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American Dental Association  
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Pages 197-406

# 2005

Transactions

146<sup>th</sup> Annual Session

Philadelphia, Pennsylvania

October 6-11, 2005









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146<sup>th</sup> Annual Session

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# Notes

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# Minutes of Board of Trustees

February 20-22

April 17-19

June 12-14

August 7-9

September 28-30

October 11

December 11-13

# Notes

# February 20-22, 2005

## Newport Beach, California

**Call to Order:** The third session of the Board of Trustees was called to order by President Richard Haught on Sunday, February 20, 2005, at 7:00 a.m., in the Cabrillo Room of the Four Seasons Hotel, Newport Beach, California.

**Roll Call:** The following officers and members of the Board of Trustees were in attendance: 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 for all or portions of the meeting 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; William T. Zimmermann, chief financial officer; and Laura Neumann, associate executive director, Education.

**Presentation by Ms. Suzanne Goldstein, assistant product director, Johnson & Johnson:** The Board viewed a presentation by Ms. Goldstein on a proposed joint project with the ADA, a public outreach campaign to increase the percentage of consumers who floss regularly and properly. Components of the campaign would include radio and TV public service announcements, a JADA supplement, educational materials for dental professionals and consumers and advertising in dental publications. The \$2 million-plus campaign would launch this spring and was preceded with full-page, co-branded ads in four daily newspapers and *TIME* magazine in February. The Council on Communications had unanimously approved a resolution supporting the flossing campaign at its January meeting, provided that it comports with the image and policies of the Association and that ADA leaders approve the project. Mr. Clay Mickel, associate executive director, Division of Communications and Corporate Relations, participated in this portion of the meeting via conference call.

**Retreat Session:** The Board of Trustees conducted its regular business primarily on Sunday, February 20. On February 21 and 22, the Board conducted segments with invited guests representing dental industry, education, dental team members, regulators and third party payers to discuss and brainstorm key issues in order to help the Board and the ADA through its periodic review of programs, policies and resource allocation. The topic of

this year's discussion was workforce related issues facing dentistry. The Board also had an in-depth discussion on the work in progress on the upcoming new strategic plan and provided significant input into that process.

### Preliminary

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

**B-1-2005. 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 Mail Ballot Actions:** In accordance with the *Organization and Rules of the Board of Trustees*, which requires that all mail or fax votes be recorded in the minutes of the next regular Board session, the following resolutions were adopted by mail ballot.

*Approval of Ad Interim Appointment to the Committee on the New Dentist. Adopted Unanimously*

**B-127-2004. Resolved,** that in accordance with the ADA *Bylaws*, Dr. Stephen Zuknick be selected to fill the unexpired term of Dr. Tricia Hess on the Committee on the New Dentist.

*Amendments to the Retiree Medical Program. Adopted Unanimously*

**B-2-2005. Resolved,** that for the 2005 calendar year, the premium split for retirees (where a cost-share arrangement is currently taking place) mirror the premium split for full time employees, and be it further

**Resolved,** that the contribution schedule for the Retiree Medical Program that appears in B-117-1993

(*Trans.* 1993:648) be rescinded, and be it further

**Resolved,** that staff develop a long-term plan for addressing retiree health benefits for presentation to the Board in time to implement for the 2006 calendar year.

*Approval of the Minutes of the December 2004 Meeting of the Board of Trustees. Adopted Unanimously*

**B-3-2005. Resolved,** that the minutes of the December 5-7, 2004, session of the Board of Trustees, as presented, be approved.

### Advocacy

**Report of Overarching Metrics Results:** At its June 2004 session, the Board of Trustees adopted Resolution B-23-2004 (*Trans.* 2004:211) which identified the

following seven ADA outcomes measures to be tracked annually and reported to the Board of Trustees.

1. Ninety-five percent of dentists consider the ADA and the Tripartite as the primary advocate for oral health and access to quality dental care in the legislative and regulatory arena.
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.

This was the first report to the Board on overarching metric results based on the above measures. It was reported that since it has not been a full year since the designation of these metrics by the Board, some of the results included in this report are the same as previously reported. However, these results provide the base line for future reports. The results reported were tracked and reported by the following ADA divisions: Membership, Communications, Finance and Government Affairs.

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

**Education—Financial Projections for a National Clinical Licensure Examination Initiative:** As directed by the Board of Trustees through the adoption of Resolution B-120-2004 (*Trans.2004:270*) at its December 2004 session, staff prepared this informational report relative to options and related expenses for development of a national clinical licensure examination. The report provided financial information on estimated costs of two possible options: the first, a common clinical licensure examination administered by existing regional and independent testing agencies operating as a consortium; the second, a completely new, innovative national clinical licensure examination to be administered by dental examiners under a new clinical testing agency.

#### **Report of the American Dental Association National Clinical Licensing Examination Consensus**

**Committee:** Dr. Howard Jones, Committee chair; Dr. Joel Glover, ADA Board representative; and Dr. Laura Neumann reported on the February 11-12, 2005, ADA National Clinical Licensure Examination Consensus Committee meeting. A written report highlighting the Committee's deliberations and conclusions was discussed by the Board of Trustees.

On Tuesday, February 22, the Board discussed the Committee's recommendations and subsequently adopted the following resolution:

**B-7-2005. Resolved,** that the American Dental Association collaboratively develop a proposal for the oversight of the development and ongoing evaluation of a common, national clinical licensing examination by an independent national testing agency/authority, based on a model that includes opportunities for representation by the major communities of interest in the dental profession, including the practitioners, educators, licensing and testing agencies, the public and students, and present the proposal to the American Board of Dental Examiners (ADEX) for review and comment, and be it further **Resolved,** that should ADEX reject or fail to respond with agreement in principle to the above referenced proposal (for the oversight of an independent entity charged with the development and ongoing evaluation of a common national clinical licensing examination), that the Board shall consider and declare that a stalemate exists with ADEX, and be it further **Resolved,** that should a stalemate be declared for the development of a common clinical examination, the Board of Trustees authorizes the initiation of a business plan for an ADA-facilitated examination process starting with existing examinations, [with eventual progress to the development of new examination models consistent with ADA policy, public and professional need] and presentation of this business plan to the 2005 House of Delegates for review and approval, and be it further **Resolved,** that the Board of Trustees is willing to commit significant needed financial resources from its reserves for the purposes of the development of such an initiative, should it be needed based on a stalemate.

#### **Organizational/Other**

**Review of Mega Issues for 2005-2006:** The Board of Trustees reviewed the Strategic Discussion Calendar for 2004-2005 and identified issues for 2006.

#### **Report of the Committee to Review Criteria for Appointment to the Council on Dental Education and Licensure and Nominations for Honorary**

**Membership:** This Committee was appointed by President Haught at the Board's December 2004 meeting and charged with reviewing the criteria used to assist the Board in making nominations to the Council on Dental Education and Licensure. The Committee reported that it had reviewed the criteria and it believes that the Board should have an opportunity for an annual informal discussion of the criteria for all council/commission nominations. Accordingly, the Committee recommended that this review of the complete criteria document be included on the Board's April 2005 agenda.

The Committee's second charge was to review the current guidelines for nominations for ADA honorary membership. The Committee identified an inconsistency in the current guidelines in which current ADA employees are not eligible, but state and local tripartite staff are eligible. The Committee reported that it believes that any tripartite staff member (including the ADA) who has been a staff member for at least 20 years, and has made

outstanding contributions above and beyond expectations to the profession should be eligible for nomination at a time that coincides with their retirement. The Committee also identified an editorial change to clarify that honorary membership is bestowed on dentists when they are not eligible for active, life or retired ADA membership. The Board of Trustees reviewed the Committee's report and adopted the following resolution.

**B-4-2005. Resolved,** that the *Organization and Rules of the Board of Trustees*, section entitled Honorary Membership, be amended by deletion of paragraph #1 reading as follows:

Honorary Membership in the American Dental Association is awarded by the Board of Trustees to individuals who have made outstanding contributions to the advancement of the art and science of dentistry. Honorary Membership can be awarded to dentists or to individuals from outside the dental profession. Current ADA employees are not eligible for Honorary Membership.

and substitution therefore of the following:

Honorary Membership in the American Dental Association is awarded by the Board of Trustees to individuals who have made outstanding contributions to the advancement of the art and science of dentistry. Honorary Membership can be awarded to dentists (who are not eligible for active, life or retired membership in the Association) or to individuals from outside the dental profession. Current tripartite (ADA, state, local) employees who have at least 20 years of service and have made outstanding contributions above and beyond expectations to the profession are eligible for nomination at a time that coincides with their retirement.

and be it further

**Resolved,** that this amendment be effective for the 2006 nomination cycle.

**Report on the Status of the 2005 Contingent Fund and Approval of Supplemental Appropriation Requests:** A Contingent Fund of \$800,000 was authorized in the 2005 budget, with a total of \$396,400 requests approved by the Board at its December 2004 meeting and by the President, President-elect and Executive Director in January 2006. Following a review of supplemental appropriation requests totaling \$68,100, the Board of Trustees adopted the following resolution.

**B-5-2005. 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) \$24,500

**Tecker Study:** The Executive Director and Chief Operating Officer are recommending the retention of Tecker Consultants to conduct a customized assessment of ADA's legislative, regulatory and political (ADPAC) advocacy in Washington, D.C. The political and legislative changes that are rife in Washington, the challenges that are facing the profession from access to care, workforce and funding issues, and the emerging stresses that come from changing member needs and perceptions all indicate that this is the appropriate time to take a look at the Washington and ADPAC processes to ensure that ADA is doing everything possible to maximize its effectiveness and efficiency in Washington. The difficult issues around the work that the Association needs to conduct to provide meaningful Medicaid reform, advance its legislative agenda, deal with issues of mid level providers and the underlying concerns raised in Resolution 85 from the 2004 House of Delegates (which was defeated - it would have called for the ADA to look critically at our mission and what resources would be needed to improve the ADA's influence in the legislative/regulatory arena) have coincided in such a way that they add to our belief that it is in the Association's best interests to conduct this assessment. A similar and very successful project was undertaken in 2003 around maximizing the effectiveness of our IT operations.

Tecker Consultants has been recommended for this project for three primary reasons: 1) Tecker understands the structure and function of associations probably better than any other outside consulting firm. Glenn Tecker leads the teaching team of the ASAE CEO Symposium for decades, has successfully helped many different associations conduct introspective reviews on a number of strategic projects, and has authored several books on association strategic management and application. The President, President-elect, Executive Director and Chief Operating Officer have participated in that Symposium for the past two years; 2) Tecker's focus and expertise in the area of knowledge-based decision making and strategic leadership are closely aligned with the direction of the ADA, which should lead to greater congruity and understanding within the "new ADA" culture; and 3) the project would be customized to meet the ADA's needs, meaning that it would not be a "canned" assessment or approach.

A successful outcome of this project will be to position ADA's advocacy efforts for the future, in particular: 1) confirming whether ADA is doing everything possible in the advocacy area; 2) ensuring that the expectations of our leaders and grassroots constituencies in this arena are clearly defined and understood; 3) knowing what will be required to communicate our effectiveness in advocacy so that ADA members know and trust that their expectations

are met; 4) understanding what changes in process, communications and/or structure we should undertake in order to achieve greater success in items 1-3; and 5) developing new processes and tools to measure our effectiveness (metrics).

This project, if approved, will have two phases. At this time, funding is being requested only for phase one, because it is not possible to gauge accurately what funding will be needed for phase two.

*Phase one—Design Session.* This is a one day meeting with five to 15 key ADA leaders and staff and three Tecker principals, in Washington, D.C., to analyze, discuss and build the research design for phase two. The key question is what constitutes success for the ADA's advocacy activities: what do we want to achieve and how do we get there. The participants in the meeting would help frame the study—decide what questions the study should answer, what issues need to be studied, what decisions about ADA's advocacy are needed, and what information is needed to answer those questions and make the best decisions for the Association. The Tecker principals will use the information learned in this one day session to design a work plan for phase two, and the Association would be under no obligation to proceed with phase two unless the research plan and cost are acceptable. The cost of phase one is outlined below in this request. Funding up to \$24,500 is being requested for phase one of this study.

*Phase two—Research and Recommendations.* This is the heart of the project, in which the proposed work plan and study (developed after the design meeting/phase one) would commence and be implemented. It would entail a number of possible research methodologies, including one-on-one telephone and face-to-face interviews; review of documents; review of work product; etc. The cost of phase two is expected to be in the range of \$25,000 to \$60,000. It is anticipated that the entire project would span a time frame of approximately nine to 12 months and that another supplemental appropriation request (for phase two) would come back to the Board of Trustees at the April or June meeting after phase one is completed and the Association has a clearer picture of the components and costs for phase two. It is also anticipated that phase two would have two separate tracks, one for the Washington advocacy work and the other for ADPAC. Both tracks are part of the above expected cost of \$25,000 to \$60,000 for phase two. The study would result in a year-end 2005 report of finds and recommendations.

#### **Expense**

515101	Volunteer Air	\$4,500
515103	Staff Air	2,700
515201	Volunteer Ground Transp.	1,000
515203	Staff Ground Transp.	600
515301	Volunteer Per Diem	750
515401	Volunteer Lodging	2,150
515403	Staff Lodging	1,300
515503	Staff Meals	450
515501	Volunteer Meals	2,500
515700	Misc. Travel	2,550
520001	Consultant Fees	<u>6,000</u>
	Total Expenses	\$24,500

#### **No Funding Alternative was submitted.**

*Division of Administrative Services*  
(Cost Center 090-0050-XXX) \$12,450

#### **July Meeting of Strategic Planning Committee to Complete the Development of the 2006-2009 American Dental Association Strategic Plan:**

Following the January 2005 SPC meeting the Committee concurred that a third meeting would be needed due to the remaining amount of work and time needed to evaluate the environmental scan and other research, finalize scenario development and related strategies and finally to craft the new plan (all time intensive activities). The third meeting was part of the original 2005 budget request but was cut pending determination of actual need. Staff was advised during the budget process to submit a supplemental if and when the need for a third meeting actually developed. This additional meeting is required only once at the beginning of a new plan development cycle (which occurs every three years per the Board defined process).

*Alternative Funding.* There is a \$3,000 savings from the Scan presentation at the February BOT retreat, resulting from a change in fee arrangements with the Forbes Group (Approved Supplemental 090-0050-045). This will be used to partially fund this July meeting and will reduce the line items total above to the amount of request \$9,450.

#### **Funding Alternative accepted.**

#### **Expense**

515201	Volunteer Ground Transp.	\$1,000
515101	Volunteer Air	4,500
515301	Volunteer Per Diem	1,500
515401	Volunteer Lodging	4,300
515501	Volunteer Meals	1,000
515020	Postage/Mail	<u>150</u>
	Total Expenses	<del>\$12,450</del>
		\$9,450

*Division of Science*  
(Cost Center 090-0650-XXX) \$20,000

**International Caries Detection and Analysis System Workshop:** The proposed International Caries Detection and Analysis System Workshop 2005 (ICDAS) is being held in Baltimore, MD on March 12-14, 2005. It is being held in conjunction and immediately following the IADR/AADR meeting. The ADA was asked to cosponsor the workshop and is well positioned to contribute to this project. The ADA has led the effort to define the best methods for conducting studies to evaluate cariostatic agents. In 1968, the ADA convened a similar conference that developed the current standards for measurement of dental caries and design of caries clinical trials. Those clinical criteria for assessing caries are still in existence today. Because of recent advances and improved methods for caries detection, there are significant scientific and clinical implications. The proposed workshop will revise the existing standards using current scientific knowledge on caries measurement and design of epidemiological studies and randomized controlled trials.

The ADA submitted a letter of support in August 2004. The anticipated cost of the workshop is \$55,000. The workshop is being funded through an approved grant submission for \$35,000 from NIDCR. The ADA is proposing joint sponsorship to offset workshop costs and submitted a letter of support to NIDCR in August 2004 for the remaining \$20,000.

<b>Expense</b>		
540001	Grants and Awards	<u>\$20,000</u>
	Total Expenses	\$20,000

*Alternative Funding.* The 2005 Council on Scientific Affairs budget contains a decision package to continue the Association's efforts in activities related to evidence-based dentistry (EBD), in an effort to educate members on the concept of EBD and ensure that this evolving field reflects the interest of ADA members. The objectives of this meeting are to review ADA EBD activities, prioritize clinical issues for systematic review, critique complete systematic reviews and communicate with groups that conduct systematic reviews and work with practice-based research networks that conduct clinical research.

At this time there are no other Science Division resources that can be considered as alternative sources of funding. The activities of the ICDAS align with current Association EBD objectives.

However, funding of the caries workshop from this alternative source is not recommended. The Association desires to assume a leadership position in evidence-based dentistry. There are a number of EBD-related activities that could be jump-started in 2005 with money reallocated from the EBD workshop. These include hosting one or more clinician panels to interpret the results of key

evidence-based research findings so they can be used by dentists in everyday practice.

#### **Funding Alternative Not accepted.**

<b>Expense</b>		
510400	Reception Costs	\$1,000
515101	Volunteer Air	7,200
515201	Volunteer Ground Transp.	1,600
515301	Volunteer Per Diem	2,400
515401	Volunteer Lodging	3,300
515501	Volunteer Meals	<u>4,500</u>
	Total Expenses	\$20,000

*Division of Administrative Services*  
(Cost Center 090-0050-XXX) \$11,150

**Presidential Think Tank:** A panel comprising a small group of volunteer leaders and staff which will convene to consider horizontal-level issues, events or forces that are likely to stem from auxiliary workforce problems and the manner in which the ADA can best serve the entire profession by driving change and developing new arrangements or relationships rather than reacting to changes sought by others.

*Background.* In recent years, the ADA increasingly has turned to task forces and similar ad hoc entities to address critical issues affecting dentistry. These groups tend to be chartered by some combination of the House of Delegates, the Board of Trustees, the officers or senior management in response to challenging issues—often raised by individuals, groups and forces outside dentistry—that warrant attention, research, action or idea generation that is beyond the scope of the Association's existing structure. Recent, ongoing examples include the Alaska Task Force, the Consensus Committee, the B-92 Committee and the Workforce Models Taskforce. Many of these efforts are by nature reactive, created to focus intellectual and other resources on a specific threat or challenge.

The purpose of this one meeting, Presidential Think Tank, is to bring similar energy to bear on scrutinizing trends within and outside the profession with an eye to identifying critical ideas and opportunities about dental family issues, before they become threats or challenges. The group's charge would be to brainstorm the opportunities for ADA Board consideration that ADA could do to develop and help support the profession in the area of team related activities, considering long-range trends and asking outside-the-box questions. This is not designed to obviate the work of any Council or agency and any ideas for action would join the appropriate agency for design and implementation.

The Presidential Think Tank would return a confidential report to the Board at its June meeting for discussion. It is hoped that such a group might



bring new perspectives to longstanding issues surrounding dental teams and, more important, identify trends and issues that could provide the association with opportunities.

**Expense**

515101	Volunteer Air	\$2,700
515103	Staff Air	1,800
510400	Reception/Meeting Costs	3,000
515201	Volunteer Ground Transp.	600
515203	Staff Ground Transp.	400
515301	Volunteer Per Diem	450
515401	Volunteer Lodging	1,200
515403	Staff Lodging	800
515503	Staff Meals	<u>200</u>
	Total Expenses	\$11,150

**Total Approved February 2005 Supplemental Requests: \$65,100**

Based on the Board's actions, the balance of the Contingent Fund is \$331,300.

**Report of the Chief Financial Officer—Transfer of 2004 Operating Surplus to Reserve:** Mr. Zimmermann reported on the 2004 annual audit of the ADA and its consolidated subsidiaries and entities, which was scheduled for completion by February 18, 2005. Anticipating a total operating surplus for the year, it was recommended that since the ADA Board does not meet again until mid-April, the Board could authorize the transfer of the audited 2004 operating surplus to reserves after Grant Thornton has completed their audit and approved the financial statements. The final audited

surplus will be communicated to the Board immediately after audit sign-off. Based on this information, the Board adopted the following resolution.

**B-6-2005. Resolved,** that the final audited operating surplus be transferred from the ADA General Fund to the ADA Reserve Division Investment Account as soon as Grant Thornton signs off on the certification of the 2004 financial statements.

**Report of the Executive Director:** Dr. Bramson reported on a variety issues and activities including internal goals that have been established by the senior management team for 2005 which will be used as part of the Performance Management Cycle evaluation forms for staff.

**Report of the President-elect:** Dr. Brandjord reported on his activities between December 2004 and February 2005.

**Report of the President:** Dr. Haught provided an extensive report on his activities between December 2004 and February 2005.

**New Business**

**2005 House of Delegates Strategic Discussion:** This year's House of Delegates mega issue discussion was identified as Workforce (scope of practice).

**Adjournment *Sine Die*:** On Monday, February 21, the Board of Trustees adjourned *sine die* at 10:45 a.m.

# April 17-19, 2005

## Headquarters Building, Chicago

**Call to Order:** The fourth session of the Board of Trustees was called to order by President Richard Haught on Sunday, April 17, 2005, at 10:20 a.m. in the Hillenbrand Auditorium, 2<sup>nd</sup> Floor, of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers and trustees were present: Drs. Richard Haught, Robert M. Brandjord, Ronald D. Bushick, Robert T. Ferris, Mark J. Feldman, J. Thomas Soliday, James B. Bramson, Michael E. Biermann, Donald I. Cadle, Jr., John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Kathryn Kell, Bernard K. McDermott, Jeanne M. Nicolette, Kathleen Roth, Charles L. Smith, Jeanne P. Strathearn, Zack D. Studstill, Ronald L. Tankersley and Perry K. Tuneberg. Drs. Roddy N. Feldman and Ronald B. Gross participated in portions of the session by teleconference.

Staff members present were: Beril Basman, director, Strategic Planning and Consulting; L. Jackson Brown, associate executive director, Health Policy Resources Center; Michael Glick, editor, Publishing; 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; 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: Richard Green, managing director, Strategic Communications; Lois Haglund, manager, Council on Dental Education and Licensure; Judy Jakush, editor, Publishing; Dr. Howard T. Jones, chair of the National Clinical Licensure Examination Consensus Committee, by teleconference; James Marshall, director, Council on Dental Benefit Programs; Judith Nix, director, Council on Dental Education and Licensure; Walter Piecewicz, associate general counsel, Legal Affairs; and Tom Spangler, director, Council on Government Affairs.

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

**B-11-2005. 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 Mail Ballot Actions:** In accordance with the *Organization and Rules of the Board of Trustees*, which requires that all mail or fax votes be recorded in the minutes of the next regular Board session, the following resolutions were adopted by mail ballot.

**B-9-2005. Resolved,** that the minutes of the February 20-22, 2005, session of the 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-19-2005. Resolved,** that the reports and resolutions contained on the Consent Calendar, as amended, be approved and reports be accepted.

### Resolutions

Resolution B-15—Report of the Associate Executive Director, Education: Research and Development Activities of the Joint Commission on National Dental Examinations

Resolution B-10—Report of the Associate Executive Director, Publishing: Open Access Policy for *The Journal of the American Dental Association*

Resolution B-8—Report of the Council on ADA Sessions: Nomination of Chairs of the 2006 Committee on Local Arrangements

### Informational Reports

Report of Dr. Kathleen Roth, Liaison to the American Dental Political Action Committee  
 Report of the Associate Executive Director, Government Affairs: Federal Legislation and Regulation Update  
 Report of Dr. Robert T. Ferris, Liaison to the Joint Commission on National Dental Examinations  
 Report of Dr. Bernard K. McDermott, Liaison to the Council on Government Affairs  
 Report of the Associate Executive Director, Communications and Corporate Relations: Give Kids A Smile Annual Report

Report of Dr. Ronald L. Tankersley, Liaison to the Dental Economic Advisory Group  
 Report of Dental Economic Advisory Group Activities  
 Report of the ADA Advisory Committee on Evidence-Based Dentistry: Strategic Plan for Future Activities  
 Report of the Council on Scientific Affairs: Recent Activities  
 Report of Dr. Ronald B. Gross, Liaison to the Council on Membership  
 Report of Dr. Roddy N. Feldman, Liaison to the Council on ADA Sessions  
 Report of the Associate Executive Director, Membership and Dental Society Services: Key Findings and Implications for Action in the 2003 Needs and Opinion Survey  
 Report of Dr. Jeanne P. Strathearn, Liaison to the Council on Access, Prevention and Interprofessional Relations  
 Report of the Chief Policy Advisor: Update on the Agency for Healthcare Research and Quality (AHRQ) Activities  
 Report of Associate Executive Director, Administrative Services: ADA Sesquicentennial Celebration in 2009  
 Report of the President  
 Report of Dr. Kathryn Kell, Liaison to the ADA Foundation  
 Report of the First Vice President  
 Report of the President-elect

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

**B-15-2005. Resolved,** that expenditures from the Joint Commission on National Dental Examinations Research and Development Fund be approved for implementation of the proposed research and development activities as summarized in the appendix of the Joint Commission's report to the Board of Trustees.

**B-10-2005. Resolved,** that the ADA Board of Trustees approves access to the full text of *The Journal of the American Dental Association* on ADA.org via its hosting vendor at no cost to nonmembers, nonsubscribers, and to the general public one year after publication, starting January 1, 2006.

**B-8-2005. Resolved,** that the nominations to the 2006 Committee on Local Arrangements made by Dr. Gregg C. Hendrickson with the concurrence of the Nevada Dental Association and the Southern Nevada Dental Society be approved.

## Advocacy

### Attorney-Client Session

**Report of the President on Status of National Clinical Licensure Examination:** At its December 2004 meeting the Board adopted Resolution B-7-2005 to develop a proposal for a common, national clinical licensing examination. In an attorney-client session, the President

made his oral report to the Board in connection with that resolution after which a discussion occurred.

### Regular Session (continued)

#### Special Appearance

**Appearance of Dr. Cynthia Riffle, American Association of Dental Examiners, president, Dr. Scott Houfek, American Board of Dental Examiners, president:** Dr. Houfek updated the Board on the progress of the American Board of Dental Examiner's (ADEX) newly developed clinical examination. He discussed ADEX's views on ADA's proposal for a National Commission for Clinical Dental Licensing (NCCDL). Dr. Riffle outlined the positive contributions of the ADA over the years to stimulate collaboration and support for a uniform clinical exam. However, she conveyed that the Executive Council of the American Association of Dental Examiners had unanimously adopted a motion to oppose the NCCDL in principle and form. She distributed a packet of letters from several state dental boards regarding the NCCDL proposal.

**Recess:** The Board recessed for lunch at 12:05 p.m., and reconvened at 1:00 p.m.

### Special Order of Business

**Presentation by Dr. Titus Schleyer—Information Technology in Clinical Practice: Opportunities and Challenges:** Dr. Schleyer discussed three areas regarding the use of information technology in dental practices: general trends of computing in the dental profession; how general dentists actually use computers in their practice; and how dentistry should be part of the National Health Information Infrastructure.

**Presentation by Dr. Paul Feuerstein—Can Technology Help Dentists Deliver Better Patient Care?** Dr. Feuerstein discussed using new technology in dental diagnosis, planning and treatment, including its use in new patient examinations, and reviewed currently available cameras and new imaging products.

### 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. After reconvening in regular session, the Board adopted each of the following:

**B-14-2005. Resolved,** that the ADA Chief Counsel is authorized to file a friend of the court brief in the appeal before the 9<sup>th</sup> Circuit Court of Appeals in the *Potts v. Hamilton* lawsuit to support the California Dental Board's specialty advertising regulation.

**B-21-2005. Resolved,** that the Board of Trustees authorizes the Chief Counsel to make matching expenditures up to one half of the costs of defense from the budget of the Legal Department as financial assistance to the Louisiana Dental Association and its subsidiary Louisiana Dental Services, Inc., in its amalgam lawsuit.

**B-18.-2005. Resolved,** that the Association Whistleblower Policy is hereby approved and adopted, effective immediately, and be it further **Resolved,** that the Association Whistleblower Policy be added to the ADA *Employee Handbook*, the *Organization and Rules of the Board of Trustees*, the *Standing Rules for Councils and Commissions*, and be included in the *Manual of the House of Delegates*.

**Note:** For the purpose of a fully documented record, the complete text of the Association Whistleblower Policy is appended to these minutes.

#### Attorney-Client Session

**Report of the President on Status of National Clinical Licensure Examination:** Continuing in attorney-client session, the Board resumed its discussions.

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

#### Monday, April 18, 2005

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**Call to Order:** The Board of Trustees was called to order by President Haught at 8:32 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.

#### Special Order of Business

**Strategic Session—Universal Dental Healthcare Coverage:** 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, facilitated by Dr. Ron Inge, associate executive director, Dental Practice, the Board discussed in an open forum universal dental healthcare coverage, supplemented with the presentations below.

*Changing Trends in the Dental Benefits Industry.* Mr. Jon Seltenheim, senior vice president of Customer Service Operations, United Concordia Companies, Inc., discussed national trends in funding and design of dental health care benefits, and the transition to consumer driven from employer plan models.

*Dental Health Care Coverage from the Public Health Perspective.* Dr. Robert Weyant, president-elect, American Association of Public Health Dentistry, discussed the role that organized dentistry should have in enhancing access to care and correcting disparities.

*Dental Health Care Coverage and its Relationship with Organized Dentistry.* Dr. Albert Guay, chief policy advisor, American Dental Association, spoke on the Association's existing policies on universal dental care coverage. One of the strategies supported by the Board was establishing a task force to review Association policies on this topic with an aim to develop a more cohesive policy. To that end, the Board established a task force to address the topic of essential dental health care coverage and requested Dr. Guay to report on recommendations to the Board for ADA policy updates in this area.

**Appearance of American Student Dental Association president, Mr. Christopher Salierno and executive director, Ms. Nancy Honeycutt:** Mr. Salierno updated the Board on current ASDA activities, new initiatives and issues of significance to its members.

**Recess:** The Board recessed for lunch at 12:00 p.m. and reconvened at 1:10 p.m.

**Update on Activities Concerning Oral Health Access for Alaska Natives:** These activities were considered in a confidential session. After reconvening in regular session, the Board adopted the following:

**B-22-2005. Resolved,** that up to an additional \$50,000 be authorized for a public affairs campaign and related activities in connection with Alaska Health Care Issues, with the selection of the PR firm to be approved by the President, President-elect and Executive Director.

#### Advocacy

#### 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 (continued)

**Report of the Council on Dental Benefit Programs: Analysis of the ADA's National Marketing Program for Direct Reimbursement:** At its October 2004 meeting, in Resolution B-96-2004 the Board directed the Council to evaluate the Association's DR program and to report and provide recommendations regarding the future of the program. The Board, continuing its support of the DR program, adopted the following:

**B-12-2005. Resolved**, that the Board of Trustees supports the Council on Dental Benefits Programs' changes to the national advertising campaign and recommends funding the revised DR campaign at \$1.93 million for the year 2006, and be it further

**Resolved**, that an expenditure of up to \$100,000 to fund an outside consultant study of the feasibility and advisability of establishing an in-house DR sales entity and/or a third party administrator service for DR plans using funds from the 2005 DR campaign be approved.

**Report of Dr. G. Kirk Gleason, National Campaign for Dental Education:** Dr. Gleason provided the Board with a report of his attendance at the second meeting of the National Campaign for Dental Education Task Force on March 4, reporting its work on developing Guiding Principles and discussions on use of the funds that would be raised.

**Progress Report of the Ad Hoc Committee on International Dental Education Consultation and Evaluation:** Dr. Neumann updated the Board on current activities and recent meetings in December and March of the Ad Hoc Committee, established in response to Resolution 41H-2004 to continue the dialogue regarding international consultation and evaluation activities. A report will be submitted for Board consideration at its August session.

**Report of the Associate Executive Director, Education: The DentEd Thematic Network Project:** Dr. Neumann reported that the Thematic Network Project, funded by the European Union (EU) to create a network of dental schools to represent dental education as part of a larger initiative to harmonize EU educational systems, had received funding for another three years, 2004-2007, had prepared a document entitled *Profile and Competences for the European Dentist*, likely to lead to EU curriculum revision. The project's ongoing activities will be of increasing interest to the Association as it continues.

#### Information

**Report of Dr. Michael E. Biermann, Liaison to the Council on Scientific Affairs:** Dr. Biermann relayed an inquiry to the Board regarding the Asian Flu virus and the possibility of a pandemic in order to provide direction to the Council as to its role. Dr. Guay, ADA chief policy advisor, will be presenting a report on that subject.

#### Member and Support Services

**Report of Dr. Charles L. Smith, Liaison to the Council on Members Insurance and Retirement Programs:** Dr. Smith provided the Board with a report of his attendance at the Council's March 18-19, 2005 meeting, and noted its retention of Ellwood & Associates as financial advisor.

#### Organizational/Other

**Review of the Criteria for Nominations to ADA Councils, Commissions and the Committee on the New Dentist:** Dr. Bushick discussed some recommendations of the Board committee regarding the criteria for nomination and the orientation process. The Board will review the criteria annually at its December meeting to assist new Board members as they prepare to select nominees to ADA councils and commissions.

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

#### Tuesday, April 19, 2005

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**Call to Order:** The Board of Trustees was called to order by President Haught at 8:30 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.

#### Special Orders of Business

**Appearance of Auditors—Mr. Jamie Draper, audit manager, and Mr. Frank Jakosz, audit director, Grant Thornton:** The Board received a report from the independent auditing firm of Grant Thornton regarding the recently concluded audit of the Association and its subsidiaries. Subsequently, the following resolution was adopted by the Board of Trustees:

**B-13-2005. Resolved**, that the audit reports of the American Dental Association and Subsidiaries, American Dental Association Foundation; American Dental Real Estate Corporation; American Dental Political Action Committee; ADA Business Enterprises, Inc and the Headquarters Building Operating Expenses Report for the years ended December 31, 2004 and 2003; and the American Dental Association Foundation Single Audit Reports for the year ended December 31, 2004 as audited by Grant Thornton, be accepted and placed on file.

#### Organizational/Other

**Report of the Chief Financial Officer: 2004 Audited Financial Information:** Dr. Feldman reported on the 2004 audited financial statements, the Reserve Fund and the 2005 budget preparations.

#### Advocacy

**Report of Dr. Zack Studstill on Activities of the Task Force on Work Force Model:** Dr. Studstill orally reported on the recent activities of the Task Force. It will suggest several models, from which pilot projects might

be considered. A report will be prepared after the May meeting of the Task Force, to be presented to the Board in time for its August meeting.

### Practice Support

**Report on December 2004 Mega Issue Discussion on Scope of Practice Issues:** At the December 2004 Board meeting the mega topic addressed was scope of practice issues. As part of that meeting the Board generated potential follow-up ideas which staff were requested to more thoroughly evaluate and then report back to the Board. Mary Logan presented that report on eight potential issues, requested the Board to add to the list any ideas that should also be included, and indicated that further refinement of these issues would occur after the Workforce Models Task Force reports to the Board.

### Information

#### Report of the Council on Scientific Affairs:

**International Use of the Seal:** Dr. Dan Meyer addressed the Council's consideration of a proposal supported by some in industry to permit use of the ADA Seal of Acceptance on over-the-counter (OTC) products outside the United States, and reviewed letters transmitted from interested companies and distributed to the Board regarding their position on the proposal. After discussion, the Board adopted the following:

**B-20-2005. Resolved,** the ADA allow international distribution of U.S.-approved (FDA) and Accepted (ADA) over-the-counter products according to the following Criteria for International Use of ADA Seal on Over-the-Counter Products:

1. The product has been previously awarded the ADA Seal of Acceptance for use and distribution in the United States<sup>1</sup>.
2. The product is manufactured and sold in accordance with all applicable requirements of the U.S. Food and Drug Administration (FDA). If the product is manufactured abroad, it must be at a facility where products are manufactured that are eligible for import into the United States.
3. No changes may be made to U.S.-approved and ADA Accepted packaging and labeling.
4. The ADA Seal, including images of the Seal on product packaging, may not appear in product advertising or promotion outside the United States.
5. The company must agree to hold ADA<sup>2</sup> harmless and to defend and indemnify the ADA against any liability arising out of the use of the ADA Seal outside the United States. This includes, but is not limited to, paying any costs ADA may incur as a witness in a proceeding involving the company's product outside the United States. Such costs will include reasonable fees for representation of ADA by

an attorney qualified to practice in the country where the action is filed.

6. The company must execute the *Addendum Governing Use of ADA Seal of Acceptance Outside the United States* and pay a supplemental user fee<sup>3</sup>.
7. The American Dental Association reserves the right to refuse to grant permission to use the ADA Seal of Acceptance outside the United States or to withdraw permission for any reason and in its sole discretion.
8. The company must request permission to use the Seal outside the United States by submitting an application for each Accepted product that the company intends to market internationally with the ADA Seal.
9. Permission to use the Seal according to these criteria will be granted only after ADA has registered the trademark in the country or countries where the applicant desires to use the Seal.

<sup>1</sup>The terms "United States" and "U.S." mean the 50 states, the District of Columbia, the Commonwealth of Puerto Rico or any dependency of the United States.

<sup>2</sup>For purposes of these criteria, the term ADA includes ADA as a corporate entity, together with its officers, trustees, council members, consultants, employees and agents.

<sup>3</sup>The purpose of the supplemental user fee is to cover additional costs to the Association from use of the Seal outside the United States and includes costs involved in protecting the Association's trademarks.

and be it further

**Resolved,** that staff be authorized to take all necessary actions to initiate work authorized under this resolution as soon as all necessary changes are made to existing license agreements and the ADA Seal is properly registered in appropriate non-U.S. markets, subject to budget constraints.

### Practice Support

#### Report of the Chief Policy Advisor: Influenza

**Pandemic:** The environmental scan done for the Strategic Planning Committee in early 2005 listed an influenza pandemic as an unpredictable event of such gravity that it could influence dentistry and the ADA dramatically. Dr. Guay presented an extensive report to the Board to assist it in understanding this important subject. Dr. Guay covered the history of pandemics, three theories regarding the emergence of viruses capable of causing a pandemic, stages, specifics of Avian influenza, and preparations for an influenza pandemic including the U.S. Department of Health and Human Services Pandemic Influenza Preparedness and Response Plan. He finally noted its potential impact on dentistry. The Executive Director and Chief Policy Advisor will discuss and report to the Board recommendations how best to distribute this timely information more widely.

**Attorney-Client Session**

The Board continued its earlier discussion regarding the NCCDL and the ADEX examination and governance structure. The Board will receive an update from the president at its June 2005 meeting.

**Regular Session (continued)**

**Organizational/Other**

**ADA Reserve Fund Policy:** Dr. Mark Feldman reviewed existing ADA reserve policy, financial information relative to that policy, and strategies for consideration by the Board. Alternatives included maintaining the Association’s liquid reserves at a minimum of 40% of its annual budgeted operating expenses, managing the Reserve Fund in a manner consistent with the long-term financial strategy of dues stabilization, and rescinding House policy regarding the Reserve Fund. The Treasurer will prepare a report with recommended resolutions to be brought to the Board for its consideration and possible submission to the 2005 House of Delegates.

**Report on the Status of the 2005 Contingency Fund and Approval of Supplemental Appropriation Requests:**

A Contingency Fund of \$800,000 was authorized in the 2005 budget. The Board of Trustees to date has approved total supplemental requests in the amount of \$407,550 net of alternative funding and the President, President-Elect and Executive Director approved \$50,000 from the emergency authorizations allocation, leaving a fund balance of \$342,450. At this session, the Board considered each request for supplemental funding separately, and subsequently adopted the following amended resolution:

**B-16-2005. 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) \$73,500

**Operation Backlog—Manager, American**

**Indian/Alaska Native Dental Placement:** The effort by the ADA and the Alaska Dental Society (ADS) to implement Operation Backlog is essential to our strategy to improve the oral health of Native Americans and at the same time protect their health by preventing dental health aid therapists from being used to perform irreversible dental procedures that constitute the practice of dentistry. This request recommends that the ADA create a staff position for a 19-month project, for an individual to develop this outreach program. The individual in this position would be charged with the responsibility to develop, design, organize, coordinate, implement and manage the field service program, with the goal of

improving oral health of Native American communities and demonstrating the ADA’s commitment to these communities, while maintaining the “team” aspect of dentistry with the dentist as the team leader.

<b>Expense</b>		
501001	Salaries	\$34,000
501006	Fringe Benefits	11,200
505001	Inside Printing	5,000
510200	Registration Fees	1,000
515103	Staff Airfare	5,400
515203	Staff Ground Transp.	1,200
515403	Staff Lodging	9,050
515503	Staff Meals	3,150
525005	Membership Dues	500
525700	Misc. Office Expense	<u>3,000</u>
	Total Expenses	\$73,500

**No Funding Alternative was submitted.**

*Division of Administrative Services*  
(Cost Center 090-0050-XXX) \$20,800

**National Healthcare Information Infrastructure:**

Planning the framework for the national health care information infrastructure is well underway. The recommendation here is to establish a presidential task force for the following reasons: 1) staff should not set the strategic direction without support from the volunteer leadership of the ADA; 2) giving this to a council would not be advisable because this needs the expertise of those who understand the issues and are already working on them; and 3) it is an interdisciplinary project, so giving it to a council would not connect all of the dots comprehensively.

<b>Expense</b>		
515101	Volunteer Air	\$9,900
515201	Volunteer Ground Transp.	2,200
515301	Volunteer Per Diem	1,650
515401	Volunteer Lodging	4,400
515501	Volunteer Meals	1,650
525020	Postage/Mail	500
525200	Photocopy	250
525205	Stationary & Supplies	<u>250</u>
	Total Expenses	\$20,800

**Alternative Funding:** \$7,200 was accepted from the Administrative Budget of the Board of Trustees.

*Division of Administrative Services*  
(Cost Center 090-0050-XXX) \$112,000

**Tecker Study Phase Two:** At the February Board session, the Board approved \$24,500 in funding for “Phase One” of a two-part customized assessment of the ADA’s legislative, regulatory and political (ADPAC) advocacy in Washington, D.C.

This funding request is for Phase Two of the project, the heart of the project, in which the proposed work plan and study (developed from the design meeting/phase one) would commence and be implemented. It would entail a number of possible research methodologies, including one-on-one telephone and face-to-face interviews; review of documents; review of work product; etc. It is anticipated that the entire project will span a time frame of approximately nine months. The study will result in a year-end 2005 report of findings and recommendations, hopefully presented to the Board at the December Board session.

The Tecker proposal is presented as a range of fees from \$86,750 to \$121,000, plus expenses. For purposes of the supplemental appropriation request, it is assumed that the fees will not exceed \$100,000 and expenses will not exceed \$12,000, for a total projected expense of \$112,000.

#### Expense

520001	Consulting	<u>\$112,000</u>
	Total Expenses	\$112,000

#### No funding alternative was submitted.

*Division of ADA Publishing*  
(Cost Center 090-0700-XXX) \$36,000

**Electronic Peer Review System for JADA:** *The Journal of the American Dental Association* is the premier dental publication in the U.S. and perhaps the world. A crucial factor in maintaining its status is its peer review process. In this regard, *The Journal* has lagged behind other leading journals in one key area—the processing of manuscripts through peer review via electronic Web-based systems (i.e., a paperless system). Currently, all manuscripts are submitted in the form of five hard copies to JADA's Editor Dr. Michael Glick. This process produces a huge paper trail and postage costs, and long delays in publication times, approximately 1 to 1.5 years from the submission date. A Web-based electronic system could potentially cut these timelines by half.

After extensive investigation, Dr. Glick and Publishing staff selected the vendor ScholarOne and its software, Manuscript Central.

Other major benefits of the System are postal savings of approximately \$16,000 per year, staff productivity to be able to focus on much-needed customer support such as helping authors and reviewers do a better job, and ending the perceived difficulty in working with the current system and slower turnaround times than other journals.

#### Expense

501400	Temporary Help	\$18,000
520020	Outside Services	<u>18,000</u>
	Total Expenses	\$36,000

#### No Funding Alternative was submitted.

**Total Approved April 2005 Supplemental Requests:**  
\$285,100

**Total Alternative Funding Accepted:** \$7,200

**Contingent Fund Balance:** \$57,350

The Board did not fund the following requests:

*Division of Dental Practice*  
(Cost Center 090-0500-XXX) \$7,500

**Fluoridation Grant Request:** Following a recent fluoridation defeat in Mt. Pleasant, the Michigan Dental Association (MDA) is requesting \$7,500 as matching funds to support an expanded campaign designed to pass a ballot initiative to reinstate fluoridation.

#### Expense

540001	Grants & Awards	<u>\$7,500</u>
	Total Expenses	\$7,500

Due to budgetary constraints, the Board of Trustees also considered but did not fund a letter request in the amount of \$10,000 from Alliance of the American Dental Association dated March 1, 2005, to underwrite a commemorative publication of the history of the Alliance. Dr. Haught will offer the services of ADA's Printing Department in an effort to assist in cutting costs for the printing of the document. The Alliance also requested an increase in its grant of \$3,000, in addition to the \$12,000 provided by ADA, for assistance with the Leadership Conference. The Treasurer noted that this request would be a decision package in the 2006 budget and will be considered at the June Board meeting.

The Board also did not fund the following request, noting that it would be considered as part of the 2006 budget as a decision package:

*Division of Health Policy Resources Center*  
(Cost Center 090-0550-XXX) \$85,000

**Study of Size and Duties of Dental Team:** The supplemental request is for funds to conduct a study assessing the impact of: (1) the size of the dental team; and (2) the scope of duties of various staff on productivity and output of dental practices and the dental team.

#### Expense

515103	Staff Air	\$1,350
515403	Staff Lodging	1,350
515503	Staff Meals	350
520020	Outside Services	81,800
525010	Phone Usage	50
525020	Pst/Mail/Freight	50
525200	Office Photocopy	<u>50</u>
	Total Expenses	\$85,000



**Alternative Funding:** A best estimate at this point is the study will cost between \$80,000 and \$85,000. The amount over \$65,000 will be derived by delaying analytical projects scheduled by HPRC for 2005.

**Report on the Status of the 2005 Capital Contingency Fund and Approval of Supplemental Appropriation Requests:**

A Contingency Fund of \$200,000 was authorized in the 2005 budget. Of the \$200,000, \$150,000 is allocated for non-building related capital expenditures and \$50,000 is allocated for building related capital purchases. The Board of Trustees to date has not approved any capital supplemental requests. These approved supplementals are summarized below. The Board considered each request and subsequently adopted the following resolution:

**B-17-2005. Resolved,** that the following appropriations be made from the 2005 Capital Contingency Fund and be allocated to the appropriate capital accounts, in accordance with the terms of the supplemental appropriation requests.

*Division of Conference and Meeting Services*  
Audio Visual/Film Production - 170204

1. Equipment for the Hillenbrand Auditorium, to include new speakers, audio matrix system and master control system – \$19,750
2. Upgrades for the Conference Center Rooms A – F to include new DVD players, CD players and new AMX control system – \$19,500

Carpeting - 170032

3. Carpeting for the second floor DCSMP. Replacement of worn carpeting for the entire Department - \$19,000

<b>Asset Account</b>		
170204	Audio Visual	\$ 39,250
170032	Building Renovations	<u>19,000</u>
	Total Capital Request	\$58,250

**No Funding Alternative was submitted.**

**Total Supplemental Appropriation Requests submitted in April for the 2005 Capital Contingency Fund: \$58,250.**

**Status on Building Renovation:** Dr. Bramson orally reported on the building renovations and the status of funding for the project.

**Report of Executive Director:** Dr. Bramson updated the Board on the status of programs and corporate projects, including Mouthpower, the National Campaign for Education, the article entitled Embracing and Fostering a Diverse Membership published in the April 2005 Forum specifically discussing ADA’s efforts and initiatives, and the International Caries and Detection System Workshop meeting held March 12-14. The article and a workshop summary were distributed for the Board. He also provided the Board with the new delegate allocation. Mr. Mickel provided an update on the project Tomorrow’s Dental Office of Today. In a confidential session, Dr. Bramson discussed other matters of interest to the Association.

**Report of the Election Commission on Campaign Revenues and Expenses and Joint Campaign**

**Receptions:** Dr. Soliday presented on behalf of the Election Commission the summary of candidates’ campaign revenue and expenses, including travel/lodging, campaign reception, and miscellaneous. The Election Commission will forward a recommendation to the 2005 House of Delegates to continue the use of joint receptions for president-elect campaigns and to eliminate campaign receptions for all other offices.

**Dental Market Index Report:** Dr. Guay recirculated the Board’s December 2004 report and asked that each trustee identify 15 dentists in his or her district for the described study, the names not to be used in the study and held in strict confidence.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 12:14 p.m.

**ADA Business Enterprises Inc. Annual Stockholder Meeting:**

The Board of Trustees adjourned its regular session at 12:14 p.m. and convened the Stockholder meeting of the ADA Business Enterprises, Inc. These actions were reported in separate minutes.

**Adjournment *Sine Die*:** The ADABEI meeting adjourned *sine die* at 12:20 p.m.

## Appendix

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### Association Whistleblower Policy

The Association's *Bylaws, Standing Rules, Principles of Ethics and Code of Professional Conduct* and, for its employees the Employee Handbook, (collectively, the "Rules"), require trustees, officers, council and commission members, volunteers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As representatives of the Association, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations. For this reason trustees, officers, council and commission members, volunteers and employees with reasonable grounds are encouraged to report violations or suspected violations of the Rules in accordance with this Whistleblower Policy. Without limiting your reporting any instances of violations of the Rules, examples of matters which should be reported include awareness of false or misleading information in the Association's financial statements or other public or legal documents, situations where false information is provided to or withheld from auditors or government officials, forgery or alteration of documents, authorizing or receiving compensation for goods or services not received, falsifying the Staff Reimbursement Form, or falsifying reimbursement for medical or dental treatment.

**No Retaliation.** No trustee, officer, council and commission member, volunteer or employee who in good faith reports a violation of the Rules shall suffer

harassment, retaliation or adverse employment consequence. Another employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. However, an allegation may not be made maliciously, recklessly without foundation, or knowingly false. Such misuse of the Whistleblower Policy will be viewed as a serious disciplinary offense.

**Compliance Officer.** The Association's Compliance Officer is responsible for investigating and resolving reported allegations concerning violations of the Rules and shall advise the Executive Director and/or the Audit Committee of the Board of Trustees where appropriate. The Compliance Officer shall in all cases promptly notify the Audit Committee in the case of financial, accounting and auditing matters, which shall address all such reported concerns. The Director of Human Resources shall also have the authority to conduct investigations with reference to the reported allegations referred to herein.

**Effect of Policy.** This policy is intended to encourage and support high ethical standards, but is not an express or implied contract of employment. In the case of employees, they continue to be employed on an at-will basis, which means that the Association or the employee may terminate the employment relationship at any time, with or without reason, and with or without notice. The Association reserves the right to change, modify or delete any provision in this Whistleblower Policy and to interpret and administer this policy in its sole discretion.

# Notes

# June 12-14, 2005

## Headquarters Building, Chicago

**Call to Order:** The fifth session of the Board of Trustees was called to order by President Richard Haught on Sunday, June 12, 2005, at 10:35 a.m. in the Hillenbrand Auditorium, 2<sup>nd</sup> Floor, of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers and trustees were present: Drs. Richard Haught, Robert M. Brandjord, Ronald D. Bushick, Robert T. Ferris, Mark J. Feldman, J. Thomas Soliday, James B. Bramson, Michael E. Biermann, Donald I. Cadle, Jr., Roddy N. Feldman, John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Ronald B. Gross, Kathryn Kell, Bernard K. McDermott, Jeanne M. Nicolette, Kathleen Roth, Charles L. Smith, Jeanne P. Strathearn, Zack D. Studstill, Ronald L. Tankersley and Perry K. Tuneberg.

Staff members present were: Beril Basman, director, Strategic Planning and Consulting; L. Jackson Brown, associate executive director, Health Policy Resources Center; Michael Glick, editor, Publishing; Albert H. Guay, chief policy advisor; Laura Kosden, associate executive director and publisher, Publishing; Mary Logan, chief operating officer; John Luther, interim associate executive director, Dental Practice; 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; 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: Richard Green, managing director, Strategic Communications; Walter Pieciewicz, associate general counsel, Legal Affairs; and Tom Spangler, director, Council on Government Affairs.

**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 Board of Trustees, the Executive Director and the Chief Operating Officer.

Prior to convening the regular meeting the Board of Trustees and officers were given training in Microsoft Office 2003, now being used throughout the Association.

### Preliminary

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

**B-30-2005. 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 Mail Ballot Actions:** In accordance with the *Organization and Rules of the Board of Trustees*, which requires that all mail or fax votes be recorded in the minutes of the next regular Board session, the following resolution was adopted by mail ballot.

**B-43-2005. Resolved,** that the minutes of the April 17-19, 2005, session of the 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-34-2005. Resolved,** that the resolutions contained on the amended Consent Calendar be approved and reports be accepted.

### Resolutions

Resolutions B-31 and B-32—Report of the Council on Ethics, Bylaws and Judicial Affairs: Recent Activities

Resolution B-26—Report of the Division of Membership and Dental Society Services: Application for Associate Membership

Resolution B-27—Report of the Council on ADA Sessions: Nomination of Council Chair-designate for the Year 2007

Resolution B-28—Report of the Council on ADA Sessions: Nomination of Honorary Officers of the 2005 Committee on Local Arrangements

Resolution B-29—Report of the Council on ADA Sessions: Nomination of the 2007 Committee on Local Arrangements

Resolution B-23—Nominations for ADA Honorary Membership

Resolution B-24—Proposed 2008 Board of Trustees Meeting Dates

Resolution B-25—Nomination for the ADA Distinguished Service Award

**Informational Reports**

- Report of Dr. Frank Grammer, Liaison to the Council on Ethics, Bylaws and Judicial Affairs
- Report of Dr. Roddy N. Feldman, Liaison to the Council on ADA Sessions
- Report of the Council on Dental Practice: 2003 Well-Being Survey
- Report of the President-elect
- Report of the President

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

**B-31-2005. Resolved,** that the Board of Trustees supports transmittal of the following resolution to the 2005 House of Delegates by the Council on Ethics, Bylaws and Judicial Affairs:

**Resolved,** that Chapter X. COUNCILS, Section 120. DUTIES, Subsection G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS, duty “h” of the ADA *Bylaws* be amended in the first sentence by adding a comma after the word “grammar,” by deleting the word “and” between “grammar” and “spelling,” and by adding the punctuation and words “, name changes, gender references, and similar editorial corrections” between “spelling” and “in”, so the amended duty reads as follows (new language underscored, deletions stricken through):

h. Notwithstanding paragraph g of this subsection, the Council shall have the authority to make corrections in punctuation, grammar, ~~and~~ spelling, name changes, gender references, and similar editorial corrections in the *Bylaws* which do not alter its context or meaning. Such corrections shall be made only by a unanimous vote of the Council members present and voting.

**B-32-2005. Resolved,** that the Board of Trustees approves dissemination of the “Statement of the Council on Ethics, Bylaws and Judicial Affairs: Gift Giving to Dentists from Patients, Colleagues and Industry—Is it a Problem In Dentistry Today?”

**B-26-2005. Resolved,** that Dr. Christine Wu be approved for associate membership in accordance with Chapter VII, Section 110, of the *Bylaws*.

**B-27-2005. Resolved,** that Dr. Kenneth McDougall be appointed chair of the Council on ADA Sessions for the year 2007 to serve as chair-designate immediately upon appointment.

**B-28-2005. Resolved,** that the following nominations for honorary officers of the 2005 Committee on Local Arrangements be approved:

- Dr. Thomas W. Braun
- Dr. Gregg M. Chialastri
- Dr. Craig A. Eisenhart

- Dr. Jay H. Eshleman
- Dr. Marjorie K. Jeffcoat
- Ms. Camille Kostelac-Cherry
- Dr. John B. Lathrop
- Dr. Alexander J. McKechnie
- Ms. Theresa F. Ravert
- Ms. Elizabeth Sonnenberg
- Dr. John Staubach
- Dr. Elaine Stefanowicz
- Dr. Martin F. Tansy
- Dr. William Trice

**B-29-2005. Resolved,** that the nomination of Dr. Jeffrey Brucia to serve as general chair of the 2007 Committee on Local Arrangements, made by the California Dental Association, be approved.

**B-23-2005. 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.

- Dr. John J. Clarkson
- Mr. A. Jerry Davis
- Dr. Martin H. Hobdell
- Mr. David S. Horvat
- Ms. Mary Kay Linn
- Mr. Dennis J. McGuire
- Mr. Peter F. Taylor
- Mr. William E. Zepp

**B-24-2005. Resolved,** that the following Board of Trustees meeting dates for the year 2008 be approved:

- February 10-12, 2008
- April 13-15, 2008
- June 8-10, 2008
- August 10-12, 2008
- October 5-7, 2008
- October 21, 2008
- December 7-9, 2008

**B-25-2005. Resolved,** that the 2005 Distinguished Service Award be presented to Dr. Larry M. Coffee.

**Advocacy**

**Report of Dr. G. Kirk Gleason, Liaison to the Council on Dental Education and Licensure:** Dr. Gleason indicated that the Council in its April meeting had a clearer idea of the Board’s thinking based on the mega issue discussions and decided to form a Task Force to examine recognition of non-specialty areas. The Council continues to monitor PGY-1 alternate pathways and is sending a questionnaire to state boards to determine the potential for collecting data on dentists licensed through this option, mindful of privacy issues. The deadline of 2005 for eliminating the use of human subjects in clinical licensure exams has arrived and the Council is proposing a revised policy for consideration

of the House of Delegates. The Council recommends a policy to eliminate patient involvement in licensure exams; the policy does not include a deadline for accomplishing this.

**Report of the Associate Executive Director, Government Affairs: Federal Legislation and Regulation Update:** Ms. Dorothy Moss reported on the elimination of funding for health professional training at the House Appropriations Committee level as a matter of great concern, the division's development of principles supported by dental related groups for use in advocacy efforts on Medicaid reform, and the success of the grassroots email system.

**Report of the Board of Trustees to the House of Delegates: Update on Amalgam in Wastewater Activities:** Mary Logan emphasized the continuing vigilance needed on this issue. The report will be further addressed at the August Board meeting for transmittal to the House.

#### Attorney-Client Session

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

#### Regular Session (continued)

**B-41-2005. Guidelines for Providing Financial Assistance for Proactive Legal Actions Having National Significance:** Confidential Action—Resolution B-41 was adopted as presented.

#### Special Order of Business

**Appearance of Dr. Lorin Peterson, president, and Dr. Paul Sims, president-elect, Western Regional Examining Board:** Dr. Sims began the presentation by reviewing the history of the WREB examination, its examiner scoring analysis process, scoring consistency and pass rate, perceived advantages of the examination including consistency and candidate friendly approach, and goals of the examination and testing process. Dr. Peterson then discussed WREB's considerations in withdrawing from ADEX and its own outreach for input from other interested groups. He then clarified possible misconceptions about WREB as a valid and reliable exam. Dr. Peterson suggested that the ADA should remain proactive in this area by supporting two exams nationally, which would allow candidate mobility, state and school choice, competition and maintenance of ADA neutrality.

**Recess:** The Board recessed for lunch at 12:15 p.m., and reconvened at 1:04 p.m.

#### Special Order of Business

**Strategic Session—Workforce:** Ms. Mary Logan facilitated the mega discussion regarding workforce models, after the following presentations.

Dr. Edward O'Neil, director, Center for Health Professions, University of California San Francisco, spoke on challenges to dentistry and potential new models of practice.

Dr. R. Ivan Lugo, associate dean, Financial Administration and Institutional Relations, Temple University, and dental director, Philadelphia Department of Public Health, addressed a Pennsylvania model to integrate expanded function dental assistants.

Dr. L. Jackson Brown, associate executive director, ADA Health Policy Resources Center, spoke on dental office efficiencies and increased productivity from expanded functions.

Mr. Jon Holtzee, director, State Government Affairs, overviewed what's happening in the states.

The four strategic questions were then discussed by the Board: what do we know of member, profession, and public needs and wants today; what do we know about the current realities of the marketplace that is relevant to this decision; what do we know about the capacity and strategic position of our association which would affect our decisions; and what are the future implications of our choices today. Members were invited to email Ms. Logan with additional comments based on the discussion, for presentation at the August Board meeting in conjunction with the report of the Workforce Models Task Force.

**Report of the Alaska Native Oral Health Care Access Task Force:** Dr. Brandjord updated the Board on the recent activities of the Alaska Native Oral Health Care Task Force, including latest discussions with the Alaskan Native Tribal Health Consortium President Don Kashevaroff, CEO Paul Sherry and Dental Director Ron Nagel; the Alaska Dental Society actions, recommendations of consultant Art Hackney in light of current developments, the ongoing public affairs campaign and pending federal legislation. After an attorney-client session, an extended discussion occurred on circumstances in Alaska. The Board authorized expenditures from the Reserve Fund of up to \$650,000 for Alaska contingencies, and the following resolutions were unanimously adopted by the Board.

**B-39-2005. Resolved,** that the Board of Trustees authorizes the immediate preparation of a paid advertising campaign aimed at educating Alaska Natives and other audiences, as appropriate, about the unacceptable risks and policy precedents posed by allowing non-dentists to perform irreversible dental procedures, and be it further **Resolved,** that the messages, media and other specifics of the campaign will be approved by the President, President-elect and Executive Director, with the advice of the Alaska Task Force and appropriate staff.

**B-40-2005. Resolved**, that the ADA recognize the potential usefulness of the “Integrated Dental Health Program for Alaska Native Populations,” which employs community oral health providers, as a delivery system that could significantly improve oral health care access for Alaska Natives in the remote villages in the state of Alaska, and be it further

**Resolved**, that the ADA takes all appropriate steps for the establishment of a pilot program to test the effectiveness of the “Integrated Dental Health Program for Alaska Native Populations.”

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

### **Monday, June 13, 2005**

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**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 Board of Trustees, the Executive Director, the Chief Operating Officer and Ms. Cate Bower of Tecker Consultants. Ms. Bower facilitated a two-hour session to obtain the Board’s input on the project to assess the ADA’s advocacy activities and processes.

**Call to Order:** The Board of Trustees was called to order by President Haught at 9:17 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.

### **Special Order of Business**

**Review and Approval of 2006 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 2006 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 2006 new program packages, taking into consideration the funding recommendations of the Administrative Review Committee. The Board concurred with all but one of the funding recommendations of the Administrative Review Committee, voting to fund the Division of Education’s Multi-Cultural Outreach Initiative for \$24,050.

The Board unanimously adopted a proposed 2006 budget for submission to the House of Delegates, which includes an operating budget of \$102,263,200 in revenues, net of \$103,658,200 in expenses, income taxes and cash flow items, generating a deficit of (\$1,395,000).

After carefully reviewing all strategic considerations, the Board voted to propose a dues level of \$441, a \$6 increase over the 2005 dues rate. This dues increase, combined with the use of reserves, is meant to fund the 2006 deficit and other new expenses anticipated in conjunction with ongoing advocacy in Alaska. Given the strong position of Association reserves, the Board’s use of reserves to aid in funding the budget deficit is consistent with the long-term financial strategy of dues stabilization, which seeks to maintain dues increases at or below the level of inflation whenever possible. The dues amount does not reflect any actions that may be adopted by the 2005 House with financial implications. In compliance with *Bylaws* procedures regarding dues, the Board unanimously adopted the following resolution for presentation to the House:

**Resolved**, that the dues of active members shall be four hundred forty-one dollars (\$441.00) effective January 1, 2006.

### **Update on the Discussion of Trends in Dental Healthcare Coverage:**

Mary Logan reported on continuing activities to supplement the list prepared in connection with the Board’s earlier mega issue discussions, and invited the Board to provide input.

In connection with the discussion, Dr. Haught established an Essential Oral Health Care Needs Task Force to consider trends in dental care coverage, chaired by Dr. John Findley with representatives from the Council on Dental Benefit Programs, Council on Dental Practice, Council on Access, Prevention and Interprofessional Relations, Council on Government Affairs, public health and the dental benefit industry.

**WREB Presentation:** The Board discussed the earlier WREB presentation and appropriate responses in connection with ongoing national examination discussions. Dr. Gleason reported to the Board on his and Dr. Feldman’s attendance at the WREB Examining Board.

### **Attorney-Client Session**

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

**Recess:** The Board recessed for lunch at 12:03 p.m. and reconvened at 1:00 p.m.

### **Special Order of Business**

**Strategic Discussion—Oral-Medical Connection:** Dr. Dan Meyer facilitated and began the discussion by providing background on focal infection theory, evidence-based dentistry, science versus clinical relevance, and disease management.

Dr. Timothy A. DeRouen, executive associate dean, Academic Affairs and Research, University of Washington, spoke on issues in associations between oral and systemic diseases.

Dr. James Beck, professor, Department of Dental Ecology, University of North Carolina, addressed periodontal disease and systemic diseases, focusing on current status, future research, and potential clinical implications.

Dr. Daniel Malamud, professor, Department of Biochemistry, University of Pennsylvania School of Dental Medicine, spoke on what the oral cavity can tell you about systemic disease.

Dr. Michael Glick, professor, Department of Diagnostic Sciences, New Jersey Dental School, University of Medicine and Dentistry of New Jersey, discussed the involvement of oral health care providers in screening for systemic conditions.

The Board then discussed what the profession's role as health care providers as knowledge of oral-systemic relationships evolves, and the four strategic questions: what do we know of the member, the profession and the public needs and wants today as related to this issue; what do we know about the current realities of the marketplace that is relevant to this decision; what do we know about the capacity and strategic position of the association, which would affect our decisions; and what are the future implications of our choices today. The notes summarizing the extensive discussion will be distributed to the Board.

**Report of the President on Status of National Clinical Licensure Examination:** Dr. Haught reported on correspondence the ADA had received from ADEX to participate in its examination process, following up on its earlier Board presentation. After discussion regarding this as well as the earlier WREB presentation, the Board adopted the following resolution:

**B-42-2005. Resolved,** that the Board of Trustees accept the proposal by ADEX to allow ADA input to the ADEX Examination Committee and a representative to its new liaison committee for the purpose of allowing the Association to provide comment to ADEX leadership on the ADEX examination, and be it further **Resolved,** that the Board of Trustees accept the proposal by WREB to allow ADA input to the WREB Examination Committee and a representative to its new liaison committee for the purpose of allowing the Association to provide comment to WREB leadership on the WREB examination, and be it further **Resolved,** that the ADA urge all state boards of dentistry to carefully evaluate the ADEX and WREB examinations and consider accepting their results consistent with current ADA policy (*Trans.* 1992:630; 2001:468), which promotes the mutual recognition of multiple examinations in order to facilitate greater freedom of movement, and be it further **Resolved,** that the Board Resolution B-7-2005 be rescinded.

**Workforce Models Task Force: Interim Report to the Board of Trustees:** Dr. Studstill presented the interim report of the Workforce Models Task Force, assisted by Dr. Tuneberg. The Task Force thought it was important to present an interim report at this time rather than waiting until the August meeting to present a final report as originally contemplated, in order to allow sufficient time for reflection, discussion and feedback. It limited its consideration to the allied dental workforce because of time and complexity considerations. The Task Force developed a system of five classifications of dental assistants and two classifications of dental hygienists. The framework incorporates a broad diversity of needs within the dental community, within the career desires and needs of allied dental personnel and for patients. These classifications are: (1) Dental Assistants—Dental Assistant I, Dental Assistant II, Expanded Function Dental Assistant (EFDA)/Restorative Dental Assistant, Oral Prevention Assistant, and Community Dental Health Aide; and (2) Dental Hygienists—Dental Hygienist, and Advanced Dental Hygienist (ADH). Within each classification, multiple pathways are provided to qualify for the next step in a career ladder, many of the dental assisting classifications offering the opportunity to advance through the successful completion of formal education coursework, and also through in-office training opportunities. The Task Force presented a grid of options rather than a single option, to permit various locales to adapt and modify the framework to address the specific needs of their practice, their workforce and their patients.

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

## **Tuesday, June 14, 2005**

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**Call to Order:** The Board of Trustees was called to order by President Haught at 8:00 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.

**Workforce Models Task Force: Interim Report to the Board of Trustees (continued):** Dr. Studstill continued with the interim report and explanation of the system of classifications. Dr. Strathearn and Dr. Tuneberg supplemented the report by explaining cost efficiencies, time savings mechanisms and user friendliness of the models, supervision and quality of care issues. The Board will be provided a revised career pathway chart, talking points, the Task Force report and appendices marked "Draft," and PowerPoint presentation. The Board accepted the interim report and were requested to offer additional feedback as to reactions to the direction taken before finalizing the report for August. Further specific suggestions may be



forwarded to Dr. Studstill. A final report will be presented at the August Board meeting, for transmittal to the House.

**Report of Dr. Joel Glover: Macy Foundation Meeting (New Models in Education):** Dr. Glover reported to the Board on the meeting regarding challenges in dental education and the three year Macy funded study intended to address the issue.

### Special Order of Business

**Appearance of Mr. Allan Feldman, president and CEO, and Mr. Tim Orenbuch, director of licensing, LMCA:** Dr. Bramson provided background on discussions to date with LMCA. Mr. Allan Feldman then presented on the American Dental Association and Trademark Licensing.

In closed session, Mr. Mickel reported further on discussions with LMCA, followed by Board discussion.

Returning to open session, the Board adopted the following resolution:

**B-36-2005. Resolved,** that staff develop a contract and engage in ongoing consultation with LMCA to set the parameters of a licensing relationship with appropriate manufacturers, and be it further

**Resolved,** that an initial expenditure of approximately \$120,000 be authorized for the exploratory phase of this relationship, and be it further

**Resolved,** that appropriate research be conducted with communities of interest to gauge the viability of a licensing program and that results be reported to the Board at its August meeting, and be it further

**Resolved,** that the parameters of a licensing initiative be reported to the Board at its December meeting prior to implementation of such an initiative.

### Information

**Report of the Council on Access, Prevention and Interprofessional Relations: Status Report in Response to Resolution 51H-2004—Urging Promotion of Oral Health Literacy:** In response to the House Resolution, the Board was updated on recent activities to gather data, review existing policies and propose recommendations regarding current school-based oral health education programs available to grades K-12 nationwide. In connection with the status report, the Board adopted the following:

**B-33-2005. Resolved,** that the topic of improving our nation's oral health literacy be considered a high priority strategic issue for study and discussion by CAPIR in 2005-2006, in collaboration with outside experts, with the overall focus on developing a comprehensive report with recommendations on strategic direction, policies, focus, projects, activities and programs, including budget implications, to be provided to the ADA Board

of Trustees in June 2006, for presentation to the 2006 House of Delegates.

**Report of the Standing Committee on Diversity:** Dr. Roth reported on the recent activities of the Committee and its deliberations on process and criteria for selection of applicants. The Board then adopted the following resolutions:

**B-37-2005. Resolved,** that the following 12 candidates be approved to participate in the 2005 class of the ADA Institute for Diversity in Leadership:

Chang, Kevin, Roseville, CA  
Crawford, Rosalynn Yvette, New York, NY  
Flores, Elsa D., Arlington, TX  
Her-Flores, Mao, Fresno, CA  
Hosseini, Zahra L., San Diego, CA  
Jenkins, George, Newark, NJ  
Kosaraju, Amar, Air Force, Germany  
Martinez, Marcia, Orlando, FL  
O'Rourke-Allen, Sancerie, Baton Rouge, LA  
Ortiz-Quiles, Luis E., San Sebastian, PR  
Puddicombe, Emmanuel, Webster, NY  
Wells, Meelin Chin Kit, Williamsville, NY

**B-38-2005. Resolved,** that the following six candidates be approved as alternates to participate in the 2005 class of the ADA Institute for Diversity in Leadership:

Cain-Orncas, Mary, Elmwood Park, IL  
Gallant, Marshall L., Winter Lake, FL  
Journee, M. Conrad, Liberty, MO  
Mays, Karen T., Columbia, MO  
Primus, Melissa, Bakersfield, CA  
Vereces, Robert Timothy, Mountain View, CA

**Update on Status of 2004 Discussion—Improving Market Share in Lagging Membership Categories:** Ms. Newton discussed the report and the Association's broadening activities at all levels to engage in diversity and outreach to underrepresented categories.

### Practice Support

**Report of the Chief Policy Advisor: ADA Policies on Universal Coverage:** Dr. Guay presented a follow-up report on the Association's current policies deriving from the Board's earlier mega issue discussion, noting several conflicting or unclear ADA policies. The Board requested Dr. Guay to review and catalog the policies, develop background statements outlining the discrepancies and provide information to the appropriate ADA agencies for action. The Board will review an update in August.

### Organizational/Other

**Report of the Board of Trustees to the House of Delegates: Association Reserve Policy:** Dr. Feldman

reported discussions to review the reserve policy to ensure the successful execution of the dues stabilization strategy and allow the Board flexibility to manage its affairs. The report will be presented at the August Board meeting for transmittal to the House.

**Nominations for ADA Honorary Membership:** After discussion regarding the Board's procedures and guidelines on the nomination and selection process, the Board voted to extend, for 2005 only, the deadline for nominations for honorary membership from May 1 to July 15. Any additional nominations will be considered and approved by the Board via mail ballot.

#### **Report on Planning for the House of Delegates**

**Strategic Session:** Dr. Bramson reported on planning for the forthcoming strategic session. Based on internal staff work and in consultation with Dr. Haught and Dr. Soliday, the proposed session topic is the Association's Future Focus for the Coming Three Years. That topic is particularly timely since this is the year that a new ADA strategic plan is being developed. Talking points for the discussion will be developed for the Board's use.

Dr. Bramson also discussed the 2005-06 mega issue Board schedule.

#### **Informational Report on the Status of the 2005**

**Contingency Fund:** Dr. Feldman reported that no supplemental appropriation requests were submitted for consideration in June leaving the Contingency Fund with a balance of \$46,200.

#### **Proposed Amendment of the Restriction on Membership on the Council on Dental Benefit Programs:**

At its April 2005 session, the Board of Trustees received for review the Criteria for Nominations to ADA Councils and Commissions. Dr. Bushick reported that it was questioned whether this 30-year-old policy was too restrictive in relation to dental consultants. While it is still apparent that a dentist serving as an officer or trustee of an insurance company, medical or dental service corporation has a potential for a conflict of interest as a result of their fiduciary responsibility to that company or corporation, a dental consultant serves in more of an advisory or review capacity. The Board referred the proposed following resolution to the Council on Dental Benefit Programs for its review and recommendations to the Board.

**B-35. Resolved,** that the following resolution be transmitted to the 2005 ADA House of Delegates:

**Resolved,** that the policy "Restriction on Membership on Council on Dental Benefit Programs" (*Trans.* 1973:642) be amended by adding the word "or" between the words "trustee" and "board

member" and deleting the words "or dental consultant," so the amended policy would read as follows:

**Resolved,** that members of the Council on Dental Benefit Programs, during their terms on the Council, should not be an officer, trustee or board member for any insurance company, medical or dental service corporation.

#### **Report of the Chief Operating Officer: Presidential Think Tank Meeting:**

Mary Logan reported on the one-day presidential think tank authorized by the Board, established to look at trends and forces within and outside the profession that have the significant potential to change the way dentistry is practiced in the United States, with an eye to identifying related critical issues. The Board was invited to transmit comments for incorporation in a report to be presented at the August meeting.

#### **Report of Associate Executive Director, Membership and Dental Society Services: Key Findings and Implications, 2004 Membership Survey:**

Ms. Newton summarized the report for the Board. Important to the strategic planning process will be information gleaned from the 2004 *ADA Member Needs and Opinions Survey*, distributed earlier to the ADA Board of Trustees. This report provides key findings and implications for action that may strengthen member value, enhance member recruitment and retention, and facilitate ADA activities to meet the stated needs of members.

#### **Confidential Session**

**Report of the Executive Director:** In a confidential session, Dr. Bramson discussed various matters of interest to the Association.

#### **Regular Session (continued)**

#### **Strategic Discussion: Oral-Medical Connection:**

Following up on its earlier strategic discussion, the Board adopted the following resolution:

**B-44-2005. Resolved,** that the Council on Communications and the Council on Scientific Affairs collaborate to create quick references or appropriate information products for consumers and professionals to provide a proper perspective concerning the relationship of oral health and systemic disease.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 12:24 p.m.

# Notes

# August 7-9, 2005

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## Headquarters Building, Chicago

**Call to Order:** The sixth session of the Board of Trustees was called to order by President Richard Haught on Sunday, August 7, 2005, at 10:40 a.m., in the Hillenbrand Auditorium, ADA Headquarters Building, Chicago.

**Roll Call:** The following officers and trustees were present: Drs. Richard Haught, Robert M. Brandjord, Ronald D. Bushick, Robert T. Ferris, Mark J. Feldman, J. Thomas Soliday, James B. Bramson, Michael E. Biermann, Donald I. Cadle, Jr., Roddy N. Feldman, John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Ronald B. Gross, Kathryn Kell, Bernard K. McDermott, Jeanne M. Nicolette, Kathleen Roth, Charles L. Smith, Jeanne P. Strathearn, Zack D. Studstill, Ronald L. Tankersley and Perry K. Tuneberg.

Staff members present were: Beril Basman, director, Strategic Planning and Consulting; L. Jackson Brown, associate executive director, Health Policy Resources Center; Michael Glick, editor, Publishing; Albert H. Guay, chief policy advisor; Laura Kosden, associate executive director and publisher, Publishing; Mary Logan, chief operating officer; John Luther, interim associate executive director, Dental Practice; 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; Peter M. Sfikas, chief counsel and associate executive director, Legal Affairs; and William T. Zimmermann, chief financial officer.

Also in attendance for all or portions of the meeting were: Judy Jakush, editor, Publishing; Michael Glick, editor, *JADA*; and Walter Pieciewicz, associate general counsel, Legal Affairs.

**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 officers and members of the Board of Trustees, the Executive Director, Chief Counsel and Chief Operating Officer.

### Preliminary

**Agenda:** With certain amendments, the Board of Trustees adopted the following resolution.

**B-58-2005. 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 2005 session.

**B-67-2005. Resolved,** that the minutes of the June 12-14, 2005 session of the Board of Trustees be approved.

### Mail Ballot Approval of Honorary Membership

**Nominations:** The Board adopted unanimously the following resolutions approving the nominations of Mr. Daniel Buker and Mr. Wayne McMahan as ADA Honorary Members.

**B-68-2005. 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 Mr. Daniel J. Buker.

**B-69-2005. 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 Mr. Wayne McMahan.

**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. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution.

**B-61-2005. Resolved,** that recommendations on resolutions contained on the Consent Calendar be approved.

## House

### Budget, Business and Administrative Matters

Report 2 of the Board of Trustees to the House of Delegates: ADA Operating Account Financial Affairs and Recommended Budget Fiscal Year 2006

Resolution 28—Board of Trustees: Approval of 2006 Budget

Report 9 of the Board of Trustees to the House of Delegates: Renovation of Tenant and Association Occupied Space

Report 10 of the Board of Trustees to the House of Delegates: Information Technology Initiatives, Expenditures and Estimated Costs and Anticipated Future Projects

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

### Communications and Membership Services

Resolution 24—Board of Trustees: ADA Delegate Allocation—2006-2008

Report 6 of the Board of Trustees to the House of Delegates: Annual Report of the Standing Committee on the New Dentist

Resolution 1—Council on Membership: Amendment of the ADA *Bylaws* Regarding Interim Services for Applicants

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

Resolution 22—Amendment of ADA *Bylaws* Regarding Quarter-Year Dues

Resolution 31—Amendment of ADA *Bylaws* Regarding Affiliate Dues

Report 13 of the Board of Trustees to the House of Delegates: Give Kids A Smile Annual Report

Resolution 38—Committee on Credentials, Rules and Order: Delegate Certification Process

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

Resolution 6—Council on Dental Practice: Statement on Prosthetic Care and Dental Laboratories

Resolution 7—Council on Dental Practice: Statement on Dentist Health and Wellness

Resolution 17—Council on Dental Practice: Guiding Principles for Dentist Well-Being Activities at the State Level

Resolution 37—Council on Scientific Affairs Supplemental Report 1 to the House of Delegates: Recent Council Activities

### Dental Education and Related Matters

Report 12 of the Board of Trustees to the House of Delegates: Update on the National Campaign for Dental Education and the ADA Foundation \$100 Million Campaign

### Legal and Legislative Matters

Resolution 21—Council on Ethics, Bylaws and Judicial Affairs: Best Dentists Lists

Resolution 23—Council on Ethics, Bylaws and Judicial Affairs: Editorial Corrections to the ADA *Bylaws*

Report 4 of the Board of Trustees to the House of Delegates: Update on Amalgam in Wastewater Activities

### Annual Reports

Council on ADA Sessions

Council on Communications

Council on Membership

Council on Access, Prevention and Interprofessional Relations

Council on Dental Benefit Programs

Council on Dental Practice

Commission on Dental Accreditation

Council on Dental Education and Licensure

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.

### Miscellaneous House Matters

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

**Board****Resolutions**

Resolution B-45—Report of the Associate Executive Director, Communications and Corporate Relations: Annual Review of ADA Spokespersons

Resolutions B-46 thru B-54—Appointment of Consultants

Resolution B-55—Report of the Chief Financial Officer: Reappointment of Grant Thornton as the ADA Auditor

Resolution B-60—Report of the Chief Financial Officer: Merger of ADREC into the ADA

Resolution B-59—Nominations to the Board of Directors of ADPAC

**Reports**

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

Report of Dr. G. Kirk Gleason, National Campaign for Dental Education

Report of Dr. Kathleen Roth, Liaison to ADPAC

Report of Dr. Joel Glover, Liaison to the Council on Communications

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

Report of the Treasurer

Report on the Status of the 2005 Contingency Fund and Approval of Supplemental Appropriation Requests

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

**B-45-2005. Resolved,** that the following ADA National Spokespersons be invited to serve as dental spokespersons through the 2006 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 and Maxillofacial Surgery)

J. Robert Kelly, D.D.S., M.S., Farmington, CT (Dental Amalgam)

J. Rodway Mackert, D.M.D., Augusta, GA (Dental Amalgam)

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-46-2005. Resolved,** that the consultants to the Council on Access, Prevention and Interprofessional Relations be approved for terms ending with the 2006 annual session.

**B-47-2005. Resolved,** that the consultants to the Council on Dental Benefit Programs be approved for terms ending with the 2006 annual session.

**B-48-2005. Resolved,** that the consultants to the Council on Dental Education and Licensure be approved for terms ending with the 2006 annual session.

**B-49-2005. Resolved,** that the consultants to the Council on Dental Practice be approved for terms ending with the 2006 annual session.

**B-50-2005. Resolved,** that the consultants to the Council on Ethics, Bylaws and Judicial Affairs be approved for terms ending with the 2006 annual session.

**B-51-2005. Resolved,** that the consultants to the Council on Scientific Affairs be approved for terms ending with the 2006 annual session.

**B-52-2005. Resolved**, that the consultants to the Joint Commission on National Dental Examinations be approved for terms ending with the 2006 annual session.

**B-53-2005. Resolved**, that the consultants to the Committee on the New Dentist be approved for terms ending with the 2006 ADA annual session.

**B-54-2005. Resolved**, that the consultants to the Committee on International Programs and Development be approved for terms ending with the 2006 annual session.

**Note:** The names of the consultants approved in Resolutions B-46-2005 through B-54-2005 are attached as Appendix 1.

**B-55-2005. 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 2005 audit cycle which ends in August 2006.

**B-60-2005. Resolved**, by American Dental Association, acting through its Board of Trustees, that the Agreement and Plan of Merger substantially in the form of the attached Exhibit A, by which American Dental Real Estate corporation shall merge with and into American Dental Association on the terms and conditions set forth in the Agreement and Plan Merger, are all hereby adopted and approved, and be it further

**Resolved**, that the Secretary and/or the President of American Dental Association, or any other appropriate officer of American Dental Association, is authorized to take such actions and execute such documents as may be appropriate to implement the foregoing resolution, including executing a unanimous written consent approving the Agreement and Plan of Merger, and any and all actions or documents necessary or appropriate to effectuate the foregoing, and be it further

**Resolved**, that articles or certificates of merger shall be executed by the appropriate officers of American Dental Association, and be filed in the office of the Secretaries of State of Illinois and Delaware, with such administrative changes as the appropriate officers deem necessary.

**B-59-2005. Resolved**, that the following nominees to the American Dental Political Action Committee Board of Directors be approved for terms beginning January 1, 2006 and extending through December 31, 2009.

Dr. Wendy Anne Brown  
Dr. Thomas W. Leslie  
Dr. Jeffrey E. Persons  
Dr. Debra J. Worsham

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

**Report 2 of the Board of Trustees to the House of Delegates: ADA Operating Account Financial Affairs and Recommended Budget Fiscal Year 2006** (Supplement:2003): *The Board transmitted Report 2 and the appended resolutions to the House of Delegates.*

*Resolution 28—Approval of 2006 Budget* (Supplement:2049). *The Board transmitted Resolution 28 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion).* (Vote: Unanimous)

*Resolution 29—Recommended Dues Change* (Supplement:2050). *The Board transmitted Resolution 29 to the House of Delegates with the following comment and recommendation to vote yes* (voted at the June 2005 Board meeting). (Vote: Unanimous)

The proposed budget approved by the Board of Trustees anticipates \$102,263,200 in revenues and \$103,658,200 in expenses, income taxes, and cash items generating a net deficit of \$1,395,000. To fund the budget deficit and other new expenses anticipated in conjunction with the ongoing advocacy efforts in Alaska, the Board recommended a combination of the use of reserves and a \$6 dues increase. The proposed budget and dues increase are consistent with the ADA's long-term financial strategy of dues stabilization. The \$6 increase is the first in three years and represents an increase of only 1.4%, which is well below inflation.

This amount does not reflect any House actions that may be adopted with financial implications and funded through membership dues.

**Report 8 of the Board of Trustees to the House of Delegates: American Dental Real Estate Corporation, Status of the Washington, D.C. Property** (Supplement:2051): *The Board transmitted Report 8 and the appended Resolution 30 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Report 9 of the Board of Trustees to the House of Delegates: Renovation of Tenant and Association Occupied Space** (Supplement:2058): *The Board transmitted Report 9 to the House of Delegates (consent calendar action—no Board discussion).* (Vote: Unanimous to Transmit)

**Report 5 of the Board of Trustees to the House of Delegates: Association Reserve Policy** (Supplement:2000): *The Board transmitted Report 5 and the appended Resolution 26 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Report 10 of the Board of Trustees to the House of Delegates: Information Technology Initiatives, Expenditures and Estimated Costs and Anticipated Future Projects** (*Supplement:2063*): *The Board transmitted Report 10 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Report 3 of the Board of Trustees to the House of Delegates: Compensation and Contract of the Executive Director** (*Supplement:2056*): *The Board transmitted Report 3 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**

**Board of Trustees Resolution 24—ADA Delegate Allocation** (*Supplement:3008*): *The Board transmitted Resolution 24 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 6 of the Board of Trustees to the House of Delegates: Annual Report of the Standing Committee on the New Dentist** (*Supplement:3023*): *The Board transmitted Report 6 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Council on Membership Resolution 1—Amendment of the ADA Bylaws Regarding Interim Services for Applicants** (*Supplement:3013*): *The Board transmitted Resolution 1 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Election Commission Resolution 25—Conduct of Campaigns for ADA Elective Offices** (*Supplement:3015*): *The Board transmitted the Election Commission's report and appended Resolution 25 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: 16 Yes—Drs. Biermann, Brandjord, Cadle, Feldman R., Ferris, Findley, Glover, Grammer, Kell, McDermott, Nicolette, Roth, Strathearn, Studstill, Tankersley, Tuneberg; 4 No—Drs. Bushick, Gleason, Gross, Smith)

The Board appreciates the efforts of the Election Commission in monitoring campaign receptions for the past three years and bringing forth its recommendations for future receptions. The Board concurs with the Commission's recommendation to eliminate receptions for Second Vice President and Speaker of the House of Delegates candidates, and acknowledges that this action would remove some financial barriers and increase opportunities for potential candidates for these offices.

The Board however has a different perspective of president-elect campaign receptions. While the pilot project of a shared campaign reception for president-elect candidates did realize cost efficiencies, the Board does not agree with the first three resolving clauses of Resolution 25. The Board believes that campaign receptions have historically provided a political opportunity to candidates but more importantly gave members of the House an opportunity to network on issues being considered at the meeting. Believing that candidate receptions have little impact on the outcome of elections, the Board is of the opinion that it would be more appropriate for the ADA to host a reception on the evening before the House officer elections replacing the president-elect candidate hosted reception. An ADA hosted reception would: eliminate the financial burdens of potential candidates, regardless of the number of candidates; guarantee an opportunity for the members of the House to meet the candidates for the office of president-elect; and provide a less formal, more congenial environment where members of the House can meet and discuss issues.

For these reasons, the Board recommends the following substitute resolution.

**25B. Resolved**, that beginning with the 2006 campaign for ADA president-elect, irrespective of the number of candidates, there will be a single reception held at the annual meeting of the House of Delegates, and be it further

**Resolved**, that the costs of the reception shall be borne entirely by the ADA with the total amount to be determined by the Election Commission, and be it further

**Resolved**, that the president-elect candidates will be allowed to campaign during the reception within guidelines determined by the Election Commission consistent with the current format for campaign activities, and be it further

**Resolved**, that beginning in 2006, candidates for the offices of second vice president and speaker of the House of Delegates not host any type of campaign social functions either during the campaign year or at the ADA annual meeting, and be it further

**Resolved**, that the Election Commission is authorized to revise the Guidelines Governing the Conduct of Campaigns for All ADA Offices to reflect the actions of the House of Delegates as well as any necessary editorial changes it deems advisable.

**Council on Membership Supplemental Report 1 to the House of Delegates: Recent Council Activities** (*Supplement:3001*): *The Board transmitted the supplemental report and appended resolutions to the House of Delegates.*

*Resolution 22—Amendment of ADA Bylaws Regarding Quarter-Year Dues* (*Supplement:3021*). *The Board transmitted Resolution 22 to the House of Delegates*



with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)

*Resolution 31—Amendment of ADA Bylaws Regarding Affiliate Dues (Supplement:3022). The Board transmitted Resolution 31 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board Discussion). (Vote: Unanimous)*

**Note:** Following the meeting of the Board, new information was received related to the impact of Resolution 31. Therefore, the Board will have the opportunity to consider this information at its September session and its recommendation on Resolution 31.

**Report 13 of the Board of Trustees to the House of Delegates: Give Kids A Smile Annual Report (Supplement:3029):** *The Board transmitted Report 13 to the House of Delegates (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)*

**Tennessee Dental Association Resolution 32—Reduced Dues for Full-Time Dental School Faculty (Supplement:3019):** *The Board transmitted Resolution 32 to the House of Delegates with the following comment.*

The Board notes that the Speaker has advised that Resolution 32 would effect a change in the dues of active members but this resolution did not provide the delegates with the notice of 90 days as set forth in Chapter XXI. AMENDMENTS, Section 20. AMENDMENT AFFECTING THE PROCEDURE FOR CHANGING THE DUES OF ACTIVE MEMBERS of the *Bylaws*. As such, the resolution would be referred to the 2006 House of Delegates. The Speaker further advised that he would entertain a motion from the House of Delegates to consider this resolution by unanimous vote provided that the resolution has been presented in writing at a previous meeting of the same session of the 2005 House of Delegates.

The Board of Trustees notes that the ADA does not currently have a means to determine which faculty dentists work for at least 80% of a full work schedule. Currently, dentists self-report being either full-time or part-time educators. Full-time is currently defined as working more than 30 hours per week. There may also be an unintended consequence by defining eligibility for this dues reduction based on a percentage of the work schedule. For example, a faculty member may work “full-time” in a dental school and have a secondary occupation of private practice (for example, four days at the dental school and two days in private practice). These individuals may not be eligible if the dental school work schedule does not constitute 80% of their overall work schedule.

Further, the Council on Membership is currently conducting a comprehensive membership study; reviewing the current membership categories, dues,

eligibility and representation. As set forth in the Council on Membership Supplemental Report, it is anticipated that a concept for *ADA Constitution and Bylaws*, Chapter I and related bylaws changes will be submitted for consideration to the 2006 House of Delegates. Resolution 11H-2004 (*Trans.2004:296*) regarding the issue of a reduction of faculty dues was also referred to the Council as part of its membership study. Several 2004 resolutions on this same topic were referred to the Council for consideration and report back in 2006 as a part of this study.

**Report 16 of the Board of Trustees to the House of Delegates: Annual Report of Strategic Planning Activities (Supplement:3032):** *The Board transmitted Report 16 to the House of Delegates. (Vote: Unanimous to Transmit)*

**Board of Trustees Resolution 38—Delegate Certification Process (Supplement:3021):** *The Board transmitted Resolution 38 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

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

**Council on Access, Prevention and Interprofessional Relations Resolution 2—Patient Safety and Quality of Care (Supplement:4000):** *The Board transmitted Resolution 2 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)*

The Board wishes to clarify the fourth bullet in Resolution 2 regarding reducing waits and harmful delays. The Board recommends that the word “both” and the phrase “and those who give” be deleted. Therefore, the Board recommends adoption of the following substitute resolution (deletions are shown by strikethroughs).

**2B. Resolved,** that it is the ADA’s position that health care should be:

- *Safe*—avoiding injuries to patients from the care that is intended to help them
- *Effective*—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively)
- *patient-centered*—providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions

- *timely*—reducing waits and sometimes harmful delays for ~~both~~ those who receive ~~and those who~~ give care
- *efficient*—avoiding waste, including waste of equipment, supplies, ideas and energy
- *equitable*—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status

**Council on Access, Prevention and Interprofessional Relations Resolution 3—Definition of Oral Health Literacy** (Supplement:4002): *The Board transmitted Resolution 3 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Council on Dental Benefit Programs Resolution 4—Audits of Private Dental Offices by Third-Party Payers** (Supplement:4003): *The Board transmitted Resolution 4 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Council on Dental Benefit Programs Resolution 5—Insurance Benefits for Posterior Direct Resin Restorations** (Supplement:4005): *The Board transmitted Resolution 5 to the House of Delegates with the recommendation to vote yes.* (Vote: 15 Yes—Drs. Biermann, Brandjord, Bushick, Feldman R., Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Strathearn, Tankersley; 5 No—Drs. Cadle, Ferris, Smith, Studstill, Tuneberg)

**Council on Dental Practice Resolution 6—Statement on Prosthetic Care and Dental Laboratories** (Supplement:4007): *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 Dental Practice Resolution 7—Statement on Dentist Health and Wellness** (Supplement:4009): *The Board transmitted Resolution 7 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Dental Practice Resolutions 8 through 16:** These resolutions present separate statements on important health issues. *The Board transmitted these resolutions to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: Unanimous)

The Board commends the Council for its efforts to address these important and sensitive issues with a comprehensive set of statements and guiding principles for the dental profession. The Board has some concerns about the way that some of these statements are worded, whether they are sufficiently clear about the role of dentists and what dentists are encouraged to do, and

whether dentists will understand how to address these issues from reading these statements (for example, it is not clear whether the statement about alcohol/drug abuse is suggesting that dentists should be counseling pregnant women about having a glass of wine in the evening). For this reason, the Board recommends that these statements (Resolutions 8-16) be referred back to the Council on Dental Practice for further consideration of the wording of each statement. The Board also believes that it would be more helpful if each of these statements were combined into a single, comprehensive statement (rather than a series of separate statements) when they are brought back in 2006.

*Council on Dental Practice Resolution 8: Statement on the Use of Opioids in the Treatment of Dental Pain* (Supplement:4011)

*Council on Dental Practice Resolution 9: ADA Policy Statement on Chemical Dependency* (Supplement:4013)

*Council on Dental Practice Resolution 10: Statement on Alcoholism and Other Substance Use Disorders* (Supplement:4015)

*Council on Dental Practice Resolution 11: Statement on Substance Abuse Among Dentists* (Supplement:4017)

*Council on Dental Practice Resolution 12: Statement on Substance Use Among Dental Students* (Supplement:4019)

*Council on Dental Practice Resolution 13: ADA Policy Statement on Provision of Dental Care for Patients Who Are or Have Been Chemically Dependent* (Supplement:4021)

*Council on Dental Practice Resolution 14: Statement on Provision of Dental Treatment for Patients with Substance Use Disorders* (Supplement:4023)

*Council on Dental Practice Resolution 15: Statement on Alcohol and Other Substance Use by Pregnant and Postpartum Patients* (Supplement:4025)

*Council on Dental Practice Resolution 16: Guidelines Related to Alcohol, Nicotine, and/or Drug Use by Child or Adolescent Patients* (Supplement:4027)

**Council on Dental Practice Resolution 17: Guiding Principles for Dentists Well-Being Activities at the State Level** (Supplement:4029): *The Board transmitted Resolution 17 the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Dental Benefit Programs Supplemental Report 1 to the House of Delegates: Status of the Direct Reimbursement National Marketing**

**Campaign** (Supplement:4043): *The Board transmitted the supplemental report to the House of Delegates.*

**Council on Dental Benefit Programs Supplemental Report 2 to the House of Delegates: Dental Diagnostic Codes and Dental Procedure Code Modifiers** (Supplement:4050): *The Board transmitted the supplemental report to the House of Delegates.*

**Report 7 of the Board of Trustees to the House of Delegates:** *The Board transmitted Report 7 and the appended Resolution 27 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

**Council on Scientific Affairs Supplemental Report 1 to the House of Delegates: Recent Council Activities** (Supplement:4036): *The Board transmitted the supplemental report and appended Resolution 37 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

**Thirteenth District Caucus Resolution 41: Oral Health Assessments for School Children** (Supplement:4040): *The Board transmitted Resolution 41 to the House of Delegates with the following comment and recommendation to vote yes on referral (consent calendar action—no Board discussion). (Vote: Unanimous)*

The Board has concerns with the phrase “oral health assessment” in Resolution 41. The Board also recognized that substituting the words “examination by a dentist” in place of the word “assessment” throughout the resolution would not be a quick fix. Thus, the Board felt it was important to ensure that dentists were involved in oral health examinations and any necessary follow-up care. Therefore, the Board recommends that Resolution 41 be referred to the appropriate Association agency for further study and report to the 2006 House of Delegates.

**Recess:** The Board recessed for lunch at 12:35 p.m. and reconvened at 1:40 p.m.

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

**Council on Dental Education and Licensure Resolution 18—Proposed Revisions to the ADA Anesthesia Documents** (Supplement:5000): *The Board transmitted Resolution 18 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

**Council on Dental Education and Licensure Resolution 19—Guidelines for Examiner Standardization** (Supplement:5008): *The Board*

*transmitted Resolution 19 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

**Council on Dental Education and Licensure Resolution 20—Eliminating Use of Human Subjects in Board Examinations** (Supplement:5009): *The Board transmitted Resolution 20 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)*

The Board believes that a major factor influencing the adoption of Resolution 64H-2000 was the concern for problems associated with the involvement of patients in clinical licensure testing, such as perceived breaches of professional ethics, continuity of patient care, adequacy of the pool of patients with specific clinical conditions required for exams, etc. Through the work of ADA agencies and task forces and the efforts of the dental examining community, mechanisms have been put in place to diminish many of these concerns. For example, the Association supports the curriculum integrated format that ameliorates many of these problems. Further, recent efforts to develop a national clinical licensure examination appear to have potential to meet candidate needs without adverse effects to patients. Finally, despite extensive exploration of alternative testing formats that do not involve patients, no suitable alternative has been accepted as a valid and reliable substitute for testing of clinical competency.

The Board believes that recent and proposed changes in the clinical testing process offer promise for ameliorating concerns regarding patient involvement in the process. The Board therefore believes that the ADA should continue to promote and monitor progress in these areas while continuing to support the eventual elimination of patients, if and when appropriate alternatives are identified through promising technology or other developments in clinical testing methodology. Accordingly, the Board supports adoption of the following substitute resolution.

**20B. Resolved,** that Resolution 64H-2000, Elimination of the Use of Human Subjects in Board Examinations (*Trans.*2000:477), be amended in the first resolving clause by deleting the words “by 2005,” inserting the word “examination” between the words “licensure” and “process” and by adding the words “once suitable alternatives have been developed” at the end of the resolving clause, and be it further

**Resolved,** that Resolution 64H-2000 be amended by deleting the words “human subjects” wherever they appear and replacing them with the word “patients,” so that the amended policy would read:

**Resolved,** that the Association supports the elimination of the use of patients in the clinical

licensure examination process once suitable alternatives have been developed, and be it further **Resolved**, that the Association transmit this policy to all clinical testing agencies.

**Council on Dental Education and Licensure Supplemental Report 1 to the House of Delegates: Proposed Plans for a 2006 Anesthesia Invitational Conference** (*Supplement:5047*): *The Board transmitted the supplemental report and appended Resolution 42 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**Board of Trustees Resolution 49—Monitoring Clinical Dental Licensure Examinations** (*Supplement:5049*): *The Board transmitted Resolution 49 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

### Special Order of Business

**Report of the Strategic Planning Committee:** Dr. Kevin Seidler, chair, Strategic Planning Committee, with other committee members, summarized ADA's 2005 planning activities and presented discussion drafts of the Strategic Plan 2007-2010 and the Board's annual report on planning to the House of Delegates. The report recommends an ongoing environmental scan function for the ADA. The plan's Goals and Objectives were extensively and critically addressed, with a number of revisions identified. The Board requested talking points regarding the new Strategic Plan, which will be provided. The Board also discussed and refined the planned strategic discussion for the House.

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

### Monday, August 8, 2005

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**Call to Order:** The Board of Trustees was called to order by President Haught at 8:05 a.m. in the Hillenbrand Auditorium, ADA Headquarters, Chicago.

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

### Regular Session

The Chair reported to the Board that Report 12 of the Board of Trustees to the House of Delegates: Update on the National Campaign for Dental Education, would be updated and presented to the Board in September.

**Report of the Strategic Planning Committee (continued):** After considering the recommendations

made in the report, the Board unanimously adopted the following resolutions.

**B-62-2005. Resolved**, that the ADA establish a process to conduct on-going environmental scanning to continuously update the strategic information to be used by the Board of Trustees and all ADA agencies in their planning activities, and be it further **Resolved**, that this process be established in 2007, at the latest, by contracting with The Forbes Group to set up the procedures for ADA staff to apply to the ongoing research, and be it further **Resolved**, that the Office of Strategic Planning and Consulting be charged with implementing and maintaining this process with the dedication of appropriate resources for the same.

**B-63-2005. Resolved**, that any initiatives recommended in the new strategic plan be reviewed by the Board of Trustees for potential impact and congruence with current policies.

**B-64-2005. Resolved**, that the attached report of the Board of Trustees on its annual strategic planning activities and the draft *ADA Strategic Plan: 2007-2010*, be transmitted to the 2005 House of Delegates.

### Reports and Resolutions Relating to the Reference Committee on Dental Workforce

**Report 15 of the Board of Trustees to the House of Delegates: Report of the Dental Workforce Models Task Force** (*Supplement:6002*): Dr. Studstill presented the Interim Report of the Dental Workforce Models Task Force, reviewing the Education and Training and Career Pathway charts and offering the Task Force's recommendations. These recommendations do not represent a change in Association policy or position, but are intended instead to prompt additional discussions at the state and educator levels. *The Board transmitted Report 15 and the appended resolutions to the House of Delegates.*

*Board of Trustees Resolution 44—New Types of Allied Dental Personnel* (*Supplement:6023*). *The Board transmitted Resolution 44 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

*Board of Trustees Resolution 45—Appointment of Task Forces* (*Supplement:6024*). *The Board transmitted Resolution 45 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

*Board of Trustees Resolution 46—Development of Pilot Projects* (*Supplement:6025*). *The Board transmitted Resolution 46 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

*Board of Trustees Resolution 47—Curriculum Changes to Facilitate Admission of Dental Hygienists to Dental Schools with Advanced Standing (Supplement:6026). The Board transmitted Resolution 47 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Board of Trustees Resolution 48—Model Curriculum to Facilitate Development of Dentists Trained with a Focus on Community-Based Dentistry (Supplement:6027). The Board transmitted Resolution 48 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

The Board requested talking points and a copy of the PowerPoint presentation.

**Report 11 of the Board of Trustees to the House of Delegates: Presidential Think Tank** (Supplement:6028): *The Board transmitted Report 11 to the House of Delegates. (Vote: Unanimous to Transmit)*

**Georgia Dental Association Resolution 43—Access to Care: The Dental Workforce:** *The Board transmitted Resolution 43 to the House of Delegates with the following comment.*

The Board of Trustees wishes to acknowledge the resolution submitted by the Georgia Dental Association and believes that the studies requested involve a more thorough review of current data maintained by the Association which, Dr. Brown noted, is substantial. Therefore, because of the need to carefully examine what is currently available and the extent of new studies called for in this resolution and their potential financial implications, the Board will be reviewing this resolution further at its September meeting and will forward a comment and recommendation to the House at that time.

**Georgia Dental Association: Areas to be Addressed by the Workforce Models Task Force:** Dr. Studstill reported on questions raised by the Georgia Dental Association regarding areas to be addressed by the Task Force. The Board directed that a letter be drafted to respond to these questions.

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

**Council on Ethics, Bylaws and Judicial Affairs Resolution 21—Best Dentists Lists** (Supplement:7000): *The Board transmitted Resolution 21 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 23—Editorial Correction to the ADA**

*Bylaws (Supplement:7002): The Board transmitted Resolution 23 to the House of Delegates with the recommendation to vote yes (consent calendar action—no Board discussion). (Vote: Unanimous)*

**Report 4 of the Board of Trustees to the House of Delegates: Update on Amalgam in Wastewater Activities** (Supplement:7006): *The Board submitted Report 4 to the House of Delegates (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit).*

**Eighth Trustee District Resolution 39-2004: Creation of a Vice-Speaker Position** (Supplement:7019): *The Board transmitted Resolution 39-2004 to the House of Delegates with the recommendation to vote yes. (Vote: 15 Yes—Drs. Biermann, Cadle, Ferris, Findley, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 5 No—Drs. Brandjord, Bushick, Feldman R., Gleason, Roth)*

**Report 14 of the Board of Trustees to the House of Delegates: Update on Activities Concerning Alaska Native Oral Health Access** (Supplement:7013): Dr. Brandjord reported on new developments with the Alaska attorney general and hearings which occurred in the U.S. House. *The Board transmitted Report 14 to the House of Delegates. (Vote: Unanimous to Transmit)*

**Thirteenth District Caucus Resolution 40—ADA Support for Medical Injury Compensation Reform** (Supplement:7004): *The Board transmitted Resolution 40 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)*

The ADA has existing policy in “Federal Tort Reform Legislation” (Trans.1993:708) which expressly calls for the ADA to support legislation that includes: mandatory periodic payments of awards, a ceiling on non-economic damages, offsets of awards for collateral sources of recovery, limits on attorney fees, a statute of limitations on health care related injuries, and an alternative method of resolving disputes—all of which are covered under MICRA. Indeed, the Association has actively been supporting H.R. 5, which is MICRA-like and which recently passed the U.S. House of Representatives, and should be debated in the Senate after the August recess.

If Resolution 40 is adopted as drafted, it might cause the ADA to oppose any compromise bill that differed from MICRA. At the same time, the Board recognizes that reforming the medical liability system is very important for many states. Also, it is important, particularly to California, that the state maintain the present cap on pain and suffering as contained in MICRA.

For these reasons, the Board recommends the following substitute resolution:

**40B. Resolved**, the ADA lobby that any liability reform legislation not override state limits on non-economic damages, and be it further

**Resolved**, that the ADA actively communicate its position on medical liability reform in all appropriate policy/decision-making venues, and be it further

**Resolved**, that the ADA continue to pursue coalition opportunities with other impacted health care professionals.

**Report 17 of the Board of Trustees to the House of Delegates: The Tecker Project to Assess ADA's Advocacy Effectiveness** (*Supplement:7017*): *The Board submitted Report 17 to the House of Delegates.* (Vote: Unanimous to Transmit).

### Special Order of Business

**Appearance of Edward Vigna, ADPAC Chair:** Dr. Vigna reported on the current activities and initiatives of ADPAC, including state partner participation, donor research findings, Capital Advantage, and the Grassroots Program.

### Attorney-Client Session

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

**Recess:** The Board recessed for lunch at noon and reconvened at 1:07 p.m.

### Regular Session

#### Special Order of Business

**Mega Issue Discussion—International Accreditation:** Dr. Laura Neumann moderated the mega issue discussion. Dr. Richard Valachovic, executive director, American Dental Education Association, was available as a resource for the discussion as were members of Association staff.

Ms. Liz Snow, director, Government Relations, California Dental Association, addressed California's experience. Current approval standards are loosely based on Commission on Dental Accreditation (CODA) standards. The California Dental Board, with its numerous other duties, appears supportive of CODA taking on foreign school accreditation responsibility.

Dr. JoHann de Vries, dean, University of Manitoba, spoke on Canada's experience and gave an overview of internationalization concepts.

Dr. Brandjord spoke as a Board-appointed member of the Ad Hoc Committee established by CODA regarding consultation and evaluation of foreign dental schools.

Dr. John Findley addressed international accreditation from the standpoint of members in the Fifteenth District.

**Commission on Dental Accreditation Supplemental Report 1 to the House of Delegates: Response to Resolution 41H-2004—Consultation and Evaluation of International Dental Schools** (*Supplement:5011*): *The Board transmitted the supplemental report and appended Resolution 39 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board of Trustees acknowledges the direction provided by the House of Delegates last year in Resolution 41H-2004 that the Commission on Dental Accreditation limit its activities in the area of international education to consultation and evaluation. During the past year, the Board has gathered significant and compelling additional information that it believes should be shared with the House of Delegates. Through the participation of ADA trustees on the Ad Hoc Committee and through its August 2005 strategic discussion, the Board has obtained additional information and insight into the environment and various factors with implications relating to international education and accreditation. For example, the Board has learned that there are now at least four states that have implemented or are close to implementing a process for approving foreign dental schools. Experience in California's long history of licensing international graduates indicates that the proportion of these individuals with malpractice or disciplinary situations is consistent with the demography of the state, i.e., no different from that of U.S. graduates. The Board also heard of other organizations that might have an interest in establishing an international accreditation program with possible standards and policies that would not be acceptable to ADA. While neither the Board nor the Commission has an interest in soliciting international schools for purposes of accreditation, the increasing interest of the broader society and profession, including the millennial generation, is becoming more apparent. The Board also noted that an educational credential from an accredited school is only one of many steps in the licensure process, and that international graduates must still pass all of the hurdles of U.S. graduates to demonstrate their competence, including both National Board and clinical examinations.

The Board believes it is time for the Association to take a leadership role with respect to international education and accreditation and therefore concurs with the findings in the Commission's report. Inconsistent and uncoordinated mechanisms for regulating and assuring the quality of dental practice and dental education could have a detrimental effect on oral health care in the U.S. The Board believes that the Commission's standards and policies have been designed for relevance to the U.S. education system and health care environment and that it will be important to ensure that a program of international accreditation be developed and implemented to promote a process that is

appropriate and effective in light of regional differences in education and health care systems across the world. In particular, dentists must be able to practice in a manner consistent with prevailing standards for patient care and ethical conduct in the U.S. and be capable of complying with state and federal regulations governing oral health care.

The Board recognizes that the proposed activities will require financial support during the developmental phase. Participation in an advisory committee would enable the Board to fulfill its fiduciary responsibility with respect to oversight of the Association's budget. At the time the Board last reported to the House it did not have sufficient information to fully develop a credible business plan. Information provided by the Ad Hoc Committee indicates that the level of participation is likely to be limited and that the Commission's financial proposal would require international education programs to cover all direct and indirect costs associated with either consultation or accreditation services.

Because an international accreditation program would generally be outside the scope of the Commission's recognition by the U.S. Department of Education, ADA participation in an advisory capacity would not be prohibited. Further, the advice of representatives of the practice community could be beneficial to the Commission and provide an opportunity for ADA representatives to share information about global education and practice with the U.S. dental community. This participation would also enable ADA leadership to speak from an informed perspective to legislators and public advocacy groups regarding similarities and differences in the academic qualifications of international dentists in discussions regarding licensure, workforce and access to care. The Board therefore recommends adoption of the following substitute resolution.

**39B. Resolved**, that the ADA and its Board of Trustees support the Commission on Dental Accreditation's initiative to offer consultation and accreditation services to international dental schools, and be it further

**Resolved**, that the ADA and Commission on Dental Accreditation establish a standing, joint advisory committee to provide guidance to the Commission in the selection, development and implementation of an international program of consultation and accreditation for dental education, and be it further

**Resolved**, that the advisory committee include two representatives from the Commission and three representatives from the ADA with one of these representatives from the ADA Board of Trustees as chair and two at-large members from the practicing community appointed by the President, and be it further

**Resolved**, that the terms of office of the ADA representatives be a staggered three-year term and be eligible for one additional term of appointment, and be it further

**Resolved**, that the advisory committee in conjunction with the Commission on Dental Accreditation provide a report annually on the progress of international activities to the House of Delegates.

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

## **Tuesday, August 9, 2005**

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**Call to Order:** The Board of Trustees was called to order by President Haught at 8:35 a.m. in the Hillenbrand Auditorium, ADA Headquarters, Chicago.

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

### **Report of the Council on Dental Education and Licensure's Subcommittee to Develop a Proposed Process to Recognize Non-Specialty Interest Areas in General Dentistry Practice and Education:**

Dr. Neumann reported on the work of CDEL's appointed subcommittee reviewing this issue. The Board received an informational report from the subcommittee in response to Resolution B-12-2004, calling for development of a proposed process to recognize non-specialty interest areas in general dentistry practice and education, and to provide a progress report in August. The subcommittee will be presenting its recommendations to the Council in November, and the Council will report to the Board at its December 2005 session.

**Update on Actions and Activities of the Commission on Dental Accreditation:** The Board discussed CODA's recommendation on the composition of the specialty review committees; the Association's proposed response will be reviewed at the September meeting.

### **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.

### **Closed Session**

**Report of the Associate Executive Director, Communications and Corporate Relations: Licensing Opportunities:** In a closed session, Mr. Mickel discussed ongoing discussions regarding potential licensing opportunities for the ADA.

**Regular Session**

**Report of the Associate Executive Director, Communications and Corporate Relations:**

**Branding Initiative Update:** Mr. Mickel reported that Henry Rak Consulting Partners is developing a brand strategy and pursuing methods that will consistently promote the ADA, its products and services, and align these with related entities and corporate partners.

**Report of the Council on Scientific Affairs: Recent Activities:** Based on a recommendation from the Council on Scientific Affairs, the Board adopted the following resolution approving ADA Guidelines on Amalgam Accumulations in Dental Office Plumbing, as part of the Association’s ongoing initiatives to encourage safe, common-sense practices within dental offices to minimize the environmental impact of dentistry and to protect those working in dental offices.

**B-65-2005. Resolved,** that the Board of Trustees approves the ADA Guidelines on Amalgam Accumulations in Dental Office Plumbing.

**Note:** The approved Guidelines are attached as Appendix 2.

**Report on ADA International Business**

**Development:** The Board reviewed a report on efforts to increase the Association’s global presence. The International Business Plan was completed and launched in May 2005. The IBD Staff Work Group is now concentrating on strategies and tactics contained in the plan. Ms. Logan discussed the challenges the ADA faces to make the business plan work.

**Report on the Status of the 2005 Capital Contingency Fund and Approval of Supplemental Appropriation Requests:**

A Capital Contingency Fund of \$200,000 was authorized in the 2005 budget. The Board of Trustees approved total capital supplemental requests in the amount of \$58,250, leaving a balance of \$141,750. The Board reviewed the following new requests for supplemental funding and subsequently adopted the following resolution.

**B-56-2005. Resolved,** that the following appropriations be made from the 2005 Capital Contingency Fund and be allocated to the appropriate capital accounts, in accordance with the terms of the supplemental appropriation requests.

*Division of Science* \$14,850

**Environmental Control Chamber:** In anticipation of the publication of the ADA’s new Professional Product Report, the ADA laboratories at Chicago will be testing several categories of dental materials according to ANSI/ADA Specifications. A majority of these specifications require tests to be performed under

standardized test conditions to ensure that tests results can be reproduced by other laboratories. The Division of Science has worked closely with the Office of the Building to find a reasonable solution for a cost-effective means to control the temperature and humidity of a whole room, but has recently been advised that a solution to this problem cannot be achieved.

This is to request purchase of an environmental control chamber that would be capable of maintaining the temperature and humidity to set limits within a designated space. Such a chamber is usually made of plastic or metal and is equipped with a heating unit, a cooling unit, a humidifier, de-humidifier and controllers/programmers. Modeled like a glove box, the unit allows performance of environmentally sensitive tests on dental materials under strictly controlled temperature and humidity conditions.

The environmental control chamber is a viable alternative to controlling the temperature and humidity that will allow the ADA laboratory to: 1) begin product testing for the first issue of the newsletter, which is scheduled to launch September 2005; and 2) follow ANSI/ADA Specifications and allow other laboratories to reproduce the results.

**Asset**

**Account**

170204	Laboratory Equipment	<u>\$14,850</u>
	Total Capital Request	\$14,850

**No Funding Alternative was submitted.**

*Division of Headquarters Building* \$35,850

**2nd and 3rd Floor Abatement, Restoration and Repairs:**

This request is made due to unforeseen damage discovered while the DCMS Carpet Replacement Project was underway. While installing new carpet and new vinyl base in the DCMS offices, the carpet contractor suspected mold at the northeast wall and the mid-south wall of the suite. This led to further investigation as to how the mold got there and what measures should be taken in order to prevent further occurrences.

Water leakage from the 3rd floor mechanical area to the DCMS offices has occurred for a number of years. This accumulation of water has created the wall deterioration and mold issue that is in immediate need of repair and remedy. A cooling tower, chiller and several fan units occupy this mechanical floor servicing the main building lobby and the 4th floor science laboratory for the ADA. In specific, S2-A fan unit does not have an adequate condensate pan that can hold any water drain off from the fan coils.

The following is a step by step restoration plan to solve the immediate problems that need to be addressed related to the 2nd and 3rd floors:



*2nd Floor Mold Abatement Restoration* – A contractor was contacted immediately to monitor and test the suspected areas in addition to the remaining DCMS walls. Upon testing, the contractor provided Building Management with a Remediation Specification identifying the scope of work necessary to abate the area. They will conduct a post-remediation assessment upon abatement work. Total Cost - \$2,750

An abatement contractor will be hired to remove the mold per remediation specification. Total Cost - \$5,100

General Contractor will oversee the rebuilding of the demo'd walls, strip wall covering from the entire DCMS office space (including the 3 offices) and repaint all walls. Total Cost - \$15,700

*3rd Floor Mechanical Repairs* – General Contractor will remove the existing handmade drain pan from the S-2A fan coil unit and install a larger condensate pan with a 1 1/2" drain line. They will provide all the necessary rigging, fittings, materials and labor to complete the project. Total Cost - \$10,200

*Allowance for Additional Clean-Up, Furniture Moves, Overtime* – An allowance is being requested for any additional and unforeseen clean up by engineering or janitorial staff along w/possible furniture moves or overtime that may occur relating to the completion and quick remediation of this project. Total Cost - \$2,100

<b>Asset Account</b>		
170030	Building Improvements	<u>\$35,850</u>
	Total Capital Request	\$35,850

**No Funding Alternative was submitted.**

**Total Supplemental Appropriation Requests submitted 8/05 for the 2005 Capital Contingency Fund:** \$50,700.

**Capital Contingency Fund Balance:** \$91,050

**Report of Dr. Joel Glover, Fourteenth District Trustee: Role of ADA Officers in Reference Committees and the House of Delegates:** After extensive discussion by the Board, Resolution B-57 was postponed definitely until the September 2005 Board meeting.

**Report of the President-elect:** Dr. Brandjord reported on his participation in various activities since the last Board meeting.

**Report of Executive Director:** In a confidential report, Dr. Bramson reported on various matters of interest to the Association.

**Report of the President:** Dr. Haught reported on a potential sponsorship program for an ADA/Colgate project to support oral-medical connections, as well as developments for the national clinical licensure exam.

**New Business**

**Informing States Group Meeting in Collaboration with the Milbank Memorial Fund, Salt Lake City, Utah, July 21-22:** Dr. Brandjord reported on his attendance at this meeting on Access to Dental Services, intended to highlight key aspects of state Medicaid/SCHIP oral health programs to improve access to care.

**Event Cancellation Insurance:** Dr. Feldman reported that the Association had received two quotes in connection with obtaining convention cancellation coverage for the 2005 Annual Session. After extensive and informed discussion on the risks involved, courses of action available to mitigate losses, and sources of funding for the premiums, the Board unanimously approved a motion that the prudent course of action would be not to pursue securing this coverage for 2005.

**Report of the Compensation Committee: ADA's Parity Plan:** ADA's outside actuary, Kathleen Manning, recommended to the Compensation Committee that the Association consider changing its assumed rate of interest for the Parity Plan to reflect the current lower interest rates. The Compensation Committee recommended to the Board that the rate be changed from 7.5% to 7%. After discussion the Board adopted the following resolution.

**B-66-2005. Resolved,** that the assumed rate of interest for the ADA's Parity Plan be changed from 7.5% to 7%, effective immediately for all current employees who are eligible to participate in the plan.

**Adjournment:** The regular session of the Board of Trustees was adjourned at 12:00 p.m. for the purpose of convening the Member Meetings of the ADA Foundation and ADA Business Enterprises, Inc., respectively.

**Adjournment Sine Die:** The Board of Trustees adjourned *sine die* at 12:05 p.m.

**Appendix 1****List of Approved Consultants by Agency****Council on Access, Prevention and Interprofessional Relations**

Bakemeier, Richard, M.D., Denver  
 Barker, Bruce F., D.D.S., Kansas City, MO  
 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  
 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  
 Clemens, David L., D.D.S., Wisconsin Dells, WI  
 Coffee, Larry M., D.D.S., Denver  
 Connolly, Gregory N., D.M.D., M.P.H., Boston  
 Crawford, Robert N., Jr., D.D.S., St. Petersburg, FL  
 Crews, Karen M., D.M.D., Jackson, MS  
 D'Ambrosio, Joseph A., D.D.S., M.S., Farmington, CT  
 Epstein, Joel B., D.M.D., M.S.C., Chicago  
 Fenton, Sanford J., D.D.S., M.D.S., Memphis, TN  
 Folse, Gregory J., D.D.S., Lafayette, LA  
 Frost, David E., D.D.S., M.S., Chapel Hill, NC  
 Glick, Michael, D.M.D., M.S., Newark, NJ  
 Greenberg, Martin S., D.D.S., Philadelphia  
 Holyfield, Lavern J., D.D.S., Dallas  
 Hooper, Kenny A., D.D.S., M.S., Baltimore  
 Horbelt, Carlton, D.D.S., F.A.D.P.D., Arlington, TN  
 Horowitz, Alice, Ph.D., Bethesda, MD  
 Hudmon, Karen S., Dr.P.H., R.Ph., New Haven, CT  
 Huffines, Randy F., D.D.S., Mt. Home, TN  
 Hurst, Peter S., D.D.S., Chicago  
 Jacobson, Jed J., D.D.S., M.S., M.P.H., Lansing, MI  
 Jones, Daniel L., D.D.S., Ph.D., Dallas  
 Kerr, Alexander R., D.D.S., M.S.D., New York  
 Kleponis, Jerome A., D.M.D., Danville, PA  
 Kumar, Jayanth V., D.D.S., Albany, NY  
 Lander, William W., M.D., Bryn Mawr, PA  
 Lawton, Lawrence R., D.D.S., Mead, WA  
 Lugo, R. Ivan, D.M.D., M.B.A., Philadelphia, PA  
 Lynch, Denis P., D.D.S., Ph.D., Milwaukee  
 Maas, William R., D.D.S., M.P.H., M.S., Atlanta  
 Marshall, Teresa A., Ph.D., R.D., Iowa City, IA  
 McMinn, Wallin E., D.D.S., Livonia, MI  
 Mecklenburg, Robert E., D.D.S., M.P.H., Potomoc, MD  
 Milner, William E., D.D.S., Greensboro, NC  
 Moore, Peter, D.D.S., Bellevue, WA  
 Mouden, Lynn D., D.D.S., M.P.H., Little Rock, AR  
 Murrah, Valerie, D.M.D., Chapel Hill, NC  
 Nelson, Steven R., D.D.S., M.S., Denver  
 Newbrun, Ernest, D.M.D., Ph.D., San Francisco  
 Park, Barbara Z., R.D.H., M.P.H., Atlanta  
 Patton, Lauren L., D.D.S., Chapel Hill, NC

Pollick, Howard, B.D.S., M.P.H., San Francisco  
 Rankin, Kathleen Vendrell, D.D.S., Dallas  
 Reeves, Tom, P.E., Snellville, GA  
 Rhodus, Nelson L., D.M.D., M.P.H., Minneapolis  
 Roser, Steven M., D.M.D., M.D., Atlanta  
 Rudd, Rima, Sc.D., Boston  
 Sadler, Georgia Robins, M.B.A., Ph.D., San Diego  
 Schechter, Benjamin, D.D.S., Cleveland, OH  
 Shay, Kenneth, D.D.S., Ann Arbor, MI  
 Shenkin, Jonathan D., D.D.S., M.P.H., Bangor, ME  
 Shields, Thomas E., II, D.D.S., Tallahassee, FL  
 Siegel, Michael A., D.D.S., M.S., Fort Lauderdale, FL  
 Silverman, Sol, Jr., D.D.S., M.A., San Francisco  
 Sims, Paul G., D.D.S., Butte, MT  
 Talley, Robert H., D.D.S., Las Vegas  
 Tempero, Richard M., D.D.S., Omaha, NE  
 Thorne, Sheila, B.S., M.A., Teaneck, NJ  
 Tinanoff, Norman, D.D.S., Baltimore  
 Tomar, Scott L., D.M.D., Dr.P.H., Gainesville, FL  
 Truelove, Edmond L., D.D.S., M.S.D., Seattle  
 Watkins, Catherine A., D.D.S., M.S.,  
 Winston-Salem, NC  
 Whiston, David A., D.D.S., Arlington, VA

**Council on Dental Benefit Programs**

Greenblatt, Jr. Charles L., D.D.S., Knoxville, TN  
 Hall, Glen D., D.D.S., Abilene, TX  
 Jacobs, Thomas A., D.D.S., San Francisco  
 Nicholas, Dean, D.D.S., Villa Park, IL  
 Schweinebraten, Marie C., D.M.D., Norcross, GA

**Council on Dental Education and Licensure**

Brownstein, Marshall, D.D.S., Richmond, VA  
 Campbell, Robert, D.D.S., Mechanicsville, VA  
 Chalkley, Yvonne, D.D.S., Iowa City, IA  
 Cohen, Donald M., D.M.D., Gainesville, FL  
 Dolan Teresa, D.D.S., Gainesville, FL  
 Edwards, Michael, D.M.D., Wedowee, AL  
 Gapson, Bryan, D.D.S., Milwaukee, WI  
 Glicksman, Milton, D.M.D., Darnmouth, MA  
 Graves, White, D.D.S., Monroe, LA  
 Hershey, H. Garland, D.D.S., Chapel Hill, NC  
 Herlich, Andrew, D.M.D., Wynnewood, PA  
 High, Anne, R.D.H., Rochester, MN  
 Jacobson, Zhimon Y., D.M.D., Boston  
 Kobs, John H., D.D.S., Holland, MI  
 Koelbl, James J., D.D.S., M.S., M.J., Morgantown, WV  
 Low, Samuel B., D.D.S., Gainesville, FL  
 Mascarenhas, Ana Karina, D.D.S., Boston  
 Mashni, Michael, D.D.S., Fullerton, CA

Mazurat, Randall David, D.D.S., M.D.E., Winnipeg,  
Manitoba, Canada

Merin, Robert, D.D.S., Woodland Hills, CA

Moore, Frederick T., Jr., D.M.D., Boston

Moses, Donna T., D.D.S., Carrolton, GA

Ohtani, Deron J., D.D.S., Honolulu

Peskin, Robert M., D.D.S., Garden City, NY

Phinney, Donna, M.Ed., Spokane, WA

Preece, John, D.D.S., San Antonio

Putnam, Jeremiah L., M.S., Ph.D., Davidson, NC

Rothman, David, D.D.S., San Francisco

Rowland, Michael L., Ph.D., Columbus, OH

Sandoval, Victor, D.D.S., Las Vegas

Santucci, Michael, D.D.S., Belvidere, IL

Stroncsek, Michael, D.D.S., M.S., Fort Wayne, IN

Zepp, William, MA, Portland, OR

Zucker, Kenneth J., D.D.S., St. Paul, MN

### **Council on Dental Practice**

Abel, Stephen N., D.D.S., M.S., New York

Ahearn, David J., D.D.S., Westport, MA

Alfredi, Sina, Laguna Miguel, CA

Armstrong, Richard, Lilburn, GA

Baring, Carol, R.D.H., San Antonio

Barrett, Edward J., B.Sc., D.D.S., M.Sc., Toronto,  
Canada

Bavitz, J. Bruce, D.M.D., F.A.C.D., Lincoln, NE

Bell, Lisa, R.D.H., Boyce, VA

Berman, Marvin H., D.D.S., Chicago

Berning, Randall K., J.D., Naples, FL

Bernstein, Ben, Ph.D., Oakland, CA

Blaes, Joseph A., D.D.S., F.A.C.D., Fenton, MO

Crossley, Harold L., D.D.S., Ph.D., Cockeysville, MD

Curran, Elizabeth, C.D.T., Tempe, Arizona

Daly, Sally Bowie, D.D.S., Baton Rouge, LA

Dario, Lawrence J., D.M.D., F.A.C.P., Providence, RI

Deems, Donald A. III, D.D.S., F.A.G.D., Little Rock

Donley, Timothy, D.D.S., Bowling Green, KY

Donovan, Terry, D.D.S., Los Angeles

Elliott, Anita, D.D.S., Chandler, AZ

Erlich, Andrew, Ph.D., North Hollywood, CA

Fetner, Alan E., D.M.D., Jacksonville, FL

Feuerstein, Paul, D.M.D., North Billerica, MA

Folse, Gregory J., D.D.S., Lafayette, LA

Freydberg, Barry K., D.D.S., F.A.G.D., Highland Park,  
IL

Gesch, Aggie Bouc, CDA, Lincoln, NE

Glick, Michael, D.M.D., Newark, NJ

Gold, Phillip, C.D.T., Atlanta, GA

Govoni, Mary M., C.D.A., R.D.H., M.B.A., Okemos,  
MI

Gremillion, Henry A., D.D.S., M.A.G.D., Gainesville,  
FL

Harrison, Thomas C., D.D.S., Katy, TX

Ignelzi, Jr., Michael A., D.D.S., Ph.D., Ann Arbor, MI

Ismail, Amid I., B.D.S., M.P.H., D.P.H., M.B.A., Ann  
Arbor, MI

Kane, William T., D.D.S., M.B.A., Dexter, MO

Kearns, John R., D.D.S., M.B.A., Des Moines, IA

Kenny, David J., B.Sc., D.D.S., Ph.D., Toronto, Canada

King, Robert H., Jr., D.D.S., Kennewick, WA

Lavine, S. Richard, M.D., Mill Valley, CA

LeSage, Brian P., D.D.S., F.A.A.C.D., Beverly Hills,  
CA

Lewis, Donald P., Jr., D.D.S., C.F.E., Euclid, OH

Lincicome-Luera, Danielle, Wichita, KS

Low, Samuel B., D.D.S., M.S., M.Ed., Gainesville, FL

Madden, Robert D., D.D.S., M.B.A., Littleton, CO

Maguire, Beverly, R.D.H., Fairfax Station, VA

Malamed, Stanley F., D.D.S., West Hills, CA

Mattson, Rand T., D.D.S., Roy, UT

McKenzie, Sally, C.M.C., La Jolla, CA

Mentzelopoulou, Ioanna G., D.D.S., Brooklyn, NY

Messina, Matthew J., D.D.S., Fairview Park, OH

Miller, Chris H., Ph.D., Indianapolis

Mirabito, Peter J., D.D.S., Denver

Molinari, John A., Ph.D., Detroit

Morley, Jeff J., D.D.S., San Francisco

Morton, Bill, M.A., C.G., Bellevue, WA

Otomo-Corgel, Joan, D.D.S., M.P.H., Manhattan Beach,  
CA

Pace, T. Kim, D.D.S., Clarksville, TN

Platt, George B., D.D.S., Little Rock, AR

Ranalli, Dennis N., D.D.S., M.D.S., Pittsburgh

Reilly, James T., D.M.D., Andover, MA

Rouse, Jeffrey S., D.D.S., San Antonio

Ruiz, Jose-Luis, D.D.S., F.A.G.D., Burbank, CA

Schultz, Beverly, Manchester, NH

Sharifi, M. Nader, D.D.S., M.S., Chicago

Shay, Kenneth, D.D.S., M.S., Ann Arbor, MI

Sherman, Donald S., D.M.D., Sudbury, MA

Shoup, Randolph K., D.D.S., Fishers, IN

Smith, A.J., D.D.S., Salt Lake City

Smith, Brian K., D.D.S., M.D., Lakewood, OH

Smith, Mary Krempasky, D.D.S., Spokane, WA

Smith, Pamela, R.D., L.D.N., Orlando, FL

Smith, Scott W., B.Sc., C.P.E., C.I.E., Laguna Niguel,  
CA

Steinberg, Barbara J., D.D.S., Margate, NJ

Steinberg, Steven C., D.D.S., Skokie, IL

Stewart, Denice, D.D.S., M.H.S.A., Portland, OR

Sullivan, William J., M.D., Aurora, CO

Svirsky, John A., D.D.S., M.Ed., Richmond, VA

Tekavec, Carol D., C.D.A., R.D.H., Pueblo, CO

Termechi, Omid D., D.D.S., Cedarhurst, NY

Turbyfill, Jr., Walter F. "Jack", D.M.D., West  
Columbia, SC

van Dyk, William A., D.D.S., San Pablo, CA

Verhagen, Connie, D.D.S., Muskegon, MI

Weaver, Joel M. II, D.D.S., Ph.D., Westerville, OH

West, John D., D.D.S., M.S.D., P.S., Tacoma, WA

White, Joel M., D.D.S., M.S., San Francisco

Wilson, Elizabeth, Middleport, OH

Wright, Robin, M.A., Evanston, IL

**Council on Ethics, Bylaws and Judicial Affairs**

Buford, Skip D., D.D.S., Shreveport, LA  
Clark, Terrence A., D.M.D., Wilsonville, OR  
Jones, Kenneth D., D.D.S., J.D., Mansfield, OH  
Obucina, Lillian, D.D.S., J.D., Chicago, IL

**Joint Commission on National Dental Examinations**

Haladyna, Thomas, Ph.D., Phoenix  
Littlefield, John, Ph.D., San Antonio  
Pattalochi, Robert, D.D.S., Casper, WY

**Committee on the New Dentist**

McPherson, Joanna S., D.D.S., Perry, GA,  
U.S. Air Force  
Park, Robert D., D.M.D. Boston, MA  
Santos, Raoul, D.D.S., Washington, DC, U.S. Navy  
Scheper, Robin, D.D.S., Gaithersburg, MD, U.S. Public  
Health Service  
Seiler, Kathleen B., D.D.S., Richmond Hill, GA,  
U.S. Army

**Committee on International Programs and  
Development**

Andolino, Frank C., D.D.S., M.S., New York  
Beltrán, Eugenio D., D.M.D., M.P.H., M.S., Dr.P.H.,  
Chamblee, GA  
Chothia, Hashim, D.D.S., M.S.D., Seattle  
Cohen, Lois K., M.S., Ph.D., Bethesda, MD  
Hardwick, Kevin S., D.D.S., M.P.H., Bethesda, MD  
Hewett, Sally, D.D.S., Bainbridge Island, WA  
Kay, C. Neil, B.D.S., M.S., Aurora, IL  
Leff, Gary S., D.D.S., M.P.H., Arlington, VA  
Mackler, Stephen B., D.D.S., M.S., Greensboro, NC  
Robison, Valerie Anne, D.D.S, M.P.H., Ph.D., Atlanta  
Serio, Francis G., D.M.D., M.S., Jackson, MS  
Sheer, Stuart, D.D.S., Cockeysville, MD  
Topazian, Richard G., D.D.S., Farmington, CT  
Warphea, Rosalie, D.D.S., M.P.H., Kingston, Jamaica  
Woodside, Honore, D.D.S., Skokie, IL

## Appendix 2

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### ADA Guidelines on Amalgam Accumulations in Dental Office Plumbing

#### 1. Purpose

The ADA encourages safe and common-sense practices within dental offices to minimize the environmental impact of dentistry and to protect those working in dental offices. These Guidelines offer simple-to-follow steps for dentists in situations ranging from minor plumbing work to demolition.

There is very little data to indicate that appreciable levels of amalgam adhere to plumbing or that waste amalgam that does adhere inside dental office pipes poses a risk to the environment or to individuals. Nor is there credible evidence that periodic cleaning is necessary. The amalgam appears to be very stable and immobile. Nevertheless, there is a general concern among some regulators and others about any mercury-related issue. When there is a need for plumbing work or other activities that might disturb adhered amalgam waste, some simple steps can be followed to address any health or safety issues.

#### 2. Most Common Locations for Adhered Waste Amalgam

Waste amalgam is a heavy substance that can settle in pipes if it gets past traps or filters.

As a result, if it adheres to dental office plumbing, it is likely to accumulate in P-traps closest to the point of initial discharge and in other low points in the plumbing.

Depending on the location with respect to other accumulation points, longer horizontal runs of plumbing tend to also accumulate waste amalgam. Amalgam is unlikely to accumulate elsewhere.

#### 3. Situations in Which Precautions may be Needed

Unless a specific problem is present, it should not be necessary to take action with respect to adhered amalgam waste in pipes except in the following circumstances:

- a. When plumbing work is being done in areas where waste may be likely to adhere;
- b. When plumbing work is being done near areas where waste may accumulate and
- c. the work is of such a nature as to make it likely to dislodge adhered waste elsewhere;
- d. During major operatory renovations;
- e. During demolition work.
- f. Whenever the pipes are cleaned out or a dentist monitors adhered waste at the request of third parties.

#### 4. Suggested Guidelines

A dentist in a situation in which precautions may be needed should consider the following practices:

- a. Hire a licensed plumber. (In the case of demolition, the work may not be done by a plumber. In those situations, be sure the contractor follows these suggested procedures.)
- b. Provide the plumber with a copy of these Guidelines and secure a written agreement to comply unless applicable code prescribes that demolition be done differently. (The agreement should be included in any contract or work order.)
- c. A bucket or other container of sufficient size should be placed under the work area, where feasible, to catch any waste which may fall from the plumbing.
- d. Non-porous tarps should be placed under the work area to collect any materials which may drip or fall or miss the bucket or other container.
- e. Prolonged use of a torch on plumbing should be avoided. Excessive heat may cause mercury in amalgam to vaporize.
- f. The plumber or any other person working with the affected pipes is best protected by wearing utility gloves and an impervious covering/apron. Many common demolition activities such as cutting out sewage pipes could release waste amalgam if present. The collected waste material may contain biohazardous components requiring the use of standard precautions (including the use of gloves and protective eyewear).
- g. Check vacuum pump filters and P-traps downstream from the areas undergoing work to make sure that dislodged waste materials do not result in blockage.
- h. When working in a building where significant waste amalgam accumulation in pipes and traps exist, either assume that the sludge is a hazardous waste, or get the waste tested by an environmental testing lab or environmental consultant using EPA approved tests.
- i. Any waste collected, along with disposable gloves and coverings should be placed in a recycling container, such as those used for waste amalgam. If such a container is not available, another plastic, re-sealable container may be used until recycling or disposal arrangements are made.

- j. Ensure that the contractor is working with a reputable waste firm that is licensed to handle waste amalgam material. The waste hauler should receive an accurate and complete description of the materials collected in order to be able to prepare a waste “profile” meeting federal or state law.
- k. Request a receipt that potentially hazardous wastes collected by a licensed waste hauler from your practice will be disposed of or recycled properly. If handled as hazardous waste, the waste hauler must provide the owner with a “waste manifest” to document receipt and shipment of the waste.
- l. For line cleaning operations conducted prior to any plumbing work, comply with ADA BMPs to minimize the potential for release of mercury from amalgam.

### **5. New Operatory Design and Day-to-Day Operations**

If designing a new office or operatory, and during routine use by dental office personnel, some additional

steps may be taken that could minimize the accumulation of waste amalgam in pipes:

- a. Adhere to local building codes for plumbing and any lease or other contractual requirements.
- b. Consider ease of future access to plumbing, especially to P-traps, or to other low points.
- c. Minimize extended horizontal runs which may tend to trap amalgam inside pipes away from collection points or traps.
- d. Install appropriate traps.
- e. Follow the ADA’s Best Management Practices for Amalgam Wastewater.
- f. Use the smallest sized filters and traps practicable.
- g. Isolate operatory piping, which may receive amalgam wastewater, from other piping to the extent practicable.

### **6. Sources for Additional Information**

ADA BMPs for Amalgam Waste (available at [www.ada.org/goto/amalgambmp](http://www.ada.org/goto/amalgambmp)).

# Notes

# September 28-30, 2005

## Headquarters Building, Chicago

**Call to Order:** The seventh session of the Board of Trustees was called to order by President Richard Haught on Wednesday, September 28, 2005, at 10:25 a.m., in the 22<sup>nd</sup> Floor Board Room, ADA Headquarters Building, Chicago.

**Roll Call:** The following officers and trustees were present: Drs. Richard Haught, Robert M. Brandjord, Ronald D. Bushick, Robert T. Ferris, Mark J. Feldman, J. Thomas Soliday, James B. Bramson, Michael E. Biermann, Donald I. Cadle, Jr., Roddy N. Feldman, John S. Findley, G. Kirk Gleason, Joel F. Glover, Frank C. Grammer, Ronald B. Gross, Kathryn Kell, Bernard K. McDermott, Jeanne M. Nicolette, Kathleen Roth, Charles L. Smith, Jeanne P. Strathearn, Zack D. Studstill, Ronald L. Tankersley and Perry K. Tuneberg.

Staff members present were: Beril Basman, director, Strategic Planning and Consulting; L. Jackson Brown, associate executive director, Health Policy Resources Center; Michael Glick, editor, Publishing; Albert H. Guay, chief policy advisor; Laura Kosden, associate executive director and publisher, Publishing; Mary Logan, chief operating officer; John Luther, associate executive director, Dental Practice; 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; Peter M. Sfikas, associate executive director, Legal Affairs; William T. Zimmermann, chief financial officer; and Walter Piecewicz, associate general counsel, Legal Affairs.

**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 Board of Trustees, the Executive Director, Chief Counsel and Chief Operating Officer.

### Preliminary

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

**B-72-2005. 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 Mail Ballot Actions:** In accordance with the *Organization and Rules of the Board of Trustees*, which requires that all mail or fax votes be recorded in the minutes of the next regular Board session, the following resolution was adopted unanimously by mail ballot.

**B-82-2005. Resolved,** that the minutes of the August 7-9, 2005, 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. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution.

**B-74-2005. Resolved,** that recommendations on resolutions contained on the Consent Calendar be approved.

### House

#### Budget, Business and Administrative Matters

Resolution 63—Third Trustee District: Development of Plan for Long Term Needs of the “Dental Family” Resulting from Disasters

Resolution 61—Board of Trustees: Program to Assist Dentists Temporarily Called to Active Service

#### Communications and Membership Services

First District Trustee Substitute for Resolution 22—Amendment of ADA *Bylaws* Regarding \$0 Quarter-Year Dues

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

First Trustee District Substitute for Resolution 41—Oral Health Assessment for School Children

Resolution 52—Seventeenth Trustee District Resolution: Branding of National Direct Reimbursement Marketing Campaign

Council on Dental Benefit Programs Supplemental Report 3 to the House of Delegates: Update on Resolution 81H-2004—Dental Insurance Right to Know Standardized Plan Description

#### Dental Education and Related Matters

Report 12 of the Board of Trustees to the House of Delegates: Update on the National Campaign for Dental



Education and the ADA Foundation \$100 Million Campaign

### **Dental Workforce**

Fourteenth Trustee District Substitute for Resolution 44—New Types of Allied Dental Personnel

Resolution 59—First Trustee District: Review of Policies Regarding Supervision of Hygienists

Resolution 66—Fourteenth Trustee District: Developing “Business” Models to Address Access to Care Issues

Resolution 62—First Trustee District: Drafting Coalition Partners

### **Miscellaneous House Matters**

Resolution 33 Amended—Nomination to ADA Councils, Commissions and Committee on the New Dentist

### **Board**

#### **Resolution**

Resolution B-71—Appointment of Council Chairs

#### **Reports**

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

Report of Bernard K. McDermott, Liaison to the Council on Government Affairs

Report of Dr. Ronald L. Tankersley, Liaison to the Dental Economics Advisory Committee

Report of Dr. Charles Smith, Liaison to the Council on Members Insurance and Retirement Programs

Report of Dr. Jeanne Strathearn, Liaison to the Council on Access, Prevention and Interprofessional Relations

Report of the Chief Policy Advisor: Update on the Referral of Conflicting ADA Policies

Report of the President-elect

Report of the Publishing Division: Status Report on *The Journal of the American Dental Association*

Report of the President

Report of the Treasurer

Report of the First Vice President

Report of the Second Vice President

Report of the Speaker

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

**B-71-2005. Resolved,** that the 2005-06 chair nominations submitted by Association’s councils and the Standing Committee on the New Dentist be approved.

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

Dr. Robert E. Barsley, Ponchatoula, LA

#### **Council on Communications**

Dr. David Farinacci, North Canton, OH

#### **Council on Dental Benefit Programs**

Dr. James E. Mercer, Columbia, SC

#### **Council on Dental Education and Licensure**

Dr. Paul G. Sims, Butte, MT

#### **Council on Dental Practice**

Dr. Gordon R. Isbell, III, Gadsden, AB

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

Dr. James W. Antoon, Melbourne, FL

#### **Council on Government Affairs**

Dr. Robert W. Robinson, II, Wasilla, AK

#### **Council on Members Insurance and Retirement Programs**

Dr. H. Jeffrey Lindsey, Carrollton, GA

#### **Council on Membership**

Dr. Raymond Cohlmi, Jr., Oklahoma City, OK

#### **Council on Scientific Affairs**

Dr. Amid Ismail, Ann Arbor, MI

#### **Committee on the New Dentist**

Dr. Teri Barichello, Portland, OR

In 1998, the Board adopted Resolution B-95-1998 (*Trans.* 1998:587), to officially name the chair-designate of the Council on ADA Sessions in June each year so that he/she, with the selected program director, can begin during the summer to plan the number of programs to be presented, the number of speakers needed and other specifics for the annual session. Accordingly, the Board approved the following nominations.

#### **Council on ADA Sessions**

Dr. Robert L. Kittredge, Yarmouth Port, MA (chair, 2006)-approved by the Board at its June 2004 session

Dr. Kenneth McDougall, Jamestown, ND (chair-designate, 2007)-approved by the Board at its June 2005 session

In accordance with the ADA *Bylaws*, the Commission on Dental Accreditation and the Joint Commission on National Dental Examinations elect their own chairs. The following individuals have been elected to serve in that capacity.

**Commission on Dental Accreditation**

Dr. Morris L. Robbins, Memphis, TN

**Joint Commission on National Dental Examinations**

Dr. Gerald W. McClellan, Jr., Newport Beach, CA

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

**Fifth Trustee District Substitute Resolution 26S-1—Substitute for Resolution 26: Association Reserve Policy (Supplement:2002a):** *The Board transmitted Resolution 26S-1 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 19 No—Drs. Biermann, Brandjord, Bushick, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Tankersley, Tuneberg; 1 Yes—Dr. Studstill )

Resolution 26 was very specifically written to allow the Board the needed flexibility to manage the Reserve Fund in such a way as to allow execution of the long-term financial strategy of dues stabilization. The unforeseen events and expenditures of 2005 and 2006 are classic illustrations of the need for such flexibility.

In addition to the 2006 budget deficit of \$1,395,000, known 2005-2006 expenditures from reserves for the Alaska advocacy and Hurricane Katrina relief activities total \$1,300,000. Along with the contribution to the Katrina Relief Fund and anticipated 2006 dues waivers for Katrina victims, the ADA has made a commitment to provide financial support to the Louisiana and Mississippi dental societies, as well as affected component societies, based upon documented need. Besides Katrina relief expenditures, there may now be additional dues waivers and relief contributions for the victims of Hurricane Rita. The only certain thing at this point is that the ADA has made helping our members priority number one and we do not know the extent of the funds that will ultimately be required.

In addition to the 2006 deficit and 2005-2006 expenditures from reserves, the 2006 operating budget also includes \$795,000 in interest and dividend earnings on Reserve Fund assets. After taking into account the 2006 budget deficit, the interest and dividend revenues included in the operating budget, the Board Report on Amalgam Bans requesting nearly \$400,000 in 2006 spending, and the known \$1.3 million in identified spending from reserves, the reserves are projected to fall somewhere between 41.0% to 43.5% of 2006 budgeted operating expenses depending on investment returns which have fluctuated widely during the year. These

projections are before any dues increases or additional spending by the House.

A downturn in the investment markets during the balance of 2005 or in 2006 could easily reduce reserves well below 40% of the 2006 budgeted operating expenses, putting the ADA in a position where a dues increase would be required to bring reserves back up to 40% of the 2007 budgeted operating expenses. Such an increase could exceed the inflationary increase which is the goal of the long-term dues stabilization strategy. All of these factors illustrate the need for the Board to have flexibility in managing the budget development process and ADA reserves to achieve dues stabilization over a continuum of time. Immediate, required use of reserves over 40% of the next budget cycle would seriously impede the Board's ability to execute the dues stabilization strategy. The inclusion in the operating budget of the dividends and interest earned on reserve assets would also have to be reevaluated.

In relation to ADABEI, their retained earnings consist of two components: normal operating reserves and a business development fund of approximately \$2.7 million. ADABEI has a new CEO and significant Board turnover going into 2006, when their new team is already scheduled to develop a new strategic plan for the company. If that strategic plan does not call for new investments from the business development fund, a plan will be developed to transfer that fund to the ADA. Any such transfer will be reflected in the 2007 operating budget of the ADA.

**Sixteenth Trustee District Substitute Resolution 26S-2—Substitute for Resolution 26: Association Reserve Policy (Supplement:2002c):** *The Board transmitted Resolution 26S-2 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

Resolution 26 was very specifically written to allow the Board the needed flexibility to manage the Reserve Fund in such a way as to allow execution of the long-term financial strategy of dues stabilization. The unforeseen events and expenditures of 2005 and 2006 are classic illustrations of the need for such flexibility.

In addition to the 2006 budget deficit of \$1,395,000, known 2005-2006 expenditures from reserves for the Alaska advocacy and Hurricane Katrina relief activities total \$1,300,000. Along with the contribution to the Katrina Relief Fund and anticipated 2006 dues waivers for Katrina victims, the ADA has made a commitment to provide financial support to the Louisiana and Mississippi dental societies, as well as affected component societies, based upon documented need. Besides Katrina relief expenditures, there may now be additional dues waivers and relief contributions for the victims of Hurricane Rita. The only certain thing at this point is that the ADA has made helping our members priority number one and we do not know the extent of the funds that will ultimately be required.

In addition to the 2006 deficit and 2005-2006 expenditures from reserves, the 2006 operating budget

also includes \$795,000 in interest and dividend earnings on Reserve Fund assets. After taking into account the 2006 budget deficit, the interest and dividend revenues included in the operating budget, the Board Report on Amalgam Bans requesting nearly \$400,000 in 2006 spending, and the known \$1.3 million in identified spending from reserves, the reserves are projected to fall somewhere between 41.0% to 43.5% of 2006 budgeted operating expenses depending on investment returns which have fluctuated widely during the year. These projections are before any dues increases or additional spending by the House.

A downturn in the investment markets during the balance of 2005 or in 2006 could easily reduce reserves well below 40% of the 2006 budgeted operating expenses, putting the ADA in a position where a dues increase would be required to bring reserves back up to 40% of the 2007 budgeted operating expenses. Such an increase could exceed the inflationary increase which is the goal of the long-term dues stabilization strategy. All of these factors illustrate the need for the Board to have flexibility in managing the budget development process and ADA reserves to achieve dues stabilization over a continuum of time. Immediate, required use of reserves over 40% in the next budget cycle would seriously impede the Board's ability to execute the dues stabilization strategy. The inclusion in the operating budget of the dividends and interest earned on reserve assets would also have to be reevaluated.

In relation to ADABEI, their retained earnings consist of two components: normal operating reserves and a business development fund of approximately \$2.7 million. ADABEI has a new CEO and significant Board turnover going into 2006, when their new team is already scheduled to develop a new strategic plan for the company. If that strategic plan does not call for new investments from the business development fund, a plan will be developed to transfer that fund to the ADA. Any such transfer will be reflected in the 2007 operating budget of the ADA.

**Eighth Trustee District Substitute Resolution 26S-3—Substitute for Resolution 26: Association Reserve Policy** (*Supplement:2002e*): *The Board transmitted Resolution 26S-3 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

Board Report 5 (*Supplement:2000*) explains in great detail why it is in the best interests of the ADA to increase the minimum liquid reserves level to 40% from 30%. Strong reserves are a key component of the ADA's long-term financial strategy of dues stabilization, providing the Board the flexibility to maintain dues increases at an inflationary level over a continuum of years despite fluctuations in investment markets and the economy, as well as emergency situations requiring immediate funding like Hurricanes Katrina and Rita and the Alaska advocacy activities.

Another aspect of a strong reserve position that is critical to the process of the dues stabilization policy is the

inclusion in the annual operating budget of the dividend and interest earnings on Reserve Fund assets. \$795,000 in such interest and dividends is included in the 2006 operating budget. That amount equates to \$7 in dues based upon 2006 budgeted membership FTE's. A liquid reserve of 20% would preclude such interest and dividends in the operating budget.

Finally, as noted in Board Report 5, Grant Thornton in their comprehensive 1998 reserve study for the ADA recommended liquid reserves of 45% and noted that "50% of the annual operating budget is the predominant choice of professional associations regardless of size."

In relation to the second resolve of 26S-3, the notation urged is not part of the standard disclosures required by Generally Accepted Accounting Principles and auditing standards. It is an operational comment that would not be included in the annual audited financial statements issued by Grant Thornton. While the ADA could borrow against the value of its buildings, the House of Delegates has historically rejected incurring debt service, which increases operating costs and ultimately dues.

**First Trustee District Resolution 60—Public Policy Legal Fund** (*Supplement:2068*): *The Board transmitted Resolution 60 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board certainly recognizes the need, and has an established policy to support the states in fighting legal issues that involve public policy, such as amalgam and fluoridation. In fact, Board Report 21 on Risk of Amalgam Bans requests nearly \$400,000 in funding for legislative and communication activities related to the amalgam issue in 2006.

While the Board obviously recognizes the need being addressed in this resolution, the Board does not feel that a separate Public Policy Legal Fund is necessary for several reasons:

1. The annual operating budget includes a significant amount in the Division of Legal Affairs for outside legal fees.
2. The annual operating budget contains an Operating Contingency Fund for unforeseen activities and expenditures. The Contingency Fund in the 2006 budget is \$1 million.
3. The Association's strong Reserve Fund allows the flexibility to provide funds for specific purposes where the required funding exceeds the related funds in the operating budget and funds available in the Contingency Fund.

**Board of Trustees Resolution 61—Program to Assist Dentists Temporarily Called to Active Service** (*Supplement:2069*): *The Board transmitted Resolution 61 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Third Trustee District Resolution 63—Development of Plan for Long-Term Needs of the “Dental Family” Resulting from Disasters** (*Supplement:2071*): *The Board transmitted Resolution 63 to the House of Delegates with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Eleventh Trustee District Resolution 74—ADA Reserve Funds for the Alliance of the American Dental Association** (*Supplement:2074*): *The Board transmitted Resolution 74 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board is most appreciative of the Alliance’s (AADA) role in furthering oral health education, legislative advocacy and the well-being of the dental family, and the common bonds that link ADA to AADA. The Board also acknowledges AADA’s resources are finite and do not allow for expansion of programs designated as high priority. The ADA annual budget process depends on an intra-divisional evaluation of those programs that provide the most value to members and are sound investments in the future. This process requires prioritization based on the ADA Strategic Plan. To determine how AADA’s programs fit within the context of ADA’s overall budget packages, these would need to go through the same rigorous review. This suggests that it may be time to study the programmatic relationships between ADA and AADA, as well as opportunities that may exist to align the organizations more closely in terms of structure and function. Any annual funding to the AADA in addition to the current \$45,000 will be determined based upon the results of this study. For this reason, the Board recommends a substitute resolution.

**74B. Resolved**, that the appropriate ADA agencies work with the Alliance to evaluate programmatic relationships between ADA and AADA, and be it further **Resolved**, that the study include an evaluation of opportunities to align ADA and AADA more effectively in terms of structure and function, and be it further **Resolved**, that the results of this study be reported to the 2006 House of Delegates with appropriate recommendations.

**Report 23 of the Board of Trustees to the House of Delegates Hurricane Recovery Efforts and Revenue Contingency Plan** (*Supplement:2081*): *The Board transmitted Report 23 to the House of Delegates.* (Vote: Unanimous to Transmit)

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

**First Trustee District Resolution 22S-1—Substitute for Resolution 22** (*Supplement:3005a*): *The Board transmitted Resolution 22S-1 to the House of Delegates*

*with the recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Membership Resolution 31—Amendment of ADA Bylaws Regarding Affiliate Dues** (*Supplement:3006 Amended*): *The Board transmitted Resolution 31 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

Following the August 2005 meeting of the Board of Trustees, new information was received related to the impact of Resolution 31 from the Committee on International Programs and Development on the average national incomes of developing countries. The Board recommends that the affiliate dues rate be set at a level that will encourage growth in the affiliate membership category and reverse the recent downward trend in ADA affiliate membership. It is noted that the proposed action reduces the cost of administering the category through electronic delivery of *JADA* and establishes a more affordable, flat dues rate that will facilitate outreach. Acknowledging that income of dentists varies considerably around the world, the Board supports the two-tiered approach to dues for this category that was put forth by the Council on Membership. However, when reviewing the amounts, \$75 and \$50, the Board notes that the proposed dues rate for “least developed and low income countries,” as defined by FDI World Dental Federation, continues to be dramatically out of proportion to the average national incomes for least developed countries (e.g. Afghanistan, Bhutan, Cambodia, Djibouti, Eritrea, Gambia, Haiti, Laos, Mali, Niger, Rwanda and Somalia). As such, the Board has reconsidered a \$50 dues rate for dentists in developing countries and now recommends that these dues be levied at \$12 a year (\$1/month). The Board believes this is an opportunity to share ADA resources and information with dentists from these poorest countries at a more reasonable rate. Therefore, the Board proposes the following substitute resolution:

**31B. Resolved**, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection H. AFFILIATE MEMBER, of the *ADA Bylaws* be amended by deleting the existing subsection b. PRIVILEGES in its entirety and substituting in its place the following new subsection:

b. PRIVILEGES. An affiliate member in good standing shall receive annually a membership card, have access to the members-only content areas of ADA.org, be entitled to attend any scientific session of this Association, purchase items through the ADA Catalog at the member rate and receive such other services as are authorized by the Board of Trustees.

and be it further

**Resolved**, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection H. AFFILIATE

MEMBER, of the ADA *Bylaws* be further amended by deleting existing subsection c. DUES AND SPECIAL ASSESSMENTS and substituting in its place the following new subsection:

c. DUES AND SPECIAL ASSESSMENTS. The dues of affiliate members shall be twelve dollars (\$12.00) for those members practicing in least developed and low income countries eligible for special fee criteria as established by the Fédération Dentaire Internationale and seventy-five dollars (\$75.00) for other such members, due January 1 of each year. Affiliate members shall be exempt from the payment of any special assessment levied by the House of Delegates.

and be it further

**Resolved**, that Chapter I. MEMBERSHIP, Section 30. DEFINITION OF “IN GOOD STANDING” of the ADA *Bylaws* be amended in the second paragraph by addition of the punctuation and word “affiliate” after the word “honorary,” 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 life, honorary, affiliate and student members of this Association for purposes of determining their good standing.

and be it further

**Resolved**, that Chapter XVII. FINANCES, Section 40. SPECIAL ASSESSMENTS, of the ADA *Bylaws* be amended by deletion of the punctuation and word “affiliate” in the first sentence, so the amended sentence reads as follows (deletions stricken through):

*Section 40. SPECIAL ASSESSMENTS.* 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.

and be it further

**Resolved**, that the change in dues of affiliate members become effective January 1, 2006.

**Sixteenth Trustee District Resolution 25BS-1—  
Substitute for Resolutions 25 and 25B**

(*Supplement:3018a*): *The Board transmitted Resolution 25BS-1 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 14 No—Drs. Biermann, Brandjord, Bushick, Feldman R., Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Strathearn, Studstill, Tuneberg; 6 Yes—Drs. Cadle, Ferris, Findley, Gleason, Smith, Tankersley)

The Board understands that, with separate president-elect receptions, sponsoring districts have, in the past, created events conveying the distinct flavor of hosting states. By maintaining separate events, it is possible that large states can create more memorable receptions than smaller states. Acknowledging that the purpose of these receptions is to engage the delegates in dialogue with the candidates, and with each other, it may be more convenient for delegates to network more broadly on issues discussed during caucuses held earlier in the day. Further, the Board believes that there are cost-efficiencies that benefit sponsoring districts and ADA. Because a single president-elect campaign reception fosters equity, networking opportunities and cost-effectiveness, the Board does not support this resolution.

**Fourth Trustee District Resolution 70—Continuing Education for Federal Dental Service Members**

(*Supplement:3044*): *The Board transmitted 70 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: Unanimous)

The Board notes that, in 2004, the ADA House of Delegates adopted the following Resolution 3H-2004 (*Trans.2004:314*) to address difficulties deployed dentists face in accessing continuing education and earning continuing education credits.

**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.

Subsequently, many states are now allowing for flexibility with the continuing education requirements for licensure for military dentists, including Alabama, Illinois, Kansas, Louisiana, Maryland, Massachusetts, Missouri, Montana, New York, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Virginia and others, not all of which may have come to our attention.

It is the Board’s understanding that there are approximately 75 military dentists deployed in a location where continuing education is unavailable, and that the Army, Air Force, and Navy dental corps are willing to provide the names of these dentists on an ongoing basis in order to facilitate implementation of this resolution. Assuming that 25 dentists take advantage of the *JADA CE* program per month, the financial impact of the resolution is \$375/month (\$4,500/year) on an ongoing basis.

The \$15 member service fee covers the ADA’s direct expenses for this program (application for Continuing Education, grading the test and mailing the test scores to the participants either by letter mail or online). The participants are responsible for forwarding the notice to

the respective dental board. Dentists can earn a maximum of two (2) credit hours for successful completion of the test related to the four-designated articles in each issue. The ADA could not simply waive the fee - the ADA would need to pay the \$15 fee for each test taken by an eligible military dentist.

Implementation would also require the cooperation of ADA's vendor to revise the web site to allow for the entry of a code, the automatic checking of the list of eligible dentists, or another mechanism to allow the eligible dentist to submit the test without submission of payment. This service would require some additional programming and administrative work to maintain and it would have a financial impact. Key will be the maintenance and updating of the list of deployed dentists by the branches of the Federal Dental Services.

In order to assess the scope of this problem and the administrative issues involved in implementing this proposal, the Board of Trustees recommends that Resolution 70 be referred to the appropriate ADA agencies for study and report to the 2006 House of Delegates.

**Eleventh Trustee District Resolution 77—Clarification of Direct and Retired Membership** (*Supplement:3046*): *The Board transmitted Resolution 77 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: 16 Yes—Drs. Biermann, Bushick, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Gross, Kell, McDermott, Nicolette, Smith, Strathearn, Tankersley, Tuneberg; 4 No—Drs. Brandjord, Grammer, Roth, Studstill)

The Board appreciates the concerns expressed in the resolution and appreciates the opportunity to clarify the ADA *Bylaws* language, and to encourage the House to look forward to the Council on Membership's current membership study, which will strategically address these and other considerations for the 2006 House of Delegates.

The objective of this resolution appears to be to ensure that federal dentists who retire from the Federal Dental Services (FDS) and who continue in an occupation which requires a dental license transition to tripartite membership. In fact, the ADA *Bylaws* already require this; only individuals who retire entirely from the practice of dentistry may maintain retired membership through their branch. In 2004, a total of 180 dentists paid retired dues through the Air Force, Army, Navy, Public Health Service and Veterans Administration, and an additional 360 were counted as retired life members. These dentists make up an extremely small percentage of retired members overall (about 2%).

The proposed actions suggest there may be value in clarifying certain aspects of the ADA *Bylaws*, membership categories, versus eligibility and the administration of this at the national and state level. To begin, federal dentists are eligible for active membership in two ways: first, through tripartite membership, if they meet the requirements of the constituent society; second, if ineligible for tripartite membership, through direct membership of the ADA. The ADA has maintained the

opportunity for those dentists who are not eligible for tripartite membership to join the ADA through direct membership. Further eligibility exceptions are found in Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, A. ACTIVE MEMBER. Direct membership is in itself not a category of membership, but rather a provision in the ADA *Bylaws* that allows those members to join and enables the ADA to efficiently and effectively administer the active member category.

Following separation from the federal services, direct FDS dentists who continue in a dental occupation are given only one year (the "transition year") of membership through their branch, and are then no longer eligible for FDS membership. And, a review of the membership statistics of the federal dental services shows that the vast majority of federal direct dentist members do transition appropriately. For example, only one-third of the dentists eligible for the transition year in 2004 took advantage of this opportunity; two-thirds transitioned to tripartite membership that year. Only a few of the dentists who took advantage of the transition year opportunity did not subsequently become tripartite members.

The ADA has tracked retired membership by constituent society (including FDS branches) since 1974—the year that retired became a "membership class" or category of membership. Members who retire may hold retired membership in the constituent society where they were active members. So, if an active member of a constituent dental society becomes retired and then moves out of state, the member is not required to hold membership in the state to which they move. Many of their benefits may be tied to the constituent society where they were active members. Administrative practices related to retired members vary by state society.

The ADA does not permit practicing dentists to hold retired membership, whether they are in a state or branch of the federal dental services. Due to the nature of delivery of federal dental services, not all FDS dentists are licensed to practice where they live.

With respect to all retired members, the ADA *Bylaws* currently read:

#### C. RETIRED MEMBER.

a. QUALIFICATIONS. A retired member shall be an active member in good standing of this Association who is now a retired member of a constituent society, if such exists, and is no longer earning income from the performance of any dentally related activity, and has submitted an affidavit attesting to qualifications for this category through said component and constituent society, if such exist. Maintenance of active or retired membership in good standing in the member's component society and retired membership in good standing in the member's constituent, if such exist, entitling such member to all the privileges of an active member, shall be requisite for entitlement to and continuance of retired membership in this Association.

The ADA *Bylaws* clearly state that a retired member can no longer be earning an income from dentistry. Dentists who sign the affidavit are attesting to the fact that they “no longer” earn an income from dentistry. This is not a one-time qualification requirement, but a statement of faith by the member that the member’s practice status has changed. If a retired dentist were to teach at a dental school, receive an honorarium for speaking at dental meetings, publish dentally-related articles for payment or re-enter practice and earn any income, the member would no longer be retired. When a local dental society becomes aware of a change in status, either reported by the member who changed status or through other means, the society then goes through the process of changing this member’s status from retired to active. There is likely to be some variability between constituent societies in this regard, with some societies being more rigorous than others in their definition of “retired.” The proposed change to require an annual proof of retirement for retired federal service dentists would set a precedent for the retired member category overall, could result in significant additional administrative costs to the ADA and prove to be an unnecessary and onerous solution that might not deter the practice described—which is a limited exception.

The Board notes that the first resolving clause would result in changes in the ADA *Constitution* and in several places within the ADA *Bylaws*. This would be a very complex undertaking. The amendments implicating the *Constitution* would need to lay over for one year after their presentation to the House of Delegates. It is difficult to see how the formation of five new constituent societies, one for each branch of the federal services, would facilitate the transition of FDS members to tripartite membership. These dentists are already active ADA members and constituent societies have the freedom to implement their own application or transfer processes. Further, the ADA cannot impose constituent status on the Federal Dental Services. Those entities would have to initiate application for constituent status. Because of these reasons, the Board recommends amending this resolution by deletion of the first resolving clause and referring this to the Council on Membership. Therefore, the Board proposes the following substitute resolution:

**77B. Resolved**, that the appropriate ADA agencies clarify Chapter 1, Section 20. Subsection C. subsection a. of the ADA *Bylaws* to ensure that members must continuously receive no income from dentally related activities for continuous qualification for this membership status, and be it further

**Resolved**, that a survey be conducted of past and current membership statistics of the federal dental services to determine the patterns of federal dental service members transfers to the 53 existing constituents upon retirement from the federal dental services, and report to the 2006 House of Delegates, and be it further

**Resolved**, that this issue be referred to the Council on Membership as part of its overall membership study, with a report to the 2006 House of Delegates.

**Eleventh Trustee District Resolution 78—Online Basic Leadership Education** (*Supplement:3050*): *The Board transmitted Resolution 78 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 12 No—Drs. Brandjord, Bushick, Cadle, Ferris, Findley, Gleason, Grammer, Gross, Kell, Roth, Strathearn, Tankersley, 8 Yes—Drs. Biermann, Feldman R., Glover, McDermott, Nicolette, Smith, Studstill, Tuneberg)

The Board acknowledges that, through its Administrative Review Process evaluating programs proposed for the 2006 budget, it reviewed this program in the context of recent ADA survey data and Committee on New Dentist support. While this data showed that new dentists do want to get more involved with organized dentistry, and there is growing interest in online education and distance learning, the Board was not convinced then that an online program was best suited to deliver leadership training. Additional information from a poll of current new dentist volunteers indicated half their leadership education was gained at the state level and half at the ADA Conference on the New Dentist. The Board was unable to correlate that the data indicated new dentists were likely to use an online leadership training program. Given that the Board had to decide amongst many meritorious programs, it recommended earlier this year not to fund this program for 2006.

**Seventeenth Trustee District Resolution 80—Policy Implications of Strategic Planning** (*Supplement:3052*): *The Board transmitted Resolution 80 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 18 No—Drs. Biermann, Brandjord, Bushick, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Tankersley, Tuneberg; 2 Yes—Drs. Cadle, Studstill)

The Board appreciates the concerns of the makers of this resolution and fully acknowledges the role of the House of Delegates as the supreme policy-making authority of the ADA. Because the Board shares the concern regarding potential conflicts with any existing ADA policies that may result from any new explorations indicated by the new Strategic Plan, the Board itself adopted the following resolution at its August meeting, to review all existing ADA policy in light of the new Plan and to avoid taking any direction which would be in conflict. Unless any affected policy is changed by the House of Delegates, the ADA will not proceed.

**B-63-2005. Resolved**, that any initiatives recommended in the new strategic plan be reviewed by the Board of Trustees for potential impact and congruence with current policies.

The Board appreciates the acknowledgment by the makers of the resolution that a plan is necessary in helping to manage the ADA and to help the ADA be prepared for the future as much as possible. The planning process

includes the necessary research into potential futures the ADA might face. The Plan indicates broad areas for exploration and identifies further study to be included prior to any final implementation activities. These implementation activities, by definition, will always factor in additional information, including additional member and volunteer input as required and, most importantly, will follow current ADA policy. This process of identifying strategies and implementing them will follow the current established procedures at the ADA, of utilizing the appropriate ADA agencies for such initiatives. The strategic plan is not intended to circumvent or replace the existing policy-making process at the ADA. Additionally, none of the Plan's potential strategies are intended to be made operational outside of established processes.

In 1997, the House adopted Resolution 71H-1997 (*Trans.*1997:714) that requires the Board to give the House the opportunity for input prior to any substantive changes to the Plan which usually takes place through the regular reference committee process. In keeping with this policy, the House of Delegates strategic session this year is also addressing key future issues for the ADA and gathering input from the delegates as to their views on the same. The Board of Trustees will be listening to these deliberations and will receive a full report from the consultant conducting the session. This feedback will be utilized by the Board in finalizing the ADA Strategic Plan in December. This link to the House in developing the Plan is a new process for the ADA. In the past, the Plan was considered final by the Board when presented in the report to the House. The new ADA Strategic Plan does not become effective until 2007 to allow factoring in all of this feedback.

There is periodic need for ADA policies to be examined, as has been acknowledged by the House of Delegates in the past. It is hoped that the planning process can provide information to the House when such review is undertaken. The planning process factors in environmental scanning information (trend analysis and identification of future scenarios the ADA might face) as well as member and non-member opinion research results.

The Board is very committed to an inclusive planning process that continually gathers input from all stakeholders while meeting its leadership obligations which include anticipating ADA's future needs. These future needs might require the House to reconsider some current ADA policies. However, this would be done by the House and not overridden by any planning process. The Board is bound by and committed to the ADA *Bylaws* and policies.

Therefore, the Board believes that the concerns expressed by the makers of the resolution are already addressed by existing policies and procedures regarding the drafting and implementation of ADA's Strategic Plan and hopes the makers of the resolution are in agreement based on the new information provided in these comments.

**Eighth Trustee District Resolution 82—Amendment to the Manual of the House of Delegates Regarding Referral of Resolutions** (*Supplement:3055*): *The Board*

*transmitted Resolution 82 to the House of Delegates with the following comment and recommendation to vote no.*

(Vote: 19 No—Drs. Biermann, Brandjord, Bushick, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley; 1 Yes—Dr. Tuneberg)

The Board appreciates that this resolution aims to foster improved understanding of the intent of resolutions under study by ADA agencies. The Board is concerned that this amendment to the Manual of the House of Delegates would require that all resolutions referred for study by ADA agencies be discussed with the originator(s) of the pending resolution. While it is reasonable to expect that ADA agencies would consult with the necessary communities of interest and information sources to complete these studies, it is cumbersome to require every resolution under study to go through this step. Therefore the Board does not recommend adoption of this resolution.

**Eighth Trustee District Resolution 84—Assistant and Hygiene Membership Categories** (*Supplement:3057*): *The Board transmitted Resolution 84 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: Unanimous)

The Board notes that the Council on Membership is undertaking a membership study that reviews ADA membership, including membership categories, dues, privileges and representation. The goal of the study is to consider current issues and future trends in dentistry in order to ensure that the ADA continues to fulfill its mission—including the role of the dental team. The Council has heard testimony that represents various dental professional and ADA member perspectives. Further, it will engage communities of interest as it develops a proposed vision. The Board plans dialogue with the Council during this next year and further notes that the Council will bring forward its report to the 2006 House of Delegates.

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

**First Trustee District Resolution 4S-1—Substitute for Resolution 4: Audits of Private Dental Offices by Third-Party Payers** (*Supplement:4003a*): *The Board transmitted Resolution 4S-1 to the House of Delegates with the recommendation to vote yes.* (Vote: Unanimous)

**First Trustee District Resolution 41S-1—Substitute to Resolution 41: Oral Health Assessment for School Children** (*Supplement:4042a*): *The Board transmitted Resolution 41S-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 sympathetic to the First District's substitute, the Board believes referral of this resolution would permit further study, particularly as it pertains to the term oral health "assessment" versus the term oral health "examination." Therefore, the Board recommends that Resolution 41S-1 be referred to the appropriate ADA agency for further study and report to the 2006 House of Delegates

**Eighth Trustee District Resolution 41S-2—Substitute for Resolution 41: Oral Health Assessment for School Children** (*Supplement:4042b*): *The Board transmitted Resolution 41S-2 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: 19 Yes—Drs. Biermann, Brandjord, Bushick, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 1 Absent—Dr. Kell)

The Board appreciates the effort by the Eighth District to address the concerns related to the term "assessment" versus the term "examination." The Board understands the intent of Resolution 41S-2 and the importance to ensure that dentists are involved, however, it believes as noted in the Board comment to Resolution 41 (*Supplement:4040*), that there are other issues that need careful discussion and debate. The background in Resolution 41 from the Thirteenth District noted that a California Dental Association (CDA) task force studied and developed an implementation strategy for oral health assessments for school children. There was a comprehensive review of the mandated dental examination and screening programs in other states and selected population-based oral health programs in California. CDA felt supporting oral health assessments for school children was a place to start. Adoption of Resolution 41S-2 would restrict support of the ADA to programs that include only examinations. Further, throughout its three resolving clauses there are phases that need careful thought (e.g., "...ADA take every opportunity..." and "...given the same priority as...") and redundant language (e.g., "adopt policy supporting..." and "...consider sponsoring..."). For these reasons, the Board recommends that Resolution 41S-2 be referred to the appropriate ADA agency for further study and report to the 2006 House of Delegates.

**Seventh Trustee District Resolution 52—Branding of National Direct Reimbursement Marketing Campaign** (*Supplement:4053*): *The Board transmitted Resolution 52 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)

With regard to the first resolving clause of Resolution 52, the Board notes that funding for the direct

reimbursement campaign is already included in the proposed 2006 budget. Additionally, the Board believes that commitment to new branding in conjunction with the advertising campaign as suggested in the second resolving clause is premature. Rather, the Board would recommend that the appropriate ADA agencies be asked to study the pros and cons of re-branding direct reimbursement and, if deemed appropriate by the agencies, develop a plan of action to introduce a new brand name for use in the national campaign. The Board, therefore, recommends adoption of the following substitute resolution.

**52B. Resolved**, that the appropriate ADA agencies, in consultation with marketing and advertising experts, study the necessity and potential value of developing a new brand name for the concept of direct reimbursement, including the variation known as direct assignment, and if deemed appropriate by the agencies, develop a plan of action to produce a new brand name for use in the national campaign.

**Report 19 of the Board of Trustees to the House of Delegates: Progress Report in Response to Resolution 73H-2004—White Paper on Dental Care Needs of Aging U.S. Populations** (*Supplement:4075*): *The Board transmitted Report 19 to the House of Delegates* (consent calendar action—No Board discussion). (Vote: Unanimous to Transmit)

**Council on Access, Prevention and Interprofessional Relations Supplemental Report 1 to the House of Delegates: Recent Council Activities (Definition of "Dental Home")** (*Supplement:4055*): *The Board transmitted the supplemental report and the appended Resolution 53 to the House of Delegates with the following comment and recommendation to vote yes.* (Vote: 19 Yes—Drs. Biermann, Brandjord, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 1 No—Dr. Bushick)

In response to Resolution 32H-2004 in the Council's report, the resolution will be forwarded to the following organizations: American Academy of Pediatrics, American Academy of Family Physicians, American Association of Public Health Physicians and National Association of Pediatric Nurse Practitioners.

**Third Trustee District Resolution 64—Definition of "Dental Home"** (*Supplement:4058*): *The Board transmitted Resolution 64 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 19 No—Drs. Biermann, Brandjord, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 1 Yes—Dr. Bushick)

In reviewing Resolution 64, the Board believes that the proposed definition describes what takes place in a dental

office rather than defining what a “dental home” is. The Board notes that the resolution is similar to existing policy regarding the definition of the Primary Dental Care Provider (*Trans.*1994:668). In addition, the Board considered the Council on Access, Prevention and Interprofessional Relations’ Resolution 53 (*Supplement*:4055) and recommends its adoption. The Board believes the Council’s definition of dental home captures the intent of Resolution 64. Therefore the Board recommends that Resolution 64 not be adopted.

**Fifteenth Trustee District Resolution 65—Definition of “Dental Home”** (*Supplement*:4060): *The Board transmitted Resolution 65 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

In reviewing Resolution 65, the Board believes that the proposed definition describes what takes place in a dental office rather than defining what a “dental home” is. The Board notes that the resolution is similar to existing policy regarding the definition of the Primary Dental Care Provider (*Trans.*1994:668). Further, the Board is concerned with any resolution which limits the time of the establishment of the dental home. Infants are sometimes born with dental needs that require a dentist immediately, not at the recommended age of one year for the first visit. In addition, the Board considered the Council on Access, Prevention and Interprofessional Relations’ Resolution 53 (*Supplement*:4055) regarding a definition of the dental home and recommends its adoption. Therefore the Board recommends that Resolution 65 not be adopted.

**Minnesota Dental Association Resolution 68—Direct Reimbursement Leads** (*Supplement*:4062): *The Board transmitted Resolution 58 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 18 No—Drs. Biermann, Bushick, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 2 Yes—Drs. Kell, Brandjord)

The Board understands the intent of Resolution 68, which is to limit or preclude any ADA-generated leads from getting into the hands of brokers or others selling dental plans to employers that may also offer dental insurance products that are at variance with the principles of direct reimbursement.

The Board believes that successful marketing and selling of direct reimbursement requires the ADA to work closely with hundreds and possibly thousands of healthcare benefit brokers who have the expertise in implementing employer-based dental plans, some of which are not direct reimbursement type plans. Restricting the availability of the ADA leads as proposed in Resolution 68 would likely be unenforceable and so severely limit the number of brokers who might qualify to receive leads that the growth of direct reimbursement would be equally curtailed. The ADA’s direct reimbursement campaign has always deferred to the constituent dental societies the determination of where

leads from their states should be sent. The Board, therefore, recommends that Resolution 68 not be adopted.

**Sixth Trustee District Resolution 71—Definition of “Dental Home”** (*Supplement*:4064): *The Board transmitted Resolution 71 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 19 No—Drs. Biermann, Brandjord, Bushick Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Strathearn, Studstill, Tankersley, Tuneberg; 1 Yes—Dr. Smith)

In reviewing Resolution 71, the Board believes that the proposed definition describes what takes place in a dental office rather than defining what a “dental home” is. The Board notes that the resolution is similar to existing policy regarding the definition of the Primary Dental Care Provider (*Trans.*1994:668), which reads as follows.

Primary Dental Care Provider. A licensed dentist who accepts the professional responsibility for the evaluation (including examination), diagnosis, treatment, management and overall coordination of services to meet the patient’s oral health needs consistent with the ADA *Principles of Ethics and Code of Professional Conduct*.

Further, the Board is concerned with any resolution which limits the time of the establishment of the dental home. Infants are sometimes born with dental needs that require a dentist immediately, not at the recommended age of one year for the first visit. In addition, the Board considered the Council on Access, Prevention and Interprofessional Relations’ Resolution 53 (*Supplement*:4055) regarding a definition of the dental home and recommends its adoption. Therefore, the Board recommends that Resolution 71 not be adopted.

**Eleventh Trustee District Resolution 75—National Community Water Fluoridation** (*Supplement*:4066): *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 supports Resolution 75, and appreciates the support in the first resolving clause to expand upon the good advocacy being done on this cornerstone public health issue, as evidenced in part by this year’s ADA/CDC hosted National Fluoridation Symposium. The Board suggests slightly modifying the third and fourth resolving clauses to not preclude the results of the requested study and analysis. The House of Delegates should know that the ADA Division of Science is convening an “Expert Panel Workshop on Professionally-Applied Topical Fluoride” on October 17-18, 2005. The role of the expert panel will be to systematically review the data to develop evidence-based recommendations for professional applications of topical fluoride. The objective of the Workshop is to provide dentists with one

document containing evidence-based recommendations for the use of professionally applied topical fluoride, including fluoride gel, foam and varnish. Additionally, the ADA Council on Access, Prevention and Interprofessional Relations is exploring the feasibility of alternative fluoride delivery systems such as salt fluoridation. Therefore, the Board recommends adoption of the following substitute resolution (additions underscored).

**75B. Resolved**, that the ADA develop advocacy messages and materials to take to federal agencies, Congress, private foundations, policy think tanks and other appropriate national organizations that:

- support community water fluoridation
- emphasize community water fluoridation as a key public health preventive initiative to help combat the serious caries problems in underserved communities
- advocate for federal funding and grants to develop oral health educational programs on the benefits of water fluoridation and the importance of drinking tap water in communities that have fluoridated water
- urge the federal agencies to have their state offices work with state dental societies and other stakeholders in advocating for community water fluoridation when such initiatives are on the ballot

and be it further

**Resolved**, that the appropriate ADA agencies explore with the CDC and other federal agencies possible additional advocacy strategies, such as federal financial incentives for state and local communities that adopt community water fluoridation as a preventive health measure and mandatory community water fluoridation tied to federal funding, and be it further

**Resolved**, that the appropriate ADA agencies conduct a study and analysis of whether and how to promote alternative fluoride delivery systems to communities that do not have a centralized piped water system which would facilitate water fluoridation, and be it further

**Resolved**, that a report be provided to the 2006 House of Delegates on the effectiveness of these advocacy strategies and the results of the analysis of alternative fluoride delivery systems with recommendations for additional programs and activities to bolster these efforts as appropriate.

**Eleventh Trustee District Resolution 76—“Meth Mouth” Task Force** (Supplement:4069): *The Board transmitted Resolution 76 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: Unanimous)

The Board agrees with the need for an effective oral health response to the problem of methamphetamine abuse. The ADA has already developed substantial material for the profession on this issue, and work is underway on additional material to raise public awareness. The Board believes sufficient scientific information exists to provide sound guidance on this issue; the real challenge

is to disseminate it effectively to these two very different audiences (the public versus dental professionals). The Board supports expanding the information the ADA makes available to the oral health effects of other illicit drugs, which similarly impact oral health. For these reasons, the Board recommends adoption of the following substitute resolution.

**76B. Resolved**, that the appropriate agencies of the ADA, in cooperation with the scientific community, drug abuse and public health experts, and others, develop and disseminate material to effectively communicate to the profession and the public an awareness of the oral health effects of drug abuse, and be it further **Resolved**, that these agencies provide practicing dentists with information and guidance to help them identify and treat the oral health effects of drug abuse.

**Eighth Trustee District Resolution 83—Prosthetic Cases Sent to Foreign Labs for Custom Manufacture** (Supplement:4071): *The Board transmitted Resolution 83 to the House of Delegates with the recommendation to vote yes.* (Vote: 19 Yes—Drs. Biermann, Brandjord, Bushick Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 1 Absent—Dr. Kell)

**Council on Dental Benefit Programs Supplemental Report 3 to the House of Delegates: Update on Resolution 81H-2004—Dental Insurance Right to Know Standardized Plan Description** (Supplement:4073): *The Board transmitted the supplemental report to the House of Delegates.*

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

**Hurricane Katrina SWAT Team:** Dr. Bramson introduced the Hurricane Katrina SWAT Team staff members and summarized the extraordinary efforts of this cross-divisional group in responding to the natural disaster.

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

**Eleventh Trustee District Resolution 20S-1—Substitute for Resolution 20: Eliminating the Use of Human Subjects in Board Examinations** (Supplement:5010a): *The Board transmitted Resolution 20S-1 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

As indicated in the Board comment and recommendation on Resolution 20 (Supplement:5009), the Board supports the principle of eliminating patients from the clinical licensure examination process as soon as feasible and does not believe a time frame should be

specified. The Board supports Resolution 20BS-1B (*Supplement:5010b*).

**Sixteenth Trustee District 20BS-1—Substitute for Resolutions 20 and 20B: Eliminating Use of Human Subjects in Board Examinations** (*Supplement: 5010b*): *The Board transmitted Resolution 20BS-1 to the House of Delegates with the following comment and recommendation to vote yes on the substitute.* (Vote: 19 Yes—Drs. Biermann, Brandjord, Bushick Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 1 Absent—Dr. Kell)

The Board concurs with the Sixteenth District that the Association should not have a policy to eliminate patients from the examination process if no alternative is available. The Board also concurs that if patients are involved in the process, the use of patients of record could eliminate some of the ethical concerns; however, not all candidates for clinical licensure examinations are enrolled in a dental school. Support for involvement of patients of record at this time would not preclude continued efforts toward use of alternative approaches for clinical licensure testing. The Board recommends amending Association policy on the Elimination of the Use of Human Subjects in Board Examinations (*Trans.2000:477*) as follows.  
~~Strike through~~=deletions and underline=additions.

**Resolved**, that the Association supports a clinical licensure process that uses the candidates' patients of record ~~the elimination of the use of human subjects in the clinical licensure examination process by 2005~~, and be it further

Resolved, that the Association supports the elimination of the use of patients in the clinical licensure examination process once suitable alternatives have been developed, and be it further

**Resolved**, that the Association transmit this policy to all clinical testing agencies.

The Board, therefore, recommends adoption of the following substitute Resolution 20BS-1B.

**20BS-1B. Resolved**, that the Association supports a clinical licensure process that uses the candidates' patients of record in the clinical licensure examination, and be it further

**Resolved**, that the Association supports the elimination of the use of patients in the clinical licensure examination process once suitable alternatives have been developed, and be it further

**Resolved**, that the Association transmit this policy to all clinical testing agencies, and be it further

**Resolved**, that current policy on the Elimination of the Use of Human Subjects in Board Examinations (*Trans.2000:477*) be rescinded.

**Report 12 of the Board of Trustees to the House of Delegates—Update on the National Campaign for Dental Education and the ADA Foundation \$100**

**Million Campaign** (*Supplement:5056*): *The Board transmitted Report 12 to the House of Delegates* (consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

**Second Trustee District Resolution 69—Implementation of Resolution 64H-2000 Regarding Elimination of the Use of Human Subjects in the Clinical Licensure Examination Process** (*Supplement:5050*): *The Board transmitted Resolution 69 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: 18 Yes—Drs. Biermann, Brandjord, Bushick, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Tankersley, Tuneberg; 2 No—Drs. Cadle, Studstill)

The Board believes that a major factor influencing the adoption of Resolution 64H-2000 was the concern for problems associated with the involvement of patients in clinical licensure testing, such as perceived breaches of professional ethics, continuity of patient care, adequacy of the pool of patients with specific clinical conditions required for exams, etc. Through the work of ADA agencies and task forces and the efforts of the dental examining community, mechanisms have been put in place to diminish many of these concerns. For example, the Association supports the curriculum integrated format that ameliorates many of these problems. Further, recent efforts to develop a national clinical licensure examination appear to have potential to meet candidate needs without adverse effects to patients. Finally, despite extensive exploration of alternative testing formats that do not involve patients, no suitable alternative has been accepted in the United States as a valid and reliable substitute for testing of clinical competency. Acceptable alternatives have been implemented in Canada. Although the ADA has accepted PGY-1 as an alternative pathway to licensure in the U.S., it may not be a practical option in all states.

The Board believes that additional information is needed on the current status, recent developments and potential of alternative approaches, such as portfolios and the Canadian model. The Board therefore believes that the ADA should continue to gather information, promote and monitor progress in these areas while continuing to support the eventual elimination of patients. To accomplish this, the Board recommends that Resolution 69 be referred to Council on Dental Education and Licensure with specific instructions to gather more information on the alternative approaches for determining clinical competency for licensure of new graduates. Accordingly, the Board recommends support for referral of Resolution 69.

**Second Trustee District Resolution 73—Increased Support for Postgraduate Training Programs** (*Supplement:5054*): *The Board transmitted Resolution 73 to the House of Delegates with the following comment to vote yes.* (Vote: 16 Yes—Drs. Biermann, Brandjord, Bushick, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, McDermott, Roth, Strathearn,

Tankersley, Tuneberg; 1 No—Dr. Studstill; 2 Absent—Drs. Kell, Nicolette)

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

### **Thursday, September 29, 2005**

**Call to Order:** The Board of Trustees was called to order by President Haught at 8:30 a.m. in the 22<sup>nd</sup> Floor Board Room, 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**

**Appearance of Mr. Tim Orenbuch and Mr. Allan Feldman, LMCA.** Mr. Orenbuch and Mr. Feldman provided a follow-up presentation to the Board regarding trademark licensing opportunities for the ADA and outlined alternate business models. After extensive discussion, the Board adopted the following resolution.

**B-76-2005. Resolved,** that the Board supports moving forward with developing a business relationship and contract with LMCA for a licensing program, and be it further

**Resolved,** that the program be based on the financial Option 2\*, as presented to the Board, and be it further

**Resolved,** that the royalties (less ADA expenses) from this program go to the ADA Foundation to support charitable programs, such as access to care, education, research and oral health education, and be it further

**Resolved,** that the Council on Communications be enlisted to help staff shape the program, and be it further

**Resolved,** that the Board be provided with regular updates on the program, including progress reports on program development, finances and business plans for product categories.

**\*Option 2:** LMCA waives its \$105,000 program fee and its \$90,000 draw against commissions. ADA revenue would reflect that savings, with royalties beginning to flow sooner at \$85,000 in 2006 but at the same total as in Option 1 (ADA revenue would begin to flow significantly in 2007 at \$330,000 and reach \$3,702,500 in 2010). Net royalties to the ADA would be \$5,090,000.

### **Regular Session (continued)**

#### **Reports and Resolutions Relating to the Reference Committee on Dental Workforce**

**Georgia Dental Association Resolution 43—Access to Care: The Dental Workforce** (*Supplement:6000 Amended*): *Postponed from the August session to carefully examine what is currently available and the*

*extent of new studies called for in this resolution and their potential financial implications, the Board transmitted Resolution 43 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 19 No—Drs. Biermann, Brandjord, Bushick Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Tankersley, Tuneberg; 1 Yes—Dr. Studstill)

The Board shares the concern expressed in Resolution 43 regarding the adequacy of the dental workforce, both in terms of overall size and the distribution of the dental workforce throughout the country. However, the Board believes that the information to evaluate the issues presented in this resolution is already available to the ADA. Over the past few years, ADA leadership has directed that studies be undertaken to more thoroughly analyze these issues, and believes that these studies have developed a large amount of valid data on all aspects of the dental workforce. For example, the 2001 ADA report, *Studies of Dental Workforce*, provides information on rational workforce policy; demand for dental care; geographic distribution of dentists; gender differences in dental practice; output and productivity in dental care; staffing of dental practices; impact of technology and workforce issues related to children. A series of three *JADA* articles (Nov 1999, Jan 2000, and Feb 2000) authored by Brown *et al* analyzed improvements in the oral health of children since the early 1970s. The 2001 *Future of Dentistry* report dealt with issues of dental workforce, access, disease and demand in detail. The projections from ADA's *Dental Workforce Model* are published on an annual basis. In late 2004, the ADA published *The Economics of Dental Education*—a report which provides comprehensive, detailed analysis of many factors facing the dental education system including disputing the notion that retirees will outnumber graduates.

Demographic information on dental students and dentists are annually updated through two ADA surveys: *Distribution of Dentists in the United States by Region and State* and the *Survey of Predoctoral Dental Education*. Updates to the information contained within these (and other) reports occur on a continual basis. Also, these reports are widely distributed (mailings and placed online) to various national and international organizations, the executive directors of constituent dental societies and the ADA Board of Trustees.

There are also new publications in the works. Recently, via funding from U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), the ADA has produced an all-inclusive report on dental workforce issues. The task consisted of combining information from the various sources listed above and updating any data when possible; as well as linking underlying economic theory to the various workforce issues. The resultant report (*Adequacy of Current and Future Dental Workforce*) is scheduled for publication in late 2005. In addition, to investigate the urban-rural distribution of dentists, ADA staff has submitted an article

to JADA entitled, *The Urban-Rural Distribution of Dentists in 2000*.

These studies have positioned the ADA as the premier source of information regarding the issues contained in this resolution. For the House's convenience, a brief summary of selected highlights from the vast amount of available information are included below. The Appendix (*Supplement:6001d*) has been prepared for those who may wish to see more detail. Even more complete documentation is available from the ADA.

**Report 15 of the Board of Trustees to the House of Delegates—Dental Workforce Models**

(*Supplement:6002 Amended*): The Board of Trustees at its June 2004 meeting established the Workforce Models Task Force. The Board's charge to the Task Force was to, "...analyze all of the available data and information regarding the adequacy of the current workforce to meet the access needs of the underserved in both rural and urban settings, with particular emphasis on the auxiliary workforce, educational and training opportunities and challenges, and then develop a position paper with recommendations regarding the present and future needs of dental practitioners for auxiliary personnel and their roles and responsibilities, along with innovative solutions to address access to care in underserved areas. Board Report 15 constituted the requested position paper and recommendations submitted by the Task Force and Board of Trustees. *The Board transmitted Report 15 and Resolutions 44 and 47, as amended, to the House of Delegates.*

*Resolution 44—New Types of Allied Dental Personnel (Supplement:6023 Amended): The Board transmitted Resolution 44 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 47—Curriculum Changes to Facilitate Admission of Dental Hygienists to Dental Schools with Advanced Standing (Supplement:6026 Amended): The Board transmitted Resolution 47 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

**Fourteenth Trustee District Resolution 44S-1—Substitute for Resolution 44: New Types of Allied Dental Personnel** (*Supplement:6023a*): *The Board transmitted Resolution 44S-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)*

The Board agrees with the ideas expressed in Resolution 44S-1 but also believes it would be very premature to have them replace Resolution 44. Therefore, the Board believes the most appropriate course of action is to refer Resolution 44S-1 so that it may formally be considered by successor agencies.

**Eleventh Trustee District Resolution 44S-2—Substitute to Resolution 44: New Types of Allied**

**Dental Personnel** (*Supplement:6023b*): *The Board transmitted Resolution 44S-2 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)*

The intent of the original resolution is to permit successor agencies of the ADA to further refine proposed models for allied workforce and other related issues. The Board believes it is critical to provide the successor agencies with the flexibility they will need to complete their work in a comprehensive manner. The Board also is concerned that the use of the word "creation" may imply the adoption of new association policy. As amended, the Board believes that Resolution 44 now incorporates the idea suggested by Resolution 44S-2 and further clarifies the intent of the Board.

**Seventeenth Trustee District Resolution 44S-3—Substitute for Resolution 44: New Types of Allied Dental Personnel** (*Supplement:6023c*): *The Board transmitted Resolution 44S-3 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)*

The new items in this proposed substitute is the statement of 1) the importance of the role of the dentist as leader of the dental team, and 2) ensuring a sufficient supply of dentists to serve the public in all future generations. The Board agrees with both of these concepts and also believes that the entire report, as well as existing ADA policy, have these two concepts at their very foundation. In fact, another comprehensive and detailed report before this House of Delegates focuses entirely on the supply of dentists to serve the public in the future (the appendix to Board comment on Resolution 43). The Board believes that the proposed new, second resolving clause is such a separate and distinct concept that it more appropriately belongs in a separate resolution.

**Sixteenth Trustee District Resolution 44S-4—Substitute to Resolution 44: New Types of Allied Dental Personnel** (*Supplement:6023d*): *The Board transmitted Resolution 44S-4 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)*

While the Board agrees with the idea expressed within Resolution 44S-4, it believes that Resolution 44 already incorporates the substantive changes offered within this proposed substitute. Further, both Board Report 15 and other resolutions related to workforce issues already provide the association with explicit direction to work with the communities of interest as recommended within this proposal.

**Fourteenth Trustee District Resolution 45S-1—Substitute for Resolution 45: Appointment of Task Forces** (*Supplement:6024a*): *The Board transmitted Resolution 45S-1 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 19 No—Drs. Biermann, Brandjord, Bushick*

Cadle, Feldman R., Ferris, Findley, Gleason, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 1 Yes—Dr. Glover)

While recognizing the importance of individually certifying specific functions as an underlying principle within Board Report 15, the Board does not agree that substituting the words “expanded functions” for “categories” provides consistency. Instead, Board Report 15 specifically offers a framework for new and revised categories of allied dental personnel. This is an important concept to be recognized when developing an education curriculum for any single category of the framework. The successor Task Force is not required to maintain the frameworks proposed within Board Report 15, but it will need to address them. As such, the Board believes the original language presented in Resolution 45 to be more appropriate.

**Seventeenth Trustee District Resolution 45S-2—Substitute for Resolution 45: Appointment of Task Forces** (*Supplement:6024c*): *The Board transmitted Resolution 45S-2 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: 19 No—Drs. Biermann, Brandjord, Bushick, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 1 Yes—Dr. Cadle)

The Board recognizes the importance of the Council on Dental Education and Licensure (CDEL) to the issues detailed above. However, the scope and breadth of the issues entailed with the implementation of Resolution 45 go beyond those exclusive to the purview of CDEL. Other issues which must be considered in the development of the education and curriculum of allied dental personnel include funding, advocacy, partnerships with interested parties and the time that is available for the development of these proposals.

The issue of allied personnel is one which is developing and changing rapidly. To provide the profession with the agility and nimbleness required to respond to these demands, to provide the broad perspectives and knowledge required to grapple with this subject and to provide the association as a whole the opportunity to have an agency focus specifically on the evolving educational issues surrounding allied personnel without the other necessary business that is assigned to a formal Council, the Board believes a Task Force is required. Only a Task Force will have the ability to consider these issues, conduct research, formulate responses and have the flexibility in the number of meetings and conferences required to complete this task within a timeframe to permit the findings to be relevant.

**Eleventh Trustee District Resolution 46S-1—Substitute for Resolution 46: Development of Pilot Projects** (*Supplement:6025a*): *The Board transmitted Resolution 46S-1 to the House of Delegates with the*

*following comment and recommendation to vote no.* (Vote: 17 No—Drs. Brandjord, Bushick, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 2 Yes—Drs. Biermann, McDermott; 1 Absent—Dr. Kell)

The Board appreciates the concerns raised within Resolution 46S-1. To incorporate those concerns, the Board made amendments within Board Report 15 that are consistent with the direction suggested in this resolution. Therefore, the Board believes that concerns expressed here have been addressed and this resolution is not required.

**Seventeenth Trustee District Resolution 46S-2—Substitute for Resolution 46: Development of Pilot Projects** (*Supplement:6025b*): *The Board transmitted Resolution 46S-2 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, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 2 Yes—Drs. Cadle, Ferris)

**First Trustee District Resolution 59—Review of Policies Regarding Supervision of Hygienists** (*Supplement:6032*): *The Board Transmitted Resolution 59 to the House of Delegates with the following comment and recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

The Board agrees with the observation made in Resolution 59 relating to a potential level of dental hygiene supervision referred to as “public health supervision.” Whether successor bodies working on the workforce issue determine this method of supervision to be viable or not, it is beneficial to determine a definition for the purpose of discussion. Further, as a matter of practice it is valuable to review this matter on a periodic basis.

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

**First Trustee District Resolution 62—Drafting Coalition Partners** (*Supplement:6033*): *The Board transmitted Resolution 62 to the House of Delegates with the following comment and recommendation to vote yes* (consent calendar action—no Board discussion). (Vote: Unanimous)

This resolution is consistent with the findings of Board Report 11. The Board concurs that explicit policy would be beneficial.

**Fourteenth Trustee District Resolution 66—Developing “Business” Models to Address Access to Care Issues** (*Supplement:6034*): *The Board transmitted Resolution 66 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 that this is a valuable issue to pursue. However, the Board believes the same goals may be met within the existing council structure. Therefore the following substitute is proposed.

**66B. Resolved**, that the appropriate ADA agencies be charged with the specific assignment of researching, developing and recommending the components of “business” models that would attract and retain dental practitioners to underserved areas, and be it further **Resolved**, that the appropriate agencies suggest strategies utilizing these components to implement appropriate “business” models by addressing the needs of individual communities, and be it further **Resolved**, that these findings and recommendations be reported to the 2006 House of Delegates.

**Fifth Trustee District Resolution 85—Access to Oral Health Care for the Underserved Populations** (*Supplement:6036*): *The Board transmitted Resolution 85 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board concurs that ownership of the access to care issue by organized dentistry is vital for the development of sound, functional solutions. Toward that end, the ADA has devoted significant resources to the access issue with a few examples being: "Give Kids a Smile," "The White Paper on Access," "Innovations in Dental Medicaid," the "Medicaid Compendium" and a host of advocacy strategies and activities.

The Board has held mega issue sessions touching on access to care issues at almost every board meeting in the past two years. Access to care also has been a focus for at least two councils, CAPIR and CGA. CAPIR had a mega issue discussion on access issues at its most recent meeting in September. Access also has been on the agenda for the Washington Leadership Conference, the President-Elects Conference, the National Issues Conference, the Lobbyist Conference, DEAG, and other meetings. In addition, under the umbrella of access to care, there have been and continue to be task forces to address specific aspects of the access issue: the 2004 House-initiated task force on elder care is one example. The Workforce Models Task Force itself is another example. The Board also in June established a new inter-council, inter-disciplinary task force to examine the issue of what are the essential oral health needs of the public, which is a question that continues to be raised in virtually every setting where access to care is a question. Finally, the Board notes that many of the resolutions that come before this House touch on access to care in some way, and those discussions lead to follow up programs, activities, focused task forces and further Board and council dialogues. The Board believes that all of these many facets of the access issue, being addressed by existing agencies and task forces, and leading to new task forces that are focused on a specific aspect of access, are

more significant, nimble and appropriate than a geographically based, 19 member task force that has “access to care” as its two year assignment.

**Report 18 of the Board of Trustees to the House of Delegates: Dental Workforce Model: 2003-2025** (*Supplement:6039*): *The Board transmitted Report 18 to the House of Delegates.* (Vote: Unanimous to Transmit)

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

**Fourteenth Trustee District Resolution 21S-1—Substitute for Resolution 21: Best Dentists Lists** (*Supplement:7001a*): *The Board transmitted Resolution 21S-1 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board agrees with the Council on Ethics, Bylaws and Judicial Affairs which has expressed the opinion that the current ADA *Principles of Ethics and Code of Professional Conduct* adequately addresses best dentist promotions under Advisory Opinion 5.F.2. MEANING OF FALSE AND MISLEADING, paragraph d. Likewise, state dental boards have existing regulations which address false and misleading advertising by dentists. For these reasons, the Board recommends that Resolution 21S-1 not be adopted.

**Seventeenth Trustee District Resolution 21S-2—Substitute for Resolution 21: Best Dentists Lists** (*Supplement:7001b*): *The Board transmitted Resolution 21S-2 to the House of Delegates with the following comment and recommendation to vote no.* (Vote: Unanimous)

The Board agrees with the Council on Ethics, Bylaws and Judicial Affairs which has expressed the opinion that the current ADA *Principles of Ethics and Code of Professional Conduct* adequately addresses best dentist promotions under Advisory Opinion 5.F.2. MEANING OF FALSE AND MISLEADING, paragraph d. Likewise, state dental boards have existing regulations which address false and misleading advertising by dentists. Also, the Board was advised by the Chief Counsel that the first resolving clause has potential antitrust implications. For these reasons, the Board recommends that Resolution 21S-2 not be adopted.

**Board of Trustees Supplement to Board Report 14—Update on Activities Concerning Alaska Native Oral Health Access** (*Supplement:7013*): *The Board transmitted the supplemental report to the House of Delegates.* (Vote: Unanimous to Transmit)

**Report 20 of the Board of Trustees to the House of Delegates—Health Centers** (*Supplement:7022*): *The Board transmitted Report 20 and the appended Resolution 54 to the House of Delegates with the recommendation to vote yes.* (Vote: 19 Yes—Drs. Biermann, Brandjord,



Bushick, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 1 Absent—Dr. Kell)

**Report 21 of the Board of Trustees to the House of Delegates—Amalgam Bans** (*Supplement:7034*): *The Board transmitted Report 21 and the appended Resolution 55 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

**Council on Government Affairs Supplemental Report 1 to the House of Delegates: Recent Council Activities** (*Supplement:7038*): *The Board transmitted the supplemental report and appended resolutions to the House of Delegates.*

*Resolution 56—Limited English Proficiency (Supplement:7024): The Board transmitted Resolution 56 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

*Resolution 57—Continuation of the Alaska Native Oral Health Care Access Task Force (Supplement:7043): The Board transmitted Resolution 57 to the House of Delegates with the recommendation to vote no. (Vote: 19 No—Drs. Brandjord, Bushick, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 1 Yes—Dr. Biermann)*

**Report 22 of the Board of Trustees to the House of Delegates—The National Healthcare Information Infrastructure (NHII) Task Force** (*Supplement:7045*): *The Board transmitted Report 22 and the appended Resolution 58 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)*

**Fourteenth Trustee District Resolution 67—Misleading Advertising** (*Supplement:7055*): *The Board transmitted Resolution 67 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)*

Publishers of telephone directories organize dentist listings under various headings. Some headings used are based on a dentist's qualifications (general dentist, endodontist, orthodontist, periodontist, etc.). Some are based on dental services (general dentistry, crowns, extractions, braces, root canal therapy, gum surgery, etc.). Others use a combination of qualifications and services. The existing ADA *Principles of Ethics and Code of Professional Conduct (ADA Code)* clearly and directly provides that it is unethical for a general dentist to express or imply specialization in his or her advertising under Section 5.I. GENERAL PRACTITIONER ANNOUNCEMENT OF SERVICES.

In addition, there is a mechanism in place to investigate ethical questions and enforce the ADA Code where appropriate. Chapter XII of the ADA *Bylaws* provides for a tripartite disciplinary system, which begins at the local

level, with the constituent and component societies. Constituent societies that need help in answering questions as to whether a particular advertisement conforms to the ADA Code can request a confidential, non-binding advisory letter from the Advertising Subcommittee of the ADA Council on Ethic, Bylaws and Judicial Affairs.

There is also existing ADA policy on *Guidelines for Dentist Advertising (Trans.1979:647)* which provides:

**Resolved**, that the American Dental Association offer its assistance to constituent dental societies and encourage them to cooperate with state boards of dental examiners in the development of meaningful guidelines based on rules and regulations related to dentist advertising.

ADA has and continues to offer assistance to constituent societies in their efforts to encourage state regulators to establish and enforce specialty advertising regulations. ADA has provided support when guidance is sought on legislative proposals. ADA offers support by ways of amicus curiae briefs, expert testimony and financial assistance when states have faced constitutional challenges to their specialty advertising regulations. For these reasons, the Board recommends against adoption of Resolution 67.

**Eleventh Trustee District Resolution 72—Continuation of the Alaska Native Oral Health Access Task Force** (*Supplement:7057*): *The Board transmitted Resolution 72 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 19 No—Drs. Brandjord, Bushick, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, Kell, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 1 Yes—Dr. Biermann)*

The Board is very grateful for the significant contribution that the current Alaska Native Oral Health Care Access Task Force members have made to this important issue, and thanks them for their energy, their commitment and their guidance. This activity has called upon the Task Force members to give more than can reasonably be expected from any volunteer dentists.

The Board's comments reflect its thorough discussion with the President-elect, who has been highly involved in the Task Force as well as incorporating his vision for dealing with allied issues next year. He is strongly committed to Native oral health care issues. He intends to establish an ad hoc presidential committee to advise him on these issues, which extend far beyond Alaska.

The original Alaska Task Force was established in 2003. Its assignment was to "explore options available for delivering high quality oral health care services to Alaska Natives." The complex and multi-faceted issues around the provision of oral care in Alaska have evolved significantly during these past two years. The original assignment has been fulfilled, and the current activities are principally executing the strategies and options that have been well developed. The Council on Government

Affairs is well poised, especially with the incoming chair a member of the old task force for the past two years, to address any execution elements of the current strategies and options. And, the President-elect has made a strong commitment to ongoing, open communication on a regular basis with all agencies that have an interest in these issues. The Board believes that it is important to give him the flexibility to respond to the emerging issues, and the Board appreciates his commitment to look more broadly at oral health care issues for all Natives, not simply focused on Alaska.

The Board also notes that Alaska issues will be assigned as follows in 2006: 1) Association activities with "Operation Backlog" and the programs to place/assist volunteer dentists to help with tribal dental concerns fits more closely in CAPIR, and the new staff hired to facilitate these placements will work in CAPIR; In-Alaska activities, such as state legislative initiatives or other advocacy programs are within the purview of the Alaska Dental Society (ADS) and will receive assistance from the ADA through the Department of State Government Affairs, with support, as needed, from the DC communications staff; 3) the legal issues will be assigned to the ADA and ADS legal counsel, working collaboratively; 4) as noted above, the Council on Government Affairs will re-assume the responsibility to review and comment on federal legislative issues, which are part of its overall *Bylaws* responsibilities.

**Adjournment:** The Board of Trustees adjourned at 5:20 p.m.

### **Friday, September 30, 2005**

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**Call to Order:** The Board of Trustees was called to order by President Haught at 7:30 a.m. in the 22<sup>nd</sup> Floor Board Room, ADA Headquarters Building, Chicago.

**Roll Call:** The officers and members of the Board of Trustees and staff were in attendance as previously recorded with the exception of Dr. Kathryn Kell who was not in attendance.

### **Special Order of Business**

**Appearances of Dr. Howard Bailit and Ms. Judith Stavisky, Robert Wood Johnson Foundation, and Dr. W. David Brunson, associate director, Center for Equity and Diversity, American Dental Education Association:** Updates were presented on the Pipeline Project and the RWJF Summer Medical and Dental Education Program, intended to expand diversity of dental students, support community-based education and provide access to services. The speakers were invited to present at the National Issues Conference next summer to provide this important information to state societies.

### **Regular Session (continued)**

#### **Reports and Resolutions Relating to the Reference Committee on Legal and Legislative Matters (continued)**

#### **Fifth Trustee District Resolution 79—Access to Care: Medicaid and Indigent Care Funding**

*(Supplement:7059): The Board transmitted Resolution 79 to the House of Delegates with the following comment and recommendation to vote yes on referral. (Vote: Unanimous)*

The Board shares the concerns of the Fifth District that there must be adequate funding for the Medicaid program to ensure that oral health care services are available for our country's underserved populations. Indeed, seeking improvements in access to dental services for the underserved has been among the highest priorities for the ADA for a number of years. The ADA has worked continuously both independently and in coalitions, to educate policymakers in federal and state governments, foundations, and others about the importance of oral health care and the need to have adequate funding for public programs. Together with other interested groups, the Association has worked in Washington, DC to help pass federal legislation to enhance access, such as legislation sponsored by Senators Collins (R-Maine) and Feingold (D-Wisconsin), which became law several years ago, and the Bingaman (D-NM) bill, both of which sought to increase funds available to states and practitioners as they provide care to underserved populations.

Today, the focus on Capitol Hill is on Medicaid Reform and the ADA has been very active in working with others to help assure that oral health access is properly addressed. In addition to strong lobbying on Capitol Hill, the ADA has also long worked with federal regulatory agencies on access/Medicaid issues. Most recently, in August 2005, ADA representatives met with Department of Health and Human Services Secretary Michael Leavitt to discuss how Medicaid Reform efforts will affect dental benefits and the delivery and administration of dental services.

Recognizing that the states have a great deal of control over how the Medicaid program is funded, the ADA has released a series of publications and tools for the public and private stakeholders (including constituent and component dental societies) to utilize in advocating for improved access to care for the underserved. Most of these resources focus on improving access to care for those eligible for Medicaid, and our goal as an association is to help policymakers and advocates develop model Medicaid oral health programs in their states. The following is an outline of the ADA resources available at [www.ada.org/goto/medicaid](http://www.ada.org/goto/medicaid).

*State Innovations to Improve Dental Access for Low-Income Children: A Compendium Update.* This online report is in its second edition and provides a state-by-state overview of efforts to address barriers that impede access to oral health services for children served by Medicaid

and SCHIP. It also has a comparison sampling of each state's dental Medicaid payment rates to claims dentists submit to commercial insurers and other payers in their state. State Medicaid agencies and many constituent societies have found this to be an invaluable tool-leading many states to re-analyze their reimbursement policies.

*2004 Innovations in Dental Medicaid.* This publication consists of four Medicaid policy briefs. The briefs break down information dental advocates can use to lobby state legislatures for improvements to the dental Medicaid program. The briefs address the following topics:

- How to establish collaborative partnerships to improve dental Medicaid programs.
- Key state innovations to improve Medicaid administration.
- Key state innovations to enhance dental Medicaid outreach and care coordination.
- How to utilize marketplace principles to increase access to dental services (providing regional reviews of state Medicaid reimbursement rates in comparison to the dental market).

*State and Community Models for Improving Dental Care for the Underserved - A White Paper.* This publication outlines five model programs - three state programs (MI, TN, AL) and two community-based programs (CT, VT) that have begun to improve access to care for the underserved. The models are meant to serve as a blueprint for other states looking to make changes to improve access to oral health care.

In addition to legislative and regulatory activities, the ADA has attended and participated in numerous conferences and meetings to address Medicaid reimbursement and other key factors that affect access to oral health care services. Here's a sampling of some recent meetings:

- 2001 - National Governors Association (NGA), Oral Health Policy Academies (ADA staff served as a presenter and faculty at the meetings)
- 2001-2004 - National Conference of State Legislatures (NCSL), Health Policy Conferences, Annual Meetings and Oral Health Workshops (As a result of ADA lobbying, the NCSL passed policy in 2004, supporting efforts to improve access to oral health services for those served by Medicaid)
- 2003-2005 - Robert Wood Johnson Foundation, State Oral Health Access Grant Program (ADA staff serve as faculty for a six-state grant program to develop model oral health access programs)
- 2005 - Milbank Memorial Fund and Reforming States Group, Oral Health Access Conference (ADA staff and Pres-elect presented on access to care efforts and interest in partnership with policy foundation and state legislators)

The Association has signaled our commitment to this issue well into the future in the draft Strategic Plan (2007-

2010), where access has been identified as a priority objective: "1) Advocate for innovative models of oral health care delivery that measurably increase access to care to the underserved segments of the population;" and in Board Report 11, the Presidential Think Tank, which urges "organized dentistry [to] demonstrate in tangible ways the profession's commitment to the oral health of the American public by coming forward with new and significantly positive initiatives."

Thus, the Board believes that the ADA and its constituent and component societies are already lobbying for funds, as well as programmatic improvements, to provide care under Medicaid and other public programs, as called for in the first resolving clause. Further, the Board is concerned that the second resolving clause calling for an "intensive educational programs through whatever means available "to enlighten the public, as well as government agencies, could entail a significant expenditure of funds for a public campaign, perhaps even calling for expensive media buy, for example.

For these reasons the Board recommends that this resolution be referred to the appropriate agencies for further study.

**Eighth Trustee District Resolution 81—Dental Referral Service Responsibility** (*Supplement:7063*): *The Board transmitted Resolution 81 to the House of Delegates with the following comment and recommendation to vote yes on referral.* (Vote: Unanimous)

The Board appreciates the desire of the Eighth Trustee District to protect the American public from potentially misleading statements by dental referral services that claim to be reliable resources for finding "superior" dentists.

The Board shares the concerns enunciated in the resolution, but believes that further investigation of such activities and a more thorough discussion of possible ways of addressing such concerns are warranted.

For example, federal legislation may not be necessary—there may be other, more preferable, ways to address this matter. Also, generally, liability is either determined by the contract between the referral service and the patients or by some attempted disclaimer of liability. Determining how this contractual relationship can be appropriately affected to protect the public and not adversely affect dentists needs further study.

In addition, the Board notes that the ADA's Policy on Advertising, which Referral Services are considered a form of, is as follows:

**State Regulation of Advertising (1984:549)**

**Resolved**, that constituent dental societies be urged to consider state legislation, consistent with the recognized rights of commercial speech, that will authorize the appropriate agencies of state government to regulate dentist advertising in the public interest to ensure the dissemination of complete and accurate information

through appropriate means of communications including time, manner and place.

This policy may provide the basis to once again urge states to address this issue.

To assure that the best strategies are developed to provide the relief sought by this resolution, the Board recommends that the resolution be referred for further study by the appropriate ADA agencies.

**Fifth Trustee District Resolution 39-2004S-1—Substitute for Resolution 39-2004: Creation of a Vice-Speaker Position** (*Supplement:7021a*): *The Board transmitted Resolution 39-2004S-1 to the House of Delegates with the recommendation to vote yes.* (Vote: 19 Yes—Drs. Biermann, Brandjord, Bushick, Cadle, Feldman R., Ferris, Findley, Gleason, Glover, Grammer, Gross, McDermott, Nicolette, Roth, Smith, Strathearn, Studstill, Tankersley, Tuneberg; 1 Absent—Dr. Kell)

#### Attorney-Client Session

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

#### Regular Session (continued)

Returning to regular session, the Board adopted the following resolution.

#### *National Dental Association*

**B-70-2005. Resolved,** that the Board of Trustees hereby approves dissolution in the District of Columbia of The National Dental Association, pursuant to Title 29, Chap. 3 of the Code of Laws of the District of Columbia, and be it further

**Resolved,** that Dr. James B. Bramson and Peter M. Sfikas, Esq. be appointed President and Secretary, respectively, for the sole purpose of taking any and all actions necessary and appropriate to accomplish the foregoing, including execution of articles of dissolution and any other related documents.

**Report of the Council on Scientific Affairs: Revised ADA Best Management Practice for Amalgam Waste:** Dr. Meyer reported that the Council had received comments from the Centers for Disease Control and Prevention (CDC), some recycling companies and practicing dentists about the Best Management Practice for handling extracted teeth that contain amalgam restorations, warranting a revisitation of the BMPs. The Board adopted the following resolution.

**B-73-2005. Resolved,** that the following revision to the ADA Best Management Practices for Amalgam Waste be approved.

~~Do appropriately disinfect extracted teeth that contain amalgam restorations by sorting them in a container of glutaraldehyde or 10% formalin and recycle them along with the chair side trap waste~~ recycle teeth that contain amalgam restorations. (Note: ~~Confirm with Ask~~ your recycler ~~that they will accept~~ whether or not extracted teeth with amalgam restorations require disinfection. Don't dispose of extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers (red bags), sharps containers or regular garbage.

#### **Report on the Status of the 2005 Capital Contingency Fund and Approval of Supplemental Appropriation Requests:**

A Capital Contingency Fund of \$200,000 was authorized in the 2005 budget. The Board of Trustees approved total capital supplemental requests in the amount of \$108,950, leaving a balance through the August 2005 Board meeting of \$91,050. The Board reviewed the following new request for supplemental funding and subsequently adopted the following resolution.

**B-75-2005. Resolved,** that the following appropriations be made from the 2005 Capital Contingency Fund and be allocated to the appropriate capital accounts, in accordance with the terms of the supplemental appropriation requests.

<i>Division of Headquarters Building</i>	\$63,150
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**Carpet Water Damage:** This request is made as a result of water damage that was discovered while the DCMS Carpet Replacement Project was underway. While the new carpet installation project was underway in the DCMS offices, the carpet contractor noticed water damage on the northeast wall and the mid-south wall of the suite. This led to further investigation as to origination of the water leakage.

Water leakage from the 3<sup>rd</sup> floor mechanical area to the DCMS offices has occurred for a number of years. This accumulation of water has created the wall deterioration (along w/mold issue which was resolved and mitigated earlier this year). A cooling tower, chiller and several fan units occupy this mechanical floor servicing the main building lobby and the 4<sup>th</sup> floor science laboratory for the ADA. Previous repairs to the mechanical units in question have been made with a 'band aid' approach to avoid financial exposure, creating a more detrimental issue today.

In specific, the existing cooling tower connected w/the S2A fan unit which serves the 4<sup>th</sup> floor science laboratory has been leaking condensation for the past 10 years primarily during hot/humid weather temperatures. The existing chiller (installed in 1997) serving the 4<sup>th</sup> floor science lab is in good condition and does not need replacement.

Therefore, it is requested that the cooling tower be replaced serving the 4<sup>th</sup> floor science lab. Locating the new cooling tower on the 3<sup>rd</sup> floor roof would eliminate the possibility of leaking onto the 2<sup>nd</sup> floor space.

Demolition of the current cooling tower would be completed by the building engineering staff. The phasing of this project is as critical to the work itself. The time frame in which this project could commence and be completed is six months, contingent upon the demolition progress of the Carriage House. Therefore, it is essential that it be recognized this project would not be completed by 2005 year end. It could be anticipated that the purchase of the materials and partial labor costs could be expended by 2005 year end. Factoring the details of this project it would be prudent to say that approximately 50% of the costs would be completed by 2005 year end.

**Asset**

**Account**

170030	Building Improvements	63,150
	Total Capital Request	\$ 63,150

**No Funding Alternative was submitted.**

**Capital Contingency Fund Balance: \$27,900**

**The Role of Officers and Trustees at the House of Delegates:** Continuing its discussions as postponed definitely from the August Board meeting, the Board considered Dr. Glover’s proposed resolution and the information researched from the Association’s *Bylaws* and Board and House *Rules* regarding speaking privileges of Board members in the House of Delegates. The Board then adopted the following resolution.

**B-57-2005. Resolved,** that the “Policies on Relations with the House of Delegates” of the *Organization and Rules of the Board of Trustees* be amended in the paragraph titled, “Comment on Recommendations of Board of Trustees,” by addition of a new second sentence, so the amended paragraph reads as follows (new language underscored):

**Comment on Recommendations of Board of Trustees:** The president is authorized to call on any member of the Board of Trustees, any officer or any member of a council or committee for comment on recommendations

which the Board of Trustees has made in its reports to the House of Delegates. Notwithstanding the foregoing, trustees may speak freely on any nonconfidential issue with the delegates in their caucuses, at the reference committee hearings or on the floor of the House of Delegates.

**Board Comments on the Proposed Structure of the Commission on Dental Accreditation’s Review Committee:**

The Commission on Dental Accreditation called for comments from its communities of interest on a proposal for restructuring its review committees. Based on input received from the Board members, a proposed comment was drafted and presented to the Board for its review and approval. With a minor change incorporated, the Board approved the transmittal of the document to the Commission.

**Report of the Executive Director:** In a confidential session, Dr. Bramson discussed various matters of interest to the association.

**New Business**

**Report on New Orleans Dental Association:** Dr. Bramson, Dr. Grammer and Mary Logan reported on discussions with the president and executive director of the New Orleans Dental Association regarding a future annual session in New Orleans. The Board agreed that it was too risky to make a decision that New Orleans would be ready for the ADA in 2011. The Board directed staff to find another location for that year and to explore 2013 or 2014 for New Orleans at the appropriate time.

**Adjournment:** The regular session of the Board of Trustees was adjourned at 12:25 p.m. for the purpose of convening a Member Special Meeting of ADA Business Enterprises, Inc.

**Adjournment Sine Die:** The Board of Trustees adjourned *sine die* at 12:35 p.m.

# October 11, 2005

## Philadelphia, Pennsylvania

**Call to Order:** The first session of the new Board of Trustees was called to order by President Robert M. Brandjord on Tuesday, October 11, 2005, at 12:41 p.m., in the Philadelphia Convention Center, Philadelphia, Pennsylvania.

**Roll Call:** The following officers and trustees were present: Drs. Robert M. Brandjord, Kathleen Roth, Robert T. Ferris, Mark J. Feldman, J. Thomas Soliday, James B. Bramson, Michael E. Biermann, Donald I. Cadle, Jr., Roddy N. Feldman, John S. Findley, Raymond Gist, G. Kirk Gleason, William G. Glecos, Joel F. Glover, Frank C. Grammer, Kathryn Kell, Jeanne M. Nicolette, Michael T. Rainwater, Stephen F. Schwartz, Charles L. Smith, Jeanne P. Strathearn, Murray D. Sykes, 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; Laura Kosden, associate executive director and publisher, Publishing; Mary Logan, chief operating officer; John Luther, associate executive director, Dental Practice; 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; Peter M. Sikas, 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; and Walter Piecewicz, associate general counsel, Legal Affairs.

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

**B-77-2005. Resolved,** that the agenda on page 1 of the Board Manual be approved as the official order of business for the current session.

### Structure and Operation of 2005-06 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. Some of the more significant amendments included:

- Pending the approval of the 2006 budget, stipend amounts will be as follows: Trustees, \$47,750; Vice Presidents and Speaker, \$36,700; and Treasurer, \$71,750;
- amending eligibility for Honorary Membership, to dentists (who are not eligible for active, life or retired membership in the Association) or to individuals from outside the dental profession. Current tripartite (ADA, state, local) employees who have at least 20 years of service and have made outstanding contributions above and beyond expectations to the profession are eligible for nomination at a time that coincides with their retirement (February 2005 action); and
- addition of the Association Whistleblower Policy (April 2005 action).

President Brandjord 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 2005 House of Delegates. Dr. Feldman indicated that the new reserve policy would need to be reflected.

The Board adopted the following resolution:

**B-78-2005. 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 Brandjord made the following liaison assignments to the ADA councils and commissions. In connection with the assignments, the Board approved a motion to waive the rules of reappointment to permit Dr. Ferris to be reappointed to the Joint Commission on National Dental Examinations.

### Council on Access, Prevention and Interprofessional Relations

Dr. Donald Cadle

### Council on ADA Sessions

Dr. Kirk Gleason

### Council on Communications

Dr. Jeanne Strathearn

**Council on Dental Benefit Programs**

Dr. Kathryn Kell

**Council on Dental Education and Licensure**

Dr. Joel Glover

**Commission on Dental Accreditation**

Dr. Frank Grammer

**Council on Dental Practice**

Dr. Jeanne Nicolette

**Council on Ethics, Bylaws and Judicial Affairs**

Dr. Charles Smith

**Council on Government Affairs**

Dr. Roddy Feldman

**Council on Members Insurance and Retirement Programs**

Dr. Raymond Gist

**Council on Membership**

Dr. Perry Tuneberg

**Council on Scientific Affairs**

Dr. John Findley

**Joint Commission on National Dental Examinations**

Dr. Robert Ferris

**Committee on the New Dentist**

Dr. Ronald Tankersley

**Delegation to the FDI World Dental Congress:** The following individuals were appointed by President Brandjord to serve as the delegation to the 2006 FDI World Dental Congress to be held in Shenzhen, China, September 19-25, 2006.

**Delegates**

Dr. Robert Brandjord  
Dr. Kathleen Roth  
Dr. Richard Haught  
Dr. Eugene Sekiguchi  
Dr. Roddy Feldman  
Dr. Joel Glover  
Dr. Jeanne Nicolette  
Dr. T. Howard Jones  
Dr. James Bramson  
Dr. Kirk Gleason

**Alternate Delegates**

Dr. Raymond Gist  
Dr. Kathryn Kell

**Appointment of Delegation to the 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.

Dr. Robert Brandjord, chair and spokesperson  
Dr. Kathleen Roth  
Dr. Richard Haught  
Dr. T. Howard Jones  
Dr. James Bramson

**Appointment of Standing Committees:** The Board of Trustees has eight standing committees: Audit, Compensation, Diversity, Finance, 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 Brandjord made the following appointments to the standing committees of the Board of Trustees for 2005-2006.

**Audit**

Dr. Mark Feldman, chair  
Dr. Kathleen Roth  
Dr. Robert Brandjord, *ex officio*  
Dr. Michael Biermann  
Dr. Jeanne Strathearn  
Dr. Charles Smith  
Dr. William Glecos

**Compensation**

Dr. Perry Tuneberg, chair  
Dr. Robert Brandjord, *ex officio*  
Dr. Mark Feldman  
Dr. Kathleen Roth  
Dr. John Findley  
Dr. Donald Cadle  
Dr. Murray Sykes

**Finance**

Dr. Mark Feldman, chair  
Dr. Kathleen Roth  
Dr. Robert Brandjord, *ex officio*  
Dr. Kirk Gleason  
Dr. Frank Grammer  
Dr. Kathryn Kell  
Dr. Michael Rainwater

**International Programs and Development**

Dr. Gregory Chadwick, chair  
 Dr. Robert Brandjord  
 Dr. Kathleen Roth  
 Dr. T. Howard Jones (USA National Liaison Officer)  
 Dr. C. Neil Kay (Dentistry Overseas Steering Committee Member)  
 Dr. Edward Feinberg (CAS Member)  
 Dr. Joseph Kohler (CM Member)  
 Dr. Roger Kiesling (CDEL Member)  
 Dr. Bashar Bakdash (CSA Member)  
 Dr. Kevin Hardwick (Oral Health Research)  
 Dr. Tony Volpe (Dental Trade)  
 Dr. Chad Gehani (ADA International Member)  
 Dr. James Bramson  
 Ms. Mary Logan  
 Ms. Helen Cherrett

**Pension**

Dr. James Bramson, chair  
 Dr. Robert Brandjord  
 Dr. Kathleen Roth  
 Dr. Mark Feldman  
 Mr. William Zimmermann  
 Ms. Kathy Bell  
 Mr. Peter Sfikas

**Strategic Planning**

Dr. Kevin Seidler, chair  
 Dr. Gregg Liberatore  
 Dr. Gregory Stoute  
 Dr. Kim Jernigan  
 Dr. Roddy Feldman  
 Dr. John Findley  
 Dr. Jeanne Nicolette  
 Dr. William Glecos  
 Dr. Kathleen Roth  
 Dr. James Bramson  
 Ms. Mary Logan  
 Dr. Teri Barichello  
 Ms. Beril Basman

Following review of the appointments made by President Brandjord, the Board of Trustees adopted the following resolution.

**B-79-2005. 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 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-80-2005. 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:

**Council on ADA Sessions**

Dr. Jennifer McConathy

**Council on Communications**

Dr. J. Christopher Smith

**Council on Dental Education and Licensure**

Dr. Jennifer Barrington

**Council on Dental Practice**

Dr. Laurene Grabill

**Council on Access, Prevention and Interprofessional Relations**

Dr. Stephen Zuknick

**Council on Government Affairs**

Dr. Natasha Lee

**Council on Membership**

Dr. Shiva Shanker

**Council on Scientific Affairs**

Dr. Benjamin Jensen

**American Dental Political Action Committee**

Dr. Matt Krische

**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 Brandjord.

**Observer to the American Medical Association House of Delegates**

Dr. David Whiston

**Observer to the American Hospital Association Annual Meeting**

Dr. Robert Barsley, CAPIR chair, 2005-2006

**Liaison to the American Student Dental Association**

Dr. Murray Sykes

**Liaison to the Alliance of the American Dental Association**

Dr. Steve Schwartz

**DEAG Liaison**

Dr. Charles Smith

**ADPAC Board of Directors**

Dr. Michael Biermann



**Dental Content Committee**

Dr. Frank Grammer, chair  
Dr. Ronald Tankersley, vice chair

**Norton Ross Selection Committee**

Dr. John Findley

**Presenter of Board Reports to the House of Delegates**

Dr. Perry Tuneberg

**Dr. Samuel Harris National Museum of Dentistry,  
Board of Visitors**

Dr. Robert Ferris

**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 Brandjord.

**ADA Foundation Board of Directors**

Dr. Michael Rainwater (2009)

**ADABEI Board of Directors**

Dr. Donald Cadle (2008)

**Sessions of the Board of Trustees, 2005-2006:** The Board adopted the following resolution confirming meeting dates for 2005-2006:

**B-81-2005. Resolved,** that the sessions of the 2005-2006 Board of Trustees be as follows:

December 11-13, 2005  
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

**New Business**

**Agenda Items for December and Future Meetings:**

The Board identified the following topic to be considered as the mega issue at the December meeting: strategic plan (December 2005 meeting). Dr. Bramson announced that a new trustee orientation would occur prior to the December meeting.

**Adjournment *Sine Die*:** The Board adjourned *sine die* at 1:25 p.m.

# December 11-13, 2005

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## Headquarters Building, Chicago

**Call to Order:** The second session of the Board of Trustees was called to order by President Robert M. Brandjord on Sunday, December 11, 2005, at 1:00 p.m. in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** The following officers and trustees were present: Drs. Robert M. Brandjord, Kathleen Roth, Robert T. Ferris, Stephen F. Schwartz, J. Thomas Soliday, Mark J. Feldman, James B. Bramson, Michael E. Biermann, Donald I. Cadle, Jr., Roddy N. Feldman, John S. Findley, Raymond Gist, William G. Glecos, Joel F. Glover, Frank C. Grammer, Kathryn Kell, Jeanne M. Nicolette, Michael T. Rainwater, Charles L. Smith, Jeanne P. Strathearn, Murray D. Sykes, Ronald L. Tankersley and Perry K. Tuneberg. Dr. G. Kirk Gleason was not in attendance as he was serving as a delegate to the 2005 White House Conference on Aging, December 11-14.

Staff members present were: L. Jackson Brown, associate executive director, Health Policy Resources Center; Albert H. Guay, chief policy advisor; John Luther, 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, Publishing; Dr. Michael Glick, editor, *JADA*; Judith Jakush, editor, *ADA News*; and Walter Piecewicz, associate general counsel.

Prior to the start of the meeting Dr. Bramson introduced Barkley Payne, senior director of the ADA Foundation, who briefly discussed progress regarding the National Campaign for Dental Education.

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

**B-105-2005. 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 the Previous Meeting:** The Board of Trustees adopted the following resolution.

**B-87-2005. Resolved,** that the minutes of the September 28-30, 2005, session of the Board of Trustees, as presented, be approved.

**Approval of Mail Ballot Actions:** In accordance with the *Organization and Rules of the Board of Trustees*, which requires that all mail or fax votes be recorded in the minutes of the next regular Board session, the following resolution was adopted by mail ballot.

**B-88-2005. Resolved,** that the minutes of the October 11, 2005, session of the 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-83-2005. Resolved,** that the reports and resolutions contained on the Consent Calendar, as amended, be approved.

### Resolutions

Resolution B-84—Report of the Associate Executive Director, Legal Affairs: Technical Changes for the Retirement Plans

Resolution B-86—Proposed Amendments to the *Organization and Rules of the Board of Trustees*

Resolution B-89—Report of the Division of Legal Affairs and Science: International Use of the ADA Seal Trademark Prior to Registration

Resolution B-92—Report of the Division of Membership and Dental Society Services: Application for Associate Membership

Resolution B-94—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

Resolution B-99—Matching Challenge Program

### Informational Reports

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

Report on State Restorative Options Project and ADA  
Guidelines on Amalgam Accumulations in Dental  
Office Plumbing

Report of Joel F. Glover, Liaison to the Council on  
Dental Education and Licensure

Report of Dr. Charles L. Smith, Liaison to the Council  
on Ethics, Bylaws and Judicial Affairs

Report of the Council on Scientific Affairs: Recent  
Activities

Report on Dental Economics Advisory Group Activities

Report of the Council on Members Insurance and  
Retirement Programs: Survey of Dental Professional  
Liability Insurance Companies

Report of Dr. John Findley, Liaison to Council on  
Scientific Affairs

Report of Dr. Kathryn Kell, Liaison to the Council on  
Dental Benefit Program

Report of the Chief Policy Advisor: Update on the  
Agency for Healthcare Research and Quality  
(AHRQ)

Report of the Treasurer

Report of the President-elect

Review of the Criteria for Nominees to ADA Councils,  
Commissions and the Committee on the New Dentist

Final Report on the Status of the 2005 Operating  
Contingency Fund

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

**B-84-2005. Resolved,** that the Executive Director be authorized to sign the Retirement Plan, the 401(k) Plan, and the Parity Plan and any other documents necessary to effectuate the recent technical changes required by law, as outlined in the report.

**B-89-2005. Resolved,** that the Criteria for International Use of ADA Seal on Over-the-Counter Products be amended to read as follows [deleted language is struck through; additions are underlined]:

1. The product has been previously awarded the ADA Seal of Acceptance for use and distribution in the United States<sup>1</sup>.
2. The product is manufactured and sold in accordance with all applicable requirements of the U.S. Food and Drug Administration (FDA). If the product is manufactured abroad, it must be at a facility where products are manufactured that are eligible for import into the United States.
3. No changes may be made to U.S.-approved and ADA Accepted packaging and labeling.
4. The ADA Seal, including images of the Seal on

product packaging, may not appear in product advertising or promotion outside the United States.

5. The company must agree to hold ADA<sup>2</sup> harmless and to defend and indemnify the ADA against any liability arising out of the use of the ADA Seal outside the United States. This includes, but is not limited to, paying any costs ADA may incur as a witness in a proceeding involving the company's product outside the United States. Such costs will include reasonable fees for representation of ADA by an attorney qualified to practice in the country where the action is filed.
6. The company must execute the Addendum Licensing Limited International Use Of The ADA Seal Of Acceptance On Over-The-Counter Products and pay supplemental user fees as established from time to time by ADA<sup>3</sup> fee.
7. The American Dental Association reserves the right to refuse to grant permission to use the ADA Seal of Acceptance in any country or jurisdiction outside the United States, or to withdraw such permission in any or all country(ies) or jurisdiction(s), at any time, for any reason and in its sole discretion.
8. The company must request permission to use the Seal outside the United States by submitting an application for each Accepted product that the company intends to market internationally with the ADA Seal.
9. Permission to use the Seal according to these criteria will be granted in each country where the company desires to use the Seal only after ADA has either:
  - a. registered the trademark in ~~the that~~ country; or ~~countries where the applicant desires to use the Seal.~~
  - b. ADA consents in writing to Company's use of the Seal prior to ADA obtaining a trademark registration for the Seal in that country.

<sup>1</sup>The terms "United States" and "U.S." mean the 50 states, the District of Columbia, the Commonwealth of Puerto Rico or any dependency of the United States.

<sup>2</sup>For purposes of these criteria, the Term "ADA" includes ADA as a corporate entity, together with its officers, trustees, council members, consultants, employees and agents.

<sup>3</sup>The purpose of the supplemental user fees is to cover ~~additional~~ the costs to the Association from use of the Seal outside the United States and includes costs involved in registering, maintaining, and protecting the Association's trademarks.

and be it further

**Resolved,** that staff be authorized to take all necessary actions to initiate work authorized under this resolution subject to budget constraints.

**B-92-2005. Resolved,** that the applicant for associate membership be approved in accordance with Chapter VII, Section 110, of the *Bylaws*: Dr. Farah Masood.

**B-94-2005. 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 2006:

- 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 and Z136.3 Subcommittees): 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)
- 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. Robert Shaw

**B-86-2005. Resolved**, that the *Organization and Rules of the Board of Trustees* be amended by the addition of the following new section entitled “Long-Term Financial Strategy” before the section entitled “Policies on Annual Budget”:

#### **Long-Term Financial Strategy**

**Dues Stabilization:** The Board shall develop annual budgets and manage the Association’s finances and reserves in accordance with the long-term financial strategy of dues stabilization. The dues stabilization strategy seeks to achieve long-term dues stability by keeping annual dues increases at or below the level of inflation. Stable dues are viewed to be supportive of the organizational objective to increase membership market share.

Two key elements of the dues stabilization strategy are real growth in non-dues revenues and a strong reserve position. Growth in non-dues revenue is required to make the ADA less dependent upon dues revenue. The focus in generating non-dues revenues must be on the net margins generated from those revenues, rather than a focus on gross revenues. Strong reserves are needed to provide the flexibility to develop annual budgets which provide member programs and services in support of the strategic plan while keeping required dues increases at an inflationary level. Strong reserves also reduce the reliance on dues revenues by allowing for the inclusion of interest and dividends earned on reserve assets in the Association’s annual operating budget.

and be it further

**Resolved**, that the *Organization and Rules of the Board of Trustees*, section entitled “Policies on Annual Budget,” be amended by the deletion of the first paragraph of the subsection “Policy on Annual Budget,” so the amended subsection reads as follows (deletions stricken through):

#### **Policies on Annual Budget**

**Policy on Annual Budget:** ~~In preparing the annual budget, the Board of Trustees shall established predicted expenditures within the limits of anticipated income. When establishing anticipated income, all revenues of the General Fund are to be included with the exception of realized and unrealized gains and/or losses on investments.~~

The initial preparation and review of the budget for presentation to the Board of Trustees is the responsibility of an administrative review committee composed of the President-elect, the Finance Committee, the Executive Director and the Treasurer, as chair.

and be it further

**Resolved**, that the *Organization and Rules of the Board of Trustees*, section entitled “Reserve Policies and Objectives” be amended as follows (additions are underlined; deletions stricken through):

#### **Reserve Policies and Objectives**

**Reserve Policies and Objectives:** The Board of Trustees is seeking the financial means to fulfill the mission of the Association and provide critical support to the management of the dental profession into the future. It is therefore the policy of the Board of Trustees to maintain a liquid reserve fund. Such fund is to include investments that are readily convertible to known amounts of cash and does not include long-term illiquid assets, such as buildings and equipment.

The Reserve Account has been established and shall be maintained in constant, inflation-adjusted dollars, to provide for the following needs of the ADA.

1. Provision for unforeseen contingencies
2. Enhance the ADA’s fiscal ability to provide programs and activities
3. Long-term real, inflation-adjusted growth in assets
4. Operational flexibility
5. Financial flexibility and liquidity
6. Enhanced ability to borrow

Given these objectives, it is the goal of the Association to maintain the ADA’s liquid reserves at a targeted level of 40% of the Association’s annual budgeted operating expenses. Liquid reserves are

defined as the total uncommitted balance of the Reserve Division Investment Account.

~~Given these objectives, it is the goal of the Association to achieve and maintain the target level defined as the total uncommitted balance of the Reserve Division Investment account at 30% of the Association's annual budgeted operating expenses.~~

Reserve funds in excess of the ~~40%~~ 30% target level will be used ~~considered~~ in developing the following year's annual operating budget in a manner consistent with the ADA's long-term financial strategy of dues stabilization, capital budget or funding of the building and technology funds ~~after taking into account any known contingent uses of reserves. The dues stabilization strategy, which seeks to keep annual dues increases at or below the level of inflation, requires flexibility in the allocation of excess reserves over the target.~~

**Mechanism to Replenish Reserves:** To replenish reserves for a shortfall from the ~~40%~~ 30% reserve target, the approach must be a flexible one that explicitly takes into account the reason for the shortfall, the magnitude of the shortfall, and the strategic goal of targeting inflationary dues increases. Temporary shortfalls that should reverse themselves (like investment losses due to market value declines or payments/losses to be recovered through insurance) may require no action. Permanent reductions of reserves which are not recoverable or reversible (like IRS taxes and penalties) must be replenished. The period of time allowed to achieve such replenishment will depend upon the magnitude of the shortfall, the impact on operating budget, and the impact upon annual dues rates. In an extreme case where reserves are permanently reduced to less than 20% of operating expenses, a special assessment may be considered. When replenishment of reserves is required, a cash line item will be added to the operating budget entitled Restoration of Reserves. This line item will then be considered in arriving at a balanced budget, in effect treating the replenishment of reserves like any new program or required capital expenditure. As is standard practice, every effort will be made to offset this Restoration of Reserves amount through increased non-dues revenue and/or reduced operating expenses and capital expenditures. Once those avenues are maximized, the appropriate dues increase will be recommended to achieve a balanced budget which includes the required amount for Restoration of Reserves.

**B-99-2005. Resolved,** that the ADA pledge of \$75,000 to the ADA Foundation Disaster Response Fund for a matching challenge program be ratified, and that the \$75,000 be taken from reserves.

## Regular Session

**De-Brief on the 2005 Annual Session:** Drs. Brandjord and Bramson facilitated the Board's de-briefing on the 2005 Annual Session. In particular, the processes, time pressure and communications challenges presenting the Workforce Models to the House of Delegates were reviewed. The election process was identified as an area for improvement.

## Special Order of Business

**Report of the House of Delegates 2005 Strategic Session:** The Board received an informational report covering the logistical arrangements of the second annual strategic discussion of the House of Delegates. Participants' discussions were summarized as well as comments evaluating the session. The details of the report were also part of the Board's discussion on the finalization of the ADA's Strategic Plan 2007-10.

**Report of Summary of Results of Council Meetings on Strategic Plan Implementation and Finalization of the Strategic Plan:** The report was used as part of the background in the mega-issue discussion.

**Report of the Council on ADA Sessions and the Council on Membership Regarding Results of Special Marketing Efforts to Promote the 2005 Annual Session in Philadelphia:** The report was presented to the Board and the great success of these efforts in achieving attendance and new membership noted.

## Attorney-Client Session

**Progress Report on the Council on Dental Education and Licensure's Development of a Process to Recognize Non-Specialty Interest Areas in General Dentistry Practice and Education:** In an attorney-client discussion, the Board deliberated on this matter. Returning to regular session, a work group was appointed to prepare an appropriate resolution for the Board's later consideration (see page 271).

**Commission on Dental Accreditation and United States Department of Education Letter to CODA:** In an attorney-client session, this matter was discussed by the Board.

**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 (continued)

### Image, Ethics and Professionalism

**Report of the Committee on International Programs and Development: Establishing an ADA Humanitarian**

**Award:** In addition to the background outlining the reasons for a Humanitarian Award, Mary Logan summarized the Committee's discussions in developing guidelines for this Award, including the elements of ADA membership and whether the award should be monetary in nature. The Board then adopted the following resolution.

**B-90-2005. Resolved,** that an ADA Humanitarian Award be established commencing in 2007 and that the following Guidelines be accepted for the administration of this program through the Center for International Development and Affairs.

### ADA Humanitarian Award

#### Overview

The ADA Humanitarian Award recognizes individuals who have distinguished themselves by outstanding, unselfish leadership and contributions to their fellow human beings in the field of dentistry, through the dedication of extraordinary time and professional skills to improve the oral health of underserved populations in the U.S.A. and/or abroad.

#### Criteria

The award recognizes individual volunteer commitment and leadership that has had a broad impact on oral health and the improvement of the human condition while embracing mankind's diversity. The award will be given to an individual who exemplifies humanitarian ideals and attributes through the following:

- Contributes significantly to alleviate human suffering and improves the quality of life and oral health of those served
- Demonstrates significant leadership and outstanding humanitarian volunteer accomplishments that bring honor to the profession
- Serves as an inspiration to the dental profession
- Shows through the scope of work undertaken by the nominee a commitment to humanity and selflessness in regard to direct personal or organizational gain or profit
- Establishes a legacy that is of ongoing value and benefit to others

#### Process

The award may be given annually. The recipient has to be a member of the ADA. *(The award is not intended for an individual who provides limited uncompensated services in the course of normal business or provides such services to an underserved population in the course of business for which they are compensated.)*

The ADA Humanitarian Award is conferred by the Association's Board of Trustees upon the recommendation of a nominating committee composed of six individuals (a member of the Council on Access, Prevention and Interprofessional

Relations [CAPIR], a member of the Committee on International Programs and Development [CIPD], a member of the ADA/HVO Steering Committee, the ADA president-elect, the director of CAPIR and the director of the CIPD. The ADA's executive director or chief operating officer will chair the Committee and will be an active participant with the right to vote only in case of a tie vote.

1. A brief narrative of no more than 500 words describing the extraordinary humanitarian services of the nominee, taking into account specific actions employed, demonstrated skills, knowledge, dedication and persistence used to improve the oral health prospects of the specific community(ies), the population group(s) served and the long term impact of these endeavors.
2. A curriculum vitae, highlighting the individual's humanitarian contributions.
3. Three letters of support from members of the ADA or the appropriate local and national dental associations in the case of international nominees.
4. Other essential supporting documentation to substantiate and fully present the character and achievement of the nominee.

Any active, life or retired member in good standing of the Association may nominate a candidate by submitting to the Office of the Executive Director by May 1. Nominations received after the May 1 deadline for consideration at the June Board meeting will be placed on file along with the required curriculum vitae and three letters of support for consideration at the next year's June Board meeting.

There is a limitation of one Humanitarian Award nomination per cycle from any individual. Nominations for the Humanitarian Award will be considered by the Board of Trustees during a closed session and the report designated as confidential until appropriate action is taken.

#### The Award

The award will include a monetary component — \$1,500 to the dental charity/project of the recipient's choice and something plaque-like but more elegant and unique (for example: a medallion on a ribbon encased in a frame), to be developed by ADA staff. Staff will also develop the appropriate forms and other documents to be utilized in connection with the award, along with materials to announce and promote the award. The cost of the award itself, as well as the travel of the recipient and spouse to the appropriate venue for receipt of the award will be included in the 2007 budget of the Center for International Development and Affairs. The venue for this prestigious award will be approved by the ADA Board of Trustees.

**Report of the Associate Executive Director,  
Communications and Corporate Relations: Licensing**

**Opportunities:** Continuing its consideration of possible licensing opportunities, Clay Mickel provided an overview of discussions to date. He also noted that continuing oversight of this activity will be through a six-person advisory committee comprised of two members of the Board of Trustees and two members each from Council on Communications and Council on Scientific Affairs. The Board also considered and adopted the following resolution.

**B-103-2005. Resolved,** that all revenues from the ADA's new licensing program flow to the ADA Foundation and be used to fund the following programs that improve oral health: access to care programs; research; oral health literacy; dental education support; and public awareness.

### Member and Support Services

**Report of the Division of Membership and Dental Society Services: Status of Financial Planning for Hurricane Recovery:** This report summarized the efforts made to address financial stability for the dental societies affected by Hurricanes Katrina and Rita since the report to the Board in September. The report discussed steps developed to address the pending 2006 member dues billing for the Louisiana Dental Association (LDA), the Mississippi Dental Association (MDA), the Texas Dental Association (TDA), the New Orleans Dental Association (NODA) and the Northlake District Dental Association (NDDA).

Dr. Feldman reported on the financial impact to the Association of the support proposals, followed by Dr. Bramson on ongoing discussions with the affected component societies and their financial challenges. The Board then adopted the following resolution.

**B-91-2005. Resolved,** that in response to proposals for ADA financial support anticipated from the Louisiana Dental Association, the New Orleans Dental Association, the Mississippi Dental Association, and possibly other components, the ADA Executive Director and Treasurer are authorized to enter into negotiations with the societies on specific ADA financial support for two purposes: 1) to enable the societies to sustain services for members during 2005 and 2006; and 2) to give the societies time to plan and adjust for a different, self-sustaining financial future in 2007 and beyond,

and be it further

**Resolved,** that in responding with ADA support, the following principles be utilized:

1. compensation of constituent and component dues waivers will be considered a grant,
2. the ADA will receive credit/reimbursement for any positive net cash flow that would be generated as a result of ADA's grant, such as from grants received directly from other organizations, and
3. other financial support from the ADA beyond compensation to cover lost dues will be treated as

loans, with the terms to be negotiated at the time the loan is made,

and be it further

**Resolved,** that, with each society, the objective of the negotiations will be agreement on: total cash needed from ADA for 2006, monthly cash flow from ADA, and a final reconciliation process once, for example, actual membership renewals and waivers are known. The negotiations will take into account the societies' 2005 actual results and adjusted 2006 budgets, insurance reimbursements, contributions from other societies, and their reserve situations, among other factors, and be it further

**Resolved,** that ADA grants shall not cover either:

*Replenishing relief funds and reserves:* Each society is responsible for replenishing its own relief and reserve funds. Operating contributions from ADA and other dental societies will provide the societies with "breathing room" for rebuilding their funds depleted by grants to dentists for hurricane relief.

*Financing expanded or new non-dues revenue programs:* Prospective loans or temporary advances by ADA would be evaluated and decided consistent with any other business opportunity presented to ADA.

and be it further

**Resolved,** the ADA Executive Director and Treasurer are also authorized to act on behalf of the Board in furtherance of the foregoing objectives to meet emergency cash needs of the affected societies.

**Joint Report of the Committee on the New Dentist and the Council on Dental Practice: Collaboration with Pankey Institute:** Pat Newton and John Luther discussed the report and the Council's desire at this stage to develop a workgroup to study this attractive proposal. The Board adopted the following resolution.

**B-98-2005. Resolved,** that the Board of Trustees conceptually supports a non-exclusive collaboration with the Pankey Institute, subject to working through various content and methodology issues by an inter-agency workgroup, and be it further

**Resolved,** that this inter-agency workgroup be comprised of appropriate ADA staff, two members each of the Committee on the New Dentist and the Council on Dental Practice, one member of the Council on ADA Sessions, and two at-large members with different practice perspectives, and be it further

**Resolved,** that the inter-agency workgroup provide periodic reports to the Board of Trustees as the collaboration progresses, and be it further

**Resolved,** that pending the workgroup's final recommendations, staff is authorized to develop an agreement with the Pankey Institute for collaborative programming as stated in this report, and be it further **Resolved,** that the "New Dentist Tuition Initiative" proposed by the Pankey Institute be approved.

**Report of the Division of Membership and Dental Society Services: Update on Strategic Membership Study:**

Pat Newton presented the report, which highlights the multi-year membership study being undertaken that addresses membership categories, dues, privileges and representation in order to ensure that ADA membership remains relevant with the emergence of a new generation of dentists, the role of the dental team, and increasing numbers of internationally trained dentists as practitioners and educators in the U.S. as well as of part-time practitioners. The Board will review this report again at its February 2006 Retreat meeting as background for its mega discussion on membership.

**Attorney-Client Session**

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

**Adjournment:** The Board of Trustees adjourned at 4:15 p.m.

**Monday, December 12, 2005**

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**Call to Order:** The Board of Trustees was called to order by President Brandjord at 8:45 a.m. in the Board Room of 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 (with the exception of Dr. Gleason), the Executive Director and the Chief Operating Officer.

**Special Order of Business**

**Strategic Session: Finalization of the Strategic Plan:** Drs. Brandjord and Roth facilitated the Board's December mega discussion regarding the Strategic Plan Finalization, with a view to factoring in, as appropriate, comments to date on the draft Strategic Plan, identifying key initiatives for 2007, and completing the New ADA Strategic Plan: 2007-10 at this session. Dr. Kevin Seidler, chair of the Strategic Planning Committee, gave a brief overview of the Strategic Plan. For purposes of its discussion the Board was given the Report of the House of Delegates 2005 Strategic Session, a Discussion Guide for Break-Out Group Facilitators, the draft Strategic Plan, a Strategic

Report by the Executive Director, and a Report of Summary Results of Council Meetings on Strategic Plan Implementation (as of 11/2005) and Finalization of the Strategic Plan, and a listing of 2005-07 Significant ADA Projects (2005 HOD Assignments and other in the works Projects). The Board broke out into five groups to separately discuss the strategic plan goals, namely, Advocacy, Community, Knowledge, Standards and Operations. Each group then reported to the full Board for discussion its recommendations for objective and plan modifications. The Board requested that Beril Basman collect the comments for discussion by the Strategic Planning Committee and that a revised Strategic Plan be presented to the Board for its February session. For that reason the Board voted to postpone definitely the following resolution until its February 2006 meeting.

**B-101. Resolved,** that the *ADA Strategic Plan: 2007-2010* be approved as the Association's three year Plan as modified by the Board of Trustees in December 2005, and be it further

**Resolved,** that any fine-tuning of language be completed by the Board's Strategic Planning Committee to reflect these modifications, as necessary.

**Practice Support**

**Report of the Chief Policy Advisor: Pay for Performance:** Dr. Guay reported to the Board on the new initiative, "Pay-for-Performance (P4P)," with strong backing by the federal government that, if successful, could have a major impact on the delivery of dental care. It represents a reimbursement plan built upon the philosophy that those who perform well should be reimbursed at a higher level than those who perform at a lower level. That basic philosophy has been adopted by many businesses in the United States and underlies their compensation policies. In the long-term, this has the potential for enormous change in dental healthcare. After discussion, the Board adopted the following resolutions.

**B-96-2005. Resolved,** that the ADA provide educational information to the members through appropriate means on Pay-for-Performance provisions in health plans, including dental benefit plans.

**B-97-2005. Resolved,** that the chief policy advisor organize, coordinate and lead a work group made up of representatives of the Councils on Dental Benefit Programs, Dental Practice and Government Affairs to: 1) develop a strong, consistent knowledge base on all three councils about pay-for-performance, 2) discuss and evaluate the pros, cons, and implications of Pay-for-Performance provisions in dental benefit plans, including Medicaid, to determine what, if any, strategies should be developed and recommendations made, 3) take back to all three councils for discussion the possible strategies and proposed recommendations for discussion and evaluation and 4) bring back to the Board any recommendations that



should be considered by the Board and House, and be it further

**Resolved**, that the work group also consider whether the ADA should have general guidelines for Pay-for-Performance provisions in dental benefit plans, including Medicaid, and, if so, develop those guidelines for submission first to all three councils and then to the Board of Trustees at its August 2006 meeting for possible submission to the 2006 House of Delegates.

**Recess:** The Board recessed for lunch at 12:05 p.m. and reconvened at 1:00 p.m.

### Special Orders of Business

**Presentation of Tecker Report:** Ms. Cate Bower, of Tecker Consultants, presented the Tecker report and recommendations. She first presented a frame for the Board's discussion, then discussed advocacy trends, overviewed the report section by section, and then presented Tecker's research headlines and recommendations.

Finally, Ms. Bower identified the process for addressing the report ahead, which includes briefings with ADPAC and the Councils of Communication and Government Affairs; a core team session; and an advocacy summit encompassing all stakeholder groups (see Board action, page 274).

**Prospect Review Process: National Campaign on Dental Education:** The Board then undertook concurrent training sessions on the Prospect Review Process developed by Ketchum Consultants in connection with the ADA Foundation's National Campaign for Dental Education.

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

### Tuesday, December 13, 2005

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

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

**Progress Report on the Council on Dental Education and Licensure's Development of a Process to Recognize Non-Specialty Interest Areas in General Dentistry Practice and Education (continued):** The Board's work group presented its draft resolution based on the Board's earlier discussion, which was then discussed. The Board adopted the following resolution as severally amended.

**B-104-2005. Resolved**, that the Council on Dental Education and Licensure (CDEL) develop criteria for the recognition of special interest areas in general dentistry, as authorized by Resolution B-121-2004, and be it further **Resolved**, that the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) be directed to prepare clarifying language to the *Bylaws* duties of CDEL to recognize areas of special interest in general dentistry, and be it further **Resolved**, that CDEL continue to provide periodic updates to the Board on the progress of this initiative in time for presentation of the criteria in resolution form to the 2006 House of Delegates.

### Special Order of Business

**Discussion of Association Professional Conduct Policy: Legal Division:** Ms. Tamra Kempf, of the Legal Division, reviewed with Board members the Association's policies on professional conduct including sexual harassment.

### Regular Session (continued)

#### Practice Support

**Report of the Center for Continuing Education and Lifelong Learning: Online Continuing Education Courses:** Dr. John Luther presented a proposed business affiliation arrangement with ProBusiness Online (PBO), through which the ADA would bring to the membership online CE courses and an online learning platform. After discussion, the Board then adopted the following resolution.

**B-102-2005. Resolved**, that the proposed business affiliation arrangement between ProBusiness Online (PBO) and the ADA be approved, and be it further **Resolved**, that an editorial board comprised of 30 dental professionals, scientists and specialists selected by the ADA to serve on a voluntary basis for renewable three year terms be appointed by the president, with recommendations from the Council on Dental Practice, be charged with:

1. reviewing online CE courses prior to addition to the system, and
2. identifying potential authors.

and be it further

**Resolved**, that the Council on Dental Practice provide volunteer oversight for the affiliation arrangement between PBO and the ADA, and a summary of recent activities in its annual report each year, and be it further **Resolved**, that constituent dental societies be offered the opportunity to participate in the online CE courses provided by PBO and the ADA, with a business arrangement similar to what the ADA has done with other collaborative business arrangements.

**Report of Dr. Jeanne Nicolette, Liaison to the Council on Dental Practice:** Dr. Nicolette provided an update on her attendance at the Council’s November 17-19, 2005, meeting and provided a report summarizing the meeting of the Council with representatives of the American Dental Hygienists’ Association.

**Report of the Council on Dental Benefit Programs: Update on the TPA Feasibility Study:** John Luther discussed the interim report on Deloitte’s feasibility study of four possible avenues to consider establishing a TPA to promote the business of direct reimbursement. No avenue presents itself as a clear business winner. A broader question not addressed in the study is whether the Association should continue to be promoting direct reimbursement.

After discussion, the Board requested that the Council review the Deloitte report to provide the Board with additional detail that would expand its understanding of the information and insights regarding the national advertising and address the following questions about DR: What were the goals and objectives of the House in calling for a national advertising campaign in 1996 and in subsequent years? Have those goals and objectives been met? Are those goals and objectives still a priority for 2007 and beyond? Has the campaign been successful, from the Council’s perspective and, if so, how is success measured? What barriers to success exist moving forward? Should the ADA continue promoting/ advertising the DR concept? If not, why not? If so, why and with how much money? How would the Council define the goals and objectives moving forward? The Board also welcomed any additional comments and observations the Council might offer.

**Organizational/Other**

**Report on ADA Retiree Health Care Program:** Dr. Bramson reported on ADA’s health care program changes for employees to mitigate cost increases to the Association. After a full discussion of the high value of this plan for recruitment and retention, as well as the Association’s ability to carefully manage the expense, the Board adopted the following resolution.

**B-95-2005. Resolved,** that the premium split for retirees (where a cost-share arrangement is currently taking place) continue to mirror the premium split for full-time employees.

**Report on the Status of the 2006 Operating Contingency Fund and Approval of Supplemental Appropriation Requests:** Dr. Feldman reported to the Board on requests for expenditures from the House authorized \$1,000,000 contingency fund for 2006.

**B-93-2005. Resolved,** that the following appropriations be made from the 2006 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 Legal Affairs*  
(Cost Center 090-0150-XXX) \$6,800

**Collaborative ACD-ADA Ethics Summit on Commercialism:** The American College of Dentists approached ADA leadership about collaboration for a national ethics summit. ADA agreed that a joint meeting would be desirable and assigned implementation to the Council on Ethics, Bylaws and Judicial Affairs (CEBJA). However, due to its timing, the ACD’s proposal was not addressed through the 2006 budget process. Approving this request will demonstrate the ADA’s commitment to promoting ethics and adherence to the ADA Code. The advantages to be gained extend beyond meeting participation and delivery, evidenced by the products that are envisioned to be developed from the summit:

<b>Expense</b>		
510200	Registration Fees	\$1,700
515301	Volunteer Per Diem	1,300
515401	Volunteer Lodging	<u>3,800</u>
	Total Expenses	\$6,800

**No Funding Alternative was submitted.**

*Division of Administrative Services*  
(Cost Center 090-0050-XXX) \$20,200

**Enhanced February and April 2006 Board Meetings:** At the February Board Retreat two special orders of business have been planned: a Membership Panel Discussion and a Mega Issue Discussion on Globalization. Requested funding for the February meeting for these enhancements is \$13,100.

*February 2006*—Supplemental funds are requested for volunteer air and ground transportation (including car rental in Sarasota); one night’s lodging; actual expenses for meals and incidentals for eight panelists/presenters; and additional funds for equipment rental (printer, phones, microphones, projectors) used during the meeting.

Expenses for the chair of the Council on Membership will

<b>Expense</b>		
515101	Volunteer Air Transp.	\$3,200
515201	Volunteer Ground Transp.	2,600
515401	Volunteer Lodging	2,000
515501	Volunteer Meals	1,900
515700	Miscellaneous Travel	400
525030	Furniture and Equipment Rental	<u>3,000</u>
	Total Expenses	\$13,100

be funded from the Council’s budget.

*April 2006*—Supplemental funds are requested for up to five “scholarships or grants” to offset expenses of a few organizational participants with limited resources. Supplemental funding is requested for volunteer air and

ground transportation; one night's lodging; and one day's per diem for up to five individuals; and enhancement of the Board's existing meals and reception budgets to provide participants with breakfast, breaks and luncheon (based on an additional 36 individuals) and a reception hosted by the ADA President the evening before the Conference.

<b>Expense</b>		
510400	Reception Costs	\$1,200
515101	Volunteer Air Transp.	2,000
515201	Volunteer Ground Transp.	500
515301	Volunteer Per Diem	400
515401	Volunteer Lodging	1,000
515501	Volunteer Meals	<u>2,000</u>
	Total Expenses	\$7,100

**No Funding Alternative was submitted.**

*Division of Administrative Services*  
(Cost Center 090-0050-XXX) \$15,100

**National Healthcare Information Infrastructure:**

Recently, several volunteer groups have expressed growing concern of the potential for fragmented actions and an uneven knowledge base surrounding the NHII. To address this, the President would like to hold a meeting with representatives from the various activities that will support the NHII dental strategy. Each group will be asked to present their current roles and responsibilities relating to the NHII, concluding with a presentation from the President showing how they all fit together supporting the development and implementation of an NHII strategy.

<b>Expense</b>		
515101	Volunteer Air Transp.	\$7,200
515201	Volunteer Ground Transp.	1,800
515301	Volunteer Per Diem	1,350
515401	Volunteer Lodging	4,050
515501	Volunteer Meals	<u>700</u>
	Total Expenses	\$15,100

**No Funding Alternative was submitted.**

*Division of Dental Practice*  
(Cost Center 090-0500-XXX) \$11,200

**Combined Meetings of the EDSAC and DWAC:** The Council on Dental Practice EDSAC (Ergonomic and Disability Support Advisory Committee) and DWAC (Dentist Well-Being Advisory Committee) would like to meet jointly by adding one additional day to each of their 2006 budgeted meetings in a strategic planning session to formulate a strategy (consistent with the ADA's 3-year Strategic Plan) to define and promote a broad understanding of workplace health and wellness for dentists and other dental professionals.

All of the below budget items, except Outside Services, are related to extending the committees' meeting time to allow time for them to meet together, analyze opportunities and needs, and develop strategic and programmatic recommendations for the Council's consideration.

<b>Expense</b>		
515301	Volunteer Per Diem	\$2,250
515401	Volunteer Lodging	6,750
515501	Volunteer Meals	1,250
515503	Staff Meals	150
520020	Outside Services	500
525205	Stationery & Supplies	<u>300</u>
	Total Expenses	\$11,200

**No Funding Alternative was submitted.**

*Division of Administrative Services*  
(Cost Center 090-0050-XXX) \$160,300

**Tecker Implementation Planning:** The purpose of this request is to fund consulting fees and travel for several significant meetings that are needed to develop implementation plans that will flow from the Tecker project recommendations. These various meetings will begin on December 15, 2005, but this request is only for 2006 funds, and the 2005 funds will come from existing budgets.

The project is an investment in the future success of ADA's advocacy efforts, and these series of forums will lay the groundwork for implementation that is enthusiastically supported by all stakeholders.

<b>Expense</b>		
515101	Volunteer Air Transp.	\$25,600
515301	Volunteer Per Diem	14,400
515401	Volunteer Lodging	28,800
515501	Volunteer Meals	8,000
520001	Consulting Fees	51,500
520001	Consultant Expenses	<u>12,000</u>
	Total Expenses	\$160,300

**No Funding Alternative was submitted.**

*Division of Administrative Services*  
(Cost Center 090-0050-XXX) \$78,250

**Search for AED, Government Affairs:** The ADA has retained the executive search firm of Association Strategies, Inc. (A.S.I.) as its exclusive professional consultant to conduct a national search for an individual to assume the position of Associate Executive Director, Government Affairs. This request is for funds to cover the costs related to this search.

Included below are the second and third installment professional consulting fees; staff travel expenses for 5

trips for interviewing; and possible moving/relocation costs.

<b>Expense</b>		
515103	Staff Air Transp.	\$1,000
515201	Staff Ground Transp.	400
515403	Staff Lodging	600
515503	Staff Meals	250
520001	Consulting Fees	61,000
570005	Relocation Expenses	<u>15,000</u>
	Total Expenses	\$78,250

**No Funding Alternative was submitted.**

*Division of Administrative Services*  
(Cost Center 090-0050-XXX) \$25,000

**Summer Medical and Dental Education Program (SMDEP):** This request is for travel expense scholarships for 50 underrepresented and low income pre-dental students to participate in the SMDEP summer program (5 students at 10 schools; \$500 per student for travel). The SMDEP was presented to the Board of Trustees by representatives of ADEA and The RWJ Foundation during the September Board session. This program, which is funded by a \$12 million RWJF grant to ADEA and the Association of American Medical Colleges, will mentor and recruit underrepresented and low-income college students into a unique summer enrichment program at 10 sites that have both a medical and dental school.

<b>Expense</b>		
540105	Scholarship Grants	<u>\$25,000</u>
	Total Expenses	\$25,000

**No Funding Alternative was submitted.**

**Total Supplemental Appropriation Requests submitted 12/05 for the 2006 Contingency Fund:**  
\$316,850

**Report on the Application Review Process for ADA Treasurer:** Dr. Feldman summarized the Board's process in undertaking its duty to nominate applicants for ADA Treasurer. Rather than the Board acting as a committee of the whole, the proposed process would involve a screening committee. After discussion, the Board adopted the following resolution.

**B-100-2005. Resolved,** that the President appoint a screening committee of up to five members of the Board of Trustees to: a) review the Treasurer Curriculum Vitae Forms submitted by applicants by February 1, 2006, and b) recommend to the Board at its February 2006 session no more than six of the applicants for interview at the Board's April 2006 session.

**Board of Trustees February 2006 Retreat/Planning Meeting:** Dr. Brandjord discussed the schedule of the meeting and preparatory materials distributed to trustees. One mega discussion will be on globalization. The Board received the book *The World is Flat*, by Thomas L. Friedman, to read as background information for that discussion. The second mega discussion will be on membership categories.

**Confidential Report of the Executive Director:** In a confidential report, the executive director discussed several matters of interest to the association.

**Tecker Report (continued):** Following up the presentation of the Tecker Report the previous day, the Board was presented and adopted the following resolution.

**B-85-2005. Resolved,** that the Board supports the process that Tecker has proposed for developing implementation recommendations through a broad based stakeholder group, and be it further  
**Resolved,** that the Board would like at least one trustee from each trustee class to participate in the February 2006 Summit, and be it further  
**Resolved,** that the Board be provided with an update on the process at its April 2006 meeting.

#### **New Business**

**Request of the New Orleans Dental Association Regarding the 2011 ADA Annual Meeting:** Dr. Bramson reported on the letter sent by the Executive Director of NODA asking the Board to reconsider its earlier decision to not hold the Annual Session in New Orleans in 2011. The Board chose not to change its earlier decision and will continue to look at holding the annual session in New Orleans in 2013.

**National Campaign on Dental Education:** Dr. Bramson was pleased to announce that Dr. Ferris, ADA first vice president, is the first 1 million dollar donor to the Campaign. The Board expressed its sincere appreciation to Dr. Ferris for this generous donation.

**Adjournment *Sine Die*:** The Board of Trustees adjourned *sine die* at 12:05 p.m.

# Notes

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# Minutes of House of Delegates

October 7-11

# Notes

# October 7-11, 2005

Philadelphia Convention Center, Philadelphia, Pennsylvania

**Call to Order:** The first meeting of the 146<sup>th</sup> Annual Session of the American Dental Association House of Delegates was called to order by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, on Friday, October 7, 2005, 3:30 p.m., at the Philadelphia Convention Center, Philadelphia, Pennsylvania.

**Invocation and Pledge of Allegiance:** An invocation was offered by the First Vice President, Dr. Ronald D. Bushick, 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. Robert M. Brandjord, president-elect; Dr. Richard Haught, president; Dr. James B. Bramson, executive director; Dr. Ronald D. Bushick, first vice president; and Dr. Robert T. Ferris, second 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. Michele Aerden, president, FDI World Federation; Dr. Clive Debenham, president, American Dental Society of Europe; Dr. Jack Cottrell, president, and Mr. George Weber, executive director, Canadian Dental Association.

**Introduction of the Committee on Local Arrangements Chair:** Dr. Judith McFadden, Pennsylvania, chair of the Local Arrangements Committee, welcomed the delegates and alternate delegates to the state of Pennsylvania and acknowledged the contributions of more than 500 volunteers who worked to make the annual session a success.

**Report of the Committee on Credentials, Rules and Order:** Dr. Linda Himmelberger, Pennsylvania, chair, presented the Report of the Standing Committee on Credentials, Rules and Order (*Supplement:1024*). The other members of the Committee were: Dr. Henry W. Fields, Jr., Ohio; Dr. Charles L. Greenblatt, Jr., Tennessee; Dr. Scott D. Lingle, Minnesota; Dr. William Litaker, Jr., North Carolina; Dr. W. Jeffrey Moore, California; Dr. Gene Shoemaker, Wisconsin; Dr. Barry J. Taylor, Oregon; and Dr. W. Mark Tucker, Veterans Administration.

Dr. Himmelberger 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:

#### *New Delegates*

Dr. Bradley Harrelson, ASDA  
Dr. Stuart Wechter, Virgin Islands

#### *Alternate Delegates*

Dr. Stanford Fabio, Virgin Islands  
Dr. Scott Henson, ASDA  
Dr. Mark Jurkovich, Minnesota  
Dr. Donald Perkins, Arkansas  
Dr. Judith Purcell, New York  
Dr. Robert Robinson, Alaska  
Dr. Mark Weinberger, New York

#### *Acting Secretaries*

Ms. Diane Blake, Minnesota  
Dr. Jeffrey Cole, Delaware  
Dr. Joel Glover, Jr., Nevada  
Dr. Samuel Suarez-Marchand, Puerto Rico  
Dr. Stuart Wechter, Virgin Islands

#### *Acting Executive Directors*

Ms. Elizabeth Price, New Mexico  
Dr. William Ralston, Delaware

The Speaker asked if there were any objections to credentialing the above mentioned individuals; hearing none, the Speaker declared the credentials granted.

Dr. Himmelberger reported the presence of a quorum.

**Approval of the Minutes of the 2004 Session of the House of Delegates** (Standing Committee on Credentials, Rules and Order Resolution 34): Dr. Himmelberger moved the adoption of Resolution 34 (*Supplement:1032*). On vote, Resolution 34 was adopted.

**34H-2005. Resolved**, that the minutes of the 2004 annual session of the House of Delegates, as published in *Transactions 2004*, pages 285-351, be approved.

**Adoption of Agenda and Order of Agenda Items** (Standing Committee on Credentials, Rules and Order Resolution 35): Dr. Himmelberger moved the adoption of Resolution 35 (*Supplement:1033*). On vote, Resolution 35 was adopted.

**35H-2005. Resolved**, that the agenda as printed in the *2005 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 36): Dr. Himmelberger moved the adoption of Resolution 36 (*Supplement*:1034). Before calling for the vote on Resolution 36, the Speaker announced that the following resolution was referred to the 2006 House of Delegates since it proposed a change in the dues of active members but failed to meet the 90-day requirement for notice as stated in the *ADA Bylaws*.

*Referred Resolution*

**Resolution 32—Tennessee Dental Association: Reduced ADA Dues for Full-Time Dental School Faculty** (*Supplement*:3019)

**32. 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 addition of a new condition 6, which reads:

(6) An active member who works as a faculty member of a school of dentistry for at least eighty percent (80%) of a full work schedule shall pay fifty percent (50%) of active member dues and any special assessment due January 1 of each year.

On vote, Resolution 36, as follows, was adopted.

**36H-2005. 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. Himmelberger 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 Richard Haught for the purpose of presenting his report to the House of Delegates. The Speaker referred the report (*Supplement*:3060) to the Reference Committee on Communications and Membership Services.

**Introduction of Representative Charles W. Norwood (GA):** Congressman Charles W. Norwood addressed the House of Delegates.

**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. Zack Studstill, trustee, Fifth District, presented Report 1, which included recognition of the Council on ADA Sessions and the Committee on Local Arrangements for their efforts in organizing the annual meeting. A moment of silence was observed in memory of former ADA officials and colleagues who passed away since the last meeting of the House.

*Nominations to Councils and Commissions* (Board of Trustees Resolution 33, *Supplement*:1022). Dr. Studstill presented the nominations of the Board of Trustees to ADA councils and commissions. The Speaker called for additional nominations; there were none. On vote, the following resolution was adopted.

**33H-2005. 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. Studstill noted that Reports 2 through 23 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. Bernard K. McDermott, Washington, D.C., was nominated by Dr. Alan Singer, Maryland, and Dr. Kathleen Roth, Wisconsin, was nominated by Dr. Raymond Gist, Michigan. The Speaker called for additional nominations; there were none. Acceptance speeches were subsequently given by Dr. McDermott and Dr. Roth. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, October 10. See pages 305 and 310 for election results.

**Second Vice President:** The Speaker called for nominations for the office of second vice president. Dr. Stephen F. Schwartz, Texas, was nominated for the office of second vice president by Dr. Jerry Long, Texas. The Speaker called for additional nominations; hearing none, the Speaker declared Dr. Schwartz duly elected.

**Speaker of the House of Delegates:** President Haught 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 of speaker of the House of Delegates by Dr. Murray Sykes, Maryland. Hearing no other nominations, President Haught declared Dr. Soliday duly elected.

**District Trustees:** The Secretary of the House, Dr. James B. Bramson, announced the following district caucus results:

Third District: Dr. William G. Glecos, Pennsylvania

Fourth District: Dr. Murray D. Sykes, Maryland

Fifth District: Dr. Michael T. Rainwater, Georgia

Ninth District: Dr. Raymond F. Gist, Michigan

The Speaker called for additional nominations; there were none. The Speaker declared Dr. Glecos, Dr. Sykes, Dr. Rainwater and Dr. Gist duly elected as trustees of their respective districts.

Dr. Bramson also announced that the election for the office of president-elect would take place on Monday, October 10, from 7:00 a.m. to 8:30 a.m., in the Grand Hall of the Philadelphia Convention Center.

#### **New Resolutions**

Dr. Bramson announced the following new resolutions and their respective reference committee referrals.

##### **Thirteenth Trustee District Resolution 86**

(*Supplement:3059*), Recognition of Forensic Dentistry, referred to the Reference Committee on Communications and Membership Services

##### **Seventh Trustee District Resolution 87**

(*Supplement:2092*), Grant Limits of the Disaster Response Fund, referred to the Reference Committee on Budget, Business and Administrative Matters

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

**Call to Order:** An attorney-client closed session was convened at 4:57 p.m., by the Speaker of the House of Delegates. Prior to this 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. The closed session adjourned at 5:08 p.m.

#### **Announcements:**

- The Speaker recognized all of the former American Student Dental Association and Committee on New Dentist members who now serve as delegates or alternate delegates to the ADA House of Delegates.

- Dr. Ronald G. Testa, Illinois, president of the Chicago Dental Society (CDS), announced the contributions of the CDS to the New Orleans Dental Society, the American Red Cross and ADA Foundation Disaster Relief Fund for various hurricane relief efforts. He also announced the waiver of the registration fee for the 2006 CDS Mid-Winter meeting to all dentists, spouses and dental personnel from the states of Texas, Louisiana, Alabama and Mississippi.

**Adjournment of the First Meeting:** Dr. Rita Weisberg, California, moved to adjourn the First Meeting of the House of Delegates. Hearing no objections, the Speaker declared the First Meeting adjourned at 5:12 p.m.

#### **Monday, October 10, 2005**

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#### **Second Meeting of the House of Delegates**

**Call to Order:** The second meeting of the 146<sup>th</sup> Annual Session of the ADA House of Delegates was called to order at 8:30 a.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday.

**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. Linda Himmelberger, Committee chair, reported the presence of a quorum.

#### **Special Orders of Business**

**Presentation of Honorary Membership:** The Speaker recognized President Richard Haught for the presentation of Honorary Membership to the following individuals:

Mr. Daniel Buker, Florida  
 Dr. John Clarkson, Ireland  
 Mr. A. Jerry Davis, Idaho  
 Dr. Martin H. Hobdell, England  
 Mr. David S. Horvat, Tennessee  
 Ms. Mary Kay Linn, Texas  
 Mr. Dennis J. McGuire, Wisconsin  
 Mr. C. Wayne McMahan, Alabama  
 Mr. Peter F. Taylor, Vermont  
 Mr. William E. Zepp, Oregon

**Announcements:** The Speaker announced that a request had been made by the First District to withdraw Resolution 60, Public Policy Legal Fund (*Supplement: 2068*). Hearing no objection, Resolution 60 was declared withdrawn.

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 93** (*Supplement:8000*)—Opposition to Pilot Programs Which Allow Non-Dentists to Diagnose Dental Needs or Perform Irreversible Procedures—submitted by the Fourteenth District

**Resolution 96** (*Supplement:8001*)—Access to Oral Health Care for Underserved Populations—submitted by the Eleventh District

**Presentation of the Executive Director:** Dr. James B. Bramson presented his annual report to the House of Delegates. He commented on several significant achievements accomplished by the Association during the year. He specifically noted the continuing success in building membership through the tripartite grassroots membership initiative but also noted the possible first effects of the demographics of an aging membership base. Other topics included the development of the new strategic plan; final plans for the National Campaign for Dental Education; efforts to promote greater freedom of movement within the profession via the licensing process; and diversity in leadership. Dr. Bramson also acknowledged and thanked those individuals, state and local dental societies and Association staff who assisted in relief efforts for victims of Hurricane Katrina.

**Presentation of the Treasurer:** Dr. Mark J. Feldman presented his annual report to the House of Delegates. He reported on the Association's financial affairs, specifically commenting on the development of the Association's 2006 budget, the current favorable status of the Association's reserves and the importance of maintaining a strong reserve fund "to respond to the known and unknown that lies ahead."

### Priority Agenda Items

**Point of Order:** Dr. Richard Huot, chair, Reference Committee on Legal and Legislative Matters, requested that Resolutions 57 (*Supplement:7043*), 72 (*Supplement:7057*) and 57RC be considered as priority items. The Speaker granted the request and stated that they would be considered as the last items on the priority agenda.

### Report of the Reference Committee on Communications and Membership Services

The priority items contained in the Report of the Reference Committee on Communications and Membership Services were presented by Dr. J. Mark Thomas, chair, Indiana.

**Amendment to the Manual of the House of Delegates Regarding Referral of Resolutions** (Eighth Trustee District Resolution 82): The Committee reported as follows.

The Reference Committee understands the intent of Resolution 82, but agrees with the Board of Trustees not to adopt Resolution 82.

**82. Resolved,** that the 2005 *Manual of the House of Delegates*, Rules of the House of Delegates, section Motion to Recommit or Refer to an Agency (page 12) be amended by the addition of the following sentence after the first sentence: As part of this referral study and in order to further understand the intent and background of the motion, the council or Board of Trustees shall contact and solicit written or verbal testimony from the originator(s) of the pending resolution. so that the amended section reads:

#### Motion to Recommit or Refer to an Agency

When the House of Delegates wishes to recommit or refer a pending resolution to a council or to the Board of Trustees for study and report at the next annual session, the motion to be used to accomplish this purpose is the motion to refer to a committee. As part of this referral study and in order to further understand the intent and background of the motion, the council or Board of Trustees shall contact and solicit written or verbal testimony from the originator(s) of the pending resolution. A motion to postpone definitely to the next session should not be used since it is not permissible to postpone a question beyond the end of the convention.

Dr. Thomas moved Resolution 82 (*Supplement:3055*).

Dr. Keith W. Dickey, Illinois, moved to amend Resolution 82 by deleting the proposed new sentence from both the first resolving clause and the section of the *Manual of the House of Delegates* titled Motion to Recommit or Refer to an Agency and substituting in both places the following new language:

In order to give members of the House additional opportunities to provide information about the subject matter of the referred resolution, the Office of the Executive Director is encouraged to post all referred resolutions with the name of the primary agency responsible for addressing referral on the Members Only portion of ADA.org.

In speaking to the amendment Dr. Dickey said, "In the resolution, the Board...does make some comments such as the resolution aims to foster improved understanding, and it also states that it is reasonable to expect the ADA agencies to consult with referred resolutions. However, they then said it is a cumbersome resolution. So, therefore, I tried to figure out a way to change the wording or the onus of this resolution back on to the maker of the original resolution so the amendment will allow the originators to be able to provide information that they feel is necessary to the agency that is going to be studying this

referral. So, again, I am emphasizing this is a referred resolution by this House to an agency.”

Dr. Randal P. Ashton, Illinois, spoke in support of the amendment stating, “I just want to encourage the House to vote yes for this, because you may have a resolution that you want to follow. You don’t know where it is going to go and we know that resolutions enter the no man’s zone. And it is a nice idea to be able to know where your resolution goes.”

Dr. Robert B. Raiber, New York, also spoke in favor of the amendment.

On vote, the proposed amendment was adopted.

On vote, Resolution 82 as amended was adopted.

**82H-2005. Resolved**, that the 2005 *Manual of the House of Delegates*, Rules of the House of Delegates, section Motion to Recommit or Refer to an Agency (page 12) be amended by the addition of the following sentence after the first sentence:

In order to give members of the House additional opportunities to provide information about the subject matter of the referred resolution, the Office of the Executive Director is encouraged to post all referred resolutions with the name of the primary agency responsible for addressing the referral on the Members Only portion of ADA.org.

so that the amended section reads:

**Motion to Recommit or Refer to an Agency**

When the House of Delegates wishes to recommit or refer a pending resolution to a council or to the Board of Trustees for study and report at the next annual session, the motion to be used to accomplish this purpose is the motion to refer to a committee. In order to give members of the House additional opportunities to provide information about the subject matter of the referred resolution, the Office of the Executive Director is encouraged to post all referred resolutions with the name of the primary agency responsible for addressing the referral on the Members Only portion of ADA.org. A motion to postpone definitely to the next session should not be used since it is not permissible to postpone a question beyond the end of the convention.

**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 item. The report was presented by Dr. Edward Leone, chair, Colorado. The other members of the Committee were: Dr. H. Todd Cubbon, Illinois; Dr. Craig A. Eisenhart, Pennsylvania; Dr. Jerome B. Miller, Oklahoma; Dr. Robert W. Rives, Mississippi; Dr. Brian E. Scott, California; Dr. Charles Verderber, Vermont; Dr. Ed Weisberg, Virginia; and Dr. James Zenk, Minnesota.

**Consent Calendar** (Reference Committee on Budget, Business and Administrative Matters Resolution 92): The Reference Committee reported as follows.

Appended are resolutions referred to the Reference Committee on Budget, Business and Administrative Matters which either received no testimony or all positive testimony.

The Committee recommends adoption of the following resolution:

**92. Resolved**, that the following resolutions be adopted:

**Resolution 30**—Rescission of Resolution 139H-1995: Washington Office Building Study (*Supplement:2054*)

**Resolution 61**—Program to Assist Dentists Temporarily Called to Active Service (*Supplement:2070*)

Dr. Leone moved the adoption of Resolution 92.

On vote, Resolution 92 was adopted.

**92H-2005. Resolved**, that the following resolutions be adopted:

**Resolution 30**—Rescission of Resolution 139H-1955: Washington Office Building Study (*Supplement:2054*)

**Resolution 61**—Program to Assist Dentists Temporarily Called to Active Service (*Supplement:2070*)

*Note.* For the purpose of a fully documented record, the complete text of the resolutions adopted through Resolution 92H-2005 follows:

**30H-2005. Resolved**, that Resolution 139H-1995 (*Trans.1995:604*), requesting an annual report summarizing the financial options available for the Washington, D.C. property, be rescinded.

**61H-2005. Resolved**, that constituent and component dental societies be urged to develop a network of volunteer dentists to help maintain the practices of dentists who are temporarily activated into military service by practicing in the deployed dentist’s office and treating their patients.

**Association Reserve Policy** (Board of Trustees Resolution 26, Fifth Trustee District Resolution 26S-1, Sixteenth Trustee District Resolution 26S-2, Eighth Trustee District Resolution 26S-3 and Reference Committee Resolution 26RC): The Reference Committee reported as follows.

The Committee heard considerable testimony on the Association’s reserves, including what should be considered as part of reserves, the appropriate minimum level for the account and how to handle balances in excess of the minimum. The Committee supports the maintenance of a strong reserve balance to provide

financial flexibility, respond to unforeseen situations and to support the strategy of dues stabilization. This strategy seeks the objective of maintaining any dues changes at or below the level of inflation.

The Committee believes a 40% reserve level is prudent. The Committee noted that there is current ADA policy (2003 Supplement:6070) which states if reserves fall below the minimum defined level, it would not trigger an automatic dues increase.

Therefore, the Committee recommends the following substitute resolution.

**26RC. Resolved**, that the Board of Trustees be urged to maintain the ADA's liquid reserves at a minimum level of 40% of the Association's annual budgeted operating expenses. Liquid reserves are defined as the total uncommitted balance of the Reserve Division Investment Account, and be it further

**Resolved**, that the Board of Trustees be urged to manage the ADA's Reserve Fund in a manner consistent with the long-term financial strategy of dues stabilization by considering reserve funds in excess of the 40% level in developing the following year's annual budget, taking into consideration any known contingent use of reserves, and be it further

**Resolved**, that Resolution 110H-2002, Association Reserve Levels (*Trans.*2002:372), be rescinded.

Dr. Leone moved that that Resolution 26RC be substituted for Resolutions 26 (*Supplement*:2002), 26S-1 (*Supplement*:2002a), 26S-2 (*Supplement*:2002c) and 26S-3 (*Supplement*:2002e).

On vote, Resolution 26RC was substituted for Resolutions 26, 26S-1, 26S-2 and 26S-3.

Dr. Leone moved the adoption of the substitute Resolution 26RC.

Dr. Idalia Lastra, Florida, moved to amend Resolution 26RC by substituting the word "minimum" with the word "targeted," in the first resolving clause and striking in the second resolving clause after the word "to," the words "manage the ADA's Reserve Fund in a manner consistent with the long-term financial strategy of dues stabilization by considering reserve funds in excess of the 40% level in developing the following year's annual budget" and replacing them with, "use reserve funds in excess of the 40% target level in developing the following year's annual operating budget in a manner consistent with a long-term financial strategy of dues stabilization."

The amended second resolving clause would read:

**Resolved**, that the Board of Trustees be urged to use reserve funds in excess of the 40% target level in developing the following year's annual operating budget in a manner consistent with a long-term financial strategy of dues stabilization, taking into consideration any known contingent use of reserves, and be it further

Dr. Ronald P. Lemmo, Ohio, asked if the amendments could be divided.

The Speaker announced that each amendment would be considered separately.

Speaking in support of the proposed amendment were Dr. Robert E. Butler, Missouri; Dr. John S. Buchheister, Michigan; Dr. Ronald G. Testa, Illinois; and Dr. J. Timothy Fussell, Georgia.

Dr. Steven M. Dater, Michigan, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the amendment to delete the word "minimum" and substitute it with the word "targeted" was adopted.

Regarding the second amendment to Resolution 26RC, Dr. H. Todd Cubbon, Illinois, spoke in favor of the amendment to the second resolving clause saying, "I think that this makes it much more consistent with what existing policy is at this point. ...I think it pretty accurately expresses the will of the House."

Dr. Mark J. Feldman, ADA Treasurer, asked for clarification from the maker of the proposed amendment stating, "I believe that most of you have noticed that the main difference in the two particular versions of this resolution, other than the word 'target' have to do with the removal of the word 'consider.' In the original Resolution 26RC, the Board was asking to consider using reserves in excess, and now this resolution states that you use the reserves in excess of 40%. But this particular resolution does add to it, the amendment, the proposed amendment, that it will be consistent with the long-term financial strategy of dues stabilization. So I would like to ask the maker of the motion, that if this particular amendment passes, if we present the budget to you next year with reserves in excess of 40%, but it is still consistent with the long-term dues stabilization policy, would that be considered acceptable or is this urging resolution mandating the Board to use all of the reserves in excess of 40%?"

Dr. Idalia Lastra, maker of the resolution responded, "This does not mandate the Board to do anything, but it would urge them to do it. And they would still have the flexibility to do what is best for the ADA."

Dr. William Lawson, Alabama, spoke in favor of the amendment stating, "I want to point out to the House that this is not new policy or changing the policy. This is continuation almost of what we have been under for the last three years. As the Treasurer explained to us how successful the Association has been, that success was achieved with this as our policy. Therefore, I recommend that we retain this in our policy on handling of this restricted reserve."

A motion was made to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the amendment to the second resolving clause was adopted.

On vote, Resolution 26RC as amended was adopted.

**26H-2005. Resolved**, that the Board of Trustees be urged to maintain the ADA's liquid reserves at a targeted level of 40% of the Association's annual budgeted operating

expenses. Liquid reserves are defined as the total uncommitted balance of the Reserve Division Investment Account, and be it further

**Resolved**, that the Board of Trustees be urged to use reserve funds in excess of the 40% target level in developing the following year's annual operating budget in a manner consistent with a long-term financial strategy of dues stabilization, taking into consideration any known contingent use of reserves, and be it further

**Resolved**, that Resolution 110H-2002, Association Reserve Levels (*Trans.*2002:372), be rescinded.

**Approval of 2006 Budget** (Board of Trustees Resolution 28): The Reference Committee reported as follows.

The Committee considered the budget and the testimony of several delegates and is supportive of the 2006 budget as a fiscally responsible plan for the upcoming year furthering the strategic objectives of the Association and recommends that it be adopted.

Dr. Leone moved the adoption of Resolution 28 (*Supplement*:2049).

The Speaker announced that if adopted, this would be the preliminary budget and it would be revisited at the fourth meeting before consideration of the dues resolution.

On vote, Resolution 28, as follows, was adopted.

**28H-2005. Resolved**, that the 2006 Annual Budget of revenues and expenses, including cash items and capital expenditures be approved.

**Recommended Dues Change** (Board of Trustees Resolution 29): The Reference Committee reported as follows.

The Committee heard testimony both for and against a dues increase. Although reserves are strong, current demands on the account, especially for hurricane relief and related dues waivers, the Alaska advocacy initiatives and amalgam litigation coupled with the uncertainties of the investment markets could reduce the available balance near or below the desired target. Additional spending related to hurricane relief efforts is still unknown. Given these circumstances, the Reference Committee is strongly supportive of the proposed \$6 dues increase. This modest dues increase (1.4%) would alleviate drawing upon reserves for the entire amount of the budgeted deficit and is consistent with the ADA's dues stabilization strategy.

**29. Resolved**, that the dues of active members shall be four hundred forty-one dollars (\$441.00), effective January 1, 2006.

Resolution 29 was postponed definitely to the final order of business of the 2005 House of Delegates.

**Development of Plan for Long-Term Needs of the "Dental Family" Resulting from Disasters** (Third District Resolution 63, Reference Committee Resolution 63RC): The Reference Committee reported as follows.

The Reference Committee supports the need for the study and recommends a report to the 2006 House of Delegates. Therefore, the Committee proposes the following substitute resolution.

**63RC. Resolved**, that the American Dental Association Board of Trustees be urged to develop a plan for the long-term needs of our dental family resulting from disasters, and be it further

**Resolved**, that the results of this study be reported to the 2006 House of Delegates with appropriate recommendations.

Dr. Leone moved that Resolution 63RC be substituted for Resolution 63 (*Supplement*:2071).

On vote, Resolution 63RC was substituted for Resolution 63.

Dr. Leone moved the adoption of the substitute Resolution 63RC.

On vote, Resolution 63RC was adopted.

**63H-2005. Resolved**, that the American Dental Association Board of Trustees be urged to develop a plan for the long-term needs of our dental family resulting from disasters, and be it further

**Resolved**, that the results of this study be reported to the 2006 House of Delegates with appropriate recommendations.

**ADA Reserve Funds for the Alliance of the American Dental Association** (Eleventh Trustee District Resolution 74, Board of Trustees Resolution 74B and Reference Committee Resolution 74RC): The Reference Committee reported as follows.

The Committee recognizes the AADA's special role as a partner in the ADA's efforts and appreciates the organization's budgetary constraints. Therefore, given the significant financial needs of the Alliance, the Reference Committee supports funding in 2006 and recommends that a study be conducted on the ADA's relationship with the AADA with results reported to the House of Delegates.

**74RC. Resolved**, that the ADA fund an amount of up to \$60,000 for 2006 operating expenses to the Alliance of the American Dental Association (AADA), and be it further **Resolved**, that the appropriate ADA agencies work with the Alliance to evaluate programmatic relationships between ADA and AADA, and be it further **Resolved**, that the study include an evaluation of opportunities to align ADA and AADA more effectively in terms of structure and function, and be it further

**Resolved**, that the results of this study be reported to the 2006 House of Delegates with appropriate recommendations.

Dr. Leone moved that Resolution 74RC be substituted for Resolutions 74 (*Supplement:2073*) and 74B (*Supplement:2074*).

On vote, Resolution 74RC was substituted for Resolutions 74 and 74B.

Dr. Leone moved the adoption of the substitute Resolution 74RC.

Dr. John D. Hume, Missouri, moved to amend Resolution 74RC by adding in the first resolving clause, between the words “expenses” and “to,” the words “in addition to the amount currently in the 2006 budget.” The amended first resolving clause would then read:

**Resolved**, that the ADA fund in the amount of up to \$60,000 for 2006 operating expenses, in addition to the amount currently in the 2006 Budget, to the Alliance of the American Dental Association (ADAA), and be it further

Dr. Leone stated that this was the intention of the Reference Committee.

In speaking to the amendment, Dr. Hume said, “In the background statement, the Board...did say any annual funding to the AADA in addition to the current \$45,000 will be determined based upon the results of this study. But that does not say that in the resolution that was presented.”

As a point of order, a delegate requested clarification of the amount of additional funding.

The Speaker called on Dr. Mark Feldman, ADA Treasurer, for comment.

Dr. Feldman said, “This gives me a good opportunity early on to explain the workings of that slide that’s up on the board over there, because you have just adopted the current budget preliminarily. And in that preliminary budget, there is already a \$45,000 grant for the Alliance. You are now debating a new resolution and you can see up on that screen, that that resolution carries a \$60,000 financial implication. So for clarity purposes, the amendment that was suggested is good. It clarifies it. But just so that you all will have a comfort factor in what is going on, you will see a \$60,000 implication for this resolution. Once you adopt it, you will note that the deficit on the bottom line will go up by \$60,000 in addition to the budget you already adopted, which already contains the \$45,000 for the Alliance.”

Dr. Richard A. Crinzi, Washington, spoke in favor of the amendment saying, “For 50 years the Alliance of the American Dental Association has supported this group. I feel that they would be continuing to support us in a more effective way with this additional \$60,000. This is not a blank check. If you look at it carefully, it is for dental health education, legislative outreach, well being programs and recruitment. This amounts to 37 cents on an annual members’ dues statement. That’s the cost of a postage stamp.”

Dr. Edward J. Weisberg, Virginia, a member of the Reference Committee, said, “It was the intention of the Reference Committee that the additional \$60,000 be allocated to the Alliance and this is very much in order to clarify the intentions of all parties.”

Dr. Richard M. Peppard, Texas, asked for further clarification stating, “If we already have a \$45,000 line item in the budget, this wording—this amended line here, ‘an additional \$60,000,’ I’m interpreting that as a financial burden of \$105,000 now to the Alliance when I think the intent was simply to add \$15,000 more. I’m not sure what we’re asking for here.”

In response, Dr. Feldman said, “The Reference Committee heard a lot of testimony that the Alliance is in need of additional funds to the \$45,000 that they have. So in regards to all the testimony...the Reference Committee proposed a substitute motion for you that will give them an additional \$60,000 for this year and then we will be conducting the study. So the total financial implication will be \$105,000. You already passed \$45,000 when you adopted the budget, and that’s why that slide only shows a \$60,000 financial implication.”

Dr. William E. Lloyd, Tennessee, spoke in favor of the resolution as amended.

Dr. Denny W. Homer, Washington, also spoke in favor of the amendment.

A motion was made to vote immediately on the amendment.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the amendment was adopted.

Dr. Mark R. Stetzel, Indiana, spoke in favor of Resolution 74RC as amended. He said, “Let’s show the Alliance our support for their fantastic work that they do for our dental community and follow-up with efforts to streamline and coordinate our joint efforts.”

On vote, Resolution 74RC as amended was adopted.

**74H-2005. Resolved**, that the ADA fund an amount of up to \$60,000 for 2006 operating expenses, in addition to the amount currently in the 2006 Budget, to the Alliance of the American Dental Association (AADA), and be it further

**Resolved**, that the appropriate ADA agencies work with the Alliance to evaluate programmatic relationships between ADA and AADA, and be it further

**Resolved**, that the study include an evaluation of opportunities to align ADA and AADA more effectively in terms of structure and function, and be it further

**Resolved**, that the results of this study be reported to the 2006 House of Delegates with appropriate recommendations.

**Grant Limits of the Disaster Response Fund** (Seventh Trustee District Resolution 87, Reference Committee Resolution 87RC): The Reference Committee reported as follows.

The Committee appreciates the sentiment of this resolution. The dentists impacted by the recent hurricanes

have experienced losses far greater than the \$2,500 grants provided by the ADA Foundation. Additionally, the Committee recognizes funds will be disbursed consistent with donors' designations, for example, specific relief to dentists. If excess funds are collected, the Committee urges the ADA Foundation to consider raising the grant limit.

**87RC. Resolved**, that the ADA Foundation Board of Directors be urged to temporarily waive the grant limit of the Disaster Response Fund of \$2,500, if excess money is available, for victims of 2005 hurricanes.

Dr. Leone moved that Resolution 87RC be substituted for Resolution 87 (*Supplement:2092*).

On vote, Resolution 87RC was substituted for Resolution 87.

Dr. Leone moved the adoption of the substitute Resolution 87RC.

Dr. Thomas Kelly, Ohio, moved to amend Resolution 87RC by adding the word "dentist" between the words "for" and "victims."

In speaking to the amendment, Dr. Kelly said, "The point of the resolution was to offer our support to our dentist colleagues in the region, and I'm sure that the Reference Committee realized that also. We just wanted to make sure that it was clear that it was for the dentist victims that this money was to be used for."

Dr. Arthur Dugoni, California, did not support the amendment saying, "There are dental students who have been damaged as severely. They have lost everything they own, their homes, their books, and to limit it to dentists I feel is inappropriate."

Dr. Kelly responded saying, "The original intent of the resolution is that this Disaster Response Fund that has money being contributed specifically for dentists and their families, that that money goes to dentists and their families."

On vote, the amendment was defeated.

Dr. T. Bob Davis, Texas, moved to editorially change the date of 2005 in the resolution to 2005-2006. He said, "It just occurred to me that the year may be limiting for the Board of Directors to grant money in the next year in an emergency sort of situation. I wonder if it might be appropriate to go ahead and add 2005, add to that 2006 so that we cover the cycle of the hurricane season until next year's budget is addressed and recommendations might be available what to do then."

The Speaker suggested to Dr. Davis that the request was more than an editorial change and that he propose the addition as a formal motion.

Dr. Davis moved to amend Resolution 87RC by changing the year 2005 to "2005-2006."

Dr. H. Todd Cubbon, Illinois, a member of the Reference Committee, spoke against the amendment stating, "We considered this in detail, and our concern was that the moneys that were campaigned for were for the specific hurricanes that had occurred, and were there excess funds left over, we did not wish them to be held in the account to use at a future date. So the selection of

2005 was done with great consideration and I'd like to see it remain, and I would suggest that we do not vote for this amendment."

Dr. Idalia Lastra, Florida, also spoke against the amendment stating, "I think Resolution 63RC that we just recently passed calls for a long-term plan and that would take care of any needs of 2006."

Dr. Thomas Kelly, Ohio, speaking against the amendment said, "The Disaster Response Fund that's quoted in this, specifically states in [the] ADA Foundation form for the Disaster Responses Fund that the donations here are to assist those impacted by Hurricanes Katrina and Rita. So that is very specific."

Dr. Ron Seeley, North Dakota, also spoke in opposition to the amendment saying, "The minute you add that 2006...you have to look at why is the word 'hurricane' there instead of 'natural disaster' because there could be something else. I think the obvious intent was to handle Katrina and Rita. If anything happens in the future, we would deal with it then."

Dr. David R. Holwager, Indiana, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the proposed amendment was defeated.

On vote, Resolution 87RC was adopted as follows.

**87H-2005. Resolved**, that the ADA Foundation Board of Directors be urged to temporarily waive the grant limit of the Disaster Response Fund above \$2,500, if excess money is available, for victims of 2005 hurricanes.

Dr. David Samuels, Massachusetts, as a point of order, said that he was at the microphone before the vote was taken on Resolution 87RC to propose an amendment. He asked that he be allowed to speak to his amendment.

The Speaker, hearing no objections from the House, granted the request.

Dr. Samuels moved to amend Resolution 87RC by inserting the words "ADA members" and striking "victims of" so that amended resolution would read:

**Resolved**, that the ADA Foundation Board of Directors be urged to temporarily waive the grant limit of the Disaster Response Fund above \$2,500, if excess money is available, for ADA members of 2005 hurricanes.

In speaking to the amendment Dr. Samuels said, "The amendment for 'dentists' was defeated, but if you have 'ADA members' and the reason it was defeated was because that wouldn't include dental students, but if you have ADA members...by default includes dental students."

The Speaker, not accepting the amendment, said, "I think that the background statement said all ADA members and their families would be included in this. The Chair is of the opinion that that is really the intent of the whole thing."



**Review of Guidelines and Criteria for Providing Financial Assistance** (Reference Committee Resolution 95): The Reference Committee submitted the following resolution for adoption.

**95. Resolved**, that the Board of Trustees review current policy concerning financial assistance to constituent societies on issues of national significance, and be it further

**Resolved**, that the results of this review be reported to the 2006 House of Delegates.

Dr. Leone moved the adoption of Resolution 95.  
On vote, Resolution 95 as follows was adopted.

**95H-2005. Resolved**, that the Board of Trustees review current policy concerning financial assistance to constituent societies on issues of national significance, and be it further

**Resolved**, that the results of this review be reported to the 2006 House of Delegates.

#### **Report of the Reference Committee on Dental Education and Related Matters**

The priority items contained in the Report of the Reference Committee on Dental Education and Related Matters were presented by Dr. Dennis M. Kalebjian, chair, California.

**Consultation and Evaluation of International Dental Schools** (Commission on Dental Accreditation Resolution 39, Board of Trustees Resolution 39B): The Reference Committee reported as follows.

The Reference Committee heard considerable testimony related to international consultation and accreditation. Some members of the Committee supported the intent of Resolutions 39 and 39B to include accreditation. However, the majority supports the first resolving clause of Resolution 41H-2004 (*Trans.*2004:320) that states, "the Association urges 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 believes that for the time being accreditation should not be offered.

**39B. Resolved**, that the ADA and its Board of Trustees support the Commission on Dental Accreditation's initiative to offer consultation and accreditation services to international dental schools, and be it further **Resolved**, that the ADA and Commission on Dental Accreditation establish a standing, joint advisory committee to provide guidance to the Commission in the selection, development and implementation of an international program of consultation and accreditation for dental education, and be it further **Resolved**, that the advisory committee include two representatives from the Commission and three

representatives from the ADA with one of these representatives from the ADA Board of Trustees as chair and two at-large members from the practicing community appointed by the President, and be it further

**Resolved**, that the terms of office of the ADA representatives be a staggered three-year term and be eligible for one additional term of appointment, and be it further

**Resolved**, that the advisory committee in conjunction with the Commission on Dental Accreditation provide a report annually on the progress of international activities to the House of Delegates.

Dr. Kalebjian moved that Resolution 39B (*Supplement*:5014) be substituted for Resolution 39 (*Supplement*:5013).

Dr. Richard A. Crinzi, Washington, spoke in favor of the substitute stating, "I feel 39B has the wisdom of the Board. I feel it is important for us to take a stand on education and on international accreditation of education by CODA and I think 39B speaks best to this issue."

On vote, Resolution 39B was substituted for Resolution 39.

Dr. Kalebjian moved Resolution 39B.

A delegate asked for legal clarification on the issue of the arm's length relationships between CODA and the ADA if this kind of interrelationship were established.

Mr. Peter Sfikas, ADA chief counsel, responded saying, "This relates to international accreditation where the Department of Education does not have the same requirements as it would be if this were a domestic issue involving CODA."

Dr. Robert M. Peskin, New York, a member of the Reference Committee, spoke in favor of the substitute stating, "When the Reference Committee deliberated on this particular resolution, there was no unanimity of belief that Resolution 39B should be defeated, although that is the Committee recommendation, because it represents a majority of the Committee. I was one of those that was not in favor of defeating this and would rather see this go forward. My concern about this relates to the need for accreditation. We have a situation where there is a desire on the part of certain legislators to see certain schools that are international rather than the United States or Canada that are asking for accreditation. If we do not go forward with this, what will end up happening is that there will be legislators and people not well versed and well educated themselves on the process of accreditation carrying on this activity."

Others speaking in support of substitution were Dr. J.D. Hill, Kentucky, and Dr. Ronald P. Lemmo, Ohio.

Dr. Brien Harvey, California, also spoke in favor of the resolution saying, "This measure is about uniform standards for accreditation. It is about exporting standards, not importing dentists. But it does, if we are to have people come in, hold them to the same standards that we are held to. It is a fairness issue."

Dr. Charles H. Norman, III, North Carolina, moved to substitute Resolution 39B with Resolution 39BS-1 (*Supplement*:5063a).

**39BS-1. Resolved**, that the ADA and its Board of Trustees support the Commission on Dental Accreditation's (CODA) initiative to offer consultation and accreditation services to international dental schools, and be it further

**Resolved**, that the American Dental Association (ADA) establish a standing Joint Committee on International Dental Accreditation which shall be made up of representatives of the ADA and the Commission on Dental Accreditation. The committee shall consist of 11 members according to the following formula: 4 representatives from CODA consisting of 1 each from AADE, ADEA, ADA, and a public member from the commission; 7 representatives from the ADA appointed by the President with the consent of the Board of Trustees on a rotating trustee district basis, one of whom shall be an ADA trustee. The trustee shall serve as chair, and be it further

**Resolved**, that this committee shall develop objective criteria for the identification of appropriate international dental educational programs for consultation and accreditation by CODA, and be it further

**Resolved**, that this committee shall authorize CODA to initiate the process of international accreditation of educational programs selected by this committee, and be it further

**Resolved**, that the terms of office of the ADA representatives be a staggered three-year term and be eligible for one additional term of appointment, and be it further

**Resolved**, that the committee provide a report annually on the progress of international activities to the House of Delegates.

In speaking to the substitute, Dr. Norman said, "Basically, the substitute provides for a better representation by the ADA members at large."

Dr. Stephen F. Schwartz, Texas, spoke in favor of the substitute saying, "This is an opportunity for the ADA to maintain a very strong position as we enter some uncharted waters in accrediting foreign dental schools. I think it's important because there is a division in this House over this issue, that at least the ADA as the composition of this committee, allows for the ADA to exert its influence. If you look at Resolution 39BS-1, you will see that all parties of interest are represented in this advisory committee, but it also takes this advisory committee and makes it a consent committee. The funnel that will control the dental schools that are selected to begin the accreditation process will reside in this group. And if the ADA does not have control over this, we could have just as well passed 39 and given it to CODA, but because we have a closer relationship with this process than we can with CODA national accreditation, I encourage you to look strongly at 39BS-1."

Dr. Steven E. Schonfeld, California, spoke against substitution saying, "The representation from CDA to be on the committee that is going to regulate CDA seems sort of redundant. This is an advisory committee which will advise CDA as to what they should be looking at in terms

of which schools to accredit. Once that is done, then the Commission has the ability to do what they want to with the members that were appointed."

Also speaking against the substitute were Dr. Richard A. Crinzi, Washington; Dr. Donald L. Seago, Mississippi; Dr. Thomas Hartog, Illinois; and Dr. David J. Miller, New York.

Dr. Monica Helb, Wisconsin, spoke in favor of the substitute saying, "There's a group of this organization that's uncomfortable with the smaller committee, and so that we can move forward with accreditation, I think it's important that we take those considerations into account and expand the committee size."

On vote, the motion to substitute Resolution 39BS-1 for Resolution 39B was defeated.

Dr. Russell I. Webb, California, spoke in support of Resolution 39B stating, "In California, our dental board is not approving upon request foreign dental schools using a ten-year-old set of standards. The original intent was to delegate this job to CODA, but we couldn't get that, and they wouldn't take it at that time. Now we have one school in Mexico and one school site visit waiting for India. The ADA can offer consultation but these schools can come to the California Board of Dentistry to get approval. So now it is being done by the wrong people. We believe this piecemeal approach to this issue is not in the best interest of dentistry and we certainly don't want our legislators telling us who gets approved."

Dr. Chandurpal Gehani, New York, spoke in support of Resolution 39B saying, "I am a foreign-trained dentist. I was trained in India at the school that I believe was not as good as the schools that we have, which are accredited from the CODA. What the schools abroad are aspiring to do is, they want to raise the bar of dental training and dental education throughout the world."

Dr. Ronald S. Mito, California, also spoke in support of Resolution 39B.

Dr. Robert M. Peskin, New York, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 39B, as follows, was adopted.

**39H-2005. Resolved**, that the ADA and its Board of Trustees support the Commission on Dental Accreditation's initiative to offer consultation and accreditation services to international dental schools, and be it further

**Resolved**, that the ADA and Commission on Dental Accreditation establish a standing, joint advisory committee to provide guidance to the Commission in the selection, development and implementation of an international program of consultation and accreditation for dental education, and be it further

**Resolved**, that the advisory committee include two representatives from the Commission and three representatives from the ADA with one of these representatives from the ADA Board of Trustees as chair and two at-large members from the practicing community appointed by the President, and be it further

**Resolved**, that the terms of office of the ADA representatives be a staggered three-year term and be eligible for one additional term of appointment, and be it further

**Resolved**, that the advisory committee in conjunction with the Commission on Dental Accreditation provide a report annually on the progress of international activities to the House of Delegates.

### **Report of the Reference Committee on Dental Workforce**

The entire Report of the Reference Committee on Dental Workforce was identified as a priority item. The report was presented by Dr. Robert Faiella, chair, Massachusetts. The other members of the Committee were: Dr. Patricia Blanton, Texas; Dr. Alan E. Friedel, Florida; Dr. Monica Hebl, Wisconsin; Dr. Michael Koufos, Indiana; Dr. Jade Miller, Nevada; Dr. Michael T. Rainwater, Georgia; Dr. Barbara A. Rich, New Jersey; and Dr. John R. Williams, Illinois.

Prior to presenting the Committee's report, Dr. Faiella made the following statement:

The Reference Committee commends the vision and direction of the Association on workforce issues and the hard work of the Workforce Models Task Force, but also recognizes that a divided House cannot take the first meaningful step towards solutions that work. The integrity of our deliberations was forged over an 11-hour period, during which we considered all previous work and all testimony provided. It was always the intent as a point of clarification to include the materials of Board Report 15 for further development by any successor task force and to expand the scope and analysis of this complex issue. It is clear from the deliberations and from the testimony that the intentions of all parties are good and that further action must be transparent and inclusive. So in the interest of consensus and good debate, I present the Report of the Reference Committee on Dental Workforce.

**Access to Oral Health Care for the Underserved Populations** (Board of Trustees Resolution 44, Fourteenth Trustee District Resolution 44S-1, Eleventh Trustee District Resolution 44S-2, Seventeenth Trustee District Resolution 44S-3, Sixteenth Trustee District Resolution 44S-4, Fourteenth Trustee District Resolution 66, Board of Trustees Resolution 66B, Fifth Trustee District Resolution 85 and Reference Committee Resolution 85RC): The Reference Committee reported as follows.

The Reference Committee supports the intentions of the Workforce Models Task Force to address the needs of the public and profession on workforce issues, and commends them on their efforts.

The Reference Committee heard evenly divided testimony between those who urged immediate action and those concerned about an incomplete approach to a complex problem. Access to care has many inter-related components. This substitute resolution supports further

work by a new task force to address concerns expressed during the Reference Committee hearing. The recommended composition of the new task force reflects the Reference Committee's awareness of the need for the House of Delegates' full interaction with the development of access to care solutions.

There is a limited window of opportunity for the Association to develop its Workforce model, and to engage in the process of implementation. The Reference Committee believes that giving the new task force a one-year charge will enable the House of Delegates to receive the report, act on any policy recommendations, and prepare its legislative agenda, if it becomes necessary. This substitute resolution is the synthesis of the strongest aspects of many resolutions and the merits of testimony presented. For these reasons, the Reference Committee on Dental Workforce recommends the substitution of Resolution 85RC for Resolutions 44, 44S-1, 44S-2, 44S-3, 44S-4, 66, 66B and 85.

**85RC. Resolved**, that a task force of 19 members be formed consisting of one member from each trustee district and two ADA Trustees appointed by the ADA President, and be it further

**Resolved**, this task force shall collect and review existing data, develop additional information, if needed, and report to the 2006 ADA House of Delegates on the following issues:

- The adequacy of the current workforce to serve the population groups with unmet oral health care needs, and the oral health of the general population.
- The rationale and feasibility of additional duties for allied dental personnel and the possible realignment of roles.
- The impact on access to care in states where expanded duties or independent practice of dental auxiliaries have been granted to members of the dental team.
- The disparity between need and demand for oral health care and the real and perceived causes of any unmet needs.
- The development of strategies to increase oral health literacy and utilization.
- Economic factors including, but not limited to, development of business models and financial incentives that would attract and retain dental practitioners to underserved areas.

Dr. Faiella moved that Resolution 85RC be substituted for Resolution 44 (*Supplement:6023*), Resolution 44S-1 (*Supplement:6023a*), Resolution 44S-2 (*Supplement:6023b*), Resolution 44S-3 (*Supplement:6023c*), Resolution 44S-4 (*Supplement:6023d*), Resolution 66 (*Supplement:6034*), Resolution 66B (*Supplement:6034*), and Resolution 85 (*Supplement:6036*), with the editorial clarification to be consistent with Chapter 11 of the *Bylaws* to allow inclusion of the Association agencies with purview over the charge of that task force.

On vote, Resolution 85RC was substituted for Resolutions 44, 44S-1, 44S-2, 44S-3, 44S-4, 66, 66B and 85.

Dr. Faiella moved the adoption of the substitute Resolution 85RC.

Dr. Michael Halasz, Ohio, moved to substitute Resolution 85RCS-1 for Resolution 85RC.

**85RCS-1. Resolved**, that a task force of 19 members be formed consisting of one member from each trustee district and two ADA Trustees appointed by the ADA President provided that members of the Council on Access, Prevention and Interprofessional Relations and Council on Dental Practice are represented as full voting members, and be it further

**Resolved**, that the Association supports the study of possible new types of allied dental personnel and realignment of roles for existing personnel to perform their duties, and be it further

**Resolved**, that the ADA supports COHP programs as a viable alternative to the DHAT, and be it further

**Resolved**, this task force shall collect and review existing data (including but not limited to Board Report 15), develop additional information, if needed, and report to the 2006 ADA House of Delegates on the following issues:

- The adequacy of the current workforce to serve the population groups with unmet oral health care needs, and the oral health of the general population.
- The rationale and feasibility of additional duties for allied dental personnel and the possible realignment of roles, including the analysis of existing programs where additional duties are in place.
- The impact on access to care in states where expanded duties or independent practice of dental auxiliaries have been granted to members of the dental team.
- The disparity between need and demand for oral health care and the real and perceived causes of any unmet needs.
- The development of strategies to increase oral health literacy and utilization.
- Economic factors including, but not limited to, development of business models and financial incentives that would attract and retain dental practitioners to underserved areas.

In speaking to the substitute Dr. Halasz said, “Basically, this is an amendment by addition. What we are doing here is, it adds to the language of Resolution 44. It adds language to clarify the ADA support of the concept of community based oral health providers. And it adds language on the data to be reviewed.”

Dr. N. Tyrus Ivy, Georgia, spoke in support of Resolution 85RCS-1 saying, “This is the effort of a lot of hard work to bring some consensus to the House on a very delicate issue. I think that this has been discussed in great detail, and I would like to say that I put my personal support on this resolution as a representation of some of

the work that we went through before this meeting, and we accept this as a reasonable compromise from which to make a format. It will not make everyone happy. But this will be a format from which we can run a very reasonable debate.”

Others speaking in support of substitution were Dr. Mary Krempasky Smith, Washington; Dr. Robert E. Roesch, Nebraska; Dr. Charles C. McGinty, Missouri; and Dr. S. Edwin Mehlman, Rhode Island.

On vote, Resolution 85RCS-1 was substituted for Resolution 85RC.

Dr. N. Tyrus Ivey, Georgia, moved to delete the third resolving clause of Resolution 85RCS-1 and substitute the following new resolving clause:

**Resolved**, that for the duration of this task force, the ADA support COHP programs without including ART and local anesthesia as a viable alternative to the DHAT program.

Dr. Edwin S. Mehlman, Rhode Island, spoke against the amendment saying, “I don’t think you form a task force of over 19 people and then bind their hands. I think when they study the issue, they can come back to this House with a report and the House can correct the report or change the report at that time. In Alaska, the dental aides have already been giving ART. And now we are saying that in this county, in the 48 of the continental United States, it is not going to be allowed. I think good management today is to form a committee, give them the task, and let them come back with their report, without shackles on their hands.”

Dr. Michael D. Vaclav, Texas, speaking in favor of the amendment said, “I speak for the amendment and it does not put shackles on the task force at all, but it does, during the interim, it gives the ADA a policy of stating that we are not—the COHP programs—that we are not supportive of local anesthesia and ART to be done. It doesn’t matter whether Alaska is doing it or not. We don’t have to change our policy or say we can’t do it because Alaska is doing it. I think the ADA needs to have a policy during the interim while that task force is coming out with its final results.”

Dr. Jeffrey M. Cole, Delaware, also supported the amendment saying, “This serves as interim policy. We were told that we need to move forward, but if they do find that, in fact, in getting all this information that that may not be the best way, it does sunset that, to some degree.”

Dr. Mark S. Ritz, Georgia, also spoke in favor of the amendment.

Dr. Ivy said, “Mr. Speaker, there are a lot of people in this organization who have grave concerns about the path on which we have chosen or are about to choose and make a decision on what we will do in the next year of this organization. The Board of Trustees and the officers of the Association have invested a great deal of time and effort to get us to this point. The task force has worked hard, and while I may not agree with what they have come

out with, I certainly accept it as something that should go forward to be considered.”

Dr. Bryan C. Edgar, Washington, spoke against the amendment saying, “This amendment is basically doing the work of the task force in coming back and trying to have this House make the decision of how to move forward with delegation of these duties. In our state, we do have auxiliaries that give anesthetic so we may disagree, but let’s not have that debate this year. Let’s wait until next year.”

Dr. Allen Hindin, Connecticut, also spoke against the amendment saying, “I think that the amount of information that our organization needs vastly supersedes the concerns that our fears bring to the table. What is going on in Alaska right now is the elephant in the middle of our living room, and the reality of what it is going to generate is something that we have to know. So the more we tie our people down with the lack of ability to look at information or the inability to create information is going to serve this House very badly next year.”

Dr. Mary Krempasky Smith, Washington, speaking against the amendment said, “I think it is inappropriate to tie the hands of the task force or to predict what the policy should say, because then what is your task force going to do? The policy is to be developed by the task force to come to the House to be voted on and approved or rejected at that time. Let’s not tie the hands at this House.”

Dr. Amid I. Ismail, Michigan and Dr. Maxine Fine, New Jersey, also spoke against the proposed amendment.

Dr. Zack Studstill, Fifth District trustee, speaking in support of the amendment, said, “Just for purposes of clarification as far as where I might be coming from as chair of the task force and as a member of the Board of Trustees, I had a part in crafting part of this compromise. It is something that I feel...will really help this House. It will help our Association, and I want to make sure that everyone in the House knows that this is something I support fully.”

Dr. Michael B. Rogers, Georgia; Dr. John E. Roussalis, Wyoming; and Dr. Raymond A. Cohlma, Oklahoma, also spoke in support of the proposed amendment.

On vote, the amendment to Resolution 85RCS-1 was adopted.

Dr. Thomas P. Floyd, Florida, moved to amend Resolution 85RCS-1, in the first resolving clause, by adding the word “four” after the words “provided that” and inserting the words “two members of the” between “Interprofessional Relations and Council on Dental Practice” so the amended language in the first resolving clause would read:

**Resolved**, that a task force of 19 members be formed consisting of one member from each trustee district appointed by the ADA President provided that four members of the Council on Access, Prevention and Interprofessional Relations and two members of the Council on Dental Practice are represented as full voting members, and be it further

In speaking to the amendment Dr. Floyd said, “The reasons we feel so strongly about this is back when we had our task force on access...I was somewhat perturbed that we didn’t have representation of people that were providing access to the individuals that we were dealing with. We didn’t have Medicaid providers. We didn’t have people that had expertise in this area. I think it is somewhat hypocritical that we sent forward a task force—particularly if it’s supposed to be a task force of expertise—that is either lacking or insignificantly represented by members of this party, the Medicaid providers, as well as improperly, I think, representing the Council that should be dealing with this, and that’s CAPIR.”

Dr. David C. Anderson, Virginia, spoke against the amendment saying, “While I understand the intent of the maker’s motion, I think you will find today at the House you will have a number of different motions to change the composition of this. And one of the things that I fear with such a small expert driven panel is the disconnect between this House. The bottom line is one of the things that has happened is there seems to be a disconnect between the House and this entire process. And I think you will find in some of the other resolutions that come about, that there will be more members from the House put on this panel so that there can be more interplay between the House, the panel and our resolution in Las Vegas. The bottom line is that oftentimes we do the same thing over and over again each time expecting a different outcome, and this is what will happen unless we get the House more involved.”

Dr. Gary S. David, Pennsylvania, as a point of inquiry, asked how many members would be on the task force based on the pending amendment.

The Speaker stated, “It’s going to be 19 members of district representation, of which some of those districts will have members on CAPIR and some on Dental Practice and those would be the ones that may be appointed to that task force.”

Dr. Morris Antonelli, Maryland, speaking in favor of the amendment said, “I think that this is a clarifying amendment. Certainly, all of the members will be members from the House. The intent of the original RCS-1 was to include representation from both CAPIR and the Council on Dental Practice. This merely defines the numbers and it puts in some absolute terms.”

The Speaker stated “It won’t all be members from the House. It will be members from the districts.”

As a point of information, a delegate asked if CAPIR and the Council on Dental Practice were the only two councils involved in the process. He indicated that it would seem appropriate that the Council on Dental Education and Licensure and Council on Government Affairs should also be included.

In response, Dr. Soliday said, “Your Speaker checks resolutions like this, and I checked the duties of all the councils and only two councils were involved in this, and that’s why I insisted so that we wouldn’t be in violation of our *Bylaws* to have those two councils.”

Dr. Samuel L. Low, Florida, and a member of CAPIR spoke in favor of the amendment.

Dr. A. J. Smith, Utah, spoke against the amendment saying, "Mr. Speaker, I respectfully disagree with you. I believe there are four councils who have and would claim oversight responsibility in this area, and that includes Government Affairs and it includes CDEL in this matter too, and I believe that they should be represented as well. I also think that this task force, as it is composed in this resolution, is way oversized and very cumbersome, a very unworkable task force, and I submit to this body that there are some other amendments to this resolution that create a much more workable task force with representation from all 17 districts. And so, at this time, I would move for defeat of this amendment so that we can move on to some of the other options that are available."

Dr. Philip H. Hunke, Texas, spoke in favor of the amendment.

Dr. Dennis E. Manning, Illinois, questioned the makeup of the task force, and spoke in support of including representatives from CDEL on the task force.

In response, the Speaker said, "It's your Chair's opinion, I put the two that I thought were directly related to this. If the House thinks somebody else should be on it, then you may make the amendment."

Dr. Richard Haught, ADA president, commented on the development of the task force. He said, "First off, the 19 members of this is a fairly fragile coalition that we put together, and I think it's very important that we have those 19 members in here. Now the intent...is these 19 members would oversee every bit of this issue. Now it was always thought that the original 85, the majority of that, would go right into CAPIR. That is CAPIR's responsibilities except one of those bullets. These 19 people would be overlooking that while CAPIR is doing its work, while Dental Practice is doing its work. We realize Government Affairs and Education [are] going to be involved with this at the same time. This goes through all Association agencies, but at the same time, this 19 member group will be looking at other aspects of it and coordinating all this information to put it all together. So I think the number 19 is very important, and the intent, as we work through this agreement, is that each of these agencies would be involved. Now Dr. Brandjord and I, as we talked, he is adamantly aware of what your concerns are and will be working with each of you and your trustees on who should be on it, and that's the reason this is left at just members of the Council on Access and Dental Practice so that you know that is the intent. But it will go to those other agencies and every council will be involved.

So I would urge you to think very carefully in this and not be so specific, because I think if we get too much in that, we might lose this agreement and then not be able to carry this forward. I think we always have to look...at what we want to accomplish in this at the end of next year when this all comes back to you in Las Vegas. Then if you feel like it hasn't been done right, I think you could make some changes then because you are not coming back to anything in Vegas but continuation of this concept

and then that's when you will be making some real major decisions then."

Dr. Michael L. Stuart, Texas, spoke in support of the amendment stating, "I just want to make the members of the House aware that the Council on Dental Practice has been working for two years on a project we've entitled 'Dental Practice 2020,' looking for the future of dentistry and what practice will be like in 2020. The Council is certainly involved in this already, and I support this amendment and the Council on Dental Practice will look forward to giving input in this area."

Dr. Charles C. McGinty, Missouri, said, "I rise in opposition to this amendment for many of the reasons that our President just stated. It states in there that the President will appoint these people. I think we should have confidence in our leadership that they will select the best individuals from the House and from the councils to work on this for the coming year."

Dr. Robert Brandjord, ADA President-elect, said, "I just want to assure you that I hear your concerns. I have heard a lot of individuals coming forward with trying how to adjust the selection of these individuals, whether it be by councils, whether it be by number that are brought forward by the Board of Trustees to give me to pick from. We are making it very complex right now. What we want is the best representative from each of the districts and we want representations from the councils as part of that group. So I hear what you want. I have heard people come up to me, assure me that you will have one or two people that were on this task force that have history. I want people from CAPIR on here. I want people from CDEL. We have a lot of varieties of things we want. We want to incorporate our best individuals to look at this that give broad perspective and representation across all...districts. ...And so I really would like to have the opportunity. I wish you would have the faith and trust in me to give you the selection that would be appropriate. When we're putting a lot of handcuffs on this, it's going to make it very difficult for the trustees to bring forward names, and when we get all the names together, how we would put them in the right category. So I appreciate Charlie's comments, and I wish you'd give us the trust and opportunity."

Dr. Thomas P. Floyd, Florida, said, "I want to remind you in previous task forces we've not had representation with Medicaid providers on the access task force. What I'm trying to guarantee is that we're going to have four people that are out there treating these patients and will add significant amount of credibility to this group. So if you go before Congress, anybody in this group, or goes before significant leadership in their state, they can say, yeah, I'm out there, I'm treating these children, I reaffirm what this ADA task force says. I think that without this guarantee, you are lacking credibility in that area."

Dr. Brandjord responded, "I understand those issues very clearly and I want to make that a part of that. I have been a Medicaid provider my entire professional career and continue to be to this day. I understand the importance of that and I understand the importance of being able to say that when you are sitting in front of the

committees...that isn't the only point. We need diverse information, so if I could have just the faith and trust of this body to allow me to put together that coalition, I think I can deliver for you."

On vote the proposed amendment was defeated.

Dr. Kirk Norbo, Virginia, moved to further amend Resolution 85RCS-1 in the first resolving clause by adding after the words "trustee district" the words "selected by the president from a pool of three nominees from each district." In speaking to the amendment Dr. Norbo said, "The rationale here would be that I think next year when this information comes back to us, we would, as a district, feel more comfortable if we know that we've got as much input as possible into this task force."

Dr. David C. Anderson, Virginia, supported the amendment saying, "I would hope that the House and the President accept this as a friendly amendment. The rationale behind this is that, as I spoke before, if the House has no ownership, if the House isn't intimately involved, if the House isn't hands on, we are going to have a repeat of this debate next year."

Dr. Alan Friedel, Florida, a member of the Workforce Reference Committee, said "I rise to speak against this amendment, and the reason that I do that is, we've just heard our President-elect ask for the ability to find someone to represent the various communities of interest that need to be on here. If we go and select three names from every district, it may, in fact, be random enough that he will not have the pool to select from that properly represents each of those areas. If he needs to find a number of people from CAPIR and someone from Practice and, perhaps, as well, as we heard earlier, CDEL and Government Affairs, the pool randomly picked from each state may not represent that and, therefore, I speak against that."

Dr. Bruce R. Hutchinson, Virginia, moved to amend the pending amendment by inserting after the phrase "selected by the president from a pool of three nominees from each district," the words "if possible." In speaking to the amendment he said, "This came from our district and we've heard the appeal from the President, and I believe his efforts would be to do exactly this any way. But we've also heard that there is a serious disconnect with this House in what was presented. They don't feel it was theirs. This would make it crystal clear that this House had some input."

A delegate speaking against the amendment said, "I would ask you to vote against the additional substitution for one reason. I think if you throw in 'if possible,' we're muddying the whole thing. We're muddying the intent of getting the House involved."

On vote, the secondary amendment was defeated.

Dr. John R. Williams, Illinois, move to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the proposed amendment to Resolution 85RCS-1 was defeated.

Dr. A.J. Smith, Utah, moved to amend Resolution 85RCS-1 by substituting the following for the first resolving clause:

**Resolved**, that a task force be formed composed of two members of the Board of Trustees appointed by the ADA President and one member of each from the Council on Dental Practice, Council on Access, Prevention and Interprofessional Relations, Council on Dental Education, and Council on Government Affairs nominated by the respective council chairs and up to three other members with special expertise appointed by the ADA President, and be it further

Asking for clarification, the Speaker said, "I am having a little problem with your first resolving clause, sir. When you say 'one member from each Council on Dental Practice,' our *Bylaws* say 'members' in the bylaws from the councils that are involved in the bullets that we're talking about down there. One member is not members. And, therefore, I would rule that part out of order. If you want to correct that, you may do that. I'll accept an editorial amendment. Otherwise, it's out of order."

Dr. Smith editorially amended the substitute to add two members each from CDP and CAPIR and one member each from CDEL and CGA.

In speaking to the amendment he said, "I have worked on several ADA task forces, I've been a council member and a council chair, and I know that a 19 member task force is very cumbersome and unworkable. A consensus panel is a great opportunity to involve each district. I served on the Parameters Committee, and...whether you like parameters or are glad that they are a thing of the past but still in place, the committee process worked very, very well. And so I envision this task force meeting doing their preliminary work with input from the consensus panel. Then the consensus panel...meets with the task force and takes all the preliminary information...they digest it, dissect it, put it back together, provide great input to the task force before the task force presents their final report. I just believe this is a much more workable, less cumbersome situation with input from the councils and each district, as I believe this House would like to see."

Dr. Brien Harvey, Arizona, asked for a point of clarification saying, "I believe that you said there were two councils that had purview over this issue, so wouldn't we need two members of each of those two councils?"

Responding, Speaker Soliday said, "You need two members of the Council on CAPIR and Dental Practice. Thank you for pointing that out...I thought it did say CAPIR. But it would be two members from the Council on Dental Practice, two members from the Council on CAPIR, and one member from those other councils that they have mentioned there."

Dr. Alan E. Friedel, Florida, spoke against the amendment, saying, "The task force spent considerable time discussing the fact that much of our concern in this House of Delegates about the workforce task force report was the disconnect, and distance that the Board had gone,

that they had gotten beyond where the House of Delegates was, and the feeling was that having someone from every district represented on that task force would allow them to report back to their districts and to their grassroots members for the buy-in that was needed for us to make the decision and to feel comfortable with the decision at the next House. I have heard two speakers come to the microphone and tell us that a 19 member task force is too large to be workable. May I remind you that this is virtually the size of every council in the ADA. They are all workable. The other thing is, that we, who are members of the Reference Committee, believed that it was natural and appropriate for this particular task force to divide into subcommittees to do work as smaller groups and then come back together as a group of the whole to deliberate. The funding of \$120,000 was put in place to allow that to happen.”

Dr. Joseph Kenneally, Maine, and Dr. N. Tyrus Ivey, Georgia, also spoke against the amendment.

A delegate moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the proposed amendment was defeated.

Dr. Kirk Norbo, Virginia, suggested as an editorial change to Resolution 85RCS-1 that the abbreviations DHAT (Dental Health Aide Therapist) and COHP (Community-based Oral Health Provider) be spelled out in the resolution. Hearing no objections, the editorial change was accepted.

Dr. S. Jerry Long, Texas, moved to amend the Resolution 85RCS-1 in the second resolving clause by replacing the words “types of” with the words “duties for.” In speaking to the amendment, Dr. Long said, “I know there have been political forces at work to change some things that came from the Reference Committee, and I am not opposed to that. But I think this is a subtlety in the compromise position that could have great consequences for everyone as you go back home and deal with an eventual result of the work of this task force.

I am the legislative chair of the Texas Dental Association, and I believe that we need to fix the Alaskan situation, and we are probably going to have to do it with a new type of model for a new type of provider in Alaska that is an alternative to the DHAT, but I don’t believe in fixing that to the point of really crippling the states and pulling the rug out from under all of the states out there who are trying to determine their own practice models in their own states. Doing this by only looking at models of the allied dental personnel would be equivalent to trying to kill a fly with a ten-pound hammer.”

Dr. Allen Hindin, Connecticut, spoke against the amendment saying, “If I recall correctly, the environmental scan contains some very clear instructions and recommendations to this organization, and one of them specifically recognized the fact that we really do have to think about categories of personnel.”

A motion was made to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the amendment was defeated.

**Announcement of Election Results:** The Speaker announced that the election for the office of ADA president-elect resulted in a tie with both Dr. Kathleen Roth and Dr. Bernard McDermott receiving 228 votes each. A second balloting was held from noon to 1:30 p.m.

**Access to Oral Health Care for the Underserved Populations (continued):** Dr. Michael B. Rogers, Georgia, moved to vote immediately on Resolution 85RCS-1.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 85RCS-1 as amended was adopted.

**85H-2005. Resolved,** that a task force of 19 members be formed consisting of one member from each trustee district and two ADA Trustees appointed by the ADA President provided that members of the Council on Access, Prevention and Interprofessional Relations and Council on Dental Practice are represented as full voting members, and be it further

**Resolved,** that the Association supports the study of possible new types of allied dental personnel and realignment of roles for existing personnel to perform their duties, and be it further

**Resolved,** that for the duration of this task force the ADA supports community-based oral health provider (COHP) programs without including ART and local anesthesia, as a viable alternative to the dental health aide therapist (DHAT) program, and be it further

**Resolved,** this task force shall collect and review existing data (including but not limited to Board Report 15), develop additional information, if needed, and report to the 2006 ADA House of Delegates on the following issues:

- The adequacy of the current workforce to serve the population groups with unmet oral health care needs, and the oral health of the general population.
- The rationale and feasibility of additional duties for allied dental personnel and the possible realignment of roles, including the analysis of existing programs where additional duties are in place.
- The impact on access to care in states where expanded duties or independent practice of dental auxiliaries have been granted to members of the dental team.
- The disparity between need and demand for oral health care and the real and perceived causes of any unmet needs.
- The development of strategies to increase oral health literacy and utilization.
- Economic factors including, but not limited to, development of business models and financial incentives that would attract and retain dental practitioners to underserved areas.

**Appointment of Task Forces** (Board of Trustees Resolution 45, Fourteenth Trustee District Resolution



45S-1, and Seventeenth Trustee District Resolution 45S-2): The Reference Committee reported as follows.

The Reference Committee believes that if new duties for allied personnel are indicated, educational curricula will need to be revised or developed. Pending the report of the Task Force, development of this framework would be premature.

For these reasons, although the Reference Committee recognizes that these issues may be revisited next year, the Committee recommends that Resolutions 45 (*Supplement: 6024*), 45S-1 (*Supplement:6024a*) and 45S-2 (*Supplement:6024c*) not be adopted.

**45. Resolved**, that the president appoint a task force comprised of representatives from appropriate ADA agencies and other outside organizations, including, but not limited to, the American Dental Education Association (ADEA) to develop innovative education and training programs and an educational curriculum that is appropriate for each category of allied dental personnel listed in Report 15, and be it further

**Resolved**, that this task force, in carrying out its mission, meet with educators, educational researchers, and others who can assist in the design of the curricula necessary for each category of allied dental personnel; and to also address the issue of alternative career pathways for allied dental personnel who are interested in serving in additional capacities as members of the dental team, including that of a dentist; and to recommend changes in educational curricula that will be needed to accomplish such purposes, and be it further

**Resolved**, that the task force work in consultation with the appropriate recognized dental specialty associations to generate the appropriate models and curricula for assistants in the specialty areas, and be it further

**Resolved**, that if the task force determines that the categories, duties and levels of supervision outlined in Report 15 need further refinement as they develop the appropriate curriculum for those categories, they have the authority and flexibility to recommend such refinements in order to reflect the intent and spirit of Report 15, and in order to present recommendations that are in the best interests of the dental profession, and be it further

**Resolved**, that this new task force provide a report to the 2006 House of Delegates with recommendations and proposed resolutions, to support: changes in educational programs for training allied dental personnel and dentists; revision of the ADA Comprehensive Policy Statement on Allied Dental Personnel as well as other changes necessary to reflect the new and revised categories of allied dental personnel; and urging constituents to advocate for changes in state laws and regulations to such policy changes.

Dr. Faiella moved Resolution 45.

Dr. N. Tyrus Ivy, Georgia, moved that Resolution 45 be referred to the newly formed task force.

Dr. Bruce R. Hutchinson, Virginia, asked if it would be in order to refer Resolutions 45, 46 and 47 or if they should be handled one at a time.

Dr. Soliday indicated that the resolutions would be considered separately.

On vote, Resolution 45 was referred to the newly formed task force.

Dr. Faiella moved Resolution 45S-1.

Dr. Steven E. Schonfeld, California, moved to refer the remaining task force resolutions to the newly formed task force. The Speaker declined, responding that each resolution would be considered separately as they were by the Reference Committee.

**45S-1. Resolved**, that the president appoint a task force comprised of representatives from appropriate ADA agencies and other outside organizations, including, but not limited to, the American Dental Education Association (ADEA) to develop innovative education and training programs and an educational curriculum that is appropriate for each expanded function for allied dental personnel listed in Report 15, and be it further

**Resolved**, that this task force, in carrying out its mission, meet with educators, educational researchers, and others who can assist in the design of the curricula necessary for each expanded function for allied dental personnel; and to also address the issue of alternative career pathways for allied dental personnel who are interested in serving in additional capacities as members of the dental team, including that of a dentist; and to recommend changes in educational curricula that will be needed to accomplish such purposes, and be it further

**Resolved**, that the task force work in consultation with the appropriate recognized dental specialty associations to generate the appropriate models and curricula for assistants in the specialty areas, and be it further

**Resolved**, that if the task force determines that the expanded functions, duties and levels of supervision outlined in Report 15 need further refinement as they develop the appropriate curriculum for those expanded functions, they have the authority and flexibility to recommend such refinements in order to reflect the intent and spirit of Report 15, and in order to present recommendations that are in the best interests of the dental profession, and be it further

**Resolved**, that this new task force provide a report to the 2006 House of Delegates with recommendations and proposed resolutions, to support: changes in educational programs for training allied dental personnel and dentists; revision of the ADA Comprehensive Policy Statement on Allied Dental Personnel as well as other changes necessary to reflect the new and revised expanded functions for allied dental personnel; and urging constituents to advocate for changes in state laws and regulations to such policy changes.

On vote Resolution 45S-1 was referred to the newly formed task force.

Dr. Faiella moved Resolution 45S-2.

Dr. Mark Zust, Tennessee, moved to refer the entire report on the workforce to the newly formed task force. In speaking to the motion, Dr. Zust said, "This House has just spent an hour trying to do something that everybody wanted to do. You have got the task force in place now. You've got the people that you want to have on it. The job of the task force is clear. Everything that we are going to talk about is something that the task force needs to do. There is no reason to not to approve this motion. Do it now and we are done with the entire report and we did what the whole House wants."

A motion was made to vote immediately.

The Speaker declined the motion to vote immediately saying, "This is a very important thing. I want to make sure that we have enough debate on that, so I'm not accepting that motion yet."

Dr. Zust challenged the ruling of the Chair.

The Speaker responded saying "The Chair feels that there was only one person, the maker of the motion, who had the chance to speak on the motion to refer all those packages there, and it's the Chair's prerogative if they feel that we did not have enough debate on something that's so important as a referral, not to accept that motion until we had a few more people to debate on it. So that is the Chair's decision."

In response Dr. Zust said, "The reason I challenged the Chair sir is because I feel that the motion was in order. The motion was a motion to vote immediately. The House can decide whether they want to vote... immediately or not. I think it is up to the House to decide, not the Chair."

Dr. Edwin S. Mehlman, Rhode Island, was opposed to voting immediately noting that the last three resolutions in the workforce report didn't relate to the task force's charge.

Dr. Bryan C. Edgar, Washington, speaking in support of the ruling of the Chair said "I stand to strongly oppose the motion to vote immediately."

Dr. Matthew J. Campbell, California; Dr. Monica Hebl, Wisconsin; and Dr. Denny W. Homer, Washington, all supported the Chair's ruling.

On vote, the ruling of the Chair was sustained.

Dr. Edwin S. Mehlman, Rhode Island, moved to amend the motion to refer the balance of the workforce report excluding Resolutions 48, 59, 59RC and 62.

Dr. Monica Hebl, Wisconsin, said, "I think it's important that we take the recommendations that were voted 'yes' and actually discuss them today and not put them off a year. There are things in there that could go forward and are important to go forward and they should go forward this year and not be delayed a year."

Dr. Steven E. Schonfeld, California, spoke in favor of the amendment, saying "It was the intent of the compromise that the Resolutions 45, 46, and 47 be referred; 48 59, 59RC and 62 were not part of that packet."

Dr. N. Tyrus Ivey, Georgia, and Dr. Michael T. Rainwater, Georgia, also spoke in support of the amendment.

A delegate from the floor offered a friendly amendment to the motion to refer and suggested rewording the language to state "refer Resolutions 43, 45, 46 and 47 and all subsidiary motions attached to them" instead of referring the balance of the report absent these others.

On vote, the amendment to the motion to refer was adopted.

On vote, the motion to refer Resolutions 43, 45S-2, 46, 46S-1, 46S-2 and 47 to the task force was adopted.

#### *Referred Resolutions.*

**43. Resolved**, that the appropriate ADA agencies be requested to conduct a study and report to the 2006 House of Delegates on the following issues:

- Study the effect of changing demographics of dental school classes relative to practice patterns and career longevity, including their effects on hours worked per year to determine if it has any impact on the workforce predictions for future demand of dentists.
- Study the effect of an increased demand on non-disease type treatments on the profession's ability to provide dentists to meet this demand.
- Study the access to care issue and determine if loan forgiveness programs or other initiatives can be developed to encourage dentists to practice in communities where an access problem can be substantiated.
- Study the current dental schools class sizes and report if all dental schools are accepting and graduating the maximum number of students allowable under their program. If not report why not and make a recommendation to address the issue.

**45S-2. Resolved**, that, given its duties under the *Bylaws*, the *Council on Dental Education and Licensure* is directed to ~~president~~ appoint a Task Force comprised of representatives from appropriate ADA agencies and other outside organizations, including, but not limited to, the American Dental Education Association (ADEA) to develop innovative education and training programs and an educational curriculum that is appropriate for each category of allied dental personnel listed in Report 15, and be it further

**Resolved**, that the *Council on Dental Education and Licensure* this Task Force, in carrying out its mission, meet with educators, educational researchers, and others who can assist in the design of the curricula necessary for each category of allied dental personnel; and to also address the issue of alternative career pathways for allied dental personnel who are interested in serving in additional capacities as members of the dental team, including that of a dentist; and to recommend changes in educational curricula that will be needed to accomplish such purposes, and be it further

**Resolved**, that the ~~Task Force~~ *Council on Dental Education and Licensure* work in consultation with the appropriate recognized dental specialty associations to

generate the appropriate models and curricula for assistants in the specialty areas, and be it further **Resolved**, that if the ~~Task Force~~ Council on Dental Education and Licensure determines that the categories, duties and levels of supervision outlined in Report 15 need further refinement as they develop the appropriate curriculum for those categories, they have the authority and flexibility to recommend such refinements in order to reflect the intent and spirit of Report 15, and in order to present recommendations that are in the best interests of the dental profession, and be it further

**Resolved**, that this new Task Force the Council on Dental Education and Licensure provide a report to the 2006 House of Delegates with recommendations and proposed resolutions, to support: changes in educational programs for training allied dental personnel and dentists; revision of the ADA Comprehensive Policy Statement on Allied Dental Personnel as well as other changes necessary to reflect the new and revised categories of allied dental personnel; and urging constituents to advocate for changes in state laws and regulations to such policy changes.

**46. Resolved**, that the appropriate ADA agencies, in concert with other collaborators, as appropriate, design and develop pilot projects that can be carried out in selected states or locales, and be it further **Resolved**, these pilot projects be done in collaboration with the relevant constituent dental societies where feasible, including but not limited to seeking appropriate changes in legislation or regulations as necessary to conduct the pilot projects, and be it further **Resolved**, that the Board of Trustees issue a progress report to the 2006 House of Delegates on the status of the pilot projects, with a final report and recommendations presented to the 2007 House of Delegates.

**46S-1. Resolved**, that the appropriate ADA agencies, in concert with other collaborators, as appropriate, design and develop pilot projects that can be carried out in selected states or locales, provided they do not include irreversible procedures, as defined by Board Report 15 and be it further **Resolved**, these pilot projects be done in collaboration with the relevant constituent dental societies where feasible, including but not limited to seeking appropriate changes in legislation or regulations as necessary to conduct the pilot projects, and be it further **Resolved**, that the Board of Trustees issue a progress report to the 2006 House of Delegates on the status of the pilot projects, with a final report and recommendations presented to the 2007 House of Delegates.

**46S-2. Resolved**, that the appropriate ADA agencies, in concert with other collaborators, as appropriate, design and develop pilot workforce projects that are consistent with the findings outlined in Report 15 and can be carried out in selected states or locales, and be it further **Resolved**, these pilot projects be done in collaboration with the relevant constituent dental societies where feasible, including but not limited to seeking appropriate

changes in legislation or regulations as necessary to conduct the pilot projects, and be it further **Resolved**, that the Board of Trustees issue a progress reports to each session of the ~~2006~~ House of Delegates on the status of the pilot projects, with a final report and recommendations presented to the ~~2007~~ 2010 House of Delegates.

**47. Resolved**, that the appropriate Association agencies, in consultation with the Commission on Dental Accreditation and the American Dental Education Association, develop dental school guidelines regarding assessment criteria for credit for clinical courses that dental hygienists have already satisfied.

**Dr. Linda K. Himmelberger, chair, Committee on Credentials, Rules and Order:** Dr. Himmelberger explained the first balloting process for the office of president-elect noting that 459 delegates voted, with 228 ballots cast for Dr. McDermott and 228 ballots cast for Dr. Roth. One ballot, she said, had both candidates punched and was discarded and two were blank which resulted in the tie vote. Dr. Himmelberger explained that the second balloting would be a paper ballot. She also advised for those who had concerns where a delegate left and alternates were seated in their place, that all of the secretaries of the delegations have the blue substitution forms and that the Alternate Pass would scan, allowing them to vote.

Dr. La Juan Hall, California, moved to recess the House of Delegates until 1:30 p.m.

On vote, the motion was adopted and the Second Meeting of the House was recessed at 12:00 p.m.

## Monday, October 10, 2005

### **Third Meeting of the House of Delegates**

**Call to Order:** The Third Meeting of the House of Delegates was called to order at 1:30 p.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday.

### **Priority Items**

#### **Report of the Reference Committee on Dental Workforce (continued)**

**Model Curriculum to Facilitate Development of Dentists Trained with a Focus on Community-based Dentistry** (Board of Trustees Resolution 48): The Reference Committee reported as follows.

The Reference Committee concurs with the Board and recommends that Resolution 48 be adopted.

**48. Resolved**, that the appropriate Association agencies work with the dental education community to develop a model for curriculum changes that would facilitate the

development of dentists trained with a focus on community-based dentistry, and be it further

**Resolved**, that the model be field-tested by one or more pilot projects that would deliver not only acute care to patients, but also work to provide public health interventions to maximize prevention of oral disease before it is manifest, and be it further

**Resolved**, that a progress report on these pilots be reported to the 2006 House of Delegates, with a final report and recommendations at the 2007 House of Delegates.

Dr. Faiella moved the adoption of Resolution 48 (*Supplement:6027*).

Dr. David P. Kumamoto, Illinois, moved to amend the first resolving clause of Resolution 48 by inserting the words “and/or apply existing models” after the words “curriculum changes.”

In speaking to the amendment Dr. Kumamoto said, “The Robert Wood Johnson Foundation awarded three \$1.5 million grants to three dental schools, and I teach at one of those schools. And we are in a fourth year of the five-year grant implementing in our curriculum community-based education. So I think it would be reinventing the wheel to go forward with trying to develop some models when models are almost completed now.”

On vote, the proposed amendment was adopted.

On vote, Resolution 48 as amended was adopted.

**48H-2005. Resolved**, that the appropriate Association agencies work with the dental education community to develop a model for curriculum changes and/or apply existing models that would facilitate the development of dentists trained with a focus on community-based dentistry, and be it further

**Resolved**, that the model be field-tested by one or more pilot projects that would deliver not only acute care to patients, but also work to provide public health interventions to maximize prevention of oral disease before it is manifest, and be it further

**Resolved**, that a progress report on these pilots be reported to the 2006 House of Delegates, with a final report and recommendations at the 2007 House of Delegates.

**Review of Policies Regarding Supervision of Hygienists** (First Trustee District Resolution 59 and Reference Committee Resolution 59RC): The Reference Committee reported as follows.

The Reference Committee believes Resolution 59RC clarifies the intent of the makers of the original resolution.

**59RC. Resolved**, that the appropriate ADA agencies, in consultation with the recognized dental specialties, review public health supervision of dental hygienists in all U.S. licensing jurisdictions and report to the 2006 House of Delegates with a definition of public health supervision.

Dr. Faiella moved that Resolution 59RC be substituted for Resolution 59 (*Supplement:6032*).

On vote, Resolution 59RC was substituted for Resolution 59.

Dr. James F. Hagenbruch, Illinois, moved to amend the Resolution 59RC by inserting after the words, “dental specialties” the words “and representatives from general dentistry.”

Dr. Hagenbruch said, “I’m sure this was just an accidental oversight and never meant to be a slight to the 80% of the ADA members who are general dentists.”

Dr. Linda J. Edgar, Washington, spoke in support of the amendment.

On vote, the proposed amendment was adopted.

Dr. Edwin Mehlman, Rhode Island, moved to further amend the resolution by deleting the words “public health” and the words “with a definition of public health supervision” so the amended resolution would read:

**Resolved**, that the appropriate ADA agencies, in consultation with the recognized dental specialties and representatives from general dentistry, review supervision of dental hygienists in all U.S. licensing jurisdictions and report to the 2006 House of Delegates.

The Speaker stated that each amendment would be considered separately.

In speaking to his amendment Dr. Mehlman said, “This was originally a First District resolution, and we wanted all of hygiene supervision to be looked at. The way it is worded may not hurt, but it could be read just hygiene supervision and public health areas, and we wanted hygiene supervision all over the country in private offices or wherever looked into.”

On vote, the proposed amendment to delete the words “public health” was adopted.

Speaking against the second proposed amendment to delete the words “with a definition of public health supervision,” Dr. Monica Hebl, Wisconsin, said “I don’t think we want to be less direct and...take that public health supervision definition language out. We need a public health definition that allows dentists to be able to diagnose in that definition and keep the dentist as the diagnoser.”

Dr. Allen Hindin, Connecticut, spoke in favor of the proposed amendment saying, “The question of having dental hygienists looked at as a two-tiered access pattern is inherent to calling dental hygiene supervision one level or one type and public health...another type in private practice. If it is the same educated person under the same license, the standard ought to be the same.”

Dr. Michael T. Rainwater, Georgia, a member of the Reference Committee, spoke in opposition to the amendment saying, “I would ask the House to read the very short background statement with this original resolution on page 6032, and the Reference Committee thought that we were complying with the wishes of the maker of the resolution. If you read the background that seems to be what they are asking for us to do.”

Dr. Alan S. Gold, Massachusetts, spoke in support of deletion saying, "I was chair of the district's reference committee on workforce and the origin of this resolution came about with the recommendations of the task force and a question as to the supervision and category of supervision of hygienists. I think there seems to be some confusion between the term "public health" and "health of the public." And our original intention didn't have anything really to do with public health but rather to revisiting different degrees of supervision of dental auxiliaries, and particularly of hygienists."

Dr. Edwin S. Mehlman, Rhode Island, moved to withdraw the amendment, to strike the words "with a definition of public health supervision."

Hearing no objection from the House, the Speaker declared the amendment withdrawn.

Dr. Mehlman moved to further amend Resolution 59RC by inserting the words "in all work settings including public health agencies" after the words "U.S. licensing jurisdictions" so the amended Resolution 59RC would read:

**Resolved**, that the appropriate ADA agencies, in consultation with the recognized dental specialties and representatives from general dentistry, review supervision of dental hygienists in all U.S. licensing jurisdictions in all work settings including public health agencies and report to the 2006 House of Delegates with a definition of public health supervision.

Dr. Monica Hebl, Wisconsin, speaking to the amendment said, "We need a definition, and if this definition says that we are going to get a definition for what public health hygienists supervision is, then I am okay with that, but I can see that we could study it, we could look at it, and it could come back to us next year and not have a definition that we would be able to vote up or down and argue about. So I think we need a definition."

On vote, the proposed amendment was adopted.

On vote, Resolution 59RC as amended was adopted as follows.

**59H-2005. Resolved**, that the appropriate ADA agencies, in consultation with the recognized dental specialties and representatives from general dentistry, review supervision of dental hygienists in all U.S. licensing jurisdictions in all work settings including public health agencies and report to the 2006 House of Delegates with a definition of public health supervision.

**Drafting Coalition Partners** (First Trustee District Resolution 62): The Reference Committee reported as follows.

The Reference Committee concurs with the Board and recommends that Resolution 62 be adopted.

Dr. Faiella moved the adoption of Resolution 62 (*Supplement:6033*).

Dr. Tatiana Barton, Connecticut, spoke in favor of Resolution 62.

On vote, Resolution 62 was adopted.

**62H-2005. Resolved**, that efforts continue to expand even further to develop coalitions with other groups that have similar interests (could be outside of health care); to build relationships with other groups that are public-health oriented (such as foundations); to listen to the perspectives of groups that are different from us (e.g., public health, public policy, public, etc.); and to turn adversaries into partners where possible.

**Announcement of Election Results:** The Speaker announced that Dr. Kathleen Roth, Wisconsin, was elected to the office of president-elect. Dr. Roth and Dr. McDermott both briefly 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. Richard A. Huot, chair, Florida.

**Continuation of the Alaska Native Oral Health Care Access Task Force** (Council on Government Affairs Resolution 57, Eleventh Trustee District Resolution 72 and Reference Committee Resolution 57RC): The Reference Committee reported as follows.

The Reference Committee heard strong testimony in support of keeping the members of the current Alaska Native Oral Health Care Access Task Force involved in future efforts relative to increasing access to dental services for American Indians and Alaska Natives. At the same time the incoming president expressed the need for flexibility in addressing these issues in the future.

For these reasons the Reference Committee recommends the following Resolution 57RC be substituted for Resolutions 57 and 72.

**57RC. Resolved**, that the president shall appoint a Presidential Task Force on Improving Access to Native Populations, of up to seven members, which will include, at a minimum, the four members of the current Alaska Native Oral Health Care Access Task Force, and be it further

**Resolved**, that this Task Force report to the House of Delegates in 2006.

Before discussion began, Dr. Huot announced an editorial change in the Committee's report to note that the financial implication of Resolution 57RC was \$37,500 instead of \$25,000.

Dr. Huot moved that Resolution 57RC be substituted for Resolutions 57 (*Supplement:7043*) and 72 (*Supplement:7057*).

On vote, Resolution 57RC was substituted for Resolutions 57 and 72.

Dr. Huot moved the adoption of the substitute Resolution 57RC.

On vote, Resolution 57RC was adopted.

**57H-2005. Resolved**, that the president shall appoint a Presidential Task Force on Improving Access to Native Populations, of up to seven members, which will include, at a minimum, the four members of the current Alaska Native Oral Health Care Access Task Force, and be it further

**Resolved**, that this Task Force report to the House of Delegates in 2006.

### **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. J. Mark Thomas, chair, Indiana. The other members of the Committee were: Dr. David Anderson, Virginia; Dr. Mark Bauman, New York; Dr. Kim D. Keisner, Arkansas; Dr. William Lee, Kentucky; Dr. William F. Martin, Maryland; Dr. David L. Nielson, Alaska; Dr. Julio Rodriguez, Wisconsin; and Dr. Carol Gomez Summerhays, California.

**Consent Calendar** (Reference Committee on Communications and Membership Services Resolution 90). The Reference 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 Resolutions 24 and 38 as submitted.

Therefore, the Committee recommends adoption of the following resolution:

**90. Resolved**, that the following resolutions be adopted:

**Resolution 24**—ADA Delegate Allocation—2006-2008  
(*Supplement:3009*)

**Resolution 38**—Delegate Certification Process  
(*Supplement:3021*)

**Resolution 86**—Recognition of Forensic Dentistry  
(*Supplement:3059*)

Dr. Thomas moved the adoption of Resolution 90.

On vote, Resolution 90 was adopted by a 2/3s majority.

**90H-2005. Resolved**, that the following resolutions be adopted:

**Resolution 24**—ADA Delegate Allocation—2006-2008  
(*Supplement:3009*)

**Resolution 38**—Delegate Certification Process  
(*Supplement:3021*)

**Resolution 86**—Recognition of Forensic Dentistry  
(*Supplement:3059*)

*Note.* For the purpose of a fully documented record, the complete text of the resolutions adopted through Resolution 90H-2005 follows:

**24H-2005. Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection D. DELEGATE ALLOCATION, of the ADA *Bylaws* be amended on lines 1209 and 1210 by deleting the number “60” and substituting it with the number “63,” and on lines 1229 and 1230 by deleting the number “20” and substituting it with the number “21” so the amended Subsection D would read (deletions are struckthrough and additions underlined):

D. DELEGATE ALLOCATION. Based on the representational requirements and goals set forth in Section 10C, the delegates are allocated as follows:

#### DISTRICT 1

Connecticut State Dental Association, The, 7 delegates

Maine Dental Association, 3 delegates

Massachusetts Dental Society, 13 delegates

New Hampshire Dental Society, 3 delegates

Rhode Island Dental Association, 3 delegates

Vermont State Dental Society, 2 delegates

District Total: 31 delegates

#### DISTRICT 2

New York State Dental Association, 41 delegates

District Total: 41 Delegates

#### DISTRICT 3

Pennsylvania Dental Association, 18 delegates

District Total: 18 delegates

#### DISTRICT 4

Air Force Dental Corps, 2 delegates

Army Dental Corps, 2 delegates

Delaware State Dental Society, 2 delegates

District of Columbia Dental Society, The, 2 delegates

Maryland State Dental Association, 7 delegates

Navy Dental Corps, 2 delegates

New Jersey Dental Association, 12 delegates

Public Health Service, 2 delegates

Puerto Rico, Colegio de Cirujanos Dentistas de, 2 delegates

Veterans Affairs, 2 delegates

Virgin Islands Dental Association, 1 delegate

District Total: 36 delegates

DISTRICT 5  
 Alabama Dental Association, 5 delegates  
 Georgia Dental Association, 9 delegates  
 Mississippi Dental Association, The, 3 delegates  
District Total: 17 delegates

DISTRICT 6  
 Kentucky Dental Association, 6 delegates  
 Missouri Dental Association, 7 delegates  
 Tennessee Dental Association, 7 delegates  
 West Virginia Dental Association, 3 delegates  
District Total: 23 delegates

DISTRICT 7  
 Indiana Dental Association, 9 delegates  
 Ohio Dental Association, 16 delegates  
District Total: 25 delegates

DISTRICT 8  
 Illinois State Dental Society, 19 delegates  
District Total: 19 delegates

DISTRICT 9  
 Michigan Dental Association, 17 delegates  
 Wisconsin Dental Association, 9 delegates  
District Total: 26 delegates

DISTRICT 10  
 Iowa Dental Association, 5 delegates  
 Minnesota Dental Association, 9 delegates  
 Nebraska Dental Association, The, 3 delegates  
 North Dakota Dental Association, 2 delegates  
 South Dakota Dental Association, 2 delegates  
District Total: 21 delegates

DISTRICT 11  
 Alaska Dental Society, 2 delegates  
 Idaho State Dental Association, 3 delegates  
 Montana Dental Association, 2 delegates  
 Oregon Dental Association, 6 delegates  
 Washington State Dental Association, 10 delegates  
District Total: 23 delegates

DISTRICT 12  
 Arkansas State Dental Association, 4 delegates  
 Kansas Dental Association, 4 delegates  
 Louisiana Dental Association, The, 6 delegates  
 Oklahoma Dental Association, 5 delegates  
District Total: 19 delegates

DISTRICT 13  
 California Dental Association, ~~60~~ 63 delegates  
District Total: ~~60~~ 63 delegates

DISTRICT 14  
 Arizona State Dental Association, 6 delegates  
 Colorado Dental Association, 8 delegates  
 Hawaii Dental Association, 3 delegates  
 Nevada Dental Association, 3 delegates

New Mexico Dental Association, 3 delegates  
 Utah Dental Association, 4 delegates  
 Wyoming Dental Association, 2 delegates  
District Total: 29 delegates

DISTRICT 15  
 Texas Dental Association, 23 delegates  
District Total: 23 delegates

DISTRICT 16  
 North Carolina Dental Society, The, 9 delegates  
 South Carolina Dental Association, 5 delegates  
 Virginia Dental Association, 10 delegates  
District Total: 24 delegates

DISTRICT 17  
 Florida Dental Association, ~~20~~ 21 delegates  
District Total: ~~20~~ 21 delegates

AMERICAN STUDENT DENTAL ASSOCIATION  
 5 delegates

and be it further

**Resolved**, that the changes in the delegate allocation become effective January 1, 2006.

**38H-2005 Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 30. CERTIFICATION OF DELEGATES AND ALTERNATE DELEGATES, of the ADA *Bylaws* be amended in the first sentence by striking the word “secretary” and substituting in its place the words “executive director or equivalent chief executive officer,” so the amended section reads as follows (new language underscored, deletions stricken through):

The ~~secretary~~ executive director or equivalent chief executive officer of each constituent society, the ranking administrative officer of each federal dental service, and the secretary of the American Student Dental Association shall file with the Executive Director of this Association, at least sixty (60) days prior to the first day of the annual session of the House of Delegates, the names of the delegates and alternate delegates designated by the society, service or association. The Executive Director of this Association shall provide each delegate and alternate delegate with credentials which shall be presented to the Committee on Credentials, Rules and Order of the House of Delegates. In the event of a contest over the credentials of any delegate or alternate delegate, the Committee on Credentials, Rules and Order shall hold a hearing and report its findings and recommendations to the House of Delegates for final action.

**86H-2005. Resolved**, that ADA recognize the dental forensic teams that have participated in mass disaster recovery efforts for the unique role they play, for the incredibly difficult circumstances in which they work and for their dedication to their profession and the public.

**Report of the President:** The Committee reported as follows:

On behalf of the ADA membership and the House of Delegates, the Reference Committee expressed gratitude and thanks to Dr. Haught for a pivotal and a very productive year of service. With his “can do” approach to life, he has led the ADA forward in many challenging arenas. His commitment to access to oral health care for all Americans, without compromising standards of care, his encouragement of creative approaches to workforce issues facing the profession without compromising the leadership position of the dentist, have represented us well throughout this year. His leadership has enabled the ADA to be active on many issues involving the public, other health professions, lawmakers and the profession of dentistry.

Because of his leadership, the ADA is in a better position today to address issues of access, workforce, oral health education and licensure. He has challenged us to remain open-minded with new solutions to new and complex conditions we will be facing in the future without compromising our professional integrity or the standards of care for the public. We commit to carry on his “can do it” attitude and thank him for his leadership and hard work on our behalf and wish him and his family the very best in his next phase of life! Our quarterback from Oklahoma scored a touchdown. Thank you Dr. Haught!

**Interim Services for Applicants** (Council on Membership Resolution 1): The Reference Committee Reported as follows.

The Committee supports Resolution 1 to limit interim services to a one-time basis and believes Resolution 1 as written mitigates any possible abuses. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 1 as submitted.

**1. Resolved**, that Chapter I. MEMBERSHIP of the ADA *Bylaws*, Section 60. INTERIM SERVICES, be amended in the first sentence by striking the word “an” and adding in its place the words and punctuation “a one-time,” so the amended section reads as follows (new language underscored, deletion stricken through):

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~~a one-time, 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.

Dr. Thomas moved the adoption of Resolution 1 (*Supplement:3000*).

Dr. Andrew W. Browar, Illinois, moved to amend the resolution by substituting in Section 60, the words “a one time” with the words “a first time.” In speaking to the amendment Dr. Browar said, “Coming from a district where governance sometimes means vote early and vote often, we would like some clarification on ‘a one time.’ My understanding...is that, unfortunately, we have dentists which can come in and out of membership. They let their time lapse and then they reapply so that interim services are available for first time applicants. So we would like to make that clear so that we know the first time is the first time.”

Dr. William E. Lee, Kentucky, spoke against the amendment saying, “If I am out as chair of my membership committee and I have recruited a member who has been out of dentistry for five, six, seven years...telling them how progressive the ADA is and how quick the ADA is now to respond, and I’ve convinced him to be a member and now it takes him three, four, six months to get his benefits, I lose a lot of credibility with that. ADA has a way to track one-time benefits. When that individual drops out and comes back in again, he will not be entitled to it. So whether it’s first time, second time, it is only one time.”

Dr. Lidia M. Epel, New York, also spoke against the proposed amendment.

On vote, the proposed amendment was defeated.

On vote, Resolution 1 was adopted by a 2/3s majority.

**1H-2005. Resolved**, that Chapter I. MEMBERSHIP of the ADA *Bylaws*, Section 60. INTERIM SERVICES, be amended in the first sentence by striking the word “an” and adding in its place the words and punctuation “a one-time,” so the amended section reads as follows (new language underscored, deletion stricken through):

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~~a one-time, 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.

**Amendment of ADA Bylaws Regarding \$0 Quarter Years Dues** (Council on Membership Resolution 22, First Trustee District Resolution 22S-1 and Reference



Committee Resolution 22RC): The Reference Committee reported as follows.

The Reference Committee heard testimony in support of clarifying that eligibility for these dues exemptions be provided on a one-time only basis and therefore proposes the following substitute resolution. The wording of Resolution 22RC has been approved by the Speaker of the House of Delegates and Chair of the Council on Ethics, Bylaws and Judicial Affairs.

**22RC. Resolved**, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A. ACTIVE MEMBER, subsection d. ACTIVE MEMBERS SELECTED AFTER JULY 1 AND OCTOBER 1, of the ADA *Bylaws* be amended by striking the words and parenthetical numbers “pay one-quarter (1/4)” and by substituting in their place the words “be exempt from the payment,” and by striking the subsequent statement “one quarter (1/4) of,” and by adding “on a one-time only basis” so the amended subsection reads as follows (new language underscored, deletions stricken through):

d. ACTIVE MEMBERS SELECTED AFTER JULY 1 AND OCTOBER 1. Those members selected to active membership in this Association after July 1, except for those whose membership has lapsed for failure to pay the current year’s dues and/or special assessments, shall pay one half (1/2) of the current year’s dues and one half (1/2) of any active member special assessment then in effect, and those selected after October 1, shall be exempt from the payment ~~pay one quarter (1/4)~~ of the current year’s dues and ~~one quarter (1/4)~~ of any active member special assessment then in effect on a one-time only basis.

and be it further

**Resolved**, that ADA urges constituent and component societies to consider similar dues changes.

Dr. Thomas moved that Resolution 22RC be substituted for Resolutions 22 (*Supplement:3005*) and 22S-1 (*Supplement:3005a*).

On vote, Resolution 22RC was substituted for Resolutions 22 and 22S-1.

Dr. Thomas moved the adoption of the substitute Resolution 22RC.

On vote, Resolution 22RC was adopted by a 2/3s majority.

**22H-2005. Resolved**, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A. ACTIVE MEMBER, subsection d. ACTIVE MEMBERS SELECTED AFTER JULY 1 AND OCTOBER 1, of the ADA *Bylaws* be amended by striking the words and parenthetical numbers “pay one-quarter (1/4)” and by substituting in their place the words “be exempt from the payment,” and by striking the subsequent statement “one

quarter (1/4) of,” and by adding “on a one-time only basis” so the amended subsection reads as follows (new language underscored, deletions stricken through):

d. ACTIVE MEMBERS SELECTED AFTER JULY 1 AND OCTOBER 1. Those members selected to active membership in this Association after July 1, except for those whose membership has lapsed for failure to pay the current year’s dues and/or special assessments, shall pay one half (1/2) of the current year’s dues and one half (1/2) of any active member special assessment then in effect, and those selected after October 1, shall be exempt from the payment ~~pay one quarter (1/4)~~ of the current year’s dues and ~~one quarter (1/4)~~ of any active member special assessment then in effect on a one-time only basis.

and be it further

**Resolved**, that ADA urges constituent and component societies to consider similar dues changes.

**Amendment of ADA Bylaws Regarding Affiliate Dues** (Council on Membership Resolution 31 and Board of Trustees Resolution 31B): The Reference Committee reported as follows.

The Reference Committee is in support of the Board’s substitute resolution that the affiliate dues rate be set at a level that will encourage growth in the affiliate membership category and reverse the recent downward trend in ADA affiliate membership. Further, the Committee acknowledges that income levels for dentists in developing countries support that these dues be levied at \$12. The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 31 and 31B as submitted.

**31B. Resolved**, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection H. AFFILIATE MEMBER, of the ADA *Bylaws* be amended by deleting the existing subsection b. PRIVILEGES in its entirety and substituting in its place the following new subsection:

b. PRIVILEGES. An affiliate member in good standing shall receive annually a membership card, have access to the members-only content areas of ADA.org, be entitled to attend any scientific session of this Association, purchase items through the ADA Catalog at the member rate and receive such other services as are authorized by the Board of Trustees.

and be it further

**Resolved**, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection H. AFFILIATE MEMBER, of the ADA *Bylaws* be further amended by deleting existing subsection c. DUES AND SPECIAL ASSESSMENTS and substituting in its place the following new subsection:

c. DUES AND SPECIAL ASSESSMENTS. The dues of affiliate members shall be twelve dollars (\$12.00) for those members practicing in least developed and low income countries eligible for special fee criteria as established by the Fédération Dentaire Internationale and seventy-five dollars (\$75.00) for other such members, due January 1 of each year. Affiliate members shall be exempt from the payment of any special assessment levied by the House of Delegates.

and be it further

**Resolved**, that Chapter I. MEMBERSHIP, Section 30. DEFINITION OF “IN GOOD STANDING” of the ADA *Bylaws* be amended in the second paragraph by addition of the punctuation and word “affiliate” after the word “honorary,” 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 life, honorary, affiliate and student members of this Association for purposes of determining their good standing.

and be it further

**Resolved**, that Chapter XVII. FINANCES, Section 40. SPECIAL ASSESSMENTS, of the ADA *Bylaws* be amended by deletion of the punctuation and word “affiliate” in the first sentence, so the amended sentence reads as follows (deletions stricken through):

*Section 40. SPECIAL ASSESSMENTS.* 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.

and be it further

**Resolved**, that the change in dues of affiliate members become effective January 1, 2006.

Dr. Thomas announced that the financial implication for Resolutions 31 and 31B was \$84,000 instead of \$88,100 as indicated in the report.

Dr. Thomas moved that Resolution 31B (*Supplement: 3007*) be adopted in lieu of Resolution 31 (*Supplement: 3006*).

Dr. Brian O. Coleman, Florida, moved to amend Resolution 31B by adding in the second resolving clause, in section c. DUES AND SPECIAL ASSESSMENTS, the following sentence at the end of that section, “The dues of affiliate members shall automatically increase by increments at the same percentage rounded to the nearest dollar as any future increase to active member dues.”

In speaking to the amendment Dr. Coleman said, “As our Treasurer mentioned this morning in regard to our dues increase, this kind of falls in line with the Council itself not having to revisit this issue and it keeps us fiscally responsible with the affiliate member dues so that as the active member dues would increase, so the affiliate member dues would increase, as well, at the same percentage.”

Dr. Lidia M. Epel, New York, chair of the Council on Membership, spoke against the amendment saying, “The whole idea of this was to have a flat fee, flat dues not tied to the House. One of the problems we have always had was we had to wait for the House to decide on how much the dues per year we’re going to charge and then create a dues for affiliate membership. So we would like to have a flat fee, irrelevant of what the House decisions are.”

On vote, the proposed amendment was not adopted.

On vote, Resolution 31B was adopted in lieu of Resolution 31 by a 2/3s majority.

**31H-2005. Resolved**, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection H. AFFILIATE MEMBER, of the ADA *Bylaws* be amended by deleting the existing subsection b. PRIVILEGES in its entirety and substituting in its place the following new subsection:

b. PRIVILEGES. An affiliate member in good standing shall receive annually a membership card, have access to the members-only content areas of ADA.org, be entitled to attend any scientific session of this Association, purchase items through the ADA Catalog at the member rate and receive such other services as are authorized by the Board of Trustees.

and be it further

**Resolved**, that Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection H. AFFILIATE MEMBER, of the ADA *Bylaws* be further amended by deleting existing subsection c. DUES AND SPECIAL ASSESSMENTS and substituting in its place the following new subsection:

c. DUES AND SPECIAL ASSESSMENTS. The dues of affiliate members shall be twelve dollars (\$12.00) for those members practicing in least developed and low income countries eligible for special fee criteria as established by the Fédération Dentaire Internationale and seventy-five dollars (\$75.00) for other such members, due January 1 of each year. Affiliate members shall be exempt from the payment of any special assessment levied by the House of Delegates.

and be it further

**Resolved**, that Chapter I. MEMBERSHIP, Section 30. DEFINITION OF “IN GOOD STANDING” of the ADA *Bylaws* be amended in the second paragraph by addition of the punctuation and word “affiliate” after the word

“honorary,” 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 life, honorary, affiliate and student members of this Association for purposes of determining their good standing.

and be it further

**Resolved**, that Chapter XVII. FINANCES, Section 40. SPECIAL ASSESSMENTS, of the ADA *Bylaws* be amended by deletion of the punctuation and word “affiliate” in the first sentence, so the amended sentence reads as follows (deletions stricken through):

*Section 40. SPECIAL ASSESSMENTS.* 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.

and be it further

**Resolved**, that the change in dues of affiliate members become effective January 1, 2006.

**Continuing Education for Federal Dental Service Members** (Fourth Trustee District Resolution 70): The Reference Committee reported as follows.

The Reference Committee heard only favorable testimony in support of Resolution 70 to provide this service to Federal Dental Service dentists who have been deployed to areas where continuing education may be difficult to obtain or may be inaccessible. In order to show support of these deployed dentists the Reference Committee believes that implementation of Resolution 70 should not be delayed. Therefore the Committee recommends that Resolution 70 be adopted.

Dr. Thomas moved the adoption of Resolution 70 (*Supplement*:3044).

On vote, Resolution 70 as follows was adopted.

**70H-2005. Resolved**, that the ADA waive the fees for the mail-in or online versions of *The Journal of the American Dental Association* continuing education services for deployed ADA federal dental service members serving in areas where there is limited or no access to continuing education programs.

**Clarification of Direct and Retired Membership** (Eleventh Trustee District Resolution 77, Board of Trustees Resolution 77B): The Reference Committee reported as follows.

The Reference Committee heard no testimony on this resolution. The Committee concurs with the Board and therefore recommends the adoption of Resolution 77B.

**77B. Resolved**, that the appropriate ADA agencies clarify Chapter 1, Section 20. Subsection C. subsection a. of the ADA *Bylaws* to ensure that members must continuously receive no income from dentally related activities for continuous qualification for this membership status, and be it further

**Resolved**, that a survey be conducted of past and current membership statistics of the federal dental services to determine the patterns of federal dental service members transfers to the 53 existing constituents upon retirement from the federal dental services, and report to the 2006 House of Delegates, and be it further

**Resolved**, that this issue be referred to the Council on Membership as part of its overall membership study, with a report to the 2006 House of Delegates.

Dr. Thomas moved that Resolution 77B (*Supplement*: 3049) be adopted in lieu of Resolution 77 (*Supplement*: 3047).

On vote, Resolution 77B was adopted in lieu of Resolution 77.

**77H-2005. Resolved**, that the appropriate ADA agencies clarify Chapter 1, Section 20. Subsection C. subsection a. of the ADA *Bylaws* to ensure that members must continuously receive no income from dentally related activities for continuous qualification for this membership status, and be it further

**Resolved**, that a survey be conducted of past and current membership statistics of the federal dental services to determine the patterns of federal dental service members transfers to the 53 existing constituents upon retirement from the federal dental services, and report to the 2006 House of Delegates, and be it further

**Resolved**, that this issue be referred to the Council on Membership as part of its overall membership study, with a report to the 2006 House of Delegates.

**Online Basic Leadership Education** (Eleventh Trustee District Resolution 78 and Reference Committee Resolution 78RC): The Reference Committee reported as follows.

The Reference Committee heard overwhelmingly favorable testimony in support of Resolution 78. In addition, the Reference Committee also heard compelling testimony from dentists who shared that such a resource would be helpful to all member dentists interested in leadership positions. The Reference Committee acknowledges suggestions submitted in favor of immediate development and promotion of these modules. Therefore, the Reference Committee recommends the following substitute resolution.

**78RC. Resolved**, that the appropriate agencies of the ADA create online leadership training modules for

dentists with a self-testing feature and a certificate of completion, and be it further

**Resolved**, that the module content should provide basic information to help prepare dentists for their volunteer roles, including: the structure and function of organized dentistry, working with volunteers, effective committees, finances and budgeting, public speaking preparation and tips for effective communication, diversity and leadership roles, and be it further

**Resolved**, that the completed modules be posted on ADA.org and made available to members only.

Dr. Thomas moved that Resolution 78RC be substituted for Resolution 78 (*Supplement:3050*).

On vote, Resolution 78RC was substituted for Resolution 78.

Dr. Thomas moved the adoption of the substitute Resolution 78RC.

Dr. O. Andy Elliott, II, Kentucky, spoke in support of Resolution 78RC saying, "I stand up here a product of some of the ADA's forethought in leadership training. In the 80s, we instituted the Committee on the Young Professional and it allowed dentists, such as myself, from a small component within my state, to begin to get involved with organized dentistry. ...It did also require a lot of research on my part to learn the roles, the states and to learn the ropes. What this resolution is doing is...bringing our black and white or even our color small televisions of the late 80s up to the giant screen. We are giving leadership opportunities and training methods to be online for all dentists, not just new dentists."

On vote, Resolution 78RC was adopted.

**78H-2005. Resolved**, that the appropriate agencies of the ADA create online leadership training modules for dentists with a self-testing feature and a certificate of completion, and be it further

**Resolved**, that the module content should provide basic information to help prepare dentists for their volunteer roles, including: the structure and function of organized dentistry, working with volunteers, effective committees, finances and budgeting, public speaking preparation and tips for effective communication, diversity and leadership roles, and be it further

**Resolved**, that the completed modules be posted on ADA.org and made available to members only.

**Assistant and Hygiene Membership Categories** (Eighth Trustee District Resolution 84): The Reference Committee reported as follows.

The Reference Committee acknowledges that the Council on Membership has undertaken a comprehensive two-year membership study and concurs with the Board of Trustees that Resolution 84 be referred to the Council to include in its study. Therefore, the Reference Committee recommends that Resolution 84 be referred.

**84. Resolved**, that the Council on Membership explore the creation of new membership categories for assistants and hygienists, and be it further

**Resolved**, that the Council address what benefits of membership will be available to these new members along with their ability to serve in volunteer positions within the ADA, and be it further

**Resolved**, that the Council report its findings to the 2006 House of Delegates.

Dr. Thomas moved that Resolution 84 (*Supplement: 3057*) be referred to the Council on Membership and report to the 2006 House of Delegates.

On vote, the motion to refer Resolution 84 was adopted.

**Conduct of Campaigns for ADA Elective Offices** (ADA Election Commission Resolution 25, Board of Trustees Resolution 25B, Sixteenth Trustee District Resolution 25BS-1 and Reference Committee 25RC): The Reference Committee reported as follows.

The Reference Committee heard considerable testimony regarding campaign receptions. The Committee agrees with substantial testimony opposing the exclusive use of ADA member dues to finance campaign receptions. In addition, the Reference Committee supports testimony that separate campaign receptions provide valuable insights into the individual perspectives of all candidates and their districts. The Reference Committee notes that under this approach, all candidates will have the choice whether or not to host campaign receptions. Therefore, the Reference Committee recommends the adoption of 25RC.

**25RC. Resolved**, that beginning with the 2006 campaigns, all ADA officer candidates' receptions be financed by the candidates' campaign fund and/or the district presenting the candidate for nomination with the ADA providing separate rooms and/or a divided ballroom, and be it further

**Resolved**, that a cap amount for each office be determined (or established) by the prospective candidates in consultation with the Election Commission, and be it further

**Resolved**, that the Election Commission is authorized to revise the Guidelines Governing the Conduct of Campaigns for All ADA Offices to reflect the actions of the House of Delegates as well as any necessary editorial changes it deems advisable.

Dr. Thomas moved that Resolution 25RC be substituted for Resolutions 25 (*Supplement:3017*), 25B (*Supplement: 3017*) and 25BS-1 (*Supplement:3018a*).

Dr. Thomas J. Schripsema, New Mexico, spoke against substitution saying, "Resolution 25 comes at the wisdom of the Election Commission. Elections for the last three years under the Election Commission and under the candidates' guidance have turned out very good. They have been fair elections. The opportunity to intermingle between delegates at these events has worked out fine and

I would ask that we continue to consider 25, which is the recommendation of the Election Commission.”

Dr. Barry H. Stevens, Florida, spoke in support of substitution saying, “I think it is fair to say that after these three years, we have lost more than we gained. We have lost meaningful interaction with our candidates. And we’ve also lost the individuality of our candidates. The answer is not to pass the buck now to our membership and make them pay for a watered down reception. The answer is not to decrease our exposure of the candidates for Speaker of the House, Treasurer and Vice President. We need to return to the previous system, the previous format, separate receptions for all candidates. The substitute resolution provides for that. It provides for it in a fair and equitable manner.”

Dr. William T. Spruill, Pennsylvania, speaking against substitution and in favor of Resolution 25 said, “Last night’s candidate event was balanced and, frankly, it was enough, with plenty of opportunity to visit the candidates and mingle. And we should never go back to the garish excess of a decade ago, spending hundreds of thousands of dollars on such events.”

Dr. Brien Harvey, Arizona, also spoke in opposition to substituting saying, “In my view, this substitution takes a potentially long step in the wrong direction in controlling the overall costs of ADA elections. My interpretation...is that 25RC would even allow campaign receptions for the Treasurer, which clearly is contrary to prior House decisions and current policy.”

Dr. Kent N. Tucker, North Carolina, and Dr. Alan S. Gold, Massachusetts, spoke in favor of substitution.

Dr. Mark A. Bauman, New York, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 25RC was substituted for Resolutions 25, 25B and 25BS-1.

A delegate asked if Resolution 25RC, if adopted, would supersede the existing campaign guidelines for various offices.

In response, the Speaker said, “It is your Speaker’s opinion that this will amend the campaigns for all elective ADA offices. The Treasurer’s election is part of that. ...It’s your Speaker’s opinion that it will impact the Treasurer’s and the Speaker’s and the Vice President and President-elect candidates. It says ‘All ADA offices.’”

Additional questions were raised about the financial implication to the Association related to providing campaign suites. Dr. Bramson subsequently confirmed that there is no financial implication to the ADA to provide ballrooms for candidate receptions.

Dr. Theodore R. Pope, Ohio, moved to amend the first resolving clause of Resolution 25RC by striking the words “ADA officer candidates” and inserting the words “for the offices of ADA President-elect, Second Vice President and Speaker of the House” between the words “reception” and “be,” so that amended resolving clause would read:

**Resolved**, that beginning with the 2006 campaigns, all receptions for the offices of ADA President-elect,

Second Vice President and Speaker of the House be financed by the candidates’ campaign fund and/or the district presenting the candidate for nomination with the ADA providing separate rooms and/or a divided ballroom, and be it further

In speaking to the amendment Dr. Pope said, “Traditionally in this House the election for Treasurer has been different than that for President-elect and the other offices indicated due to the specific skill set that is necessary for that office and due to the unique election protocol that is carried out, it would be very difficult to include that with all the other candidates. Therefore, we would request that this amendment would clarify the issue of the Treasurer.”

Dr. Brien Harvey, Arizona, moved to amend the primary amendment by deleting the “s” on “offices” and deleting “Second Vice President and Speaker of the House.” In speaking to the amendment, Dr. Harvey said, “Over the last few years, the House has taken steps to reduce the costs of overall ADA elections. I would like to propose this amendment to give the House a clear decision. Do you want to have separate receptions for just the President-elect or does this House really want to go back to spending more money and having receptions for Speaker of the House and Second Vice President?”

Dr. Richard A. Crinzi, Washington, spoke in favor of the secondary amendment saying, “I would speak in favor of the deletion...I think this just adds expense. If you want to get to know candidates, do a candidate forum, don’t do a reception. I see no purpose in having elaborate parties.”

Dr. Charles L. Cuttino, III, Virginia, spoke against the secondary amendment saying, “I think it provides a fairer aspect for getting to know the candidates for Second Vice President where you may have more than one candidate offered.”

Dr. David C. Anderson, Virginia, and Dr. Herbert L. Wade, Jr., Texas, also spoke against the amendment.

Dr. A.J. Smith, Utah, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to amend the primary amendment by changing the word “offices” to “office” and deleting the words “Second Vice President and Speaker of the House of Delegates” was adopted. The primary amendment reads as follows:

**Resolved**, that beginning with the 2006 campaigns, all receptions for the office of ADA President-elect be financed by the candidates’ campaign fund and/or the district presenting the candidate for nomination with the ADA providing separate rooms and/or a divided ballroom, and be it further

Several procedural questions were posed regarding the status of the campaign guidelines if Resolution 25RC is eventually defeated. In response, Dr. Bramson said, “If you defeat this resolution, you do not have this prior resolution to go back to that authorizes the pilot project

and you would be back at what you had before the pilot project even started.”

On vote, the amendment proposed by Dr. Pope, as subsequently amended, was adopted.

In order to make the second resolving clause consistent with the amended first clause, Dr. David L. Nielson, Alaska, moved to amend the second resolving clause by deleting the words “for each office.”

Dr. Edward J. Weisberg, Virginia, spoke against the amendment saying, “The resolved clause mentioning each office would then make it apply to the Vice President, Speaker of the House and other offices where changing it would make it apply only to the President, and I think a cap is called for in any election.”

Dr. Edwin D. Secord, III, Michigan, spoke in favor of amending saying, “Insofar as we have struck the other offices in the first resolving clause, this essentially becomes an editorial change.”

Hearing no objections, deletion of the words “for each office” was accepted as an editorial change.

Dr. Morris Antonelli, Maryland, requested a point of information saying, “If this goes through, it seems to me that we are going to be silent to the election of the other officers. What would be the restrictions, then, on elections for Speaker of the House, Second Vice President, etc? If this is limited to President-elect, what restrictions are there on the other elections or are we just in a neutral position again?”

In response, Dr. Bramson said, “When I read the second clause, I thought it was referring to these campaign receptions that were in the first clause. So, in my mind, the cap amount was only a discussion about the cap amount for the campaign reception and not the cap amount for an entire campaign, which might include ...printing, travel and the hundreds of other things. We currently don’t do that. The Election Commission has no role and has played no role in the last three years under the pilot project with respect to the overall financing, but the negotiations that we’ve done with the candidates for the cost of the campaign reception here at the annual session. So if it’s interpreted that the second clause is directing the Election Commission to now work with the total campaign cost under a cap, then I would prefer that that is specifically stated in some manner so that we know that’s what you mean by that.”

Dr. Antonelli said, “I suppose my point is, if we are speaking specifically about the office of President-elect and we have a cap on President-elect expenses and reception and we are limiting that only to the President-elect, if we have a contested election for Speaker of the House or Second Vice President, what governance is there on their expense? They may choose to have a reception. If there is nothing, then perhaps there won’t be any caps on a Speaker of the House reception. Their campaign may elect to do one unless they are eliminated in some way. So I think that’s the question. If we’re eliminating, in this discussion, the Speaker of the House and Second Vice President, what governs their campaigns?”

Responding Dr. Bramson said, “There is no cap on the campaign expenses of any of the candidates, whether it’s

Speaker, Second Vice President or the PEs, currently. The only interaction that the Election Commission has with respect to financing is the negotiation that we do with the candidates over their direct costs for the shared campaign reception that goes on here. Let me give you an example. Let’s say there are three candidates for President-elect and we are doing a shared campaign, we may determine that it is going to take \$75,000 to run that campaign. We ask each of them for \$25,000 and they agree to that. That’s the only financial agreement that goes on inside of the Election Commission’s work. We do not talk about their travel caps or their printing caps or anything. And since we don’t do that for the President-elects, we wouldn’t...for the Speaker or Second Vice President either.”

Another delegate commenting on the third resolving clause of Resolution 25RC said, “I think the actions clearly specified that there will be no campaign for any other office. And, therefore, all the other existing campaign funds and spending would remain exactly the same as they are today. To me, that is very clear.”

Further discussions followed to clarify how campaigns for Second Vice President, Speaker and Treasurer would be affected if Resolution 25RC were to be adopted or not adopted.

As a point of order, a delegate stated, “I genuinely believe that this really can be an editorial change because the third resolving clause allows the Election Commission to set guidelines for all offices for the ADA. What we have done...is eliminate receptions for Second Vice President, Speaker, Treasurer is already gone, and then the Election Commission can do the rest of it. Granted, there is no global limit on expenses by those candidates. One guy may go to Kinkos for his brochure and another guy may have spent a lot more, and I don’t think we need to have oversight on that. But, clearly, the third resolving clause allows the Election Commission to run the races for the other contested offices.”

With the general affirmation of the House, the Speaker stated, “What I understand is, that the third resolving clause is going to allow the Election Commission to be authorized to revise the guidelines and the House is basically saying that you do not want a Treasurer, Second Vice President and Speaker reception-type party.”

Dr. Barry H. Stevens, Florida, moved to substitute the following for Resolution 25RC.

**Resolved**, that the election pilot program be extended through the 2006 campaign, and be it further

**Resolved**, that a joint task force of the ADA House of Delegates and the ADA Board of Trustees, with equal participation and chaired by the ADA Speaker of the House, review current campaign policies with the intent of allowing House of Delegates members to have greater opportunity for meaningful interaction with all candidates for the ADA elective offices, and be it further

**Resolved**, that the task force shall report back to the House of Delegates at its 2006 session.

Responding to a question of whether the motion was in order, the Speaker concluded that the amendment by substitution was germane.

In speaking to the amendment Dr. Stevens said, "The House is struggling to find a way for us to have more meaningful interaction with the candidates that clearly need to be identified by us and have more of a positive impact with us in a setting for all of the venues that we have. I just want to make sure that there is more meaningful interactions. The House of Delegates is having a problem doing this so we need to have a task force to come back and review this."

Dr. Joseph R. Kenneally, Maine, spoke in favor of the substitute.

Dr. Bruce R. Hutchison, Virginia, spoke against the substitute saying, "If we get back to Resolution 25RC...all we are doing is exactly what we have been doing, because we've limited the funds that the President-elect candidates can spend. All we are doing is putting them in two different rooms rather than one room. That is the only difference that I see from the way we are handling it now."

Dr. Larry W. Nissen, Florida, spoke in favor of substitution saying, "I feel this allows us to have the campaign next year and then subsequently come back with information that we need rather than doing committee work in the House."

Dr. Rhonda R. Savage, Washington, moved to postpone consideration of Resolution 25RC until the fourth meeting of the House, just prior to consideration of the budget.

Dr. Brien Harvey, Arizona, and Dr. Kenneth J. Weinand, Missouri, spoke against postponement.

Dr. William R. Thompson, Tennessee, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to postpone definitely was defeated.

Dr. Rex B. Card, North Carolina, spoke against the substitute resolution saying, "I think the matter was really decided when the House voted to substitute 25RC for 25, 25B and 25BS-1."

Dr. Maxine Feinberg, New Jersey, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to substitute was defeated.

Dr. Mark R. Zust, Tennessee, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 25RC, as amended, was adopted.

**25H-2005. Resolved**, that beginning with the 2006 campaigns, all receptions for the office of ADA President-elect be financed by the candidates' campaign fund and/or the district presenting the candidate for nomination with the ADA providing separate rooms and/or a divided ballroom, and be it further

**Resolved**, that a cap amount be determined (or established) by the prospective candidates in consultation with the Election Commission, and be it further **Resolved**, that the Election Commission is authorized to revise the Guidelines Governing the Conduct of Campaigns for All ADA Offices to reflect the actions of the House of Delegates as well as any necessary editorial changes it deems advisable.

**Policy Implications of Strategic Planning** (Seventeenth Trustee District Resolution 80): The Reference Committee reported as follows.

The Reference Committee acknowledges concerns reflected in the resolution. The Reference Committee concurs with the Board that the concerns expressed by the makers of the resolution are already addressed by existing policies and procedures regarding the drafting and implementation of ADA's Strategic Plan.

**80. Resolved**, that the Board of Trustees be urged to report to the House of Delegates through all future reports of its strategic planning activities, including progress reports, any goals, objectives or strategies contained in the ADA's Strategic Plan whose purpose and/or outcome is not governed by current ADA policy as established by the House of Delegates, and be it further

**Resolved**, that, in the future, all goals, objectives or strategies that have been approved by the Board of Trustees to be tentatively included in the ADA's Strategic Plan which are not consistent, in whole or in part, with existing ADA policy be referred to the appropriate agency within the ADA for development of new or revised policy recommendations for consideration by the next House of Delegates, and be it further

**Resolved**, that no goals, objectives or strategies be added to the Strategic Plan if the purpose and/or stated outcome of such goal, objective or strategy is not governed by ADA policy as established by the House of Delegates.

Dr. Thomas moved Resolution 80 (*Supplement: 3052*).

Dr. Randal P. Ashton, Illinois, moved to amend Resolution 80 by deleting the third resolving clause.

Dr. Charles W. Hoffman, Florida, maker of the resolution, spoke in favor the amendment saying, "It somewhat softens the restrictions that were initially on this resolution."

Dr. Barry H. Stevens, Florida, moved to vote immediately.

Seeing no one else at the microphones, the Speaker called for the vote on the proposed amendment.

On vote, the proposed amendment to delete the third resolving clause was adopted.

Dr. Teri-Ross Icyda, Florida, moved to vote immediately.

On vote the motion to vote immediately was adopted by a 2/3 majority.

On vote, Resolution 80, as amended, was defeated.

## 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. Andrew Vorrasi, chair, New York. The other members of the Committee were: Colonel Gerard A. Caron, Air Force; Dr. Dean Cloutier, Connecticut; Dr. J. Hal Fair, South Carolina; Dr. Ernest L. Garcia, Jr., California; Dr. Larry Lawton, Washington; Dr. Rise Lyman, Texas; Dr. Jim Reynierson, Georgia; and Dr. R. Wayne Thompson, Kansas.

**Consent Calendar** (Reference Committee on Dental Benefits, Practice, Science and Health Resolution 88): 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:

**88. Resolved**, that the following resolutions be adopted:

**Resolution 7**—Statement on Dentist Health and Wellness (*Supplement:4009*)

**Resolution 37**—Standardized Numbering System for Diamond Burs (*Supplement:4036*)

Dr. Vorrasi moved the adoption of Resolution 88. On vote, Resolution 88 was adopted.

**88H-2005. Resolved**, that the following resolutions be adopted:

**Resolution 7**—Statement on Dentist Health and Wellness (*Supplement:4009*)

**Resolution 37**—Standardized Numbering System for Diamond Burs (*Supplement:4036*)

*Note.* For the purpose of a fully documented record, the complete text of the resolutions adopted through Resolution 88H-2005 follows:

**7H-2005. Resolved**, that the following ADA Statement on Dentist Health and Wellness be adopted.

### Statement on Dentist Health and Wellness

To preserve the quality of their performance and advance the welfare of patients, dentists are encouraged to maintain their health and wellness, construed broadly as preventing or treating acute or chronic diseases, including mental illness, addictive disorders, disabilities and occupational stress. When health or wellness is compromised, so may be the safety and effectiveness of the dental care provided. When failing physical or mental

health reaches the point of interfering with a dentist's ability to engage safely in professional activities, the dentist is said to be impaired.

In addition to maintaining healthy lifestyle habits, every dentist is encouraged to have a personal physician whose objectivity is not compromised. Impaired dentists whose health or wellness is compromised are urged to take measures to mitigate the problem, seek appropriate help as necessary and engage in an honest self-assessment of their ability to continue practicing.

Dentists are encouraged to participate in the ADA's Health Screening Program when they attend annual session, both to assist them in monitoring key indicators of personal health and to contribute to the body of knowledge about dentist health and well-being.

Dentists are strongly encouraged to have adequate disability and overhead protection insurance coverage which they review on a regular basis.

The ADA and/or its constituent and component societies, as appropriate, are encouraged to assist their members in being able to provide safe and effective care by:

- promoting health and wellness among dentists
- supporting peers in identifying dentists in need of help
- intervening promptly when the health or wellness of a colleague appears to have become compromised, including the offer of encouragement, coverage or referral to a dentist well-being program
- encouraging the development of mutual aid agreements among dentists, for practice coverage in the event of serious illness
- establishing or cooperating with dentist (or multidisciplinary) well-being programs that provide a supportive environment to maintain and restore health and wellness
- establishing mechanisms to assure that impaired dentists promptly cease practice
- reporting impaired dentists who continue to practice, despite reasonable offers of assistance, to appropriate bodies as required by law and/or ethical obligations
- supporting recovered colleagues when they resume patient care

**37H-2005. Resolved**, that the American Dental Association encourages manufacturers and distributors to follow the International Organization for Standardization number coding system for diamond-bur instruments, and be it further

**Resolved**, that the ADA policy on the Standardized Numbering System for Diamond Burs (*Trans.1990:576*) be rescinded.

**Patient Safety and Quality of Care** (Council on Access, Prevention and Interprofessional Relations Resolution 2 and Board of Trustees Resolution 2B): The Reference Committee reported as follows.



The Reference Committee heard limited testimony on these resolutions. Testimony noted that the words chosen in Resolution 2 were each carefully debated and chosen in the Institute of Medicine report, *Crossing the Quality Chasm*. The Committee agrees with the Council and, therefore, recommends adoption of Resolution 2. These resolutions support the ADA Strategic Plan Goal: Image, Ethics and Professionalism.

Dr. Vorrasi moved the adoption of Resolution 2 (*Supplement:4000*) in lieu of Resolution 2B (*Supplement:4001*).

On vote, Resolution 2 was adopted.

**2H-2005. Resolved**, that it is the ADA's position that health care should be:

- *safe*—avoiding injuries to patients from the care that is intended to help them
- *effective*—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively)
- *patient-centered*—providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions
- *timely*—reducing waits and sometimes harmful delays for both those who receive and those who give care
- *efficient*—avoiding waste, including waste of equipment, supplies, ideas and energy
- *equitable*—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status

**Definition of Oral Health Literacy** (Council on Access, Prevention and Interprofessional Relations Resolution 3): The Reference Committee reported as follows.

The Reference Committee heard limited testimony on Resolution 3. The Committee noted that the Council based its definition on one used in the *Healthy People 2010 Report* and accepted by the National Library of Medicine. Therefore, the Committee agrees with the Council and Board and recommends the adoption of Resolution 3. This resolution supports the ADA Strategic Plan Goal: Information.

**3. Resolved**, that it is the ADA's position that oral health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate oral health decisions.

Dr. Vorrasi moved the adoption of Resolution 3 (*Supplement:4002*).

Dr. Dean P. Nicholas, Illinois, moved to amend Resolution 3 by deleting the words “is the degree to which” and inserting the words “indicates that.”

On vote, the proposed amendment was adopted.

On vote, Resolution 3 as amended was adopted.

**3H-2005. Resolved**, that it is the ADA's position that oral health literacy indicates that individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate oral health decisions.

**Definition of “Dental Home”** (Council on Access, Prevention and Interprofessional Relations Resolution 53, Third Trustee District Resolution 64, Fifteenth Trustee District 65, Sixth Trustee District Resolution 71): The Reference Committee reported as follows.

The testimony received at the Reference Committee hearing primarily supported the definition of a dental home proposed by the Council on Access, Prevention and Interprofessional Relations. It was felt that the Council's definition was clear and simple. Therefore, the Reference Committee supports the definition proposed by the Council and recommends adoption of Resolution 53 in lieu of Resolutions 64, 65 and 71.

Dr. Vorrasi moved the adoption of Resolution 53 (*Supplement:4057*) in lieu of Resolutions 64 (*Supplement:4059*), 65 (*Supplement:4060*) and 71 (*Supplement:4064*).

On vote, Resolution 53, as follows, was adopted.

**53H-2005. Resolved**, that the following definition of “dental home” be adopted as policy of the ADA:

*Dental Home.* The ongoing relationship between the dentist who is the Primary Dental Care Provider and the patient, which includes comprehensive oral health care, beginning no later than age one, pursuant to ADA policy.

**National Community Water Fluoridation** (Eleventh Trustee District Resolution 75 and Board of Trustees Resolution 75B): The Reference Committee reported as follows.

The Reference Committee heard limited debate on these resolutions and recommends adoption of Resolution 75B. These resolutions support the ADA Strategic Plan Goals: Advocacy; Image, Ethics and Professionalism; Information; Member and Support Services; Practice Support.

Dr. Vorrasi moved the adoption of Resolution 75B (*Supplement:4068*) in lieu of Resolution 75 (*Supplement:4067*).

Dr. Janet P. Peterson, Oregon, author of the original resolution, noted her support for the Board substitute.

On vote, Resolution 75B as follows was adopted.

**75H-2005. Resolved**, that the ADA develop advocacy messages and materials to take to federal agencies, Congress, private foundations, policy think tanks and other appropriate national organizations that:

- support community water fluoridation
- emphasize community water fluoridation as a key public health preventive initiative to help combat the serious caries problems in underserved communities
- advocate for federal funding and grants to develop oral health educational programs on the benefits of water fluoridation and the importance of drinking tap water in communities that have fluoridated water
- urge the federal agencies to have their state offices work with state dental societies and other stakeholders in advocating for community water fluoridation when such initiatives are on the ballot

and be it further

**Resolved**, that the appropriate ADA agencies explore with the CDC and other federal agencies possible additional advocacy strategies, such as federal financial incentives for state and local communities that adopt community water fluoridation as a preventive health measure and mandatory community water fluoridation tied to federal funding, and be it further

**Resolved**, that the appropriate ADA agencies conduct a study and analysis of whether and how to promote alternative fluoride delivery systems to communities that do not have a centralized piped water system which would facilitate water fluoridation, and be it further

**Resolved**, that a report be provided to the 2006 House of Delegates on the effectiveness of these advocacy strategies and the results of the analysis of alternative fluoride delivery systems with recommendations for additional programs and activities to bolster these efforts as appropriate.

#### **Oral Health Assessment for School Children**

(Thirteenth Trustee District Resolution 41, First Trustee District Resolution 41S-1, Eighth Trustee District Resolution 41S-2 and Reference Committee Resolution 41RC): The Reference Committee reported as follows.

The Reference Committee carefully discussed the testimony for support and referral of these resolutions regarding oral health assessments for school children. The Committee felt it was imperative to recommend that policy be adopted at this year's House of Delegates. Therefore, after careful debate and discussion, the Reference Committee believes that the following substitute resolution addresses the concerns expressed at the hearing and recommends that it be adopted.

**41RC. Resolved**, that the ADA policy supports oral health assessments for school children, intended to gather data, detect major pathology and allow for triage and referral to a dentist for a comprehensive dental examination, and be it further

**Resolved**, that the ADA urges state dental associations to sponsor legislation to provide oral health assessments for school children, and be it further

**Resolved**, that the ADA take steps to educate policy-makers and the public that oral health is an integral part of overall health, and as such, oral health assessments should be given the same priority as other health assessments for children, and urges state and local dental societies to take similar actions.

Dr. Vorrasi moved that Resolution 41RC be substituted for Resolutions 41 (*Supplement:4041*), 41S-1 (*Supplement:4042a*) and 41S-2 (*Supplement:4042b*).

Dr. Brian C. Cross, Illinois, asked for clarification on how Resolution 41RC differed from Resolution 32H-2004 (*Trans.2004:303*), which states:

**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(s)/legal guardian(s) choosing as to what services were rendered and refer the patient for a comprehensive examination.

A delegate suggested that the difference is that the resolution "deals with school-aged children and oral assessment specifically for school-aged children."

Dr. Larry Lawton, Washington, a member of the Reference Committee, responded saying, "I believe that the other part of our focus on this was because it also urges the state associations to look to those school children."

Dr. Frank M Addabbo, Florida, spoke against substitution saying, "The substitute resolution is not encompassing enough and another resolution will be pending if this happens."

On vote, Resolution 41RC was substituted for Resolutions 41, 41S-1 and 41S-2.

Dr. James A. Harrell, Jr., North Carolina, moved to amend Resolution 41RC by substituting the term "screening" for the term "assessment" throughout the resolution. In speaking to the amendment Dr. Harrell said, "We feel that this more accurately portrays the procedure we envision and fits the definition in the resolution. The term 'screening' is the term already used in public health circles and is already in laws and regulations in the states of North Carolina and Virginia."

On vote, the proposed amendment was defeated.

Dr. Kerry K. Carney, California, moved to substitute Resolution 41RCS-1 for Resolution 41RC, and noted the main difference between the two resolutions is the third resolving clause.

**41RCS-1. Resolved**, that the ADA policy supports oral health assessments for school children, intended to gather data, detect major pathology and allow for triage and referral to a dentist for a comprehensive dental examination, and be it further

**Resolved**, that the ADA urges state dental associations to sponsor legislation to provide oral health assessments for school children, and be it further

**Resolved**, that children and their parents and/or caregivers be informed that an oral assessment is not an examination, and that ADA policy recommends that school children receive a comprehensive examination conducted by a licensed dentist, and be it further

**Resolved**, that the ADA take steps to educate policy-makers and the public that oral health is an integral part of overall health, and as such, oral health assessments should be given the same priority as other health assessments for children, and urges state and local dental societies to take similar actions.

Dr. Frank M. Addabbo, Florida, spoke in favor of the substitute resolution saying, "It is far more encompassing. It makes it very clear that the assessment is a limited function, and I think it would be far more complete."

In speaking to the amendment, Dr. Carney said, "The reason... we added this change is because we did want to make it clear that, in fact, the patients and their parents need to know that it is only an oral assessment. It is not an exam. The whole goal of the oral assessment is to get children in to actual exams by licensed dentists. And the second part of that resolving clause is specifically to underscore the fact that it is a licensed dentist that ADA wants to perform the actual dental exam."

Dr. William J. Hooker, Arizona, spoke against the amendment saying, "I think we are starting to see some of the ramification of trying to wordsmith this. The original recommendation of the Board was to refer this back to the Council, and I think that's what should be done. I don't know whether I can move to refer at this point or not."

The Speaker responded that the motion could be referred.

Dr. Hooker moved to refer Resolution 41RCS-1 and Resolution 41RC.

Dr. Ernest L. Garcia, California, a member of the Reference Committee, spoke against referral saying, "This resolution, 41RCS-1, is much too important to refer to council for further work. It affects our community. We need it. I urge you not to refer."

Dr. Stephen W. Robertson, Kentucky, also spoke against referral stating, "I believe this Resolution 41RCS-1 significantly clarifies the conflict that many of us felt between dental exam and assessment. There are many states, besides our district, that are having problems, and I think it's extremely important that we pass this today."

Dr. Matthew J. Campbell, Jr., California, also spoke against referral saying, "One thing I love about our profession is we try to get everything perfect. In this case, I don't think it can wait another year. Like many of you in this House, I spent the "Give Kids A Smile" day treating children. There's a little lady that sticks in my mind. She was a four-year-old...17 of her 20 teeth were

involved with decay and she had two draining fistulas. We need to get somebody looking at these children right now. We don't want to wait another year."

Dr. Andy Elliott, II, Kentucky, and Dr. Morris Antonelli, Maryland, also spoke against referral.

A delegate moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to refer Resolution 41RCS-1 and Resolution 41RC was defeated.

Dr. Dean G. Cloutier, Connecticut, and Dr. Martin L. Schroeder, Pennsylvania, spoke in favor of substitution.

Dr. C.W. D'Aiuto, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 41RCS-1 was substituted for Resolution 41RC.

Dr. Dean P. Nicholas, Illinois, moved to amend Resolution 41RCS-1 by deleting the second resolving clause. In speaking to the amendment Dr. Nicholas said, "I will tell you why. Because states understand that state societies can pursue legislation based upon actions of the House. And some states already have this requirement in place, as we do. Illinois requires examinations for kindergarten, second grade and sixth grade."

Dr. Ernest L. Garcia, California, spoke against the amendment saying, "Deletion of this resolution severely limits the scope and intent of the original resolution. The Hispanic Dental Association supports the original resolution because we believe it to be a crucial step toward optimizing the oral health of our community and that is your mission."

Dr. James Foster, Texas, also speaking against the amendment said, "Some states, I agree, already have this, but some states don't. And for those states that don't, all we are doing is urging the state associations to sponsor legislation, and I think we need to do everything we can to urge them."

On vote, the motion to delete the second resolving clause of Resolution 41RCS-1 was defeated.

Dr. Michael D. Jennings, Michigan, moved to amend Resolution 45RCS-1 by deleting the words "major pathology" in the first resolving clause and inserting the words "clinically apparent pathologic conditions" after the word "detect."

In speaking to the amendment Dr. Jennings said, "It's more semantics, but pathology is a science. Really what we are detecting are pathologic conditions. ...Detecting the pathologic conditions are really what we do. The word 'major' we had some concerns with, because it's a relative term. A better description of what we do with possibly a tongue blade and some available light in assessment is detect what is clinically apparent. So by deleting those words and inserting 'clinically apparent pathologic conditions' I think it's a little more succinct and offers us a little more protection."

Dr. Ernest L. Garcia, California, and Dr. Philip H. Hunke, Texas, spoke in favor of the amendment.

Speaking against the amendment a delegate said, "I speak against using the word 'pathology.' I think this

then becomes an exam. This is a real problem in Colorado in that our hygienists, when they do an exam, they get paid, so I would not want to use the word 'pathology' at all but just refer to it as a condition."

Dr. Eugene J. McGuire, Pennsylvania, speaking for the amendment said, "The Academy of Pediatric Dentistry has established a caries risk assessment tool for assessments. We know that children that have more than one class five lesion and/or one class three lesion put them into a high risk category. Therefore, I am in support of this amendment because these children need to be referred before major pathology is present."

Dr. Paul A. Gosar, Arizona, moved to amend the amendment by deleting the word "pathologic" and inserting the words "unusual clinical." In speaking to the amendment Dr. Gosar said, "I would like to go back and do a friendly amendment...for the reasons that the gentleman here before stated about the confusion with assessment and evaluations that are being paid by insurance companies."

Dr. Martin L. Schroeder, Pennsylvania, spoke against the amendment saying, "Unusual conditions are not pathologic conditions. I don't think we should be sending children with big mouths or big lips to the dentist. What we want to do is send children who have dental disease and oral disease."

Dr. Charles B. Foy, Jr., Louisiana, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to delete the word "pathologic" and replace it with the words "unusual clinical" was defeated.

Dr. Mark K. Barone, New York, moved to vote immediately on the primary amendment.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to delete the words "major pathology" and replace them with the words "clinically pathologic conditions" was adopted.

Dr. Jeffrey Seiver, New York, moved to amend the second resolving clause by deleting the word "urges" and inserting the word "support" and striking the word "to" after the word "associations" and inserting the word "that" so that the amended resolving clause reads:

**Resolved**, that the ADA support state dental associations that sponsor legislation to provide oral health assessments for school children, and be it further

In speaking to the amendment Dr. Seiver said, "Some states already have legislation. So I felt that by asking the ADA to support the dental associations, that any states that want to make legislation...it is not demanding legislation to be made by the ADA."

A delegate asked for clarification on the financial implication of the amendment.

In response, Dr. Mark Feldman, ADA Treasurer said, "We have utilized the word 'support' here to sometimes provide staff support and internal support. Other times if you are referring to actually getting legal support—that

would require a financial implication, and I don't know what your intent is with this resolution. Right now, we did not put a financial implication on it because we are not interpreting it to mean outside support that we would have to pay for."

Dr. Ernest L. Garcia, California, spoke against amending saying, "I think the word 'urges' is much more direct and clear toward the intent of the resolution."

Dr. Martin L. Schroeder, Pennsylvania, also spoke against the amendment.

Dr. Samuel E. Selcher, Pennsylvania, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to amend the second resolving clause of Resolution 41RCS-1 was defeated.

Dr. Ernest L. Garcia, California, moved to vote immediately on Resolution 41RCS-1.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 41RCS-1 as amended was adopted.

**41H-2005. Resolved**, that the ADA policy supports oral health assessments for school children, intended to gather data, detect clinically apparent pathologic conditions and allow for triage and referral to a dentist for a comprehensive dental examination, and be it further **Resolved**, that the ADA urges state dental associations to sponsor legislation to provide oral health assessments for school children, and be it further **Resolved**, that children and their parents and/or caregivers be informed that an oral assessment is not an examination, and that ADA policy recommends that school children receive a comprehensive examination conducted by a licensed dentist, and be it further **Resolved**, that the ADA take steps to educate policy-makers and the public that oral health is an integral part of overall health, and as such, oral health assessments should be given the same priority as other health assessments for children, and urges state and local dental societies to take similar actions.

**Audits of Private Dental Offices by Third-Party Payers** (Council on Dental Benefit Programs Resolution 4 and First Trustee District Resolution 4S-1): The Reference Committee reported as follows.

The Reference Committee agrees with the First District and the Board of Trustees and recommends adoption of Resolution 4S-1. These resolutions support the ADA Strategic Plan Goal: Advocacy.

Dr. Vorassi moved the adoption of Resolution 4S-1 (*Supplement:4003a*) in lieu of Resolution 4 (*Supplement:4003*).

Dr. Charles L. Cuttino, III, Virginia, spoke in favor of the substitute saying, "The addition of the words 'and scope' provide very definite parameters that limit the amount of audit that can be carried out by third party payers."

On vote, Resolution 4S-1 was adopted.

**4H-2005. Resolved**, that the policy, Audits of Private Dental Offices by Third-Party Payers (*Trans.*1990:540), be amended in the second resolving clause by deleting the statement: “if the audit of dental records appears to go beyond the scope of the audit procedure outlined in the contract, the dentist should immediately seek the advice of his or her legal counsel”; and replacing it with the following: “and in the event of an audit, the dentist is encouraged to obtain a written description and scope of the audit procedures and should seek the advice of his or her legal counsel,” and be it further **Resolved**, that a new third resolving clause be added to the policy to read as follows:

**Resolved**, that dentists should consider their potential legal liability under applicable state and federal privacy laws in consultation with their attorneys when negotiating contracts that oblige them to allow third-party payer audits of the practices.

**Insurance Benefits for Posterior Direct Resin Restorations** (Council on Dental Benefit Programs Resolution 5). The Reference Committee reported as follows.

The Reference Committee agrees with the Council and the Board of Trustees that Resolution 32H-2003 (*Trans.*2003:362) should be rescinded. Therefore, the Committee recommends adoption of Resolution 5.

**5. Resolved**, that Resolution 32H-2003 (*Trans.*2003:362), Insurance Benefits for Posterior Direct Resin Restorations, be rescinded.

Dr. Vorrasi moved the adoption of Resolution 5 (*Supplement*:4005).

Dr. Thomas J. Machnowski, Illinois, spoke against rescinding the 2003 policy saying, “It was a good idea in 2003, and I feel that it is still a good idea in 2005. This was not a treatment option resolution or an attempt to dictate treatment, but, rather, a response to third-party downcoding and refusal to remit for procedures that [are] performed on a daily basis in practices across our nation. The third-party industry continues to promote the dental amalgam restoration as the standard of care for our patients, and we all know we can do better than what the third-party payers are promoting as their idea of quality dentistry.”

Dr. T. Bob Davis, Texas, also spoke against adopting Resolution 5.

Dr. Thomas J. Schripsema, New Mexico, spoke in favor of the resolution saying, “This policy had an unintended consequence, particularly for those who are under contract in managed care because it allows managed care companies to maintain the same level of reimbursement so reimbursing at the alternate level of an amalgam but now covering that particular procedure as a posterior composite and disallowing their ability to charge for or to balance the difference between the two items. And so we don’t feel like that’s the appropriate policy. ...I think it was the feeling of the Council in recommending

rescinding that we don’t need this policy in order to accomplish the goals that we have with regard to posterior composites and reimbursement.”

Dr. Stephen W. Robertson, Kentucky, spoke against adoption of Resolution 5 saying, “A lot of this discussion took place in the last couple of years at the House meetings. The problem then and still is in some cases that insurance companies dictate and say that this is not standard of care treatment. ...The main concern has been for dentists that are under contract are getting reimbursed at lower levels because of that contract that they signed.”

Dr. Glen D. Hall, Texas, spoke in favor of rescission said, “I have seen nothing from an insurance company other than the fulfillment of their contract which says that they don’t pay for composite resin and they may pay for dental amalgam. I have seen nothing that says that they have implied that this is not standard of care. ....I feel like we have confused an emotional issue of wanting to care our patients with what we feel is a higher level of care with what is actually clinically practical. There is nothing in that CDT that isn’t already policy...So in my opinion, because we have no other policy that I know of with regard to implants as being standard of care for replacing missing teeth versus some other way...I feel like it’s inappropriate for us to have this as a policy.”

Dr. Rise L. Lyman, Texas, a member of the Reference Committee, spoke in favor of Resolution 5.

Dr. Donald A. Stoner, Pennsylvania, spoke against rescission of Resolution 32H-2003.

Dr. Gail Willow, New Mexico, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 5 was adopted.

**5H-2005. Resolved**, that Resolution 32H-2003 (*Trans.*2003:362), Insurance Benefits for Posterior Direct Resin Restorations, be rescinded.

**Incentives for Companies Providing Goods and Services to the Dental Community** (Board of Trustees Resolution 27): The Reference Committee reported as follows.

The Reference Committee agrees with the Board of Trustees that Resolutions 53H-2003 (*Trans.*2003:358) and 15H-2004 (*Trans.*2004:307) be rescinded. Therefore, the Committee recommends that Resolution 27 be adopted.

**27. Resolved**, that Resolutions 53H-2003 (*Trans.*2003:358) and 15H-2004 (*Trans.*2004:307), Incentives for Companies Providing Goods and Services to the Dental Community, be rescinded.

Dr. Vorrasi moved the adoption of Resolution 27 (*Supplement*:4033).

Dr. Patrick J. Foy, Minnesota, spoke against adopting Resolution 27. He said, “At one of the elite state meetings in the United States...we last year recognized 15 exhibitors who provided DR benefits to their employers. ....This recognition included banners in the booth, ribbons

on the badges, etc. The ADA needs to better understand how to encourage direct reimbursement. There have been no complaints from vendors who did not receive recognition.”

Others speaking against the adoption of Resolution 27 included Dr. Steven W. Hogg, Oklahoma; Dr. Scott D. Lingle, Minnesota; Dr. T. Bob Davis, Texas; and Dr. Mark I. Kampfe, Iowa.

Dr. R. Wayne Thompson, Kansas, moved to refer Resolution 27 to the Council on Dental Benefit Programs.

Dr. Glen D. Hall, chair of the Council on Dental Benefit Programs, speaking against referral said, “Two years ago when this resolution first came to us, the words were direct reimbursement, and that is what I’ve heard most of the people speak today. But the problem was another resolved was added, and that is in existing policy...it talks about dentist friendly benefit plans. I think it would be more appropriate, if we are concerned about all this, to just delete that, if that is what our real concern is. It allows us to continue to support DR...if DR is what we really want to support.”

Dr. Donald A. Stoner, Pennsylvania, spoke in favor of referral since the motion to rescind could not be amended.

Dr. Martin L. Schroeder, Pennsylvania, spoke against referral.

Another delegate said, “Referring it back...leaves it as policy of the House. The Council can then amend it any way they wish and bring it back to the House next year or not bring it back at all. Since we cannot amend the motion to rescind, we can’t make it better this year, so I am in favor of referral.”

Dr. R. Wayne Thompson, Kansas, spoke in support of the motion to refer Resolution 27.

Dr. Terry L. Buckenheimer, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 27 was referred to the appropriate Association agency.

**Direct Reimbursement Leads** (Minnesota Dental Association Resolution 68): The Reference Committee reported as follows.

The Reference Committee agrees with the Board of Trustees, and, therefore, recommends that Resolution 68 not be adopted.

**68. Resolved**, that the ADA forward all direct reimbursement leads on a right-of-first-refusal basis to ADA constituent or component dental societies, or groups they are associated with, that support only non-network, self-funded books of commercial business where balance billing is allowed and there is no requirement for pre-estimates.

Dr. Vorrasi moved Resolution 68 (*Supplement: 4063*).

On vote, Resolution 68 was not adopted.

**Branding of National Direct Reimbursement Marketing Campaign** (Seventeenth Trustee District Resolution 52 and Board of Trustees Resolution 52B): The Reference Committee reported as follows.

The Reference Committee agrees with the Board of Trustees and, therefore, recommends adoption of Resolution 52B.

Dr. Vorrasi moved the adoption of Resolution 52B (*Supplement:4054*) in lieu of Resolution 52 (*Supplement: 4054*).

On vote, Resolution 52B was adopted.

**52H-2005. Resolved**, that the appropriate ADA agencies, in consultation with marketing and advertising experts, study the necessity and potential value of developing a new brand name for the concept of direct reimbursement, including the variation known as direct assignment, and if deemed appropriate by the agencies, develop a plan of action to produce a new brand name for use in the national campaign.

**Statement on Prosthetic Care and Dental Laboratories** (Council on Dental Practice Resolution 6): The Reference Committee reported as follows.

The Reference Committee agrees with the Council and the Board of Trustees and, therefore, recommends adoption of Resolution 6. This resolution supports the ADA Strategic Plan Goal: Practice Support.

Dr. Vorrasi moved the adoption of Resolution 6 (*Supplement:4007*).

On vote, Resolution 6 was adopted.

**6H-2005. Resolved**, that the Statement on Prosthetic Care and Dental Laboratories (*Trans.1990:543; 1996:623; 1999:932; 2000:454; 2003:365*) be amended by deleting the following sentence under the section Regulation of Laboratories which reads: As the dental laboratories do not shoulder the ultimate responsibility for the public’s welfare, the Association believes that licensure of dental laboratories is not warranted.

**Statement on the Use of Opioids in the Treatment of Dental Pain** (Council on Dental Practice Resolution 8): The Reference Committee reported as follows.

The Reference Committee agrees with the Council. The Committee finds this resolution to be timely, and, having heard strong support in testimony, recommends adoption of Resolution 8, rather than referral. This resolution supports the ADA Strategic Plan Goal: Practice Support.

Dr. Vorrasi moved the adoption of Resolution 8 (*Supplement:4011*).

On vote, Resolution 8 was adopted.

**8H-2005. Resolved**, that the following ADA Statement on the Use of Opioids in the Treatment of Dental Pain be adopted.

**Statement on the Use of Opioids in the Treatment of Dental Pain**

1. The ADA encourages continuing education about the appropriate use of opioid pain medications in order to promote both responsible prescribing practices and limit instances of abuse and diversion.
2. Dentists who prescribe opioids for treatment of dental pain are encouraged to be mindful of and have respect for their inherent abuse potential.
3. Dentists who prescribe opioids for treatment of dental pain are also encouraged to periodically review their compliance with Drug Enforcement Administration recommendations and regulations.
4. Dentists are encouraged to recognize their responsibility for ensuring that prescription pain medications are available to the patients who need them, for preventing these drugs from becoming a source of harm or abuse and for understanding the special issues in pain management for patients already opiate dependent.
5. Dentists who are practicing in good faith and who use professional judgment regarding the prescription of opioids for the treatment of pain should not be held responsible for the willful and deceptive behavior of patients who successfully obtain opioids for non-dental purposes.
6. Appropriate education in addictive disease and pain management should be provided as part of the core curriculum at all dental schools.

**Statement on Alcoholism and Other Substance Use Disorders** (Council on Dental Practice Resolution 10): The Reference Committee reported as follows.

The Reference Committee agrees with the Council. The Committee finds this resolution to be timely, and, having heard strong support in testimony, recommends adoption of Resolution 10, rather than referral. This resolution supports the ADA Strategic Plan Goal: Practice Support.

Dr. Vorrasi moved the adoption of Resolution 10 (*Supplement:4015*).

On vote, Resolution 10 was adopted.

**10H-2005. Resolved**, that the following ADA Statement on Alcoholism and Other Substance Use Disorders be adopted.

**Statement on Alcoholism and Other Substance Use Disorders**

1. The ADA recognizes that alcoholism and other substance use disorders are primary, chronic, and often progressive diseases that ultimately affect every aspect of health, including oral health.

2. The ADA recognizes the need for research on the oral health implications of chronic alcohol, tobacco and/or other drug use.
3. The ADA recognizes the need for research on substance use disorders among dentists, dental and dental hygiene students, and dental team members.

**Statement on Substance Abuse Among Dentists** (Council on Dental Practice Resolution 11): The Reference Committee reported as follows.

The Reference Committee agrees with the Council and, therefore, recommends adoption of Resolution 11. The Committee finds this resolution to be timely, and, having heard strong support in testimony, recommends adoption of Resolution 11, rather than referral. The Reference Committee made one editorial change, to change “appropriately” to “responsibly” in item number one. This resolution supports the ADA Strategic Plan Goal: Practice Support.

Dr. Vorrasi moved the adoption of Resolution 11 (*Supplement:4017*).

On vote, Resolution 11, as editorially changed, was adopted.

**11H-2005. Resolved**, that the following ADA Statement on Substance Abuse Among Dentists be adopted.

**Statement on Substance Abuse Among Dentists**

1. Dentists who use alcohol are urged to do so ~~appropriately responsibly~~. Dentists are also urged to use prescription medications only as prescribed by an appropriate, licensed healthcare professional and to avoid the use of illegal substances.
2. Colleagues, dental team members, and the dentists’ family members, are urged to seek assistance and intervention when they believe a dentist is impaired.
3. Early intervention is strongly encouraged.
4. Dentists with addictive illness are urged to seek adequate treatment and participate in long-term monitoring protocols to maximize their likelihood of sustained recovery.
5. Impaired dentists who continue to practice, despite reasonable offers of assistance, may be reported to appropriate bodies as required by law and/or ethical obligations.
6. Dentists in full remission from addictive illness should not be discriminated against in the areas of professional licensure, clinical privileges, or inclusion in dental benefit network and provider panels solely due to the diagnosis and recovery from that illness.
7. The ADA encourages additional research in the area of dentist impairment and the factors of successful recovery.

**Statement on Substance Use Among Dental Students** (Council on Dental Practice Resolution 12): The Reference Committee reported as follows.

The Reference Committee agrees with the Council. The Committee finds this resolution to be timely, and, having heard strong support in testimony, recommends adoption of Resolution 12, rather than referral. The Reference Committee made two editorial changes: to change “appropriately” in item number two to “responsibly”; and “appropriate” in item number five to “responsible.” This resolution supports the ADA Strategic Plan Goal: Practice Support.

Dr. Vorrasi moved the adoption of Resolution 12 (*Supplement:4019*).

On vote, Resolution 12, as editorially changed, was adopted.

**12H-2005. Resolved**, that the following ADA Statement on Substance Use Among Dental Students be adopted.

#### **Statement on Substance Use Among Dental Students**

1. The ADA supports educational programs for dental students that address professional impairment associated with substance abuse.
2. Dental students who use alcohol should strive to do so ~~appropriately~~ responsibly. Dental students are also urged to use prescription medications only when prescribed by an appropriate, licensed healthcare professional and to avoid the use of illegal substances.
3. Dental school administration and faculty are encouraged to promptly intervene once aware of inappropriate substance use by a student.
4. Dental schools are strongly encouraged to support a student’s referral to an addiction treatment program, if appropriate, and indicated by a thorough evaluation, prior to making disciplinary decisions.
5. Dental schools are encouraged to support only the ~~appropriate~~ responsible use of alcohol on their premises or at their functions or by faculty when with students in social settings.

**Policy Statement on Chemical Dependency** (Council on Dental Practice Resolution 9): The Reference Committee reported as follows.

The Reference Committee agrees with the Council and recommends adoption of Resolution 9, rather than referral—contingent on the adoption of Resolutions 10 (*Supplement:4015*), 11 (*Supplement:4017*) and 12 (*Supplement:4019*). This resolution supports the ADA Strategic Plan Goal: Practice Support.

Dr. Vorrasi moved the adoption of Resolution 9 (*Supplement:4013*).

On vote, Resolution 9 was adopted.

**9H-2005. Resolved**, that Resolution 64H-1986 (*Trans.1986:519*), ADA Policy Statement on Chemical Dependency, be rescinded.

#### **Statement on Provision of Dental Treatment for Patients with Substance Use Disorders** (Council on

Dental Practice Resolution 14): The Reference Committee reported as follows.

The Reference Committee agrees with the Council. The Committee finds this resolution to be timely, and, having heard strong support in testimony, recommends adoption of Resolution 14, rather than referral. This resolution supports the ADA Strategic Plan Goal: Practice Support.

Dr. Vorrasi moved the adoption of Resolution 14 (*Supplement:4023*).

On vote, Resolution 14 was adopted.

**14H-2005. Resolved**, that the following ADA Statement on Provision of Dental Treatment of Patients with Substance Use Disorders be adopted.

#### **Statement on Provision of Dental Treatment for Patients with Substance Use Disorders**

1. Dentists are urged to be aware of each patient’s substance use history, and to take this into consideration when planning treatment and prescribing medications.
2. Dentists are encouraged to be knowledgeable about substance use disorders—both active and in remission—in order to safely prescribe controlled substances and other medications to patients with these disorders.
3. Dentists should draw upon their professional judgment in advising patients who are heavy drinkers to cut back, or the users of illegal drugs to stop.
4. Dentists may want to be familiar with their community’s treatment resources for patients with substance use disorders and be able to make referrals when indicated.
5. Dentists are encouraged to seek consultation with the patient’s physician, when the patient has a history of alcoholism or other substance use disorder.
6. Dentists are urged to be current in their knowledge of pharmacology, including content related to drugs of abuse; recognition of contraindications to the delivery of epinephrine-containing local anesthetics; safe prescribing practices for patients with substance use disorders—both active and in remission—and management of patient emergencies that may result from unforeseen drug interactions.
7. Dentists are obliged to protect patient confidentiality of substance abuse treatment information, in accordance with applicable state and federal law.

**Statement on Alcohol and Other Substance Use by Pregnant and Postpartum Patients** (Council on Dental Practice Resolution 15): The Reference Committee reported as follows.

The Reference Committee agrees with the Council. The Committee finds this resolution to be timely, and, having heard strong support in testimony, recommends



adoption of Resolution 15, rather than referral. This resolution supports the ADA Strategic Plan Goal: Practice Support.

Dr. Vorrasi moved the adoption of Resolution 15 (*Supplement:4025*).

On vote, Resolution 15 was adopted.

**15H-2005. Resolved**, that the following ADA Statement on Alcohol and Other Substance Use by Pregnant and Postpartum Patients be adopted.

**Statement on Alcohol and Other Substance Use by Pregnant and Postpartum Patients**

1. Dentists are encouraged to inquire about pregnant or postpartum patients' history of alcohol and other drug use, including nicotine.
2. As healthcare professionals, dentists are encouraged to advise these patients to avoid the use of these substances and to urge them to disclose any such use to their primary care providers.
3. Dentists who become aware of postpartum patients' resumption of tobacco or illegal drug use, or excessive alcohol intake, are encouraged to recommend that the patient stop these behaviors. The dentist is encouraged to be prepared to inform the woman of treatment resources, if indicated.

**Guidelines Related to Alcohol, Nicotine, and/or Drug Use by Child or Adolescent Patients** (Council on Dental Practice Resolution 16): The Reference Committee reported as follows.

The Reference Committee agrees with the Council. The Committee finds this resolution to be timely, and, having heard strong support in testimony, recommends adoption of Resolution 16, rather than referral. This resolution supports the ADA Strategic Plan Goal: Practice Support.

Dr. Vorrasi moved the adoption of Resolution 16 (*Supplement:4027*).

On vote, Resolution 16 was adopted.

**16H-2005. Resolved**, that the following Guidelines Related to Alcohol, Nicotine, and/or Drug Use by Child or Adolescent Patients be adopted.

**Guidelines Related to Alcohol, Nicotine, and/or Drug Use by Child or Adolescent Patients**

1. Dentists are urged to be knowledgeable about the oral manifestations of nicotine and drug use in adolescents.
2. Dentists are encouraged to know their state laws related to confidentiality of health services for adolescents and to understand the circumstances that would allow, prevent or obligate the dentist to communicate information regarding substance use to a parent.
3. Dentists are encouraged to take the opportunity to reinforce good health habits by complimenting young

patients who refrain from using tobacco, drinking alcohol or using illegal drugs.

4. A dentist who becomes aware of a young patient's tobacco use is encouraged to take the opportunity to ask about it, provide tobacco cessation counseling and to offer information on treatment resources.
5. Dentists may want to consider having age-appropriate anti-tobacco literature available in their offices for their young patients.
6. Dentists who become aware of a young patient's alcohol or illegal drug use (either directly or through a report to a team member), are encouraged to express concern about this behavior and encourage the patient to discontinue the drug or alcohol use.
7. A dentist who becomes aware that a parent is supplying illegal substances to a young patient, may be subject to mandatory reporting under child abuse regulations.

**ADA Policy Statement on Provision of Dental Care for Patient Who Are or Have Been Chemically Dependent** (Council on Dental Practice Resolution 13): The Reference Committee reported as follows.

The Reference Committee agrees with the Council and, therefore, recommends adoption of Resolution 13—contingent on the adoption of Resolutions 14 (*Supplement:4023*), 15 (*Supplement:4025*) and 16 (*Supplement:4027*). This resolution supports the ADA Strategic Plan Goal: Practice Support.

Dr. Vorrasi moved the adoption of Resolution 13 (*Supplement:4021*).

On vote, Resolution 13 was adopted.

**13H-2005. Resolved**, that Resolutions 17H-1989 (*Trans.1989:556*) and 72H-1991 (*Trans.1991:619*), ADA Policy Statement on Provision of Dental Care for Patients Who Are or Have Been Chemically Dependent, be rescinded.

**Guiding Principles for Dentist Well-Being Activities at the State Level** (Council on Dental Practice Resolution 17): The Reference Committee reported as follows.

The Reference Committee agrees with the Council and Board of Trustees and, therefore, recommends the adoption of Resolution 17, with an editorial change in item number four, deleting the phrase "ADA's Dentist Well-Being Program" and replacing with "appropriate ADA agencies." This resolution supports the ADA Strategic Plan Goal: Practice Support.

Dr. Vorrasi moved the adoption of Resolution 17 (*Supplement:4029*).

On vote, Resolution 17, as editorially changed, was adopted.

**17H-2005. Resolved**, that the ADA supports efforts by constituent and component dental societies in the development, maintenance, and collaboration with

effective programs to identify and assist those dentists and dental students affected by conditions which potentially impair their ability to practice dentistry, and be it further **Resolved**, that constituent and/or component dental societies be urged to adopt the following Guiding Principles for Dentist Well-Being Activities at the State Level.

#### **Guiding Principles for Dentist Well-Being Activities at the State Level**

1. Constituent dental societies are encouraged to have some level of involvement in services for dentists affected by conditions which potentially or actually impair their ability to practice dentistry.
2. State-level programs to prevent and intervene in dentist and dental team member impairment should be strengthened, supported and well publicized as the most humane and effective method of protecting the interests of the public and of dental professionals.
3. Dental societies should be advocates for dentists to have the same rights of privacy and confidentiality of personal medical information as other persons.
4. Those dental societies that administer dentist well-being programs are urged to maintain a strong working relationship with their state boards of dentistry and with the ~~ADA's Dentist Well-Being Program~~ appropriate ADA agencies.
5. The dental society should ensure that those who serve as dentist peer assistance volunteers are provided immunity from civil liability, except for willful or wanton acts.
6. The dental society should also ensure that those who serve as dentist peer assistance volunteers are appropriately trained and supervised in these activities.
7. Dental societies in states where services are provided to dentists by multidisciplinary or physician health programs are urged to develop strong relationships with those programs, in order to:
  - a. educate service providers about the particular needs of dentists and the dynamics of dental practice
  - b. assist providers in outreach to dentists in need of assistance
  - c. support dentists and families if treatment is necessary
  - d. assist program providers in developing monitoring contracts appropriate to individual dentist's practice situations
  - e. assist program providers in advocating for program participants with the dental board or licensing agency
8. Constituent and component dental societies are strongly encouraged to offer continuing education programs on the prevention, recognition and treatment of professional impairment.
9. Dental societies are encouraged to support well-being volunteer liaison activities to their dental schools

and be it further

**Resolved**, that Resolution 18H-1996 (*Trans.*1996:693), Guiding Principles for Dentist Well-Being Programs, be rescinded.

**Prosthetic Cases Sent to Foreign Labs for Custom Manufacture** (Eighth Trustee District Resolution 83 and Reference Committee Resolution 83RC): The Reference Committee reported as follows.

The Reference Committee agrees with the Eighth District and the Board of Trustees. However, the Committee believes that clarifying the language in Resolution 83 to reflect that the responsibility for notification rests with the dental laboratory is necessary. Therefore, the Reference Committee recommends adoption of the following substitute resolution. These resolutions support the ADA Strategic Plan Goal: Information.

**83RC. Resolved**, that the ADA urge the U.S. Food and Drug Administration to require that a subcontracting dental laboratory notify the dentist in advance when prostheses, components or materials indicated in the dentist's prescription are to be manufactured or provided, either partially or entirely, by a foreign dental laboratory.

Dr. Vorrasi moved that Resolution 83RC be substituted for Resolution 83 (*Supplement*:4072).

On vote, Resolution 83RC was substituted for Resolution 83.

Dr. Vorrasi moved the adoption of the substitute Resolution 83RC.

Dr. Mark R. Stetzel, Indiana, moved to refer Resolution 83RC. In speaking to the motion, Dr. Stetzel said, "As an organization, we are committed to limiting government regulation that affects the practice of dentistry. I believe that we have resources to address this problem without calling for further regulation through the FDA."

Dr. Joseph F. Hagenbruch, Illinois, spoke against referral saying, "When the government can help, we need to use them, and in this situation, I think we should take advantage of it."

Dr. Lawrence R. Lawton, Washington, also spoke against referral saying, "In the Committee, we heard evidence that the Food and Drug Administration already does have this authority and some of these things are available and this is to make things more clear and to make it so that it will be followed up with the dentist."

A delegate commented for clarification that the FDA already has jurisdiction that a dentist must be notified in advance if a prescription is to be manufactured or provided, either partially or entirely, by a foreign dental laboratory. He commented that what the resolution says, is that a dentist must be notified in advance when a prosthesis component or material is indicated.

Dr. Michael L. Stuart, chair of the Council on Dental Practice, spoke against referral saying, "This is an important issue. As a dentist, I want to know if my lab is

sending cases overseas in advance so I can stop that process if I would like to.”

Dr. Thomas P. Floyd, Florida, and Dr. Martin L. Schroeder, Pennsylvania, also spoke against referral.

Dr. Mitchell B. Myers, Illinois, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to refer was defeated.

Dr. David J. Ferlita, Florida, moved to amend Resolution 83RC by adding at the end of the resolution after the words “foreign dental laboratory,” the words “or any domestic ancillary dental laboratory.” In speaking to the amendment Dr. Ferlita said, “Many of us in this House use laboratories on a frequent basis. Some of these dental labs, however, do not have the capacity to perform all the prescribing dentists’ requested services in-house. For example, metal frameworks for removal of partial dentures, cords for certain types of crowns. So these dental labs then, in turn, utilize other local or regional dental labs within the United States. I propose that some of these dental labs would not like us to know that they are outsourcing services to other...dental labs, regardless of whether it is a foreign or other domestic dental lab. Therefore, I believe for the sake of complete disclosure, that dental labs that subcontract with other domestic dental labs also be included in this resolution.”

On vote, the proposed amendment was adopted.

On vote, Resolution 83RC as amended was adopted.

**83H-2005. Resolved**, that the ADA urge the U.S. Food and Drug Administration to require that a subcontracting dental laboratory notify the dentist in advance when prostheses, components or materials indicated in the dentist’s prescription are to be manufactured or provided, either partially or entirely, by a foreign dental laboratory or any domestic ancillary dental laboratory.

**“Meth Mouth” Task Force** (Eleventh Trustee District 76 and Board of Trustees Resolution 76B): The Reference Committee reported as follows.

The Reference Committee agrees with the Board of Trustees and, therefore, recommends adoption of Resolution 76B.

Dr. Vorrasi moved the adoption of Resolution 76B (*Supplement.4070*) in lieu of Resolution 76 (*Supplement.4070*).

Dr. Janet P. Peterson, Oregon, spoke in support of Resolution 76B.

On vote, Resolution 76B was adopted in lieu of Resolution 76.

**76H-2005. Resolved**, that the appropriate agencies of the ADA, in cooperation with the scientific community, drug abuse and public health experts, and others, develop and disseminate material to effectively communicate to the profession and the public an awareness of the oral health effects of drug abuse, and be it further

**Resolved**, that these agencies provide practicing dentists with information and guidance to help them identify and treat the oral health effects of drug abuse.

**Adjournment:** Dr. Sanjay Patel, California, moved to adjourn the Third Meeting of the House of Delegates. On vote, the Third Meeting of the House adjourned at 5:00 p.m.

## Tuesday, October 11, 2005

### 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.

**Report of the Standing Committee on Credentials, Rules and Order:** Dr. Linda K. Himmelberger, chair, reported there were no requests relating to credentialing and announced the presence of a quorum.

### Installation of Officers and Trustees

**Recognition of Retiring Officers and Trustees:** The Speaker recognized the following retiring ADA officers and trustees:

Dr. Ronald D. Bushick, first vice president  
 Dr. Ronald B. Gross, trustee, Third District  
 Dr. Bernard K. McDermott, trustee, Fourth District  
 Dr. Zack Studstill, trustee, Fifth District  
 Dr. Kathleen Roth, trustee, Ninth 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. Jeanne M. Nicolette, trustee, Seventh District  
 Dr. Perry K. Tuneberg, trustee, Eighth District  
 Dr. Kathryn Kell, trustee, Tenth 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 L. Tankersley, trustee, Sixteenth District  
 Dr. Donald I. Cadle, Jr., trustee, Seventeenth District  
 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. William G. Glecos, trustee, Third District

Dr. Murray D. Sykes, trustee, Fourth District  
 Dr. Michael T. Rainwater, trustee, Fifth District  
 Dr. Raymond Gist, trustee, Ninth District  
 Dr. Stephen F. Schwartz, second vice president

The incoming officers and trustees pledged to uphold the *Constitution and Bylaws* of the American Dental Association, perform the duties of their office and represent the profession and the Association to the best of their ability.

**Presentation to Dr. Richard Haught:** The Speaker presented Dr. Haught with the insignia of the office of past president and a certificate of appreciation.

**Installation of Officers:** Dr. Haught installed the officers of the American Dental Association: Dr. Kathleen Roth, Wisconsin, president-elect; Dr. Robert M. Brandjord, Minnesota, president; Dr. Stephen Schwartz, second vice president; Dr. Thomas Soliday, speaker of the House of Delegates; and the members of the Board of Trustees.

The installation ceremony concluded after the members of the House pledged their support by accepting assignments when called upon, bringing forward the opinions and concerns of the members in their districts, and engaging in open and honest debate on issues.

**Presentation by Dr. Robert Brandjord:** Following the installation of the officers and trustees, Dr. Brandjord addressed the members of the House. Highlighted in his remarks were the need for dentistry to participate in the development of a national healthcare information infrastructure being spearheaded by the U.S. Department of Health and Human Services, continuing efforts to ensure that dentists and patients are treated fairly by third-party payers, improving access to dental care for the underserved, and securing the future of the dental profession through the National Campaign for Dental Education.

**Introduction of the Chair of the American Dental Political Action Committee:** Dr. Edward Vigna, ADPAC chair, provided an update on the activities of the Association's political action committee.

**Introduction of Dr. Gregory Chadwick:** Dr. Chadwick, chair of the ADA Foundation's National Campaign Dental Education Task Force, provided an update on the national campaign for dental education.

**Point of Personal Privilege:** Dr. Jonathan B. Knapp, Connecticut, on behalf of the First District, recognized the 17 years of outstanding service of the Executive Director of the Connecticut State Dental Association, Mr. Noel Bishop.

The Speaker announced that the House would resume its regular business.

### **Report of the Reference Committee on Dental Education and Related Matters (continued)**

The balance of the Report of the Reference Committee on Dental Education and Related Matters was presented by Dr. Dennis M. Kalebjian, chair, California. The other members of the Committee were: Dr. Allen F. Carrell, Iowa; Dr. Robert L. Clitheroe, Texas; Dr. Howard R. Gamble, Alabama; Dr. Samuel B. Low, Florida; Dr. Eugene J. McGuire, Pennsylvania; Dr. Ken Merritt, New Mexico; Dr. Larry W. Osborne, Illinois; and Dr. Robert M. Peskin, New York.

**Consent Calendar** (Reference Committee on Dental Education and Related Matters Resolution 89): The 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.

Therefore, the Committee recommends adoption of the following resolution:

**89. Resolved**, that the following resolutions be adopted:

**Resolution 19**—Guidelines for Examiner Standardization (*Supplement:5008*)

**Resolution 42**—Proposed Plans for a 2006 Anesthesia Invitational Conference (*Supplement:5048*)

**Resolution 49**—Monitoring Clinical Dental Licensure Examinations (*Supplement:5049*)

Dr. Kalebjian moved the adoption of Resolution 89. On vote, Resolution 89 was adopted.

**89H-2005. Resolved**, that the following resolutions be adopted:

**Resolution 19**—Guidelines for Examiner Standardization (*Supplement:5008*)

**Resolution 42**—Proposed Plans for a 2006 Anesthesia Invitational Conference (*Supplement:5048*)

**Resolution 49**—Monitoring Clinical Dental Licensure Examinations (*Supplement:5049*)

*Note.* For the purpose of a fully documented record, the complete text of the resolutions adopted through Resolution 89H-2005 follows:

**19H-2005. Resolved**, that Resolution 36H-1998 (*Trans.1998:713*), Guidelines for Examiner Standardization, be rescinded.

**42H-2005. Resolved**, that the Association support activities of the Council on Dental Education and Licensure's Committee on Anesthesiology to conduct a

comprehensive review and revision of the Association's anesthesia guidelines documents—*ADA Policy Statement: The Use of Conscious, Deep Sedation and General Anesthesia in Dentistry (Supplement 1999:326); Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists (Trans.2003:368)* and the *Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry (Trans.2003:368)* for consideration by the House of Delegates at its 2006 meeting.

**49H-2005. Resolved**, that the appropriate agency of the ADA continue to monitor activities of the clinical testing agencies and report annually to the House of Delegates on its findings, and be it further

**Resolved**, that the ADA encourage the clinical testing agencies to use good testing practices in the development, administration and scoring of their examinations.

**Proposed Revisions to the ADA Anesthesia Documents** (Council on Dental Education and Licensure Resolution 18): The Reference Committee reported as follows.

The Reference Committee concurs with the Council and the Board and recommends adoption of Resolution 18. This resolution supports the ADA Strategic Plan Goal: Advocacy.

**18. Resolved**, that the ADA Policy Statement: The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry (*Trans.1999:936*), be amended as proposed, and be it further

**Resolved**, that the definition of “titration” as it appears in the “Definitions” sections of the ADA Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists (*Trans.2003:368*) and the Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry (*Trans.2003:368*), be amended to read as follows, so that all three ADA anesthesia documents are consistent.

*titration* – the administration of small incremental doses of a drug until a desired clinical effect is observed.

In accord with this particular definition, the clinical effects of titration of oral medication for the purposes of sedation are unpredictable. Repeated dosing of orally administered sedative agents may result in an alteration of the state of consciousness deeper than the intent of the practitioner. Except in unusual circumstances, the maximum recommended dose of an oral medication should not be exceeded.

Dr. Kalebjian moved the adoption of Resolution 18 (*Supplement:5001*).

Dr. Bryan C. Edgar, Washington, moved to amend Resolution 18 by deleting in the definition of titration, second paragraph, the last sentence, which states “Except in unusual circumstances, the maximum recommended dose of an oral medication should not be exceeded” and adding in its place the following sentence: “Therefore,

practitioners must ensure that doses of oral sedative agents not cause patients to enter a state of deep sedation.”

In speaking to his amendment, Dr. Edgar said, “Two years ago we created a new guideline in our anesthesia guidelines which have become somewhat problematic in that we created a guideline which references a maximum recommended dosage for medications. And since that time, insurance companies have adopted our guideline...and they have now gone and taken the steps to inform their members that they are not going to be covered in the event of a malpractice claim if they would exceed that recommended dosage. ...And I would offer this amendment as a way to amend the problem that we developed in our guidelines and as a way to, at the same time, create a strong statement that will still...have the same guideline but not introduce the language that the insurance companies have adopted.”

Dr. Dennis W. Homer, Washington, and Dr. Linda J. Edgar, Washington, spoke in support of the proposed amendment.

Dr. Sean A. Benson, Oregon, speaking in favor of the amendment said, “I think putting an arbitrary number on a medication degrades our clinical judgment and our ability to determine what appropriate levels of sedation are.”

Dr. James W. Chancellor, Texas, spoke against the amendment.

Dr. Peter D. Hehli, Wisconsin, spoke for amendment said, “I speak in favor of this amendment. It doesn’t open up floodgates. It just gives me, as a general dentist, more leeway to practice safe, effective dentistry.”

Dr. Mark J. McGuire, Pennsylvania, spoke against the amendment stating, “I speak against this amendment because it also has an oral impact on oral sedation of children. Children that are given therapeutic ranges or sedatives, you absolutely physiologically and scientifically cannot ensure what you have before you.”

Dr. Jill M. Burns, Indiana, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the proposed amendment was defeated.

On vote, Resolution 18 was adopted.

**18H-2005. Resolved**, that the ADA Policy Statement: The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry (*Trans.1999:936*), be amended as proposed, and be it further

**Resolved**, that the definition of “titration” as it appears in the “Definitions” sections of the ADA Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists (*Trans.2003:368*) and the Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry (*Trans.2003:368*), be amended to read as follows, so that all three ADA anesthesia documents are consistent.

*titration* – the administration of small incremental doses of a drug until a desired clinical effect is observed.

In accord with this particular definition, the clinical effects of titration of oral medication for the purposes of sedation are unpredictable. Repeated dosing of orally administered sedative agents may result in an

alteration of the state of consciousness deeper than the intent of the practitioner. Except in unusual circumstances, the maximum recommended dose of an oral medication should not be exceeded.

**Eliminating the Use of Human Subjects in Board Examinations** (Council on Dental Education and Licensure Resolution 20, Board of Trustees Resolution 20B, Eleventh Trustee District Resolution 20S-1, Sixteenth Trustee District Resolution 20BS-1, Board of Trustees Resolution 20BS1-1B, Second Trustee District Resolution 69 and Reference Committee Resolution 20RC): The Reference Committee reported as follows.

The Reference Committee heard considerable testimony on Resolutions 20, 20B, 20S-1, 20BS-1, 20BS-1B and 69. The Reference Committee recommends continuing support for the elimination of human subjects/patients in the clinical licensure examination process and encourages efforts to pursue this goal. This resolution supports the ADA Strategic Plan Goal: Advocacy.

**20RC. Resolved**, that the Association supports the elimination of human subjects/patients in the clinical licensure examination process with the exception of the curriculum integrated format within dental schools, and be it further

**Resolved**, that the Association encourages all states to adopt methodologies for licensure that are consistent with this policy.

Dr. Kalebjian moved that Resolution 20RC be substituted for Resolutions 20 (*Supplement:5010*), 20B (*Supplement:5010*), 20S-1 (*Supplement:5010a*), 20BS-1 (*Supplement:5010b*), 20BS-1B (*Supplement:5010c*) and 69 (*Supplement:5053*).

Dr. Kalebjian moved the adoption of the substitute Resolution 20RC.

On vote, Resolution 20RC was substituted for Resolutions 20, 20B, 20S-1, 20BS-1, 20BS-1B and 69.

Dr. Thomas J. Schripsema, New Mexico, moved to amend Resolution 20RC in the first resolving clause by adding the words “as equivalent nonhuman testing methods become available” after the words “examination process.” In speaking to the amendment, Dr. Schripsema said, “The idea with this is that there are some nonhuman testing techniques that are equivalent available but not for all aspects of the testing process. So as new techniques become available, they will be able to phase in the elimination of human subjects.”

Dr. Robert M. Peskin, New York, spoke against the substitution saying, “I think that it dilutes the purpose of this resolution and does not get back to the original thought process that was involved in the development of the resolution.”

Dr. Robert J. Gherardi, New Mexico, spoke in favor the amendment saying, “The board exams are all moving towards nonhuman subjects for exams. But there just aren’t the nonhuman criteria there on some of the exams to do a valid examination. I think we need to add this line so it gives the boards just a little bit of leeway so they can

bring these in without the extreme pressure on them to make changes before the changes are valid.”

Dr. Edwin S. Mehlman, Rhode Island, spoke against the amendment stating, “There are equivalent nonhuman testing methods available right now that are accurate. Canada has been testing for over ten years without using human subjects. Their dentists are recognized in the United States. I think this is very unnecessary. The Board came out with a resolution that had this entered and the Reference Committee was wise enough to take this sentence out.”

Dr. Allen Hindin, Connecticut, also spoke against the amendment.

Dr. David C. Anderson, Virginia, spoke in favor of the amendment.

Dr. Terry L. Buckenheimer, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3 majority.

On vote, the proposed amendment was defeated.

Dr. Edwin S. Mehlman, Rhode Island, moved to substitute Resolution 20RCS-1 for Resolution 20RC. In speaking to the amendment Dr. Mehlman said, “I think it says everything that has to be said. It says that we do not want human subjects or patients in the clinical examination and that we want the Association to encourage states to adopt either methodologies and we want the Association to inform the boards of this resolution.”

**20RCS-1. Resolved**, that the ADA supports the elimination of human subjects/patients in the clinical licensure examination process, and be it further **Resolved**, that the ADA encourages all states to adopt methodologies for licensure that are consistent with this policy.

Dr. Robert M. Peskin, New York; Dr. Charles L. Proesel, Jr., Illinois; and Dr. Bradley Harrelson, ASDA, all spoke in favor of the motion to substitute Resolution 20RCS-1 for Resolution 20RC.

Dr. T. Bob Davis, Texas, and Dr. Lee Cohen, Florida, spoke against substitution.

Dr. David J. Miller, New York; Dr. Brian C. Edgar, Washington; and Dr. Ronald P. Lemmo, Ohio, spoke in favor of the substitution.

Dr. Maurice J. Convey, Maine, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to substitute Resolution 20RCS-1 for Resolution 20RC was defeated.

Dr. R. Donald Hoffman, Pennsylvania, moved to refer Resolution 20RC to the Council on Dental Education and Licensure stating, “As 20RC is currently written, you are creating a two-tiered standard. The curriculum integrated format is for students and fourth year students of record. And anybody taking a traditional format would be tested one way and those tested under the curriculum integrated format would be tested differently.”

Dr. Allen Hindin, Connecticut, spoke against the motion to refer.

Dr. Ryan Monti, American Student Dental Association, spoke in favor of referral stating, "It's clear that there's some confusion among the delegates about the curriculum integrated format and that this House is looking for a more comprehensive definition of this process, and I believe it should be referred back to CDEL for that definition."

A question was asked regarding the purpose for referring Resolution 20RC to CDEL and what was expected back. Dr. Hoffman responded that he expected a report to the 2006 House of Delegates.

Dr. Edwin S. Mehlman, Rhode Island; Dr. Amid I. Ismail, Michigan; and Dr. T. Bob Davis, Texas, spoke against the motion to refer Resolution 20RC.

Dr. Peskin spoke in support of the motion to refer.

Dr. A. J. Smith, Utah, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to refer Resolution 20RC to CDEL for study and report to the 2006 House of Delegates was defeated.

Dr. Mark Zust, Missouri, moved to vote immediately on Resolution 20RC.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 20RC was adopted.

**20H-2005. Resolved**, that the Association supports the elimination of human subjects/patients in the clinical licensure examination process with the exception of the curriculum integrated format within dental schools, and be it further

**Resolved**, that the Association encourages all states to adopt methodologies for licensure that are consistent with this policy.

**Pathways for Licensure of International Graduates** (Reference Committee Resolution 94): The Reference Committee reported as follows.

The Reference Committee believes the Association should continue to explore avenues to satisfy the concerns and needs of lawmakers regarding local workforce issues and supports the following resolution. This resolution supports the ADA Strategic Plan Goal: Advocacy.

**94. Resolved**, that the appropriate agency of the ADA investigate pathways for international dental graduates to become qualified and licensed to practice dentistry in the United States, and be it further

**Resolved**, that a report be presented to the 2006 House of Delegates.

Dr. Kalebjian moved the adoption of Resolution 94.

Dr. Mark A. Romer, Florida, spoke in favor of the resolution stating, "Resolution 94 deals with a very real problem that exists today in the United States. Many foreign trained dentists that are already in the United States need a fair and predictable pathway to achieve licensure in this country. Resolution 94 deals with

different pathways established by different states and can develop a uniform standard acceptable to all. CODA has already stepped up to the plate to consider accrediting two-year programs. However, we need agencies to help deliver new creative methods in addition to our legislative bodies...Resolution 94 leaves the door open for these opportunities."

Dr. Kevin Doring, Maryland, moved to amend Resolution 94 in the first resolving clause by adding the phrase "and that graduates from accredited U.S. and Canadian schools have the reciprocal opportunity to obtain licenses to practice dentistry in other countries," after the words "United States."

In speaking to the amendment Dr. Doring said, "We've had some of our members try to obtain licenses in other countries and they have had some difficulty. And we think it's only fair that if we are going to explore ways to allow foreign graduates to practice in our country, that we should also be exploring ways to allow U.S. and Canadian trained dentists to practice in other countries. We feel it would provide alternatives to our members who may want to move or retire overseas."

Dr. Lidia Epel, New York, spoke against the amendment saying, "We have enough difficulties in this country to obtain licensure by credential between states. Now we are going outside of the United States? As an international dental graduate myself...I went through many loopholes to obtain a license in this country. And I am very proud of it."

Dr. Augusto C. Garcia-Aguiree, Puerto Rico, spoke in favor of the amendment saying, "As a person with a bilingual, multicultural background, I think it's important for us, the Americans, to have the opportunity to apply and to validate our dental degree in other schools and in other countries. Many of us might have even been considering retiring to these countries because of economical or other reasons. But we should leave the door open to our people to apply, be considered and validate their degree...it is their choice to practice in another country."

Dr. Edwin Del Valle-Sepulveda, Puerto Rico, also speaking in support of the amendment said, "I think it makes the resolution truly fair. Otherwise, the resolution is basically one sided. If you are going to approve this resolution, I think this amendment to its language will make it fairer for U.S. dentists, in general."

On vote, the proposed amendment was adopted.

Dr. Thomas J. Schripsema, New Mexico, spoke against Resolution 94 saying, "Most of the alternative pathways we have in existence right now, we have determined, undermined the accreditation process. And it seems to me that about the last thing we need is a report...listing all the possible ways we might undermine our accreditation process and possibly suggesting new ones."

Dr. Stephen F. Schwartz, Texas, spoke in favor of the resolution saying, "Although we established an international accreditation body, if that body does not move quickly enough or provide the quantity of dentists that the various state legislatures are looking for, we need another alternative to provide a mechanism for accrediting

foreign-trained dentists if we want to maintain control over that process.”

Dr. Samuel O. Dorn, Florida, also spoke in favor of the resolution saying, “We have many foreign graduates in this country right now who are looking to become licensed in this country and we need other pathways for them. We can’t just limit licensing to people from one or two countries.”

Dr. Alan B. Moore, Texas; Dr. David Samuels, Massachusetts; and Dr. Lidia M. Epel, New York, spoke against the adoption of Resolution 94.

Dr. Peter D. Hehli, Wisconsin, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote Resolution 94 as amended was defeated.

**Increased Support for Postgraduate Training Programs** (Second Trustee District Resolution 73 and Reference Committee Resolution 73RC): The Reference Committee reported as follows.

The Reference Committee concurs with the Board’s support of Resolution 73. However, the Reference Committee does not believe this should be limited to hospital-based programs. Therefore, the Reference Committee proposed the following substitute resolution. This resolution supports the ADA Strategic Plan Goal: Advocacy.

**73RC. Resolved**, that the ADA encourage and support the expansion of postgraduate training for dental school graduates, and be it further

**Resolved**, that the ADA seek to increase federal support for accredited postdoctoral dental training programs.

Dr. Kalebjian moved that Resolution 73RC be substituted for Resolution 73 (*Supplement:5055*).

Dr. David Miller, New York, indicated that the Second District, author of Resolution 73, supported the substitute Resolution 73RC.

On vote, Resolution 73RC was substituted for Resolution 73.

Dr. Kalebjian moved the adoption of the substitute Resolution 73RC.

Dr. Patrick J. Foy, Minnesota, moved to amend Resolution 73RC by adding “CODA” before the word “accredited” in the second resolving clause. In speaking to the amendment, Dr. Foy said, “By identifying which postdoctorate programs the ADA would seek federal support ensures a high quality of programs, strives to restore the level of funding loss when CMS changes its qualifying rules for funding non-hospital based dental postdoctorate programs.”

Dr. Patricia Boyle, Michigan, spoke in support of the amendment.

On vote, the amendment was adopted.

Dr. Eva C. Dahl, Wisconsin, moved to further amend Resolution 73RC by deleting the entire first resolving clause. In speaking to the amendment, Dr. Dahl said, “I

want to remind the people that in the original background statement with the original resolution...the intent was speaking to the restoration of federal support for postgraduate programs, specifically hospital-based programs. This was changed to postgraduate dental programs, which now includes all specialty programs as well as the PGY1 programs, which was the intent of the original resolution.”

Dr. Jeffrey M. Cole, Delaware, spoke against the amendment stating, “By removing the whole first resolving clause, it assumes that we aren’t in favor of expanding the PGY1, which I believe we are.”

Dr. Amid I. Ismail, Michigan, spoke in support of the amendment saying, “We need funding for students to enroll into existing programs. Some programs may need expansions and some specialties may need expansions, but we don’t need to expand all programs.”

Dr. David Samuels, Massachusetts, moved to refer Resolution 73RC to the appropriate ADA agency for a report to the 2006 House. He said, “I’ve heard three or four reasons why we’re passing this resolution, and I am not clear. Is it for admissions offices to allow more Americans into the programs? Is it to expand in-hospital based programs, or is it to increase the number of specialists?”

Dr. Samuel O. Dorn, Florida, spoke against referral saying, “We need support for our postgraduate programs now. This resolution is asking support for all postgraduate programs. I think we have to get our legislative staff on board as far as supporting the postgraduate programs. We could further define it in later years, but I would say let’s not refer it.”

Also speaking against referral were Dr. G. Randy Sachau, South Dakota; Dr. T. Bob Davis, Texas; Dr. R. Donald Hoffman, Pennsylvania; Dr. Brian T. Kennedy, New York; Dr. Robert M. Peskin, New York; and Dr. Chandurpal P. Gehani, New York.

Dr. Clark, Pennsylvania, spoke in support of the motion to refer Resolution 73RC saying, “I think that without specific direction you have multiple issues on the board and you are going to make that loophole bigger.”

Dr. Steven C. Hollar, Indiana, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to refer Resolution 73RC with a pending amendment was defeated.

The Speaker noted that Resolution 73RC was before the House with a pending amendment to delete the first resolving clause.

Dr. Eugene J. McGuire, Pennsylvania, spoke against amending Resolution 73RC by deletion saying, “The American Academy of General Dentistry...has been working with Title 7, GME in HRSA grants, to fund the expansion of pediatric dental programs to increase the number of pediatric dental providers to treat high risk children. ...If we have a decrease in the amount of pediatric dentists that our country is producing, the access issue will exacerbate and children will be hurt.”



Dr. Robert M. Peskin, New York, and Dr. Andrew W. Browar, Illinois, spoke in favor of the amendment.

Dr. Bettie R. McKaig, North Carolina, said, "I rise to oppose this amendment for two reasons. One, we need to give our dental students/residents more clinical experience. Two, this can be a vehicle to decrease the access to care problem."

Dr. Ronald Mito, California, said, "The primary source of funding for program expansion has been Title 7. Title 7 is responsible for about 80% of the new growth in GPR programs; 80% in the new growth of slots of GPR programs. Without this first resolving clause, there is an intent not to encourage expansion."

A delegate moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the proposed amendment was defeated.

On vote, Resolution 73RC as amended was adopted.

**73H-2005. Resolved**, that the ADA encourage and support the expansion of postgraduate training for dental school graduates, and be it further

**Resolved**, that the ADA seek to increase federal support for CODA accredited postdoctoral dental training programs.

#### **Report of the Reference Committee on Legal and Legislative Matters (continued)**

The balance of the Report of the Reference Committee on Legal and Legislative Matters was presented by Dr. Richard A. Huot, chair, Florida. The other members of the Committee were: Dr. Jeffrey A. Baumler, New York; Dr. Orin Ellwein, South Dakota; Dr. Douglas Hadnot, Montana; Dr. Joseph F. Hagenbruch, Illinois; Dr. Gary Jeffers, Michigan; Dr. James S. Torchia, Oklahoma; Dr. David Wilbanks, Texas; and Dr. Mark Zust, Missouri.

**Consent Calendar** (Reference Committee on Legal and Legislative Matters Resolution 91): 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. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 23 as submitted.

Therefore, the Committee recommends the adoption of the following resolution:

**91. Resolved**, that the following resolutions be adopted:

**Resolution 23**—Editorial Corrections to the *Bylaws* (*Supplement:7003*)

**Resolution 54**—Health Centers (*Supplement:7032*)

**Resolution 55**—Amalgam Bans (*Supplement:7037*)

**Resolution 56**—Limited English Proficiency (*Supplement:7042*)

**Resolution 58**—The National Healthcare Information Infrastructure (NHII) Task Force (*Supplement:7054*)

Dr. Huot moved the adoption of Resolution 91.

On vote, Resolution 91 was adopted by a 2/3s majority.

**91H-2005. Resolved**, that the following resolutions be adopted:

**Resolution 23**—Editorial Corrections to the *Bylaws* (*Supplement:7003*)

**Resolution 54**—Health Centers (*Supplement:7032*)

**Resolution 55**—Amalgam Bans (*Supplement:7037*)

**Resolution 56**—Limited English Proficiency (*Supplement:7042*)

**Resolution 58**—The National Healthcare Information Infrastructure (NHII) Task Force (*Supplement:7054*)

*Note.* For the purpose of a fully documented record, the complete text of the resolution adopted through Resolution 91H-2005 follows:

**23H-2005. Resolved**, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS, duty "h" of the ADA *Bylaws* be amended in the first sentence by adding a comma after the word "grammar," by deleting the word "and" between "grammar" and "spelling," and by adding the punctuation and words ", name changes, gender references, and similar editorial corrections" between "spelling" and "in," so the amended duty reads as follows (new language underscored, deletions stricken through):

h. Notwithstanding paragraph g of this subsection, the Council shall have the authority to make corrections in punctuation, grammar, ~~and~~ spelling, name changes, gender references, and similar editorial corrections in the *Bylaws* which do not alter its context or meaning. Such corrections shall be made only by a unanimous vote of the Council members present and voting.

**54H-2005. Resolved**, that the ADA work with federal regulatory officials and others to develop a system for addressing complaints between dentists and Health Centers (funded under section 330 of the Public Health Service Act), and be it further

**Resolved**, that the ADA seek a means of ensuring that health center grant reviewers receive accurate and complete information on the dental providers participating in the Medicaid program affecting the underserved populations that will be served by facilities under review for section 330 grants, and be it further

**Resolved**, that each constituent dental society be encouraged to establish a joint initiative with the primary care association in their state to address oral health care access and be encouraged to facilitate the formation of dental advisory boards with Health Centers in their area, and that constituent and component societies be urged to report on these efforts to the Council on Government Affairs, and be it further

**Resolved**, that the ADA monitor the various outreach initiatives between Health Centers and constituent and component dental societies and facilitate the formation of collaborate efforts among such parties to improve access to oral health care services for the underserved populations, and be it further

**Resolved**, that the Council on Government Affairs include in its annual report to the House information gathered on these initiatives and other relevant activities related to Community Health Centers.

**55H-2005. Resolved**, that the ADA implement the 2006 advocacy plan to prevent state bans on dental amalgam, in consultation with affected constituent dental societies.

**56H-2005. Resolved**, that the Association work with the appropriate federal agencies, advocacy groups, trade associations, and other stakeholders to ensure that accommodating the language needs of English-limited patients is recognized as a shared responsibility, which cannot be fairly visited upon any one segment of a community, and be it further

**Resolved**, that the Association support appropriate legislation and initiatives that would enhance the ability of individuals of limited English proficiency to effectively communicate in English with their dentist and the dental office staff, and be it further

**Resolved**, that the Association oppose federal legislative and regulatory efforts that would unreasonably add to the administrative, financial, or legal liability of providing dental services to limited English proficient patients, such as being required to provide interpreters on demand as a condition of treating patients receiving state and/or federal benefits, and be it further

**Resolved**, that constituent and component dental societies be encouraged to support state, local, and private sector efforts to address the language needs of English-limited patients, and be it further

**Resolved**, that dental and allied dental programs be encouraged to educate students about the challenges associated with treating patients of limited English proficiency, and be it further

**Resolved**, that Resolution 96H-2001 (*Trans.*2001:442), Federal Guideline on Limited English Proficiency, be rescinded.

**58H-2005. Resolved**, that the ADA acknowledges President Bush's NHII initiative for the healthcare environment that provides interoperable patient information will impact the future practice of dentistry, and be it further

**Resolved**, that the ADA position itself as the advocate for dentistry in all appropriate NHII activities, and be it further

**Resolved**, that the NHII Task Force provide an annual progress report on its activities to the 2006 House of Delegates, with appropriate recommendations for future years.

**Best Dentists Lists** (Council on Ethics, Bylaws and Judicial Affairs Resolution 21, Fourteenth Trustee District Resolution 21S-1 and Seventeenth Trustee District Resolution 21S-2): The Reference Committee reported as follows.

The Reference Committee heard positive testimony in support of Resolution 21 and agrees that the proposal presented by the Council on Ethics, Bylaws and Judicial Affairs adequately addresses the issue.

Dr. Huot moved that Resolution 21 (*Supplement:* 7001) be adopted in lieu of Resolutions 21S-1 (*Supplement:* 7001a) and 21S-2 (*Supplement:* 7002b).

On vote, Resolution 21 was adopted.

**21H-2005. Resolved**, that American Dental Association policy is that any published lists of "best dentists" should incorporate a full disclosure of the selection criteria, including, but not limited to, any direct or indirect financial arrangements.

**Creation of a Vice Speaker Position** (Eighth Trustee District Resolution 39-2004, Fifth Trustee District Resolution 39-2004S-1 and Reference Committee Resolution 39-2004RC): The Reference Committee reported as follows.

In response to testimony received regarding term limits and candidacy issues the Reference Committee submits the following substitute resolution.

**39-2004RC. Resolved**, that the *Constitution*, Article V, OFFICERS, Section 20, APPOINTIVE OFFICER be amended by substitution of the following new section in place of the existing section:

*Section 20. APPOINTIVE OFFICERS:* The appointive officers of this Association shall be an Executive Director and a Vice Speaker of the House of Delegates. The Executive Director shall be appointed by the Board of Trustees as provided in Chapter IX of the *Bylaws*. The Vice Speaker of the House of Delegates shall be appointed by the Board of Trustees as provided in Chapter V of the *Bylaws*.

and be it further

**Resolved**, that the *Bylaws* be amended in Chapter V, Section 110, Subsection A, in the first sentence of the second paragraph by substituting the word "Vice Speaker" for the word "President", so that the new section would then read:

CHAPTER V. HOUSE OF DELEGATES. *Section 110.* OFFICERS:

A. **SPEAKER AND SECRETARY.** The officers of the House shall be the Speaker of the House of Delegates and the Secretary of the House of Delegates. The Executive Director of this Association shall serve as Secretary of the House of Delegates.

In the absence of the Speaker the office shall be filled by the ~~President~~ Vice Speaker. In the absence of the Secretary of the House of Delegates the Speaker shall appoint a Secretary of the House of Delegates *pro tem*.

and be it further

**Resolved**, that the *Bylaws* be amended in Chapter V, Section 110 by the addition of a new subsection B, and the existing subsection B be re-lettered as subsection C, the new subsection B to read as follows:

CHAPTER V. HOUSE OF DELEGATES. *Section 110.* OFFICERS:

B. VICE SPEAKER.

a. APPOINTMENT. A Vice Speaker of the House of Delegates shall be appointed annually. In making the appointment, the Speaker of the House shall select a nominee from the current year's list of delegates and alternates. The Speaker's nominee shall be affirmed by a majority vote of the Board of Trustees no later than the August meeting of the Board.

b. QUALIFICATIONS. In making this appointment, the Speaker of the House and the Board of Trustees shall give due consideration to the candidates' parliamentary procedure background.

c. DUTIES. In the event the Speaker cannot perform the functions of the office, the Vice Speaker of the House shall assume the office and duties of the Speaker, during the current annual session only, with all rights and privileges of the Speaker. The Vice Speaker shall perform these duties until the return of the Speaker or until the close of the current Annual Session. Should the Vice Speaker assume the duties of the Speaker, the Vice Speaker shall relinquish all duties as an ADA delegate or alternate delegate while serving as the Speaker.

d. TERM. The Vice Speaker shall not be eligible for consecutive terms of office nor be eligible to run for the office of Speaker in the year of appointment or in the following year.

and be it further

**Resolved**, that the *Bylaws*, Chapter V, Section 110, subsection B, subsection "a" be amended by addition of the phrase "nominate a delegate or alternate delegate for Vice Speaker of the House" so that the amended subsection "a" will then read:

CHAPTER V. HOUSE OF DELEGATES. *Section 110.* OFFICERS:

B. DUTIES

a. **SPEAKER.** The Speaker shall preside at all meetings of the House of Delegates and, in accordance with Chapter V, Section 140Bb, determine the order of business for all meetings subject to the approval of the House of Delegates, nominate a delegate or alternate delegate for Vice Speaker of the House, appoint tellers to assist in determining the result of any action taken by vote and perform such other duties as custom and parliamentary procedure require. The decision of the Speaker shall be final unless an appeal from such decision shall be made by a member of the House, in which case final decision shall be by majority vote. In addition, following adjournment of the Standing Committee on Constitution and Bylaws, the Speaker and the chair of the Council on Ethics, Bylaws and Judicial Affairs shall be responsible for reviewing and either approving or redrafting any new resolutions or changes to resolutions that propose amendments to the *Constitution and Bylaws*, in accordance with Chapter V, Section 140Ab.

and be it further

**Resolved**, that the *Bylaws*, Chapter VII. Board of Trustees, Section 110, Duties, be amended by the addition of a new subpart "R" as follows, and to re-letter existing subparts "R" and "S" as "S" and "T":

*Section 110.* DUTIES: It shall be the duty of the Board of Trustees:

R. To affirm the nomination of the Speaker of the House for Vice Speaker.

and be it further

**Resolved**, that implementation of the above *Constitution and Bylaws* amendments shall take effect with the close of the 2005 House of Delegates.

Dr. Huot moved that Resolution 39-2004RC be substituted for Resolutions 39-2004 (*Supplement:7019*) and 39-2004S-1 (*Supplement:7021a*).

On vote, Resolution 39-2004RC was substituted for Resolutions 39-2004 and 39-2004S-1.

Dr. Huot moved the adoption of the substitute Resolution 39-2004RC.

Dr. H. Todd Cubbon, Illinois, moved to amend the resolution in the third resolving clause, section d. TERM, by deleting the words "nor be eligible to run for the office

of Speaker in the year of an appointment or the following year.” In speaking to the amendment Dr. Cubbon said, “I understand the position of Vice Speaker is not an elective office; it’s an appointed office. I do not believe it should have a more restrictive limitation than the other officers of the Association or trustees, exception being the Treasurer. I don’t believe that this position has any actual function during the House unless the unfortunate situation occurs where he has to take the position of the Speaker. Therefore, I don’t see how there’s any risk of that position being a stepping stone or an unfair advantage in the elective process in the future.”

Dr. Walter I. Chinoy, New Jersey, spoke in favor of the amendment saying, “I understand that you don’t want to give someone an unfair advantage in seeking the job if it should become vacant, but you do want your best person to serve as Vice Speaker, and this way if you had any aspirations at all of becoming the next Speaker or running for the job, you can’t accept this job because in that year if the Speaker should decide not to seek re-election, you are precluded from running.”

Dr. Robert M. Peskin, New York, spoke against the amendment saying, “I think what this...does is to politicize this position in a very subtle way. I can envision the possibility of some future House with some other Speaker selecting someone as the Vice Speaker and now that person is positioned over a period of time and then that existing Speaker at that future point decides to move on or move out of the ADA and now we have someone who has had the advantage of being up there as the Vice Speaker, having had the familiarity with the House and the House with him or her. And I think it just sets up a potential political issue that shouldn’t be introduced in to this whole equation. By having this moratorium of two years from the time that individual can be appointed as Vice Speaker, I think that sets up enough of a buffer so it removes the...potential political nature of this whole argument and puts it back where it should be as a truly impartial individual with any advantage to anyone.”

Dr. William J. Simpson, Illinois, spoke in favor of the amendment saying, “I don’t think that we need to look over our shoulder and be paranoid about this. This is a simple thing. We want to keep our best people in line for these positions and it’s important that we not take somebody out of the running that would make the best Speaker for this House.”

Dr. Mark Zust, Missouri, a member of the Reference Committee, spoke against the amendment stating, “In the Reference Committee, we spoke for a long time about the possibility that we wanted to not politicize this office. And I think that if somebody has aspirations to run for Speaker, it is very clear, you just make sure that you are not appointed to this position.”

Dr. Scott Lingle, Minnesota, and Dr. John F. Freihaut, Georgia, spoke in favor of the amendment.

Dr. Glenn D. Hall, Texas, moved to refer the resolution to the appropriate association agency for further study saying, “To me, the creation of this office is overkill. I think there are probably simpler ways to do it. We are not

in a crisis situation. We already have the ability to be relieved by the President. What we are trying to do is get the President out of the equation. I think there are ways to amend the House Rules to create a spot without having to go through the whole constitution bylaws. ...I think referral for further study for alternative methods would be a great way to bring a number of choices to the House rather than just this one.”

Dr. Joseph F. Hagenburch, Illinois, and Dr. Douglas Hadnot, Montana, members of the Reference Committee, spoke against referral.

Dr. Robert Peskin supported referral of Resolution 39-2004RC.

Dr. John R. Williams, Illinois, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the motion to refer Resolution 39-2004RC to an appropriate agency for further study was defeated.

Dr. H. Todd Cubbon, Illinois, in clarifying the intent of the Resolution 39-2004 said, “I just want to clarify to the House, because there was a comment made earlier that this Vice Speaker would be up there and that would be an undue advantage. The Vice Speaker will not be up anywhere. He will be a delegate or an alternate of this House and he will be assuming the functions of delegate or alternate of this House unless in the unfortunate situation where he becomes the Speaker, and then, of course, he would be up there. But in all other situations, he is just going to be a member of the House and he will be a Vice Speaker in name only.”

A delegate moved to vote immediately on the pending amendment to delete the words “nor be eligible to run for the office of Speaker in the year of an appointment or the following year” in the third resolving clause, section d. TERM.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

Dr. Scott Lingle, Minnesota, as a point of information, asked if under *Sturgis*, there is a provision that can prevent people from running for office.

In response, the Speaker said, “In our *Bylaws*, if there is an office authorized in our *Bylaws*, we cannot prevent them unless we change the *Bylaws*.”

Dr. Karl P. Woods, Maine, as another point of information asked if it would be a funded position.

The Speaker responded saying the position would be an appointed one and no salary would be involved.

On vote, the amendment was adopted.

Dr. Robert E. Roesch, Nebraska, spoke against the amended resolution saying, “I don’t think the resolution is a good idea. ...To be an effective Speaker, you need to hear the discussions of the Board of Trustees and the President would have that background if needed. The ADA hires a parliamentarian to assist whomever is Speaker, so that would not be a problem for the President if he was ever called on.”

Others speaking against Resolution 39-2004RC, as amended, included Dr. Sam H. Contino, California; Dr.

Orin W. Ellwein, South Dakota; and Dr. Bryan C. Edgar, Washington.

Dr. Douglas S. Hadnot, Montana, a member of the Reference Committee, spoke in support of the resolution saying, "I would like to point out that one of the things the RC does is to add a date specific for the appointment of this person. ... The other point I would like to make is that our President is a very, very busy person during these annual sessions. And to add a whole 'nother list of responsibilities to him is not reasonable."

As a point of information, Dr. Kirk Gleason, Second District trustee, asked the Speaker to explain the current mechanisms in place under the *Bylaws* in the event the Speaker is unable to serve.

Speaker Soliday responded, "We have a provision in there that the President, in case of a problem, the existing elected Speaker cannot run a meeting or cannot come to a meeting, that the President can appoint someone who he feels is capable of running the meeting and conducting the House in a fair and expedient way."

Dr. Joseph F. Hagenbruch, Illinois; Dr. Matthew J. Campbell, Jr., California; Dr. Dean P. Nicholas, Illinois; and Dr. Walter I. Chinoy, New Jersey, spoke in support of the resolution.

Dr. Thomas D. Pollard, Oregon, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 39-2004RC, as amended, was not adopted.

**ADA Support for Medical Injury Compensation Reform** (Thirteenth District Caucus Resolution 40, Board of Trustees Resolution 40B and Reference Committee Resolution 40RC): The Reference Committee reported as follows.

The Committee received some recommendations for changes to this resolution to ensure that the Association aggressively pursue liability reform legislation. As a result, the Committee presents the following resolution:

**40RC. Resolved**, that the ADA proactively lobby for liability reform legislation and such legislation should not override state limits on non-economic damages, and be it further

**Resolved**, that the ADA actively communicate its position on medical liability reform in all appropriate policy/decision-making venues, and be it further

**Resolved**, that the ADA continue to pursue coalition opportunities with other impacted health care professionals.

Dr. Huot moved that Resolution 40RC be substituted for Resolutions 40 (*Supplement:7005*) and 40B (*Supplement:4005*).

On vote, Resolution 40RC was substituted for Resolutions 40 and 40B.

Dr. Huot moved the adoption of the substitute Resolution 40RC.

Dr. Gerald Gelfand, California, moved to amend Resolution 40RC in the first resolving clause by adding the words "using MICRA as the model" after the word "legislation."

In speaking to the amendment Dr. Gelfand said, "MICRA" is Medical Injury Compensation Reform Act of 1975. It's good legislation. It is the same legislation to which President Bush specifically refers when he calls for national tort reform. ... In the Board comment on the original resolution, they took MICRA out of the original resolution because they felt it might cause ADA to oppose any compromise position. ... Any state is free to do what they feel is in the best interest of their state, as is ADA. But MICRA has many very important parts to it. In addition to its cap on noneconomic damages, there are limitations on contingency fees. There is full reporting on who may be paying in a particular lawsuit. We feel by using MICRA as a model, it's very important because that should be the standard for tort reform in this country."

Dr. John R. Roberts, Indiana, spoke against the amendment stating, "While MICRA is a good model, some states may have a better system. I know in Indiana we don't wish to change what we already have."

Dr. Alan B. Moore, Texas, and Dr. G. Randy Sachau, South Dakota, also spoke against the amendment.

On vote, the amendment was defeated.

On vote, Resolution 40RC was adopted.

**40H-2005. Resolved**, that the ADA proactively lobby for liability reform legislation and such legislation should not override state limits on non-economic damages, and be it further

**Resolved**, that the ADA actively communicate its position on medical liability reform in all appropriate policy/decision-making venues, and be it further

**Resolved**, that the ADA continue to pursue coalition opportunities with other impacted health care professionals.

**Misleading Advertising** (Fourteenth Trustee District Resolution 67): The Reference Committee reported as follows:

The majority of testimony received opposed adoption of this resolution. To the extent that positive testimony was received, it was urged that state regulatory bodies strengthen their rules regarding misleading advertising and there is already ADA policy which addresses this.

**67. Resolved**, that the ADA strengthen the language in section III.5.I of the *Principles of Ethics and Code of Professional Conduct* to assure that dentists do not advertise under a recognized ADA specialty heading, without a certificate of training from a CODA accredited program in that specialty, and be it further **Resolved**, that the ADA assist state and local dental societies to encourage state regulatory boards to establish and enforce restrictions on false and misleading advertising as it relates to ADA recognized dental specialties.

Dr. Huot moved Resolution 67 (*Supplement:7055*).

Dr. Nicholas A. Fontana, Michigan, a member of the Council on Ethics, Bylaws and Judicial Affairs, moved to refer Resolution 67 to the appropriate ADA agency with a report to the 2006 House of Delegates. In speaking to the motion, Dr. Fontana said, "The reasons for referral are, first of all, the *Code* is somewhat vague to this issue. Secondly, in the resolution, it speaks to the action of state regulatory bodies which have not done so. And so I think there is sufficient evidence to merit investigation."

Dr. Edmund A. Cassella, Hawaii, speaking against referral said, "This resolution was brought by the State of Hawaii and the Fourteenth District. And this was brought out as a public service. We have had several dentists who list in the Yellow Pages under every single specialty. We have had patients call them up for appointments thinking they were prosthodontists or they were an endodontist. What we are trying to do is protect the public so that there is no false and misleading advertising."

Dr. Kenneth J. Weinand, Missouri, spoke against referral saying, "I think this is a state issue. I don't think it has anything to do with the American Dental Association. I think the states should solve this on their own."

Dr. James M. Maragos, Illinois, spoke in favor of referral saying, "I was in the Committee hearing and listened to some of the objections, both from our legal staff and some of the other issues that surround this. I feel that its intent is to protect people from misleading advertising."

Dr. Maxine Feinberg, New Jersey, spoke in favor of Resolution 67.

On vote, the motion to refer Resolution 67 was defeated.

On vote, Resolution 67 was not adopted.

**Access to Care: Medicaid and Indigent Care Funding** (Fifth Trustee District Resolution 79): The Reference Committee reported as follows.

The Reference Committee agrees with the Board of Trustees that there are issues that need to be clarified by the appropriate agencies of the Association before further action can be taken regarding this resolution.

**79. Resolved**, that the ADA and its constituent and component societies make lobbying for adequate funds to provide oral health care to the Medicaid and other indigent care populations the highest priority, and be it further

**Resolved**, that these organizations carry out an intensive educational program through whatever means available to enlighten the public and government agencies of the value of oral health care and the consequences of untreated oral health disease to the overall health of our citizens and to health care payment systems.

Dr. Huot moved that Resolution 79 (*Supplement:7060*) be referred to the appropriate agencies for study and report to the 2006 House of Delegates.

On vote, Resolution 79 was referred.

**Dental Referral Service Responsibility** (Eighth Trustee District Resolution 81): The Reference Committee reported as follows.

The Reference Committee agrees with the Board of Trustees that there are issues that need to be clarified by the appropriate agencies of the Association before further action can be taken regarding this resolution.

**81. Resolved**, that the ADA pursue all actions necessary to successfully develop and influence legislation designed to increase the assumption of responsibility, as well as to intensify the degree of liability, for dental referral services endorsing subscribing dental providers.

Dr. Huot moved that Resolution 81 (*Supplement:7064*) be referred to the appropriate agencies for study and report to the 2006 House of Delegates.

Dr. John F. Freihaut, Georgia, maker of the motion, said, "This is a positive resolution in response to the perception that the ADA always appears self-serving when we ask for funding from Medicaid. The question is: If the ADA isn't there, who is? The educational component of this is directed mainly at policymakers and legislators on health care committees and appropriations. Until we get them to buy into the idea of the importance of oral health, the money won't be there. When we do, the money will be there. I would ask, however, that the ADA staff look at the \$750,000 allotted for this. We think it's a bit high. This is not any intention to have a public media campaign but merely directed at policymakers and legislators."

On vote, Resolution 81 was referred to the appropriate Association agency for study with a report to the 2006 House of Delegates.

## New Business

**Opposition to Pilot Programs Which Allow Non-Dentists to Diagnose Dental Needs or Perform Irreversible Procedures:** Dr. W. Brian Powley, Arizona, moved Resolution 93 saying, "Current Association policy opposes nondentists practicing dentistry, and we should be able to oppose pilot programs of the same."

On vote, Resolution 93 (*Supplement:8000*), as follows, was adopted.

**93H-2005. Resolved**, that the American Dental Association opposes pilot programs that are violation of the ADA policy stated in Resolution 24H-2004 (*Trans.2004:291*), no. 13 (stating that, "The ADA is opposed to non-dentists making diagnoses, development treatment plans or performing irreversible procedures.")

**Access to Oral Health Care for Underserved Populations:** Dr. David L. Nielson, Alaska, moved Resolution 96 (*Supplement:8001*).

**96. Resolved**, that the ADA President appoint a committee to develop with appropriate ADA agencies,

other dental, community, and health organizations, to define the training and certification program for COHA, and be it further

**Resolved**, that the committee focus on developing the educational requirements and certification process for COHA to perform the following duties:

1. Screening for oral health problems and needs assessment
2. Develop and implement community-based oral health promotion programs
3. Temporization of dental diseases and conditions in preparation for permanent care by a dentist
4. Provision of individual and community-wide primary and secondary (stopping early disease from progressing) preventive services

and be it further

**Resolved**, that as a member of a dental team, the COHA functions under the general supervision of a dentist. The supervising dentist must approve all activities and programs prior to implementation, and be it further

**Resolved**, that the committee report to the 2006 ADA House of Delegates.

Dr. Nielson moved to substitute Resolution 96S-1 (*Supplement:8002*) for Resolution 96.

**96S-1. Resolved**, that the American Dental Association President appoint a committee not to exceed seven members to define, develop, and evaluate, with the appropriate American Dental Association agencies and other dental, community and health organizations, a training and certification process, including appropriate guidelines for the Community-based Oral Health Aides (COHA), and be it further

**Resolved**, that the committee focus on developing the educational requirements and certification process for the community-based oral health aides to perform the following duties:

1. Screen for oral health problems
2. Develop and implement community-based oral health promotion programs
3. Temporize dental cavities in preparation for permanent care by a dentist
4. Provide individual and community-wide preventive services

and be it further

**Resolved**, that the community-based oral health aides will function under the supervision of a dentist. The supervising dentist must approve all activities and programs prior to implementation, and be if further

**Resolved**, that the committee report to the House of Delegates in 2006.

In speaking to the substitute Dr. Nielson said, "It's mostly editorial, and we felt like it clarifies the intent of what the resolution is trying to do."

Dr. Mark Feldman, ADA Treasurer, advised that since Resolution 96S-1 called for a committee not to exceed seven members, there would be a financial implication of \$25,000.

A delegate moved to vote immediately,

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote Resolution 96S-1 was substituted for Resolution 96.

Dr. Amid I. Ismail, Michigan, spoke in support of Resolution 96S-1 saying, "This resolution was put in to take simple action that will expand the capacity of the public, as well as the private dentist, to reach communities by training community-based oral health aides, but will provide the screening...; that will do the networking with community organizations, the education with community organizations; that will work on oral health promotion and prevention of disease, both on the individual level, as well as community levels. They will...work under the supervision of the dentist leader as part of the dental team, and the dentist will be responsible for the quality assurance of the program and approving what they do. So these are practice expanders. I urge you to really vote for this because we need to have some positive steps in the communities so we can show that we have a competing program to the therapist program."

Dr. Edward J. Vigna, Nebraska; Dr. Allen F. Carrell, Iowa; Dr. David L. Nielson, Alaska; Dr. Gary L. Roberts, Louisiana; Dr. Jane Grover, Michigan; Dr. W. Brian Powley, Arizona; and Dr. Paul A. Gosar, Arizona, spoke in support of Resolution 96S-1.

Dr. John J. Mooney, Connecticut, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 96S-1 was adopted.

**96H-2005. Resolved**, that the American Dental Association President appoint a committee not to exceed seven members to define, develop, and evaluate, with the appropriate American Dental Association agencies and other dental, community and health organizations, a training and certification process, including appropriate guidelines for the Community-based Oral Health Aides (COHA), and be it further

**Resolved**, that the committee focus on developing the educational requirements and certification process for the community-based oral health aides to perform the following duties:

1. Screen for oral health problems
2. Develop and implement community-based oral health promotion programs
3. Temporize dental cavities in preparation for permanent care by a dentist
4. Provide individual and community-wide preventive services

and be it further

**Resolved**, that the community-based oral health aides will

function under the supervision of a dentist. The supervising dentist must approve all activities and programs prior to implementation, and be if further **Resolved**, that the committee report to the House of Delegates in 2006.

### **Report of the Reference Committee on Budget, Business and Administrative Matters (continued)**

**Budget Update:** Dr. Mark J. Feldman reported that at this point in the meeting, the 2006 budget was showing a deficit of \$1,867,000. He said "Normally to budget that amount of money, balance it, you would require a dues increase of \$17.00. The Board of Trustees is still recommending a \$6.00 dues increase, which would leave you with a funded deficit from your reserves and a balance in the reserves of approximately \$3,759,000 by the time we take into account the resolution that just passed."

**Recommended Dues Change** (Board of Trustees Resolution 29): Dr. Edward Leone, Jr., chair, moved the adoption Resolution 29 which had been postponed definitely until the last item of business of the session.

**29. Resolved**, that the dues of active members shall be four hundred forty-one dollars (\$441.00), effective January 1, 2006.

Dr. William R. Lawson, Alabama, moved to amend Resolution 29 by striking \$441.00 and inserting \$435.00.

In speaking to the amendment Dr. Lawson said, "In view of the healthy reserves, we've even increased them this year over 33% of the deficit budget up to 40%. ... Now these commitments of \$1.867 million is not against that policy reserve level. The commitment is against excess funds above that amount, and since we affirmed yesterday in this House that our policy would be that those excess funds would be used in the budgeting process, therefore, we can stay with the same dues increase, fund the deficit from excess funds, and still have excess funds exceeding the amount that we are doing. So I would move that we approve... the dues stay the same. Wouldn't it be nice to go home and tell your membership, due to the prudent use of the funds by the Board and the wisdom of the House, that we have not increased your dues for three years?"

The Speaker recognized the Treasurer to comment on the amendment. Dr. Feldman said, "This is exactly the way things should be and it is appropriate. When we developed the new policy that allows the House to adopt the dues resolution as the final action, it gives you the responsibility to determine the financial impact of actions that you have taken. I urge you to use that power responsibly. You heard yesterday when I asked for clarification of the resolution and the amendments that this was not a mandate to use everything in excess of 40% but a guideline, and that was affirmed by the maker of the resolution. I also want to point out that in my address to you yesterday I spoke... clearly about the fact that there

are many unknowns ahead of us, and that \$3.7 million looks like a lot of money. But understand that if you take the \$668,000 out of that, which we would have to do if you reduced the dues down to zero increase, it brings us down to about \$3.1 million. We still have not accounted for any relief to our state and constituent dental societies. The ADA dues are taken out of that already, but we are projecting about another \$250,000 for state and local society relief. That brings you down to about \$2.6, \$2.7 million, and that happens to be exactly the investment income that we stand at this year so far for the reserves, which is a floating target. ... So you can easily see a scenario that will take you down to exactly 40% without the \$6.00 on there. That \$6.00 is a cushion. Rather I think you have to take a look at the fact that Dr. Lawson said, 'wouldn't it be nice to go home to our membership without a dues increase.' Well, I think you should all be proud to go home to your membership and talk about the fact that... for two years we have had no dues increase. Now, this year we are proposing a \$6.00 dues increase and look at what we have done. Six million dollars worth of new projects over the three years, a new product evaluation service you are going to be getting in the mail, enhanced continuing education for our membership All kinds of positive statements and a state-of-the-art response to tragedies in the Gulf."

Dr. Jerome B. Miller, Oklahoma, a member of the Reference Committee, spoke in favor of the amendment stating, "If we funded the total budget, a deficit of \$1.8 million plus, we have an excess right now of reserves above the target 40% level of \$3.7 million. If we do that, if we pay for the total deficit and fund it from reserves, we still have approximately \$2 million above the 40% level."

Dr. Arthur A. Dugoni, California, spoke against the amendment stating, "I don't feel we should be reducing our reserves to support budgeted projects or House of Delegates' actions. We will need reserves for all of those unexpected events, such as Katrina and Rita and who knows what others."

Dr. Ronald G. Testa, Illinois, spoke in favor of the proposed amendment.

Dr. Idalia Latria, Florida, moved to vote immediately.

On vote, the motion to vote immediately was adopted.

On vote, the proposed amendment to delete \$441.000 and replace it with \$435.00 was defeated.

At the request made from the floor of the House, a second vote on the amendment was taken using the electronic voting system. The amendment was defeated.

The Speaker called for the vote on Resolution 29. Prior to announcing the results, a brief exchange occurred to confirm whether Resolution 29 required a majority or a two-thirds vote to adopt.

On vote Resolution 29 was not adopted since it failed to receive a 2/3s majority.

Dr. Constantine Stamatelays, Wisconsin, asked the Speaker to explain the effect of the defeat of Resolution 29.

In response, the Speaker advised that the *Bylaws* require that as the last item of business, the House has to establish dues for the coming year and by defeating



Resolution 29, no dues had been established. He further explained that the House would continue consideration of dues until a dues amount has been established.

Dr. Edward J. Weisberg, Virginia, moved for reconsideration of Resolution 29 noting that as voting was taking place, there was confusion in the House as to whether Resolution 29 needed a majority or two-thirds to pass.

On vote, the motion to reconsider Resolution 29 was adopted by a 2/3s majority.

Dr. Mark Zust, Missouri, moved to amend Resolution 29 by deleting \$441.00 and inserting \$438.00.

Dr. T. Bob Davis, Texas; Dr. Bryan C. Edgar, Washington; and Dr. Burton W. Job, Ohio, spoke against the amendment and in favor of no dues increase.

Dr. John R. Roberts, Indiana, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the amendment to delete \$441.00 and insert in its place \$438.00 was defeated.

Dr. Rob R. Lovell, Michigan, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, Resolution 29 was not adopted since it failed to receive a 2/3s majority.

Dr. Alan L. Felsenfeld, California, as a point of parliamentary inquiry said, "It is unclear to me as a delegate, and I suspect to others in this House, as to special rules that might apply to a 'no' vote on this. It seems to me that when we have a resolution that wants to change something and that resolution is voted down, it just doesn't change, which would put us back to the \$435.00. Are there special rules about this particular part of it?"

The Speaker said, "In our *Bylaws*, it says that the dues must be adopted as the last order of business in this House. And so that means, to your Speaker, my interpretation is, that this House has to set the dues for the upcoming year and by a two-thirds vote."

Dr. Felsenfeld asked, "And by defeat of an increase in dues, does it not set the old dues?"

The Speaker responded, "No, your Speaker's opinion is, the way I interpret this is, that you just don't automatically go back. This House has to really set that amount. That's my ruling. You can appeal it if you want. That is how I interpreted it. It was changed last year. That is why there was a little confusion a little while ago."

Dr. Charles C. McGinley, Missouri, asked, "Since we defeated Dr. Lawson's motion earlier, which would have set it at the original level, if someone brings that up again, would that be out of order because we've already had that, or could somebody reissue a \$435.00 dues level?"

The Speaker responded that there is a provision that if the Speaker feels that that there would be a different result, reconsideration of an amendment could be permitted.

Dr. Robert J. Brennan, Wisconsin, suggested that since the resolution has no ending date, the 2005 dues would still be in effect if the resolution is not adopted.

Dr. Mark Feldman said, "Prior to last year, the dues had to be announced 90 days in advance to the membership, and if that took place and there were a change, we'd allow you to then amend it. And then two years ago, the Board proposed no dues increase. And, in fact, you had no chance to amend the dues when you met in annual session, and that was wrong. So the Board came in with a system last year, and it was a bylaws change."

Dr. Feldman read the following statements from the *Bylaws*.

The dues of active members shall be four hundred thirty-five (\$435.00) 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*.

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.

Dr. Scott, California, said, "I would make the argument that by defeating \$441.00, we have set the dues."

The Speaker responded, "The opinion of the Chair is that that is not the case."

Dr. Robert E. Barsley, Louisiana, asked "If the resolution that was published 90 days ahead as required by the *Bylaws* was defeated, how do we bring a new resolution to the floor?"

The Speaker said, "We either have to make a motion from the floor or you can reconsider it again, but I think we need to have a clean motion."

Dr. William M. Lawson, Alabama, moved that the dues be set at \$435.00 for 2006. In speaking to the motion, Dr. Lawson said, "I like the process that's being carried on to be sent back for the Board's consideration next year and bring us forth a policy somewhat like we had in the past, where if you did not vote a change in the dues, the existing dues remained without a vote. But as it stands this year, I still ask for the \$435.00."

Dr. William R. Thompson, Tennessee, noted that the resolution proposed by Dr. Lawson has not been introduced 90 days in advance of the House.

The Speaker replied, "The members of our organization and the members of this House, were given notice that there would be a \$6.00 dues increase. And we can amend it up or down, however this House sees fit. ... Notice was given."

Dr. G. Randy Sachau, South Dakota, said "We have previously voted on the \$435.00 figure and I believe the

Chair should rule the motion out of order because it is something we have already dealt with.”

Responding, the Speaker said “I made a comment before that we can move to reconsider his amendment—his motion of amending it to \$435.00. You can reconsider his amendment if the Chair feels that there is a reason that this could have... a different outcome, so I would allow that.”

Dr. Stephen F. Schwartz, Texas, moved to suspend the *Rules* in order to allow Dr. William Lawson to introduce a new resolution establishing dues at \$435.00 for 2006.

On vote, the motion to suspend the *Rules* was adopted by a 2/3s majority.

Dr. Lawson moved the following resolution.

**Resolved**, that the dues of active members shall be four hundred thirty-five dollars (\$435.00), effective January 1, 2006.

Dr. Rob R. Lovell, Michigan, moved to vote immediately.

On vote, the motion to vote immediately was adopted by a 2/3s majority.

On vote, the following resolution was adopted by a 2/3s majority.

**97H-2005. Resolved**, that the dues of active members shall be four hundred thirty-five dollars (\$435.00), effective January 1, 2006.

### Announcements

**Acknowledgement by President of the Pennsylvania Dental Association:** Dr. Craig A. Eisenhart, president of the Pennsylvania Dental Association, on behalf of the Pennsylvania Dental Association, Pennsylvania dentists and the City of Philadelphia, thanked the ADA and the delegates for a successful 2005 meeting in the City of Brotherly Love.

**Funding of the 2006 Budget Deficit:** The Board met briefly to consider funding the anticipated 2006 budget shortfall. Dr. Feldman announced that the Board of Trustees has authorized funding the 2006 budgeted deficit of \$1,867,018 from reserves.

**Recognition of Dr. William Lawson:** Dr. Feldman presented Dr. Lawson with a certificate in recognition of his 36 years of service to the House of Delegates.

**Adjournment *Sine Die*:** Dr. Joseph E. Sokolowski, Missouri, moved to adjourn. On vote, the House of Delegates adjourned *sine die* at 11:55 a.m.

# Notes

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# Scientific Session

# Notes

# Scientific Session

Philadelphia, Convention Center, Philadelphia, Pennsylvania  
October 6-11, 2005

The 2005 Annual Scientific Session was held October 6-11, 2005 at the Philadelphia Convention Center and other nearby hotels.

The scientific program was under the direction of the Council on ADA Sessions composed of the following members: Paul F. Kattner, chair, Waukegan, IL; Thomas O. Conlon, Spokane, WA; John T. Frey, Belmont, MI; Edward Feinberg, Scarsdale, NY; Laurene A. Grabill, Swathmore, PA, *ex officio*; William A. Hadlock, Baton Rouge, LA; D. Stanley Hite, Independence, MO; John R. Jordan, Jr., West Palm

Beach, FL; Robert L. Kittredge, Yarmoth Port, MA; Chad R. Leighty, Marion, IN; Carmine J. LoMonaco, West Caldwell, NJ; Kenneth McDougall, Jamestown, ND; Judith McFadden, Philadelphia, PA; Edward H. Mohme, Norcross, GA; Charles E. Rader, Victoria, TX; Dennis D. Shinbori, San Francisco, CA; Philip E. Smith, Lexington, SC; A. Ted Twesme, Las Vegas, NV; Charles R. Weber, West Chester, PA and James Donovan, director, Chicago, IL.

The following were presenters at the 2005 Scientific Session:

Ahearn, David J.	Carter, Ann	Edmunds, Ryan	Hammer, Norman J.
Alalawi, Ejlal	Carter, Mary L.	Edwab, Robert R.	Hand, Jed S.
Allen, Jr., William R.	Caruso, Timothy	Elledge, Dean	Hargreaves, Ken M.
Allman, Casey	Chanenson, Elizabeth	Everett, Jeffrey A.	Harper, Chris K.
Alongi, Dominick J.	Chattopadhyay, Amit	Farman, Allan G.	Hart, Steve
Alwan, Mary K.	Chiche, Gerard J.	Farsai, Paul S.	Harvey, Colin E.
Anderson, Vicki	Chohayeb, Aida A.	Fawley, Diane	Hasson, Hana
Axilrod, Andrew	Christensen, Gordon J.	Fazio, Robert C.	Hawkins, J. Mel
Backman, Kenneth J.	Clark, Hadleigh	Featherstone, John D. B.	Helgeson, Michael J.
Baker, Karen	Clark, Terrence A.	Felton, David A.	Hempton, Timothy J.
Banihashemrad, Seyed Ali	Clifford, Stephen S.	Feuerstein, Paul H.	Heppenstall, R. Bruce
Bambara, George E.	Colbert, Dionne	Flucke, John C.	Hewett, Sally J.
Banta, Lois J.	Constantin Nolting, Tim	Folse, Gregory J.	Hoboy, Selin
Bateman, Jeremy P.	Cooper, Kenneth H.	Fondriest, James F.	Hoelscher, Diane C.
Baum, Jim	Costa, Louis E.	Fong, Cynthia	Holtzman, Jennifer
Becker, Irwin	Costello, Mary R.	Frazer Jr., Robert L.	Hu, Jan
Belvedere, Paul C.	Cregger, Aaron James	Freuen, Nicholas D.	Huffines, Randy F.
Benjamin, Scott D.	Crimmins, Robyn	Freydberg, Barry K.	Hurst, C. Lynn
Berg, Mary L.	Crossley, Harold L.	Friedman, Mark H.	Hutchings, Michael
Bida, Oana	Culp, Lee	Gambardella, Ellen	Ismail, Amid I.
Bindra, J.	Curcio, F. Blaise	Garden, Robert	Jablow, Martin
Bitter, Robert N.	Curzon, Martin	Garden, Susan Rogers	Jeffcoat, Marjorie K.
Blank, Jeff T.	Da Silva, Keith	Gardiner, Mitchell J.	Jeroff, Alan A.
Blass, Robert A.	Dapkute-Marcus, Ingrida	Gian-Grasso, Joseph	Jerome, John R.
Bowman, Jerome K.	Davis, Karen	Glass, Richard T.	Jesse, James
Bradley, James D.	Davoody, Amirparviz R.	Glick, Michael	Jillings, Lee Anne
Braun, James M.	Demko, B. Gail	Gong, Debra A.	Johnson, Rita J.
Broughton, Courtney A.	Denehy, Gerald E.	Goodson, Kimberly	Jones Jr., Kenneth D.
Brown, Shirley	De La Mater, Chris M.	Gorlin, Robert J.	Joslin, Scott
Bruce, Gretchen J.	DePaola, Louis G.	Graeber, John J.	Jupp, Anita
Bruce, William E.	Dhalla, Anil	Grant, Ford T.	Kanca, John A.
Buczko, Mark J.	Dhalla, Tripti	Gray, Bob	Karam, Joseph R.
Burns, Sherry	DiDonato III, Joseph	Greenberg, Martin S.	Keating, Linda K.
Butler, Bobby	Doerfler, Andrew	Greenspan, Deborah	Kirsch, Amy
Calamia, Christine S.	Doherty, Hugh F.	Grossi, Sara G.	Knott, Mark D.
Caldon, Nathaniel Boone	Donovan, Terrence E.	Grover, Aparna	Kokich, Vincent G.
Caldwell, Jarrett O.	Doshi, Siddhi Jyotindra	Hamann, Curt P.	Kosalagood, Pasupen
Camp, Joe H.	Doughty, Carin Elizabeth	Hamilton, James C.	
Card, A. Sterling	Durham, Mark R.		

- Kugel, Gerard  
Kulild, James
- Landers, Antonio T.  
Lavine, S. Richard  
Le, Trang T.  
Lee, Henry Y.  
LeSage, Brian  
Levato, Claudio  
Levi, Alan  
Liberatore, Gregg  
Lindblom, Jon M.  
Linder, Annette Ashley  
Lisenby, Kyle  
Low Dog, Tieraona  
Low, Samuel B.  
Lowe, Robert A.  
Ly, Mai T.
- Malamed, Stanley F.  
Malyk, Yuri  
Mariotti, Angelo  
Martin, Mary E.  
Mattscheck, Donna J.  
Mays, Jacqueline Wiesehan  
Mazza, Fredric  
McDonald, Thomas R.  
McManama, John C.  
McMinn, Nadia  
Mealey, Brian L.  
Menage Bernie, Kristy  
Menekratis, Ajax  
Meyer, Matthieu  
Meyers, Elizabeth Anne  
Miles, Dale A.  
Miller, Mark  
Mills, Shannon E.  
Min, Sun-Hong  
Minton, Kathryn L.
- Misch, Carl E.  
Molinari, John A.  
Morgan, Eilidh  
Mouden, Lynn D.  
Moy, Peter K.  
Musich, David R.
- Nager, Martin C.  
Nathanson, Ilene  
Nguyen, Quang L.  
Nicosia, Joseph  
Niemczyk, Stephen P.  
Niessen, Linda C.  
Nishimura, Russell D.  
Noronha Salomao, Jamel  
Novotny, Cindy
- Okeson, Jeffrey P.  
O'Neill-Smith, Kathleen
- Page, Roy C.  
Papas, Athena S.  
Paquette, Jacinthe  
Parisi, Ernesta  
Pattison, Anna  
Podesta, Connie  
Pokorney, Celeste  
Potter, Brad J.  
Priest Jr., George F.  
Psaltis, Gregory L.  
Psaltis, Mary Ellen  
Putt, Mark S.
- Rams, Thomas E.  
Redding, Spencer W.  
Reinhardt, John W.  
Reiter, Alexander M.  
Rickles, Stephen P.  
Rivera, Eric M.
- Rodriguez, Kelbin H.  
Roman, Kathleen  
Rosenberg, Marvin M.  
Rossman, Louis E.  
Ruddle, Clifford J.  
Ruiz, Jose-Luis  
Rutgers, Robert  
Ryan, Maria E.
- Sauter, Gus  
Scheele, Adele  
Schiff, Alan  
Schleyer, Titus  
Schutta, Mark  
Sendax, Victor  
Sesemann, Michael R.  
Sfeir, Charles S.  
Sharifi, M. Nader  
Shaw, Melissa J.  
Sheets, Cheryl G.  
Shuman, Ian E.  
Silvestry, Frank  
Singh, Atalinder  
Smith, Brian K.  
Smith, Scott  
Snyder, Thomas L.  
Sollecito, Thomas P.  
Somer, Elizabeth  
Sorenson, Dale  
Soxman, Jane A.  
Spear, Frank M.  
Speratti, Drauseo  
Stanley, Gregory N.  
Steinberg, Barbara J.  
Stern, Kathy  
Stookey, George K.  
Suhr, Amy E.  
Svirsky, John A.  
Sweeney, Char
- Swartz, Roxanna  
Swift Jr., Edward J.
- Tanaka, Terry T.  
Tappe, Allen  
Tarnow, Dennis  
Thompson, Beth  
Tinanoff, Norman  
Tom, Franson  
Tomar, Scott L.
- Unami, Masato  
Unthank, Michael G.  
Urzua, Fernando Rey
- Vanarsdall Jr., Robert L.  
Vargas, Marcos A.  
Velez, Leykza  
Vu, Huong T.
- Wadivkar, Anu  
Wakefield, Charles W.  
Weisehan Mays, Jacqueline  
Wenz, Hans-Juergen  
Wilder, Rebecca S.  
Wilkins, Esther M.  
Wils, Wendy  
Winston, Mollie A.  
Winter, Kyle E.  
Wisniewski, John  
Wu, Henry Yn-Low
- Yang, Ma Marcie  
Yankell, Samuel L.  
Yates, David Michael  
Young, Mark J.
- Zero, Domenick

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# Appendix



# Notes

# Directory

## Officers, Trustees, Associate Executive Directors, Councils, Commissions, Committee on Local Arrangements

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### Officers

Haught, Richard, *president*,  
Tulsa, OK  
Brandjord, Robert M., *president-  
elect*, Eden Prairie, MN  
Bushick, Ronald D., *first vice  
president*, Boothwyn, PA  
Ferris, Robert T., *second vice  
president*, Altamonte Springs, FL  
Soliday, J. Thomas, *speaker, House  
of Delegates*, Gaithersburg, MD  
Feldman, Mark J., *treasurer*,  
Garden City, NY  
Bramson, James B., *executive  
director*, Chicago, IL

### Trustees

Biermann, Michael E., 2006,  
*Eleventh District*, Portland, OR  
Cadle, Donald I., Jr., 2008,  
*Seventeenth District*,  
New Port Richey, FL  
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*, Radnor, PA  
Kell, Kathryn, 2008, *Tenth District*,  
Davenport, IA  
McDermott, Bernard K., 2005,  
*Fourth District*, Washington, D.C.  
Nicolette, Jeanne M., 2008, *Seventh  
District*, New Albany, OH  
Roth, Kathleen, 2005, *Ninth District*,  
West Bend, WI  
Smith, Charles L., 2008, *Sixth  
District*, Charleston, WV  
Strathearn, Jeanne P., 2007, *First  
District*, Farmington, CT  
Studstill, Zack D., 2005, *Fifth  
District*, Montgomery, AL  
Tankersley, Ronald L., 2008,  
*Sixteenth District*,  
Newport News, VA  
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)  
Luther, John (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

Lauf, Robert C., 2005, *chair*,  
Mayville, ND  
Antonelli, Morris, 2008,  
Beltsville, MD  
Barsley, Robert E., 2006,  
Ponchatoula, LA  
Beauchamp, K. Jean, 2006,  
Clarksville, TN  
Bordenave-Bishop, Susan, 2008,  
Peoria, IL  
Filanova, Vincent, 2007,  
Amsterdam, NY  
Flaherty, Kevin T., 2005 (AMA),  
Wausau, WI

Griffin, Morris H., 2006,  
Durham, NC  
Holm, Steven J., 2008,  
Portage, IN  
Hooker, William J., 2005,  
Flagstaff, AZ  
Howard, Lisa P., 2007,  
Scarborough, ME  
Low, Samuel B., 2008,  
Gainesville, FL  
Maddox, Brandon, *ex officio*,  
Springfield, IL  
McCaslin, Alston Jones, VI, 2008,  
Savannah, GA  
McLellan, Thomas S., 2005,  
Okemos, MI  
Miller, Rodney E. (AHA), 2005,  
Saint Thomas, U.S. Virgin Islands  
Robinson, Lindsey A., 2005,  
Grass Valley, California  
Siegel, Philip T., 2007,  
Fort Washington, PA  
Spradley, Larry W., 2006,  
Bedford, TX  
Windell, Henry C., 2007,  
Gresham, OR  
Klyop, John S. (Mr.), *director*,  
Chicago, IL

#### ADA Sessions

Kattner, Paul F., 2005, *chair*,  
Waukegan, IL  
Conlon, Thomas O., 2006,  
Spokane, WA  
Feinberg, Edward, 2006,  
Scarsdale, NY  
Frey, John T., 2008, Belmont, MI  
Grabill, Laurene A., 2006, *ex officio*,  
Swathmore, PA  
Hadlock, William A., 2005,  
Baton Rouge, LA  
Hendrickson, Greg, 2006, Committee  
on Local Arrangements, *general  
chair*, Henderson, NV  
Hite, D. Stanley, 2005,  
Independence, MO  
Jordan, John R., Jr., 2007,  
West Palm Beach, FL  
Kittredge, Robert L., 2006,  
Yarmouth Port, MA  
Leighty, Chad R., 2007, Marion, IN  
LoMonaco, Carmine J., 2005,  
West Caldwell, NJ

McDougall, Kenneth, 2007,  
Jamestown, ND  
McFadden, Judith, 2005 Committee  
on Local Arrangements, *general  
chair*, Philadelphia, PA  
Mohme, Edward H., 2008,  
Norcross, GA  
Rader, Charles E., 2006,  
Victoria, TX  
Shinbori, Dennis D., 2008,  
San Francisco, CA  
Smith, Philip E., 2008,  
Lexington, South Carolina  
Twesme, A. Ted, 2008,  
Las Vegas, NV  
Weber, Charles, 2007  
West Chester, Pennsylvania  
Donovan, Jim, *director*, Chicago, IL

#### Communications

Fiddler, Terry L., 2005, *chair*,  
Conway, AR  
Farinacci, David J., 2006, *vice chair*  
North Canton, OH  
Barnes, Bradley W., 2007,  
Normal, IL  
Bell, Alonzo M., 2008,  
Alexandria, VA  
Bement, Naomi, L., 2008,  
Santa Monica, CA  
Cram, Sally J., 2007,  
Washington, D.C.  
Dodell, David S., 2008,  
Scottsdale, AZ  
Egan, Michael R., 2005,  
Hartford, CT  
Engel, Dennis W., 2007,  
Mequon, WI  
Herwig, Larry Dean, 2008,  
Dallas, TX  
Icyda, Teri-Ross, 2008,  
Stuart, FL  
Krische, Matthew F., *ex officio*,  
Lawrence, Kansas  
Powell, Llewellyn, 2006  
Long Beach, MI  
Roset, Gayle A., 2006, Billings, MT  
Shaver, M. Samantha, 2005,  
Louisville, KY  
Smail, Douglas B., 2007, Troy, NY  
Stefanowicz, Elaine, 2005,  
Philadelphia, PA  
West, Debra S., 2006, Omaha, NE  
Green, Richard G., Jr. (Mr.),  
*director*, Washington, D.C.

#### Dental Benefit Programs

Hall, Glen D., 2005, *chair*,  
Abilene, TX  
Bishop, Deborah S., 2008,  
Huntsville, AL

Boyle, Patricia I., 2007, *ad interim*,  
Dearborn, MI  
Faiella, Robert A., 2008,  
Osterville, MA  
Friedel, Alan E., 2007,  
Hallandale Beach, FL  
Greenblatt, Charles L., Jr., 2005,  
Knoxville, TN  
Herman, Richard P., 2006,  
New City, NY  
Hogg, Steven W., 2006,  
Broken Arrow, OK  
Jacobs, Thomas A., 2005,  
San Francisco, CA  
Jaworski, Stephen J., 2008,  
New Bethlehem, PA  
Kampfe, Mark I., 2006,  
Sioux City, IA  
Mercer, James E., 2006,  
Columbia, SC  
Mooney, John T., 2008,  
Pocatello, ID  
Nicholas, Dean P., 2005,  
Villa Park, IL  
Rempell, Jeffrey H., 2008,  
Clifton, New Jersey  
Schripsema, Thomas J., 2007,  
Albuquerque, NM  
Simpson, Stephen P., 2007,  
Hudson, OH  
Marshall, James Y. (Mr.), *director*,  
Chicago, IL

#### Dental Education and Licensure

Wood, Roger E., 2005 (ADA), *chair*,  
Midlothian, VA  
Comer, Robert W., 2005 (ADEA),  
Augusta, GA  
Dahl, Eva C., 2007 (ADA),  
Onalaska, WI  
Giorgio, Douglas J., Jr., 2005 (ADA),  
Savannah, GA  
Himmelberger, Linda K., 2007  
(ADA), Devon, PA  
Houfek, Scott W., 2005 (AADE),  
Big Piney, WY  
Kiesling, Roger, L., 2008 (ADA),  
Helena, MT  
Lemmo, Ronald, 2008, (ADA),  
Willoughby Hills, OH  
Maggio, Frank A., 2008, (AADE),  
Dundee, IL  
McDonnell, Stephen R., 2006  
(ADA), St. Paul, MN  
Ozgul, Ender S., 2005 *ex officio*,  
Clovis, New Mexico  
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  
Nix, Judith A. (Ms.), *director*,  
Chicago, IL

#### Dental Practice

Stuart, Michael L., 2005, *chair*  
Mesquite, TX  
Berryman, Richard A., 2005,  
Concord, NH  
Burk, James R., 2006, Sodus, NY  
Carney, Kerry K., 2008,  
Benicia, CA  
Drumm, John W., 2005,  
Washington, D.C.  
Howard, H. Fred, 2008,  
Harlan, KY  
Hunt, Richard F., III, 2007,  
Rocky Mount, NC  
Isbell, Gordon R., III, 2006,  
Gadsden, AL  
Jankowski, Richard L., 2006,  
Lansing, MI  
Kyger, Billie Sue, 2007,  
Gallipolis, OH  
Maletta, John A., 2008,  
West Des Moines, IA  
McConathy, Jennifer A., *ex officio*,  
Dover, New Hampshire  
Shaw, Robert R., 2008,  
Spokane, Washington  
Steinberg, Teri, 2007, Skokie, IL  
Talley, Robert H., 2006, Las Vegas  
Tilton, Jon W., 2007, Wichita, KS  
Tully, John J., 2005, Gettysburg, PA  
Winker, Wade G., 2008,  
Eustis, FL  
Luther, John, *director*, Chicago, IL

#### Ethics, Bylaws and Judicial Affairs

Jones, Kenneth D., Jr., 2005, *chair*,  
Mansfield, OH  
Antoon, James W., 2006,  
Rockledge, FL  
Asai, Rickland G., 2007,  
Portland, OR  
Black, Richard C., 2008, El Paso, TX  
Charlton, Dennis J., 2007,  
Sandy Lake, PA  
Dickey, Keith Winfield, 2007,  
Alton, IL  
Epstein, Ralph H., 2005,  
Great Neck, NY  
Fontana, Nicholas A., 2008,  
Troy, MI  
Graeber, John J., 2005,  
Whippany, NJ

Hutchison, Bruce R., 2006,  
Centreville, VA  
Largent, Beverly A., 2007,  
Paducah, KY  
Morgan, Stephen S., 2005,  
Kaysville, UT  
Scott, Marvin M., 2006, Kerman, CA  
Smith, James F., 2008, Omaha, NE  
Turkel, Roger M., 2006,  
North Kingstown, RI  
Waugh, W. Scott, 2008,  
Edmond, OK  
Wolff, Carol M., 2008, Atlanta GA  
Wils, Wendy J., Esq., *director*,  
Chicago, IL

**Government Affairs**

Powley, W. Brian, 2005, *chair*,  
Paradise Valley, AZ  
Alfano, Martin A., 2005,  
East Stroudsburg, PA  
Bertoch, Daniel A., 2008, Tampa, FL  
Dow, Jeffrey, 2008, Waterville, ME  
Gamble, Howard R., 2008,  
Sheffield, AL  
Gelfand, Gerald, 2007,  
Woodland Hills, CA  
Johnson, Curtis Ray, 2005,  
Scotland, SD  
Kinzel, Timothy R., 2008,  
Madison, WI  
Kneller, Timothy D., 2005, *ex officio*,  
Aurora, CO  
Long, S. Jerry, 2007, Houston, TX  
Oyster, Gary Donald, 2007,  
Raleigh, NC  
Pope, Theodore R., 2005,  
Englewood, OH  
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  
Suchy, Keith W., 2008,  
Westchester, IL  
Vigna, Edward, *ex officio*,  
Lincoln, NE  
Spangler, Thomas J., Jr. (Mr.),  
*director*, Washington, D.C.

**Membership**

Epel, Lidia M., 2005, *chair*,  
Rockville Centre, NY  
Cohlma, Raymond A., Jr., 2006, *vice chair*,  
Oklahoma City, OK

Baldassarre, Pamela Z., 2008,  
Bedford, NH  
Coleman, Brian O., 2006,  
Winter Park, FL  
Diaz, Walter D., 2008, Maben, MS  
Doring, Charles A., 2007,  
Laytonsville, MD  
Eng, Laura, 2008, St. Paul, MN  
Homer, Denny, 2006,  
Okanogan, WA  
Kohler, Joseph J., 2008, Erie, PA  
Lee, Natasha A., 2006, *ex officio*,  
San Francisco, CA  
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  
Sauer, Edward H., 2005,  
Houston, TX  
Shapiro, Elizabeth A., 2005,  
Waterman, IL  
Weinand, Kenneth J., 2008,  
Independence, MO  
Williams, John D., 2007,  
Los Angeles, CA  
Toyama, Wendy-Jo Y. (Ms.),  
*director*, Chicago, IL

**Members Insurance and Retirement Programs**

Bethea, Robert P., 2005, *chair*,  
Columbia, SC  
Axler, Jerrold H., 2008, Wayne, PA  
Baker, Gary Owen, 2007,  
Chesterfield, MO  
Bocks, Charles R., III, 2007,  
San Jose, CA  
Brennan, Robert J., 2006,  
Neenah, WI  
Brewer, Kevin M., 2008,  
Billings, MT  
Feinberg, Maxine, 2008,  
Cranford, New Jersey  
Hauer, Michael R., 2005,  
Tucson, AZ  
Lastra, Idalia, 2008,  
Miami, FL  
Lindsey, H. Jeffrey, 2006,  
Carrollton, GA  
Shapiro, Denise M., 2005,  
East Greenwich, RI  
Shaw, Daniel W., 2006,  
Minnetonka, MN  
Simpson, William J., 2007,  
Morrison, IL  
Stewart, Debra G., 2005,  
Stafford, TX

Taylor, Daniel L., 2006,  
Columbus, OH  
Wetzel, Frederick W., 2008,  
Schenectady, NY  
Whitis, Harry Warren, 2007,  
Osceola, AR  
Dwyer, David R. (Mr.), *director*,  
Chicago, IL

**Scientific Affairs**

Zero, Domenick T., 2005, *chair*,  
Indianapolis, IN  
Achterberg, Rober J., 2008,  
Spokane, WA  
Bakdash, Bashar, 2006,  
Minneapolis, MN  
Clark, Glenn, 2008,  
Los Angeles, CA  
Dederich, Douglas N., 2006,  
New Orleans, LA  
DePaola, Louis G., 2005,  
Ellicott City, MD  
Gorlin, Robert James, 2006,  
Minneapolis, MN  
Gotcher, Jack E., Jr., 2007,  
Knoxville, TN  
Gray, Brian J., 2008,  
Washington, D.C.  
Hilton, Thomas, 2005,  
Lake Oswego, OR  
Ismail, Amid, 2007, Ann Arbor, MI  
Mackert, J. Rodway, Jr., 2006,  
Augusta, GA  
McGuire, Michael K., 2007,  
Houston, TX  
Murray, Valerie A., 2007,  
Chapel Hill, NC  
Sarrett, David C., 2005,  
Midlothian, VA  
Shanker, Shiva V., 2007, *ex officio*,  
Columbus, OH  
Socher, Jeffrey C., 2008,  
Arlington Heights, IL  
Stanford, Clark, 2007,  
Iowa City, IA  
Todd, Kathleen, *senior director*,  
Chicago, IL

**Commissions**

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**Dental Accreditation**

Robbins, Morris L., 2006 (ADA),  
*chair*, Memphis, TN  
Adair, Steven M., 2007 (AAPD),  
Augusta, GA  
Boyle, Ann M., 2007 (ADEA),  
Alton, IL  
Braun, Thomas W., 2005 (AAOMS),  
Pittsburgh, PA

Byrd, Lanier, 2005 (public member),  
San Antonio, TX  
Caton, Jack G., Jr., 2006 (AAP),  
Rochester, NY  
Cole, James R., II, 2007 (AADE),  
Albuquerque, NM  
Dolan, Teresa A., 2008 (AAPHD),  
Gainesville, FL  
Feldman, Cecile A., 2008 (ADEA),  
Newark, NJ  
Gillespie, M. Joan, 2007 (ADA),  
Alexandria, VA  
Graham, Bruce, 2005 (ADEA),  
Chicago, IL  
Harrison, James, 2005 (ADEA and  
ASDA), Louisville, KY  
Hutter, Jeffrey W., 2008 (AAE),  
Boston, MA  
Johnson, Ronald, 2006 (ADEA),  
Houston, TX  
McKay, Kay J., 2007 (public  
member), Flagstaff, AZ  
McPherron, Sharon, 2008 (public  
member), St. Louis, MO  
Melrose, Raymond J., 2006  
(AAOMP), Los Angeles  
Meyerowitz, Cyril, 2005  
(AAHD/ADEA), Rochester, NY  
Nimmo, Arthur, 2005 (ACP),  
Gainesville, FL  
Pick, Samuel E., 2006 (AADE),  
Las Vegas, NV  
Potter, Brad J., 2007 (AAOMR),  
Augusta, GA  
Roberts, Matthew B., 2008 (ADA),  
Crockett, TX  
Robinson, Thomas H., 2006 (public  
member), San Diego, CA  
Simonian, Roger B., 2005 (ADA),  
Fresno, CA  
Smith, Richard D., 2008 (AADE),  
Charleston, WV  
Sullivan, Diana Macalus, 2008  
(ADAA), Rosemount, MN  
Tatum, Richard Carlos, 2005  
(AADE), Columbia, MD  
Vaden, James L., 2007 (AAO),  
Cookeville, TN  
Wilson, James W., II, 2005 (NADL),  
Fresno, CA  
Zinser, Nancy C., 2007 (ADHA),  
Palm Beach Gardens, FL  
Hart, Karen M. (Ms.), *director*,  
Chicago, IL

#### **National Dental Examinations**

MacNeil, R. Lamont, 2005 (ADEA),  
*chair*, Farmington, CT  
Awadalla, Eleanore, 2005 (AADE),  
*vice chair*, Toledo, OH

Ackley, Eva, 2008 (AADE),  
Spring Hill, FL  
Ambewadikar, Rashmi, 2005  
(ASDA), New York, NY  
Boltz, Roger H., 2006 (AADE),  
Windsor, CO  
Higgins, Michael S., 2005 (ADA),  
Palatine, IL  
Keeter, Donald K., 2007 (ADA),  
Frederick, OK  
Little, Lynne Tatum, 2006 (ADHA),  
Charlotte, NC  
McClellan, Gerald W., Jr., 2006  
(ADA), Costa Mesa, CA  
Reddy, Michael S., 2008 (ADEA),  
Birmingham, AL  
Schoyer, Nancy, 2006 (public  
member), Denver, CO  
Schuler, Charles, 2009 (ADEA), Los  
Angeles, CA  
Sand Wall, Darlene, 2008 (AADE),  
Crestview Hills, KY  
Vaughn, Stephen C., 2007 (AADE),  
Sparks, NV  
Winder, Ronald L., 2005 (AADE),  
Tulsa, OK  
Kramer, Gene (Mr.), *director*,  
Chicago, IL

#### **Standing Committee**

##### **New Dentist**

Barichello, Teri, 2006,  
Oregon City, OR  
Barrington, Jennifer, J., 2008,  
Waxahachie, TX  
Dumas, John Dale, 2008,  
McComb, MS  
Gilson, Kate C., 2008,  
Waukesha, WI  
Grabill, Laurene A., 2006,  
Swarthmore, PA  
Jensen, Benjamin D., 2008,  
Yankton, South Dakota  
Jewell, Wilson O., 2005,  
Wilmington, NC  
Kneller, Timothy D., 2005,  
Aurora, CO  
Krische, Matthew F., 2007,  
Lawrence, KS  
Lee, Natasha A., 2006,  
San Francisco, CA  
Liberatore, Gregg, 2005, *chair*,  
Ballston Spa, NY  
Maddox, Brandon R., 2005,  
Springfield, IL  
McConathy, Jennifer A., 2007,  
Dover, NH

Ozgul, Ender S., 2006,  
San Antonio, TX  
Shanker, Shiva V., 2007,  
Columbus, OH  
Smith, J. Christopher, 2008,  
Charleston, WV  
Zuknick, Stephen J., 2007,  
Brandon, FL  
Burgess, Karen B. (Ms.), *director*,  
Chicago, IL

#### **Committee on Local Arrangements**

McFadden, Judith A., general chair,  
Committee on Local Arrangements  
Barna, Julie A., co-chair,  
Hospitality Committee  
Carroll, Peter J., vice chair,  
Committee on Local Arrangements  
Cerveris, Michael D., co-chair,  
Registration and Special Services  
Committee  
Chialastri, Susan M., co-chair  
Hospitality Committee  
Colton, Harris N., co-chair  
Program Coordinating Committee  
Gamba, Thomas W., co-chair,  
Program Coordinating Committee  
Heier, Ronald K., co-chair,  
Registration and Special Services  
Committee  
Kondis, Stephen L., honorary chair,  
Local Arrangements

#### **Honorary Officers**

Braun, Thomas W.  
Chialastri, Gregg M.  
Eisenhart, Craig A.  
Eshleman, Jay H.  
Jeffcoat, Marjorie K.  
Kostelac-Cherry, Camille  
Lathrop, John B.  
McKechnie, Alexander J.  
Ravert, Theresa F.  
Sonnenberg, Elizabeth  
Staubach, John  
Stefanowicz, Elaine  
Tansy, Martin F.  
Trice, William

#### **Annual Session Volunteers**

Abboud-Niemczyk, Jeannette  
Abulhasan, Mawra  
Adair, Bobbi  
Adair, Gary  
Aldinger, D. Scott  
Aldinger, Mindy  
Alexcovich, Amy  
Alexis, Mitz-Ann

Altomare, Francis  
 Aminov, Dimitriy  
 Arciuolo, Jr., Robert A.  
 Armanious, Mark  
 Arocho, Juan

Bahn, III, Paul  
 Bahoff, Barbara  
 Bahoff, Joshua  
 Bailey, John H.  
 Bailey, Rosemary  
 Bansch, Jason  
 Barbag, Adam  
 Barbell, Stephen C.  
 Barna, Julie A.  
 Barnett, Alan M.  
 Barrett, Anne C.  
 Bauer, Richard  
 Beck, Deborah  
 Bender, Christine  
 Bandler, Jeffrey  
 Bennion, Kristopher  
 Bentz, Robert  
 Berger, Sandra  
 Berman, Meira  
 Bernick, Sheldon M.  
 Blickley, Lisa  
 Bloch, Jennifer  
 Bogert, Meredith  
 Bohannon, Susannah  
 Bonnevie, Daniel R.  
 Bonnevie, Marion  
 Boorse, Linda  
 Bowse, Brian  
 Bradin, Eugene  
 Brady, Tamara S.  
 Brady, Justine  
 Braid, Jill  
 Braid, Stanton M.  
 Brenner, Barry  
 Bresler, David A.  
 Bresler, Joshua  
 Brezovic, Jason  
 Brian, Karin D.  
 Bridges, Sidney R.  
 Brillman, Robert  
 Bronstein, Michael  
 Brothman, Peter  
 Brown, Martin  
 Buchy, Jean Marie  
 Bullock, George A.  
 Burcin, Lisa  
 Burns, Justin  
 Buxton, Judy L.

Cannon, Christopher  
 Cappetta, Laura  
 Carber, Robert H.  
 Carlin, Drew  
 Carre, Jill

Carroll, Peter J.  
 Carroll, Regina  
 Cavallucci, Dossie  
 Chan, Man Yee  
 Charny, Robert  
 Chaw, Janice  
 Cerveris, Michael D.  
 Checchio, Joseph A.  
 Checchio, Lennie M.  
 Chen, Andrew  
 Chialastri, Gregg M.  
 Chialastri, Susan M.  
 Chila, Maria  
 Chips, Timothy J.  
 Christensen, Lindsay  
 Christian, Brian D.  
 Christiansen, Bonnie  
 Christiansen, Michael  
 Cills, Alan J.  
 Cills, Carole  
 Clark, Norman C.  
 Clark, III, Richard J.  
 Cohen, Stephen D.  
 Cohen, Stephen R.  
 Colbert, Shawn  
 Colite, Stephen  
 Colledge, Heath  
 Colton, Arlene  
 Colton, Harris N.  
 Contino, Marianne  
 Conway, Leo F.  
 Cooley Bentz, Sara  
 Cooper, David C.  
 Corn, Philip D.  
 Czaplicki, Kirsten

Dailey, Phyllis  
 Dakin, Richard P.  
 Damrow, Michael  
 Dankanich, Jr., Frank M.  
 Davis, Gary S.  
 Davis, Jennifer  
 Davis, Josh  
 DeBernardis, Teresa  
 DeCrescenzo, Dante  
 Deem, Lisa P.  
 Deitch, Stanton  
 DelGaiso, John  
 DeGuzman, Jasmin  
 DeLisi, Theresa  
 Della Croce, John J.  
 Della Croce, Michelle  
 Dellheim, Ernest J.  
 Demo, Keri  
 DeSimone, Julie  
 Detwiler, Phyllis H.  
 Deveney, Jacqueline  
 Diaz, Jennifer H.  
 DiNoia, Frank  
 Dionisio, Janice

Director, Robert  
 Dishler, Bernard P.  
 Dockstader, Donald T.  
 Dockstader, Judy  
 Donahue, Julia  
 Donlin Quinn, Mary  
 Doshi, Milan  
 Doshi, Prafull  
 Doyle, Jennifer  
 Doverspike, Tracy  
 Dumoff, Amanda  
 Dunn, Michael J.  
 Dwyer, Kristin

Edelman, Howard L.  
 Edelman, Harvey M.  
 Eingorn, Julius  
 Eisenhart, Craig A.  
 Ellis, Barbara  
 Emadzadeh, Bahar

Falvello, Christopher  
 Fanelle, Carmella  
 Fanelli, Mary  
 Fielding, Allen F.  
 Filidore, Douglas A.  
 Filip, T.J.  
 Fingeret, Andrew  
 Finkelstein, Robert  
 Fiss, Mark  
 Fite, Ginny  
 Flashner, Morton  
 Fleisher, Robert  
 Ford, Jonathan  
 Forte, Jessica  
 Fox, Susan  
 Frederick, Christopher  
 Freedman, Edward S.  
 Freeman, Julian D.  
 Funari, Godfrey "Joel"

Galeone, Richard  
 Gallagher, Amanda  
 Gallup Scott, Marie  
 Gamba, Thomas W.  
 Gandhi, Shweta  
 Gannon, Patricia  
 Gemmi, Jr., Charles L.  
 Gemmi, Maria  
 Gerzoff, Steven  
 Ghadiri, Amir  
 Gian-Grasso, Joseph  
 Giarraputo, Philip C.  
 Gleason, Jr., Walter J.  
 Glickman, Joel  
 Goldberg, Jay M.  
 Goldberg, Robert  
 Goldberg, Herbert  
 Golden, Amy L.  
 Gordon, Donald R.

Golden, Julia M.  
 Goyal, Kunaal  
 Grantham, Patricia  
 Gray, Sarah  
 Green, Jamie H.  
 Gribb, Lawrence J.  
 Grigger, John P.  
 Groce, Tywana  
 Grossman, Richard R.  
 Gudknecht, Lori A.  
 Gunkel, Louis M.  
 Gunn, Ryan  
 Gupta, Avin  
 Gusler, Jessica

Haberman, Joy  
 Halbert, Andrew M.  
 Halper, Christopher  
 Halupa, Michael  
 Hanak, Thomas  
 Haney, Christine  
 Hanna, Mina  
 Haring, Robin  
 Hark, Jerry M.  
 Harkin, Laura  
 Harper, Marianne  
 Hart, Dwayne  
 Hartman, Michelle  
 Hartzell, Anna Marie  
 Hartzell, Richard  
 Hattler, Arthur  
 Hazen, Alexandra  
 Heier, Ronald K.  
 Helder, Robert  
 Heller, Donna  
 Hershey, Mary W.  
 Hickey, Daniel J.  
 Hilburn, Kay  
 Hildebrand, Carole N.  
 Hill, Jonathan  
 Himmelberger, Linda K.  
 Ho, Stefanie  
 Hoff, Victoria  
 Hoffman, Harry M.  
 Hoffman, Cynthia  
 Hoffman, R. Donald  
 Hoffstein, Paul  
 Hollander, Keith  
 Holtzman, Lewis H.  
 Holtzman, Simone  
 Hornick, John  
 Houston, Maryanne  
 Hsu, An-Fei  
 Hsu, Stephen  
 Hudson, Matthew  
 Hughes, Valerie M.  
 Huh, Jung  
 Humphrey, Karen  
 Hurlburt, Justin  
 Hurley, Kelly

Hutchens, Deborah  
 Hyder, Shari L.

Icenhower, Jr., Joseph B.  
 Ierardi, Patrice  
 Isaacs, David

Jankovic, Susan  
 Jaycox, Joanne  
 Johnson, Terry  
 Johnson, Frederick S.  
 Jones, Joanne

Kalp, Randy  
 Kapadia, Meha  
 Karam, J.R.  
 Kash, Anthony J.  
 Kassem, Wael  
 Kelley, Mary Beth  
 Kelly Mueller, Carolyn  
 Kenney, Larry  
 Kershner, Marie  
 Kessler, Lon R.  
 Khanna, Ankush  
 Kim, Ji Young  
 Kinniry, Deborah  
 Kinsinger, Natalie  
 Klatte, Kevin J.  
 Kleponis, Jerome A.  
 Klipp, Mary Lou  
 Koffel, Evelyn  
 Knaub, Tracey  
 Koche, Jeffrey  
 Kondis, Stephen L.  
 Koshetar, Joyce E.  
 Koshetar, Nancy  
 Kot, Donna  
 Koumaras, Jennifer  
 Kovnat, Seymour  
 Kravitz, Robert S.  
 Kubasko, Elizabeth  
 Kurek, Bernard W.  
 Kurek, Joan

Lala, Asif  
 Larkin, Walter F.  
 Lawyer, Paul J.  
 Lazar, Chad  
 Le, Hau  
 Le, Hieu  
 LeCleire, Carol  
 Lee, Dong Hoon  
 Lee, Ga-Ram  
 Leis, Henry  
 Lentz, Paula  
 Law, Scott  
 Leonetti, Robert A.  
 Lepore, Lindsay  
 Lerner, Cheryl A.  
 Levin, Lester L.

Lewandowski, Anthony  
 Lewandowski, Bonnie  
 Lichtman, Natalie  
 Limberakis, Cary J.  
 Lindemeyer, Rochelle G.  
 Logan, Bernadette A.  
 Lorenz, Dorothy  
 Loucks, Carina  
 Lukoff, Sydney

Ma, Quan  
 MaKaryus, Faddy  
 Makrauer, Susan  
 Makrauer, Zola A.  
 Malone, Kathy A.  
 Mancuso, Joanne  
 Marcus, Harold  
 Marcy, Harry S.  
 Markiewicz, Stanley W.  
 Marino, Jr., George A.  
 Marschall, Annika  
 Marsh, Justin  
 Maser, Debra  
 Maser, Elliott D.  
 Matt, Jerald  
 Matthews, Barrie  
 Matson, Scott  
 Mayher, Vincent  
 Maynes, James F.  
 McAllister, Brian  
 McCorkle, Hutson  
 McDonough, Ann  
 McFadden, Colleen  
 McFadden, Judith A.  
 McGann, Greg D.  
 McGreggor, Colette  
 McGuire, Jennifer  
 McGurk, Edmund J.  
 McKinski, Carolyn  
 McManus, Meghan  
 Meehan, Diane  
 Meier, Brandon  
 Mengers-O'Brien, Jennifer  
 Mercier, Marc  
 Metroka, David  
 Meyers, Harry  
 Meyers, Kurt E.  
 Michalak, Kirstie  
 Michino, James  
 Middleberg, Harold L.  
 Miller, Jeffrey  
 Miller, Jerold W.  
 Miller, Saul N.  
 Mirtaj, Joseph  
 Mittal, Bhushan  
 Mittal, Santosh  
 Moffett, Dawn  
 Moffett, Thomas L.  
 Monasky, George  
 Montalbano, Kate

Montgomery, David J.  
 Montgomery, III, Lawrence P.  
 Morein, Sylvan  
 Morris, Jeannette M.  
 Moscow, Rema  
 Moscow, Richard D.  
 Moshe, Riina  
 Moskowitz, Steven A.  
 Moulic, Beverly  
 Muronda, Tererai  
 Murphy, James P.

Nase, John B.  
 Netsky, Sari  
 Neuman, Howard  
 Neuman, Neal  
 Neuman, Shirley V.  
 Newell, Joseph F.  
 Newell, Kent  
 Newman, Gail  
 Newman, Wade  
 Nguyen, Hoang (Brian)  
 Nguyen, Namthuyen  
 Nguyen, William  
 Nicolaescu, Serban  
 Niemczyk, Stephen P.  
 Noah, Jason  
 Noble, Ruth  
 Nordone, Thomas P.

O'Halloran, Teresita A.  
 O'Larnic, James J.  
 Olesky, Cathleen  
 Olshefski, Beth  
 Orozco, Jacob  
 Oviedo-Marmo, Marlene

Pagano, Louis  
 Pagliei, Jr., John A.  
 Parekh, Monica  
 Pasnikowska, Patricia  
 Passeri, Lauri  
 Patel, Nimita  
 Payumo, Alma  
 Pecarsky, Alvin J.  
 Perkins, Vaughn  
 Perno, Joseph L.  
 Persichetti, Joseph  
 Petrone, John A.  
 Petroski, Eileen  
 Pfeffer, Lindsay  
 Pillie Fournier, Danelle  
 Pinter, Mark  
 Platt, Alysa  
 Platzer, Linda  
 Poplin, Jared  
 Porreca, Joseph A.  
 Potter, Stephanie  
 Prybyl, J. Mark  
 Przepioski, Stacey

Pulliam, Dallas  
 Quinlan, Lily  
 Raju, Navreet  
 Ravert, Teresa F.  
 Reich, Douglas  
 Resnevic, Jean  
 Reustle, Michelle  
 Reyes, Audrey  
 Rhoads, Robyn  
 Riesner, Anthony  
 Riesner, Flossie  
 Rodgers, Alice  
 Romesburg, Harold R.  
 Romney, Lawrence  
 Rosenbaum, Paul A.  
 Rosenberg, Ruth S.  
 Rosenberg, Jeffrey  
 Rosenthal, Nancy R.  
 Rothbart, Jonathan  
 Ruch, Donald  
 Ruch, Jennifer  
 Rushby, Kristine  
 Rutledge, Colleen  
 Rutledge, Jr., William

Sadig, Asad S.  
 Salisbury, Justin  
 Salkowitz, Joseph  
 Sammartino, Jr., Frank J.  
 Sammartino, Nancy K.  
 Santos, Doreen  
 Sattler, Robert  
 Sauri, S. Valence  
 Schiff, Susan  
 Schlesinger, Steven  
 Schroeder, Martin L.  
 Schwadron, Howard B.  
 Schwartz, Paul D.  
 Scowden-Shumski, Tonia  
 Scully, Erin  
 Seckinger, Robert J.  
 Sedaghat, Shabnam  
 Segel, George  
 Selcher, Samuel  
 Seltzer, Allen P.  
 Sengupta, Trina  
 Sewell, Doug  
 Schaeffer, Stanley  
 Schultz, Amy  
 Schwab, Brian M.  
 Sharkan, Keith  
 Shah, Shalini  
 Shaw, Claire E.  
 Sherman, Jennifer  
 Shin, Thomas  
 Shollenberger, Rob  
 Shulman, Drew  
 Sicilia, Ronald F.

Siegel, Philip T.  
 Silva, Elizabeth  
 Silverman, Donald  
 Silverman, Donna  
 Silverstein, Harry P.  
 Silverstein, Joan  
 Simpson, Doris Marie  
 Singer, Philip  
 Singer, Robert  
 Sirianni, Suzanne  
 Sisson, June A.  
 Smith, Eric  
 Snock, Jennifer  
 Snyder, Laura  
 Snyder, Thomas L.  
 Sonnenberg, Elizabeth  
 Spadano, Vanessa  
 Spaulding, Jim  
 Spaulding, Nick  
 Springer, Philip  
 Stefanowicz, Elaine  
 Stefanowicz, John  
 Stefanowicz, Lois  
 Stefanowicz, Theresa  
 Steinberg, Arthur  
 Steinberg, Barbara  
 Stewart, James J.  
 Stewart, William  
 Stocker, David P.  
 Stoici, Greg  
 Stopka, Diane  
 Stout, Angela M.  
 Stout, Kenneth W.  
 Stout, Rosemary  
 Strock, Brent  
 Stroman, Pat  
 Sullivan, Abbey  
 Sullivan, Meghan M.  
 Sumar, Dilshad  
 Sunstein, Marcy  
 Swiatek, Matthew J.  
 Szymanski, David  
 Szymanski, Laura

Tarshis, Heidi  
 Taylor, Michele  
 Tecosky, David A.  
 Terry, Bruce  
 Therrien, Thomas W.  
 Thompson, Frederic A.  
 Tinkelman, Carl L.  
 Tinkelman, Sydney  
 Ton, Giao  
 Toplan, Nancy  
 Toplan, Stanley B.  
 Torelli, Denise

Unger, Michael W.

Vo, Nam



Vahid, Banafsheh  
Vaidya, Ami  
Valencia, Juan  
Venneri, Doreen  
Virgen, Al  
Voegele, Cynthia  
VonNieda, Rebecca  
VonNieda, Terry

Wadsworth, Lisa C.  
Wasniewski, John  
Weiss, Kenneth J.  
Wells, Rachelle  
Wentzel, Sarah

West, Catherine  
Whitcomb, Marie  
Wilson, Kristen  
Wolanin, Alfred  
Wolgin, Joshua  
Wolitarisky, Jr., James  
Wollock, Michael I.  
Worsley, Jr., John C.  
Wu, Chia  
Wu, Winona  
  
Yamate, Nozomi  
Yarnoff, Martin  
Yarzabek, Connie

Yerneni, Rama  
Ying, Yedeh  
Yuengling, Donna

Zartarian, Ronald W.  
Zawatski, Lanel  
Zefran, Marissa  
Ziccardi, Denise  
Zito, Domenico  
Zonies, Ralph  
Zucker, Bruce  
Zuckman, Brett

# 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. Burkhardt	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

<b>Term</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
1940-41	Wilfred R. Robinson	H. B. Pinney	R. H. Volland	1941	Houston
1941-42	Oren A. Oliver	H. B. Pinney	R. H. Volland	1942	St. Louis (H of D only)
1942-43	J. Ben Robinson	H. B. Pinney	R. H. Volland	1943	Cincinnati (H of D only)
1943-44	C. Raymond Wells	H. B. Pinney	R. H. Volland	1944	Chicago (H of D only)
1944-45	Walter H. Scherer	H. B. Pinney	R. H. Volland		No meeting
1945-46	Walter H. Scherer	H. B. Pinney	R. H. Volland	1946	Miami (H of D only)
1946-47	Sterling V. Mead	H. Hillenbrand	R. H. Volland	1947	Boston
1947-48	H. B. Washburn	H. Hillenbrand	R. H. Volland	1948	Chicago
1948-49	C. F. Minges	H. Hillenbrand	H. B. Washburn	1949	San Francisco
1949-50	Philip E. Adams	H. Hillenbrand	H. B. Washburn	1950	Atlantic City
1950-51	Harold W. Oppice	H. Hillenbrand	H. B. Washburn	1951	Washington, DC
1951-52	LeRoy M. Ennis	H. Hillenbrand	H. B. Washburn	1952	St. Louis
1952-53	Otto W. Brandhorst	H. Hillenbrand	H. B. Washburn	1953	Cleveland
1953-54	Leslie M. Fitzgerald	H. Hillenbrand	H. B. Washburn	1954	Miami
1954-55	Daniel F. Lynch	H. Hillenbrand	H. B. Washburn	1955	San Francisco
1955-56	Bernerd C. Kingsbury	H. Hillenbrand	H. B. Washburn	1956	Atlantic City
1956-57	Harry Lyons	H. Hillenbrand	H. B. Washburn	1957	Miami-Miami Beach
1957-58	William R. Alstadt	H. Hillenbrand	H. B. Washburn	1958	Dallas
1958-59	Percy T. Phillips	H. Hillenbrand	H. B. Washburn	1959	New York
1959-60	Paul H. Jeserich	H. Hillenbrand	H. B. Washburn	1960	Los Angeles
1960-61	Charles H. Patton	H. Hillenbrand	H. B. Washburn	1961	Philadelphia
1961-62	John R. Abel	H. Hillenbrand	P. H. Jeserich	1962	Miami Beach
1962-63	Gerald D. Timmons	H. Hillenbrand	P. H. Jeserich	1963	Atlantic City
1963-64	James P. Hollers	H. Hillenbrand	P. H. Jeserich	1964	San Francisco
1964-65	Fritz A. Pierson	H. Hillenbrand	E. Jeff Justis	1965	Las Vegas
1965-66	Maynard K. Hine	H. Hillenbrand	E. Jeff Justis	1966	Dallas
1966-67	William A. Garrett	H. Hillenbrand	E. Jeff Justis	1967	Washington, DC
1967-68	F. Darl Ostrander	H. Hillenbrand	R. K. Trueblood	1968	Miami Beach
1968-69	Hubert A. McGuirl	H. Hillenbrand	R. K. Trueblood	1969	New York
1969-70	Harry M. Klenda	C. G. Watson	R. K. Trueblood	1970	Las Vegas
1970-71	John M. Deines	C. G. Watson	H. S. Eberhardt	1971	Atlantic City
1971-72	Carl A. Laughlin	C. G. Watson	H. S. Eberhardt	1972	San Francisco
1972-73	Louis A. Saporito	C. G. Watson	H. S. Eberhardt	1973	Houston
1973-74	Carlton H. Williams	C. G. Watson	J. W. Etherington	1974	Washington, DC
1974-75	L. M. Kennedy	C. G. Watson	J. W. Etherington	1975	Chicago
1975-76	Robert B. Shira	C. G. Watson	J. W. Etherington	1976	Las Vegas
1976-77	Frank F. Shuler	C. G. Watson	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

<b>Term</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
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
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
2004-05	Richard Haught	J. B. Bramson	M. J. Feldman	2005	Philadelphia



	REGISTERED				MEETINGS			
	1	2	3	4	1	2	3	4
Weisberg, Rita, Santa Monica	•	•	•	•	•	•	•	•
Williams, John D., Los Angeles	•	•	•	•	•	•	•	•
Yarborough, Craig S., San Francisco	•	•	•	•	•	•	•	•
<i>Alternates</i>								
Artiga, Nelson, Daly City								
Balais, Belinda L., Long Beach								
Burquez, Rodolfo R., Whittier	•	•						
Catalon, Phillip J., Santa Rosa								
Chan, Raymond K., San Lorenzo								
Costigan, Sun, Novato								
Dinius, Michael J., Redding								
Emigh, Robert F., Long Beach	•	•						
Fischer, Robert G., Eureka								
Fong, Steven C., Fremont	•							
Gutierrez, Xavier J., Fresno								
Hurowitz, Donna B., San Francisco	•							
Jones, Jeffrey T., Villa Park								
Keating, Kevin M., Sacramento	•							
Lew, Michael W., San Rafael								
Lippman-Hoskins, Bonita S., Yuba City								
Namazikhah, M. S., Woodland Hills								
Noblett, William C., Berkeley								
Patel, Sanjay, Pittsburg								
Radcliffe, Lawrence A., Pinole								
Reed, Robert E., Bakersfield								
Romanelli, Mark J., Atascadero								
Shih, Kingstone, Mountain View								
Smith, Jeffery W., Sonora								
Solnit, Jay A., Beverly Hills								
Sutter, Mark D., Fairfield								
Tueller, Glen A., Sacramento	•	•		+				
Wong, Jeffrey R., Oakland								
<b>Colorado</b>								
<i>Delegates 8</i>								
Hanck, John J., Fort Collins	•	•	•	•	•	•	•	•
Lurye, David C., Winter Park	•	•	•	•	•	•	•	•
Morrow, Robert L., Walsh	•	•	•	•	•	•	•	•
Murray, Rhett L., Aurora	•	•	•	•	•	•	•	•
Nelson, Steven R., Denver	•	•	•	•	•	•	•	•
Scarpella, Pasco W., Brighton	•	•	•	•	•	•	•	•
Schoemaker, Jeane L., Fort Morgan	•	•	•	•	•	•	•	•
Stranahan, Patrick F., Denver	•	•	•	•	•	•	•	•
<i>Alternates</i>								
Benke, Robert J., Greeley	•							
Hadley, J. Scott, Sterling	•							
Johnson, Dana J., Boulder								
Leone, Edward, Jr., Denver	•							
Salcetti, Jeanne M., Colorado Springs	•							
Versman, Kenneth J., Aurora	•							
<b>Connecticut</b>								
<i>Delegates 7</i>								
Cloutier, Dean G., New Haven	•	•	•	•	•	•	•	•
Duchan, Brian S., Westport	•	•	•	•	•	•	•	•
Egan, Michael R., Hartford	•	•	•	•	•	•	•	•
Hindin, Allen, Danbury	•	•	•	•	•	•	•	•
Mooney, John J., Putnam	•	•	•	•	•	•	•	•
Schreibman, Robert M., Glastonbury	•	•	•	•	•	•	•	•
Urillo, Stephanie, Southington	•	•	•	•	•	•	•	•
<i>Alternates</i>								
Barton, Tatiana, Stamford	•							
Brady, Thomas V., Westbrook	•							
Cuevas, Pablo J., III, Fairfield								
Gagne, John R., Waterbury	•							
Knapp, Jonathan B., Bethel	•							
Koral, Kurt, Orange								
Tandy, Bruce, Vernon Rockville	•							
<b>Delaware</b>								
<i>Delegates 2</i>								
Rosen, Robert, Wilmington	•	•	•	•				
Wright, Bruce B., Rehoboth Beach	•	•	•	•				

	REGISTERED				MEETINGS			
	1	2	3	4	1	2	3	4
<i>Alternates</i>								
Cole, Jeffrey M., Wilmington	•							•
Ralston, William H., Newark	•							•
<b>District of Columbia</b>								
<i>Delegates 2</i>								
Cohen, Paul D., Potomac, MD	•	•	•	•	•	•	•	•
Singer, Alan H., Rockville, MD	•	•	•	•	•	•	•	•
<i>Alternates</i>								
Cram, Sally, Washington, DC	•							
Richeson, James G., Jr., Washington, DC	•							
<b>Florida</b>								
<i>Delegates 20</i>								
Allen, Nolan W., Clearwater	•	•	•	•	•	•	•	•
Bell, Howard C., Jacksonville	•	•	•	•	•	•	•	•
Bertoch, Daniel A., Tampa	•	•	•	•	•	•	•	•
Buckenheimer, Terry L., Tampa	•	•	•	•	•	•	•	•
Dorn, Samuel O., Plantation	•	•	•	•	•	•	•	•
Fisher, Howard E., Fort Walton Beach	•	•	•	•	•	•	•	•
Floyd, Thomas P., West Palm Beach	•	•	•	•	•	•	•	•
Friedel, Alan E., Hallandale Beach	•	•	•	•	•	•	•	•
Henry, Dan B., Pensacola	•	•	•	•	•	•	•	•
Hoffman, Charles W., Jupiter	•	•	•	•	•	•	•	•
Icyda, Teri-Ross, Stuart	•	•	•	•	•	•	•	•
Jernigan, Kim U., Pensacola	•	•	•	•	•	•	•	•
Lastra, Idalia, Miami	•	•	•	•	•	•	•	•
Low, Samuel L., 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	•	•	•	•	•	•	•	•
Walton, James F., III, Tallahassee	•	•	•	•	•	•	•	•
<i>Alternates</i>								
Addabbo, Frank M., Orlando	•							
Antoon, James W., Rockledge	•							
Boden, David F., Port St. Lucie	•							
Cohen, Lee, Plantation								
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	•							
Erbes, Donald C., Gainesville	•							
Ferlita, David J., West Palm Beach	•							
Gay, Joseph S., Opa Locka	•							
Haeussner, Theodore, Orange Park	•							
Hughes, Betty N., Saint Petersburg	•							
Huot, Richard A., Vero Beach	•							
Llano, Charles D., Lakeland	•							
Romer, Mark A., Lauderhill	•							
Stevens, Barry H., Jacksonville	•							
<b>Georgia</b>								
<i>Delegates 9</i>								
Broderick, Thomas R., Savannah	•	+	+					+
Cook, Henry L., Sr., Columbus	•	+	+					+
Freihaut, John F., Marietta	•	+	+					+
Fussell, J. Timothy, Douglas	•	+	+					+
Ivey, N. Tyrus, Macon	•	+	+					+
Percy, Kent H., Marietta	•	+	+					+
Rainwater, Michael T., Riverdale	•	+	+					+
Vernon, Michael O., Augusta	•	+	+					+
Weinman, Richard A., Atlanta	•	+	+					+
<i>Alternates</i>								
Ferguson, Lucien M., Atlanta	•	+	+					+
Giorgio, Douglas J., Jr., Savannah	•	+	+					+
Hawkins, B. Lee, Gainesville	•	+	+					+
Reynieron, James H., III, Martinez	•	+	+					+
Ritz, Mark S., Homerville	•	+	+					+
Rogers, Michael B., Augusta	•	+	+					+
Schweinebraten, Marie C., Norcross	•	+	+					+
Stockwell, Karyn L., Kennesaw	•	+	+					+
Tourial, Sidney R., Atlanta	•	+	+					+





	REGISTERED MEETINGS			
	1	2	3	4
<i>Alternates</i>				
Dow, Jeffrey D., Waterville	•			
Woods, Karl P., Houlton	•			
Zajkowski, Mark, South Portland	•			
<b>Maryland</b>				
<i>Delegates 7</i>				
Antonelli, Morris, Beltsville	•	•	•	•
Brown, Wendy A., Columbia	•	•	•	•
Doring, Kevin R., Edgewater	•	•	•	•
Goodman, Susan B., Columbia	•	•	•	•
Grubb, Richard V., Havre De Grace	•	•	•	•
Martin, William F., III, Towson	•	•	•	•
Sykes, Murray D., Silver Spring	•	•	•	•
<i>Alternates</i>				
a'Becket, Thomas R., Laurel				
Carter, Ronald T., Baltimore	•			
Davis, John S., Cumberland	•			
Fridley, Arthur C., Temple Hills	•			
Kelley, Richard M., Emmitsburg	•			
Morgan, Garner D., Mechanicsville	•			
Slotke, Craig E., Baltimore	•			
<b>Massachusetts</b>				
<i>Delegates 13</i>				
Borgia, Anthony T., Sandwich	•	•	•	•
Dennis, William R., Shrewsbury	•	•	•	•
DerKazarian, Alan K., Cambridge	•	•	•	•
Faiella, Robert A., Osterville	•	•	•	•
Giamberardino, Anthony N., Medford	•	•	•	•
Gold, Alan S., Pittsfield	•	•	•	•
Lewin, Roderick W., Ashburnham	•	•	•	•
Mc Kenna, Stephen, Feeding Hills	•	•	•	•
Millstein, Philip L., Cambridge	•	•	•	•
Richman, Andrea, Carlisle	•	•	•	•
Samuels, David, Andover	•	•	•	•
Thiel, James N., Brookline	•	•	•	•
Torristi, Thomas P., Methuen	•	•	•	•
<i>Alternates</i>				
Becker, David B., Revere	•			
Cinamon, James S., Framingham	•			
Eddy, Arthur F., Shirley	•			
Fisher, John P., Salem	•			
Gagne, Charles A., North Grafton	•			
Harte, David B., Milton	•			
Jusseume, Michel A., Westport	•			
Nesti, James B., Pittsfield	•			
Silvius, Charles L., Revere	•			
Wasserman, Michael H., Pittsfield	•			•
<b>Michigan</b>				
<i>Delegates 17</i>				
Behnke, Sherill L., East Lansing	•	•	•	•
Boyle, Patricia I., Dearborn	•	•	•	•
Christy, Todd, Berrien Springs	•	•	•	•
Colquitt, Wayne N., Ann Arbor	•	•	•	•
Dater, Steven M., Rockford	•	•	•	•
Dawley, Joanne, Southfield	•	•	•	•
Duff, Benson C., Grand Blanc	•	•	•	•
Fontana, Nicholas A., Troy	•	•	•	•
Goodis, George T., Grosse Pointe Woods	•	•	•	•
Jacobs, Allan, West Bloomfield	•	•	•	•
Jeffers, Gary E., Northville	•	•	•	•
Johnston, Jeffrey W., Bloomfield	•	•	•	•
Kolling, Josef N., Ann Arbor	•	•	•	•
Nester, Dale A., Ithaca	•	•	•	•
Secord, Edwin D., III, Dearborn	•	•	•	•
Verhagen, Connie M., Muskegon	•	•	•	•
Wright, William L., Jackson	•	•	•	•
<i>Alternates</i>				
Buchheister, John S., Warren	•			
Coleman, Robert A., Livonia	•			
Degroat, Larry, Bloomfield	•			
Gist, Ray F., Flint	•			
Grover, Jane, Jackson	•			
Ismail, Amid I., Ann Arbor	•			

	REGISTERED MEETINGS			
	1	2	3	4
<i>Alternates</i>				
Jankowski, Richard L., Lansing	•			
Jennings, Michael D., Saint Clair Shores	•			
Lovell, Rob R., Traverse City	•			
Magulak, George J., Jr., Utica	•			
Palm, Norman V., Grand Rapids	•			
Peters, Debra A., Grand Rapids	•			
Polverini, Peter J., Ann Arbor	•			
Ruskin, Danielle R., Farmington	•			
Shunk, Clayton C., Sault Sainte Marie	•			
Steiman, Robert, Grosse Pointe	•			
<b>Minnesota</b>				
<i>Delegates 9</i>				
Danielson, Stephen H., Lamberton	•	•	•	•
Foy, Patrick J., Minneapolis	•	•	•	•
Langguth, Timothy R., Duluth	•	•	•	•
Leach, Ronald K., Le Center	•	•	•	•
Lingle, Scott D., Saint Paul	•	•	•	•
Nydahl, John D., Saint Cloud	•	•	•	•
Sledd, Jamie L., Maple Grove	•	•	•	•
Wiberg, Richard A., Saint Paul	•	•	•	•
Zenk, James K., Montevideo	•	•	•	•
<i>Alternates</i>				
Jess, Lee D., Grand Rapids				
Jurkovich, Mark W., Chisago City				
Kurkowski, Michael A., Shoreview	•			
Lloyd, Patrick M., Minneapolis				
Nei, John P., Long Prairie	•			
<b>Mississippi</b>				
<i>Delegates 3</i>				
Dumas, James R., Jr., Prentiss	•	•	•	•
Seago, Donald L., Jackson	•	•	•	•
Singley, Dan H., Jr., Meridian	•	•	•	•
<i>Alternates</i>				
Gill, Eleanor A., Olive Branch	•			
Rives, Robert W., Jackson	•			
Scarbrough, Arthur R., Richton	•			
<b>Missouri</b>				
<i>Delegates 7</i>				
Baker, Gary O., Saint Louis	•	•	•	•
Hume, John D., Springfield	•	•	•	•
McGinty, Charles C., Joplin	•	•	•	•
Meehan, Deborah L., Florissant	•	•	•	•
Roberson, Scott A., Independence	•	•	•	•
Weinand, Kenneth J., Independence	•	•	•	•
Zust, Mark R., Saint Peters	•	•	•	•
<i>Alternates</i>				
Brown, William L., Jr., Kansas City	•			
Butler, Robert E., Webster Groves	•			
Hobbs, James M., Plattsburg	•			
Kirchhoff, Shanon T., Cape Girardeau	•			
Mosby, Edward L., Kansas City	•			
Roseman, Lori W., Saint Peters	•			
Sokolowski, Joseph E., Florissant	•			
<b>Montana</b>				
<i>Delegates 2</i>				
Hadnot, Douglas S., Lolo	•	•	•	•
Nordstrom, Donald O., Missoula	•	•	•	•
<i>Alternate</i>				
Johnson, David W., Great Falls	•			
O'Neill, Daniel J., Butte				
<b>Navy</b>				
<i>Delegates 2</i>				
Turner, Carol I., Vienna, VA	•	•	•	•
Weber, Carol D., Kailua, HI	•	•	•	•
<i>Alternates</i>				
Fischer, Howard H., Jr., Germantown, MD	•			
Ware, James J., San Clemente, CA	•			

	REGISTERED	MEETINGS			
		1	2	3	4
<b>Nebraska</b>					
<i>Delegates 3</i>					
Morrison, Scott L., Omaha	•	•	•	•	•
Roesch, Robert E., Fremont	•	•	•	•	•
Schlothauer, George H., Gering	•	•	•	•	•
<i>Alternates</i>					
Low, Kevin C., Chappell	•				
Vigna, Edward J., Lincoln	•				
Walker, James A., Lincoln	•				
<b>Nevada</b>					
<i>Delegates 3</i>					
Brooks, Dwyte E., Las Vegas	•	•	•	•	•
Miller, Jade A., Reno	•	•	•	•	•
Thalgott, Robert, Las Vegas	•	•	•	•	•
<i>Alternates</i>					
Pitts, Arnold C., Reno					
Rosenbaum, George F., Boulder City	•				
Talley, Robert H., Las Vegas	•				
<b>New Hampshire</b>					
<i>Delegates 3</i>					
Albee, Charles E., Pembroke	•	•	•	•	•
Rodden, Jeffrey W., Keene	•	•	•	•	•
Ura, Stephen C., Nashua	•	•	•	•	•
<i>Alternates</i>					
Berryman, Richard A., Concord	•				
Homicz, Alphonse J., Antrim	•				
Simpson, Earle, Bedford	•				
<b>New Jersey</b>					
<i>Delegates 12</i>					
Chenman, Alan H., Linwood	•	•	•	•	•
Colton, Harris N., Cherry Hill	•	•	•	•	•
Feinberg, Maxine, Cranford	•	•	•	•	•
Fink, Steven R., Kinnelon	•	•	•	•	•
Gelbman, Joel C., Livingston	•	•	•	•	•
Isaacson, Richard D., West Long Branch	•	•	•	•	•
Leizer, Joel E., East Brunswick	•	•	•	•	•
Pellegrini, August D., Jr., Bayonne	•	•	•	•	•
Riva, Richard D., Chatham	•	•	•	•	•
Schwartz, Howard A., Englewood	•	•	•	•	•
Sterritt, Frederic C., Belle Mead	•	•	•	•	•
Whitman, Sidney A., Hamilton Square	•	•	•	•	•
<i>Alternates</i>					
Chinoy, Walter I., Scotch Plains	•				
Clemente, Peter L., Piscataway	•				
Ghisalberti, Luciano, Ridgefield	•				
Graham, Frank J., Teaneck	•				
Hersh, Robert A., Freehold	•				
Jungels, Bradford S., Northfield					
Morgenstern, Thomas F., East Windsor					
Rempell, Jeffrey H., Clifton	•	•			
Rich, Barbara A., Cherry Hill	•				
Saber, Mehdi, Cranford					
Shekitka, Robert A., Maplewood	•				
Weger, Robert E., Convent Station	•				
<b>New Mexico</b>					
<i>Delegates 3</i>					
Lubar, Larry B., Albuquerque	•	•	•	+	+
Merritt, Kennedy W., Clovis	•	•	•	+	+
Schripsema, Thomas J., Albuquerque	•		+	+	+
<i>Alternates</i>					
Gherardi, Robert J., Albuquerque	•			+	+
Moore, David, Albuquerque	•	•	+	+	+
Willow, Gail, Silver City	•			+	+
<b>New York</b>					
<i>Delegates 41</i>					
Andolina, Richard, Hornell	•	•	•	•	•
Asaro, John P., Tonawanda	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Bailey, Lawrence, New York	•	•	•	•	•
Barone, Mark K., Warsaw	•	•	•	•	•
Bauman, Mark A., Saratoga Springs	•	•	•	•	•
Baumler, Jeffrey A., Niagara Falls	•	•	•	•	•
Burkes, Jeffrey R., New York	•	•	•	•	•
Di Mango, Anthony L., Brooklyn	•	•	•	•	•
Epel, Lidia M., Rockville Center	•	•	•	•	•
Farrell, Scott J., Binghamton	•	•	•	•	•
Gehani, Chandurpal P., Jackson Heights	•	•	•	•	•
Gehani, Rekha C., Jackson Heights	•	•	•	•	•
Giannuzzi, Robert G., Binghamton	•	•	•	•	•
Gounardes, Steven, Brooklyn	•	•	•	•	•
Graham, Malcolm S., White Plains	•	•	•	•	•
Halikias, Robert D., Brooklyn	•	•	•	•	•
Hanley, Kevin J., Buffalo	•	•	•	•	•
Karp, William, Manlius	•	•	•	•	•
Kennedy, Brian T., Troy	•	•	•	•	•
Kraushaar, David H., West Nyack	•	•	•	•	•
Leifert, Melvyn M., New York	•	•	•	•	•
Margolin, Robert E., Scarsdale	•	•	•	•	•
Markowitz, Paul, Bohemia	•	•	•	•	•
Mazer, Alan L., Port Jefferson	•	•	•	•	•
Miller, David J., East Meadow	•	•	•	•	•
Neary, Matthew J., New York	•	•	•	•	•
Ormond, E. J., Colton	•	•	•	•	•
Perna, Alfonso J., Binghamton	•	•	•	•	•
Peskin, Robert M., Garden City	•	•	•	•	•
Petrone, Mark J., Troy	•	•	•	•	•
Pierce, Jeffrey S., Manhasset	•	•	•	•	•
Puma, Thomas A., Brewster	•	•	•	•	•
Raiber, Robert B., New York	•	•	•	•	•
Reyes, Reneida, Brooklyn	•	•	•	•	•
Riesner, Neal R., Scarsdale	•	•	•	•	•
Seiver, Jeffrey, East Islip	•	•	•	•	•
Seminara, Robert A., Staten Island	•	•	•	•	•
Verma, Binod K., Rego Park	•	•	•	•	•
Volland, Lawrence E., Lockport	•	•	•	•	•
Vorrasi, Andrew G., Rochester	•	•	•	•	•
Wetzel, Frederick W., Schenectady	•	•	•	•	•
<i>Alternates</i>					
Barnashuk, Frank C., Lackawanna	•				
Baum, Irving, Fishkill	•				
Bonnevie, David R., Niagara Falls	•				
Burk, James R., Sodus	•				
Chillura, Anthony E., New York	•				
Cipollina, Joseph F., Oceanside					
Edwards, Theodore P., Kinderhook					
Galati, James E., Clifton Park	•				
Gold, Stephen B., Port Jefferson Station	•				
Greenberg, Mitchell S., Kew Gardens					
Henner, Kevin A., Deer Park					
Hession, Timothy J., Oneida	•				
Horowitz, Herbert, Marlboro					
Hosannah, Hilton O., Brooklyn	•				
Jhaveri, Viren L., Flushing					
Leary, Paul R., Smithtown	•				
Lee, Gabriela N., New York					
Ledner, Jay, Jamaica					
Mistry, Bhagwati J., Tarrytown	•				
Novick, Steven E., Franklin Square	•				
Padukone, Maitreya P., New York					
Palmaccio, Frank J., Woodbury	•				
Parker, Robert E., III, Rochester	•				
Purcell, Judith A., Troy					
Redhead, Chester, New York	•				
Schimmel, Sanford, Bronx	•				
Schutze, Jonathan M., Queensbury					
Shreck, Michael, New Hyde Park	•				
Tota, Christopher M., Hawthorne	•				
Weinberger, Mark J., Troy	•	•			
Weiner, Howard A., Sea Cliff	•				
<b>North Carolina</b>					
<i>Delegates 9</i>					
Breeland, Nona, Chapel Hill	•	•	•	•	•
Card, Rex B., Wake Forest	•	•	•	•	•
Elliott, James C., Jr., Asheville	•	•	•	•	•
Harrell, James A., Jr., Elkin	•	•	•	•	•
Jewell, Edwin S., Wilmington	•	•	•	•	•
McKaig, Bettie R., Raleigh	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Norman, Charles H., III, Greensboro	•	•	•	•	•
Parker, Michael A., Asheville	•	•	•	•	•
Roberson, Theodore M., Durham	•	•	•	•	•
<i>Alternates</i>					
Bolton, Cynthia A., Reidsville	•				
Hunt, Richard F., III, Rocky Mount	•				
Jordan, Richard D., Arden	•				
Justice, Michael G., Asheville	•				
Litaker, William M., Jr., Hickory	•				
Oyster, Gary D., Raleigh	•				
Plage, Robert G., Wilmington	•				
Tucker, Kent N., Pilot Mountain	•				
Williams, John N., Jr., Chapel Hill					
<b>North Dakota</b>					
<i>Delegates 2</i>					
Deeter, Terrance C., Bismarck	•	•	•	•	
Seeley, Ron J., Williston	•	•	•	•	
<i>Alternates</i>					
Gjerstad, Lawrence E., Mott	•				
McDougall, Kenneth, Jamestown	•			•	
<b>Ohio</b>					
<i>Delegates 16</i>					
Bronson, Mark E., Cincinnati	•	•	•	•	•
Crowley, Joseph P., Cincinnati	•	•	•	•	•
Fick, Husine, Oregon	•	•	•	•	•
Fields, Henry W., Jr., Columbus	•	•	•	•	•
Gardner, Kim L., Chardon	•	•	•	•	•
Huff, Kevin D., Dover	•	•	•	•	•
Kelly, Thomas S., Beachwood	•	•	•	•	•
Kyger, Billie S., Gallipolis	•	•	•	•	•
Lemmo, Ronald P., Willoughby Hills	•	•	•	•	•
Mellion, Joseph T., Columbus	•	•	•	•	•
Perrino, Thomas J., Cincinnati	•	•	•	•	•
Pope, Theodore R., Englewood	•	•	•	•	•
Records, Linda E., Columbus	•	•	•	•	•
Simpson, Stephen P., Hudson	•	•	•	•	•
Stickrath, Robert B., Jr., Marietta	•	•	•	•	•
Zucker, William J., Sandusky	•	•	•	•	•
<i>Alternates</i>					
Beals, C. Kip, III, Marion	•				
Burns, Dennis A., Columbus	•				
Connell, Christopher, Cleveland	•				
Esterburg, Jeffrey C., Medina	•				
Gabriel, Thomas M., Youngstown	•				
Halasz, Michael H., Kettering	•				
Job, Burton W., Akron	•				
Kale, Jennifer A., Twinsburg	•				
Kelley, Carole J., Dublin	•				
Kramer, John N., Martins Ferry	•				
Meckler, Edward H., Mayfield Heights	•				
Moody, Dennis M., Youngstown	•				
Moore, Steven R., West Chester	•				
Schaeffer, Michael T., Cincinnati	•				
Shall, Stephen M., Toledo	•				
Winland, Roger D., Athens	•				
<b>Oklahoma</b>					
<i>Delegates 5</i>					
Cohlma, Raymond A., Oklahoma City	•	•	•	•	•
Hogg, Steven W., Broken Arrow	•	•	•	•	•
Miller, Jerome B., Oklahoma City	•	•	•	•	•
Nicholson, James S., Jr., Muskogee	•		+	+	+
Torchia, James S., Tulsa	•	•	•	•	•
<i>Alternates</i>					
Abshere, Philip M., Oklahoma City	•				
Keenan, Allen C., Tulsa	•				
Keeter, D. K., Frederick	•				
Low, Pamela G., Tulsa	•		+	+	+
Waugh, W. Scott, Edmond	•				

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Benson, Sean A., Baker City	•	•	•	•	•
Heringer, Weston W., Jr., Salem	•	•	•	•	•
Nearing, Patrick M., La Grande	•	•	•	•	•
Peterson, Janet P., Corvallis	•	•	•	•	•
Wilson, D. Rick, Portland	•	•	•	•	•
Windell, Henry C., Gresham	•	•	•	•	•
<i>Alternates</i>					
Barichello, Teri L., Oregon City	•				
Bremner, Fred A., Milwaukie	•				
Campbell, R. Claire, Clackamas	•				
Catt, James C., Medford	•				
Pollard, Thomas D., Portland	•				
Taylor, Barry J., Beaverton					
<b>Pennsylvania</b>					
<i>Delegates 18</i>					
Aughenbaugh, Jack A., Hegins	•	•	•	•	•
Axler, Jerrold H., Phoenixville	•	•	•	•	•
Davis, Gary S., Shippensburg	•	•	•	•	•
Eisenhart, Craig A., Huntingdon	•	•	•	•	•
Grossman, Richard R., Kingston	•	•	•	•	•
Himmelberger, Linda, Devon	•	•	•	•	•
Hoffman, R. Donald, Pittsburgh	•	•	•	•	•
Johnston, Jon J., Punxsutawney	•	•	•	•	•
Kirchner, George A., Allentown	•	•	•	•	•
Korch, Peter P., Northern Cambria	•	•	•	•	•
Kwasny, Andrew J., Erie	•	•	•	•	•
Lopatofsky, Thomas G., Wellsboro	•	•	•	•	•
McGuire, Eugene J., Allentown	•	•	•	•	•
Selcher, Samuel E., Middletown	•	•	•	•	•
Spruill, William T., Carlisle	•	•	•	•	•
Stefanowicz, Elaine, Philadelphia	•	•	•	•	•
Stoner, Donald A., Oakmont	•	•	•	•	•
Weber, Charles R., West Chester	•	•	•	•	•
<i>Alternates</i>					
Bitar, Henry J., Jr., Leechburg	•				
Charlton, Dennis J., Sandy Lake	•				
Clark, Byron L., Jonestown	•				
Clark, Richard J., III, Broomall	•				
Jaworski, Stephen J., New Bethlehem	•				
Kohler, Joseph J., III, Erie	•				
Miller, Saul N., Philadelphia	•				
Oberheim, Mark, Montoursville	•				
Parrett, Steven M., Chambersburg	•				
Reed, Michael A., Bedford	•				
Runzo, Robert S., Pittsburgh	•				
Sameroff, Jeffrey, Pottstown	•				
Schroeder, Martin L., Biglerville	•				
Schuler, Cynthia L., Washington	•				
Singer, Robert R., Elkins Park	•				
Wadsworth, Gary G., Clarks Summit	•				
Weaver, William J., Brookville	•				
Wells, Jay R., III, Bethel Park	•				
<b>Public Health</b>					
<i>Delegates 2</i>					
Halliday, Christopher G., Rockville, MD	•	•	•	•	•
Hickey, Daniel J., Pittsburgh, PA	•	•	•	•	
<b>Puerto Rico</b>					
<i>Delegates 2</i>					
Del Valle-Sepulveda, Edwin, Caguas	•	•	•	•	•
Villa-Rivera, Humberto, Arecibo	•	•	•	•	•
<i>Alternates</i>					
Aponte-Machini, Gilberto, San Lorenzo	•				
Garcia-Aguirre, Augusto C., Aguadilla	•				
<b>Rhode Island</b>					
<i>Delegates 3</i>					
Barto, Robert E., Woonsocket	•	•	•	•	•
Van Dongen, Craig A., Providence	•	•	•	•	•
Walsh, Richard D., Charlestown	•	•	•	•	•

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Mehlman, Edwin S., Providence	•				
Turkel, Roger M., North Kingstown					
<b>South Carolina</b>					
<i>Delegates 5</i>					
Campbell, W. Lynn, Columbia	•	•	•	•	•
Hewitt, Richard F., Greenville	•	•	•	•	•
Kennedy, W. Philip, Hartsville	•	•	•	•	•
Parker, Samuel Edward, Jr., Florence	•	•	•	•	•
Rawls, Douglas S., North Charleston	•	•	•	•	•
<i>Alternates</i>					
Brown, W. C., Greenville	•				
Fair, Julian H., III, Wagener	•				
Ferguson, Larry J., Charleston	•				
Sanders, John J., Summerville	•				
Wallace, M. L., Sumter	•				
<b>South Dakota</b>					
<i>Delegates 2</i>					
Ellwein, Orin W., Sioux Falls	•	•	•	•	•
Sachau, G. Randy, Spearfish	•	•	•	•	•
<b>Tennessee</b>					
<i>Delegates 7</i>					
Cullum, Paul E., Columbia	•	•	•	•	•
Gorham, Matt J., III, Nashville	•	•	•	•	•
Gotcher, Jack E., Jr., Knoxville	•	•	•	•	•
Guthrie, F. Rick V., Jr., Bristol	•	•	•	•	•
Rainey, Irvin M., Jr., Jackson	•	•	•	•	•
Robbins, Morris L., Jr., Memphis	•	•	•	•	•
Thompson, William R., Murfreesboro	•	•	•	•	•
<i>Alternates</i>					
Dycus, Richard W., Cookeville	•				
Greenblatt, Charles L., Jr., Knoxville	•				
Hight, James R., Jr., Jackson	•				
Lloyd, William E., Memphis	•				
McDaniel, James W., Chattanooga	•	•			
Propper, Terry A., Brentwood	•				
Underwood, Thomas S., Nashville	•				
<b>Texas</b>					
<i>Delegates 23</i>					
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	•	•	•	•	•
Hall, Glen D., Abilene	•	•	•	•	•
Harrison, Thomas C., Katy	•	•	•	•	•
Helmer, Otice Z., Jr., Fort Worth	•	•	•	•	•
Israelson, Hilton, Richardson	•	•	•	•	•
Long, S. Jerry, Houston	•	•	•	•	•
Lutes, Don A., Mount Pleasant	•	•	•	•	•
Moore, Alan B., Austin	•	•	•	•	•
Peppard, Richard M., Austin	•	•	•	•	•
Person, James A., McAllen	•	•	•	•	•
Roberts, Matthew B., Crockett	•	•	•	•	•
Schwartz, Stephen F., Houston	•	•	•	•	•
Spradley, Larry W., Bedford	•	•	•	•	•
Stewart, Debra G., Stafford	•	•	•	•	•
Stuart, Michael L., Mesquite	•	•	•	•	•
Wade, Herbert L., Jr., Bryan	•	•	•	•	•
Wilbanks, David S., El Paso	•	•	•	•	•
Woolweaver, David A., Harlingen	•	•	•	•	•
<i>Alternates</i>					
Armstrong, Craig S., Houston	•				
Barrington, Jennifer J., Waxahachie	•				
Clitheroe, Robert L., Sugar Land	•				
Collins, Ron, Houston	•				
Frazer, Karen E., Austin	•				
Gibson, Kathy T., Houston	•				
Goulding, Michael J., Fort Worth	•				

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Higginbottom, Frank L., Dallas	•				
Howell, Bruce E., Missouri City	•				
Hunke, Philip H., Mcallen	•				
Kennedy, Paul A., Jr., Corpus Christi	•				
Ku, David M., Dallas	•				
Lyman, Rise L., Lakehills	•				
Meador, Robert C., Sugar Land	•				
Miller, Donna G., Waco	•				
Oneacre, Lee P., Carrollton	•				
Smith, Richard M., Amarillo	•				
Vaclav, Michael D., Amarillo	•				
Worsham, Debrah J., Center	•				
<b>Utah</b>					
<i>Delegates 4</i>					
Blaisdell, Mark H., Bountiful	•	•	•	•	•
Boseman, Jerald, Salt Lake City	•	•	•	•	•
Mattson, Rand T., Roy	•	•	•	•	•
Smith, A. J., Murray	•	•	•	•	•
<i>Alternates</i>					
Bowen, Ronald S., Midvale	•				
Crawford, Gary L., Provo	•				
Fuller, Jon G., Jr., Moab	•				
<b>Vermont</b>					
<i>Delegates 2</i>					
Neumeister, David R., Brattleboro	•	•	•	•	•
Verderber, Charles, Saint Albans	•	•	•	•	•
<i>Alternates</i>					
Fisch, Judith M., Rutland	•			•	•
Spence, Richard J., Claremont, NH	•				
<b>Veterans Affairs</b>					
<i>Delegates 2</i>					
Frame, Robert T., Washington, DC	•	•	•	•	•
Tucker, W. Mark, Temple Terrace, FL	•	•	•	•	•
<i>Alternates</i>					
Ball, John D., Dallas, TX	•				
Zeller, Gregory G., Washington, DC	•			•	•
<b>Virgin Islands</b>					
<i>Delegate 1</i>					
Wechter, Stuart M., St. Thomas	•		•	•	•
<i>Alternate</i>					
Fabio, Stanford, Christiansted	•				
<b>Virginia</b>					
<i>Delegates 10</i>					
Adams, Anne C., Glen Allen	•	•	•	•	•
Anderson, David C., Alexandria	•	•	•	•	•
Barnes, Richard D., Hampton	•	•	•	•	•
Cuttino, Charles L., III, Richmond	•	•	•	•	•
Gillespie, M. Joan, Alexandria	•	•	•	•	•
Hutchison, Bruce R., Centreville	•	•	•	•	•
Klima, Rodney J., Burke	•	•	•	•	•
Vlahos, Gus C., Dublin	•	•	•	•	•
Webb, Leslie S., Jr., Richmond	•	•	•	•	•
Weisberg, Edward J., Norfolk	•	•	•	•	•
<i>Alternates</i>					
Bell, Alonzo M., Alexandria	•				
Crabtree, Mark A., Martinsville	•				
Howell, Ralph L., Jr., Suffolk	•				
Hunt, Ronald J., Richmond	•				
Norbo, Kirk, Purcellville	•				
Price, Mckinley L., Newport News	•				
Reynolds, Elizabeth C., Richmond	•				
Sherwin, J. T., Orange	•				
Viglione, William J., Charlottesville	•				
Wood, Roger E., Midlothian	•				

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Crinzi, Richard A., Redmond	•	•	•	•	•
Edgar, Bryan C., Federal Way	•	•	•	•	•
Edgar, Linda J., Federal Way	•	•	•	•	•
Homer, Denny W., Okanogan	•	•	•	•	•
Lawton, Lawrence R., Mead	•	•	•	•	•
Middaugh, Dan G., Seattle	•	•	•	•	•
Ribary, James L., Gig Harbor	•	•	•	•	•
Savage, Rhonda R., Gig Harbor	•	•	•	•	•
Shaw, Robert R., Spokane	•	•	•	•	•
Walker, Mark V., Kent	•	•	•	•	•
<i>Alternates</i>					
Barnes, Dexter E., Seattle	•				
Feder, Barry A., Issaquah	•				
Grubb, Terry, Wenatchee	•				
Houten, David, Kelso	•				
Ogata, Gregory Y., Sammamish	•				
Ogata, Randall H., Seattle	•				
Ouhl, Rick, Tacoma	•				
Smith, Mary Krempasky, Spokane	•				
Wentworth, Rod B., Bellevue	•				
<b>West Virginia</b>					
<i>Delegates 3</i>					
Gerber, C. Richard, Saint Marys	•		•	•	•
Leslie, Thomas W., Berkeley Springs	•	•	•	•	•
Medovic, Michael D., Wheeling	•	•	•	•	•
<i>Alternates</i>					
Koelbl, James J., Morgantown	•				
Simpson, Mark W., Charleston	•				

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		1	2	3	4
<b>Wisconsin</b>					
<i>Delegates 9</i>					
Brennan, Robert J., Neenah	•	•	+	+	+
Dahl, Eva C., Onalaska	•	•	+	+	•
De Rose, Francesca, Racine	•	•	+	+	+
Hagemann, Paul G., Hurley	•	•	+	+	+
Hebl, Monica, Milwaukee	•	•	•	+	+
Jaeger, Frederick J., Madison	•	•	+	+	•
Lofthouse, Richard M., Fennimore	•	•	•	+	+
Moser, John R., Shorewood	•	•	•	+	+
Stamatelakys, Constantine, Brookfield	•	•	•	•	•
<i>Alternates</i>					
Christman, Blane R., Ladysmith	•		+	+	+
Hehli, Peter D., Appleton	•			+	+
Kenyon, David J., Altoona	•		+	+	+
Lobb, William K., Mukwonago	•			+	+
Masak, John G., Appleton	•		+	+	+
McCormick, Patrick, Mauston	•		+	+	
Morgenroth, James C., Wauwatosa					
Rodriguez, Julio H., Brodhead	•		+	+	
Shoemaker, Eugene B., Waukesha	•			+	+
<b>Wyoming</b>					
<i>Delegates 2</i>					
Okano, David K., Rock Springs	•	•	•	•	•
Roussalis, John E., II, Casper	•	•	•	•	•
<i>Alternates</i>					
Hill, Rodney C., Casper	•				
Tyrrel, Robert P., Kemmerer	•				

• Delegate or alternate attended the meeting.  
 + Delegate or alternate attended a portion of the meeting.

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