Steven A., San Mateo								
Wallis, Kenneth G., Santa Clara								
Weisberg, Rita, Santa Monica								
Winzler, John R., Eureka								
Wolfe, Erik L., Porterville								
<b>Colorado Delegates 8</b>								
Hanck, John J., Fort Collins	•	•	•	•				
Hurd, Richard A., Grand Junction	•	•	•	•				
Lurye, David C., Winter Park	•	•	•	•				
Morrow, Robert L., Walsh	•	•	•	•				
Nelson, Steven R., Denver	•	•	•	•				
Schoemaker, Jeane L., Fort Morgan	•	•	•	•				
Stranahan, Patrick F., Denver	•	•	•	•				
Versman, Kenneth J., Aurora	•	•	•	•				
<i>Alternates</i>								
Benke, Robert J., Greeley	•							
Field, Gary L., Colorado Springs	•							
Hadley, Jeffrey S., Haxtun								
Johnson, Dana J., Boulder	•							
Leone, Edward, Jr., Franktown	•							
Murray, Rhett L., Aurora	•							
Peterson, Jerry D., Dillon	•							
Vogelsberg, Gary M., Durango	•							
<b>Connecticut Delegates 7</b>								
Brady, Thomas V., Westbrook	•	•	•	•	•			
Cloutier, Dean G., New Haven	•	•	•	•	•			
Egan, Michael R., Hartford	•	•	•	•	•			
Gagne, John R., Waterbury	•	•	•	•	•			
Hindin, Allen, Danbury	•	•	•	•	•			
Mooney, John J., Putnam	•	•	•	•	•			
Schreibman, Robert M., Glastonbury	•	•	•	•	•			
<i>Alternates</i>								
Duchan, Brian S., Westport	•							
Goodman, Joel B., West Hartford	•							
Goodman, Tamara J., Middletown	•							
Knapp, Jonathan B., Bethel	•							

	REGISTERED				MEETINGS			
	1	2	3	4	1	2	3	4
Koral, Kurt, Orange								
Tandy, Bruce, Vernon Rockville	•							
Urillo, Stephanie, Southington	•							
<b>Delaware Delegates 2</b>								
Rosen, Robert, Wilmington	•	•	•	•	•	•	•	•
Wright, Bruce B., Rehoboth Beach	•	•	•	•	•	•	•	•
<i>Alternates</i>								
Cole, Jeffrey, Wilmington	•							
Ralston, William H., Newark	•							
<b>District of Columbia Delegates 2</b>								
Cohen, Paul D., Potomac, MD	•	•	•	•	•	•	•	•
Richeson, James G., Jr., Washington, DC	•	•	•	•	•	•	•	•
<i>Alternates</i>								
Culotta-Norton, Margaret M., Washington, DC	•							
Feldman, James K., Washington, DC	•							
<b>Florida Delegates 20</b>								
Allen, Nolan W., Clearwater	•	•	•	•	•	•	•	•
Bauknecht, Albert J., Jacksonville	•	•	•	•	•	•	•	•
Bell, Howard C., Jacksonville	•	•	•	•	•	•	•	•
Buckenheimer, Terry L., Tampa	•	•	•	•	•	•	•	•
Cadle, Donald I., Jr., New Port Richey	•	•	•	•	•	•	•	•
Dorn, Samuel O., Hollywood	•	•	•	•	•	•	•	•
Ferris, Robert T., Altamonte Springs	•	•	•	•	•	•	•	•
Fisher, Howard E., Fort Walton Beach	•	•	•	•	•	•	•	•
Floyd, Thomas P., West Palm Beach	•	•	•	•	•	•	•	•
Friedel, Alan E., Hallandale Beach	•	•	•	•	•	•	•	•
Hoffman, Charles W., Jupiter	•	•	•	•	•	•	•	•
Icyda, Teri-Ross, Stuart	•	•	•	•	•	•	•	•
Jernigan, Kim U., Pensacola	•	•	•	•	•	•	•	•
Lastra, Idalia, Miami	•	•	•	•	•	•	•	•
Low, Samuel B., Gainesville	•	•	•	•	•	•	•	•
Miller, Paul R., New Port Richey	•	•	•	•	•	•	•	•
Nissen, Larry W., Merritt Island	•	•	•	•	•	•	•	•
Sabates, Cesar R., Coral Gables	•	•	•	•	•	•	•	•
Starkey, Douglas L., West Palm Beach	•	•	•	•	•	•	•	•
Walker, Lewis C., Jacksonville	•	•	•	•	•	•	•	•
<i>Alternates</i>								
Addabbo, Frank M., Orlando	•							
Antoon, James W., Rockledge	•							
Bertoch, Dan A., Tampa	•							
Boden, David F., Port Saint Lucie	•							
Cohen, Lee, Boca Raton	•							
Coleman, Brian O., Winter Park	•							
D'Aiuto, C. W., Longwood	•							
Diaz, Joseph F., Sun City Center	•							
Dorris, George B., Jr., Shalimar	•							
Dundee, Nicholas J., Cape Coral	•							
Eggnatz, Michael D., Weston	•							
Ferlita, David, West Palm Beach	•							
Gay, Joseph S., Opa Locka	•							
Haeussner, Theodore, Orange Park	•							
Hart, Robert S., II, Tampa	•							
Henry, Dan B., Pensacola	•							
Huot, Richard A., Vero Beach	•							
Romer, Mark A., Lauderhill	•							
Stevens, Barry H., Jacksonville	•							
Walton, James F., III, Tallahassee	•							
<b>Georgia Delegates 9</b>								
Broderick, Thomas R., Savannah	•	+	+	+	+			
Cook, Henry L., Sr., Columbus	•	+	+	+	+			
Freihaut, John F., Marietta	•	+	+	+	+			
Green, Edward J., Albany	•	+	+	+	+			
Ivey, N. Tyrus, Macon	•	+	+	+	+			
Percy, Kent H., Marietta	•	+	+	+	+			
Rainwater, Michael T., Riverdale	•	+	+	+	+			
Schweinebraten, Marie C., Norcross	•	+	+	+	+			
Vernon, Michael O., Augusta	•	+	+	+	+			

	REGISTERED	MEETINGS			
		1	2	3	4
<i>Alternates</i>					
Ferguson, Lucian, Atlanta	•	+	+	+	+
Fussell, J. Timothy, Douglas	•	+	+	+	+
Giorgio, Douglas J., Jr., Savannah	•	+	+	+	+
Hawkins, B. Lee, Gainesville	•	+	+	+	+
Ritz, Mark S., Homerville	•	+	+	+	+
Rogers, Michael B., Augusta	•	+	+	+	+
Stockwell, Karyn L., Kennesaw	•	+	+	+	+
Tourial, Sidney R., Atlanta	•	+	+	+	+
Weinman, Richard A., Atlanta	•	+	+	+	+
<b>Hawaii Delegates 3</b>					
Cassella, Edmund A., Honolulu	•	•	•	•	•
Ohtani, Deron J., Honolulu	•	•	•	•	•
Yonemoto, Gary S., Honolulu	•	•	•	•	•
<i>Alternates</i>					
Chun, Mitchell A., Kailua	•				
Lawler, Kim J., Honolulu	•				
Nunokawa, Neil, Wailuku	•				
<b>Idaho Delegates 3</b>					
Robson, James A., Hayden Lake	•	•	•	•	•
Thompson, Timothy E., Twin Falls	•	•	•	•	•
Transtrum, Franklin D., Blackfoot	•	•	•	•	•
<i>Alternates</i>					
George, Richard L., Moscow	•				
Klure, Jack D., Boise					
Morrell, William S., Boise					
<b>Illinois Delegates 19</b>					
Beard, Darryll L., Waterloo	•	•	•	•	•
Cubbon, H. T., Crete	•	•	•	•	•
Dickey, Keith W., Alton	•	•	•	•	•
Elliott, Ian, Naperville	•	•	•	•	•
Fredricksen, John F., Jr., Oak Lawn	•	•	•	•	•
Hagenbruch, Joseph F., Harvard	•	•	•	•	•
Hayes, Mary J., Chicago	•	•	•	•	•
Higgins, Michael S., Palatine	•	•	•	•	•
Kumamoto, David P., Chicago	•	•	•	•	•
Machnowski, Thomas J., Woodridge	•	•	•	•	•
Maggio, Frank A., Elgin	•	•	•	•	•
Manning, Dennis E., Libertyville	•	•	•	•	•
Osborne, Larry W., Decatur	•	•	•	•	•
Proesel, Charles L., Jr., Gridley	•	•	•	•	•
Shapiro, Elizabeth A., Waterman	•	•	•	•	•
Starsiak, Mary A., Chicago	•	•	•	•	•
Suchy, Keith W., Westchester	•	•	•	•	•
Testa, Ronald G., Flossmoor	•	•	•	•	•
Williams, John R., Moline	•	•	•	•	•
<i>Alternates</i>					
Ashton, Randal P., Danville	•				
Atlas, Alvin C., Evanston	•				
Bertagni, Hugo F., Palatine	•				
Bueltmann, Kenneth W., Glenview	•				
Cross, Brian C., Springfield	•				
Del Carlo, Brian, Downers Grove	•				
Doroshov, Susan Becker, Skokie	•				
Finley, Leo R., Jr., Orland Park	•				
Grandinetti, Vickie J., Chicago	•				
Guebert, J. Kent, Bourbonnais	•				
Hale, Denise D., Palos Hills	•				
Hartog, Thomas J., Freeport	•				
Holba, Richard S., Orland Park	•				
Lyn-Malinowski, Sharon A., Evergreen Park	•				
Nelson, Kevin T., Peoria	•				
Sullivan, Thomas E., Westchester	•				
Tonne, William J., Savanna	•				
Unger, Joseph G., Chicago	•				
<b>Indiana Delegates 9</b>					
Holm, Steven J., Portage	•	•	•	•	•
Holwager, David R., Cambridge City	•	•	•	•	•
Koufos, Michael J., Munster	•	•	•	•	•
Leighty, Chad R., Marion	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Matthews, David N., Fort Wayne	•	•	•	•	•
Richter, Neal B., Merrillville	•	•	•	•	•
Smith, Michael T., Tipton	•	•	•	•	•
Stetzel, Mark R., Fort Wayne	•	•	•	•	•
Thomas, J. Mark, Seymour	•	•	•	•	•
<i>Alternates</i>					
Catey-Williams, Mara, Gas City	•				
De La Rosa, Rebecca J., Avon	•				
Fisher, James W., Fort Wayne	•				
Maddox, Raymond M., Hartford City	•				
Martin, Richard L., Jr., Kokomo	•				
Roberts, John R., Connersville	•				
Sadler, Charles A., Jr., Fishers	•				
Szakaly, Martin R., South Bend	•				
Williams, Jean, Crawfordsville	•				
<b>Iowa Delegates 5</b>					
Carrell, A. F., Shenandoah	•	•	•	•	•
Grimes, P. T., Cedar Rapids	•	•	•	•	•
Halbur, Martin J., Carroll	•	•	•	•	•
Hettinger, Richard F., Sioux City	•	•	•	•	•
Kell, Kathryn A., Davenport	•	•	•	•	•
<i>Alternates</i>					
Bradley, Steven P., Cascade	•				
Heddens, Heather B., Washington	•				
Johnsen, David C., Iowa City	•				
Maletta, John A., West Des Moines	•				
Tjarks, Heyo H., Dubuque	•				
<b>Kansas Delegates 4</b>					
Dillehay, J. Kendall, Wichita	•	•	•	•	•
Sherwood, Cynthia E., Independence	•	•	•	•	•
Stasch, Jeffrey, Garden City	•	•	•	•	•
Tilton, Jon W., Wichita	•	•	•	•	•
<i>Alternates</i>					
Oettmeier, Bert W., Jr., Leawood	•				
Peppes, Gregory J., Prairie Village	•				
Thompson, R. Wayne, Shawnee	•			+	•
<b>Kentucky Delegates 6</b>					
Elliott, O. Andy, II, Martin	•	•	•	•	•
Howard, H. Fred, Harlan	•	•	•	•	•
Kelly, James C., Louisville	•	•	•	•	•
Lee, William E., Lexington	•	•	•	•	•
Rich, William K., Dry Ridge	•	•	•	•	•
Robertson, Stephen W., Bowling Green	•	•	•	•	•
<i>Alternates</i>					
Allen, James R., Louisville	•				
Hill, James D., Irvine	•				
Johnson, James M., Owensboro	•				
Knight, Judson M., Lexington	•				
Largent, Beverly A., Paducah	•				
<b>Louisiana Delegates 6</b>					
Barsley, Robert E., New Orleans	•	•	•	•	•
Dunaway, Lige F., III, Lafayette	•	•	•	•	•
Hadlock, William A., Baton Rouge	•	•	•	•	•
Hovland, Eric J., New Orleans	•	•	•	•	•
Roberts, Gary L., Shreveport	•	•	•	•	•
Zeringue, Curtis J., Mathews	•	•	•	•	•
<i>Alternates</i>					
Chaney, Mark S., New Orleans	•				+
Kestel, David A., Lake Charles	•				+
Ortego, L. Stephen, Pineville	•				+
Price, Thomas H., Lake Charles	•				
Simon, Denis E., III, Baton Rouge	•				
Tarver, Earl L., Jr., Monroe	•				+
<b>Maine Delegates 3</b>					
Convey, Maurice J., Norway	•	•	•	•	•
Dow, Jeffrey D., Waterville	•	•	•	•	•
Kenneally, Joseph R., Biddeford	•	•	•	•	•

	REGISTERED		MEETINGS			
	1	2	3	4	5	6
<i>Alternates</i>						
Howard, Lisa P., Scarborough	•					
Shenkin, Jonathan D., Bangor	•					
Woods, Karl P., Houlton	•					
<b>Maryland Delegates 7</b>						
a'Becket, Thomas R., Laurel	•	•	•	•	•	•
Antonelli, Morris, Beltsville	•	•	•	•	•	•
Carter, Robert T., Baltimore	•	•	•	•	•	•
Doring, Kevin R., Edgewater	•	•	•	•	•	•
Goodman, Susan B., Columbia	•	•	•	•	•	•
Martin, William F., III, Towson	•	•	•	•	•	•
Sykes, Murray D., Silver Spring	•	•	•	•	•	•
<i>Alternates</i>						
Fridley, Arthur C., Temple Hills	•					
Grubb, Richard V., Havre De Grace	•					
Kelley, Richard M., Emmitsburg	•					
Morgan, Garner D., Mechanicsville	•					
Slotke, Craig E., Baltimore	•					
<b>Massachusetts Delegates 13</b>						
Bousquet, Rene R., Plainville	•	•	•	•	•	•
DerKazarian, Alan K., Cambridge	•	•	•	•	•	•
Faiella, Robert A., Osterville	•	•	•	•	•	•
Glicksman, Milton A., Dartmouth	•	•	•	•	•	•
Gold, Alan S., Pittsfield	•	•	•	•	•	•
Mahoney, Daniel G., Osterville	•	•	•	•	•	•
McKenna, Stephen, Feeding Hills	•	•	•	•	•	•
Millstein, Philip L., Cambridge	•	•	•	•	•	•
Richman, Andrea, Carlisle	•	•	•	•	•	•
Samuels, David, Andover	•	•	•	•	•	•
Schmid, David A., Marshfield	•	•	•	•	•	•
Silvius, Charles L., Revere	•	•	•	•	•	•
Thiel, James N., Brookline	•	•	•	•	•	•
<i>Alternates</i>						
Borgia, Anthony T., Sandwich	•					
Dennis, William R., Shrewsbury	•					
Eddy, Arthur F., Shirley	•					
Fisher, John P., Salem	•					
Gagne, Charles A., North Grafton	•					
Giamberardino, Anthony N., Medford	•					
Lewin, Roderick W., Ashburnham	•					
Torrisi, Thomas P., Methuen	•					
Wasserman, Michael H., Pittsfield	•					
<b>Michigan Delegates 17</b>						
Behnke, Sherill L., East Lansing	•	•	•	•	•	•
Christy, Todd, Berrien Springs	•	•	•	•	•	•
Dater, Steven M., Rockford	•	•	•	•	•	•
Dawley, Joanne, Southfield	•	•	•	•	•	•
Duff, Benson C., Grand Blanc	•	•	•	•	•	•
Gist, Ray F., Flint	•	•	•	•	•	•
Goodis, George T., Grosse Pointe Woods	•	•	•	•	•	•
Hirsch, Edward H., Farmington	•	•	•	•	•	•
Jacobs, Allan, West Bloomfield	•	•	•	•	•	•
Johnston, Jeffrey W., Beverly Hills	•	•	•	•	•	•
Kolling, Josef N., Ann Arbor	•	•	•	•	•	•
Mack, Vincent P., Traverse City	•	•	•	•	•	•
Maihofer, Michael, Roseville	•	•	•	•	•	•
Nester, Dale A., Ithaca	•	•	•	•	•	•
Richards, Robert D., Hancock	•	•	•	•	•	•
Secord, Edwin D., III, Dearborn	•	•	•	•	•	•
Wright, William L., Jackson	•	•	•	•	•	•
<i>Alternates</i>						
Boyle, Patricia I., Dearborn	•					
Buchheister, John S., Warren	•					
Chase, William R., Ann Arbor	•					
Colquitt, Wayne N., Ann Arbor	•					
Fontana, Nicholas A., Troy	•					
Greig, John W., Bloomfield	•					
Jankowski, Richard L., Lansing	•					
Jeffers, Gary E., Northville	•					
Jennings, Michael D., Saint Clair Shores	•					
Peters, Debra A., Grand Rapids	•					
Polverini, Peter J., Ann Arbor	•					
Ruskin, Danielle R., Farmington	•					

	REGISTERED		MEETINGS			
	1	2	3	4	5	6
Steiman, Robert, Grosse Pointe	•					
Verhagen, Connie M., Muskegon	•					
Wakeem, Jehan, Grosse Pointe	•					
<b>Minnesota Delegates 9</b>						
Foy, Patrick J., Minneapolis	•	•	•	•	•	•
Keim, Douglas K., Saint Paul	•	•	•	•	•	•
Langguth, Timothy R., Duluth	•	•	•	•	•	•
Leach, Ronald K., Le Center	•	•	•	•	•	•
Lingle, Scott D., Saint Paul	•	•	•	•	•	•
McDonnell, Stephen R., Saint Paul	•	•	•	•	•	•
Nydahl, John D., Saint Cloud	•	•	•	•	•	•
Wiberg, Richard A., Saint Paul	•	•	•	•	•	•
Zenk, James K., Montevideo	•	•	•	•	•	•
<i>Alternates</i>						
Di Angelis, Anthony J., Minneapolis	•					
Harms, Kimberly A., Farmington	•					
Jurkovich, Mark W., Chisago City	•					
Lloyd, Patrick M., Minneapolis	•					
Nei, John P., Long Prairie	•					
Sledd, Jamie L., Maple Grove	•					
Till, Michael J., Minneapolis	•					
Winn, George H., New Prague	•					
<b>Mississippi Delegates 3</b>						
Dumas, James R., Jr., Prentiss	•	•	•	•	•	•
Seago, Donald L., Jackson	•	•	•	•	•	•
Singley, Dan H., Jr., Meridian	•	•	•	•	•	•
<i>Alternates</i>						
Campassi, Robin H., Columbus	•					
Gill, Eleanor A., Olive Branch	•					
Rives, Robert W., Jackson	•					
<b>Missouri Delegates 7</b>						
Hume, John D., Springfield	•	•	•	•	•	•
Magruder, Herbert E., III, O Fallon	•	•	•	•	•	•
McGinty, Charles C., Joplin	•	•	•	•	•	•
Meegan, Deborah L., Florissant	•	•	•	•	•	•
Roberson, Scott A., Independence	•	•	•	•	•	•
Weinand, Kenneth J., Independence	•	•	•	•	•	•
Zust, Mark R., Saint Peters	•	•	•	•	•	•
<i>Alternates</i>						
Baker, Gary O., Saint Louis	•					
Butler, Robert E., Webster Groves	•					
Donahue, William J., Parkville	•					
Hoffmann, Michael J., Saint Louis	•					
McDavid, Valerie G., Jefferson City	•					
Mosby, Edward L., Kansas City	•					
Trout, Andrew, Saint Joseph	•					
<b>Montana Delegates 2</b>						
Hadnot, Douglas S., Lolo	•	•	•	•	•	•
Nordstrom, Donald O., Missoula	•	•	•	•	•	•
<i>Alternates</i>						
Johnson, David W., Great Falls	•					•
Smith, John E., Helena	•					
<b>Navy Delegates 2</b>						
Rinaudo, Philip J., Kenner, LA	•	•	•	•	•	•
Turner, Carol I., Vienna, VA	•	•	•	•	•	•
<i>Alternates</i>						
Weber, Carol D., APO, AP	•					
Welbourn, Barton R., Rockville, MD	•					
<b>Nebraska Delegates 3</b>						
Ahlschwede, John P., Central City	•	•	•	•	•	•
Schlothauer, George H., Gering	•	•	•	•	•	•
Vigna, Edward J., Lincoln	•	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
<i>Alternates</i>					
Low, Kevin C., Chappell	•				
Morrison, Scott L., Omaha	•				
Walker, James A., Lincoln					
<b>Nevada Delegates 3</b>					
Di Grazia, Peter M., Reno	•	•	•	•	•
Miller, Jade A., Reno	•	•	•	•	•
Talley, Robert H., Las Vegas	•	•	•	•	•
<i>Alternates</i>					
Pitts, Arnold C., Reno					
Rosenbaum, George F., Boulder City					
Thalgott, Robert, Las Vegas	•				
<b>New Hampshire Delegates 3</b>					
Albee, Charles E., Pembroke	•	•	•	•	•
Homicz, Alphonse J., Antrim	•	•	•	•	•
Ura, Stephen C., Nashua	•	•	•	•	•
<i>Alternates</i>					
Baldassarre, Pamela Z., Bedford					
Echternach, John, Henniker	•				
Rodden, Jeffrey W., Keene	•				
<b>New Jersey Delegates 12</b>					
Chenman, Alan H., Ventnor City	•	•	•	•	•
Colton, Harris N., Cherry Hill	•	•	•	•	•
Feinberg, Maxine, Cranford	•	•	•	•	•
Gelbman, Joel C., Livingston	•	•	•	•	•
Graham, Frank J., Teaneck	•	•	•	•	•
Isaacson, Richard D., West Long Branch	•	•	•	•	•
Leizer, Joel E., East Brunswick	•	•	•	•	•
Morganstern, Thomas F., East Windsor	•	•	•	•	•
Pellegrini, August D., Bayonne	•	•	•	•	•
Rempell, Jeffrey H., Clifton	•	•	•	•	•
Riva, Richard D., Chatham	•	•	•	•	•
Sterritt, Frederic C., Belle Mead	•	•	•	•	•
<i>Alternates</i>					
Chinoy, Walter I., Scotch Plains	•				
Clemente, Peter L., Piscataway					
Fink, Steven R., Kinnelon	•				
Hersh, Robert A., Freehold	•				
Jungels, Bradford S., Northfield					
Rich, Barbara A., Cherry Hill	•				
Saber, Mehdi, Cranford					
Schwartz, Howard A., Inglewood	•				
Shekitka, Robert A., Maplewood	•				
Weger, Robert E., Morristown	•				
Whitman, Sidney A., Hamilton Square	•				
<b>New Mexico Delegates 3</b>					
Lubar, Larry B., Albuquerque	•	+	+	+	+
Merritt, Kennedy W., Clovis	•	•	+	+	+
Schripsema, Thomas J., Albuquerque	•	+	+	+	+
<i>Alternates</i>					
Matthews, Joseph D., Jr., Los Alamos	•	+	+	+	+
Moore, David, Albuquerque	•	•	+	+	+
Willow, Gail, Silver	•	+	+	+	+
<b>New York Delegates 41</b>					
Andolina, Richard, Hornell	•	•	•	•	•
Antenucci, Eugene, Huntington	•	•	•	•	•
Asaro, John P., Tonawanda	•	•	•	•	•
Bailey, Lawrence, New York	•	•	•	•	•
Baumler, Jeffrey A., Niagara Falls	•	•	•	•	•
Breault, Michael R., Schenectady	•	•	•	•	•
Burkes, Jeffrey R., New York	•	•	•	•	•
Calnon, William, Rochester	•	•	•	•	•
Caruso, Joseph R., Flushing	•	•	•	•	•
Di Mango, Anthony L., Brooklyn	•	•	•	•	•
Doherty, Robert J., White Plains	•	•	•	•	•
Epel, Lidia M., Rockville Centre	•	•	•	•	•
Fink, Richard A., Niagara Falls	•	•	•	•	•
Gehani, Chandurpal P., Jackson Heights	•	•	•	•	•
Giannuzzi, Robert G., Binghamton	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Graham, Malcolm S., White Plains	•	•	•	•	•
Halkias, Robert D., Brooklyn	•	•	•	•	•
Hanley, Kevin J., Buffalo	•	•	•	•	•
Karp, William, Manlius	•	•	•	•	•
Kennedy, Brian T., Troy	•	•	•	•	•
Lane, Kerry, Southampton	•	•	•	•	•
Ledner, Jay, Little Neck	•	•	•	•	•
Leifert, Melvyn M., New York	•	•	•	•	•
Liang, John, Utica	•	•	•	•	•
Margolin, Robert E., Scarsdale	•	•	•	•	•
Markowitz, Paul, Bohemia	•	•	•	•	•
Messing, Steven G., Albany	•	•	•	•	•
Miller, David J., East Meadow	•	•	•	•	•
Neary, Matthew J., New York	•	•	•	•	•
Palmaccio, Frank J., Woodbury	•	•	•	•	•
Perna, Alfonso J., Binghamton	•	•	•	•	•
Peskin, Robert M., Garden City	•	•	•	•	•
Puma, Thomas A., Brewster	•	•	•	•	•
Raiber, Robert B., New York	•	•	•	•	•
Reyes, Reneida, Brooklyn	•	•	•	•	•
Sconzo, James J., Brooklyn	•	•	•	•	•
Stein, Jeffrey I., White Plains	•	•	•	•	•
Volland, Lawrence E., Lockport	•	•	•	•	•
Vorrasi, Andrew G., Rochester	•	•	•	•	•
Wetzel, Frederick W., Niskayuna	•	•	•	•	•
Wood, Andrew T., Albany	•	•	•	•	•
<i>Alternates</i>					
Barone, Mark K., Warsaw	•				
Baum, Irving, Fishkill					
Burk, James R., Sodus	•				
Edwards, Theodore P., Flemington					
Epstein, Ralph H., Great Neck					
Essig, Steven L., Ravena	•				
Farrell, Scott J., Binghamton	•				
Fitzgerald, James J., Garden City					
Gehani, Rekha C., Jackson Heights	•				
Gounardes, Steven, Brooklyn					
Henner, Kevin A., Deer Park					
Herman, Richard P., New City	•				
Hosannah, Hilton O., Brooklyn					
Leary, Paul R., Smithtown	•				
Lewenson, Richard J., New York	•				
Liberatore, Gregory, Ballston Spa					
Madigan, Ann, White Plains					
Milko, Thomas J., Northville	•				
Mistry, Bhagwati J., Tarrytown	•				
Ormond, E. J., Colton	•				
Padukone, Maitreya P., New York					
Parker, Robert E., III, Rochester	•				
Patrignani, Alan, Buffalo	•				
Redhead, R. Chester, New York	•				
Seiver, Jeffrey, East Islip					
Seminara, Robert A., Staten Island	•				
Smail, Douglas B., Troy	•				
Sweet, Timothy, Syracuse					
Tota, Christopher M., Hawthorne	•				
Trager, Robert M., Hollis	•				
Wang, Bobby, Briarcliff					
Weiner, Howard A., Sea Cliff	•				
<b>North Carolina Delegates 9</b>					
Breeland, Nona I., Chapel Hill	•	•	•	•	•
Elliott, James C., Jr., Asheville	•	•	•	•	•
Jewell, Edwin S., Wilmington	•	•	•	•	•
McKaig, Bettie R., Raleigh	•	•	•	•	•
Norman, Charles H., III, Greensboro	•	•	•	•	•
Roberson, Theodore M., Durham	•	•	•	•	•
Stamm, John W., Chapel Hill	•	•	•	•	•
Tucker, Kent N., Pilot Mountain	•	•	•	•	•
Willis, Charles S., II, Durham	•	•	•	•	•
<i>Alternates</i>					
Card, Rex B., Wake Forest	•				
Fleming, Stanley L., Durham	•				
Hunt, Richard F., III, Rocky Mount	•				
Jordan, Richard D., Arden	•				
Litaker, William M., Jr., Hickory	•				
Oyster, Gary D., Raleigh					•
Parker, Michael A., Asheville	•	•			
Plage, Robert G., Wilmington	•				



	REGISTERED	MEETINGS			
		1	2	3	4
<b>North Dakota Delegates 2</b>					
Kenner, Kristin H., Devils Lake	•	•	•	•	•
Seeley, Ron J., Williston	•	•	•	•	•
<i>Alternates</i>					
Gjerstad, Lawrence E., Mott					
<b>Ohio Delegates 16</b>					
Burns, Dennis A., Columbus	•	•	•	•	•
Crowley, Joseph P., Cincinnati	•	•	•	•	•
Farinacci, David J., North Canton	•	•	•	•	•
Fick, Husine, Oregon	•	•	•	•	•
Howard, Berta, Hamilton	•	•	•	•	•
Job, Burton W., Akron	•	•	•	•	•
Kelly, Thomas S., Beachwood	•	•	•	•	•
Lemmo, Ronald P., Willoughby Hills	•	•	•	•	•
Mellion, Joseph T., Akron	•	•	•	•	•
Moody, Dennis M., Youngstown	•	•	•	•	•
Nicolette, Jeanne M., New Albany	•	•	•	•	•
Pope, Theodore R., Englewood	•	•	•	•	•
Records, Linda E., Columbus	•	•	•	•	•
Simpson, Stephen P., Hudson	•	•	•	•	•
Smith, David K., Gallipolis	•	•	•	•	•
Strickland, Daniel J., Oregon	•	•	•	•	•
<i>Alternates</i>					
Bronson, Mark E., Cincinnati	•				
Elias, Karl W., Dayton	•				
Fields, Henry W., Jr., Columbus	•				
Gabriel, Thomas M., Youngstown	•				
Gardner, Kim L., Chardon	•				
Huff, Kevin D., Dover	•				
Kale, Jennifer A., Twinsburg	•				
Kelley, Carole J., Dublin	•				
Perrino, Thomas J., Cincinnati	•				
Pyle, Marsha A., Cleveland	•				
Schneider, James C., Olmsted Falls	•				
Stickrath, Robert B., Jr., Marietta	•				
Waldman, David S., Youngstown	•				
Williams, Frank C., Cleveland	•				
Winland, Roger D., Athens	•				
Zucker, William J., Sandusky	•				
<b>Oklahoma Delegates 5</b>					
Beasley, William L., Oklahoma City	•	•	•	•	•
Cohlma, Raymond A., Oklahoma City	•	•	•	•	•
Hogg, Steven W., Broken Arrow	•	•	•	•	•
Miller, Jerome B., Oklahoma City	•	•	•	•	•
Torchia, James S., Tulsa	•	•	•	•	•
<i>Alternates</i>					
Abshere, Philip M., Oklahoma City	•				
Keenan, Allen C., Tulsa	•				
Keeter, D. K., Frederick	•				
Nicholson, James S., Jr., Muskogee	•				
Waugh, W. Scott, Edmond	•				
<b>Oregon Delegates 6</b>					
Heringer, Weston W., Jr., Salem	•	•	•	•	•
Jensen, Mark E., Bend	•	•	•	•	•
Nearing, Patrick M., La Grande	•	•	•	•	•
Peterson, Janet P., Corvallis	•	•	•	•	•
Wilson, D. Richard, Portland	•	•	•	•	•
Windell, Henry C., Gresham	•	•	•	•	•
<i>Alternates</i>					
Asai, Rickland G., Portland	•				
Barichello, Teri L., Oregon City	•				
Benson, Sean A., Baker City	•				
Bremner, Fred A., Milwaukee	•				
Catt, Jim, Medford	•				
Taylor, Barry, Beaverton	•				
<b>Pennsylvania Delegates 18</b>					
Clark, Byron L., Jonestown	•	•	•	•	•
Eisenhart, Craig A., Huntingdon	•	•	•	•	•
Grossman, Richard R., Kingston	•	•	•	•	•
Hoffman, R. Donald, Pittsburgh	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Jaworski, Stephen J., New Bethlehem	•	•	•	•	•
Johnston, Jon J., Punxsutawney	•	•	•	•	•
Korch, Peter P., Northern Cambria	•	•	•	•	•
Kwasny, Andrew J., Erie	•	•	•	•	•
Lewis, William R., Pittsburgh	•	•	•	•	•
Lopatofsky, Thomas G., Wellsboro	•	•	•	•	•
McGuire, Eugene J., Allentown	•	•	•	•	•
Miller, Saul N., Philadelphia	•	•	•	•	•
Nordone, Thomas, Philadelphia	•	•	•	•	•
Rinehimer, James A., Pocono Lake	•	•	•	•	•
Sameroff, Jeffrey, Pottstown	•	•	•	•	•
Selcher, Samuel E., Middletown	•	•	•	•	•
Weber, Charles R., West Chester	•	•	•	•	•
White, Edward E., Elizabethtown	•	•	•	•	•
<i>Alternates</i>					
Aughenbaugh, Jack A., Hegins	•				
Axler, Jerrold H., Phoenixville	•				
Checchio, Lennie M., Philadelphia	•				
Clark, Richard J., III, Broomall	•				
Davis, Gary S., Shippensburg	•				
Kirchner, George A., Allentown	•				
Kohler, Joseph J., III, Erie	•				
Rockey, Samuel R., Lock Haven	•				
Runzo, Robert S., Pittsburgh	•				
Schimmel, David, State College	•				
Schroeder, Martin L., Biglerville	•				
Singer, Robert R., Elkins Park	•				
Staubach, John W., York	•				
Stefanowicz, Elaine, Philadelphia	•				
Weaver, William J., Brookville	•				
Wells, Jay R., III, Bethel	•				
<b>Public Health Delegates 2</b>					
Kleinman, Dushanka V., Bethesda, MD	•	+	•	•	•
Wood, Paul S., Lawton, OK	•	•	•	•	•
<i>Alternates</i>					
Hickey, Daniel J., Pittsburgh, PA	•				
Presson, Scott M., Lawrenceville, GA	•	+			
<b>Puerto Rico Delegates 2</b>					
Del Valle-Sepulveda, Edwin, Caguas	•	•	•	•	•
Rodriguez-Olagagasti, Herman A., San Juan	•	•	•	•	•
<i>Alternates</i>					
Aponte-Machini, Gilberto, San Lorenzo	•				
Suarez-Marchand, Samuel B., San Juan	•				
<b>Rhode Island Delegates 3</b>					
Barto, Robert E., Woonsocket	•	•	•	•	•
Van Dongen, Craig A., Providence	•	•	•	•	•
Walsh, Richard D., Charlestown	•	•	•	•	•
<i>Alternates</i>					
Mehlman, Edwin S., Providence	•				
Turkel, Roger M., North Kingstown	•				
<b>South Carolina Delegates 5</b>					
Campbell, W. Lynn, Columbia	•	•	•	•	•
Hewitt, Richard F., Greenville	•	•	•	•	•
Kennedy, W. Phil, Hartsville	•	•	•	•	•
Parker, Samuel Edward, Jr., Florence	•	•	•	•	•
Rawls, Douglas S., North Charleston	•	•	•	•	•
<i>Alternates</i>					
Fair, Julian H., III, Wagener	•				
Ferguson, Larry J., Charleston	•				
Mollica, Anthony G., Jr., Anderson	•				
Sanders, John J., Summerville	•				
Wallace, M. L., Sumter	•				
<b>South Dakota Delegates 2</b>					
Akerson, H. Alan, Sioux Falls	•	•	•	•	•
Ellwein, Orin W., Sioux Falls	•	•	•	•	•
<i>Alternates</i>					
Hajek, Thomas J., Huron	•				

	REGISTERED	MEETINGS			
		1	2	3	4
<b>Tennessee Delegates 7</b>					
Dycus, Richard W., Cookeville	•	•	•	•	•
Gorham, Matt J., III, Nashville	•	•	•	•	•
Gotcher, Jack E., Jr., Knoxville	•	•	•	•	•
Guthrie, F. Rick V., Jr., Bristol	•	•	•	•	•
Henley, Joe R., Greeneville	•	•	•	•	•
Rainey, Irvin M., Jr., Jackson	•	•	•	•	•
Robbins, Morris L., Jr., Memphis	•	•	•	•	•

*Alternates*

Greenblatt, Charles L., Jr., Knoxville	•				
Hight, James R., Jr., Jackson	•				
Lloyd, William E., Memphis	•				
McDaniel, James W., Chattanooga	•				
Propper, Terry A., Brentwood	•				
Thompson, William R., Murfreesboro	•				

**Texas Delegates 23**

Black, Richard C., El Paso	•	•	•	•	•
Blanton, Patricia L., Dallas	•	•	•	•	•
Chancellor, James W., San Antonio	•	•	•	•	•
Condrey, James D., Missouri City	•	•	•	•	•
Davis, T. Bob, Dallas	•	•	•	•	•
Foster, James R., Athens	•	•	•	•	•
Harrison, Thomas C., Katy	•	•	•	•	•
Helmer, Otice Z., Jr., Fort Worth	•	•	•	•	•
Israelson, Hilton, Richardson	•	•	•	•	•
Kolb, Charles D., Taft	•	•	•	•	•
Long, S. Jerry, Houston	•	•	•	•	•
Lutes, Don A., Mount Pleasant	•	•	•	•	•
Miller, Donna G., Waco	•	•	•	•	•
Moore, Alan B., Austin	•	•	•	•	•
Person, James A., McAllen	•	•	•	•	•
Rader, Charles E., Vistoria	•	•	•	•	•
Schlattman, Russell H., II, Houston	•	•	•	•	•
Schwartz, Stephen F., Houston	•	•	•	•	•
Spradley, Larry W., Bedford	•	•	•	•	•
Stewart, Debra G., Stafford	•	•	•	•	•
Stuart, Michael L., Mesquite	•	•	•	•	•
Vaclav, Michael D., Amarillo	•	•	•	•	•
Wade, Herbert L., Jr., Bryan	•	•	•	•	•

*Alternates*

Armstrong, Craig S., Houston	•				
Barrington, Jennifer J., Waxahachie	•				
Clitheroe, Robert L., Sugar Land	•				
Collins, Ron, Houston	•				
Frazer, Karen E., Austin	•				
Gibson, Kathy T., Houston	•				
Gonzalez, Tomina B., Weslaco	•				
Goulding, Michael J., Fort Worth	•				
Higginbottom, Frank L., Dallas	•				
Kennedy, Paul A., Corpus Christi	•				
Ku, David M., Dallas	•				
Peppard, Richard M., Austin	•				
Roberts, Matthew B., Crockett	•				
Rollow, Janis M., Dallas	•				
Sadler, Myles F., Lubbock	•				
Smith, Richard M., Amarillo	•				
Wier, Leighton, A., San Antonio	•				
Woolweaver, David A., Harlingen	•				
Worsham, Debrah J., Center	•				

**Utah Delegates 4**

Boseman, Jerald, Salt Lake City	•	•	•	•	•
Mattson, Rand T., Roy	•	•	•	•	•
Morgan, Stephen S., Kaysville	•	•	•	•	•
Smith, A. J., Murray	•	•	•	•	•

*Alternates*

Blaisdell, Mark H., Bountiful	•				
Bowen, Ronald S., Midvale	•				
Fuller, Jon G., Jr., Moab	•				

**Vermont Delegates 2**

Guthmann, W. Peter, Morrisville	•	•	•	•	•
Neumeister, David R., Brattleboro	•	•	+	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
<i>Alternates</i>					
Fisch, Judith M., Rutland	•	•	+		
Verderber, Charles, Saint Albans	•				

**Veterans Affairs Delegates 2**

Frame, Robert T., Washington, D.C.	•	•			
Tucker, W. Mark, Temple Terrace, FL	•	•	•	•	•

*Alternates*

Ball, John D., Houston	•				
Buchanan, C. Richard, Annapolis, MD	•		•	•	•

**Virgin Islands Delegate 1**

Moore, Kimberly A., St. Thomas	•		•	•	•
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**Virginia Delegates 10**

Adams, Anne C., Glen Allen	•	•	•	•	•
Anderson, David C., Alexandria	•	•	•	•	•
Barnes, Richard D., Hampton	•	•	•	•	•
Cuttino, Charles L., III, Richmond	•	•	•	•	•
Huff, Wallace L., Blacksburg	•	•	•	•	•
Hutchison, Bruce R., Centreville	•	•	•	•	•
Klima, Rodney J., Burke	•	•	•	•	•
Tankersley, Ronald L., Newport News	•	•	•	•	•
Webb, Leslie S., Jr., Richmond	•	•	•	•	•
Weisberg, Edward J., Norfolk	•	•	•	•	•

*Alternates*

Bell, Alonzo M., Alexandria	•				
DeGinder, Bruce R., Williamsburg	•				
Gillespie, M. Joan, Alexandria	•				
Hunt, Ronald J., Richmond	•				
Miller, Benita A., Richmond	•				
Norbo, Kirk, Purcellville	•				
Sherwin, J. T., Orange	•				
Viglione, William J., Charlottesville	•				
Vlahos, Gus C., Dublin	•				
Wood, Roger E., Midlothian	•				

**Washington Delegates 10**

Crinzi, Richard A., Redmond	•	•	•	•	•
Edgar, Bryan C., Federal Way	•	•	•	•	•
Homer, Denny W., Okanogan	•	•	•	•	•
Lawton, Lawrence R., Mead	•	•	•	•	•
Middaugh, Dan G., Seattle	•	•	•	•	•
Ogata, Randall H., Seattle	•	•	•	•	•
Savage, Rhonda R., Gig Harbor	•	•	•	•	•
Shaw, Robert R., Spokane	•	•	•	•	•
Smith, Mary Krempasky, Spokane	•	•	•	•	•
Walker, Mark V., Kent	•	•	•	•	•

*Alternates*

Anderson, Bryan D., Spokane	•				
Bird, Albert R., Tacoma	•				
Edgar, Linda J., Federal Way	•	•			
Feder, Barry A., Issaquah	•				
Grubb, Terry, Wenatchee	•				
Houten, David, Kelso	•				
Ogata, Gregory Y., Sammamish	•				
Ouhl, Rick, Tacoma	•				
Patrick, Bruce R., Bothell	•				
Ribary, James L., Gig Harbor	•				

**West Virginia Delegates 3**

Leslie, Thomas W., Berkeley Springs	•	•	•	•	•
Medovic, Michael D., Wheeling	•	•	•	•	•
Smith, Charles L., Charleston	•	•	•	•	•

*Alternates*

Dolan, Kenneth H., Charleston	•				
Hildebrand, L. Keith, Huntington	•				

**Wisconsin Delegates 9**

Brennan, Robert J., Neenah	•	•	+	+	•
Dahl, Eva C., Onalaska	•	•	+	+	•
Engle, Dennis W., Mequon	•	•	•	+	•

	REGISTERED	MEETINGS			
		1	2	3	4
Hughes, Thomas J., Cassville	•	•	+	+	+
Jaeger, Frederick J., Madison	•	•	•	•	•
Lofthouse, Richard M., Fennimore	•	•	+	•	•
Masak, John G., Appleton	•	+	+	•	•
Stamatelakys, Constantine, Brookfield	•	•	+	•	•
Vander Kelen, Paul D., Green Bay	•	•	+	+	•
<i>Alternates</i>					
Christman, Blane R., Ladysmith	•		+	+	
De Rose, Francesca, Racine	•		+		
Donohoo, Michael W., Milwaukee	•		+		
Hebl, Monica, Brookfield	•		+	+	
Kenyon, David J., Altoona	•	+	+	+	

	REGISTERED	MEETINGS			
		1	2	3	4
Lobb, William K., Mukwonago	•			+	
Moser, John R., Shorewood	•			+	
Shoemaker, Eugene B., Waukesha	•		+	+	+
Villwock, Robert M., Green Bay	•	•	+		
<i>Wyoming Delegates 2</i>					
Okano, David K., Rock Springs	•	•	•	•	•
Pieper, Timothy J., Torrington	•	•	•	•	•
<i>Alternates</i>					
Bouzis, Nick A., Gillette					
Hill, Rodney C., Casper	•				

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